

2014

Understanding Causes of Attrition of 1st- and 2nd- Year Nursing Students

Catherine Mary Griswold
Walden University

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Catherine Griswold

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Dr. Boyd Dressler, Committee Chairperson, Education Faculty

Dr. Joe Ann Hinrichs, Committee Member, Education Faculty

Dr. Michael Cass, University Reviewer, Education Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University
2014

Abstract

Understanding Causes of Attrition of 1st- and 2nd-Year Nursing Students

by

Catherine M. Griswold

MS, Johns Hopkins University, 2003

BS, Villa Julie College, 1995

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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December 2014

Abstract

Attrition of nursing students has a negative impact on students, university nursing programs, and the health care community. At a local university, the nursing program and its stakeholders aspire to increase retention of nursing students in order to mitigate the nursing shortage projected over the next decade. The purpose of this study was to examine issues related to high attrition of 1st- and 2nd-year nursing students at a university located in the mid-Atlantic area of the United States. Tinto's model of retention was used as the foundation to explore variables affecting 1st- and 2nd-year nursing students who remained in ($n = 30$) or left ($n = 10$) the program. This quantitative, cross-sectional research study explored the root causes of nursing student attrition. A Likert-scale survey was used to gather quantitative data to determine student perceptions of academic expectations and nonacademic issues such as work and stress that may increase the risk of attrition. Discriminant analysis determined that reported levels of self-efficacy, perceived faculty support, outcome expectations, and bullying significantly discriminated between program persisters and leavers. Based upon these findings it is concluded that nursing faculty and administrators can increase student retention by increasing students' level of self-efficacy by providing greater support and reducing instances of bullying. Implementation of these practices may result in more students remaining in school, graduating, and competently serving the needs of patients, thus resulting in positive social change.

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Dedication

I dedicate my dissertation to those special people in my life who embarked on and were steadfast on this journey. To my family, and many friends, without them in my life I would not have finished. I am grateful to Uncle Tom, who always believed in me. Your spirit still guides me every day. There is a special dedication for this dissertation to my family: Pam and Eric, you supported me in my brightest and darkest days of the journey. You have been my sounding boards, cheerleaders, editors, and voice of reason. I love and appreciate you and know how blessed I am to have each of you. Pam and Eric, I love you both and know that our family is special and is never taken for granted. I thank you for helping fulfill this dream. Finally, I dedicate this work to friends MC, Linda, and Tami: You have stood by me during every adventure in my life, and what a ride it has been.

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Section 1: The Problem

Introduction

Every year, several hundred thousand students apply and are accepted into colleges and universities with aspirations of achieving their dreams of graduating and securing their futures (Williams & Butler, 2010). It is estimated that, on average, approximately 20% of students entering college will not graduate (Raisman, 2013). Students entering higher education are unaware of the transition issues that lie ahead that may thwart their success. There are multiple issues that increase the risk of attrition, such as disparities affecting ethnic groups whose members may be ill prepared for higher education, first generation students who may be disadvantaged, and families who may not understand expectations of students in higher education, as well as a lack of sustaining intrinsic motivation (Williams & Butler, 2010).

The site of this research was a university that admits approximately 100 highly qualified students to the nursing program every year (Commission on Collegiate Nursing Education [CCNE] 2012 self-study, 2012). Despite admission criteria that should ensure the selection of students who have the ability to complete the program, many do not. Nursing programs lose students as a result of cumulating stressors in academic, social, and/or external environments. Stressors may include working too many hours, which decreases available study time; family obligations; and lack of family support. Each stressor in itself can be a significant enough issue to cause a student to withdraw from a program or be academically unsuccessful (Buerhaus, 2008; Shelton, 2000, 2012; Wells, 2007). A combination of two or more stressors, if allowed to persist, may manifest into academic failure (Bray, 2011; Buerhaus, 2008; Shelton, 2000, 2012; Wells, 2007).

Over the last 10 years, nursing programs have seen a decline in students who are completing their nursing degrees from approximately 70% to about 50% (Sayles & Shelton, 2003; Wells, 2007). High attrition rates are the most significant concern in nursing education. The high attrition rates of nursing students are a substantial concern for the health care community, as an increased need for nurses of approximately 3% has been predicted over the next decade (Sayles & Shelton, 2003; Shelton, 2012). High attrition rates of nursing students result in lower than required numbers of graduating nurses, warranting further investigation into the problems that lead to attrition and ways to increase retention (Bray, 2011; Sayles & Shelton, 2003; Shelton, 2012).

This study focused on a problem identified at a private university in the mid-Atlantic area of the United States. Since its inception in 1990s, the nursing program at this university has experienced steady growth (*CCNE 2012 self-study*, 2012). However, the current high rate of attrition of 1st- and 2nd-year nursing students poses a problem at the study site as well as in nursing programs nationally and internationally (American Association of Colleges of Nursing [AACN], 2009, 2011; Bray, 2011). The University leaders have acknowledged the AACN's concern over nursing student attrition and has placed reducing student attrition as a priority; they remain open to exploring the problem and potential programs that can increase retention.

The effect of persistent attrition of students affects the health care community in the form of not being able to meet the demand for nurses to care for the increasing volume of patients in the future (AACN, 2009, 2011). With increasing awareness of the demands for quality health care, it is more important to train qualified health professionals. Most retention programs, designed to provide qualified training, focus on

academic issues and specific courses where students have increased failures; largely, these efforts have been unsuccessful (Williams & Butler, 2010). Williams and Butler (2010) proposed retention plans that focus on student strengths such as personality traits (e.g., hope). Additionally, early research into strategies that increase hope and student persistence activities show promising outcomes with student retention (Williams & Butler, 2010). Williams and Butler found that hope is an essential component of student retention. Snyder, Feldman, Shorey, and Rand (2002) defined hope in education as the “process of thinking about one’s goals, along with the motivation to move toward those goals (agency), and the ways to achieve those goals (pathways)” (p. 820). Lack of hope may then be a link to academic stressors and an inability to stay intrinsically motivated, resulting in academic failure and departure from nursing programs.

The importance of studying this issue relates to how the problem at the university affects the health care community. Retention, therefore, does not solely affect universities, but affects communities as well (Bray, 2011). There is a problem plaguing the United States’ health care system—a shortage of nurses that, in turn, impacts health services in communities. The nursing shortage results in fewer nurses to care for patients who are in need of general and specialized nursing care. Buerhaus (2008) revealed that the shortage of registered nurses (RNs) in the United States could reach as high as 500,000 by 2025. The *Maryland Business Journal* reported that the impact of the nursing shortage on a local level is an inability to provide enough nurses to care for patients in Maryland (Sharrow, 2009). The goal in Maryland is to increase the number of nurses graduating by 300 students per year across the state (Sharrow, 2009). The goal of the university, following the goal set by Maryland health care leaders and legislators, is to

increase retention of its nursing students to meet the health care demands of the community.

Definition of the Problem

Student attrition is a multifaceted issue with no single issue as a key component (Jeffreys, 2012). Although high attrition of nursing students is discussed in nursing literature, the problem has not been resolved (Buerhaus, 2008; Shelton, 2000, 2012) in general, and in particular at the mid-Atlantic university research site. According to Jeffreys (2012), organizations should develop a framework to evaluate the multidimensional issues affecting retention in order to devise a comprehensive model that yields improved outcomes. As a faculty member and academic advisor, I have met students who have shared their perceptions of issues that have affected their ability to be successful in the nursing program. Over the past two years, this research site has lost half of its freshman advisees because of failure to maintain the required grade point average of 3.0 to remain in the program (CCNE 2012 self-study, 2012). Students report social (lack of time with family and friends), economic (need to support themselves while working 20–40 hours a week), and personal (family obligations, child care, support from family) issues that interfere with their academic work as well as difficulty managing course work. Each issue, or combination of issues, may have an effect on attrition of nursing students. The local university (hereafter referred to as “the university”) is a private institution in the mid-Atlantic area of the United States. Students not completing their course of study due to either academic issues or nonacademic stressors create a problem for the university, which has an approximate 50% attrition rate of 1st- and 2nd-year nursing students compared to 70% retention of students at the university (CCNE,

2012). Neighboring states have a lower attrition rate of an estimated 19% of baccalaureate nursing students ("Pennsylvania Department of Health," 2006). Retention is vital to the university and its stakeholders (hospitals in the geographic area, community leaders, the hospital association, families, students, and faculty), whose mutual goal is to reduce attrition of 1st- and 2nd-year nursing students (CCNE, 2012). Success of a university relies on positive student outcomes (Wray, 2011), which may be facilitated by exploring reasons for student attrition and by implementing initiatives that are not solely academically focused but address comprehensive issues that include nonacademic stressors. Key stakeholders are committed to helping the university succeed by developing collaborative agreements with the university. One such initiative is the development of programs such as shared simulation labs that permit students the opportunity to practice and improve their skills.

Hospital administrators and their stakeholders, in order to prepare for the increasing need for nurses, have asked colleges and universities to increase the amount of students who complete their programs (Buerhaus, 2008). Healthcare leaders have determined that there is a need to increase the number of new nurses entering the workforce who are well educated and highly skilled in advanced technology in order to be successful in the highly technical healthcare environment (McDonough, 2012). Despite the need to increase graduation rates of nursing students, there has been little change in the rate of attrition (McDonough, 2012). The number of students who leave college due to academic failure is relatively small. Approximately 10% of students cite personal issues as a significant factor in academic failure or withdrawal from school (Johnson, 2012). Personal issues include finances, childcare, the rigors of academic life,

and the amount of outside-of-class requirements and assignments (Jeffreys, 2012; Johnson, 2012). Each of these issues is a contributing factor associated with student attrition and requires attention in order to take corrective action. A significant barrier, for example, that affects student success is the rising cost of education, which causes students to work too much, which is directly linked to academic failure (Frelick, 2013).

Rationale

Evidence of the Problem at the Local Level

The goal of the university is to prepare students for a professional career (University Office of Institutional Research & Assessment, 2011). The university has a 4-year nursing degree program that has experienced steady growth of 66% of accepted students over a 5-year period (University Office of Institutional Research & Assessment, 2011). The goal of the program is to prepare nurses who can demonstrate critical thinking, ethical decision making, and professional excellence (CCNE, 2012). According to the Commission on Collegiate Nursing Education's 2012 self-study, the philosophy of nursing education is based upon creating a learning environment with a core tenet of caring. In the context of this study, caring about students and their success is paramount. Failure to address the high attrition rate, especially among first- and second-year students, does not meet the tenet of care as it relates to students.

There are approximately 800 students enrolled in the nursing program (in both the traditional program and the RN-to-BSN program), which constitutes about 20% of the overall university enrollment (CCNE, 2012). The university admits approximately 100-150 students into the traditional nursing program, and the admission rates of the RN-to-

BSN program fluctuates annually. Table 1 shows the growth of the nursing program over the last 4 years (2011- 2012 Academic Fact Book).

Table 1

School of Sciences Student Headcount 2008-2012

| | Fall 2008 | Fall 2009 | Fall 2010 | Fall 2011 | Graduates 2012 |
|------------------------------------|-----------|-----------|-----------|-----------|----------------|
| Nursing student enrollment by year | 315 | 365 | 424 | 429 | 83 |

In 2012, there were 83 graduates from the nursing program (2011- 2012 Academic Fact Book). The 50% attrition rate of nursing students is concentrated in the freshman and sophomore years and is higher than the attrition rate for rest of the university population by about 20% (2011-2012 Academic Fact Book). Evidence of the high attrition numbers at the university substantiates the need for the nursing department to investigate the academic and nonacademic student experience and possible roadblocks to successful completion of the program.

The problem of attrition and retention rates in nursing schools continues to be an issue for nursing programs. Rayfield (2006) stated that even with the high admission standards for universities and nursing programs, the national norm of attrition in nursing education is 50%. The attrition rates of nursing students range from 30%-80% (Mollan-Masters, 2010). Over 80% of student attrition from nursing programs occurs within the first year of the program (Peterson, 2009). Jeffrey (2012) stated that nursing retention remains constant. However; the retention rates of traditional students are higher than those of nontraditional students.

Yigezu (2009) determined that gaining a full understanding of students' decisions to depart from schools is a key element in understanding the attrition issue. Student attrition and retention are complex and multidimensional issues with multiple variables (Jeffreys, 2007). Increasing enrollment capacity may take precedence over addressing the reasons behind attrition, such as lack of preparation, inability to handle college expectations, and so on. Among the most important influences on retention and attrition are the nonacademic issues faced by students (Jeffreys, 2007). Additionally, failure to adequately prepare students for increasing rigor may increase attrition (Williams, 2010). In other words, students are ill prepared for the increased work load and independent motivation necessary for success in college-level courses. Students do not enter college with a skill set to handle courses and their out-of-class expectations such as study time, assignments, exams, and strict deadlines. Because of these issues, focusing on increasing retention without ensuring that processes are in place to help students with academic and nonacademic issues increases the risk for students to be unsuccessful in the program (Williams, 2010).

Faculty engagement with students is an essential component of retention and students' feelings of engagement (Jeffreys, 2012). In the 2011 Noel-Levitz Student Satisfaction Inventory, the university ranked lower than other national 4-year institutions in the following areas: (a) faculty are fair and unbiased, (b) faculty provided timely feedback about students' progress in courses, (c) faculty are experts in their fields, and (d) students received excellent teaching in their classes. These findings correlated with the 2010 National Survey of Student Engagement (NSSE), which revealed lower than national norms of enriching educational experiences by 1st- and 4th-year students in the

School of Sciences, where the nursing program is housed (National Survey of Student Engagement [NSSE], 2010). These surveys may indicate issues in student-faculty engagement that require further investigation to determine whether this is a contributing factor in student attrition.

The nursing program administrators chose to address the academic problem of student retention by implementing strategies for success. Among the strategies implemented were curriculum changes in 2009 that included a “2 plus 2” plan by which students complete their prerequisite and general education courses in the first 2 years of the program and the last 2 years are focused on nursing curriculum (“CCNE 2012 self-study,” 2012). Another strategy was the implementation of a progression plan, which requires students to maintain an average grade of at least 3.0 in science courses by the end of their 2nd year and an overall GPA of 3.0 in order to move onto studying senior-level nursing courses. In order to assist students in meeting the progression plan requirements, as a part of the program, tutoring and supplemental instruction were increased. In addition, the National Science, Technology, Engineering, and Mathematics (STEM) program was introduced to assist the students in math and science courses (CCNE, 2012). Academic success plans were put in place to address academic issues related to attrition. However, at this time, the university has not gathered data from students regarding their perception of issues that may be related to attrition.

The rationale for exploring the problem of attrition involves the low retention of 1st- and 2nd-year nursing students, which affects not only the university, but the community as well. The problem is not the recruiting of students, as universities turn away tens of thousands of students annually (AACN, 2011).

Evidence of the Problem From the Professional Literature

According to Fowler and Norrie (2009), an attrition rate of 25% is an acceptable percentage in nursing programs, as students entering a program may realize that the program of study is no longer one that they wish to pursue (MacCallum, 2012). Fowler and Norrie reported that nursing programs can have attrition rates as high as 50–80 %. High attrition rates should not be acceptable, and implementing programs to reduce attrition should be a priority for universities (Fowler & Norrie, 2009; Wray, 2011). At the local university where the study occurred, there is a significant concern about the high attrition rate of 1st- and 2nd-year nursing students. The university is engaging in tutoring and other scholarly activities to retain students. Despite the academic support efforts, attrition remains problematic. The consistently high attrition rate of nursing students directly affects the health care community (Cook, 2010; Stickney, 2008). The shortage of graduating nursing students at any institution perpetuates the nursing shortage, resulting in fewer nurses to care for patients who are in need of general and specialized nursing care.

Benner, Sutphen, Leonard, and Day (2009), in conjunction with the National League for Nursing (NLN), the American Association of Colleges of Nursing (AACN), and the National Student Nurses' Association (NSNA), found that nursing education is in need of reform. The Tri-Council for Nursing (2010) agreed that changes in education are necessary to meet the changes in practice. The Tri-Council stated that without more educated nurses, the healthcare of the country is at risk. An additional issue facing nurse educators involves changes in healthcare with the Affordable Care Act, which include the need for not only more nurses, but also nurses with advanced degrees in nursing (Frelick,

2013). Nursing programs and the profession must increase the number of nurses entering practice while also increasing nurses who are doctoral prepared (Frelick, 2013).

The timeliness of this study correlates with nursing education reform and the focus on retention of nursing students. The NLN, the Tri-Council for Nursing, and the AACN agree that there is a direct relationship between attrition of nursing students and the growing nursing shortage. The cost of attrition has a negative impact on students and educational institutions with regard to tuition, books, time, effort, and resources from schools (Schneider & Yin, 2011). Students who do not complete course work cost states and the federal government approximately \$4 billion in wasted grants and scholarships (Schneider & Yin, 2011). The cost to institutions is associated with student vacancies; seats unfilled yield a financial loss to the university and a void of nurses entering practice to correct the nursing shortage (Gillis, 2007; Bennett, 2003).

The success of prenursing candidates in school may also be a factor in retention. There is a correlation between grades seen early in a semester, as well as prerequisite courses, and attrition (Mills, Rosenwax, Carr, & Rosenberg, n.d.). Students who have high grades are retained, whereas students who have poor grades are often unsuccessful in programs (Mills et al., n.d.). Pryjmachuk, Easton, and Littlewood (2009) found that there is a direct correlation between high attrition rates and students who struggle financially; their stress is compounded by the debt they incur while in school. Evidence of financial strain on students is substantiated by the fact that the United States has invested over \$9 billion over the last 5 years in investigating student attrition with a focus on students who left college in their 1st and 2nd years (American Institutes for Research [AIR], 2011). Evidence supports the notion that poor grades place students at risk for

failure, which may increase stress and their financial burden, and are associated with retaking courses (Mills et al., n.d.). This may result in a student leaving a program in debt and may preclude that student's return to school. The issue of debt is not unique to nursing students, as it affects all students who use student loans to pay for their education. According to Deary, Watson, and Hogston (2003), research has not explored the relationship between nonacademic issues of students and their impact on student attrition. There are issues students experience, such as financial hardship, personal obligations, and personal stress, which may play a role in their decision to leave a program prior to completion (Deary et al., 2003). This study focused on the examination of best practices in nursing education to improve student retention and was supported by the university in furtherance of its goal to reduce attrition in its nursing students. This study of nursing students at the university explored the problems associated with attrition. The overriding goal of this study was to gain greater understanding of student perceptions of academic and nonacademic causes of student attrition. In many cases, student perceptions of problems are important because "there are lessons in our students' failures and the reasons they opt to drop out of college" (Tabarrok, 2012, p. 1). The outcome of this study includes a deeper understanding of the issues that lead to attrition and what the institution can do to increase the retention of nursing students. Thus, this study addressed both a gap in research, because of the lack of studies focused on nonacademic issues that impact student success and attrition, as well as a gap in practice because, at the local level, little is known about the effect of nonacademic issues on success and attrition.

Definitions

The following terms were used to clarify the problem of attrition:

Academic rigor: The level of academic work that faculty expect of students (Matusевич, Katherine, & Hargett, 2009).

Attrition: The loss of students from a program (Angelino, Keels, Williams, & Natvig, 2007, p. 2).

Bullying: Behavior that is intended to bring harm to its victims (Jex, Burnfield, Clark, Guidroz, & Yugo, 2010). Bullying is repetitive abuse in which victims suffer verbal abuse, threats, and humiliation or intimidating behaviors (Katrinli, Atabay, Gunay, & Cangarli, 2010). Cooper argued that firm plans should be in place within nursing education programs to gain understanding about the “types, sources, and frequency of bullying behaviors” (Cooper, 2007, para. 2; Cooper, Walker, Askew, Robinson, & McNair, 2011).

Involuntary attrition: Students who leave school due to academic failure or those who are dismissed (Jeffreys, 2012).

Retention rate: The percentage of students who complete the programs they begin (Crosling, Heagney, & Thomas, 2009).

Voluntary attrition: May also be defined as students’ dissatisfaction with the nursing school experience (Prymachuk & Easton, 2009), which leads to students’ decision to leave nursing programs before completion of the degree requirements (Jeffreys, 2012).

Significance

At the university, the nursing program's administrators are aware that there is a significant issue with retention of students. The AACN estimated that in 2011, colleges and universities turned down over 75,000 qualified applicants due to a variety of issues including faculty shortages. A global concern and conundrum in nursing education is that according to the American Association of Colleges of Nursing, approximately 80,000 qualified applicants were not admitted (American Association of Colleges of Nursing [AACN], 2013). However, 50% of selected students are unsuccessful through the current admission process (Braxton, Hirschy, & McClendon, 2011).

Some nursing schools have implemented stricter entrance standards. Despite the increase in entrance requirements, student retention remains a significant issue in universities (Braxton, Hirschy, & McClendon, 2011; Bray, 2011). This not only affects students who have invested time and financial resources, leaving students in significant debt, but also has a negative impact on overall nurse staffing capabilities (Bray, 2011; Keeling & Hersh, 2011; Minnick, 2007). This is problematic in health care, as individuals are living longer, and with more people of advanced age, there is an increased need for highly trained nurses to care for them (Stull, 2008).

Educators remain unaware of the depth and breadth of the problem of attrition (Twale & De Luca, 2008). O'Donnell (2009) affirmed that schools have failed to identify the personal and nonacademic causes of students leaving programs, in that they failed to focus their attention on students' reports of personal issues and believed that emotional distress, anger, and frustration could result from this omission. Further work by O'Donnell (2009) indicated that student-reported reasons for withdrawing from programs

stemmed from inconsistent academic demands and intolerable behavior by faculty, clinical instructors, and nurses and doctors they encountered. Twale and De Luca (2008) asserted that schools' failure to address this problem may be related to the tolerance of negative behavior as it is ingrained in the schools' culture. I am an advisor to nursing students at the university. During advising sessions, students had expressed feelings that faculty dismissed their problems and that hospital employees could be demeaning to them as students and as people.

Currently, the university's nursing program does not have a method of collecting detailed data related to causes of attrition. The main focus has been on academics and providing students with resources to support them. Without a system to identify nonacademic causes of attrition, it becomes difficult to know why students are leaving the program. Cooper et al. (2009) asserted that nursing educators should create a method of collecting this information from students who depart and categorize the nonacademic issues students experience that they believe prevent them from completing their program. These assertions continue to support the need to gather more research and data from students about issues that may lead to attrition. Understanding reasons for attrition and implementing interventions to reduce attrition may lead to positive social change.

Guiding/Research Question

As previously indicated, nursing student attrition, especially due to nonacademic factors, is a significant issue for students and university administrators. Academic tutoring and supplemental instruction have been implemented at the university to assist students who are unable to meet the progression requirements; these plans assist students academically but fail to address the nonacademic issues related to attrition. Research

supports ongoing exploration of student perceptions of issues related to attrition (MacCollum, 2012; O'Donnell, 2009; Prymachuk et al., 2009; Twale & De Luca, 2008; Urwin et al., 2010). Based on the problem of high attrition of 1st- and 2nd-year students at the university, and based on information from the literature, the guiding research questions for this study on student perceptions of academic and nonacademic issues related to attrition were the following:

RQ1: What do nursing students report as factors that lead to retention or attrition in nursing courses and/or programs? Previous research found that today's students encounter barriers to success such as a need to work extended hours to pay tuition, which takes away from the energy that they can devote to the demands of nursing programs. In addition to course work, students have labs, simulations, and clinical days, further interfering with work and personal time.

RQ2: What do nursing students report as ways to address the identified causes of attrition? Researchers support a transformation in nursing education to accommodate the change in the student population. Some students may not understand the need to complete the mounting assignments in every course. Often, students complain that there are multiple assignments due the same week, leaving them an inadequate amount of time to effectively complete them. Additionally, students complain that course work requires extensive amounts of material to be absorbed in a small amount of time. This supports what national educational research indicates: Too often, nursing curricula are overstuffed with material. Faculty continue to add content to their curricula; however, they fail to remove any material. This leaves students with an inability to discern what they need to know. In addition, students may feel that there are some faculty who do not pay attention

to their needs when they struggle. These students feel that this lack of attention prevents them from mastering content, and they continue to do poorly and eventually either withdraw from or fail the course (Caputi, 2011).

In addition, Meissner (1999) reported that in all settings within nursing, a type of hostility may exist against young, inexperienced nurses and students. Meissner stated that too often, experienced nurses, educators, and administrators expect expert practice from novice students and nurses, which can be a setup for failure (1999). Students may perceive this attitude toward them as aggressive, and they may feel bullied. As previously discussed, future exploration of students' perceptions is warranted to gain further understanding of this issue.

The qualitative study outcome(s) helped to categorize data into academic and nonacademic issues. From there, the data were further categorized into smaller data points identifying, naming, categorizing, and describing phenomena of student attrition issues. Based on the identified problems and data analyzed from the student survey, possible retention projects were determined. A professional development/training curriculum project, was determined from survey analysis.

Review of the Literature

An extensive review of the literature on nursing program attrition was conducted. This review was begun by performing a database search using UMI ProQuest Digital Dissertation and Theses, ProQuest full text, Pub Med: NCBI, Thoreau, EBSCO, and CINAHL and CINAHL Plus. Additionally, peer-reviewed journals, research articles, and dissertations were used based on keyword searches. The following keywords and phrases were used: *nursing student retention, nursing student attrition, attrition, and student*

hardiness. The literature review was performed to explore the problem of student attrition in nursing programs.

Nursing school attrition is ranked as one of the highest concerns in nursing education (Prymachuk & Easton, 2009). The phenomenon of increasing attrition rates of nursing students has been demonstrated in literature and contributes to the increasing inquiry about closing the gap between attrition and retention. However, Deary et al. (2003) stated that much of the research focuses on the academic issues associated with attrition; research related to student support strategies for nonacademic issues in attrition is not prevalent in the literature. As previously stated, many universities have taken strides to ensure that students are prepared for academics; however, student support strategies are necessary to bring positive social change, which may reduce nonacademic-related attrition rates (Walden University, 2011; Williams & Butler, 2010).

Many reasons are offered as causes of student attrition, such as (a) students prematurely declaring nursing as a major, (b) poor academic performance, and (c) personal and financial issues (McCollum, 2012). Some attrition may be acceptable, such as that which occurs when students enter programs believing that nursing is their career path but later realize that it is not a field in which they wish to remain. In other words, they made the wrong career choice (Cameron, Roxburgh, Taylor, & Lauder, 2011; Fowler & Norrie, 2009; Urwin et al., 2010). It is evident that some students have made wrong choices and should change their major. Students who are not dedicated to nursing may find it difficult to achieve academic success. Many researchers have explained that all issues that affect students need to be explored. It may be beneficial to separate positive and negative attrition. *Positive attrition* has been identified by Cameron et al. (2011) as

pertaining to students who leave a program because they realize it is not the right educational choice for them, whereas *negative attrition* is due to academic failure of students (Cameron et al., 2011). Categorizing attrition may give educators a clearer picture of the attrition rates and causes within their institution.

Students who enroll in nursing programs with an idealistic vision of nursing may become examples of positive attrition. Unfortunately, these students' unrealistic vision of nursing may be based on media influence and not on direct working knowledge of nursing care (Bray, 2011; Prymachuk et al., 2009; Urwin et al., 2010). Many students do not understand the details of nursing care such as bathing, feeding, and total care of a patient. This type of intimate contact with another individual may be uncomfortable for some students. Therefore, they withdraw from a program, recognizing that they made the wrong academic decision (Cameron, Roxburgh, Taylor, & Lauder, 2011; Urwin et al., 2010). The mismatch between desire and reality is associated with attrition (McLaughlin, 2010). As students realize the reality of nursing and disengage from their studies, they are no longer excited, nor are they interested in nursing, which leads to attrition from nursing programs. However, it is unclear in the literature how universities report data reflecting the percentage of students who leave the program and matriculate to other programs in the university, and how many leave the university (Heilbronner, Connel, Dobyys, & Reis, 2010). This information is important to the effort to understand positive academic and nonacademic attrition issues accurately.

Negative attrition occurs among those students who are not academically fit for nursing, a field with very high academic standards (Urwin et al., 2010). Nursing programs set careful admission criteria in order to recruit students who should be able to

meet the rigorous academic standards of nursing programs, yet many do not meet these performance expectations (Rouse & Rooda, 2010).

Deary et al. (2003) and Glossop (2001) determined that some of the issues associated with student attrition may stem from how student attrition is calculated. There are different ways in which attrition can be calculated. Attrition can be calculated as those who do not complete their program or as students who withdraw from the university. Additionally, some attrition calculations do not include students if they depart a program and move to a different program in the same university (Ascend Learning, LLC, 2012; Cook, 2010). According to research, there is concern about the inconsistency of calculations in attrition of students (Cook, 2010; Deary et al., 2003; Glossop, 2001). These studies demonstrate the importance of determining a clear definition and protocol for the calculation of attrition of nursing students in order to have a more accurate portrayal of attrition numbers.

Problems of Student Attrition

As previously noted by Siegel (2011), university leaders need to investigate the causes of attrition so that they can understand the significant impact issues affecting the university have on students. From there, they may wish to make positive changes in retention rates. Additionally, university deans and/or directors may wish to perform an evaluation of each department to determine what role the department plays in the success or failure of students (Siegel, 2011). Nursing programs set careful admission criteria in order to recruit students who should be able to meet the rigorous academic standards of nursing programs (Rouse & Rooda, 2010). What may not be clearly understood in research are the root causes of student attrition outside of academic failure. Williams and

Butler (2010) found that too often, university retention plans are ill advised and fail because they do not reflect an understanding of the encompassing issues related to student attrition problems. Universities often focus on remedial issues and academic deficiencies of students instead of exploring the array of issues with attrition.

The issues pertaining to nursing school attrition are complex. A significant factor in attrition is the difficulty with retention of nontraditional students and minorities. Campbell (2007) found that nontraditional students and minorities in nursing programs required more support in higher education because of lower retention and persistence rates relative to White non-Hispanic nursing students. Minority students are often first-generation college students (Williams & Butler, 2010). This presents challenges for students and universities. Historically, the population of first-generation college students has constituted a disadvantaged group because of lack of family support and understanding of higher education (Williams & Butler, 2010). Nontraditional students who live off campus tend to be less involved in campus life and disconnected from campus support, and this leads to their inability to be academically successful (Folger, Carter, & Chase, 2004). A U.S. Department of Education (2005) study noted that only 24% of first-generation college students obtained an undergraduate degree, compared to 68% of students with at least one parent who attended college (Chen & Carroll, 2005). Williams and Butler (2010) found that first-generation college students are less likely to seek academic assistance from services and retention programs, leading to lower rates of completion of programs by this group. Additionally, nontraditional students often do not live on campus and are not usually socially integrated into the university; this can have a negative impact on attrition when these students disengage from activities and systems

designed specifically to support them (Ascend Learning, LLC, 2012; Hirschy, Bremer, & Costellano, 2011; Terenzini, Springer, Pascarella, & Nora, 1996).

Nontraditional Students

The rise in admission of nontraditional nursing students warrants investigation into what attrition problems are unique to them. Additionally, it is important to develop a greater understanding of how to integrate them socially into programs and how to support them while they are away from school. Again, this is important because nontraditional students differ from their traditional counterparts and may require additional nonacademic support.

Nontraditional students are those who begin college after the age of 21 (Hinsliff, Gates, & Leducg, 2012). Nontraditional students are often commuters, are typically enrolled part-time, usually have children, tend to require remedial courses, and tend to be members of an ethnic and/or minority group (Jeffreys, 2012). The average age of today's nursing student is over 30 years (Mullenbach, 2010), which supports the need to gain in-depth understanding of the attrition and retention of this specific group of students and the barriers to success they face. Nontraditional students may be adults who are returning to school after losing their jobs, veterans who need to return to the civilian workplace and need to gain marketable skills, or individuals who have graduated from high school or obtained a GED and need to continue their education in order to improve their economic status (Kenner & Weinerman, 2011). Research has indicated that the majority of nontraditional students have families; some are single parents who may or may not have support at home. These nonacademic stressors may be related to such students' success or failure in nursing programs (Porter, 2008). Nontraditional students often return to school

to retrain for a second career and must work while attending school, thus adding an additional stressor and academic hardship (Shelton, 2012). Additionally Forbus, Newbold, and Mehta (2011) found increased financial strain on students because of their living expenses and potentially additional expenses related to travel to school.

Ramos (2011) found that nontraditional students experience similar stress relative to their traditional counterparts with managing course requirements. However, Ramos stated that nontraditional students have additional demands, which may include working to support themselves and/or family, family obligations, children and child care demands, and caring for parents. These additional pressures on students can significantly add to their stress levels, which can have an impact on their abilities to be academically successful. Further research on nontraditional students by Kenny, Kidd, Nankervis, and Connell (2011) found that this group arrives at college with a desire to complete a degree. Nontraditional students tend to be more self-confident and more motivated to endure the pressures of nursing programs. However, Kenny et al. found that older students may experience an increased amount of stress because they are not prepared for the time commitment and the financial burden associated with returning to school. Older students who have children may not be fully prepared for child care issues, such as cost, extended classes, clinical hours when child care may not be available, and daycare centers that refuse to care for sick children (Cox & Ebbers, 2010). Without adequate child care, students may not be able to attend classes, and this stress may affect academic performance. These cohorts of students are more likely to attrite from a program either due to academic failure or inability to keep up with course work given the pull of responsibilities outside of the classroom. While researchers recognize trends in

nontraditional student attrition, they could take their research a step further by suggesting ways for nursing programs to assess students' stressors and support them inside and outside of the classroom.

Academic Preparedness

A significant area of concern for some students may be lack of preparation for college life, a key reason cited for students being unsuccessful in nursing programs. Poorly prepared students may not possess the study skills needed to meet the demands of nursing programs (Wray, 2011). A substantial issue with students entering nursing programs is inadequate knowledge of the high level of critical thinking and academic rigor that is necessary for success in a nursing program (Academic Senate for California Community, 2005). This lack of knowledge and preparation may be directly related to student success.

In addition, some students may have poor time management skills, making it difficult to balance family, work, and school workload (McEnroe-Petitte, 2011). Students who work in addition to going to school are more likely to be unsuccessful in college due to time spent away from academic work and dealing with economic stressors (Gilardi & Guglielmetti, 2010). This pressure mirrors the stress experienced by nontraditional students. Some students may also lack critical thinking skills, which are essential to nursing (McEnroe-Petitte, 2011). Keys to the success of nursing students include comprehending theoretical knowledge and applying it to a patient scenario. This requires students to use their critical thinking skills in any given situation. Successful nursing students are those who enter programs with ingrained critical thinking abilities, and those who do not possess these abilities are more likely to be unsuccessful (Hopkins, 2008).

Daley (2010) asserted that lack of preparation to handle the academic expectations of course work, poor writing skills, and lack of understanding of the amount of self-discipline required to succeed all lead to increases in student attrition. These findings suggest that students who do not possess adequate study techniques do not possess critical thinking skills. Nursing school students who work and/or have family obligations are disadvantaged in nursing programs. Holistic approaches to student retention include interventions that provide support in managing nonacademic demands, such as work and family, in order to assist students in managing a program that is rigorous (Williams & Butler, 2010).

Compounding the issues previously discussed, students face an increased course workload in nursing and poor social integration into the university, which are detrimental to student success in nursing programs (Fergy et al., 2011). Students may be ill prepared for the course work required in nursing programs, which includes lectures, labs, simulations, and clinical days. Each of these requires assignments to be completed outside of the classroom, lab, or clinical setting. In addition to course-related issues, there may be social isolation for students, who may not know how to ask for help or where to seek help. This may include students who feel that they have no one to ask for advice. Those who do not have a support system may not know how to advocate for timely feedback from professors and tutors about their academic progress (Fergy et al., 2011). This issue is more problematic in universities that have a large student population, which may make it difficult for faculty to provide timely feedback to students (Carr, 2008). However, my research did not address how poor grades and lack of access to professors exacerbate a student's stress level, which may be linked to attrition.

Retention of minority and ethnic groups of nursing students is a growing concern of many researchers. Swan (2012) conducted a quantitative, correlational study of student engagement among racial and ethnic minority students. The study found that academic performance may also be associated with academic preparation among different demographics of nursing students (Swan, 2012). In a similar study, Garcia (2010) found that there was an increase in attrition among Hispanic students in the 1st year of college versus non-Hispanic students. Poverty and ineffective academic preparation are frequently associated with Hispanic attrition rates, as often Hispanics are first-generation students with no guiding support at home (Garcia, 2010, p. 840). The higher attrition rates among minority groups may also be related to the “pull factors,” whereby students are pulled away from school to work and attend to outside commitments and family obligations, creating barriers to student success (Johnson, Johnson, Kim, & McKee, 2009). Academic disparities may be dependent on the quality of education students received prior to college, as well as family and social support (Mulholland, Anionuw, Atkins, Tappern, & Franks, 2008). Mulholland et al. (2008) conducted a 3-year longitudinal cohort study reviewing records of 2,530 students and found that though students may have the academic ability to succeed, social and personal issues may be factors in an inability to be academically successful. The findings in these studies consistently reveal that academic preparation, commitments outside of the classroom, and family support are factors that influence attrition rates of students, leaving future researchers with the task of finding strategies that close the gap between attrition and retention among this group.

Consistently, researchers have argued that attrition levels are high in nursing programs. At the university, the focus of this study, student attrition of nursing majors is about 20% higher than other majors. It is unclear if this is due to the strict progression criteria of 3.0 GPA. Stickney (2008) studied 153 practical nursing students over a two year period and found that there was a 36% attrition rate of this group. This study concurs with other studies which report that attrition is a complex phenomenon. There is evidence that academic issues are not the single source of attrition. The recommendations of this study support the need to explore all issues facing students that directly or indirectly lead to attrition and to develop retention plans that address the problem areas.

Student Self-Confidence

Another personality issue related to attrition is the confidence level of students. Low self-confidence may be linked to fear of failure in nursing courses (Bowden, 2008). Research has shown that there is a link between students' self-esteem or self-confidence and the ability to find academic success (Kenny et al., 2011). Students who have low self-esteem or low self-confidence often do not do learn skills and concepts well (Carr, Walker, Carr, & Fulwood, 2012). Often times in the classroom and clinical setting, these students question their every thought and action which leads to poor performance. Students who demonstrate low levels of self-worth often believe that they cannot manage a demanding academic course load. Shelton (2012) substantiated the findings of other researchers that students with low self-esteem often lacked the emotional skills necessary to persist in nursing programs.

The issue of confidence among students may also be attributed to the way in which this generation of students has been raised. According to Mogel (2008), the

millennial generation of students has been raised by *helicopter parents* who have praised them for everything they do and have regulated and scheduled their lives for them. The consequence for these students is that once they arrive at college, they may not have the ability to self-regulate their academic and personal lives, and this may impair their success in college (Mogel, 2008). Additionally, students who have not been permitted to handle stress have poorer coping skills and are unlikely to seek help with personal and academic issues they are experiencing (Shepherd, 2008). To address the issues of low self-esteem and low self-confidence, Carr et al.'s (2012) study suggested that the Code of Professional Conduct and Standards and Guidance for Student Nurses should be implemented in order to engage students and increase their confidence as students. These findings correlate with research on academic preparedness which includes the ability to accept feedback from professors as a necessary tool to help them grow academically (Carr et al., 2012). Students who have been praised for every accomplishment do not understand that a component of academic life includes both positive and negative feedback on their work. Students who have not been prepared for this may opt to withdraw from school after feeling defeated from the academic process.

Personality Traits

Similarly, personality traits of nursing students are linked to student success or failure (Baldacchino & Galea, 2012). A study of student personality types by Baldacchino & Galea's (2012) focused on two cohorts of 125 nursing students and found that students who were extroverted and had a high degree of conscientiousness were more successful in nursing school. Conversely, students who possessed a high degree of neuroticism were less successful in nursing school (Baldacchino & Galea, 2012).

Neuroticism, as defined by McLaughlin et al. (2008), is a collection of behaviors displayed by students who act aggressively, seek attention, and often have low self-esteem, all of which decrease the students' ability to be academically successful. These behaviors may cause student to easily become distracted, may result in lost interest in studying and preparing for classes, and this can negatively impact their success in school (McLaughlin et al., 2008).

Equally important in the role of personality traits and student success are self-motivation, willingness to commit to academic rigor, and development of academic skills necessary for students to persist in nursing programs (Hart, 2012). Intrinsic motivation is the students' ability to self-regulate, to develop plans to complete course work and engage in self-regulated learning (Wolters & Benzon, 2013). Some issues related to student intrinsic motivation are linked to students entering college without insight into college expectation and skills necessary for success (Rutschow, Cullinan, & Welbeck, 2012). Intrinsic motivation is directly related to student motivation and desire to do well in course work (Cox, 2012). Pan and Gauvain (2012) found that as students progressed in their education motivation began to decrease, especially students who were enrolled in science-related majors. Some issues that are linked to decreasing motivation were; (1) failure to develop course and time management plans, (2) decrease in family and peer support are directly correlated to changes in motivation (Pan & Gauvain, 2012). It is evident that personality traits have an impact in student attrition. However, literature is inconclusive on how to engage these students in positive ways to increase their academic success. In other words, more interventions maybe needed to help students and families with the skills needed to find academic success.

Another personality trait linked to student success is persistence. Students who persist in nursing programs possess personality traits where they can self-motivate, organize, and set academic goals for themselves, leading to success in courses and the programs (Muller, 2008). Conversely, Muller contends that students who lack the ability to set academic goals also lack the persistence to complete programs (2008).

The ability of students to persist may be affected by their learning style. Students have a variety of learning styles; visual, audio, and kinesthetic. If a student's learning style is in contrast to the format of a course, the student may not have the ability to persist (Harrell & Bower, 2011). Failure to persist with the academic demands of nursing school may lead to students withdrawing from programs. Self-efficacy has been directly related to the student's ability to persist in higher education (Lewis, 2011). Students who are confident and believe they can be successful have a higher degree of academic success (Lewis, 2011). A lack of self-efficacy requires faculty awareness of this problem in students and finding ways to support them (Lewis, 2011). Street, (2010) argued that family and faculty support were essential component to increasing a student's self-efficacy and reducing attrition. Street also stated that empirical testing of support strategies were needed (2010).

As stated earlier, nursing programs are rigorous and require determination in order for students to complete programs. Baldacchino and Galea (2012) found that in addition to pure desire to complete a nursing program, students require high levels of hardiness (those student who remain emotionally strong during stress) in order meet the comprehensive demands of the program. In addition to hardiness, self-confidence is needed for students to realize that they can meet the expectation of a nursing student

(Schmukle & Egloff, 2008). Some students, early in nursing programs, find that the academic demands of programs have negative effects on them, both personally and psychosocially, causing them to withdraw from school (Cook, 2010). A student's inability to handle academic and life stressors, coupled with, academic rigor, can be directly related to attrition (Cameron et al., 2011).

Academic stressors leading to student distress have been determined to be a high risk factor of attrition of nursing students, which warrants attention by academic leaders (O'Donnell, 2009). The academic rigor of nursing programs place mental and physical strains on students that require students entering the program to possess the self-determination to meet the demands of programs and graduate (Airey, 2012). Students who experience mounting personal issues may lack appropriate coping skills and succumb to stress and psychological inability to endure the pressure and expectations of nursing programs (Society of Radiographers, 2009). There remains a stigma surrounding psychological issues that may preclude a student from seeking help when their stress level rises. Minnick (2007) found that students had entered nursing programs with excitement and desire to complete programs as a portal to a career and economic independence. This study determined that there was a significant disconnect between student desire and ability to complete programs (Minnick, 2007). It is evident that personality traits have a primary and secondary effect on students, and play a role in attrition. The work of researchers shows that understanding the impact of nonacademic issues of students is essential in guiding future work to decrease attrition through programs which support students.

Environment

Campbell and Mislevy (2010) found a direct link between negative experiences (which are purported to lead to attrition) or positive experiences (which are purported to lead to retention) students encounter. Attrition increases when students perceive that faculty have a disregard for their overall psychological and emotional well-being (Willcoxson, Cotter, & Joy, 2011). More specifically, the significance of the issue of bullying (nurses eating their young) directed towards students has been discussed in the literature for more than a decade (Bartholomew, 2007; Campbell & Mislevy, 2010; Willcoxson, Cotter, & Joy, 2011). It is undeniable that there is a link between student experience with faculty and their ability to be successful in nursing programs. A study by Twale and De Luca (2008) found that there are negative consequences to an organization and individuals where bullying exists. Cooper et al. (2011) found that persistent hostile environments impede students' ability to be successful. The term *nurses eating their young* was coined by Bartholomew (2007) to describe newer, less experienced nurses who are exposed to academic/clinical bullying, sometimes as subtle as expectations that are above the body of knowledge of a novice nurse/student. Other researchers have continued the work of identifying the problem, and expanding the work of Meissner (1999). Furthermore, Marchiondo et al. (2010) found a correlation between students who have negative experiences that lead to dissatisfaction with nursing, and increased rates of student withdrawal from school. This study also pointed out that as stress and anxiety increased in students, departure from program increases.

Student stressors have been linked to the phenomenon of bullying in nursing. Bartholomew (2007) determined that abuse and bullying among nurses prevailed in the

field, even with persistent complaints by nurses. According to Henderson (2009), bullying is “verbal abuse and maltreatment between nurses” (para. 2) and is a problem in both healthcare settings and in nursing education. Henderson (2009) reported there are various forms of bullying within the nursing hierarchy, ranging from intimidation to verbal abuse. Bullying that occurs from one in a position of power (faculty or administrator) to someone without power (student) is referred to as vertical bullying (Bartholomew, 2007). Vertical bullying is under-reported and is one of the nonacademic reasons for withdrawal from nursing schools (Sengstock, 2008). Additionally, Sengstock (2008) discovered that during nursing education, students experienced incivility by instructors, which made the learning environment difficult and, at times, hostile. The results of a study by Cooper et al. (2009) revealed that nursing students repeatedly encountered multiple bullying behaviors by faculty and nurses during their clinical rotations. This is problematic because students who have negative experiences in both the classroom and clinical areas of hospitals will often decide that they do not want to be a part of a profession or organization that does not value them, and this may be a deciding factor in withdrawing from nursing programs (Bartholomew, 2007). Nursing programs are equally affected as a result of this behavior. As bullying is allowed to persist in nursing programs, the attrition of students who feel they are being bullied will continue.

The effects of bullying on students are profound. Watson (2006, 2009, and 2011) condemned behaviors in nursing that dominate and oppress others and advocated social change in the field to develop nursing into a human and caring science. The effect of a hostile environment as perceived by nursing students in the clinical portion of their program is evident in a report from the *Joint Commission on Accreditation of Healthcare*

Organizations (2008), which showed that as negativity increased in hospitals, so did errors by nurses and nursing students . A positive environment in which students can develop a sense of self as a nurse and increase their self-esteem must be developed (Videbeck, 2007). Creating a nurturing environment can promote a student's decision to remain in the nursing program.

The need to create a holistic, caring environment is supported by a study by Davidson, Beck, and Milligan (2009), who determined that there are six factors linked to student retention: “institutional commitment, academic integration, social integration, support services, and academic conscientiousness” (p. 374). Additionally, the study found that early detection of students who were struggling to adjust was necessary; otherwise these students were unsuccessful (Davidson et al., 2009). With the proper academic and nonacademic support, students can be successful in college (Braxton, Hirschy, & McClendon, 2011). This study supported the assertion that student attrition is complex and multi-faceted. This study adds to the research into nonacademic issues of attrition, as this is an area which I perceive affects all areas of attrition.

Resource Reduction

Lean thinking is an old concept in business and a newer concept in education and healthcare. According to Womack and Jones (2009), lean thinking is a systematic way of reducing waste within an organization. Womack and Jones (2009) have applied this theory as a means of reducing waste within healthcare, specifically to prevent the loss of nurses who are the future in staffing hospitals. Lean thinking in healthcare has been used effectively to improve hospital outcomes (O'Neil, Jones, Bennett, & Lewis, 2011). In academia, waste includes attrition of students, time and effort of students, and faculty

effort and time (McDonough, 2012). Using business principles, universities should understand that they are a business dependent on their product, the students they produce. Using lean principles, schools need to take steps to reduce the loss of its product, its students, by developing comprehensive retention strategies. The outcome of retention strategies in a university will be the decrease in attrition rates.

Another method of improving culture in nursing programs and to reverse attrition rates has been to use the principals of Six-Sigma (Pocha, 2010). Six-Sigma is a methodological process of reducing waste of an organization while increasing organizational outcomes (Six-Sigma online.org, n.d.). Six-Sigma assists in identifying the cause(s) of problems and develops strategies to bring corrective action to an organization. Reducing attrition of nursing students could save educational institutions approximately \$800,000 annually and reduce the loss of their greatest resource-graduating students-who are needed in communities to fill the current shortage (Peterson, 2009). Filling the void of nurses and the nursing shortage can only be addressed by retaining nursing student in their programs (Rouse & Rooda, 2010).

Equally important is social change itself because student retention is a concern of educators (Cook, 2010). Social change, the cornerstone of the Walden University (2011) program and of this research, can occur through the process of reflection in action (Kinsella, 2010) where nursing programs move towards deeper understanding into the problems of attrition, then create change. Attrition is a complex, multi-faceted issue, and schools that have issue with it should develop a strategy to increase its knowledge of the causes of attrition (Tinto, 1993). Once school leaders understand attrition in their programs, Tinto (1993) encourages development of programs that increase student

support services to improve relationships between students, counselors, faculty, et cetera. The wisdom for the university is to promote activities which increase the self-efficacy of, and support of, its students. Additional activities include the development of early intervention programs to identify at-risk students and making cognitive strategic changes in order to increase learning among the students who have remained in the program (Cook, 2010; Kinsella, 2010; Peterson, 2009; Tinto, 1993). Tinto's Model of Student Departure (1988) provides a framework to investigate factors that influence a student's decision to withdraw from or remain in the university's nursing program. To gain an understanding of change that is required to improve student retention educators, administrators, and university stakeholders must be in agreement with the components of the problem. Processes such as Six-Sigma, which focuses on process improvement to eliminate problems, demonstrate how the visibility of problems could lead to early interventions which might change an environment (Lean Six-Sigma, 2010).

Conceptual Model

The university has implemented positive programs which address academic issues of students; however, other issues that have not been investigated are the nonacademic issues which lead to attrition. Currently, there is no formal assessment tool or student survey that identifies the nonacademic reasons for student withdrawal from nursing programs. As discussed, attrition of nursing students at the university is approximately 50% (personal communication, 2011), and no formal exit survey is administered to students who prematurely leave the program.

The conceptual model for this study on student attrition was Tinto's attrition model (1993; 2003; 2006), which was chosen for its alignment to effective student

retention strategies. Tinto's model of institutional departure posits that one of the components of student retention is a student experience with faculty or staff. Negative experiences may lead to decreased retention (1993; 2003; 2006). Tinto felt that commitment was a key factor for student success and the basis of attrition and retention. However, if students do not feel connected, are ill prepared for higher education, or become overwhelmed, their ability to commit is damaged. This leads to a student dropping out or failing, and increases an institution's attrition rate. Draper (2008) realized that Tinto's model offers an approach to the complex issue of student attrition that focuses on the relationship between student and the educational environment, and includes the relationship with instructors.

Tinto's theory posited that one of the parameters of student retention is related to student experiences with faculty (Draper, 2008). Students who feel that faculty members are uncivil towards them do not feel a sense of belonging. Additionally, faculty engagement with students can increase a student's sense of self, and students may feel more connected to the program. Faculty who are actively engaged with students may notice those students who are disconnected from the nursing program and provide early support to them. Furthermore, failure to assimilate into nursing programs due to negative experiences, stress, and other issues factor into the problems of student attrition. Current research into nursing student attrition may be too limited (O'Donnell, 2009). More research into the complexity of reasons why nursing students leave is needed. Researchers have focused on attrition as it relates to at-risk students and have conducted minimal research about students who leave voluntarily (O'Donnell, 2009). These findings support the need for further research into the nonacademic causes of attrition.

According to Caputi (2011), the field of nursing needs to focus itself on program outcomes. This is a critical step in creating social change where transforming nursing education embraces the premises of mentoring and nurturing the new generation of nurses. One suggestion is that course work should include information that empowers students to report issues early (Ahuna, Tinnesz, & VanZile-Tamsen, 2010). These techniques could give students the ability to find positive solutions to problems and increase their chance of academic success.

Tinto's model provides a foundation for nursing leaders to increase student retention by implementing plans that give students support, possibly increasing their ability to succeed. Tinto's model (2003; 2006) addresses the commitment of the educational system to implement strategies which improve student retention, including faculty development. Universities have imposed student learning plans, yet the universities have done little to transform themselves to help students implement the plans (2003). The most serious error that universities make is to dismiss the difficult environment that students encounter (Tinto, 2003). With meticulous attention to the problems associated with nursing student attrition, nursing programs could reduce the personal and financial cost of attrition to students (Porath & Pearson, 2010).

Implications

Attrition is a serious issue in nursing education that needs further investigation (Yucha, St. Pierre-Schneider, Smyer, Kowalski, & Stowers, 2011). In order to counteract attrition, programs need to increase retention in order to positively impact the nursing shortage and prepare nursing students to care for the aging population (Porter, 2008). Simpson (2009) reported that transforming nursing education requires the adoption of

educational models which focus on student success. Simpson's work supports the further inquiry which decreases student attrition by addressing the nonacademic issues which lead to attrition. Research indicates that attrition of nursing students from nursing programs is related to both academic and nonacademic issues (Yucha et al.; Noble & Childers, 2008; McEnroe-Petitte, 2011). Nonacademic issues have a direct effect on attrition of nursing students. As stress and academic pressures increase so does the risk to student success. There is limited research into the perceptions of attrition by those who have left prior to completing their programs (Noble & Childers, 2008). Another nonacademic stressor for students involves finances. Rising tuition and educational expenses have led to students working more hours and reducing time needed to study, and these students also fall into the pool of students who are at risk of being unsuccessful in programs.

Baby boomers are aging and require more nurses to care for them. However, with the high attrition of students, schools are unable to graduate enough nursing students to fill the growing vacancies (McEnroe-Petitte, 2011). The academic consequences of attrition pose a significant problem for communities who may be unable to meet the demand for healthcare (Porter, 2008). Meeting this demand is more than simply graduating a sufficient number of students. It is about training students to work with more complex patients and an increasing and changing technological, multi-faceted work environment (Lewis, 2011). With increasing technology in healthcare, students must be able to meet the increasing academic rigor necessary to address the needs of the workplace.

A study by Kaufman (2007; 2008) found that community colleges have a higher retention rate than four-year universities. This difference in retention of programs warrants further investigation to gain a deeper understanding for universities about the issues that are increasing attrition (Kaufman, 2007; 2008). More specifically, my study was designed to increase awareness of how students persist (Bowden, 2008). Characteristics of student persistence will help with the development of the project portion of this study by developing faculty awareness of the nonacademic issues which effect attrition. Additionally, the project will develop a social change in nursing schools with the adoption of a caring model of education geared towards increasing retention (Lachman et al., 2009). Without doing so, educators and healthcare administrators will be unable to close the gap between attrition and retention (Benner et al., 2009).

Lachman, Glasgow, & Donnelly (2009) found that gaining an understanding of the significance of the problems perceived by students and the effects they have on student attrition provides the university the opportunity to develop plans to reverse those effects. Collecting data on the prevalence of problems, both academic and nonacademic, becomes the guide to changing.

This doctoral study will address the problem of attrition, including the consequences to students and the university, and examine the social change necessary to increase retention by understanding how students persist. The data collected by the nursing student survey will provide insight into students' perceptions of challenges they face regarding decisions to withdraw from, or remain in, the nursing program. Without a formal process of inquiry into students' perceptions of the nonacademic reasons for withdrawing from the nursing program, the university does not have enough information

to correct the high attrition rate. Social change can occur with data analysis of nonacademic reasons for departures, permitting the development of prevention plans geared toward increasing retention.

Summary and Conclusion

The literature section of this paper indicates the complex nature of student attrition. Literature illustrates that there may not be one single cause of student attrition. Attrition is a complex multi-faceted issue facing nurse educators. Comprehensive strategies which aim to reduce attrition need to be established. Students may have the drive and determination to complete a nursing program, but a variety of issues may play either a direct or indirect cause of attrition. Issues cited as factors which may be a contributing factor to attrition are social or home responsibility and lack of support which may interfere with student success in nursing programs. Too often students work too many hours and this distracts from their ability to study and complete course work. This time away from academics has been directly related to academic failures of students. Nursing programs are seeing an influx of nontraditional students who must work to support themselves and or family members.

Academic preparation for college directly impacts a students' ability to find success. Students entering secondary education do not enter school with the same academic preparation. Many students entering college must take developmental courses to bring them on the level necessary to manage college level English and Math courses. Additionally, many students have not been adequately prepared to monitor their own progress and plan their work schedules in order to manage college course work. Too

often students believe college is an extension of high school and are ill-prepared to manage the independent aspect of studying, completing assignments, and other college expectations which can become a risk factor for students who are unsuccessful in programs.

Confidence levels and personality traits have been linked to student outcomes. Students' ability to persist is an important issue when evaluating attrition. Ability for students' to be self-motivated is a key trait related to student success. However, students who lack the ability to self-regulate their activities and academic work load are often unsuccessful. Student confidence level may also be related to student success. The more confident a student is the greater chance a student has for success. Conversely, students who have a lower level of confidence may have difficulty with feedback from professors regarding their work. An inability to accept less than expected feedback may cause students with low self-confidence to leave school.

Persistence is a key component of student success. Students who persist are those who demonstrate good time management, have minimal work responsibilities outside of school, and engage in the student community. Risks to student persistence can include; being a single parent, being a student who is self-supporting and works many hours, an inability to become engaged in college activities outside of the classroom, and being a first-generation college student. Each of these issues can be a distraction from academic effort; a combination of these can be an increased risk to student success.

Another issue that is linked to nursing student attrition may be culture within nursing where new or less experienced nurses are treated with hostility. Meissner (1999)

found that bullying behavior not only existed within hospital settings where students do their clinical rotations, but also in the educational arena. Often, a nurse's first exposure to bullying is in nursing school. Students may perceive that nurse educators, either in the classroom or clinical setting, behave negatively towards them. Research on vertical bullying is hindered by an inadequate adoption of a uniform definition about the problem of bullying within nursing (Bartholomew, 2007). Bartholomew (2007) defined vertical bullying as bullying that occurs from one in a position of power (faculty or administrator) to someone without power (student). Understanding students' perceptions of faculty feedback and behavior can assist with gaining understanding how this may affect student attrition.

Understanding factors associated with attrition from a student perspective becomes important in creating programs aimed at increasing retention. Implementing change requires an in-depth assessment in order to gain insight into the problems associated with attrition. Positive social change may include the adoption of positive support and best practices of nursing education which may lead to increased retention. The goal of this research was to solicit data that gives insight into the issues as perceived by the students at the local university. Increased knowledge about attrition is important in order to achieve improved program outcome at the university which includes increased retention (AACN, 2012).

Section 2 of this study presents a description of the methodology used in this research. The methodology for this study was a quantitative design approach and the rationalization for choosing this design as well as the evaluation, and the goals of the

research are explained. Furthermore the setting, and sample, instrumentation and data collection instrument, and analysis method ethical treatment of participants is presented. Data collection information procedure includes: assumptions, limitations, scope, and delimitations involved in this study. Using data and outcomes obtained from sections 2, and 3 discuss the project study and an evidence-based plan to improve nursing student retention rates. This section includes a description of goals and project outcomes and rationale with supporting literature for a comprehensive approach to reducing student attrition.

Section 4 provides reflections and conclusions of this project study that addresses plans to reduce the attrition rate of first- and- second year nursing students. Additionally, this section includes project strengths, and recommendations which will improve retention of students. The paper also addresses limitations in implementing the attrition reeducation plan.

Section 2: The Methodology

Introduction

The purpose of this quantitative study was to provide a systematic, critical inquiry into the problem of the high attrition rate of 1st- and 2nd-year nursing students at the university. Specifically, through the study, I sought to gain an understanding of student perceptions of issues leading to the 50% attrition rate of nursing students at the university. The university attrition rates correlate with the national average of nursing programs that are struggling to increase retention (Mollan-Masters, 2010). Nationally, nursing programs are experiencing between 25% and 50% attrition of their nursing students (Mollan-Masters, 2010; Waters, 2006), which is a concern for the university and its stakeholders. The concern for stakeholders is the shortage of nurses. The nursing shortage exacerbates the problem of fewer nurses to care for patients who are in need of general and specialized nursing care. Buerhaus, Auerbach, and Staiger (2009) estimated that the shortage of registered nurses (RNs) in the United States could reach as high as 500,000 by 2025.

The nursing shortage has significant implications in healthcare, with a lack of nurses to care for an aging population whose members require an increased amount of care (AACN, 2009). The aging population, coupled with the nursing shortage, demonstrates the need for nursing programs to produce more nurses. Resolving issues related to attrition relies on data generated from evidence-based research. Understanding student perceptions of issues that impact attrition may lead to improved outcomes. Evidence-based research is a mechanism for finding the root cause of a problem and developing interventions for resolution (Langford & Young, 2012). Descriptive research

was chosen for this project study because this examines a problem while identifying the characteristics of the problem as well as the group and individuals where the problem exists (Polit, 2010). In this section, descriptions of the quantitative design of this study, the justification of the design, instruments and materials, setting and sample, collection method and analysis, assumptions, and measures to protect participants are provided.

Quantitative Research Design

Descriptive statistics were the basis to investigate the research questions and interpret data for this project study. This research was conducted to investigate the problem of high attrition rates of 1st- and 2nd-year nursing students (Polit & Tatano Beck, 2010). The overriding goal of this study was to objectively explore students' perceptions of issues that impact their ability to be academically successful. Additionally, the purpose of this quantitative study was to analyze data points obtained from student surveys—support of family members, financial resources, number of hours working and studying, and GPA—and reduce them to an understandable language and format. In other words, these data points provided an understandable summary of the group being studied (Nieswiadomy, 2008). This methodological approach was chosen to determine the academic and nonacademic causes of attrition.

According to Hatch (2002), a quantitative study is designed to gain insight into a phenomenon which becomes the substance of the study while explaining the intended purpose of the research. Quantitative researchers may use quantifiable data to measure knowledge, attitudes, beliefs, or experiences (Marquis & Huston, 2009). The postpositivist paradigm was the scientific approach in this study, as it was designed to evaluate the reality of the topic of research (Polit, 2010). Creswell (2009) stated that in

research, a post positivist should understand the influences that research outcomes have on those affected by a study. This philosophy guided the project portion of this study. This philosophy was employed by identifying issues that may prevent student success, developing plans aimed at increasing academic performance, and providing retention strategies to support students with nonacademic stressors.

Research Design and Approach

Again, this descriptive quantitative study was designed to develop an understanding of the perceptions of nursing students concerning issues that lead to attrition or the discontinuation of their training. Surveys permit researchers to use research questions when investigating problems—specifically, finding the cause of problems (Polit, 2010). With the use of data, I sought to prove or disprove the research hypothesis by determining whether nursing student attrition (dependent variable) is affected by student issues, which include academic and nonacademic stressors (independent variable). The second hypothesis was related to student perception of bullying—specifically, whether student attrition (dependent variable) is affected by perceived negative or hostile behavior (independent variable). This hypothesis was tested using SPSS discriminant analysis. By providing resources in key areas, I hope to support improvement in academic outcomes and a decline in student attrition. Based on the problem of high attrition of the 1st- and 2nd-year students at the university and a goal of improved retention, the survey research questions for this study were the following:

RQ1: What do nursing students report as factors that lead to academic success or failure in nursing courses and/or programs?

RQ2: What do nursing students report as ways to address the identified causes of attrition?

I conducted this quantitative study in order to gain insight into a problem identified at the university and within the healthcare community. This was a nonexperimental study, and all participants were over 18 years old and were not considered to be members of a vulnerable group. Following the work of Shelton (2000,2012), this study was designed to determine to what degree academic issues and/or outside stressors affect student attrition. A quantitative, descriptive, cross-sectional survey research study was chosen because, according to Creswell (2009), quantitative studies are designed to explore root problems (high attrition rates, in this case). Specifically, the use of the descriptive survey provided data related to academic and nonacademic causes of attrition. A cross-sectional survey collects information about groups, such as their opinions and perceptions at a single point in time (Creswell, 2009; Leedy & Ormrod, 2010). Descriptive surveys are valuable tools in educational research, as they can enable researchers to gain important data related to educational issues (Polit & Tatano-Beck, 2010).

Setting and Sample

The study took place at a mid-Atlantic university. Students were chosen to gain insight into their perceptions of issues that may cause academic failure or withdrawal from the nursing program. This supported the goal of the research, which was to gain insight into the cause of high attrition of 1st- and 2nd-year nursing students.

This study used a convenience sample to survey students. A nonprobability convenience sampling technique was used because of the availability of participants

(Langford & Young, 2012; Polit, 2010). Nursing is a discipline in which researchers frequently use nonprobability random sampling because of the conveniently available participants (Polit & Hungler, 1999). In this study, students (potential participants) were available through the university Blackboard system, and a request for participation in the survey was sent via email.

Participants invited to participate in this study were nursing students (a) who were currently enrolled at the university, (b) who were academically unsuccessful in the program, or (c) who withdrew voluntarily for nonacademic reasons. The study survey was open to all baccalaureate degree nursing students and former nursing students who were still at the university but had chosen other programs. The strategy for obtaining participants included announcing to all nursing students that the study would be taking place at the university, describing the purpose of the study, and offering an invitation to all present and or past nursing students to take part in the study using the university portal system (Appendix G). This resulted in a convenience sample that relied on those who were willing to participate (Fink, 2008).

The survey size was determined by students who voluntarily responded to the request to participate in the study. This was a single-staged survey because I had access to the target population of nursing students at the university (Ross, 2005). A power analysis was used to determine the minimum number of participants needed to ensure statistical significance of the study (Nieswiadomy, 2008). The purpose of power analysis is to determine if a sample size is adequate. If a sample size is too small, the study results are not reliable; conversely, in a study that is too large, there is no statistical gain from the information (Nieswiadomy, 2008). A medium confidence level provides a researcher

an appropriate estimate of the margin of error (or confidence interval; Niles, 2006). I aimed for a confidence level of 95%; to achieve this confidence, an interval of 6 was used, and it was determined that 115 students were needed in the survey to obtain 95% confidence ("Sample Size Calculator," 2012). The goal for this study was a confidence level of .08, which, according to Polit (2010), is significant for a study to be reliable. During the study proposal and survey processes, the university had phased out the evening/weekend portion of the nursing program. This took a few years to complete, as many of the students were part-time students and had work conflicts in completing the program. Once the evening/weekend program ended, there was a reduction in the total number of nursing students. When this study proposal began, there were approximately 400 nursing students in the program. However, since then, the university has eliminated the evening/weekend program due to a lack of enrollment.

Student Participation and Demographics

There were 40 students that participated in this survey. All data from the survey is reported using valid percentages as this is a more accurate measure of the responses (Trochim & Donnelly, 2008). Of the valid responses, 30 (75%) students were current nursing students and 10 (25%) were students that had withdrawn from the program. Research studies have limitations—when surveys have a small response rate. Typically larger samples provide a better chance to detect significant results. However there are some conclusions that can be determined from the data that was obtained (Polit & Tatano Beck, 2010).

The gender distribution included 33 (94.3%) females, 2 (5.7%) males and 5 who did not identify their gender. The current relationship status distribution included 20

(55.5%) unmarried, 13 (36.1%) married, 3 (8.4%) divorced or cohabiting with significant other and 4 without responses. Refer to Table 2 for additional details on the distribution.

Table 2

Which of the Following Best Describes Your Current Relationship Status?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|---|-----------|---------|---------------|--------------------|
| Valid | Married | 13 | 32.5 | 36.1 | 36.1 |
| | Divorced | 2 | 5.0 | 5.6 | 41.7 |
| | Single, but cohabiting with a significant other | 1 | 2.5 | 2.8 | 44.4 |
| | Never married | 20 | 50.0 | 55.6 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Thirty two (88.9%) of the respondents did not have dependent children living in the home, 4 (11.1%) had dependent children living with them and 4 did not respond to this question.

Thirty two (88.9%) of the respondents were not the primary caregiver for anyone other than their children, 4 (11.1%) were the primary caregiver for someone other than their children and 4 did not respond to this question. Twenty six (72.2%) of the respondents described financial resources as adequate, 6 (16.6%) described financial resources as more than adequate, 4 (11.2%) described financial resources as less than adequate, and 4 did not respond to this question. Refer to Table 3 for additional details on the distribution.

Table 3

How Would You Describe Your Financial Resources in Meeting Necessities?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------------------|-----------|---------|---------------|--------------------|
| Valid | Much less than adequate | 1 | 2.5 | 2.8 | 2.8 |
| | Less than adequate | 3 | 7.5 | 8.3 | 11.1 |
| | Adequate | 26 | 65.0 | 72.2 | 83.3 |
| | More than adequate | 3 | 7.5 | 8.3 | 91.7 |
| | Much more than adequate | 3 | 7.5 | 8.3 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Three of the respondents indicated they had no source of financial aid for their education. Of the respondents that had access to financial aid, the sources included the following: 25 respondents had scholarships, 21 respondents had loans, 15 had grants, 8 had partial employer reimbursement, and 1 had full employer reimbursement. Some respondents had more than one source of financial aid.

Nineteen (52.8%) of respondents lived off campus, 17 (47.2%) lived on campus and 4 did not respond to this question. The highest level of education completed prior to entering the nursing program was high school for 26 (72.2%), post high school certificate or higher for 10 (17.8%) and no response for 4 participants. Refer to Table 4 for additional details on the distribution.

Table 4

What Was the Highest Level of Education That You Completed Prior to Entering Your Nursing Program?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--|-----------|---------|---------------|--------------------|
| Valid | High school diploma | 26 | 65.0 | 72.2 | 72.2 |
| | Post high school certificate (please specify below) | 1 | 2.5 | 2.8 | 75.0 |
| | Associate degree | 5 | 12.5 | 13.9 | 88.9 |
| | Baccalaureate degree | 4 | 10.0 | 11.1 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

The distribution for the highest level of education expected was 24 (66.7%) Master's degree or higher, 12 (33.3%) Baccalaureate degree or lower, and 4 did not respond. Refer to Table 5 for additional details on the distribution.

Table 5

What Is the Highest Level of Education That You Expect to Complete?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|----------------------|-----------|---------|---------------|--------------------|
| Valid | Associate Degree | 1 | 2.5 | 2.8 | 2.8 |
| | Baccalaureate Degree | 11 | 27.5 | 30.6 | 33.3 |
| | Master's Degree | 14 | 35.0 | 38.9 | 72.2 |
| | Doctoral Degree | 10 | 25.0 | 27.8 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

The highest level of education completed by the mother was post high school certificate or higher for 21 (58.3%), high school diploma or did not complete high school

for 15 (41.7%), and 4 did not respond. Refer to Table 6 for additional details on the distribution.

Table 6

What Was the Highest Level of Education Completed by Your Mother?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------------------------|-----------|---------|---------------|--------------------|
| | Did not complete high school | 1 | 2.5 | 2.8 | 2.8 |
| | High school diploma | 14 | 35.0 | 38.9 | 41.7 |
| | Post high school certificate | 3 | 7.5 | 8.3 | 50.0 |
| Valid | Associate degree | 8 | 20.0 | 22.2 | 72.2 |
| | Baccalaureate degree | 5 | 12.5 | 13.9 | 86.1 |
| | Master's degree or higher | 5 | 12.5 | 13.9 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

The highest level of education completed by the father was, high school diploma or did not complete high school for 21 (58.3%), post high school certificate or higher for 15 (41.7%) and 4 did not respond. Refer to Table 7 for additional details on the distribution.

Table 7

Which of the Following Is Closest to Your High School Grade Point Average? (A = 4.0, B = 3.0, C = 2.0, D = 1.0)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| | 3.6 to 4.0 | 20 | 50.0 | 55.6 | 55.6 |
| | 3.1 to 3.5 | 12 | 30.0 | 33.3 | 88.9 |
| Valid | 2.6 to 3.0 | 3 | 7.5 | 8.3 | 97.2 |
| | 2.1 to 2.5 | 1 | 2.5 | 2.8 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

The distribution for high school grade point average was 20 (55.6%) had GPA of 3.6 to 4.0, 16 (44.4%) has GPA of 3.5 or lower, and 4 did not respond. Refer to Table 8 for additional details on the distribution.

Table 8

Which of the Following Is Closest to Your College Grade Point Average, Including Nursing and Nonnursing Courses? (A = 4.0, B = 3.0, C = 2.0, D = 1.0)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| | 3.6 to 4.0 | 20 | 50.0 | 57.1 | 57.1 |
| | 3.1 to 3.5 | 13 | 32.5 | 37.1 | 94.3 |
| Valid | 2.6 to 3.0 | 1 | 2.5 | 2.9 | 97.1 |
| | 2.1 to 2.5 | 1 | 2.5 | 2.9 | 100.0 |
| | Total | 35 | 87.5 | 100.0 | |
| Missing | System | 5 | 12.5 | | |
| Total | | 40 | 100.0 | | |

The distribution for college grade point average was 20 (57.1%) had GPA of 3.6 to 4.0, 15 (42.9%) has GPA of 3.5 or lower, and 5 did not respond. Refer to Table 9 for additional details on the distribution.

Table 9

Which of the Following Is Closest to your College Grade Point Average, Including Nursing and Nonnursing Courses? (A = 4.0, B = 3.0, C = 2.0, D = 1.0)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| | 3.6 to 4.0 | 20 | 50.0 | 57.1 | 57.1 |
| | 3.1 to 3.5 | 13 | 32.5 | 37.1 | 94.3 |
| Valid | 2.6 to 3.0 | 1 | 2.5 | 2.9 | 97.1 |
| | 2.1 to 2.5 | 1 | 2.5 | 2.9 | 100.0 |
| | Total | 35 | 87.5 | 100.0 | |
| Missing | System | 5 | 12.5 | | |
| Total | | 40 | 100.0 | | |

The distribution for nursing course grade from last semester was 30 (85.7%) had grade of A to B-, 5 (14.3%) had a grade of C+ or lower, and 5 did not respond. Refer to Table 10 for additional details on the distribution.

Table 10

What Grade Did You Receive for the Nursing Course You Took Last Semester?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| | A or A- | 13 | 32.5 | 37.1 | 37.1 |
| | B+, B, or B- | 17 | 42.5 | 48.6 | 85.7 |
| Valid | C+, C, or C- | 2 | 5.0 | 5.7 | 91.4 |
| | D+, D, or D- | 1 | 2.5 | 2.9 | 94.3 |
| | 6.00 | 2 | 5.0 | 5.7 | 100.0 |
| | Total | 35 | 87.5 | 100.0 | |
| Missing | System | 5 | 12.5 | | |
| Total | | 40 | 100.0 | | |

The age of the respondents was between 18 – 55 years of age with a mean of 24.29 and a standard deviation of 9.43. There were 6 respondents that did not provide their age.

The distribution for the number of hours worked per week was 30 hours or more for 11 (30.6%), 29 hours or less for 25 (69.4%), and 4 with no response. Refer to Table 11 for additional details on the distribution.

Table 11

How Many Hours a Week Are You Employed?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Not employed | 9 | 22.5 | 25.0 | 25.0 |
| | Less than 10 | 3 | 7.5 | 8.3 | 33.3 |
| | 10 to 19 | 7 | 17.5 | 19.4 | 52.8 |
| | 20 to 29 | 6 | 15.0 | 16.7 | 69.4 |
| | 30 or more | 11 | 27.5 | 30.6 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

The distribution for ethnicity was 22 (61.1%) white, 13 (36.1%) black, 1 (2.8%) bi-racial, and 4 did not respond. Survey Monkey used step logic to separate responses to questions from current nursing students and former nursing students.

Of the respondents currently in the nursing program there were 27 (96.4%) who did not withdraw from the nursing program, 1 (3.6%) who withdrew from the program, and 12 who did not respond to this question. There is additional information that was reported by the current nursing student who withdrew from the program. The student withdrew during the first year of the program and the withdrawal was the choice of the

student. The student subsequently re-entered the same nursing program more than two years after the withdrawal.

Of the respondents not currently in the nursing program 6 students indicated they had withdrawn from the program. Two (33.3%) of the students withdrew in the first year and 4 (67.3%) of the students withdrew in the second year. Four (66.7%) of the students withdrew by their choice and 2 (33.3%) of the students did not choose to withdraw. The primary reason for withdrawal was as follows: Three respondents withdrew due to academic difficulty, 2 respondents indicated they were advised by faculty members to leave the program, and 1 respondent no longer wanted to pursue nursing. Five of the students have started or planned to start another course of study other than nursing. One respondent did not plan to start another course of study other than nursing. Three of the five students plan to continue their studies at the university. One student plans to study Biology, one student plans to study Education, and the final student plans an interdisciplinary study of Biology and Psychology. Two of the five students plan to study at a different school. One student plans to study Business Communications and the other student plans to pursue International Studies.

The survey did include the RN to BSN students who are nurses who have an associate's degree and have returned to school to obtain their Bachelor's degree in nursing. The inclusion of the RN to BSN students kept the number of nursing students at the same enrollment numbers. This program has the same issues of retention as does the traditional nursing program. The survey notice was sent to current and former nursing students the goal was to have 115 participants. However, the response rate was lower than expected with only 40 students taking part in the survey. The sample size of 40 out

of a population of 400 resulted in a confidence interval of 8.5 with a confidence level of 95%. In a non-probability design one of the unintended consequences is a lower than expected response rate (Tappen, 2011).

Instrumentation and Materials

The study employed the Shelton Model of Nursing Student Retention and Student Persistence Instrument (Appendix B) which includes Student backgrounds, Self-Efficacy, Academic Outcome Expectations, and Perceived Faculty Support. Additionally, Coopers (2009) survey of student perception of bullying behavior (BNEQ) (Appendix C) was employed to evaluate students' perception of bullying and or negative behavior towards them which increases the risk of attrition. Permission was obtained to use Shelton's (2012) Model of Student Retention survey (Appendix B), and Coopers (2009) BNEQ of nursing students.

Construct validity of the Shelton Model of Nursing Student Retention and Student Persistence Instrument was assessed and the background variables and persistence group are: the mean age of participants in each group were: persisted 30.8 years (SD = 7.68), voluntarily withdrew 29.1 years (SD = 8.36), and failed academically 29.8 years (SD = 9.10) respectively (Shelton, 2012, p. 8). Persistence group differences were computed by Chi-square for nominal level variables and by analyses of variance (ANOVA) for ordinal level variables (Shelton, 2012, p. 10). Post-hoc Scheffé mean differences and levels of significance showed differences between specific groups (Shelton, 2012, p. 10). There were significant differences ($p \leq .05$) among persistence groups in several of the background variables (Shelton, 2012, p. 10). The instrument had acceptable reliability

with an internal consistency of .74 as measured by Cronbach's alpha coefficient (Shelton, 2012, p. 10).

Adapting the Shelton (2012) Model of Retention study, the survey that was conducted as a part of the present study was divided into three sections: (a) student background demographics, financial status, responsibilities outside of school, and amount of time working, family obligations, family support, et cetera; (b) Academic self-efficacy used a 7 point Likert scale which measures student activities such as; planning and organizing work load and assignments, participation in course activities. The higher the score, the more self-efficacy students possess (Shelton, 2000; 2012). Outcomes Expectations is a 5-point Likert scale consisting of 14 items measuring the extent to which students agree or disagree with statements related to outcomes resulting from earning a Bachelor's of Science degree. Outcomes include the highest level of education prior to entering the nursing program and highest level of education students expect to achieve. Likert scale scoring will range from 14 to 70, the higher the score, the greater expectation of students obtaining their degree (Shelton, 2000; 2012). Perceived faculty support (Shelton, 2003) is a 5-point Likert scale; (24 items measuring whether the subject agrees or disagrees with about faculty member's supportive behaviors. Note scores range from 12 to 24, higher scores indicate greater perceived faculty support) (Shelton, 2000; 2012); (d) bullying Behaviors (Cooper et al., 2009; 2011) is a 5-point Likert scale; about students perceptions of negative behavior. The Cooper (2009) BNEQ questionnaire identifies 12 negative behaviors which included; 1) yelling or shouting in rage, 2) inappropriate, nasty, rude, or hostile behavior, 3) belittling or humiliating behavior, 4) spreading of malicious rumors or gossip, 5) cursing or swearing, 6) negative or

disparaging remarks about becoming a nurse, 7) assignments, tasks, work, or rotation responsibilities made for punishment, rather than educational purposes, 8) a bad grade given as a punishment, 9) hostility after or failure to acknowledge significant clinical, research, or academic accomplishment, 10) actual/threats of physical or verbal acts of aggression, 11) being ignored or physically isolated, 12) unmanageable workloads or unrealistic deadlines. The BNEQ items measure different types of bullying behaviors, and inter-item correlations were expected to be low, Cooper et al., (2009; Cooper et al., 2011) felt that measuring Cronbach's alpha was inappropriate for the BNEQ. Reliability and validity of the BNEQ was established by rigorously holding to the standards for developing a questionnaire that gathers opinion (Cooper et al., 2011).

Table 12

Survey Variables

| Variables to be Measured | Type of Scale | Concept Measured |
|---------------------------------|--|--|
| Student background demographics | Nominal, ordinal, interval, and ratio data | Age, gender, marital status, family involvement, financial resources, hours of work per week, level of education of parent, grade point average. |
| Academic Self-Efficacy | Ordinal data | Measures student activities such as; planning and organizing work load and assignments, participation in course activities. |
| Perceived Faculty Support | Likert scaling | Measuring whether the subject agrees or disagrees with about faculty members supportive behaviors). |
| Bullying Behaviors | Interval scale | Students' perceptions of negative behavior. |

Note. From *A Survey of Students' Perceptions of Bullying Behaviors in Nursing Education in Mississippi* (Doctoral dissertation), by J. R. M. Cooper, 2007, The University of Southern Mississippi (Doctoral dissertation). Reprinted with permission. *Academic Self-Efficacy and Perceived Faculty Support as Predictors of Persistence and Academic Performance in Nontraditional Associate Degree Nursing Students* (Doctoral dissertation), by E. Shelton, 2000. Reprinted with permission.

Table 13

Academic Outcomes Expectations

| Variables to be Measured | Academic Outcomes Expectations |
|-------------------------------------|---|
| Student background and demographics | Decrease background disparities by increasing student support. |
| Academic Self-Efficacy | Decrease the disparities among student self-efficacy as it relates to; age, gender, and background. |
| Perceived Faculty Support | Students will have positive view of faculty willingness to support them in the nursing program. |
| Bullying Behaviors | Increase student awareness of negative behaviors, and provide a positive learning environment. |

Data Collection and Analysis

Once IRB approval was obtained from Walden University (Appendix D) and the university (Appendix E), data collection began. Permission was obtained from the programs interim chair (Appendix F). The announcement was posted to university's student portal system for a week. An email was then sent to current and former nursing students using the program's email list. This researcher sent a request asking for nursing students' participation in a single-staged survey (Appendix G). The email directed the students to Survey Monkey to complete the online survey. Directions for completing the survey, purpose of the study and questionnaire were provided to students. Additionally,

students' anonymity was protected by exclusion of names, and the name of the university. This information was included in the request for student participation and in the student survey directions. Students gave implied consent by opting to complete the survey. The surveys were anonymous and the survey program saved all the data using passwords to protect the students' anonymity. The survey ended with a thank you to students for their participation in this survey.

Participation in this survey was voluntary and the decision to participate or not had no consequences. Once logged in, participants could choose not to answer an item if they wished. The survey was designed to be completed within ten to fifteen minutes and was made available for 21 days to give students adequate opportunity to participate and to get emails to all students.

In order to ensure participant convenience, this survey was self-administered using Survey Monkey website (see Appendix H). Raw data is stored on the researchers' computer and a backup hard drive which is password protected. Quantitative methods for this research described variables that are classified as either academic or nonacademic issues, such as age, hours worked, and family demands.

A survey was chosen for my study because of the ability of the researcher to have access to the students at the site of the study. The university utilizes a Blackboard course delivery platform which can be used to as a method of informing students about the study and also request for participants. The participants in my study were identified as nursing majors by the university. The survey request was sent to nearly 400 nursing students through the university's Blackboard site (An eLearning component of all courses at the university. It is a repository for course materials and communication). Responses from

students who participated in the survey were captured through Survey Monkey. To avoid a less than desirable response rate some of the following techniques were used; pre-contact in other words making an announcement on the student portal system used by the university, sending an email to inform respondents about the survey. Additionally, the survey employed a user friendly format; questions were clear and only asked what was necessary. This researcher followed up with additional email reminder to the students. The timing of the survey was originally projected to be sent prior to the end of the spring 2014 semester however, due to some administrative issues the emails were sent during student summer break. The timing of the request may have been a key indicator in the low response rates.

This research process was designed to collect data in a one-time survey to identify components of student perceptions that may impact the high attrition rate of nursing students. This was accomplished by collecting data in a standardized manner-coding, analyzing, and interpreting the data (Creswell, 2009). Again, this study contributes to the research of Shelton (2000; 2012) into the issues of attrition of nursing students and Cooper et al. (2009) on student perception of negative behavior directed toward them. This inquiry provides insight and perceptions of students regarding academic and nonacademic issues which lead to high attrition rates of nursing students, especially in the first and second year of the program (Leedy, & Ellis Ormrod, 2013). Specifically it was hypothesized that that: (a) reported levels of self-efficacy, perceived faculty support, outcome expectations and bullying will significantly discriminate between program persisters and leavers and (b) that the background variables of academic preparedness for college, family support, and financial issues will significantly discriminate among

program stayers and leavers. The hypothesis was tested using SPSS discriminant analysis. Conventional frequencies of students' backgrounds and students who persisted and those who left the program were compared with behaviors that lead to persistence and departures. The research hypothesis; sought to determine if nursing student attrition (dependent variable) was affected by student issues which include both academic issues and nonacademic stressors (independent variable). The second hypothesis is related to student perception of for bullying. Specifically, it assessed if student attrition (dependent variable) is affected by perceived negative or hostile behavior (independent variable). This hypothesis was tested using SPSS discriminant analysis. Data analysis using cross sectional regression was compared with what variables that led to students leaving or persisting. Non-parametric methods were be used to compare two or more variables, specifically if student stressors (nonacademic issues) had a direct impact on student academic success or failure.

Data Analysis—Survey Results

Appendix I includes complete results of the survey. Certain tables and graphs from the survey results are included below.

The discriminant analysis of the highest level of education completed prior to entering the nursing program is summarized below. A value of 2 was assigned to a high school diploma and a value of 3 was assigned to a post high school certificate. Responses for current nursing students had a mean of 2.82 with a standard deviation of 1.19. Responses for former nursing students had a mean of 2.00 with a standard deviation of 0.00. All participants had a mean of 2.63 with a standard deviation of 1.10. The Wilks's Lambda test has a significance of 0.06. This test is very close to being significant; $P <$

0.05 would have been significant. A larger sample would have likely yielded a significant effect. The small sample size is probably the reason for the non-significant finding. There was not enough variability for the computation of Box's M statistic; therefore the assumption of equal dispersion could not be tested. It is possible that this assumption was not met and possible that the non-significant finding was due to unequal dispersion across groups.

Table 14

| <i>Group Statistics—What Was the Highest Level of Education That You Completed Prior to Entering Your Nursing Program?</i> | | | | | |
|--|--|--------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | | | Unweighted | Weighted |
| Yes | What was the highest level of education that you completed prior to entering your nursing program? | 2.8214 | 1.18801 | 28 | 28.000 |
| No | What was the highest level of education that you completed prior to entering your nursing program? | 2.0000 | .00000 | 8 | 8.000 |
| Total | What was the highest level of education that you completed prior to entering your nursing program? | 2.6389 | 1.09942 | 36 | 36.000 |

Table 15

| <i>Wilk's Lambda—What Was the Highest Level of Education That You Completed Prior to Entering Your Nursing Program?</i> | | | | |
|---|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .901 | 3.501 | 1 | .061 |

The discriminant analysis of the highest level of education completed by the parents of the students is summarized below. A value of 2 was assigned to a high school diploma, a value of 3 was assigned to a post high school certificate, and a value of 4 was assigned to an associate degree. The responses for the highest level of education completed for mothers of current nursing students had a mean of 3.61 with a standard deviation of 1.52. The responses for the highest level of education completed for the fathers of current nursing students had a mean of 3.04 with a standard deviation of 1.29. The responses for the highest level of education completed for mothers of former nursing students had a mean of 3.00 with a standard deviation of 1.60. The responses for the highest level of education completed for the fathers of former nursing students had a mean of 2.00 with a standard deviation of 0.53. The responses for the highest level of education completed for mothers of all participants had a mean of 3.47 with a standard deviation of 1.54. The responses for the highest level of education completed for the fathers of all participants had a mean of 2.85 with a standard deviation of 1.24. Box's test of equality of covariance matrices resulted in a significance of 0.10 which indicates the assumption of homogeneity of variances was not violated. The Wilks's Lambda test resulted in a significance level of 0.11 which is not significant. This indicates that the educational status of the parents does not discriminate between current and former students.

Table 16

Group Statistics—What was the Highest Level of Education Completed by Your Mother?

| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
|--------------------------------------|---|--------|----------------|--------------------|----------|
| | | | | Unweighted | Weighted |
| Yes | What was the highest level of education completed by your mother? | 3.6071 | 1.52362 | 28 | 28.000 |
| | What was the highest level of education completed by your father? | 3.0357 | 1.29048 | 28 | 28.000 |
| No | What was the highest level of education completed by your mother? | 3.0000 | 1.60357 | 8 | 8.000 |
| | What was the highest level of education completed by your father? | 2.0000 | .53452 | 8 | 8.000 |
| Total | What was the highest level of education completed by your mother? | 3.4722 | 1.53969 | 36 | 36.000 |
| | What was the highest level of education completed by your father? | 2.8056 | 1.23796 | 36 | 36.000 |

Table 17

Box's M—What Was the Highest Level of Education Completed by Your Mother?

| | |
|---------|---------------|
| Box's M | 7.065 |
| F | Approx. 2.096 |
| | df1 3 |
| | df2 2345.750 |
| | Sig. .099 |

Table 18

| <i>Wilks's Lambda—What Was the Highest Level of Education Completed by Your Mother?</i> | | | | |
|---|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .875 | 4.418 | 2 | .110 |

The discriminant analysis of high school grade point averages, college grade point averages, and most recent nursing course grades is summarized below. A value of 1 was assigned to a grade point average of 3.6-4.0, a value of 2 was assigned to a grade point average of 3.1 – 3.5 for the high school and college grade point averages. A value of 1 was assigned to an A/A-, a value of 2 was assigned to a B+/B/B-, a value of 3 was assigned to a C+/C/C-, and a value of 4 was assigned to a D+/D/D- for recent nursing course grades. The high school grade point average responses for current nursing students had a mean of 1.61 with a standard deviation of 0.83. The college grade point average responses for current nursing students had a mean of 1.36 with a standard deviation of 0.49. The responses for grade in a recent nursing course for current students had a mean of 1.54 with a standard deviation of 0.51. The high school grade point average responses for former nursing students had a mean of 1.43 with a standard deviation of 0.53. The college grade point average responses for former nursing students had a mean of 2.14 with a standard deviation of 1.07. The responses for grade in a recent nursing course for former students had a mean of 3.71 with a standard deviation of 1.70. The high school grade point average responses for all students had a mean of 1.57 with a standard deviation of 0.70. The college grade point average responses for all students had a mean of 1.51 with a standard deviation of 0.70. The responses for grade in a recent

nursing course for all students had a mean of 1.97 with a standard deviation of 1.22. Box's test of equality of covariance matrices resulted in a significance of 0.00 which is less than the criterion of 0.05. The assumption of null hypothesis of equal population covariance matrices was not met. The Wilks's Lambda test resulted in a significance level of 0.00 which is significant. This indicates that the students with higher grades were more likely to stay in the nursing program.

Table 19

Group Statistics—Which of The Following Is Closest to Your High School Grade Point Average? (A = 4.0, B = 3.0, C = 2.0, D = 1.0)

| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
|--------------------------------------|--|--------|-------------------|--------------------|----------|
| | | | | Unweighted | Weighted |
| Yes | Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.6071 | .83174 | 28 | 28.000 |
| | Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.3571 | .48795 | 28 | 28.000 |
| | What grade did you receive for the nursing course you took last semester? | 1.5357 | .50787 | 28 | 28.000 |
| No | Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.4286 | .53452 | 7 | 7.000 |
| | Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0) | 2.1429 | 1.06904 | 7 | 7.000 |
| | What grade did you receive for the nursing course you took last semester? | 3.7143 | 1.70434 | 7 | 7.000 |
| Total | Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.5714 | .77784 | 35 | 35.000 |
| | Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.5143 | .70174 | 35 | 35.000 |
| | What grade did you receive for the nursing course you took last semester? | 1.9714 | 1.22440 | 35 | 35.000 |

Table 20

Box's M—Which of the Following Is Closest to Your High School Grade Point Average? (A = 4.0, B = 3.0, C = 2.0, D = 1.0)

| | | |
|---------|---------|---------|
| Box's M | | 42.983 |
| F | Approx. | 5.755 |
| | df1 | 6 |
| | df2 | 680.030 |
| | Sig. | .000 |

Table 21

Wilks's Lambda—Which of the Following Is Closest to Your High School Grade Point Average? (A = 4.0, B = 3.0, C = 2.0, D = 1.0)

| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
|---------------------|-------------------|------------|----|------|
| 1 | .427 | 26.811 | 3 | .000 |

The results for current relationship status are described below. The distribution for the relationship status of current nursing students was 20 (71.4%) never married, 5 (17.9%) married, 2 (1.6%) divorced, and 1 (3.6%) single / cohabiting with a significant other. All of the former students, 8 (100%), are married. The Pearson Chi-Square test resulted in a value of 18.20. 6 cells (75%) have an expected count of less than 5. The minimum expected count is 0.22. The approximate significance is 0.00 which is less than .0005. Based on the results, marital status is significantly linked to current student status. Married students were more likely to withdraw than expected. It was expected that approximately 3 married students would withdraw, however, 8 married students withdrew. It was expected that approximately 4 unmarried students would withdraw and none of the unmarried students withdrew. All unmarried students remained in the nursing program.

Table 22

Cross Tabulation—Are You Currently a Nursing Student? Which of the Following Best Describes Your Current Relationship Status?

| | | Which of the following best describes your current relationship status? | | | | |
|--------------------------------------|-----|--|----------|---|---------------|--------|
| | | Married | Divorced | Single, but cohabiting with a significant other | Never married | |
| Are you currently a nursing student? | Yes | Count | 5 | 2 | 1 | 20 |
| | | Expected Count | 10.1 | 1.6 | .8 | 15.6 |
| | | % within Are you currently a nursing student? | 17.9% | 7.1% | 3.6% | 71.4% |
| | | % within Which of the following best describes your current relationship status? | 38.5% | 100.0% | 100.0% | 100.0% |
| | | Std. Residual | -1.6 | .4 | .3 | 1.1 |
| | No | Count | 8 | 0 | 0 | 0 |
| | | Expected Count | 2.9 | .4 | .2 | 4.4 |
| | | % within Are you currently a nursing student? | 100.0% | 0.0% | 0.0% | 0.0% |
| | | % within Which of the following best describes your current relationship status? | 61.5% | 0.0% | 0.0% | 0.0% |
| | | Std. Residual | 3.0 | -.7 | -.5 | -2.1 |
| Total | | Count | 13 | 2 | 1 | 20 |
| | | Expected Count | 13.0 | 2.0 | 1.0 | 20.0 |
| | | % within Are you currently a nursing student? | 36.1% | 5.6% | 2.8% | 55.6% |
| | | % within Which of the following best describes your current relationship status? | 100.0% | 100.0% | 100.0% | 100.0% |

Table 23

| <i>Chi-Square Tests—Which of the Following Best Describes Your Current Relationship Status?</i> | | | |
|---|---------------------|----|-----------------------|
| | Value | df | Asymp. Sig. (2-sided) |
| Pearson Chi-Square | 18.198 ^a | 3 | .000 |
| Likelihood Ratio | 20.816 | 3 | .000 |
| Linear-by-Linear Association | 15.899 | 1 | .000 |
| N of Valid Cases | 36 | | |

Table 24

| <i>Symmetric Measures—Which of the Following Best Describes Your Current Relationship Status?</i> | | | |
|---|------------|-------|--------------|
| | | Value | Approx. Sig. |
| Nominal by Nominal | Phi | .711 | .000 |
| | Cramer's V | .711 | .000 |
| N of Valid Cases | | 36 | |

The results for having a dependent child living in your home are described below. The distribution for the current nursing students was 24 (85.7%) did not have a dependent child living in the home and 4 (14.3%) had a dependent child living in the home. All of the former nursing students, 8 (100%), did not have a dependent child living in the home. The Pearson Chi-Square test resulted in a value of 1.29. 2 cells (50%) had an expected count of less than 5. The minimum expected count was 0.89. The significance factor was 0.26 and therefore not significant. The presence of dependent children in the home was not linked to current student status.

The results for being the primary caregiver for anyone other than your children are described below. The distribution for the current nursing students was 25 (89.3%)

were not a caregiver for someone other than their children and 3 (10.7%) were a primary caregiver for someone other than their children. For the former nursing students, 7 (87.5%) were not the primary caregiver for someone other than their children and 1 (12.5%) were the primary caregiver for someone other than their children. The Pearson Chi-Square test resulted in a value of 0.20. 2 cells (50%) had an expected count of less than 5. The minimum expected count was 0.89. The significance factor was 0.89 and therefore not significant. The status as a primary caregiver was not correlated with current student status.

The results for financial resources available to meet necessities are described below. A value of 3 was assigned to adequate financial resources to meet necessities. A value of 4 was assigned to more than adequate financial resources to meet necessities. The responses for current nursing students had a mean of 3.00 with a standard deviation of 0.72. The responses for former nursing students had a mean of 3.50 with a standard deviation of 0.93. Responses for all students had a mean of 3.11 with a standard deviation of 0.78. Box's test of equality of covariance matrices resulted in a significance of 0.392 which is greater than the criterion of .05. The assumption of null hypothesis of equal population covariance matrices was met. The Wilks's Lambda test resulted in a significance level of 0.11 which was not significant. This indicated that the financial status does not discriminate between current and former students.

Table 25

Group Statistics—How Would You Describe Your Financial Resources in Meeting Necessities?

| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
|--------------------------------------|---|--------|----------------|--------------------|----------|
| | | | | Unweighted | Weighted |
| Yes | How would you describe your financial resources in meeting necessities? | 3.0000 | .72008 | 28 | 28.000 |
| No | How would you describe your financial resources in meeting necessities? | 3.5000 | .92582 | 8 | 8.000 |
| Total | How would you describe your financial resources in meeting necessities? | 3.1111 | .78478 | 36 | 36.000 |

Table 26

Box's M—How Would You Describe Your Financial Resources in Meeting Necessities?

| | |
|---------|--------------|
| Box's M | .771 |
| F | Approx. .734 |
| df1 | 1 |
| df2 | 1192.318 |
| Sig. | .392 |

Table 27

Wilks's Lambda—How Would You Describe Your Financial Resources in Meeting Necessities?

| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
|---------------------|----------------|------------|----|------|
| 1 | .928 | 2.509 | 1 | .113 |

The survey included 24 questions related to perceived faculty support. The responses to the questions ranged from Strongly Disagree with a value of 1 to Strongly Agree with a value of 5. The data was analyzed to determine if the variables could be averaged together to form a single indicator. The Cronbach's Alpha value for the analysis of perceived faculty support variables was 0.95. This result for the perceived faculty support items indicated that all items were part of a univariate construct, therefore the items could be averaged together to form a single indicator for perceived faculty support. The responses from current nursing students resulted in a mean of 3.79 with a standard deviation of 0.59. Responses from former nursing students resulted in a mean of 3.17 with a standard deviation of 0.58. Responses from all students yielded a mean of 3.67 with a standard deviation of 0.63. Box's test of equality of covariance matrices resulted in a significance of 0.97 which indicated the assumption of the test was met. The Wilks's Lambda test resulted in a significance level of 0.29 which was not significant.

Table 28

Descriptive Statistics—Perceived Faculty Support

| | Minimum | Maximum | Mean | Std. Deviation |
|--|---------|---------|------|-------------------|
| Know if students understand what is being taught. | 1.00 | 5.00 | 3.38 | .98 |
| Demonstrate respect for students. | 1.00 | 5.00 | 3.78 | 1.01 |
| Set challenging but attainable goals for students. | 2.00 | 5.00 | 3.81 | .82 |
| Acknowledge when students have done well. | 2.00 | 5.00 | 3.75 | .95 |
| Are helpful in new situations without taking 1 over. | 2.00 | 5.00 | 3.68 | .79 |
| Stress important concepts. | 2.00 | 5.00 | 3.72 | 1.05 |
| Are approachable. | 1.00 | 5.00 | 3.66 | 1.00 |
| Correct students without belittling them. | 1.00 | 5.00 | 3.63 | .98 |
| Listen to students. | 2.00 | 5.00 | 3.53 | .95 |
| Can be trusted. | 2.00 | 5.00 | 3.53 | .95 |
| Give helpful feedback on student assignments. | 2.00 | 5.00 | 3.72 | .85 |
| Are open to different points of view. | 1.00 | 5.00 | 3.47 | .95 |
| Encourage students to ask questions. | 1 2.00 | 5.00 | 3.94 | .77 |
| Provide assistance outside of class. | 1 2.00 | 5.00 | 3.97 | .75 |
| Vary teaching methods to meet student needs. | 2.00 | 5.00 | 3.09 | 1.12 |
| Make expectations clear. | 2.00 | 5.00 | 3.97 | .86 |
| Are patient with students. | 2.00 | 5.00 | 3.72 | .77 |
| Are good role models for students. | 2.00 | 5.00 | 3.91 | .73 |
| Are realistic in expectations. | 1.00 | 5.00 | 3.75 | .98 |
| Present information clearly. | 2.00 | 5.00 | 3.59 | .87 |
| Clarify information that is not understood. | 2.00 | 5.00 | 3.94 | .72 |
| Have a genuine interest in students. | 2.00 | 5.00 | 3.78 | .87 |
| Provide study guides and written materials. | 1.00 | 5.00 | 3.31 | 1.20 |
| Demonstrate confidence in students. | 2.00 | 5.00 | 3.63 | .83 |
| Valid N (listwise) | | | | |

The histogram in Figure 1 summarizes the responses to the questions on perceived faculty support. The frequency of responses that ranged from a value of 1 for Strongly Disagree to a value of 5 for Strongly Agree are documented below. The mean was 3.67 with a standard deviation of 0.63.

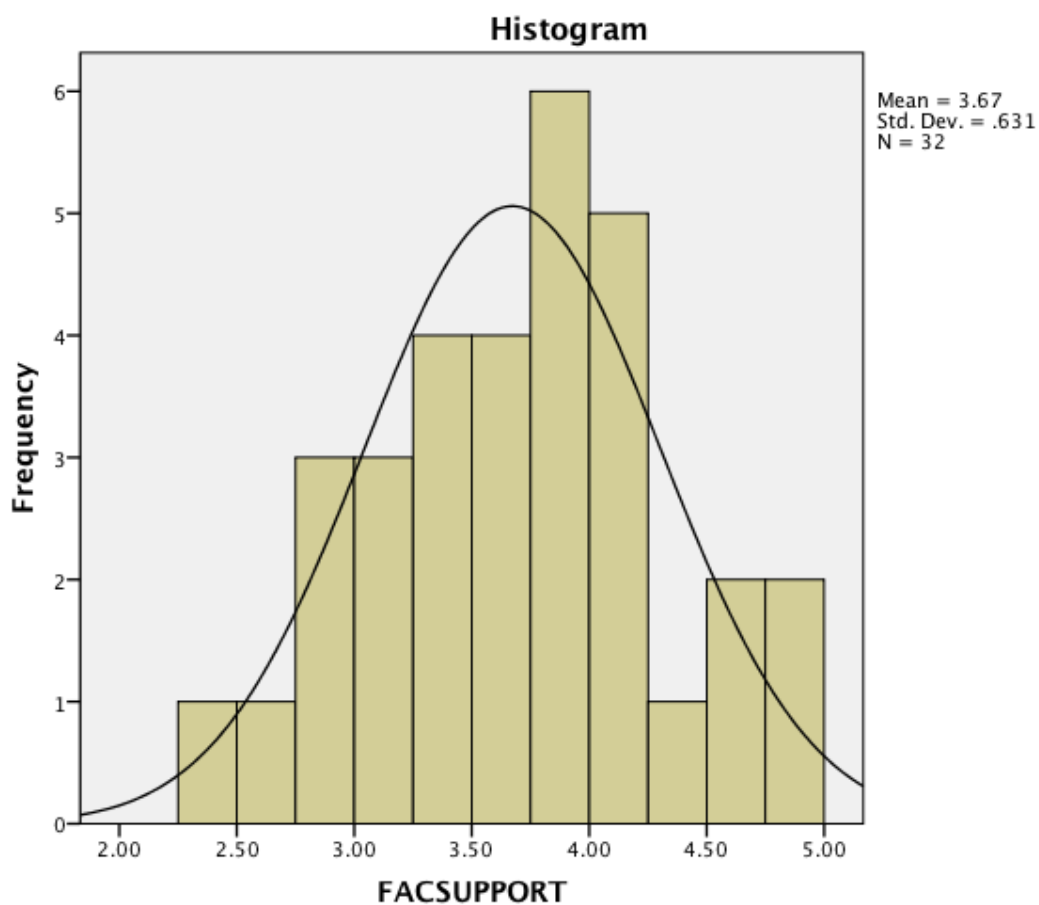


Figure 1. Histogram-Faculty Support

Table 29

| <i>Group Statistics—Faculty Support</i> | | | | | |
|---|------------|--------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | | | Unweighted | Weighted |
| Yes | FACSUPPORT | 3.7882 | .59299 | 26 | 26.000 |
| No | FACSUPPORT | 3.1736 | .58358 | 6 | 6.000 |
| Total | FACSUPPORT | 3.6730 | .63080 | 32 | 32.000 |

Table 30

| <i>Box's M—Faculty Support</i> | | |
|--------------------------------|-------|---------|
| Box's M | | .002 |
| F | Appro | .002 |
| | x. | |
| | df1 | 1 |
| | df2 | 632.154 |
| | Sig. | .965 |

Table 31

| <i>Wilks's Lambda—Faculty Support</i> | | | | |
|---------------------------------------|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .851 | 4.769 | 1 | .029 |

The survey included 11 questions related to student self- efficacy. The responses to the questions ranged from Not Well at All with a value of 1 to Very Well with a value of 4. The data was analyzed to determine if the variables could be averaged together to form a single indicator. The Cronbach's Alpha value for the analysis of student self- efficacy variables was 0.85. This result for the student self-efficacy items indicated that all items were part of a univariate construct, therefore the items could be averaged

together to form a single composite score measuring student self-efficacy. The responses from current nursing students resulted in a mean of 3.37 with a standard deviation of 0.44. Responses from former nursing students resulted in a mean of 3.26 with a standard deviation of 0.36. Responses from all students yielded a mean of 3.35 with a standard deviation of 0.42. Box's test of equality of covariance matrices resulted in a significance of 0.62 which indicated the assumption of the test was met. The Wilks's Lambda test resulted in a significance level of 0.55 which was not significant. This indicated that self-efficacy did not discriminate for current students versus the students who withdrew.

Table 32

Descriptive Statistics—Student Self-Efficacy

| | N | Minimum | Maximum | Mean | Std. Deviation |
|--|----|---------|---------|------|----------------|
| Finish assignments by deadlines. | 32 | 3.00 | 4.00 | 3.72 | .46 |
| Study when there are other interesting things to do. | 32 | 2.00 | 4.00 | 3.13 | .61 |
| Concentrate on courses. | 32 | 2.00 | 4.00 | 3.41 | .61 |
| Take class notes. | 32 | 2.00 | 4.00 | 3.38 | .71 |
| Use the library to get information for assignments. | 32 | 1.00 | 4.00 | 3.22 | .83 |
| Plan your coursework. | 32 | 2.00 | 4.00 | 3.38 | .61 |
| Organize your coursework. | 32 | 2.00 | 4.00 | 3.56 | .62 |
| Remember information presented in class and textbooks. | 32 | 2.00 | 4.00 | 3.25 | .57 |
| Arrange a place to study without distractions. | 32 | 1.00 | 4.00 | 3.25 | .72 |
| Motivate yourself to do coursework. | 32 | 2.00 | 4.00 | 3.44 | .67 |
| Participate in class discussions. | 32 | 2.00 | 4.00 | 3.16 | .81 |
| Valid N (listwise) | 32 | | | | |

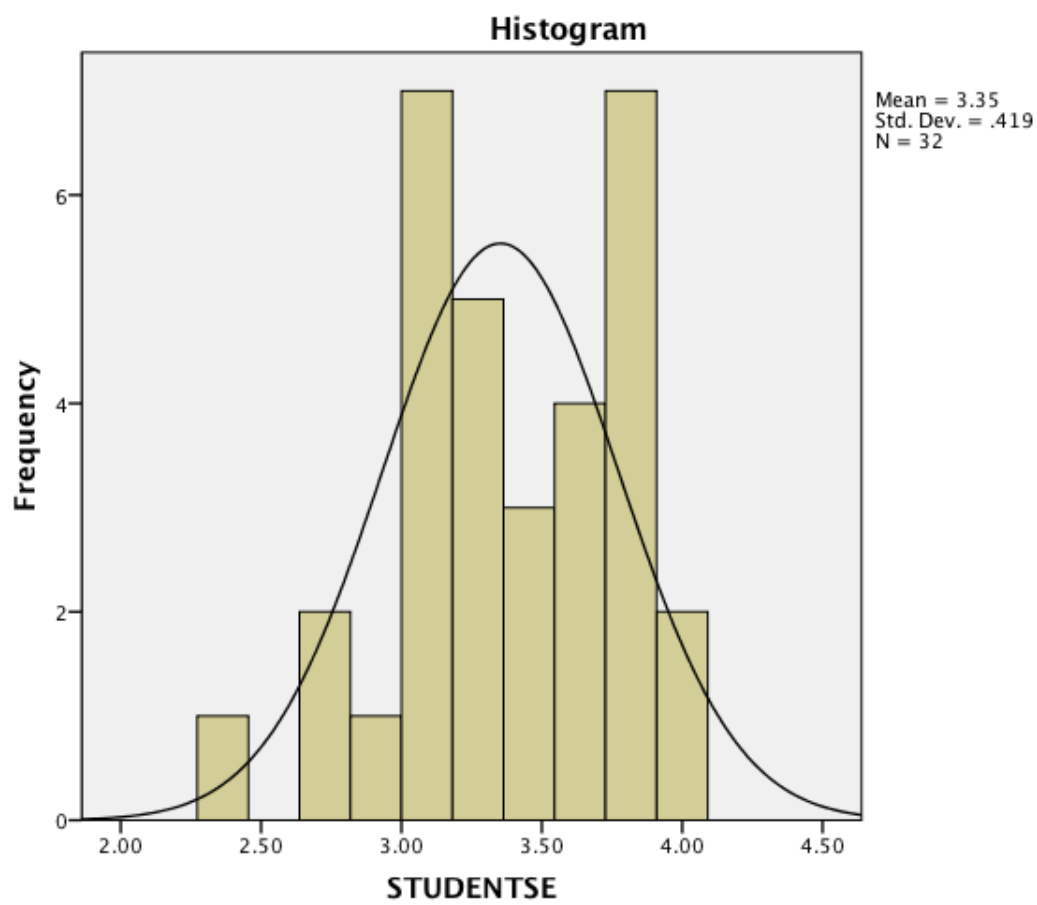


Figure 2. Histogram-Student Self-Efficacy

Table 33

| <i>Group Statistics—Student Self-Efficacy</i> | | | | | |
|---|-----------|--------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | | | Unweighted | Weighted |
| Yes | STUDENTSE | 3.3741 | .43509 | 26 | 26.000 |
| No | STUDENTSE | 3.2576 | .36098 | 6 | 6.000 |
| Total | STUDENTSE | 3.3523 | .41931 | 32 | 32.000 |

Table 34

| <i>Box's M—Student Self-Efficacy</i> | | |
|--------------------------------------|---------|---------|
| Box's M | | .267 |
| F | Approx. | .250 |
| | df1 | 1 |
| | df2 | 632.154 |
| | Sig. | .617 |

Table 35

| <i>Wilks's Lambda—Student Self-Efficacy</i> | | | | |
|---|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .988 | .361 | 1 | .548 |

The survey included 13 questions related to expectations for a career in nursing. The responses to the questions ranged from Strongly Disagree with a value of 1 to Strongly Agree with a value of 5. The data was analyzed to determine if the variables could be averaged together to form a single indicator. The Cronbach's Alpha coefficient of 0.47 indicated that the expectations of a career in nursing items did not load on a single univariate factor. A factor analysis was done to determine whether a coherent factor structure existed for these items.

The KMO and Bartlett's test resulted in a KMO coefficient of 0.61 which is a bit low. Typically, a coefficient above 0.80 would be most advantageous. One explanation for the low KMO coefficient could be the small sample size. Even with a coefficient this low there is often a coherent factor structure embedded within the data. The extraction method was the principal component analysis. The rotation method was Varimax with Kaiser Normalization. The rotation converged in 6 iterations. The questions numbers, 1-13, correspond to the variable numbers in the analysis. Component 1 included variables 7, 8, 9, and 10. The Cronbach Alpha coefficient of 0.85 for these variables was an acceptable coefficient. These items appeared to define a factor pertaining to worry about competence in nursing. Component 2 included variables 1,4,12, and 13. The Cronbach Alpha coefficient of 0.76 for these variables was an acceptable coefficient. These items appeared to define a factor pertaining to positive attitudes toward a career in nursing. Component 3 included variables 2, 5, 6, and 11. The Cronbach Alpha coefficient of 0.60 for these variables was not an acceptable coefficient. This indicated that these variables did not comprise a valid factor. These variables plus variable 3 from component 4 were analyzed separately. Box's test of equality of covariance matrices tests the null hypothesis of equal population covariance matrices. The test cannot be performed with fewer than two non-singular group covariance matrices and therefore was not used in this case. The Wilks's Lambda test resulted in a significance level of 0.016 which was significant. This indicated that the attitudes toward nursing items and scales did discriminate significantly between the current students and the students who withdrew.

Table 36

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|---|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| With a bachelor's degree in nursing I would be respected by others. | 33 | 5 | 4.12 | .74 | 2.00 | 5.00 |
| I worry that I would not be able to deal with the death of a patient. | 32 | 6 | 2.28 | 1.11 | 1.00 | 5.00 |
| A career in nursing would allow me time for a family, friends, and leisure activities. | 32 | 6 | 3.22 | .91 | 1.00 | 5.00 |
| A bachelor's degree in nursing would provide me with strong relationships with other people. | 32 | 6 | 3.91 | .73 | 2.00 | 5.00 |
| The public generally has a low opinion of people in the nursing profession. | 32 | 6 | 1.75 | .57 | 1.00 | 3.00 |
| A bachelor's degree in nursing would allow me to obtain a well-paying job. | 32 | 6 | 4.22 | .61 | 3.00 | 5.00 |
| I worry that I would not be able to pass the licensure exam to become an RN. | 32 | 6 | 2.47 | 1.19 | 1.00 | 5.00 |
| I worry that employers would doubt my competence. | 32 | 6 | 2.03 | .97 | 1.00 | 5.00 |
| I worry that nursing would be too physically and emotionally draining to handle. | 32 | 6 | 2.22 | 1.21 | 1.00 | 5.00 |
| I worry that I would not be able to make the correct ethical choices about patients' needs. | 32 | 6 | 2.00 | 1.02 | 1.00 | 4.00 |
| With a bachelor's degree in nursing I would always be assured of a job. | 31 | 7 | 3.35 | 1.25 | 1.00 | 5.00 |
| I believe that I would practice competently as a registered nurse. | 30 | 8 | 4.43 | .68 | 3.00 | 5.00 |
| A bachelor's degree in nursing would allow me to work with people in a very constructive way. | 31 | 7 | 4.19 | .65 | 3.00 | 5.00 |

Table 37

| <i>KMO and Bartlett's Test—Expectations for Nursing Career</i> | | |
|--|--------------------|---------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .610 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 147.684 |
| | Df | 78 |
| | Sig. | .000 |

Table 38

| <i>Rotated Component Matrix—Expectations for Nursing Career</i> | | | | | |
|--|-----|-----------|------|------|------|
| | | Component | | | |
| | | 1 | 2 | 3 | 4 |
| 10 I worry that I would not be able to make the correct ethical choices about patients' needs. | .85 | 1 | | | |
| 8 I worry that employers would doubt my competence. | .81 | 6 | | | |
| 9 I worry that nursing would be too physically and emotionally draining to handle. | .71 | 2 | | | |
| 7 I worry that I would not be able to pass the licensure exam to become an RN. | .68 | 2 | | | |
| 13 A bachelor's degree in nursing would allow me to work with people in a very constructive way. | .76 | 7 | | | |
| 4 A bachelor's degree in nursing would provide me with strong relationships with other people. | .75 | 1 | | | |
| 1 With a bachelor's degree in nursing I would be respected by others. | .63 | 4 | | | |
| 12 I believe that I would practice competently as a registered nurse. | .60 | 2 | | | |
| 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | | | .793 | | |
| 2 I worry that I would not be able to deal with the death of a patient. | | | .720 | | |
| 11 With a bachelor's degree in nursing I would always be assured of a job. | | | .694 | | |
| 5 The public generally has a low opinion of people in the nursing profession. | | | - | .582 | |
| 3 A career in nursing would allow me time for a family, friends, and leisure activities. | | | | | .895 |

Table 39

Reliability Statistics—Component 1—Expectations for Nursing Career

| Cronbach's Alpha | N of Items |
|---------------------|------------|
| .845 | 4 |

Table 40

Reliability Statistics—Component 2—Expectations for Nursing Career

| Cronbach's Alpha | N of Items |
|---------------------|------------|
| .761 | 4 |

Table 41

Reliability Statistics—Component 3—Expectations for Nursing Career

| Cronbach's Alpha | N of Items |
|---------------------|------------|
| .598 | 4 |

Table 42

| | | Valid N (listwise) | |
|---|--|--------------------|--------------|
| | | Unweig hted | Weigthe d |
| <i>Group Statistics—Expectations for Nursing Career</i> | | | |
| Are you currently a nursing student? | | | |
| Yes | Competence Worry | 25 | 25.000 |
| | Nursing Positive Feelings | 25 | 25.000 |
| | 2 I worry that I would not be able to deal with the death of a patient. | 25 | 25.000 |
| | 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | 25 | 25.000 |
| | 5 The public generally has a low opinion of people in the nursing profession. | 25 | 25.000 |
| | 11 With a bachelor's degree in nursing I would always be assured of a job. | 25 | 25.000 |
| | 3 A career in nursing would allow me time for a family, friends, and leisure activities. | 25 | 25.000 |
| No | Competence Worry | 6 | 6.000 |
| | Nursing Positive Feelings | 6 | 6.000 |
| | 2 I worry that I would not be able to deal with the death of a patient. | 6 | 6.000 |
| | 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | 6 | 6.000 |
| | 5 The public generally has a low opinion of people in the nursing profession. | 6 | 6.000 |
| | 11 With a bachelor's degree in nursing I would always be assured of a job. | 6 | 6.000 |
| | 3 A career in nursing would allow me time for a family, friends, and leisure activities. | 6 | 6.000 |
| Total | Competence Worry | 31 | 31.000 |
| | Nursing Positive Feelings | 31 | 31.000 |
| | 2 I worry that I would not be able to deal with the death of a patient. | 31 | 31.000 |
| | 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | 31 | 31.000 |
| | 5 The public generally has a low opinion of people in the nursing profession. | 31 | 31.000 |
| | 11 With a bachelor's degree in nursing I would always be assured of a job. | 31 | 31.000 |
| | 3 A career in nursing would allow me time for a family, friends, and leisure activities. | 31 | 31.000 |

Table 43

| <i>Wilks's Lambda—Expectations for Nursing Career</i> | | | | |
|---|-------------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .507 | 17.303 | 7 | .016 |

The survey included 12 questions related to bullying behaviors. In each question the participant was asked to respond to the frequency of the behavior relative to nine different groups. These groups included SON classmate, SON Faculty, SON Staff, Physician, Hospital/Clinic Nurse, Other Hospital Staff, Patient, Patient Relative, and SON/Hospital Guest. The responses to the questions ranged from a frequency of Never with a value of 1 to a frequency of Always with a value of 5.

The Cronbach alpha statistic for all questions exceeded the criterion for a valid scale of greater than 0.70. The statistics by question ranged from a low of 0.85 to a high of 0.96. See Table 46 for the results by question.

Table 44

Cronbach Alpha Statistics for Each Set of Bullying Items

| Bullying Items | Cronbach Alpha |
|---------------------------------------|----------------|
| Yelling or Shouting in Rage | 0.85 |
| Rude Behavior | 0.83 |
| Belittling Behavior | 0.89 |
| Malicious Rumors | 0.84 |
| Cursing or Swearing | 0.86 |
| Negative Remarks | 0.85 |
| Assignments as Punishment | 0.92 |
| Bad Grades as Punishment | 0.93 |
| Failure to Acknowledge Accomplishment | 0.96 |
| Threats | 0.86 |
| Ignore or Physically Isolate | 0.89 |
| Unmanageable Workload | 0.94 |

The results in seven of the twelve questions included means of between a value of 1(Never) and a value of 2(Seldom) for all groups. The results from these questions were not considered significant because the responses indicated the behavior was seldom experienced by the respondents for all groups. The bullying behaviors in these questions were: belittling or humiliating behavior, negative remarks, giving assignments or bad grades as a form of punishment, failure to acknowledge accomplishments, physical threats, and being ignored.

The responses to five of the twelve questions had a mean greater than 2 (Seldom) for at least one of the groups. The results for the responses to these questions are detailed below.

The responses for the question on the bullying behavior of yelling or shouting in rage included a mean of 2.07 for the patient group. 24.1% of the respondents indicated they had experienced this behavior from patients on an intermittent basis. 6.9% of respondents indicated they always experienced this behavior from patients.

Table 45

Yelling or Shouting in Rage—All Groups

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|---|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| YELL School of Nursing (SON) Classmate | 29 | 9 | 1.52 | .78 | 1.00 | 4.00 |
| YELL SON Faculty | 29 | 9 | 1.38 | .73 | 1.00 | 4.00 |
| YELL SON Staff | 28 | 10 | 1.21 | .50 | 1.00 | 3.00 |
| YELL Physician | 29 | 9 | 1.34 | .55 | 1.00 | 3.00 |
| YELL Hospital/Clinic Nurse | 29 | 9 | 1.38 | .62 | 1.00 | 3.00 |
| YELL Other Hospital Staff | 29 | 9 | 1.52 | .83 | 1.00 | 4.00 |
| YELL Patient | 29 | 9 | 2.07 | 1.13 | 1.00 | 5.00 |
| YELL Patient Relative | 29 | 9 | 1.86 | 1.19 | 1.00 | 5.00 |
| YELL SON/Hospital Guest | 29 | 9 | 1.62 | .90 | 1.00 | 5.00 |

Table 46

Yelling or Shouting in Rage—Patient

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|------------------|-----------------------|
| Valid | Never | 11 | 28.9 | 37.9 | 37.9 |
| | Seldom | 9 | 23.7 | 31.0 | 69.0 |
| | Intermittent | 7 | 18.4 | 24.1 | 93.1 |
| | Always | 2 | 5.3 | 6.9 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

The responses for the question on inappropriate, nasty, rude, or hostile behavior included a mean of 2.07 for the patient group. 24.1% of the respondents indicated they had experienced this behavior from patients on an intermittent basis. 6.9% of respondents indicated they always experienced this behavior from patients.

Table 47

Inappropriate, Nasty, Rude, or Hostile Behavior—All Groups

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|------------------------------|-------|---------|------|----------------|---------|---------|
| | Valid | Missing | | | | |
| RUDE SON Classmate | 29 | 9 | 1.79 | 1.08 | 1.00 | 4.00 |
| RUDE SON Faculty | 29 | 9 | 1.48 | .74 | 1.00 | 3.00 |
| RUDE SON Staff | 29 | 9 | 1.34 | .61 | 1.00 | 3.00 |
| RUDE Physician | 28 | 10 | 1.43 | .69 | 1.00 | 3.00 |
| RUDE Hospital / Clinic Nurse | 29 | 9 | 1.90 | 1.14 | 1.00 | 5.00 |
| RUDE Other Hospital Staff | 29 | 9 | 1.83 | 1.17 | 1.00 | 5.00 |
| RUDE Patient | 29 | 9 | 2.07 | 1.13 | 1.00 | 5.00 |
| RUDE Patient Relative | 29 | 9 | 1.83 | 1.17 | 1.00 | 5.00 |
| RUDE SON / Hospital Guest | 29 | 9 | 1.62 | 1.01 | 1.00 | 5.00 |

Table 48

Inappropriate, Nasty, Rude, or Hostile Behavior—Patient

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 11 | 28.9 | 37.9 | 37.9 |
| | Seldom | 9 | 23.7 | 31.0 | 69.0 |
| | Intermittent | 7 | 18.4 | 24.1 | 93.1 |
| | Always | 2 | 5.3 | 6.9 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

The responses for the question on spreading malicious rumors included a mean of 2.07 for the SON classmate group. 13.2% of the respondents indicated they had experienced this behavior from classmates on an intermittent basis. 2.6% of respondents indicated they always experienced this behavior from classmates.

Table 49

Spreading Malicious Rumors—All Groups

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|----------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| RUMOR SON Classmate | 29 | 9 | 2.07 | 1.31 | 1.00 | 5.00 |
| RUMOR SON Faculty | 29 | 9 | 1.24 | .58 | 1.00 | 3.00 |
| RUMOR SON Staff | 29 | 9 | 1.21 | .49 | 1.00 | 3.00 |
| RUMOR Physician | 29 | 9 | 1.10 | .41 | 1.00 | 3.00 |
| RUMOR Hospital / Clinic Nurse | 29 | 9 | 1.69 | 1.17 | 1.00 | 5.00 |
| RUMOR Other Hospital Staff | 29 | 9 | 1.66 | 1.11 | 1.00 | 5.00 |
| RUMOR Patient | 29 | 9 | 1.59 | 1.15 | 1.00 | 5.00 |
| RUMOR Patient Relative | 29 | 9 | 1.52 | 1.12 | 1.00 | 5.00 |
| RUMOR SON / Hospital Guest | 29 | 9 | 1.41 | 1.09 | 1.00 | 5.00 |

Table 50

Spreading Malicious Rumors—Classmates

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 15 | 39.5 | 51.7 | 51.7 |
| | Seldom | 4 | 10.5 | 13.8 | 65.5 |
| | Intermittent | 4 | 10.5 | 13.8 | 79.3 |
| | Frequent | 5 | 13.2 | 17.2 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

The responses for the question on cursing or swearing included a mean of 2.10 for the SON classmate group and a mean of 2.03 for the patient group. 10.5% of the respondents indicated they had experienced this behavior from classmates on an intermittent basis. 2.6% of respondents indicated they always experienced this behavior from classmates. Thirteen point two percent of the respondents indicated they had experienced this behavior from patients on an intermittent basis. Two point six percent of respondents indicated they always experienced this behavior from patients.

Table 51

Cursing or Swearing—All Groups

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|----------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| CURSE SON Classmate | 29 | 9 | 2.10 | 1.23 | 1.00 | 5.00 |
| CURSE SON Faculty | 29 | 9 | 1.45 | .63 | 1.00 | 3.00 |
| CURSE SON Staff | 29 | 9 | 1.41 | .63 | 1.00 | 3.00 |
| CURSE Physician | 29 | 9 | 1.34 | .72 | 1.00 | 4.00 |
| CURSE Hospital / Clinic Nurse | 29 | 9 | 1.69 | 1.00 | 1.00 | 5.00 |
| CURSE Other Hospital Staff | 29 | 9 | 1.62 | .98 | 1.00 | 5.00 |
| CURSE Patient | 29 | 9 | 2.03 | 1.18 | 1.00 | 5.00 |
| CURSE Patient Relative | 29 | 9 | 1.86 | 1.22 | 1.00 | 5.00 |
| CURSE SON / Hospital Guest | 28 | 10 | 1.71 | 1.21 | 1.00 | 5.00 |

Table 52

Cursing or Swearing—SON Classmate

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|-----------------------|
| Valid | Never | 13 | 34.2 | 44.8 | 44.8 |
| | Seldom | 6 | 15.8 | 20.7 | 65.5 |
| | Intermittent | 5 | 13.2 | 17.2 | 82.8 |
| | Frequent | 4 | 10.5 | 13.8 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Table 53

Cursing or Swearing—Patient

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|-----------------------|
| Valid | Never | 12 | 31.6 | 41.4 | 41.4 |
| | Seldom | 9 | 23.7 | 31.0 | 72.4 |
| | Intermittent | 5 | 13.2 | 17.2 | 89.7 |
| | Frequent | 1 | 2.6 | 3.4 | 93.1 |
| | Always | 2 | 5.3 | 6.9 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

The responses for the question on unmanageable workloads or unrealistic deadlines included a mean of 2.21 for the SON faculty and a mean of 2.10 for the SON staff. 10.5% of the respondents indicated they had experienced this behavior from SON faculty on an intermittent basis. Two point six percent of respondents indicated they always experienced this behavior from SON faculty. Seven point six percent of the respondents indicated they had experienced this behavior from SON staff on an intermittent basis. Two point six percent of respondents indicated they always experienced this behavior from SON staff.

Table 54

Unmanageable Workloads or Unrealistic Deadlines—All Groups

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-------------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| WORKLOAD SON Classmate | 29 | 9 | 1.21 | .68 | 1.00 | 4.00 |
| WORKLOAD SON Faculty | 29 | 9 | 2.21 | 1.24 | 1.00 | 5.00 |
| WORKLOAD SON Staff | 29 | 9 | 2.10 | 1.21 | 1.00 | 5.00 |
| WORKLOAD Physician | 29 | 9 | 1.31 | .93 | 1.00 | 5.00 |
| WORKLOAD Hospital / Clinic Nurse | 29 | 9 | 1.55 | 1.02 | 1.00 | 5.00 |
| WORKLOAD Other Hospital Staff | 29 | 9 | 1.41 | .98 | 1.00 | 5.00 |
| WORKLOAD Patient | 29 | 9 | 1.28 | .92 | 1.00 | 5.00 |
| WORKLOAD Patient Relative | 29 | 9 | 1.24 | .91 | 1.00 | 5.00 |
| WORKLOAD SON / Hospital Guest | 29 | 9 | 1.24 | .91 | 1.00 | 5.00 |

Table 55

Unmanageable Workloads or Unrealistic Deadlines—SON Faculty

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|------------------|-----------------------|
| Valid | Never | 12 | 31.6 | 41.4 | 41.4 |
| | Seldom | 5 | 13.2 | 17.2 | 58.6 |
| | Intermittent | 7 | 18.4 | 24.1 | 82.8 |
| | Frequent | 4 | 10.5 | 13.8 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Table 56

Unmanageable Workloads or Unrealistic Deadlines—SON Staff

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|------------------|-----------------------|
| Valid | Never | 13 | 34.2 | 44.8 | 44.8 |
| | Seldom | 5 | 13.2 | 17.2 | 62.1 |
| | Intermittent | 7 | 18.4 | 24.1 | 86.2 |
| | Frequent | 3 | 7.9 | 10.3 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Though there were not significant discrimination in bullying between stayers and leavers students reported difficulty dealing with angry and rude patients as well as gossip by their peers. This supports providing skills acquisition session to teach students how to deal with hostile behavior by patients and peers.

Summary of Findings

Despite the small number of responses to the survey, there were significant findings in several areas of the survey. There were significant findings based on the results for grade point averages and nursing grades. Students with higher grade point averages in high school and college and higher grades in recent nursing courses were more likely to remain in the program.

Relationship status was a significant factor based on the results of the survey. Married students were more likely to withdraw from the program. All of the unmarried respondents in the survey stayed in the program. The survey questions on faculty support also yielded significant findings. Students who remained in the nursing program had a

significantly higher score in perceived faculty support versus students who withdrew from the nursing program.

There were several areas of the survey where the results did not discriminate between current and former students. These areas included the education level of parents and financial resources. The responses to the questions on self-efficacy of the student showed no discrimination between current and former students. Also, the questions on expectations for a career in nursing did not result in discrimination between current and former students.

There were several areas of the survey where there were no significant findings. The responses for education level prior to entering the nursing program did not yield any significant findings. The results related to having a dependent child in the home were not linked to current student status. Similarly, the results related to being the primary caregiver for someone other than one's child were not linked to current student status.

Bullying behavior questions resulted in important findings in a number of areas. There was a high response rate where students experienced negative behaviors of cursing or swearing by patients and classmates. Other reported negative patient behaviors that were frequently experienced by students included; patients yelling and shouting at them, and patients exhibiting inappropriate, nasty, rude, or hostile behavior. In addition, students reported experiencing negative behavior related to spreading malicious rumors by their peers in the SON classmate group. Additionally, the survey results noted behaviors in which students perceived that there were unmanageable workloads and unrealistic deadlines from the SON faculty and SON staff groups.

The remaining seven questions did not yield significant findings. These questions included the following bullying behaviors: belittling or humiliating behavior, negative remarks, giving assignments or bad grades as a form of punishment, failure to acknowledge accomplishments, physical threats, and being ignored. Based on the analysis of data a professional development project was developed in which nursing students are trained in multifaceted aspects of student achievement. These area of training include academic skills; course management, effective note taking, study skills, scholarly writing, academic responsibility. Nonacademic skills; managing finances, the benefits of advisors and mentors, and verbal skill to help students deal with patients and peers who bully.

Assumptions, Limitations, Scope, and Delimitations

Ontological assumptions, according to Nieswiadomy (2008), are those the researcher believes have yet to be proven true, especially at the university. Assumptions, according to Creswell (2009), are what participants in the study subjectively experience. Assumptions in quantitative research are the reality, experience, and situations as quantifiable, as measurable (Polit & Tatano Beck, 2010); in other words, it tries to determine facts that explain a phenomenon (Creswell, 2009). Therefore, it is important to make sure questions are clearly written and definitions are provided. The assumption is that the data is reported to accurately represent students' perceptions. Nieswiadomy (2008) states that Likert scales can force a student to choose an answer which may not be their correct choice. Assumptions for this study are nonacademic stressors that may be a cause of high attrition of nursing students. Another assumption is that students will answer questions honestly.

Limitations in a survey, according to Creswell (2009), rely on honesty and accurate memory of events of participants in the survey. The limitations are the inherent design or methodology parameters that can restrict the scope of the research findings and are outside the control of the researcher. These reservations, qualifications, or weaknesses arise when all variables cannot be controlled within a project design, or the optimum number of samples cannot be taken due to time/budgetary constraints. Limitations of the study include: having insufficient access to the site for data collection, and sufficient time for student to complete the survey, student attitudes about the study and the topic of the study, student work load may limit the number of students who would be willing to participant in the study. Surveys are unpredictable in the number of those willing to volunteer for participation in the survey (Creswell, 2009). Additionally, in small studies such as this one, the generalized outcomes may not represent a larger group and the results may not determine the effectiveness of interventions of this group or larger groups.

The scope, boundaries, or limits of the study of attrition are accessible to only current nursing students, as opposed to those who have left the university. Additionally, this study is only looking at one university. Current students may choose to not participate in the study due to time or investment into the research. Additionally, this study will identify student perceptions of academic and nonacademic stressors that may cause students to consider leaving the program, or being academically unsuccessful in the program. There are retention programs within the nursing program (tutoring, advising, mentoring, and supplemental instruction); however, there are still significant issues of

attrition. This study sought to gain deeper understanding of what specific issues student perceive they are experiencing that may not be currently addressed at the university.

Measures to Protect the Rights of Participants

Permission to conduct this study was obtained by the interim chair of the nursing department at the university. Prior to beginning the study, permission and approval from the Institutional Review Board (IRB), both at Walden University and the university, was obtained (Appendix D, Appendix E). Additionally, after Walden IRB approval, permission from the nursing program was obtained. To ensure the right to privacy of participants, the survey was completed anonymously to increase the likelihood of honest feedback. Alignment of this research elements and methods were accomplished by ensuring that research participants knew what was expected of them. The researcher ensured that when a student gave consent to participate they were clear about the purpose of the study, the use of the data, and the parameters of the data collection. There were no minor children or high-risk groups used in this survey. This was a non-experimental study. By opting to complete the survey, students gave their implied consent to participate in the study. During the process of the survey and its analysis, only the researcher and statistician had access to the information. As stated, data collection took place with a secure application. Data was stored on the researcher computer, which is password protected.

Conclusion

This descriptive student survey replicates the Shelton Model of Nursing Student Retention (2000). Shelton had recommended that research into issues that affect student

attrition continue. Student attrition issues fall into academic issues and nonacademic issues. Nonacademic stressors have an impact on student success. Additionally, the study is addressing Cooper's (2009) BNEQ which evaluates students' perception of negative or bullying they experience by instructors or other health care professional (Cooper et al., 2009). Nursing schools have high attrition rate of first- and second- year students. Nursing programs and their stakeholders are concerned that in addition to loss of students, schools cannot meet the growing needs in healthcare to care for the aging baby boomers. Today's students may be entering programs with issues related to finances, work and family commitments, and the ability to persist in nursing programs. The goal of this study was to use research principles and methods to explore academic and nonacademic factors which impact student success. The components of this study included demographic information, academic self-efficacy for self-regulating learning scales, and academic outcomes expectation. These components were selected to identify student perceptions of issues that lead to attrition or helped them to persist in the nursing program.

Nursing student attrition is complex problem with multiple issues. Students face a variety of stressors, both academic and nonacademic in nursing. This quantitative study was designed to evaluate and identify issues students perceive which are key contributing factors that affect their ability to persist or lead to academic failure. Findings of this study will be used to make recommendations on future endeavors of the university to increase nursing student success and increase student retention.

Section 3: The Project

Introduction

The purpose of this project design is to decrease attrition of 1st- and 2nd-year nursing students at the university. The high attrition rate of nursing students, approximately 50%, challenges the nursing department and the university to meet the growing needs of the community. The growing demand in the community requires more nurses graduating from programs in order to meet the increased health care needs of an aging population whose members will require more skilled nursing care (Sayles & Shelton, 2003; Wells, 2007).

Student attrition is linked to several issues, which may be divided into academic and nonacademic causes. Academic issues are related to academic performance (students failing to meet grade point average requirements to pass courses) and inability to keep up with course work (Peterson, 2009). Nonacademic factors that affect attrition are psychological issues (stress, motivation, self-efficacy), lack of support outside of the university, work, and nonacademic responsibilities and personal demands that take time away from studies (Peterson, 2009). Additionally, psychological stress may be linked to student perception of bullying. An early study of nursing students by Pearson, Anderson, and Porath (2000) found that “90% of respondents felt that incivility had become a serious problem and was getting worse” (p. 610). Sengstock (2008) found that during nursing education, students experienced incivility by instructors that made the learning environment difficult and at times hostile. Bullying behavior by nursing educators causes a hostile environment that could lead to student attrition. Data analysis from my study with evidence from literature provides the university with an insight into issues related to

nursing student attrition. Additionally, this provides an opportunity for the university to create positive social change with effective bullying prevention plans (Stagg, & Sheridan, 2010). Pope (2010) noted that perceptions by students of bullying may have a direct impact on the ability of nursing programs to retain students.

This study analyzed data from a 2014 student survey adapted from Shelton's (2012) Model of Student Retention survey (Appendix B), and Cooper's (2009) BNEQ of nursing students. The survey questions assessed student perceptions of academic and nonacademic components of the nursing program that either led to attrition or allowed them to persist. The findings from this survey helped with the development of The Umbrella Model of Nursing Student Retention Professional Development Program, which addresses both academic and nonacademic needs of nursing students. The goal of this program is to increase retention of nursing students by 10% in the 1st year of the program.

Description

There are growing demands to retain nursing students in order to care for the growing number of baby boomers who will require health care over the next few decades (Wells, 2007). With these demands, nursing schools and/or programs have developed countless retention efforts (Baker, 2010; McDonough, 2012). Despite the efforts of nursing programs to retain students, there remains the issue of high attrition (Wells, 2007). Baker (2010) stated that improved holistic retention plans need to be developed and implemented in order to achieve improved outcomes. Student retention is an important measure of programs within their communities and with accrediting bodies (Gazza & Hunker, 2014). While there are successful retention strategies that address

academic issues such as tutoring and supplemental instruction, most are not holistic in their approach, especially in areas that are nonacademic in nature but that directly affect student success (Baker, 2010). This project is based on the outcome findings of the student survey of perceptions of attrition and persistence in the nursing program.

Specifically, the project is designed to provide students with developmental skills for success. Academic strategies include developing study skills, managing multiple courses, managing assignments, traversing textbooks, effective note taking, test-taking techniques and tips, understanding the purpose and role of tutoring and supplemental instruction in student success, and mastering APA essentials, including academic integrity. The nonacademic component will include time management skills, wellness activities and services, financial planning, enhanced communication and advocacy skills, and tips on balancing work, family, school obligations, and bullying behavior that may be experienced from peers and patients.

Goals for this project include students engaging in in-service sessions on (a) effective transition to college; (b) effective test-taking, studying, and course management; (c) academic integrity and writing skills; (c) effective management of dealing with difficult people and bullies; (d) balancing school, work, family, and friends; and (e) finances. This 3-day in-service will be offered to incoming freshman and rising junior nursing students to provide tools and skill development designed to decrease attrition.

The Umbrella Model of Nursing Student Retention Program proposed to the university is a retention plan that has two main focuses. As stated, nursing faculty and administrators at the university will be invited to an in-service presentation concerning the findings of the nursing student survey and the complexity of issues associated with

student attrition at the university. The project will include a comprehensive summer professional development program designed to decrease attrition rates and barriers and promote readiness for nursing courses at the university. Outcome data from the study survey (2014) showed areas in the nursing program that students perceived as related to academic struggles. Students with higher GPAs were more successful; thus, the project includes academic tools to enhance student learning. Students felt that faculty support enhanced their ability to be successful; therefore, enhancing student knowledge of working with advisors improves academic outcomes. Additionally, students who were married were less successful; therefore, the school psychologist will provide sessions for married students and provide skill development on managing competing obligations. An evidence-based practice approach, a proposal to implement a three day nursing student summer professional development plan to help students with academic and nonacademic strategies will be presented (Barra, 2013; Jeffreys, 2012; Johnson, Johnson, Vijayan, & Warren-Morris, 2014; McDonough, 2012). This program will be offered to incoming freshmen and rising juniors prior to the start of their nursing and clinical courses.

Academic strategies will include developing study skills, managing multiple courses, managing assignments, traversing textbooks, effective note taking, test-taking techniques and tips, understanding the purpose and role of tutoring and supplemental instruction in student success, and mastering APA essentials, including academic integrity. This section will also include a session on understanding program and course expectations such as the progression policy and GPA requirements (Mckendry, Wright, & Stevenson, 2014).

Nonacademic strategies will include time management skills, wellness activities and services, financial planning, enhanced communication and advocacy skills, and tips on

balancing work, family, and school obligations. Each component of the immersion plan will have extensive participation exercises, giving students the opportunity to practice newly acquired skills. In essence, the professional development immersion program will teach students how to become successful at managing both the academic and the nonacademic challenges they may experience throughout the program.

Goals and Objectives

The overall goal for this project is the reduction of attrition by 10% within the 1st year of implementation of The Umbrella Model of Nursing Student Retention Program, a summer professional development program. Additionally, by the end of the program, students will verbalize stress management techniques in order to manage personal stress and demonstrate appropriate professional communication with faculty, staff, and peers. They will also demonstrate through activities learned during the program the use of student success techniques. The program goals are as follows. The first goal is to reduce student attrition by 10% within the 1st year of implementing the program. The second goal is to retain 70% of nursing students by the 2nd year of the program. Third, following sessions on test taking, effective note taking, study techniques, managing finances, and improving verbal skills, it is hoped that students will report increased confidence in these areas. This will be established through hands-on activities geared at practicing newly learned activities. Finally, the program should enable students to have improved interactions with patients and peers.

Rationale

This project was designed to have a positive impact on student retention and reduce attrition. Working in nursing education for a decade has made me acutely aware

of the issues that nursing students face that are directly and indirectly related to attrition. Following the premise of Roger (2003), change is a process that occurs over time. Faculty awareness of student perception and the need for faculty buy-in starts with awareness of the issues and the plan to implement the immersion program to improve student outcomes. Early adopters and support are key to the success of this program (Rogers, 2003). Faculty are more likely to support this initiative once they are aware that there is leadership support and funding for the project (Sonnino et al., 2013). The data demonstrated the deficits students perceived that became challenges to them. These deficits were correlated with literature best practices that included devising a plan intended to reduce attrition. Data analysis and evidence from literature led to the development of a 3-day student in-service that addresses areas in the nursing program which were linked to attrition. There is a call for reform of nursing programs to address the changing nature of students (Caputi, 2011). Nursing students are different from their counterparts from decades past. In the past, there was hospital-based nursing education where students lived and worked in the hospitals where they were studying. However, today, the average student is working excessive hours while trying to traverse what are seen as overstuffed curriculums (Caputi, 2011). Nursing curriculums include didactic, clinical, practice lab, and simulation components to courses. Each component has its own requirements for preparation, assignments, and so on.

Nursing programs do not have clearly defined holistic retention plans as a component of their strategic plans. While higher education views high rates of attrition as threat to an organization, there is still a lack of comprehensive strategic planning in place for corrective action (Hovdhaugen, Frolich, & Aamodt, 2013). Hovdhaugen et al. (2013)

stated that institutions should identify issues related to attrition and plan programs that reduce the number of students who are unsuccessful.

There is a difference in students regarding their culture, value, and beliefs regarding higher education (Jeffreys, 2012). Students entering nursing programs have a higher degree of persistence if they enter with a high level of cultural congruence because they understand the components of positive academic expectations and behaviors which lead to persistence (Jeffreys, 2012). Conversely, Jeffrey (2012) asserts that cultural incongruence of students regarding nursing program expectations and demands becomes a barrier to program retention.

The Mid-Atlantic University where the study took place has a high attrition of first and second year nursing students. The nursing program has implemented many strategies which address academic issues such as tutoring, supplemental instruction, and advising. Despite these efforts, these strategies are voluntary and too often students report that they don't participate in the activities. Therefore, this project was designed with a holistic approach which addresses both the academic and nonacademic issues designed to give the student the opportunity to learn and apply the techniques presented to them. The Umbrella Model of Nursing Student Retention Program; a summer professional development program addresses the issues which were identified by students that are associated with attrition and/or persistence.

Review of the Literature

A comprehensive literature search was used to address the issues identified in the student survey as components of student success and attrition. Specifically, the literature search focused on retention strategies. Multiple data bases were used to find evidence-

based support for retention strategies. Specific data bases included one search data base, google scholar, UMI ProQuest, CINAHL Plus with Full Text, and EBSCO Host Digital Dissertations. Key words used in the search included *student retention, nursing student retention strategies, improving student attrition, Tinto's theory, and successful student retention programs.*

Retention of nursing students is a persistent issue faced by most colleges and universities. Strategies to improve retention continue to be at the forefront of exploration without significant progress (O'Keefe, 2013). Awareness of the issues of high student attrition has not clearly translated into comprehensive retention programs (Hovdhaugen et al., 2013). McDonough (2012) found that the implementation of nursing retention programs is directly linked to improving retention of nursing students. Comprehensive approaches to retention appear to have the best attempts of meeting the multi-factorial issues students face which lead to attrition (Baker, 2010). Some students often struggle with the academic rigor of nursing courses while others struggle with nonacademic stress that affects retention. Issues found as direct links to student attrition include academic performance, faculty-student interactions, and nonacademic issues which may have a direct impact on academic outcomes (McDonough, 2012). Additionally, students often lack the tools to traverse issues with technology, as well as the personal pulls such as work, financial, family stress, and anxiety (Russo-Gleicher, 2013). Markey (2012) found that many students are unaware of the variety of support and wellness services available at their university to assist them. Using the holistic knowledge obtained from the literature review and theories of Tinto (1975; 1995) and student retention the immersion program was developed.

Tinto (1993) posited that students need to learn the role of being a student and found that until students learned this role they were at higher risk for academic failure. This theory is important because; educators who understand the complexities of student attrition have an increased likelihood of employing student success strategies (O'Keefe, 2013). It has been found that students' perceptions of learning and the motivation for learning have a direct impact on student outcomes (Carrick, 2011). Students who are academic risks are those students whose perceptions are not in alignment with the programs and are disconnected and easily overwhelmed with academic workload and navigating the complexities of nursing school (Carrick, 2011). In developing student retention plans a key element is teaching the student how to be a student, what their role and responsibility as a student is, and how nursing programs can implement strategies into the student's academic regimen (O'Keefe, 2013). These skills will be obtained in the summer program providing students opportunities to learn and use academic and nonacademic tools for success.

Students entering nursing programs who had inadequate academic preparation may benefit from an immersion program. The immersion program may help the students to bridge the gap in educational knowledge which is necessary in order to be academically successful (Barra, 2013). The summer program will supply students with skills and knowledge of study and test taking techniques, and times management skills which are supported by Barra (2013) and Williams (2010). Additionally, Williams (2010) found that teaching student techniques in mastering academic content are effective tools in increasing retention of students. Finding new leaning strategies may help students engage in nursing courses and increase knowledge. According to Wagner (2014) using

hands-on engaging activities in the classroom increases critical thinking, enhances understanding of the component and interventions of clinical problems, and closes the gap between theory of nursing issues and implementation and outcomes. The Umbrella Model of Nursing Student Retention; summer professional development program was developed using best practice recommendations of skills enhancement (Bara, 2013; Carrick, 2011; O'Keefe, 2013; Wagner, 2014; Williams, 2010).

Student Retention Plan

Literature demonstrated that comprehensive holistic retention strategies increase student retention (O'Keefe, 2013; Russo-Gleicher, 2013; Markey, 2012; McDonough, 2012). Effective student success is achieved by engaging students in activities which provide them with skills, knowledge and tools for academic achievement (Mayfield, 2012). Student engagement is a multi-factorial process requiring that higher education organizations align student engagement with the course, content development, and ongoing assessments and provides students the opportunities for leaning and engaging in content (Quinn et al., 2012). Supporting the need to run The Umbrella Model of Nursing Student Retention; summer professional development immersion program for incoming freshman and then again prior to the junior year is necessary because over time students begin to forget the techniques they learned and resort to old behaviors (Mayfield, 2012). Furthermore, the need to repeat the immersion program in the junior year is further supported by *transfer shock* that is seen in students transferring from a 2 year college into a four year program whose academic rigor is higher and students may not be prepared for this increase in academic expectations (Williams, 2010). Each of these issues places students at high risk of academic decline. Therefore, repeating the process and providing

activities that enhance student academic and nonacademic skills increases student success. Additional support for this summer program is substantiated by Quinn et al. (2012) whose research found that induction experiences which provide students skills needed in higher education are vital prior to undertaking a rigorous program such as nursing. Skills required for success in nursing programs include programs geared at managing courses and a curriculum which requires strong academic and personal management skills (Williams, 2010; Quinn et al., 2012).

Other significant indicators in decreasing attrition rates of nursing students include; methods to increase intrinsic motivation within students and the needs for autonomy and competence Guiffrida, Lynch, Wall, & Abbel (2013). Activities related to increasing motivation and building self-esteem have been suggested by Guiffrida et al. (2013) to add to student orientation and/or immersion programs. Activates include methods of teaching students to become autonomous in their education. This includes in-service sessions on effective skills which include the need to participate in classes, asking for help, seeking out mentors and advisors. These activities allow students to identify the value of education, participation and its relationship to their goals of becoming a nurse.

Associated issues related to self-esteem are the psychological stressors that students may experience during nursing school. O'Donnell, (2009) contends that nursing students depart programs prior to completion due to considerable stress and the inability to handle the demands of the programs. Students may feel angry and dismayed at the amount of course work and amount of time needed in order to find academic success (Mirzaci, Oskouie, & Rafii, 2012). Adding a wellness component to a holistic immersion program can teach students techniques aimed at dealing with stress in a healthy manner

(O'Donnell, 2009). Teaching positive techniques of study, time management, stress management, and personal wellness may help students develop a positive relationship between positive activities and positive outcomes (Mirzaci, Oskouie, & Rafii, 2012).

Faculty Engagement

Positive learning environments are created when faculty engage in student learning activities which are aimed at improved student outcomes (McDonough, 2012). Too often in nursing education syllabi are overstuffed with what faculty believes students need to learn (Caputi, 2011). As new techniques and new educational and nursing standards become available faculty can add them to their courses. However, Captui (2011) contends that faculty may fail to remove dated material. Students lack the skills and knowledge to know what is important in these over-stuffed courses. In order to create an environment that engages students as active learners, best teaching-learning practices should be utilized (McDonough, 2012). Learning environments should include active participation by students in the classroom and in clinical settings (Captui, 2011). During the summer immersion in-service students will participate in activities which teach them how to effectively transition to college, effective note taking, studying, and test taking skills. Each in-service has a didactic and kinesthetic component. This affords students the opportunity to practice their newly acquired skills.

Additionally, student success plans should include increased faculty response time on papers and assignments and clinical performance evaluations (McDonough, 2012; Captui, 2011). It is important that students understand expectations and their progress in courses. Feedback to students must be presented in a non-threatening manner. Students should be taught techniques in approaching faculty to receive feedback regarding their

academic and clinical performance. Students who perceive that faculty acted in an unprofessional way should know the program policy and formal structure in resolving what is perceived as a negative encounter (Cooper et al., 2011). During the summer program students will be taught techniques to advocate for themselves (Cooper et al., 2011), and learn how to accept feedback that is necessary for professional growth. Ongoing professional development in nursing is necessary in order for nurses to (a) remain current in practice, and (b) to increase clinical skills and knowledge of nursing procedures and treatments (Pool, Poell, & Cate, 2012). Additionally, nurse licensing boards require that all nurses must remain current in practice (Haywood, Pain, Ryan, & Adams, 2013). This three day in-service for student's helps to ingrain professional responsibility into their practice.

In summary, reducing student attrition at the university focuses on a holistic approach to student needs. The Umbrella Model of Nursing Student Retention; summer professional development program is designed as a three day nursing student summer program to help students with academic and nonacademic strategies. This program would be offered to incoming freshman and rising juniors prior to the start of their nursing and clinical courses. Academic strategies include: study skills, managing multiple courses, assignments and traversing textbooks, effective note taking, test taking techniques and tips, explaining the purpose and role of tutoring and supplemental instruction in student success, and APA essentials including academic integrity. The nonacademic component will include: time management skills, wellness activities and services, financial planning, enhanced communication and advocacy skills, and tips on balancing work, family and school obligations (Gilmore & Lyons, 2012; Fontaine, 2014).

Implementation

As discussed the first phase of this program is to share the data from this research with the stakeholders at the university. It is important that everyone understands the perceptions of students' success and failures in the program. Stakeholders will be presented with The Umbrella Model of Nursing Student Retention; summer professional development program for freshman and junior nursing students. It is important that faculty and staff understand the goal and purpose of this program and expected outcomes of students who participate. This program follows best practice recommendations for student retention which is a multi-faceted comprehensive program. It is anticipated that the program will be piloted the summer of 2016 allowing time for extensive development of the components of the program, obtaining funding, and seeking grants to help with the cost of the program.

In collaboration with the interim chair of the nursing program and the nursing program director of advising each component of The Umbrella Model of Nursing Student Retention; summer professional development program will be developed. Components of the program include but are not limited to academic success strategies (studying, managing course work, test-taking skills, skills mastery and tips for clinical performance) and nonacademic support (stress management, finances, maintaining motivation, health and wellness, and managing exterior pulls). The development of each component of the program will include interactive activities that will allow students opportunities to practice newly learned skills. This program will run during the summer prior to students beginning their freshman and junior year of the program. Therefore, there will be adequate classroom space for activities related to each topic of the program.

Potential Resources, Existing Supports, and Needed Resources

Potential resources for the program and its existing supporters are the dean of school, the interim department chair, and the director of advising for the nursing program. The Office of Research and Development at the university is an additional supporter of improved student outcomes and will assist as needed in the development of this program including seeking grants to support the project. Current faculty are potential supporters in the development and implementation of the program and may be willing to help run sessions of the immersion program. The university has a wellness and business program which may be key to the development of the program and assist in running sessions on nonacademic components of the program. Other departments which may be a resource are; student services, financial aid, psychology, the writing center, and the science department.

Potential Barriers

Change is a potential barrier to the implementation of this program. Rogers (2003) Diffusion of Innovation (DOI) Theory which evaluates how change occurs in an organization found that individuals who are reluctant to adopt a new idea or innovation relate to uncertainty about the idea and its outcome. Roger (2003) posits that leaders should seek out individuals who will readily adopt change. They will quickly help leaders facilitate an attitude of social change with the implementation of this program. Rogers (2003) DOI found that others will adopt to change following the early adopters.

A systematic collaborative approach will be used in the design and implementation of this program. Additionally, it is important to find early adopters to help with development of each component of the program. Change and implementation of a new

program occurs over time and giving adoptors time to assimilate the pupose of change will help them adopt and engange in the program.

Another potential barrier is student participation. Students may not understand the need for this program and may be late adopters to the change in the nursing program which includes starting the semester a week prior to the start of the academic year. Cost of the program may be a barrier if grant funding cannot be obtained to absorb fees associated with the program. The goal is to seek grant money to cover the cost of the program during the first several years. It is anticipated that positive outcomes will permit late adopters to see the value of the program.

Proposal for Implementation and Timetable

Upon completion of this dissertation, a request will be made to the interim department chair of nursing at the university to present my dissertation work, survey outcomes, and project proposal to stakeholders. The goal of this presentation to faculty, staff, and program administrators is to engage stakeholders in social change at the university to improve nursing student retention.

In order to meet this objective, the following goals have been identified; the first step will be to present the outcome of the student survey and student perceptions related to persistence and/ or attrition during a nursing department meeting of faculty and staff. Faculty in-services are necessary in improving faculty skills, knowledge and competencies for university faculty (Lambrechts, Mulà, Ceulemans, Molderez, & Gaeremynck, 2013). The second step will be the recommendation of an intervention plan (*The Umbrella Model of Nursing Student Retention Program; a summer professional development program*). The third step will be to evaluate outcomes and modify

interventions as needed (Johnson, Johnson, Vijayan, & Warren-Morris, 2014). The Umbrella Model of Nursing Student Retention Program; summer program would run in two sections. The first section is for incoming freshman to address the academic and nonacademic components listed above, specifically meeting the needs of new college students. The second section is for rising juniors in the program. The junior year is when students in the nursing program start their nursing courses and begin clinical rotations. The summer professional development program for rising juniors will address the academic and nonacademic components listed above, specifically meeting the needs of junior nursing students whose academic demands increase in the program. Both programs will run three days, the week prior to the start of the fall semester.

Once approval to begin The Umbrella Model of Nursing Student Retention; summer professional development program has been obtained, implementation will begin. During the next year, program plans will be created and faculty and staff participants will be recruited. Regular meetings will be scheduled for this comprehensive program. Again, the anticipated start date of the program is summer of 2016. Once the program begins, student outcomes will be evaluated to determine the effectiveness of the program. Annual updates will be made to the program in order to continue to improve retention.

Roles and Responsibilities of Student and Others

The role of students is to engage in the immersion program and embrace the program in an effort to improve their academic success. The program also supports nonacademic issues related to student success. Students will be given ample notice regarding the new program including sessions offered, the purpose of the program, the

cost, the length of time of the program, and housing availability for the program. Students will be responsible for applying for the program and becoming active participants in all sessions. It is anticipated that the university will provide resources to students (IT support, computer rooms, et cetera), but it is the student's responsibility to utilize the resources provided by the university. The committee that is established to develop this program will be inclusive of individuals from offices that will support the program, faculty, and staff. I will chair this committee during the inception of the program and during the first 2 years of the program. At the end of each year the immersion program will be evaluated for improved student outcomes. Modifications will be implemented at the end of the evaluation cycle to ensure positive student retention.

In order to have faculty buy-in to the program faculty will be presented with findings of the nursing student survey. The components of the presentation are an explanation of the purpose of the study and provision of the data and outcomes of the survey. This may help the nursing program glean a deeper understanding of how students persist in the nursing program and also identify which issues are linked to the high rate of attrition. Understanding the causes of attrition will help support a proposal to improve retention and the need to increase support services to students.

Project Evaluation

The outcome of this project is to reduce the high attrition rates within the nursing program. This project is a multi-faceted approach to improve student issues which lead to attrition of nursing students. In order to determine the effectiveness of The Umbrella Model of Nursing Student Retention; summer professional development program I will use a summative evaluation plan. Summative evaluations are used in nursing education to

determine how well students perform in a course (Oermann & Gaberson, 2014). The Umbrella Model of Nursing Student Retention; summer professional development program will implement a SWOT (Strength, Weakness, Opportunity, and Threat) analysis to guide the annual evaluation of this program. In order to maintain the effectiveness of the program, an annual evaluation is needed to determine if there is effective change in student outcomes. The committee working with the immersion program will seek feedback from students and faculty to determine which components of the program are effective, which components need improvement, and which components should be added. A SWOT analysis was chosen because it clearly allows analysis of the program by setting or reaffirming goals, creating ongoing action plans, and creating a feedback loop from program stakeholders (Marquis & Huston, 2015). In addition, the SWOT analysis provides an ongoing template for analysis of the immersion program and assists with the design of future action plans to ensure the reduction of student attrition (Marquis & Huston, 2015). Formative daily assessments will be used at the end of each day to find students strength and weakness of newly acquired skills. This will permits program leaders the opportunity to work with students who continue to have deficits in newly acquired skills.

The outcome goal of this program is a reduction of attrition by 10% within the first year and a 20% reduction in the second year of the program. The Umbrella Model of Nursing Student Retention; summer professional development program will provide two sessions (each three days long) for incoming freshman, and rising juniors. The long term goal of this project:

To retain 70% of nursing students in the program. As discussed earlier in this paper, 70% retention is the norm within higher education.

Students will demonstrate effective use of academic techniques learned in the immersion program with an improvement in grades and an ability to meet the university progression plan.

Students will demonstrate techniques in managing nonacademic stressors. Students and faculty will express improvement in faculty/student interactions. Students will demonstrate effective management of difficult patients. Each activity will be evaluated by students successfully completing practice tests, activities, and interactions. Any deficits in activity will lead to student remediation of activity.

At the end of The Umbrella Model of Nursing Student Retention; summer professional development program students will be given the opportunity to provide feedback regarding the program. Key stakeholders will report satisfaction with student outcomes and a decrease in student attrition.

Implications Including Social Change

Local Community

The Umbrella Model of Nursing Student Retention; summer professional development program will have an impact in the local community (the university), and the larger community (health care organizations). Meeting the program goals of reducing nursing student attrition will help meet the growing demand for baccalaureate degree nurses who are able to provide superior nursing care. This program was designed utilizing data from the student survey, a stringent literature review, and university data. This multi-faceted program design focuses on academic success strategies (studying,

managing course work, test-taking skills, skills mastery, and tips for clinical performance) and nonacademic support (stress management, finances, maintaining motivation, health and wellness, and managing exterior pulls).

The success of this program is dependent on support of the university stakeholders: faculty, director of advising, the wellness center, and other departments at the university to implement each component of the program. Adoption of this program requires that key stakeholders understand that change is needed in order to improve student outcomes. Early adopters of the program can assist with the development of each of the key areas and the running of the sessions in the program (Roger, 2003). The university is driven to provide graduating students with the tools necessary to meet the demands of a global environment. I believe that this plan is essential in meeting the university goals while providing students with tools for success and meeting the health care community's need for more nurses. Additionally, healthcare organizations have implemented many of the Institute of Medicines (IOM) initiatives. This project mirrors the community requirements and the IOM goal of increasing the number of nurses with baccalaureate degrees to 80% by 2020 (Andrews, 2014). The success of this program aims to help the state meet this goal.

Far-Reaching

The outcome results of this program could encourage other programs to implement this program to increase nursing student retention. High student attrition is an issue that all nursing programs face. Programs are working hard to find strategies to reduce attrition in their programs. Outcome data of will be tracked and the findings will subsequently be shared with community stakeholders.

Nursing students who are stakeholders of the university have a vested personal and financial interest in the reduction of attrition. Tuition costs are rising faster and higher than students and families can afford (Li, 2013) and rising faster than students' ability to pay (Goodnight, Hingstman, & Green, 2014). Students need to find success in nursing programs and complete programs on time in order to minimize their debt. As stakeholders of the university, students in all programs are seeking ways to ensure the completion of their programs. It is everyone's collective goal to have students complete the nursing program, reduce their debt, and join the nursing workforce.

Conclusion

Section 3 incorporated a description of project goals as related to outcome of the student survey at the university. Additionally, this section provided a rationale for the project design and the nursing student retention strategies are supported by literature. The design of The Umbrella Model of Nursing Student Retention; summer professional development program, implementation time frame, and ongoing evaluation plan are realistic and manageable for successful integration into the nursing program. The social change in this project was designed from the desire to improve student attrition through student engagement in the summer in-service program, and meeting the needs of the community which requires more nurses. There was recognition of a problem with retention of nursing students at the university. Once the problem was identified, research into the causes of retention took place. A social change plan was developed to provide a multi-faceted approach to providing students with tools and strategies to improve academic and nonacademic issues. Stakeholders of the university will be included in the continued development and implementation of the retention program.

Section 4: Reflections and Conclusions

Introduction

This project study was driven by concern about the high level of nursing student attrition. This section provides a conclusion on the project strengths and limitations with recommendations, which include revisions of The Umbrella Model of Nursing Student Retention summer professional development program as needed. In addition, this section includes learning outcomes of scholarship and project development. This section concludes with an analysis of myself as a scholar, researcher, and developer of this project, as well as the social change goals for the stakeholders of the university.

Project Strengths

High attrition rates are the most significant concern in nursing education. Student attrition has been an ongoing issue that has plagued nursing education. Therefore, a multifaceted comprehensive retention program is needed to correct this problem (Sayles & Shelton, 2003; Wells, 2007). The high attrition rate of nursing students remains a substantial concern for the health care community, which predicts an increased need for nurses of approximately 3% over the next decade due to aging baby boomers, nurses preparing to retire, and a lack of new nurses to meet health care needs (Sayles & Shelton, 2003; Shelton, 2012).

The strength of this project is that it used data from the survey of nursing students and evidence from literature that identified key issues associated with attrition and retention (Andrews, 2014; Ascend Learning, LLC, 2012; Cooper, 2007; Hirschy, Bremer, & Costellano, 2011; Jeffreys, 2007, 2012; Li, 2013; Marquis & Huston, 2009, 2015; Oermann & Gaberson, 2014; Shelton, 2000, 20012; Terenzini, Springer, Pascarella, &

Nora, 1996). This information led to the development of The Umbrella Model of Nursing Student Retention summer professional development program. The retention program was developed to provide both academic and nonacademic support to students with the goal of providing students tools and support to prepare them for the academic rigors of the nursing program. By meeting these objectives, there is potential for a reduction in student attrition.

Another strength of this program is the comprehensive plan to include stakeholders in the implementation phase, as well as the ongoing evaluation, which will determine the need for continued revisions. Successful retention programs must be multifaceted and include evaluations in order to increase retention rates and the success of the program (Jeffreys, 2012). The program dean, interim chair, and director of advising are supportive of this program. Ongoing data will be tracked to demonstrate the program's outcomes. As discussed, positive outcomes will be shared with the university stakeholders, and I am willing to permit other nursing programs to use this model to improve attrition rates in their programs.

The Umbrella Model of Nursing Student Retention summer professional development program is designed to run the week prior to the fall semester. This 3-day program, as the title indicates, is designed to immerse students in techniques for success. In all sessions, students will learn skills, including study skills, test-taking strategies, the management of reading large amounts of material, and management of these materials. In addition, students will work with finance experts and the wellness center for help with time management, stress, and anxiety issues. Each component of the program is meant to provide students with opportunities to practice newly acquired skills. Implementation of

this program is aimed at meeting the project goal of decreasing student attrition by 10% in the 1st year. Limitations of the immersion program may include students' desire to attend; in the 1st year, this is a voluntary program, and students may not value the experience. Students' active engagement in activities will be promoted, and students who arrive with varying degrees of academic preparation for the nursing program will find assistance.

Recommendations for Remediation of Limitations

The first limitation of this project was the lower than expected participation in the survey. The survey was not made available to students until the middle of the summer, a time when students are on break and do not routinely check their student email accounts. The small response rate identified issues in the program that represented a small sample of student perceptions and perceptions of all nursing students at the university. However, I felt the data were significant, and the results were used to complete this project.

It is important to move forward with this project, as retention of nursing students is a key issue of the university and its stakeholders. To address the limitations of the study, I recommend that the retention program (a) use the SWOT analysis each year to evaluate internal and external strengths and weaknesses of the program, (b) survey students at the end of the immersion program and at the end of the academic year, and (c) adjust the program to meet the needs of students. It may be necessary in the future to hold training sessions for faculty of the program to give them strategies to use in the classroom to enhance techniques students learned in the immersion program. These strategies will provide faculty with tools that are easily implemented into course work. If faculty are provided with ready-to-use tools, there is a higher likelihood of faculty employing these

tools. This will require some changes in how faculty deliver content in the nursing program. Following Roger's (2003) theory of change, it will be important to find early adopters who see the value of change within the program. Roger found that late adopters will change once they can see the benefits of change.

Scholarship

This journey of scholarship has provided me with the opportunity to enhance skills in scholarly writing, advance my knowledge in principles of research, and learn about program development. On a personal level, there have been significant sacrifices that have needed to be made. This journey has required a commitment by my family and friends to see me through the process. Sacrifices have included time away from events and gatherings in order to write and research. Additionally, my friends, family, and colleagues have all been gracious in giving of their time to read and provide editing for this project. Personally, this journey of scholarship has helped me refine my time management skills and strengthened my tenacity to be successful. This journey has been both a personal and professional achievement. Approximately 1% of nurses have a doctoral degree; I was driven to become a part of this elite group of scholars.

Walden's doctoral program began with students finding an area of study that they were passionate about. Determining which area of research I was interested in helped me to formulate a plan of inquiry for my work. I have been an assistant professor of nursing for over a decade and have been a nurse for nearly 20 years. This journey of scholarship has given me a platform to research and develop a plan to help students find success in their nursing programs. I have seen too many students over the years have their dreams of becoming a nurse end because they lacked skills and resources for success. As a scholar,

I have found that this project has given me a platform to use research to find best practices to reverse some of the issues in nursing student attrition. Course work in this program has been designed to ensure that this project will become a reality.

Project Development and Evaluation

The process of the development of this project afforded me the opportunity to see a need for change within my university and community, conceptualize a solution based on best practices from literature, and develop a multifaceted program to address the identified problem. The high attrition rate of nursing students at the university is a significant concern. The development of this project has given me opportunities to meet with the nursing program dean, interim chair, and director of advising about the development of the summer program. There is support from the university to initiate the immersion program in the nursing program, and it may be possible to make this a university-wide initiative.

In the Doctor of Education Teacher Leadership program at Walden University, students are asked to create social change. The process of looking at the problem of nursing student attrition through the lens of social change is greater than finding a solution to a problem. It provided the framework to create a multifaceted program aimed at addressing attrition in personal, financial, and academic domains. This process started with anecdotal evidence, with students talking to me about issues that affected their ability to be successful scholars. Today's nursing students work and have family commitments; some have limited resources; and some lack strong high school preparation for success in higher education. It was from the voices of students that the development of this program began. My educational journey provides the framework of

the need for evidence to move forward in a project. As a researcher, I learned that the high attrition rate was a significant concern in nursing education. Best practices from literature are the cornerstone of The Umbrella Model of Nursing Student Retention summer professional development program for increasing student retention.

Successful programs should have a strong ongoing evaluation plan. In order to continue with positive outcomes, the plan must have an evaluation process built in. This provides a template in determining which techniques are effective, which may require revision, and those techniques which may need to be added to the program. Ability to replicate a program and the dissemination of outcomes adds to the validity that retention programs which are multi-focused can increase student retention. I plan on continuing with this project, publishing my work, and presenting this program at educational conferences.

Leadership and Change

Effective leaders are those who create change. Effective leaders are also leaders which others want to follow. As a nurse educator I can act as a change agent, leader, and visionary, who uses the innovation-decision process (Rogers, 2003). I have been discussing this project since its inception and there has been enormous support at the university. There is an understanding that I will chair the implementation and evaluation of the program. This opportunity will permit me to have a leadership of significant initiative at the university. This is a positive professional opportunity because of the knowledge obtained in this program. The journey of a leader who creates change follows the novice to expert journey (Benner, 2009). As this process began I felt I was in the competent phase of leadership. However, principles and skills developed in this process

have provided me an increased level of knowledge and the ability to achieve a proficient level (Benner, 2009). As this project moves forward it is my belief that I will become an expert in project development, implementation, and ongoing evaluation and modifications (Benner, 2009).

As a leader, there is a need to reform nursing education which reduces attrition and provides a structure that creates an increase of new nurses to enter practice. To implement attrition change I will use skills acquired through the concepts of Rogers (2003) Theory of Authority Innovation-Decision. This theory of leaders provides me with the knowledge of how change occurs within an organization and how leaders influence others to change.

Other influences in change came from evidenced-based research which supports the need for changes in nursing program outcomes. There is a call for a radical change in nursing education and while this is evident in literature, there are minimal outcomes that demonstrate change is significant (Caputi, 2011). As a change leader I am preparing students with tools to improve their role as a learner, to improve self-confidence, to understand the principles of time management, and to help them understand the multiple components of higher education and student success. Additionally, I will work with faculty to develop strategies in the classroom which enhance skills obtained from the immersion program. Each of these components is designed to meet the concerns of the university stakeholders.

Analysis of Self as Scholar

During the journey of becoming a scholar I learned about the Diffusion of Innovation Theory (Rogers, 2003). The phases of scholarship included having knowledge

of the problem, persuading others through evidence that change is possible, talking with stakeholders and obtaining a commitment that adoption of change is needed.

Additionally, this process has given me the tools and platform to create a plan of implementation and an evaluation plan to confirm that there are favorable outcomes. In addition, I have learned that there are significant theories of a student's commitment to school and their goal of completing their degree. Tinto's model (1975) model relates to academic and social integration theory which helped me to understand why students stay and issues which occur related to why they leave. This research helped me to search for additional research into student attrition. I do know that the issues associated with attrition change, nursing students today are not the traditional students of the past. Conversely, today's students will not be the same as students of tomorrow. As a scholar it is important that I continue researching and presenting information about student attrition and retention strategies. My goal is that I continue my journey to become a leader of change in nursing education.

Analysis of Self as Practitioner

The path to becoming an educational practitioner has been interesting. I was a non-traditional nursing student; I was a single mother and an older student. I have been forging my own path since leaving home in high school (no one at school was aware), attending school to become a medical assistant, joining the army, and serving as a lab technician. Eventually, I found my way into a nursing program and while there I became the president of the school's first nursing organization. Once I graduated, I began my career as a child psychiatric nurse and quickly transitioned into administration. My journey eventually led me to nursing education and it has become a natural fit for my

background and personality. I am passionate about students and their success. I understand many of the students' concerns including commitment and academic struggles and desire to see their dreams become a reality.

I have developed a strong desire to become an educator that makes a difference in student outcomes. I have attended many workshops and conferences aimed at understanding a variety of teaching techniques and technology which can be used to enhance student learning. Having become well-versed in teaching strategies, I have presented my techniques at conferences and workshops. I am a mentor to new faculty working with them to develop skills and techniques that they can use in the classroom to improve their student outcomes.

My long term goals include the goal of transitioning into a leadership role in nursing education. This is a natural progression from classroom to doctoral degree in education and into a leadership position. I have been blessed with many mentors and leaders who have afforded me opportunity to excel in my career. I have become a mentor to colleagues and students and in this role I have found that we should pass on acquired skills and knowledge. As a future educational leader I hope to continue working with community stakeholders and the nursing community to improve attrition rates which leads to an increase in the number of nurses in healthcare.

Analysis of Self as Project Developer

As a nurse educator I have been involved with ongoing program improvements, the development of new curriculums, accreditations, simulations, and other projects. In each of those activities I was a participant with a team of educators working on these projects, curriculums, and simulations. Each of these activities provided me with the

opportunity to understand the macro and micro components of designing and implementing projects. These opportunities also provided me the confidence to take on a project independent of a committee. It was through each step of the doctoral program that I was able to understand the components of project development, saturation of literature research, and extensive writing to complete my project.

Nurses and educators often discuss issues they see and postulate what should be done to fix the problems. As a doctoral student I set a plan to establish a program that will reduce student attrition rate. Once I had chosen this topic, I began to find literature to support my assertions that high attrition rates of nursing students are a global educational issue. Once I had significant data to support this problem, I began looking at best practices in attrition reduction which were cited in literature. Each of these components led to the creation of a frame work to develop this program. A comprehensive evaluation plan was identified to ensure that the program will have continued success and outcomes. A time frame for implementation was designed and supported by my university.

Stakeholders of the university have a vested interest in the outcome of students. These stakeholder are both internal (students, faculty, and staff) and external (the community and healthcare organizations). This project has considered each aspect of the project: which students the program will focus on, the length of program, the components of program, and assistance from other departments at the university. Other departments are needed for this program due to their expertise in finance and wellness issues. Involving others increases the likelihood of program support. As the researcher and project developer I look forward to presenting the data and the program to the stakeholders. In addition, I look forward to convening a committee in order to seek grant

funding and implement this program. Considerable time and effort are still required as the program is brought to fruition at the university.

The Project's Potential Impact on Social Change

The process of creating a project that has the potential to change a significant issue at my university has been professionally rewarding. This study demonstrated that many students arrive to nursing programs with the dreams of becoming a nurse. However, due to academic struggles and personal and/or financial issues a significant number of students are unsuccessful. Students who are unsuccessful may be leaving the university with significant debt and disappointment. The loss of students affects the community creating a lack of nurses to fill the growing need for skilled nurses in our healthcare organizations. The Umbrella Model of Nursing Student Retention; summer professional development program has from its inception has been designed in an intense effort to provide students with tools for success. The program creates the ability to implement a project that has the potential of reversing the high attrition rate at the university. Additionally, an outcome from this project is that it has the potential to be replicated in other programs.

The Umbrella Model of Nursing Student Retention; summer professional development program used best practices from literature which indicated that retention plans must include academic and nonacademic support and tools (Jeffreys, 2012). Therefore, these findings were combined with the data obtained from the nursing student survey to create a plan that was designed to correct the deficits found. Once the program is implemented, data will be collected at set points and compared with retention data as

the program progresses. The current retention data will be compared to ongoing data to demonstrate the effectiveness of the program.

The continued outcome data will be shared with stakeholders as well as the nursing education community through presentations and the publishing of project outcomes. It is my opinion this multi-faceted project has the ability to improve student retention rates. Nursing programs and the healthcare community are committed to reversing the issues associated with student retention. This program is designed to create social change such as a shift in student engagement in courses, and with faculty and advisors. Social change for the university includes increasing student attrition. This higher percentage of students who will complete their degrees will be in a position to obtain nursing positions in the community. This project can be replicated not only in nursing programs, but in all higher education programs. The university supports the implementation and will stand out as a leader in the social and nursing education communities.

Implications, Applications, and Directions for Future Research

This journey began as a concern about students I have taught who failed to progress in the nursing programs. Some were unsuccessful because they could not manage the academic challenge of the nursing programs. Others were unsuccessful because they lacked the skills and support to finish the programs. It is the latter group I became concerned about because I began to see that for many if they had additional support I believed they could be successful. I began this doctoral program with a vision of making a difference in the lives of nursing students by reducing the attrition rate. This vision of reducing attrition rates falls in alignment with the stakeholders of the university

and is heavily supported in literature (AACN, 2011; Andrews, 2014; Baker, 2010; Benner, Sutphen, Leonard, & Day, 2009; Caputi, 2011; Jeffreys, 2007, 2012). The need for nurses is growing as baby boomers age, hospitals are caring for sicker patients which requires more nurses who are high educated with a baccalaureate degree (Andrews, 2014; Buerhaus, 2008; Buerhaus, Auerbach, & Staiger, 2009). There is clear and convincing evidence that a failure to transform nursing education will not meet the healthcare demand requiring more nurses to care for an aging population who require high levels of nursing skills (Baker, 2010; Benner, Sutphen, Leonard, & Day, 2009; Caputi, 2011).

It was this knowledge from research and anecdotal evidence that a multi-faceted approach to increasing retention has the potential to correct the negative effects attrition has on students and the healthcare community. The outcomes from this project and continuing implementation of this project will be disseminated to university stakeholders as well the nursing education community. My goal is to reach out to nursing faculty, clinical supervisors, the financial aid department, the business program, and the wellness center to help with the development of The Umbrella Model of Nursing Student Retention; summer professional development program. The purpose for involving others in this program is to utilize their expertise and the university dean is hoping that over time this project can be implemented as a university wide initiative. From here I hope to share this project at educational conferences and continue to write about attrition in education journals. I hope that this project can be seen as a significant model for student retention. Recommendations for future research include replication of this study with an increased number of participants. Other study recommendations include a study which assesses ongoing retention strategies within nursing programs.

Conclusion

This project study was designed to gain an understanding of the causes of attrition at a Mid-Atlantic university. Furthermore, the long-term goal was to design a multi-faceted retention program in order to reduce the high rate of attrition at the university. Evidence-based research was used to support the development of the program. The Umbrella Model of Nursing Student Retention; summer professional development program will run one week prior to the start of the fall semester. This program will run two sections. One section is designed for incoming freshmen and the second section is designed for rising juniors. Outcome expectation of the program is the reduction of attrition rates at the university. The outcomes of this program may serve as a model to assist other nursing programs to correct issues linked to attrition.

In the past several years I have heard academic scholars use the word pedagogy. At first I was intrigued by the induction of this word in higher education. This project afforded me the opportunity to develop a pedagogical or theoretical concept for my project. The pedagogy of the Umbrella Model of Nursing Student Retention is a method of teaching students the skills and techniques they need in order to succeed in the nursing program. The process of designing this project taught me the importance of pedagogy in higher education. I have developed a greater understanding of my role as a scholar and my professional pedagogy as I continue my career as an educator and hopefully a leader in the area of reducing attrition in nursing education.

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Appendix A: Executive Summary

Introduction

Reducing attrition rates of nursing students is a goal in higher education communities and nursing. There is a growing demand for more nurses within healthcare. There have been fervent efforts at correcting the attrition rates, but the problem persists with first and second year nursing students (Twale & De Luca, 2008; O'Donnell, 2009). Growing concerns about the attrition of nursing students led to the in-depth inquiry into this problem at a mid-Atlantic university. A single-staged survey of nursing students was conducted in order to understand student perceptions of the causes of attrition. The study determined that students found that the nursing program academic demands, family obligations, and negative behavior of patients and peers all had a direct influence on their academic outcome. These can be categorized as academic and nonacademic issues.

The Problem

There is a persistent issue in nursing program with attrition. Nursing programs are seeing attrition rates which range from approximately 50% to 70% (Sayles & Shelton, 2003; Wells, 2007). The high attrition rates of nursing students are a substantial concern for the university and the health care community due to the concerns that there is a deficit of new nurses entering practice where there is an increasing need for approximately 3% over the next decade (Sayles & Shelton, 2003; Shelton, 2012). The nursing shortage results in fewer nurses to care for patients who are in need of general and specialized nursing care. Baby boomers are aging and require increasing access to healthcare. An aging population coupled with the high attrition rates of nursing students leads to lower than required numbers of graduating nurses to care for patients (Buerhaus, 2008; Porter,

2008; Sharrow, 2009). The increasing need for new nurses in healthcare and the high attrition rates in nursing programs warranted investigation into causes of the problems, and development of solutions to correct the problems (Sayles & Shelton, 2003; Shelton, 2012; Bray, 2011).

The evidenced gained from data collection from the quantitative student survey of students at the university and research lead to the development of a student survey to understand student perceptions which lead to success or attrition of students.

Understanding student perceptions of issues which leads to attrition meets the recommendation from literature which postulates that in order to improve outcomes of retaining nursing student nursing programs should implement best practice activates which engage learners, and teaches students effective strategies which improves retention (Benner et al., 2009; Caputi, 2011; 2009; Simpson, 2009). Interventions must include programs which address both academic and nonacademic issues which lead to attrition. There is clear and convincing evidence from research that attrition of nursing students from nursing programs is related to both academic and nonacademic issues (McEnroe-Petitte, 2011; McDonough, 2012 Noble & Childers, 2008; Yucha et al., 2011).

Nonacademic issues have a direct effect on attrition of nursing students. As stress and academic pressures increase so does the risk to student success. This project effectively addresses both academic and nonacademic skills and techniques. The overarching goal of the project is to reduce attrition of nursing students by 10% within the first year of the program's implementation.

Purpose and Goals of Program

This project is designed to provide first- and- second year nursing students with needed academic skills to successfully complete the nursing program. The program goals are to: a) Reduce student attrition by 10% within the first year of implementing the program. b) Retain 70% of nursing students by the second year of the program. c) Following sessions on test taking, effective note taking, study techniques, managing finances, and improving verbal skills students will report increased confidence in these areas. This will be established through hands on activities geared at practicing newly learned activities. d) Enable students to have improved interactions with patients and peers. This will be accomplished with role playing activities permitting students to practice skills in a safe environment.

This proposal provides a comprehensive plan including a financial analysis, an analysis of program strengths and limitations, a realistic implementation plan, and a plan to evaluate the program.

The Umbrella Model of Nursing Student Retention; Summer Professional Development Program

Overview

The program follows best practice recommendations from literature which indicate that programs need to include both academic and nonacademic skills and techniques in order to reduce attrition (Benner et al., 2009; Bray, 2011; Caputi, 2011; 2009; Jeffreys, 2012; Markey, 2012; McDonough, 2012; McEnroe-Petitte, 2011; Noble & Childers, 2008; O'Keefe, 2013; Russo-Gleicher, 2013; Sayles & Shelton, 2003; Shelton, 2012; Simpson, 2009; Yucha et al., 2011). This summer professional

development program is a multi-faceted approach to creating student success and reducing the attrition of nursing students. The three-day in-service for students includes:

(a) Academic strategies include: study skills, managing multiple courses, assignments and traversing textbooks, effective note-taking, test-taking techniques and tips, explaining the purpose and role of tutoring and supplemental instruction in student success, and APA essentials including academic integrity. (b) Nonacademic strategies include: time management skills, wellness activities and services, financial planning, enhanced communication and advocacy skills, and tips on balancing work, family, and school obligations.

The Umbrella Model of Nursing Student Retention; summer professional development program will be offered to incoming freshman and rising juniors in the initial year of the program. This is necessary because over time students begin to forget the techniques they learned and resort to old behaviors (Mayfield, 2012). In order to having ongoing success of the program, faculty need to understand the components of the immersion program and have the ability to integrate the program into their courses. The program developer plans to work with faculty on best practice strategies associated with student engagement, reducing attrition, and transforming nursing education (Benner et al., 2009; Caputi, 2011; Hopkins, 2008; Jeffrey, 2012; McDonough, 2012; Rutschow et al., 2012). Through grant funding the program plans to offer annual seminars on retention and student issues.

Success of the program will be dependent on partnering with other departments in the university in order to assist with nonacademic support including wellness. The business office can offer key support to students in understanding the costs of the

program and managing their finances throughout the program. Librarian support is needed to assist students with managing research projects more effectively. The office of academic integrity is integral in the program's component of professional development. Nonacademic strategies will rely heavily on the wellness center's nurses and psychology staff. They will assist in the development and implementation of programs for students such as; wellness activities, stress reduction, nutrition, and other programs which are determined necessary. IT support is necessary in addressing-technology needs. A request will be sent out asking key groups to join a committee to review, revise and evaluate the program. Their expertise is needed not only in the refinement of the program, but also in composing a textbook which will be used in this program. Each component of the program will have interactive components in order for student to adequately use newly acquired skills. The advice of content experts will be sought in order to improve and or revise these activities.

In addition to developing each component of the program, the committee will develop a program outcome survey for students and faculty to determine which components of the program are effective, which components need improvement, and which components should be added. A SWOT analysis will be employed for evaluation and analysis of the program to set or reaffirming goals, create ongoing action plans, and ensuring that there is a feedback loop from program stakeholders (Marquis & Huston, 2015). At the end of each day the students will be asked to complete an exit survey. This daily exit survey is designed to give participants the opportunity to let the facilitator know how they are doing, what they liked about the sessions, and areas where material being presented requires more explanations. Survey will be collected at the end of each

day, facilitators will review the feedback and the following morning area where student require more feedback will be address. With the exception of the last day, where the surveys will be collected prior to the last session permitting facilitators to address any questions prior to the end of the program. This analysis will provide an ongoing analysis of the immersion program to ensure continued success of student attrition.

Program Outcomes

The three-day professional in-service is designed to teach students skills needed to become active participants in the academic process which will help them attain academic achievement (Mayfield, 2012). Program sessions are designed to help student's develop effective academic skills such as: realistic time management schedules, employ effective test taking, study skills, and note taking techniques. Additionally, students will be able to engage in sessions that improve nonacademic skills which help them with verbal skills which are necessary in working with difficult patients, staff, and peers. Reduce student attrition within the first year of the program by 10%. Retain 70% of nursing students by the second year of the program. Collect data and report results to key stakeholders on an annual basis starting with the first year of the program.

Resources, program implementation timetable, and schedule

In order to implement this program grant funding will be sought. The university is interested in the implementation of this program and concurs that adequate funding should be attainable. A budget for the program includes curriculum development and resources as well as faculty and staff stipends to those working with the immersion program. Stipends will be allocated per day of service to the program. Since students will be on campus for three days, food is included in the budget. In the first year of the

program the goal is that the university will permit out of state students to stay in the dorms free for the week of the program. There are no classes on campus scheduled during the week of the program; therefore adequate space is available for the program. IT support will be needed during the week to help with setting up technology used in the program. The implementation of the program has a projected budget of \$12,000.

Table 1: Budget for Implementation of the Program

| Description | Category | Budget Amount |
|---|-------------------------------------|------------------|
| Curriculum Development | Supplies | \$ 500 |
| Curriculum Development | Book Publication | \$ 2,000 |
| Curriculum Development | Pre-Packaged teaching technology | \$ 2,000 |
| Curriculum Development | Faculty Training | \$ 2,000 |
| Faculty and Staff | Stipend | \$ 2,000 |
| Faculty and Staff | Administrative Support | \$ 500 |
| Faculty and Staff | Food / Snacks | \$ 2,000 |
| Annual speaker | | \$ 1,000 |
| Meeting Facilities – University to absorb any fees | | \$ 0 |
| Technical Support – University to absorb any fees | | \$ 0 |
| Housing Facilities – Rooms are unused in the summer and available – University to absorb fees | | \$ 0 |
| Total Budget | | \$12,000 |

Table 2: Program Development and Timetable

| Description of Task | Due Date |
|---|---------------------------|
| Program proposal to university academic team | February 2015 |
| Curriculum proposal to curriculum team | March 2015 |
| Presentation to nursing faculty and committee | May 2015 |
| Meeting with Grants Office | June 2015 |
| Committee convenes to begin program plan | August 2015 |
| Monthly Committee Meetings | August 2015 – August 2016 |
| Creation of textbook | June 2016 |
| Start Program | August 2016 |

Notice to Participants

The Umbrella Model of Nursing Student Retention; summer professional development program was designed at the conclusion of my doctoral research at Walden University. The nursing program at the university has adopted this professional development program to enhance skills needed to succeed as a student. This program skills enhancement includes didactic and kinesthetic learning activities to provide you the students with the greatest opportunity for success. It is important that nursing students learn effective study, test taking, time management techniques which are all linked to academic success. Additional activates includes motivating factors that allow students to

identify the value of education, participation and its relationship to your goal of becoming a nurse.

The Umbrella Model of Nursing Student Retention; summer professional development program is a three day program open to incoming freshman nursing students and rising junior nursing students. The program will take place one week prior to the start of the fall semester. The program will run from eight in the morning until four in the afternoon Monday – Wednesday. Each day will conclude with a review of the day's activities and skills learned.

Your participation in the program is the first step in your professional development as both a student and future nurse. As a collaborative partner in the program feel free to provide the facilitators with feedback during and after the program. Your insights are valued in enhancing the current and future program.

I look forward to your participation in this summer professional development activity.

Sincerely,

Catherine M. Griswold, RN, MSN, CLNC, CNE

Program Directors/Assistant Professor

Professional Development Program

Introduction

This descriptive quantitative study was designed to determine student perceptions of attrition issues in nursing education. Poor academic skills, poor preparation of nursing

school, competing obligations are linked to student attrition. This program designed to help students engage in activities to improve skills for academic success.

The project is based on literature which identifies a multifaceted approach to retention programs. These activities include both academic and nonacademic skills. In addition, activities that enhance success are programs which provide students both didactic and kinesthetic opportunities to develop muscle memory.

The Model

The program began with Tinto's (1975; 1995) model which found that an organization whose primary concern is students. Tinto's model also serves as a model for the development of supportive social and educational opportunities which may improve retention (1975; 1995). These guiding principles are evident in the project which began with the concern that nursing programs had high attrition rates and the desire to create a program which has the potential to reduce attrition of nursing students.

Table 3: Program Schedule

| Time | Monday | Tuesday | Wednesday | Target Audience |
|----------------|--|--|---|--------------------------------------|
| 8AM – 10AM | Welcome Introduction Ice Breaker and overview of the program | Course Management: Managing Courses, Assignments and Textbooks | Effective Note Taking, and Study Techniques | Incoming Freshman and Rising Juniors |
| 10:15AM – 12PM | Transition to College: Making it Work Enhanced | The Benefits of: Mentors, Advisors, and Tutors | Academics in College | Incoming Freshman |

| | | | | |
|----------|---|---|---|---------------------------|
| | communication: Dealing with Difficult People/Peers /Patients | | | and Rising Juniors |
| 12PM – | Lunch | Lunch | Lunch | |
| 1PM | | | | |
| 1PM – | Writing for Scholars: Part A | Finances | Test Taking Study Skills | Incoming Freshman |
| 2:30PM | Academic Integrity/APA | | Students will complete the daily exit survey | and Rising Juniors |
| 2:45PM – | Building Verbal Skills | Balancing Work, Family, and School | Bringing it All Together | Incoming Freshman |
| 4PM | Dealing with patients and peers who bully Students will complete the daily exit survey | Obligations Students will complete the daily exit survey | Students will complete an exit survey for the three day in- service program | and Rising Juniors |

Day One

Purpose and Goals

8AM The purpose of day one activities includes welcoming students to the university, summarizing the program, and discussing the benefits of attendance. Students will embark on learning both academic and nonacademic strategies to improve their academic skills and manage techniques to improve student confidence.

Students will be advised that at the end of the day they will be provided a daily exit survey. This daily exit survey is designed to give participants the opportunity to let the

facilitator know how you are doing, what you like about the sessions, and areas where material being presented requires more explanations. Areas which require more explanations will be reviewed at the start of the following day, with the exception of the last day when the survey will be collected prior to the last session so facilitators can answer student questions prior to their departure from the program.

Facilitator: As the first facilitator of the program, I will introduce the program including the day's activities. The opening session begins with introductions of participants and other facilitators. Participants will be given program handbooks which include program materials such as power point slide notes, activity sheets, and note paper.

Activity: They day will begin with an icebreaker activity which allows student to make friends, have fun, relax, and realize that as we add balls (activities in our academic life) it becomes more difficult to keep the balls in the air. Balls around the Circle is the first activity which is a visual activity to have students identify what activities they have as a student and how difficult it is to manage daily requirements without support. At the conclusion of the game I will bring participants back together and ask if there are follow-up questions.

10:15AM Transition to College: Making it Work

Facilitator: The facilitator for this activity will introduce the topic and as they transition through each slide they will engage students in the discussion. Once the students move from the power point lecture/discussion, the facilitator will pass out materials for the hands-on activity (paper plates, post-it-notes, and markers). Students will be given 20 minutes to complete this activity while the facilitator is asking for input on items which can be added to post-it-notes. The will be an open dialogue following the exercise.

Activity: This presentation begins with discussions of transitions that occur and independence that is acquired when entering college. The activity is designed to demonstrate to students how to make the transition from high school to college and how to handle the complexities of competing obligations as a student. The discussion includes what is on their plates and, if necessary, how to take things away. This is a visual activity enabling students to see that demanding college requirements and activities of daily living are competing forces that must be managed for successful outcomes in nursing.

Noon-Lunch

1PM Writing for Scholars Part A

Facilitator: Will review the components of scholarly writing, the university's academic integrity policy, plagiarism, and APA.

Activity: Students are given a scholarly journal article to read and have a limited amount of time to write a one paragraph summary. This activity is geared towards assessing if they understand the rules of citing and the brevity which is required in scholarly writing in higher education. At the end of the session student papers will be collected and facilitators will give feedback regarding form, style, and components of APA tomorrow morning. The session will end with a Q & A session and a recap of the rules of writing led by students.

2:45PM Building Verbal Skills

Facilitator: Introduce the topic of dealing with difficult patients, peers in the workplace, and peers in the nursing program.

Activity: This interactive session will permit students to discuss their fears, assumptions, and experiences. The facilitator will ask for a volunteer to be the patient and one to be the nurse. The direction to each will be given in private. The patient and nurse will both be rude and disrespectful to each other. Neither the nurse nor patient will know what the other was told.

Communication Simulation Exercise 1

Nurse: Hi (use student/patient's first name)

Doing it all wrong:

Turn away from patient to get blood pressure cuff

Begin talking to patient while not facing client.....

(Continue to talk to patient while you are doing other things)

Client: (Acting very anxiously) "I don't know about taking this medicine the doctor is putting me on. I've never had to take medication before, and now I have to take it twice a day." Patient becomes very angry with the nurse's insistence that the nurse takes the medicine.

Client: Continue to have a dialog with the nurse, you are upset about the medication and you are afraid of medicine because your mother died from a side effect of the medication. Do not give this information to the nurse until the nurse uses appropriate therapeutic communication to further assess your concerns.

Correct answer

1. No eye contact
2. The nurse is not patient-centered

3. The nurse should paraphrase: “It sounds like you don’t know what to expect from taking the medication.”
4. The nurse should explore the cause of the patient’s fears and anxiety

Communication Simulation Exercise 2

Patient: Juan Dominguez

Learner Group: PT, Nurse

Environment: Acute Care Inpatient Hospital

Main focus: De-escalate an angry patient

1. Patient becomes angry and begins screaming at the nurse
2. The nurse should try to deescalate the patient.

The session will wrap up with a discussion on dealing with angry patients, staff, and peers.

Tools and techniques will be practiced using therapeutic techniques to defuse a situation.

Therapeutic de-escalation techniques will be discussed:

You seem angry

How can I help?

Apology: I’m sorry that happened to you

How can I help?

Scenario will be enacted again using therapeutic techniques.

Facilitator: The next activity to help build verbal skills will help students manage the bully in the workplace and in the classroom. Students need to count off 1 – 8. All the 1’s get in a group, all the 2’s in a group, et cetera Once in groups a facilitator will join each group to help with the effects of the activity.

Activity: (This activity has been adapted from: Bullying Circle Exercise Tab 11: Doc 7 © 2012 The Olweus Bullying Prevention Program, US).

We need one volunteer to stand in the middle of the circle. Everyone else spread into a circle surrounding the person in the center. Students have 3 minutes to role-play this scenario.

Student roles are:

1. Nursing student being bullied

- a. This is first semester nursing student
2. Bullying patient
 - a. The patient is really upset because the student could not answer the patient's questions about her diagnosis
3. Bullying nurse on the unit-not the one who starts the bullying but continues with the bullying
 - a. The nurse begins to concur with the patient that students who do not have the information are stupid
4. Nursing instructor comes in and does not hear student's side of the story
 - a. The nursing student tries to explain that this is only her second day in clinical and has not learned about this disease...
 - b. The nursing instructor yells at the student she should have looked this up
5. Supportive bully (not overtly)
6. Observer of the bully, but does nothing
7. Opposed to bully, but does nothing
8. Tries to help the one being bullied

"A nursing student is being yelled at by a patient because the patient thinks they are stupid... a stupid student."

Say to students: This place needs to be a safe place, even in role playing the bullied person, they may internalize statements made about them.

Facilitator: At the end of the scenario, students stay in their group and the facilitators have the students tell what role they played, what they did/said in the bullying situation, and how they feel about it. Start with the Student Who is Bullied (Example: "Susan, tell us who you are, and what happened?", "What was this bullying experience like for you?")

Facilitator: (Note: You might then say something supportive like: ("I'm sorry this has happened to you"))

Then move to the Student Who Bullies Others

Ask: "What did you do? What do you think of the person you bullied? "

Facilitator: A didactic session will begin on teaching students techniques for verbal de-escalation, understanding why people bully, why they scream and yell at nurses. Students will be put back into their groups to rerun the scenarios. This time they will use the new techniques they have just learned.

Activity: Students will be asked to:

Name as many reasons:

Why patients bully healthcare workers

Why other healthcare workers bully new nurses and students

Name steps you can take to de-escalate an angry patient and or person.

Facilitator: Questions and answer session will be held to answer questions and clarify techniques.

Facilitator: The day will end with a wrap of session of day one activities. Have students identify skills they have learned and what they need more practice with. Facilitators will be available at the end of the day for small group coaching as needed. The facilitator will review day two agenda and again ask if there are any questions. Thank everyone for a great first day.

Day 1 Exit Survey:

Please take a few minutes to complete this exit survey. This daily exit survey is designed to give participants the opportunity to let the facilitator know how you are doing, what you like about the sessions, and areas where material being presented requires more explanation. Once you are finished with your survey, please place them in the box on the table near the door. Your feedback is important to us. Thank you.

Day 1

Session: Transition to College: Making it Work

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 1

Session: Enhanced Communication: Dealing with Difficult People/Peers/Patients

| Questions | Answer |
|---|--------|
| 1. What are three most important things you | 1. |

| | |
|--|----------|
| learned during this session? | 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 1**Session: Writing for Scholars: Part A**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 1**Session: Academic Integrity / APA**

| Questions | Answer |
|---|----------|
| 5. What are three most important things you learned during this | 1. 2. |

| | |
|--|----|
| session? | 3. |
| 6. The thing that surprised me the most in this session was... | |
| 7. How can you apply knowledge from today's activity? | |
| 8. What do I want to learn more about? | |

Day 1

Session: Building Verbal Skills

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 2

Purpose and Goals: Day two goals include seminars to help students learn tools and techniques needed to assist them in the transition to college. The students will practice

academic success tools to assist them in integrating newly acquired skills and techniques into course work and campus life.

8AM

Facilitator: The facilitator will introduce the day's agenda. From there the facilitator will introduce the ice breaker activity. Each student will be given a small bag of M & M's. The M & M's represent questions designed to get to know each other (brown and yellow), what students hope to learn in this program (red), why students want to be a nurse (blue), one thing learned in yesterday's activities (orange, green). Students will be given 10 minutes for this activity. Once students have shared these questions in pairs, the groups will share with the entire cohort (20 minutes).

Facilitator: The facilitator will bring the group together and begin the session on course management. This session includes teaching students the components of managing competing pulls between academics and nonacademic requirements.

Activity: Students will participate in both didactic sessions of managing their courses as well as studying and effectively managing their time. Students will have the opportunity to take their freshman seminar syllabus and begin creating and organizing their first semester schedule.

10:15AM

Facilitator: Welcome to the Benefits of: Mentors, Advisors, and Tutors.

Activity: In this didactic session students will be introduced to the resources at the university and the purpose of mentors, advisors, and tutors. Students will learn how to make appointments and the role of the students in each activity. Students will be instructed in the benefits of mentors, advisors, and tutors. Additionally, students will be instructed on seeking out and working with advisors and mentors. This session is meant to be interactive and questions will be directed to students during the presentation to allow engagement in the discussion.

Noon-Lunch

1PM

Facilitator: Welcome back from lunch. The purpose of the finance lecture is to help students understand the costs of higher education. There are both visible and non-visible costs associated with higher education. Students will learn how to budget their resources, evaluate the projected cost of their degree, and calculate the repayment cost of loans. The goal of this process is to have students develop a reasonable projection of the costs during the four year program.

Activity: After the didactic portion of the finance session, students will be placed in teams. Each team will be given a finance package complete with a student loan package, a book list with costs, projected food costs and projected living expenses. Teams will create a budget and calculate the monthly repayment amounts. Teams will present their budgets to the group and will share components of their budgets, things they did not consider, the benefits of making and sticking to a budget, how to balance a budget when expenses outweigh their monthly allowance.

2:45PM

Facilitator: During this session students will learn about the difficulties in balancing work, family, and school obligations. The key to academic success is a student's ability to manage the complexities of nursing courses in addition to the need to work, and manage family and social obligations. Students will engage in the didactic portion of this course. Students will be asked to write on the board the many obligations they have and where they feel their abilities to manage competing obligations can cause them to fail. Students will engage in a dialogue with facilitators on methods of learning to prioritize and balance activities and commitments.

Activity: During this exercise students will be placed in teams of 5. Each group will take a deck of cards. Each card represents something in their life they have to balance. Students will be given 20 minutes to build a house of cards as a team.

Facilitator: At the end of 20 minutes the facilitator will debrief students on what they have learned, how they worked as a team, and the strengths and weaknesses of building the house.

3:45PM - End of the day wrap up

Facilitator: What a great second day, does anyone have any questions? Everyone form a circle and we will play the Summary Ball.

Activity: This activity will be used in order to review today's sessions. Students stand around the classroom and the facilitator tosses the ball to the first student, who must catch the ball and in 5 seconds state any idea, fact, or concept from the session. He/she then tosses the ball to another student who has not yet spoken. The second student must add something that has not been mentioned. If a student can't add anything from the lesson, he/she still tosses the ball, but must sit down. Play continues until only one student is left standing.

Day 2 Exit Survey:

Please take a few minutes to complete this exit survey. This daily exit survey is designed to give participants the opportunity to let the facilitator know how you are doing, what you like about the sessions, and areas where material being presented requires more explanations. Once you are finished with your survey, please place them in the box on the table near the door. Your feedback is important to us. Thank you.

Day 2**Session: Course Management: Managing Assignments and Textbooks**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 2**Session: The Benefits of: Mentors, Advisors, and Tutors**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. How can you apply knowledge from today's activity? | |
| 3. What do I want to | |

| | |
|-------------------|--|
| learn more about? | |
|-------------------|--|

Day 2**Session: Finances**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 2**Session: Balancing Work, Family, and School Obligations**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply | |

| | |
|--|--|
| knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 3

Purpose and Goals

The goals of today's activities are to enhance your academic skills; note-taking, study techniques, the importance of academics, short and long-term management skills, test taking and study skills. Students will engage in both didactic and hands-on activities to build brain-muscle memory and to use each technique effectively throughout the nursing program.

8AM

Facilitator: Good morning and welcome to our final day. Do you have any questions? Anything you would like clarified from yesterday or just something you have been thinking about.

Activity: Please take a Nurse Bingo sheet. You will have 15 minutes to find as many answers to the questions as you can. For each question, write down the answer on your sheet. The first one finished yells Nurse Bingo. Share your answers with everyone.

Session 1

Facilitator: In this session students will participate in a didactic lesson on effective note-taking and study techniques. Students will learn effective and comprehensive techniques for effective studying. Students will also learn effective and comprehensive techniques for managing the large amounts of material required for each course.

Activity:

Students will complete the following inventory.

In class I (check all that apply):

- Questions...do you ask them
- Text during class (even though I know it is against program policy)
- Read prior to class
- Take notes on the power points and highlight key concepts and things to reflect on
- Critically think through topics about other things
- Engage in class discussions
- Do homework for another class

__ Engage in discussion when peers ask questions

After students complete their individual assessment students will working with a peer to reflect on each of the above components and its effectiveness in academic success, and how each item can improve their academic success, and how they can adapt these techniques in the classroom. Each team will share lessons learned from the activity.

10:15AM

Session 2

Facilitator: The purpose of this session on understanding Academics in College is to help students identify the components of academic responsibility. Once students enter college they are considered adults and as an adult there are contractual obligations students have with the university, the program, and the courses. This session is to help students engage in a didactic program to identify their roles and responsibilities as a student including how to prevent pitfalls of noncompliance and where to find help.

Noon-Lunch

1PM

Session 3

Facilitator: Welcome back from lunch, join us in our last didactic session. This information on test taking and study skills includes important techniques for improving studying and taking exams. Nursing exams have application-based questions. This may be different from questions from high school that tended to be knowledge-based questions. These questions require critical analysis and critical thinking in order to answer them. Students need to use all tools learned during the past three days to succeed at conquering the test questions.

Activity: Each group will take an NCLEX prep book and pick one practice test. Using test taking techniques, as a group take one practice test. Once finished, look at answer key

How did you do?

As a group what did you learn? What do you need to work on? Practice...Practice...Practice.

Day 3**Session: Academics in College**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

Day 3**Session: Test Taking and Study Skills**

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this session? | 1. 2. 3. |
| 2. The thing that surprised me the most in this session was... | |
| 3. How can you apply knowledge from today's activity? | |
| 4. What do I want to learn more about? | |

2:45PM

Facilitator: It is hard to believe that we have finished 3days of training. What a great job you have all done. It has been a please spending the past three days with you.

Activity: In this interactive session everyone come to the boards, the one on the right write what you learned, the one on the left what you still need help with?

What is next? How will your first week of school go? What are your objectives, how will you prepare?

Closing Activity

Facilitator: It is easy to judge other, often we have the ability to judge before getting to know one another.

Activity: In this activity participants will be given a set of questions. The questions involve judgment with surprising answers. After students answer, engage students in assessing what they learned from this and how this can be utilized in the transition to college.

Facilitator: Participants will be asked to fill out a program evaluation. Thank students again, wish them well, and note that the facilitators look forward to seeing them on campus next week.

**The Umbrella Model of Nursing Student Retention;
Summer Professional Development Program Evaluation**

Thank you for participating in The Umbrella Model of Nursing Student Retention; Summer Professional Development Program. By answering a short series of questions you will help us with improving this program. Again, thank you for taking time to complete the assessment.

| Questions | Answer |
|--|----------------|
| 1. What are three most important things you learned during this program? | 1. 2. 3. |

| | |
|--|--|
| 2. The thing that surprised me the most in this program was... | |
| 3. How can you apply knowledge from this program? | |
| 4. What do you want to learn more about? | |
| 5. Did you find this program helpful? | Yes or No |
| 6. If no, what would have made this better for you? | |
| 7. The facilitators were approachable and knowledgeable about content. | Yes or No: Please explain |
| 8. I would recommend this program to other students? | Yes or No: If no please provide feedback |
| 9. What I liked the best about this program? | |
| 10. What I liked the least about this program? | |
| 11. Suggestions for future programs | |

Conclusion

The executive summary of The Umbrella Model of Nursing Student Retention; summer professional development program has used best practice guidelines and

evidence from literature to support the implementation of this program which is designed to reduce the attrition rate of nursing students at the university. High attrition has been linked to the perceptions of students who experience academic burdens and lack skills to manage programs with curriculums that require didactic skills development, simulation, and clinical preparation. Additionally, students must be given skills to deal with competing obligations between school, work, and family. This program offers a multi-faceted approach to ensuring that academic and nonacademic strategies are employed to give students skills which increase their ability to be successful in the nursing program. Furthermore, students require assistance in understanding the value of mentoring, advising, and support service as valuable tools in their academic success. These components are essential items that need to be employed by students in order to find success in the nursing program. The program outcomes will have an impact on the university and its stakeholders.

Day 1 Power Points

The Umbrella Model of Nursing Student Retention; summer professional development program

Catherine M. Griswold, RN, MSN,
CLNC, CNE

Implementation

1. Invite participants to stand in a close circle
2. Give directions for Round 1: Instruct the participants to throw the ball to one other. Each person must catch and throw the ball only once
3. Remember who threw the ball to you
4. Remember to whom you throw the ball
5. Does everyone understand the directions?

Preparation

- Determine your group size
- If your group size is larger than 40 you may need to break the group into two teams with three balls each



Ice Breaker: Balls Around the Circle

- Topic
 - New job
 - Responsibilities
 - Stress
 - Performance of a skill
 - Knowledge



Round 1

1. Throw the ball as previous described
2. When the ball reaches the last person return it to the facilitator



Round 2

1. Now throw the ball in the same pattern only faster



Round 3

- Repeat even faster



Round 4

1. Start a second ball in the circle after the first ball has begun. Then add a 3rd
2. Be prepared to see chaos, confusion, and dropped balls
3. Debrief the group using the Balls Around the Circle Debriefing Questions

Balls Around the Circle Debriefing Questions

1. What caused the simple task of passing the balls to become more difficult and complex?
2. What happened to the stress level as multiple variables were added to the situation?
3. How did stress impact performance?
4. How did you feel as the stress increased?

5. What learning lesson can we take from this activity?
6. How does this relate to our jobs and our lives?
7. If we were to do this again, what could we do to decrease the stress level?



My Transition to College

The Road to Success



College a Time to Remember

- It is time to be involved in everything your college or university will have to offer.
- There is no such thing as "un-cool"

**Your are now an adult
What does this
mean?**



College

- **What is a learning environment?**
 - Becoming and active learner
 - Your opinion matters
 - Participation THE key to success

4

College

- The Umbrella Model of Nursing Student Retention; summer professional development program
- Freshman Seminar
 - Purpose?
 - Develop friendships and support systems
 - Fosters relationships with faculty and advisors
 - Adapting to college and independence
 - =/-
 - Others?

3

College and Life Management

- Balancing academic and social activities
- Time management is important
- Study groups how to make them work

5

College and Dorm Life

- ROOMMATES

- I have to share a room/bathroom/living space with people I do not know?
- Design living rules and discuss problems as they arise

6

College Avoiding Weight Gain

- **The Freshman 15**

- balanced meals
- Avoid late night binges
- Exercise to help manage your weight



7

Activity

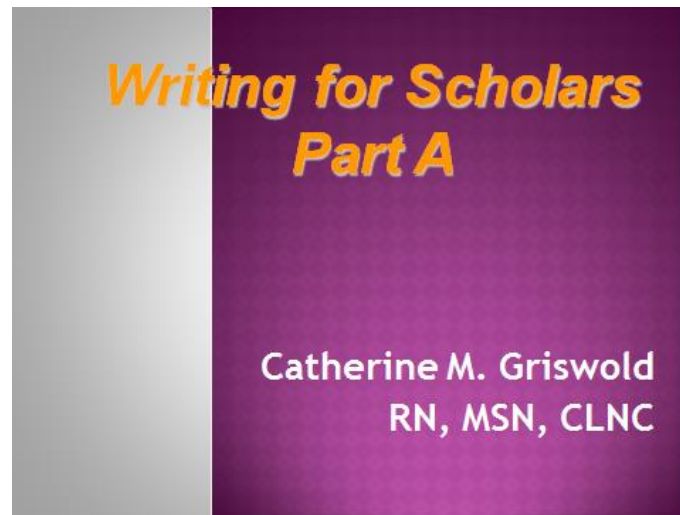
- Everyone take one paper plate
- Take many colored post it notes
- One each post it write one activity
- Class
- Studying
- Family
- Friends etc.

9

Fill Your Plate

- Once you have done this
- Can you manage these activities of daily living and find success as a student?
 - If yes how...tell everyone
 - If not what can you remove from your plate

10



Introduction

- **Essential Elements of Writing**
 - What is the purpose
 - Topics
 - Where to find these topics

MYTHS OF WRITING

- Writing is painless
- I can't spell so I can't write
- I have to write long and intense articles
- I don't need any help in writing



GETTING STARTED

- What do I know?
- What topics can I write to
- Power writing
 - Start with a list

FOCUS AND REFOCUS

- Is your writing clear and the focused on the topic?
- Does the article proceed in a logical format?

FOCUS AND REFOCUS

- Does the article have enough details to engage and keep the reader?
- Language, did you explain any words that someone may not understand?

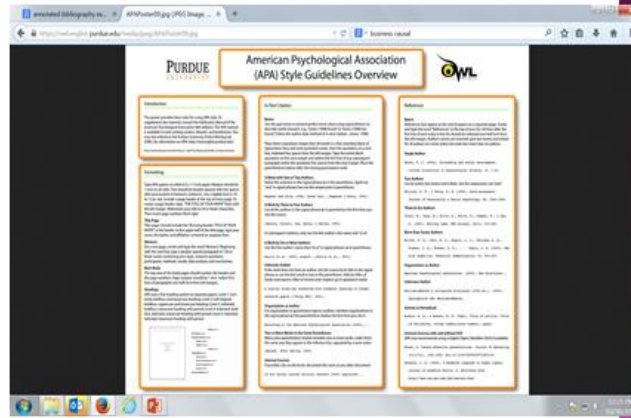
PROOF READING

- Read your article front wards and backwards
- Have peers read this
 - Read for content
 - Read for clarity
 - Read for consistency
 - Look for typo's
 - Look for spelling errors
- Look for flow of ideas

FORMATTING

- Nursing has specific requirements for writing, & formatting
 - APA
- Failure to follow APA requirements will result in lower than expected grades

APA CLASSROOM POSTER



PLAGIARISM

- If it is not an **“original”** thought you must cite your source!
- *Remember when you were a student? Nothing has changed!*

SU ACADEMIC INTEGRITY POLICY



CAUTION WITH SOURCES

- **Wikipedia: not an authoritative source**
 - There are some concerns because information from this site is not always correct and may be pirated

WHAT DOES A COURSE REQUIRE?

- **Contracts:**
 - Paper due dates
 - Read comments
 - It's not personal
 - Feedback helps your grow

30 MINUTES

- Take the next 30 minutes to
 - read your article.
 - write about a one paragraph summary

10 MINUTES

- Take the next 10 minutes and peer review each others paragraphs
 - Is this written clearly?
 - Is this properly cited?

YOU HAVE BEGUN

- The process of writing
- The process of editing
- What did you learn?



Building Verbal Skills

Managing the bully in the workplace, and in the classroom

Catherine M. Griswold, RN, MSN, CLNC, CNE

Count off 1 - 8

- Get into groups
 - 1's, 2's, 3's, etc.
 - There should be 8 groups
- We need one volunteer to stand in the middle of the circle
- Everyone else spread into a circle surrounding the person in the center

Adapted from: Bullying Circle Exercise Tab 11: Doc 7 © 2012 The Olweus Bullying Prevention Program, US

11/22/2014

2

In each group read the scripts on their cards:

- Student roles are
 1. Nursing student being bullied
 - a) This is first semester nursing student
 2. Bullying patient
 - a) The patient is really upset because the student could not answer the patients questions about her diagnosis
 3. Bullying nurse on the unit-not the one who starts the bullying but continues with the bullying
 - a) The nurse begins to conour with the patient that students who do not have the information are stupid
 4. Nursing instructor comes is and does not hear students side of the story
 - a) The nursing student tries to explain that this is only her second day in clinical and has not learned about this disease.
 - b) The nursing instructor yells at the student she should have looked this up
 5. Supportive bully (not overtly)
 6. Observer of the bully but does nothing
 7. Opposed to bully but does nothing
 8. Tries to help the one being bullied
 - a) There is a facilitator assigned to each group

Adapted from Bullying Circle Exercise Tab 11: Doc 7 © 2012 The Olweus Bullying Prevention Program, US

Bullying

11/22/2014

3

Scenario: 3 minutes

- “A nursing student is being yelled at by a patient because the patient thinks they are stupid... a stupid student.
- This place needs to be a safe place, even in role playing the bullied person, may internalize statements made about them.

Adapted from: Bullying Circle Exercise Tab 11: Doc 7 © 2012 The Olweus Bullying Prevention Program, US

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4

Stop

- Students tell what role they played), what they did/said in the bullying situation, & how they feel about it.
- Start with the Student Who is Bullied
 - Example: “Susan, tell us who you are, & what happened?”
- “What was this bullying experience like for you?”
- Facilitator: (Note: You might then say something supportive like:
 - “I’m sorry this has happened to you!”)
- Then move to the Student Who Bullies Others
 - Ask: “What did you do? What do you think of (the person you bullied)?”

Adapted from: Bullying Circle Exercise Tab 11: Doc 7 © 2012 The Olweus Bullying Prevention Program, US

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5

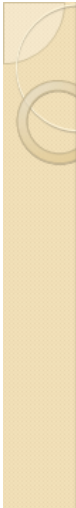


How to De-escalate a Bully

- Speak in a calm voice
- Keep yourself calm
- Take some deep breaths
- Do not engage in the negative behavior

11/22/2014

6



What to say

- You seem upset
 - This acknowledges the patient
- How can I help you
 - Shows concern
- Offer an apology for why they are angry/upset etc.

11/22/2014

7



Characteristic of Self

- In order to effectively de-escalating an upset/angry person you must:
 - Appear sincere
 - Act in an empathetic way
 - Avoid your personal triggers which cause you to get angry
 - Think...did you do something to engage the situations?
 - Offer support to others who are unable to manage the bully

11/22/2014

8



Why do People Bully?

- Low self esteem
- Patients are sick, in pain, and are experiencing a loss of control
- Have been bullied by others
 - In nursing there is a saying nurses eat their young...this is bullying
- List other reasons?

11/22/2014

9



Practice Time

- Let's re-run the scenario and this time utilize the skills your just learned to de-escalate the upset person.

11/22/2014

10



Evaluation

- Name as many reasons:
 - Why patients bully healthcare workers
 - Why other healthcare workers bully new nurses and students
- Name steps you can take to de-escalate an angry patient and or person.

11/22/2014

11

Day 2 Power Points

Day 2 Welcome back



1



Todays Schedule

- Morning Sessions
 - Welcome Exercise
 - Course Management
 - Managing Assignments & Textbooks
 - The Benefits of Advisors, and Tutors
- Lunch
- Afternoon Sessions
 - Finances
 - Balancing Competing Obligations

2

Ice Breaker Activity

- > Did you know that according to the manufacturer of M&M candy, the color distribution for plain chocolate M&Ms is
 - > 13% brown,
 - > 13% red,
 - > 14% yellow,
 - > 24% blue,
 - > 20% orange, and
 - > 16% green.
- > You all have a bag of M & M's
 - > Pair share
 - > brown, where are you from
 - > red, what you hope to learn in these sessions
 - > yellow, something we will remember about you
 - > blue, why nursing
 - > orange, what did you learn yesterday that will help you
 - > green what do you need more help with from yesterday
 - > Lets go around the room and pick out one M & M and share something you learned from your partner according to the color

Session 1 Course Management



read·i·ness
/ˈredɪnis/

Noun

1. Willingness to do something: "a readiness to accept his terms".
2. The state of being fully prepared for something.

Synonyms
preparedness - willingness - promptitude - alacrity

4

Why Time Management is Important

Bad time management = stress

Academic advice – stay on top of things

5

Is this you?

- **How much time do you think you waste in a day?**
 - **Can't find things**
 - **Over schedule activities and commitments**
 - **Now you are too tired**
 - **Sleepy in class**
 - **Over sleep**
 - **Unable to concentrate**
- 6 ➤ **What are some other ways you waste time?**



- **Did you know that Disneyland was built in 366 days**
 - **How do you think this was accomplished?**
 - 7 ➤ **What were the organizational skills that were needed?**
 - **What were the support systems Mr. Disney used?**

Getting Started

- Download syllabus from Black Board & Read it
 - This is your contract for the course complete with requirements

COURSE SYLLABUS

COURSE INFORMATION

Course number and section: NURS 102- Sections 1-7

Course Title: New Student Seminar – Nursing (we are section 3)

Number of Credits: 1

Prerequisites: none

Semester/Year: Fall 2014

Meeting Schedule: Tuesday 01:00PM - 01:50PM, Dawson Center, Room 222

Course Description: Provides new nursing students with an academic orientation to the School of the Sciences that is grounded in Stevenson University's core values: integrity, learning, community, and excellence. Topics include a review of policies and expectations, strategies for effective time management and study habits, and opportunities for building community. Students will engage in the process of Career ArchitectureSM which provides a distinctive approach to career exploration, planning, and preparation. The creation of an academic portfolio is required. Restricted to and required for all freshmen and transfer students majoring in Nursing.

Oops time is getting away from me

On a sheet of paper, under the heading losing time, write down as many activities as you can that may cause you to get behind.
Do not go to the next page until after you have written down your responses.

10

➤ Now compare your two things with what other students have knowingly admitted as causes to wasting time

➤ When you are done you and your partner come to the board and write down items that cause you to

- Get distracted
- Get behind on activities

11

➤ Time: There are only 24 hours in the day

➤ How do you make the most of your time

➤ Keys to success

- planning,
- prioritizing and scheduling. Once a person has these
- decision making
- strategies to organize not lose track of time

12

You are responsible for your time

- [stop procrastinating](#)

13

Now what

- You will have 15 to 18 credits worth of work to do
- Rules for Study
 - Each credit requires 3 hours of work per credit outside of the class time
 - For study
 - Reading
 - Group/lab work
 - Research

14

Activity

- Using the attached sheet
- And using the syllabus provided
- Create your first months schedule

15

High School versus College

- Accommodations
 - What are the accommodations in college

19

Session 3 Finances \$ Managing \$

- Financial Aid
- How much money can I spend a day/week/month
 - Wants versus needs
- Credit
 - Good/bad
 - Paying off loans
- Planning for today and tomorrow

20

Paying off loans

- Length of loans
- What does interest rate mean?
 - How do I calculate that?
- Estimated payment time frame

21

Interactivity

- Each team is given a list of expenses for the academic year
 - Student loan package
 - Book list and cost
 - Food
 - Living expenses
- Teams will create a budget and calculate the monthly repayment amounts
- Teams will present their budgets to the group

22

Session 4 Balancing College Life

- Exploring all the pulls of college life
 - School
 - Assignments
 - Extracurricular activities
 - Meals
 - Social Activities and more
- Coping strategies for students
- You support structure

23

Balance...If there are 24 hours a day

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Is Your balanced? ➤ Assign % according to the importance of these areas in your life (=100%) <ul style="list-style-type: none"> ➤ Work (or school) __% ➤ Family (rel) __% ➤ Leisure __% ➤ Community __% ➤ Religion (spiritual) __% | <ul style="list-style-type: none"> ➤ Compare the 2 columns ➤ Did you need to adjust percentages? ➤ Where did you move items |
|---|--|

24

Adapted from: Crawford, Mary & Rhoda Unger (2004).

- What are the effects of an imbalance in managing competing pulls?



How Do I Solve the Puzzle?

25

Students: Academic Life Out of Balance

- Stress?
 - Stress causes?
 - Long term effects
- Family & Friends don't understand the expectations of nursing students
 - How to help them?

26

Activity on Balance

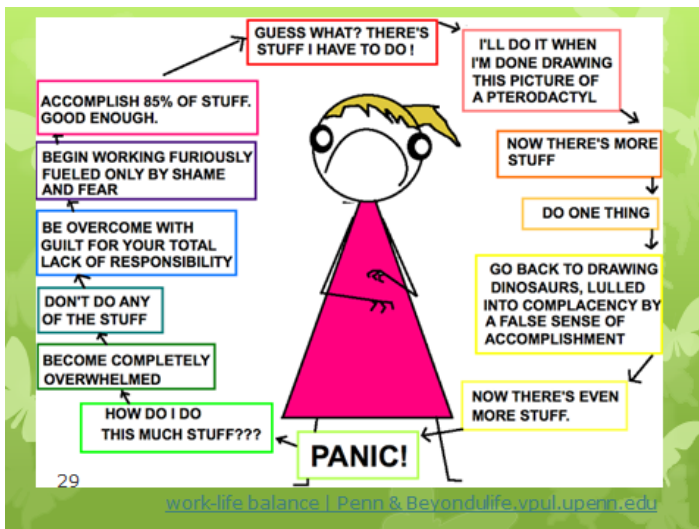
- In teams of 5 take a deck of cards
- Each card represents something in your life you have to balance
- Build a house of cards as a team

27

Discussion

- > What did you learn?
- > How did you work as a team?
- > What were the strengths and weaknesses of building the house?

28



Staying positive

- > <http://www.youtube.com/watch?v=qR3rK0kZFkg>

30

Summary Ball of Today's Activities



- A Summary Ball (beach ball).
- At the end this activity will be used in order to review today's sessions.
- Students stand around the classroom and the facilitator tosses the ball to the first student, who must catch the ball and in 5 seconds state any idea, fact or concept from the session.
- He/she then tosses the ball to another student who has not yet spoken.
- The second student must add something that has not been mentioned.
- If a student can't add anything from the lesson, he/she still tosses the ball, but must sit down. Play continues until only one student is left standing.

31

➤ <https://wvde.state.wv.us/strategybank/SummaryBall.html>

Reference

- Crawford, Mary & Rhoda Unger (2004). *Women & Gender. A Feminist Psychology*. 4th ed, NY: McGraw Hill (ISBN 0-07-282107-8)
- <https://wvde.state.wv.us/strategybank/SummaryBall.html>
- <http://www.youtube.com/watch?v=qR3rK0kZFkg>
- Picture: [work-life balance | Penn & Beyondulife.vpul.upenn.edu](#)

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DAY 3

Agenda

- > Session 1
 - > Ice Breaker
 - > Effective note taking
 - > Study Techniques
- > Session 2
 - > Academics in Nursing; why is this important
- > Session 3
 - > Test taking techniques
 - > Study Skills
- > Session 4
 - > Bringing it all together

ICE BREAKER

- > Welcome back
- > Please take a Nurse Bingo Sheet
 - > This game is designed to
 - > Get to know each other better
 - > Review yesterdays content
 - > You have 15 minutes for this activity

WELCOME TO DAY 3

- Ice Breaker: Nurse Bingo
- Nurse Bingo

| N | U | R | I | E |
|---|--|---|---|---|
| Someone from another state | Someone that can list three components of Academic Integrity | Someone who plans to play a sport | Someone who can name five strategies of time management | Someone who can name five effective writing skills |
| Someone who has traveled abroad | Someone that knows the difference between plagiarism and collusion | The student who has traveled the farthest to attend SU | Someone who can name five success strategies of balancing school and other activities | Someone who can name 2 techniques for effective transition to college |
| Someone who has a birthday in the same month as yours | Someone that can clarify what is a running head | Someone who plans to work at a job off campus during the semester | Someone who can explain loan repayments | Someone who has the best definition of what it means to be a nurse |
| The student who has the most siblings of any student in the class | Someone that feels confident in deescalating an angry classmate or patient | Someone who has a relative who attended this university | Someone who can explain budgets | Someone who can articulate what is balance in academics |



<http://www.nlm.nih.gov/exhibition/picturesofnursingleducationonlineactivities20.html>

- Just like BINGO the first one to get all items/boxes compete/yell NURSE
- What did you learn?
- Where did you struggle to find someone?

SESSION 1

- > Note taking during class
 - > Did you read before class (it is important to read the assigned material prior to class)
 - > How does lecture correlate to the chapter
 - > Key points (don't try to write everything you cannot listen actively)
 - > Listen for clues
 - > This is really important
 - > As we have addressed before
 - > Illustrations on the board
 - > Repeating information
 - > Voice tone and emphasis on a topic
 - > What are some others?

- > Do you have permission to record lecture
 - > If yes this is only to fill in details of items you missed
- > Highlight terminology that you are unsure of
 - > Look up terms after class and write this done
 - > Write examples of what the term means
- > Ask for clarification if something is not making sense
 - > There is some expected knowledge you should have from reading prior to class
 - > Faculty is not there to read the textbook to you
 - > Or discuss everything in the chapters
- > Pair share notes after class
 - > Someone may clarify confusing information very well

AS SOON AS POSSIBLE AFTER CLASS

- Review notes
- Compare to textbooks
- Define terminology

ACTIVITY

Complete the following inventory: In class "I" (5 min.)

- > Questions...do you ask them
- > Text during class (even though I know it is against program policy)
- > Read prior to class
- > Take notes on the power points & highlight key concepts and things to reflect on
- > Critically think through topics about other things
- > Engage in class discussions
- > do homework for another class
- > Engage in discussion when peers ask questions

Working with your peers reflect on (30 minutes)

- > Why each of the items on the left increase your success in the course
- > Why you do not do any of the items on the list
- > If you do not do them where can you improve on incorporating them into academic life

SHARE WHAT YOUR GROUP FOUND



<http://evasimk.es.yan.co.m/files/2014/07/clip-art0020-tv000.jpg>

SESSION 2 ACADEMICS IN COLLEGE



www.shutterstock.com - 123885295

- What are responsibilities you have as a college student?
- Do you know what FERPA is?
- Class readiness

YOU ARE NOW INDEPENDENT...

- | | |
|---|---|
| <ul style="list-style-type: none">> Independence<ul style="list-style-type: none">> What is this and how does it relate to college life> Pro's> Con's | <ul style="list-style-type: none">> How will lessons learned transition into nursing practice? |
|---|---|

RESPONSIBILITY

- > Contracts
 - > Code of Conduct
 - > Student Handbook
 - > Syllabus
 - > Dress code
- > Keeping is all together
 - > What happens when you don't
 - > Keeping your commitments
 - > When you are having trouble
 - > Now what

WHAT ARE THE ROLES AND RESPONSIBILITIES OF

> Students

> Faculty

SESSION 3

> Test Taking

'Twas the Night Before
Testing

Go to bed on time.

- Scranton's require
- number 2 pencils
- Have a good eraser

5

GENERAL TEST-TAKING STRATEGIES

- Be systematic
- Work at a steady pace
- Stay focused
- Breathe



11/17/2014

- > Read the question and all answer choices before marking anything.
- > Don't spend too much time on any one question.
 - > You have about 1 minute per questions on a multiple choice/ fill in the blanks etc.

- Do not change your answers unless you are very uncertain about your first answer choice.
 - Often times students erase their correct answers
- Make sure you correlate your correct answer with the correct bubble on the Scantron

11/17/2014



Standardized Nursing Tests: How to Read and Interpret a Test Question

11/17/2014

PARTS OF AN ASSESSMENT QUESTION

- **Situation/scenario:** gives information about a clinical problem
- **Stem:** asks you something (this is what is important...what the questions is asking)
 - Assessment
 - Intervention
 - Safety
 - Priority of care
- **Options:** Choices to answer the stem
 - Picking the most inclusive answer

11/17/2014

OPTION POSITION MYTHS

- No one position is favored; A vs. B vs. C vs. D
- When in doubt – select C is a myth that item



11/17/2014

STUDYING

- Don't change your mode of success
 - If study groups work for you – continue
 - If studying alone works – continue
 - If creating a quiet study space works – continue
 - If noise keeps you alert – go for it
 - If changing your study space every couple of hours works - continue

STUDY TECHNIQUES

- Review notes often (don't wait till the week of the exam)
- Get a good nights sleep
- Don't cram
- The morning of the exam eat a good breakfast.
- **Remain Positive!**
- **Breath**
- After the exam ask if you can review the exam so you understand what was right and where you made some mistakes...

ACTIVITY

- Each group will take an NCLEX prep book
- Pick one practice test
- Using test taking techniques, as a group take one practice test
- Once finished, look at answer key
- How did you do?

BRINING IT ALL TOGETHER



- > It is hard to believe that we have finished 3 days of training.
- > Everyone come to the boards
 - > The one on the right write what you learned
 - > The one on the left what you still need help with

WHAT'S NEXT

- School starts next week
- What are your objectives for the first week

CLOSING ACTIVITY

➤ TWO TOUGH QUESTIONS

Question 1: If you knew a woman who was pregnant, who had 8 kids already, three who were deaf, two who were blind, one mentally retarded, and she had syphilis, would you recommend that she have an abortion?

Question 2: It is time to elect a new world leader, and only your vote counts. Here are the facts about the three leading candidates.

Candidate A: Associates with crooked politicians, and consults with astrologists. He's had two Mistresses. He also chain smokes and drinks 8 to 10 martinis a day.

Candidate B: He was kicked out of office twice, sleeps until noon, used opium in college and drinks a quart of whiskey every evening.

Candidate C: He is a decorated war hero. He's a vegetarian, doesn't smoke, drinks an occasional beer and never cheated on his wife.

Which of these candidates would be your choice?

A COUPLE OF ETHICAL QUESTIONS ABOUT ABORTION AND JUDGING CHARACTER

- Candidate A is Franklin D. Roosevelt.
- Candidate B is Winston Churchill.
- Candidate C is Adolph Hitler.

- And, by the way, the answer to the abortion question: If you said yes, you just killed Beethoven.

- Pretty interesting isn't it? Makes a person think before judging someone.
 - From:
<http://www.truthorfiction.com/rumors/b/beethovenabort.htm#.VGgRu8kXKzA>

THANK YOU FOR A GREAT 3 DAYS

- Please take time to fill out program assessments before you leave
- Facilitators will be here to answer any questions you have remaining
- Good luck and best wishes

Appendix B: Permission for Study

6/08/12

Dear Ms. Griswold,

You have permission to replicate the persistence section of the study. I have attached the survey that I used. Please let me know if you need anything else. Best wishes on your study. I am interested in hearing about your study and results. Model of Nursing Student Retention and Student Persistence Instrument.

Appendix C: Permission for Questionnaire

Cathy,

I am very happy to share my questionnaire with you and will be very interested in your results.

You not only have my permission to use the questionnaire, but also my permission to modify and revise to meet your research needs.

Good luck in your studies and the pursuit of your degree.

BULLYING IN NURSING EDUCATION QUESTIONNAIRE (BNEQ).

Appendix D: IRB Approval Walden University

IRB <IRB@waldenu.edu> Jun 5

to me, Boyd, Doctoral

Dear Ms. Griswold,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, " Understanding Causes of Nursing Student Attrition of First and Second Year Nursing Students."

Your approval # is 06-05-14-0058099. You will need to reference this number in your doctoral study and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on June 5, 2015. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their

occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing irb@waldenu.edu:

<http://researchcenter.waldenu.edu/Application-and-General-Materials.htm>

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, et cetera) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Please note that this letter indicates that the IRB has approved your research. You may not begin the research phase of your doctoral study, however, until you have received the **Notification of Approval to Conduct Research** e-mail. Once you have received this notification by email, you may begin your data collection.

Sincerely,

Libby Munson
Academic Program Assistant
Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: [626-605-0472](tel:626-605-0472)
Phone: [612-312-1341](tel:612-312-1341)

Office address for Walden University:
100 Washington Avenue South
Suite 900
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://researchcenter.waldenu.edu/Office-of-Research-Ethics-and-Compliance-IRB.htm>

Appendix E: IRB Approval From the University

[REDACTED]

To: Catherine M. Griswold

From: [REDACTED], IRB Chair [REDACTED]

Title: Understanding Causes of Nursing Student Attrition of First & Second Year Nursing Students

Dear Ms. Griswold

This letter is to officially notify you of the approval of your above referenced project by the Institutional Review Board at [REDACTED] University. The project has been approved by the Chair and the Human Protections Officer.

It is the IRB's opinion that you have provided adequate safeguards for the rights and welfare of the participants in this study. Your proposal seems to be in compliance with this institution's Federal Wide Assurance 00011347 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as **Exempt**.

Date of review:

You are authorized to implement this study as of May 16, 2014. This approval is valid until May 15, 2015.

Sincerely,

[REDACTED]

[REDACTED]
Chair, Institutional Review Board

[REDACTED]

Appendix F: Letter of Cooperation From the University

[REDACTED]

April 15, 2014

Catherine Griswold, RN, MSN
Walden University
650 S. Exeter St.
Baltimore, MD 21202

Dear Catherine,

Based on my recent review of your research proposal, I give permission for you to conduct the study regarding attrition of nursing students within [REDACTED]. As part of this study, I authorize you to recruit a convenience sample of nursing students who are currently enrolled, those who were academically unsuccessful in the program, and nursing students who withdrew voluntarily for nonacademic reasons. I understand that the study will be open to all baccalaureate nursing students as well as former nursing students. You will use the [REDACTED] Nursing Student Retention and Student Persistence Instrument and the [REDACTED] survey which studies student perception of bullying behavior. Student participation will be voluntary and at their own discretion.

We understand that [REDACTED] will provide needed personnel, rooms, and project supervision while surveys are being conducted on site. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am an authorized official in approving this research and I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

[REDACTED]

[REDACTED]
Interim Department Chair, Nursing
[REDACTED]

[REDACTED]

Appendix G: Research Announcement

Announcement seeking participants in research:

Understanding Causes of Nursing Student Attrition of First and Second Year Nursing Students

June 17, 2014

Dear Sir/Madam,

My name is Catherine M. Griswold, RN, MSN, CLNC, [REDACTED] University. I am a doctoral student at Walden University in The Ed.S. in Administrator Leadership for Teaching and Learning program.

I am seeking participants for my survey related to my research on *Understanding Causes of Nursing Student Attrition of First and Second Year Nursing Students*. The goal of this study is to understand the perceptions of nursing students, specifically how students persist or which factors cause departure from the nursing program.

I am writing to request your participation in this study. With your help I can meet the study goals, creating a better nursing education system for nursing students.

If you agree to participate, please proceed to the survey monkey link

<https://www.surveymonkey.com/s/Z2R69NC>

to complete a survey questionnaire (which will take approximately 10-20 minutes) regarding your experience as a nursing student here at the University. The survey will be open for two weeks June 17, 2014 to July 1, 2014.

The information you provide will be kept confidential. It will not include your name or any other identifying information. The raw data will analyzed by me. No one at the university will see your answers. Outcomes from the survey will be presented to university stakeholders at the end of my doctoral program.

If you would like more information about the research, please feel free to contact me at catherine.griswold@waldenu.edu. I appreciate your involvement in this research.

Sincerely,

Catherine M. Griswold, RN, MSN, CLNC, CNE

Appendix H: Copy of Survey Monkey

Consent to Participate

CONSENT FORM

You are invited to take part in a research study of Understanding Causes of Nursing Student Attrition of First and Second Year Nursing Students. The goal of this study is to understand the perceptions of nursing students, specifically how students persist or which factors cause departure from the nursing program.

The researcher is inviting current and former nursing students at [REDACTED] University to participate in this study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Catherine M. Griswold. You may already know the researcher as an Assistant Professor, but this study is separate from that role.

Background Information:

The purpose of this study is to determine if nursing student attrition is affected by student issues which include both academic issues and nonacademic stressors. Additionally, the researcher seeks to determine if students perceive that they are bullied in the nursing program. Specifically, the researcher seeks to determine if student attrition is affected by perceived negative or hostile behavior.

Procedures:

If you agree to be in this study, you will be asked to:

- Answer questions in survey monkey
- The survey is available for 14 days. The survey should only take about 20 minutes to complete.
- Many of the questions are Likert questions.

Here are some sample questions:

Most faculty members:

1. Know if students understand what is being taught.
2. Demonstrate respect for students.
3. Set challenging but attainable goals for students.

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Stevenson University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind during the study. You may stop at any time. There is no compensation for participating in this survey.

Risks and Benefits of Being in the Study: There may be minimal risks associated with this study.

a) Anyone taking this survey who feels any form of stress or distress may contact the wellness center at the university. All information regarding services at the wellness center is confidential. The wellness center b) Additionally, any student who feels that there is an economic circumstance related to participating in the study may contact the researcher at: Catherine.griswold@waldenu.edu.

Consent to Participate

The study's potential benefits:

The growing national nursing shortage requires an increase of about 3% graduating nurses to fill the expected needs of the aging population. The goal of this research is to understand the complex issues which lead to high attrition levels. Once data are obtained, modification and or additional recommendations will be made to reduce attrition.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Data will be kept secure by the researcher on her personal computer and external hard drive which is password protected and only the researcher will have access to information. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email; catherine.griswold@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 3121210. The IRB approval number is 06-05-14-0058099.

Please print or save this consent form for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a

decision about my involvement. By clicking the link below, I understand that I am agreeing to the terms described above.

Educational Research

Thank you for agreeing to participate in this study.

Please respond to the following question by clicking the appropriate answer.

1. Are you currently a nursing student?

- Yes
- No

INSTRUCTIONS: Please answer each question below by clicking the appropriate response or writing your answer in the blank as indicated.

2. How old are you?

How old are you?

3. What is your gender?

- Female
- Male

4. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Never married

5. What is your ethnicity? (Please select all that apply.)

- Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic

- Native Hawaiian or Other Pacific Islander
- White
- Two or more races

6. Do you have dependent children living in your home?

- Yes
- No

7. Are you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)?

- Yes
- No

8. How would you describe your financial resources in meeting necessities?

- Much less than adequate
- Less than adequate
- Adequate
- More than adequate
- Much more than adequate

9. What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

- No financial aid
- Loan
- Grant
- Partial employer reimbursement
- Full employer reimbursement
- Scholarship

Other (please specify)

10. How many hours a week are you employed?

- Not employed
- Less than 10
- 10 to 19
- 20 to 29

30 or more

11. How many credits are you taking this semester?

12. Do you reside on-campus or off-campus?

On-Campus

Off- Campus

13. What was the highest level of education that you completed prior to entering your nursing program?

GED

High school diploma

Post high school certificate (please specify below)

Associate degree

Baccalaureate degree

Master's degree or higher

Post high school certificate (please specify)

14. What is the highest level of education that you expect to complete?

Less than Associate Degree

Associate Degree

Baccalaureate Degree

Master's Degree

Doctoral Degree

15. What was the highest level of education completed by your mother?

Did not complete high school

High school diploma

Post high school certificate

Associate degree

Baccalaureate degree

Master's degree or higher

16. What was the highest level of education completed by your father?

- Did not complete high school
- High school diploma
- Post high school certificate
- Associate degree
- Baccalaureate degree
- Master's degree or higher

17. Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0)

- 3.6 to 4.0
- 3.1 to 3.5
- 2.6 to 3.0
- 2.1 to 2.5
- 1.6 to 2.0
- 1.1 to 1.5
- 1.0 or less

18. Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0)

- 3.6 to 4.0
- 3.1 to 3.5
- 2.6 to 3.0
- 2.1 to 2.5
- 1.6 to 2.0
- 1.1 to 1.5
- 1.0 or less

19. What grade did you receive for the nursing course you took last semester?

- A or A-
- B+, B, or B-
- C+, C, or C-
- D+, D, or D-
- F

20. Have you withdrawn from your nursing program at any time since your original entry?

- Yes
- No

INSTRUCTIONS: Please indicate the correct response for each question.

21. At what point in the program did the withdrawal occur?

- 1st year
- 2nd year
- 3rd year
- 4th year

Other (please specify)

22. When you left the nursing program was it:

- Your choice
- Not your choice

23. What was the primary reason for your permanent or temporary withdrawal? (Choose the reason that was MOST significant in leading to your withdrawal.)

- Academic difficulty
- Financial reasons
- Family responsibility
- Health problems
- Too difficult to manage work and school
- No longer wanted to be a nurse

Other (please specify)

24. How long after the withdrawal did you re-enter a nursing program?

- Less than 1 year
- 1 year to 2 years
- More than 2 years

25. Did you return to the same nursing program or to a different program?

- Same program
- Different program

INSTRUCTIONS: Please answer each question below by clicking the appropriate response or writing your answer in the blank as indicated.

Answer the questions according to your status during the last semester that you were enrolled as a nursing student. For example, if you are now 30 years old, but were 29 during the last semester as a student, answering the next question by writing "29"

26. What was your age?

27. What is your gender?

- Female
- Male

28. What was your marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed

29. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White / Caucasian

30. Did you have dependent children living in the home?

- Yes
- No

31. Were you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)?

- Yes
- No

32. How would you describe your financial resources in meeting necessities at the time of your enrollment?

- Much less than adequate
- Less than adequate
- Adequate
- More than Adequate

Much more than Adequate

33. What sources of financial aid were available to you for your education? Indicate ALL applicable sources.

No financial aid

Loan

Grant

Partial employer reimbursement

Full employer reimbursement

Scholarship

Other (please specify)

34. How many hours a week were you employed?

Not employed

Less than 10

10 to 19

20 to 29

30 or more

35. How many credits were you taking during the last semester that you were enrolled?

36. Did you reside on-campus or off-campus?

On-campus

Off-campus

37. What was the highest level of education that you completed prior to entering your nursing program?

GED

High school diploma

Post high school certificate (please specify below)

Associate degree

Baccalaureate degree

Master's degree or higher

Post high school certificate (please specify)

38. What is the highest level of education that you expect to complete?

- Less than Associate Degree
- Associate Degree
- Baccalaureate Degree
- Master's Degree
- Doctoral Degree

39. What was the highest level of education completed by your mother?

- Did not complete high school
- High school diploma
- Post high school certificate
- Associate degree
- Baccalaureate degree
- Master's degree or higher

40. What was the highest level of education completed by your father?

- Did not complete high school
- High school diploma
- Post high school certificate
- Associate degree
- Baccalaureate degree
- Master's degree or higher

41. Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0)

- 3.6 to 4.0
- 3.1 to 3.5
- 2.6 to 3.0
- 2.1 to 2.5
- 1.6 to 2.0
- 1.1 to 1.5
- 1.0 or less

42. Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0)

- (A=4.0, B=3.0, C=2.0, D=1.0) 3.6 to 4.0
- 3.1 to 3.5
- 2.6 to 3.0
- 2.1 to 2.5
- 1.6 to 2.0
- 1.1 to 1.5
- 1.0 or less

43. What grade did you receive for the last nursing course you took?

- A or A-
- B+, B, or B-
- C+, C, or C-
- D+, D, or D-
- F
- Did not complete the course

If you did not complete the course, what was your grade at the time you withdrew?

44. At what point in your nursing program did you leave the program?

- 1st year
- 2nd year
- 3rd year
- 4th year

45. When you left the nursing program was it:

- Your choice
- Not your choice

46. What was the primary reason for your withdrawal? (Choose the reason that was MOST significant in leading to your withdrawal.)

- Academic difficulty
- Financial reasons
- Family responsibility
- Health problems
- Too difficult to manage work and school

No longer wanted to be a nurse

Other (please specify)

47. Since leaving the nursing program, have you started, or do you plan to pursue, a course of study other than nursing?

Yes

No

If yes, please specify the course of study. Is it at the same or a different school?

INSTRUCTIONS: Think about faculty members in your nursing program. (If you are no longer in a nursing program, think back to the faculty members from your prior nursing program.) Indicate how much you agree or disagree with each of the following statements by choosing the appropriate response.

Most faculty members...

48. Know if students understand what is being taught.

Strongly Disagree

Disagree

Uncertain

Agree

Strongly Agree

49. Demonstrate respect for students.

Strongly Disagree

Disagree

Uncertain

Agree

Strongly Agree

50. Set challenging but attainable goals for students.

Strongly Disagree

Disagree

Uncertain

Agree

Strongly Agree

51. Acknowledge when students have done well.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

52. Are helpful in new situations without taking over.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

53. Stress important concepts.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

54. Are approachable.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

55. Correct students without belittling them.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

56. Listen to students.

- Strongly Disagree

- Disagree
 - Uncertain
 - Agree
 - Strongly Agree
57. Can be trusted.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
58. Give helpful feedback on student assignments.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
59. Are open to different points of view.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
60. Encourage students to ask questions.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
61. Provide assistance outside of class.
- Strongly Disagree
 - Disagree
 - Uncertain

- Agree
- Strongly Agree

62. Vary teaching methods to meet student needs.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

63. Make expectations clear.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

64. Are patient with students.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

65. Are good role models for students.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

66. Are realistic in expectations.

- Strongly Disagree
- Disagree

- Uncertain
 - Agree
 - Strongly Agree
67. Present information clearly.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
68. Clarify information that is not understood.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
69. Have a genuine interest in students.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
70. Provide study guides and written materials.
- Strongly Disagree
 - Disagree
 - Uncertain
 - Agree
 - Strongly Agree
71. Demonstrate confidence in students.
- Strongly Disagree
 - Disagree
 - Uncertain

- Agree
- Strongly Agree

INSTRUCTIONS: Click the answer that most closely corresponds with how well you think you can do each of the following:

72. Finish assignments by deadlines.

- Not well at all
- Not too well
- Pretty well
- Very well

73. Study when there are other interesting things to do.

- Not at all well
- Not too well
- Pretty well
- Very well

74. Concentrate on courses.

- Not well at all
- Not too well
- Pretty well
- Very well

75. Take class notes.

- Not well at all
- Not too well
- Pretty well
- Very well

76. Use the library to get information for assignments.

- Not well at all
- Not too well
- Pretty well
- Very well

77. Plan your coursework.

- Not well at all

- Not too well
- Pretty well
- Very well

78. Organize your coursework.

- Not well at all
- Not too well
- Pretty well
- Very well

79. Remember information presented in class and textbooks.

- Not well at all
- Not too well
- Pretty well
- Very well

80. Arrange a place to study without distractions.

- Not well at all
- Not too well
- Pretty well
- Very well

81. Motivate yourself to do coursework.

- Not well at all
- Not too well
- Pretty well
- Very well

82. Participate in class discussions.

- Not well at all
- Not too well
- Pretty well
- Very well

INSTRUCTIONS: Please indicate how much you agree or disagree with each of the following statements, by clicking the appropriate response.

83. With a bachelor's degree in nursing I would be respected by others.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
84. I worry that I would not be able to deal with the death of a patient.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
85. A career in nursing would allow me time for a family, friends, and leisure activities.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
86. A bachelor's degree in nursing would provide me with strong relationships with other people.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
87. The public generally has a low opinion of people in the nursing profession.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
88. A bachelor's degree in nursing would allow me to obtain a well-paying job.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

89. I worry that I would not be able to pass the licensure exam to become an RN.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

90. I worry that employers would doubt my competence.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

91. I worry that nursing would be too physically and emotionally draining to handle.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

92. I worry that I would not be able to make the correct ethical choices about patients' needs.

- Strongly Disagree
- Disagree
- Neutral
- Agree

- Strongly Agree
93. With a bachelor's degree in nursing I would always be assured of a job.
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
94. I believe that I would practice competently as a registered nurse.
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
95. A bachelor's degree in nursing would allow me to work with people in a very constructive way.
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Listed below are 12 behaviors that are identified as "bullying behaviors." Under each behavior are categories of personnel that you may have encountered in your classroom or clinical coursework who exhibited one or more of these behaviors. **INSTRUCTIONS:** During the past year, mark the response that best fits the frequency of behavior you experienced for each category of person. (If you have left nursing, answer according to your last year in the program.)

96. Yelling or shouting in rage

| | Never | Seldom | Intermittent | Frequent | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| School of Nursing (SON) Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital/Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON/Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

97. Inappropriate, nasty, rude or hostile behavior

| | Never | Seldom | Intermittent | Frequent | Always |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

98. Belittling or humiliating behavior

| | Never | Seldom | Intermittent | Frequent | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

99. Spreading of malicious rumors or gossip

| | Never | Seldom | Intermittent | Frequent | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

100. Cursing or swearing

| | Never | Seldom | Intermittent | Frequent | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Never | Seldom | Intermittent | Frequent | Always |
|-----------------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

101. Negative or disparaging remarks about becoming a nurse

| | Never | Seldom | Intermittent | Frequent | Always |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

102. Assignments, tasks, work, or rotation responsibilities made for punishment, rather than education purposes

| | Never | Seldom | Intermittent | Frequent | Always |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

103. A bad grade given as a punishment

| | Never | Seldom | Intermittent | Frequent | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

104. Hostility after or failure to acknowledge significant clinical, research or academic accomplishment

| | Never | Seldom | Intermittent | Frequent | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

105. Actual threats of physical or verbal acts of aggression

| | Never | Seldom | Intermittent | Frequent | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Never | Seldom | Intermittent | Frequent | Always |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

106. Being ignored or physically isolated

| | Never | Seldom | Intermittent | Frequent | Always |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

107. Unmanageable workloads or unrealistic deadlines

| | Never | Seldom | Intermittent | Frequent | Always |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SON Classmate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Faculty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital / Clinic Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Hospital Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient Relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SON / Hospital Guest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you answered "Never" to all questions on p. 8, skip to p. 10. Otherwise, answer the following question by indicating ALL that are applicable.

108. To cope with the bullying behaviors I experienced, I

- did nothing.
- put up barriers.
- pretended not to see the behavior.
- reported the behavior to a superior/authority.
- went to a doctor.
- perceived the behavior as a joke.
- demonstrated similar behavior.
- shouted or snapped at the bully.
- warned the bully not to do it again.
- spoke directly to the bully.
- increased my use of unhealthy coping behaviors (smoking, overeating, increased alcohol consumption).

This is the end of the survey. Thank you for your participation.

Appendix I: Results From Survey

Are you currently a nursing student?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | Yes | 30 | 75.0 | 75.0 | 75.0 |
| | No | 10 | 25.0 | 25.0 | 100.0 |
| | Total | 40 | 100.0 | 100.0 | |

What is your gender?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | Female | 33 | 82.5 | 94.3 | 94.3 |
| | Male | 2 | 5.0 | 5.7 | 100.0 |
| | Total | 35 | 87.5 | 100.0 | |
| Missing | System | 5 | 12.5 | | |
| Total | | 40 | 100.0 | | |

Which of the following best describes your current relationship status?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|---|-----------|---------|---------------|--------------------|
| Valid | Married | 13 | 32.5 | 36.1 | 36.1 |
| | Divorced | 2 | 5.0 | 5.6 | 41.7 |
| | Single, but cohabiting with a significant other | 1 | 2.5 | 2.8 | 44.4 |
| | Never married | 20 | 50.0 | 55.6 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Do you have dependent children living in your home?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | Yes | 4 | 10.0 | 11.1 | 11.1 |
| | No | 32 | 80.0 | 88.9 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Are you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | Yes | 4 | 10.0 | 11.1 | 11.1 |
| | No | 32 | 80.0 | 88.9 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

How would you describe your financial resources in meeting necessities?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------------------|-----------|---------|---------------|--------------------|
| Valid | Much less than adequate | 1 | 2.5 | 2.8 | 2.8 |
| | Less than adequate | 3 | 7.5 | 8.3 | 11.1 |
| | Adequate | 26 | 65.0 | 72.2 | 83.3 |
| | More than adequate | 3 | 7.5 | 8.3 | 91.7 |
| | Much more than adequate | 3 | 7.5 | 8.3 | 100.0 |
| | Total | | 36 | 90.0 | 100.0 |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------------|-----------|---------|---------------|--------------------|
| Valid | No financial aid | 3 | 7.5 | 100.0 | 100.0 |
| Missing | System | 37 | 92.5 | | |
| Total | | 40 | 100.0 | | |

What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | Loan | 21 | 52.5 | 100.0 | 100.0 |
| Missing | System | 19 | 47.5 | | |
| Total | | 40 | 100.0 | | |

What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | Grant | 15 | 37.5 | 100.0 | 100.0 |
| Missing | System | 25 | 62.5 | | |
| Total | | 40 | 100.0 | | |

What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------------------------|-----------|---------|---------------|--------------------|
| Valid | Partial employer reimbursement | 8 | 20.0 | 100.0 | 100.0 |
| Missing | System | 32 | 80.0 | | |
| Total | | 40 | 100.0 | | |

What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-----------------------------|-----------|---------|---------------|--------------------|
| Valid | Full employer reimbursement | 1 | 2.5 | 100.0 | 100.0 |
| Missing | System | 39 | 97.5 | | |
| Total | | 40 | 100.0 | | |

What sources of financial aid are available to you for your education? Indicate ALL applicable sources.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------|-----------|---------|---------------|--------------------|
| Valid | Scholarship | 25 | 62.5 | 100.0 | 100.0 |
| Missing | System | 15 | 37.5 | | |
| Total | | 40 | 100.0 | | |

Do you reside on-campus or off-campus?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------|-----------|---------|---------------|--------------------|
| Valid | On-Campus | 17 | 42.5 | 47.2 | 47.2 |
| | Off- Campus | 19 | 47.5 | 52.8 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

What was the highest level of education that you completed prior to entering your nursing program?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|---|-----------|---------|---------------|--------------------|
| Valid | High school diploma | 26 | 65.0 | 72.2 | 72.2 |
| | Post high school certificate (please specify below) | 1 | 2.5 | 2.8 | 75.0 |
| | Associate degree | 5 | 12.5 | 13.9 | 88.9 |
| | Baccalaureate degree | 4 | 10.0 | 11.1 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

What is the highest level of education that you expect to complete?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|----------------------|-----------|---------|---------------|--------------------|
| Valid | Associate Degree | 1 | 2.5 | 2.8 | 2.8 |
| | Baccalaureate Degree | 11 | 27.5 | 30.6 | 33.3 |
| | Master's Degree | 14 | 35.0 | 38.9 | 72.2 |
| | Doctoral Degree | 10 | 25.0 | 27.8 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

What was the highest level of education completed by your mother?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------------------------|-----------|---------|---------------|--------------------|
| Valid | Did not complete high school | 1 | 2.5 | 2.8 | 2.8 |
| | High school diploma | 14 | 35.0 | 38.9 | 41.7 |
| | Post high school certificate | 3 | 7.5 | 8.3 | 50.0 |
| | Associate degree | 8 | 20.0 | 22.2 | 72.2 |
| | Baccalaureate degree | 5 | 12.5 | 13.9 | 86.1 |
| | Master's degree or higher | 5 | 12.5 | 13.9 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

What was the highest level of education completed by your father?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------------------------|-----------|---------|---------------|--------------------|
| Valid | Did not complete high school | 2 | 5.0 | 5.6 | 5.6 |
| | High school diploma | 19 | 47.5 | 52.8 | 58.3 |
| | Post high school certificate | 5 | 12.5 | 13.9 | 72.2 |
| | Associate degree | 4 | 10.0 | 11.1 | 83.3 |
| | Baccalaureate degree | 6 | 15.0 | 16.7 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| | 3.6 to 4.0 | 20 | 50.0 | 55.6 | 55.6 |
| | 3.1 to 3.5 | 12 | 30.0 | 33.3 | 88.9 |
| Valid | 2.6 to 3.0 | 3 | 7.5 | 8.3 | 97.2 |
| | 2.1 to 2.5 | 1 | 2.5 | 2.8 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| | 3.6 to 4.0 | 20 | 50.0 | 57.1 | 57.1 |
| | 3.1 to 3.5 | 13 | 32.5 | 37.1 | 94.3 |
| Valid | 2.6 to 3.0 | 1 | 2.5 | 2.9 | 97.1 |
| | 2.1 to 2.5 | 1 | 2.5 | 2.9 | 100.0 |
| | Total | 35 | 87.5 | 100.0 | |
| Missing | System | 5 | 12.5 | | |
| Total | | 40 | 100.0 | | |

What grade did you receive for the nursing course you took last semester?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | A or A- | 13 | 32.5 | 37.1 | 37.1 |
| | B+, B, or B- | 17 | 42.5 | 48.6 | 85.7 |
| | C+, C, or C- | 2 | 5.0 | 5.7 | 91.4 |
| | D+, D, or D- | 1 | 2.5 | 2.9 | 94.3 |
| | 6.00 | 2 | 5.0 | 5.7 | 100.0 |
| | Total | 35 | 87.5 | 100.0 | |
| Missing | System | 5 | 12.5 | | |
| Total | | 40 | 100.0 | | |

Descriptive Statistics

| | N | Minimum | Maximum | Mean | Std. Deviation |
|--------------------|----|---------|---------|-------|----------------|
| How old are you? | 34 | 18 | 55 | 24.29 | 9.434 |
| Valid N (listwise) | 34 | | | | |

How many hours a week are you employed?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Not employed | 9 | 22.5 | 25.0 | 25.0 |
| | Less than 10 | 3 | 7.5 | 8.3 | 33.3 |
| | 10 to 19 | 7 | 17.5 | 19.4 | 52.8 |
| | 20 to 29 | 6 | 15.0 | 16.7 | 69.4 |
| | 30 or more | 11 | 27.5 | 30.6 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

Ethnicity

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|----------|-----------|---------|---------------|-----------------------|
| Valid | Black | 13 | 32.5 | 36.1 | 36.1 |
| | White | 22 | 55.0 | 61.1 | 97.2 |
| | Biracial | 1 | 2.5 | 2.8 | 100.0 |
| | Total | 36 | 90.0 | 100.0 | |
| Missing | System | 4 | 10.0 | | |
| Total | | 40 | 100.0 | | |

For Nursing Students

Have you withdrawn from your nursing program at any time since your original entry?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|-----------------------|
| Valid | Yes | 1 | 2.5 | 3.6 | 3.6 |
| | No | 27 | 67.5 | 96.4 | 100.0 |
| | Total | 28 | 70.0 | 100.0 | |
| Missing | System | 12 | 30.0 | | |
| Total | | 40 | 100.0 | | |

At what point in the program did the withdrawal occur?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|----------|-----------|---------|---------------|-----------------------|
| Valid | 1st year | 1 | 2.5 | 100.0 | 100.0 |
| Missing | System | 39 | 97.5 | | |
| Total | | 40 | 100.0 | | |

When you left the nursing program was it:

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------|-----------|---------|---------------|--------------------|
| Valid | Your choice | 1 | 2.5 | 100.0 | 100.0 |
| Missing | System | 39 | 97.5 | | |
| Total | | 40 | 100.0 | | |

How long after the withdrawal did you re-enter a nursing program?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------------|-----------|---------|---------------|--------------------|
| Valid | More than 2 years | 1 | 2.5 | 100.0 | 100.0 |
| Missing | System | 39 | 97.5 | | |
| Total | | 40 | 100.0 | | |

Did you return to the same nursing program or to a different program?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Same program | 1 | 2.5 | 100.0 | 100.0 |
| Missing | System | 39 | 97.5 | | |
| Total | | 40 | 100.0 | | |

For Non-Nursing Students

For Non-Nursing Students: At what point in your nursing program did you leave the program?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|----------|-----------|---------|---------------|--------------------|
| Valid | 1st year | 2 | 5.0 | 33.3 | 33.3 |
| | 2nd year | 4 | 10.0 | 66.7 | 100.0 |
| | Total | 6 | 15.0 | 100.0 | |
| Missing | System | 34 | 85.0 | | |
| Total | | 40 | 100.0 | | |

When you left the nursing program was it:

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-----------------|-----------|---------|------------------|--------------------|
| Valid | Your choice | 4 | 10.0 | 66.7 | 66.7 |
| | Not your choice | 2 | 5.0 | 33.3 | 100.0 |
| | Total | 6 | 15.0 | 100.0 | |
| Missing | System | 34 | 85.0 | | |
| Total | | 40 | 100.0 | | |

What was the primary reason for your withdrawal? (Choose the reason that was MOST significant in leading to your withdrawal.)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------------------------|-----------|---------|------------------|--------------------|
| Valid | Academic difficulty | 3 | 7.5 | 75.0 | 75.0 |
| | No longer wanted to be a nurse | 1 | 2.5 | 25.0 | 100.0 |
| | Total | 4 | 10.0 | 100.0 | |
| Missing | System | 36 | 90.0 | | |
| Total | | 40 | 100.0 | | |

Other reasons for withdrawal (please specify)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| | | 38 | 95.0 | 95.0 | 95.0 |
| Valid | My advisor told me my B- in anatomy wasn't good enough and to look at another major Stevenson faculty | 1 | 2.5 | 2.5 | 97.5 |
| | Total | 40 | 100.0 | 100.0 | 100.0 |

Since leaving the nursing program, have you started, or do you plan to pursue, a course of study other than nursing?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | Yes | 5 | 12.5 | 83.3 | 83.3 |
| | No | 1 | 2.5 | 16.7 | 100.0 |
| | Total | 6 | 15.0 | 100.0 | |
| Missing | System | 34 | 85.0 | | |
| Total | | 40 | 100.0 | | |

If yes, please specify the course of study. Is it at the same or a different school?

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| | 35 | 87.5 | 87.5 | 87.5 |
| Biology | 1 | 2.5 | 2.5 | 90.0 |
| Business Communications at a different school | 1 | 2.5 | 2.5 | 92.5 |
| Education at Stevenson University | 1 | 2.5 | 2.5 | 95.0 |
| Valid I decided on interdisciplinary studies and I chose to combine Biology and psychology. I still attend the same university. | 1 | 2.5 | 2.5 | 97.5 |
| International Studies at American University | 1 | 2.5 | 2.5 | 100.0 |
| Total | 40 | 100.0 | 100.0 | |

Discriminant Analysis

| | | Group Statistics | | | |
|--------------------------------------|--|------------------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | n | | Unweighted | Weighted |
| Yes | What was the highest level of education that you completed prior to entering your nursing program? | 2.8214 | 1.18801 | 28 | 28.000 |
| No | What was the highest level of education that you completed prior to entering your nursing program? | 2.0000 | .00000 | 8 | 8.000 |
| Total | What was the highest level of education that you completed prior to entering your nursing program? | 2.6389 | 1.09942 | 36 | 36.000 |

Analysis 1**Summary of Canonical Discriminant Functions**

| Function | Eigenvalues | | | Canonical Correlation |
|----------|-------------------|---------------|--------------|-----------------------|
| | Eigenvalue | % of Variance | Cumulative % | |
| 1 | .110 ^a | 100.0 | 100.0 | .315 |

a. First 1 canonical discriminant functions were used in the analysis.

| Test of Function(s) | Wilks's Lambda | | | |
|---------------------|----------------|------------|----|------|
| | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .901 | 3.501 | 1 | .061 |

Discriminant Analysis

| Are you currently a nursing student? | | Group Statistics | | | |
|--------------------------------------|---|------------------|----------------|--------------------|----------|
| | | Mean | Std. Deviation | Valid N (listwise) | Weighted |
| Yes | What was the highest level of education completed by your mother? | 3.6071 | 1.52362 | 28 | 28.000 |
| | What was the highest level of education completed by your father? | 3.0357 | 1.29048 | 28 | 28.000 |
| No | What was the highest level of education completed by your mother? | 3.0000 | 1.60357 | 8 | 8.000 |
| | What was the highest level of education completed by your father? | 2.0000 | .53452 | 8 | 8.000 |
| Total | | 3.4722 | 1.53969 | 36 | 36.000 |

| | | | | |
|---|--------|---------|----|--------|
| What was the highest level of education completed by your mother? | | | | |
| What was the highest level of education completed by your father? | 2.8056 | 1.23796 | 36 | 36.000 |

Analysis 1

Box's Test of Equality of Covariance Matrices

Log Determinants

| Are you currently a nursing student? | Rank | Log Determinant |
|--------------------------------------|------|-----------------|
| Yes | 2 | 1.209 |
| No | 2 | -.596 |
| Pooled within-groups | 2 | 1.045 |

Test Results

| | | |
|---------|---------|----------|
| Box's M | | 7.065 |
| F | Approx. | 2.096 |
| | df1 | 3 |
| | df2 | 2345.750 |
| | Sig. | .099 |

Summary of Canonical Discriminant Functions

| Function | Eigenvalues | | | Canonical Correlation |
|----------|-------------------|---------------|--------------|-----------------------|
| | Eigenvalue | % of Variance | Cumulative % | |
| 1 | .143 ^a | 100.0 | 100.0 | .354 |

a. First 1 canonical discriminant functions were used in the analysis.

| Wilks's Lambda | | | | |
|-----------------------|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .875 | 4.418 | 2 | .110 |

| Group Statistics | | | | | |
|--------------------------------------|--|--------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | | | Unweighted | Weighted |
| Yes | Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.6071 | .83174 | 28 | 28.000 |
| | Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.3571 | .48795 | 28 | 28.000 |
| | What grade did you receive for the nursing course you took last semester? | 1.5357 | .50787 | 28 | 28.000 |
| No | Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.4286 | .53452 | 7 | 7.000 |
| | Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0) | 2.1429 | 1.06904 | 7 | 7.000 |
| | What grade did you receive for the nursing course you took last semester? | 3.7143 | 1.70434 | 7 | 7.000 |
| Total | Which of the following is closest to your high school grade point average? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.5714 | .77784 | 35 | 35.000 |
| | Which of the following is closest to your college grade point average, including nursing and non-nursing courses? (A=4.0, B=3.0, C=2.0, D=1.0) | 1.5143 | .70174 | 35 | 35.000 |
| | What grade did you receive for the nursing course you took last semester? | 1.9714 | 1.22440 | 35 | 35.000 |

Analysis 1**Box's Test of Equality of Covariance Matrices**

| Log Determinants | | |
|--------------------------------------|---------------|-----------------|
| Are you currently a nursing student? | Rank | Log Determinant |
| Yes | 3 | -3.591 |
| No | 3 | -.569 |
| Pooled within-groups | 3 | -1.739 |
| Test Results | | |
| Box's M | 42.983 | |
| F | Approx. 5.755 | |
| | df1 6 | |
| | df2 680.030 | |
| | Sig. .000 | |

Summary of Canonical Discriminant Functions

| Function | Eigenvalues | | | Canonical Correlation |
|----------|--------------------|---------------|--------------|-----------------------|
| | Eigenvalue | % of Variance | Cumulative % | |
| 1 | 1.342 ^a | 100.0 | 100.0 | .757 |

a. First 1 canonical discriminant functions were used in the analysis.

| Test of Function(s) | Wilks's Lambda | | | |
|---------------------|-----------------------|------------|----|------|
| | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .427 | 26.811 | 3 | .000 |

Crosstabs

| | | Are you currently a nursing student? * Which of the following best describes your current relationship status? Cross tabulation | | | | |
|--------------------------------------|---|--|----------|--------------------------|---------------|--------|
| | | Which of the following best describes your current relationship status? | | | | |
| | | Married | Divorced | Single, but with another | Never married | |
| Are you currently a nursing student? | Y | Count | 5 | 2 | 1 | 20 |
| | es | Expected Count | 10.1 | 1.6 | .8 | 15.6 |
| | | % within Are you currently a nursing student? | 17.9% | 7.1% | 3.6% | 71.4% |
| | | % within Which of the following best describes your current relationship status? | 38.5% | 100.0% | 100.0% | 100.0% |
| | | Std. Residual | -1.6 | .4 | .3 | 1.1 |
| | N | Count | 8 | 0 | 0 | 0 |
| | o | Expected Count | 2.9 | .4 | .2 | 4.4 |
| | | % within Are you currently a nursing student? | 100.0% | 0.0% | 0.0% | 0.0% |
| | | % within Which of the following best describes your current relationship status? | 61.5% | 0.0% | 0.0% | 0.0% |
| | | Std. Residual | 3.0 | -.7 | -.5 | -2.1 |
| Total | Count | 13 | 2 | 1 | 20 | |
| | Expected Count | 13.0 | 2.0 | 1.0 | 20.0 | |
| | % within Are you currently a nursing student? | 36.1% | 5.6% | 2.8% | 55.6% | |

| | | | | |
|------------------------|-------|-------|-------|--------|
| student? | | | | |
| % within Which of the | 100.0 | 100.0 | 100.0 | 100.0% |
| following best | % | % | % | |
| describes your current | | | | |
| relationship status? | | | | |

Are you currently a nursing student? * Which of the following best describes your current relationship status? Cross tabulation

| | | Total | |
|--|---------------------------|----------------------------|--|
| Are you currently a nursing student? | Ye | Count | |
| | | 28 | |
| | s | Expected Count | |
| | | 28.0 | |
| | | % within Are you currently | |
| | | 100.0% | |
| | | % within Which of the | |
| | | 77.8% | |
| | | following best describes | |
| | | your current relationship | |
| | status? | | |
| | Std. Residual | | |
| | No | Count | |
| | | 8 | |
| | | Expected Count | |
| | | 8.0 | |
| | | % within Are you currently | |
| | | 100.0% | |
| | | % within Which of the | |
| | | 22.2% | |
| | | following best describes | |
| | | your current relationship | |
| | | status? | |
| | | Std. Residual | |
| Total | | Count | |
| | | 36 | |
| | | Expected Count | |
| | | 36.0 | |
| | | % within Are you currently | |
| | 100.0% | | |
| | % within Which of the | | |
| | 100.0% | | |
| | following best describes | | |
| | your current relationship | | |
| | status? | | |

| Chi-Square Tests | | | |
|------------------------------|---------------------|----|-----------------------|
| | Value | df | Asymp. Sig. (2-sided) |
| Pearson Chi-Square | 18.198 ^a | 3 | .000 |
| Likelihood Ratio | 20.816 | 3 | .000 |
| Linear-by-Linear Association | 15.899 | 1 | .000 |
| N of Valid Cases | 36 | | |

| Symmetric Measures | | | |
|---------------------------|------------|-------|--------------|
| | | Value | Approx. Sig. |
| Nominal by Nominal | Phi | .711 | .000 |
| | Cramer's V | .711 | .000 |
| N of Valid Cases | | 36 | |

Crosstabs

Are you currently a nursing student? * Do you have dependent children living in your home?

| Crosstab | | | | | |
|--------------------------------------|-------|--|--------|--------|--------|
| | | Do you have dependent children living in your home? | | Total | |
| | | Yes | No | | |
| Are you currently a nursing student? | Yes | Count | 4 | 24 | 28 |
| | | Expected Count | 3.1 | 24.9 | 28.0 |
| | | % within Are you currently a nursing student? | 14.3% | 85.7% | 100.0% |
| | | % within Do you have dependent children living in your home? | 100.0% | 75.0% | 77.8% |
| | | Std. Residual | .5 | -.2 | |
| No | Count | 0 | 8 | 8 | |
| | | Expected Count | .9 | 7.1 | 8.0 |
| | | % within Are you currently a nursing student? | 0.0% | 100.0% | 100.0% |
| | | % within Do you have dependent children living in your home? | 0.0% | 25.0% | 22.2% |
| | | | | | |

| | | | | |
|-------|--|--------|--------|--------|
| | your home? | | | |
| | Std. Residual | -.9 | .3 | |
| Total | Count | 4 | 32 | 36 |
| | Expected Count | 4.0 | 32.0 | 36.0 |
| | % within Are you currently a nursing student? | 11.1% | 88.9% | 100.0% |
| | % within Do you have dependent children living in your home? | 100.0% | 100.0% | 100.0% |

Chi-Square Tests

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|---------------------------------|--------------------|----|--------------------------|-----------------------------|--------------------------|
| Pearson Chi-Square | 1.286 ^a | 1 | .257 | | |
| Continuity Correction | .246 | 1 | .620 | | |
| Likelihood Ratio | 2.149 | 1 | .143 | | |
| Fisher's Exact Test | | | | .555 | .348 |
| Linear-by-Linear Association | 1.250 | 1 | .264 | | |
| N of Valid Cases | 36 | | | | |

Symmetric Measures

| | | Value | Approx. Sig. |
|--------------------|------------|-------|--------------|
| Nominal by Nominal | Phi | .189 | .257 |
| | Cramer's V | .189 | .257 |
| N of Valid Cases | | 36 | |

Are you currently a nursing student? * Are you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)?

| | | Are you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)? | | Total | |
|--------------------------------------|-----|--|-------|-------|--------|
| | | Yes | No | | |
| Are you currently a nursing student? | Yes | Count | 3 | 25 | 28 |
| | | Expected Count | 3.1 | 24.9 | 28.0 |
| | | % within Are you currently a nursing student? | 10.7% | 89.3% | 100.0% |
| | | % within Are you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)? | 75.0% | 78.1% | 77.8% |
| | | Std. Residual | -.1 | .0 | |
| | No | Count | 1 | 7 | 8 |
| | | Expected Count | .9 | 7.1 | 8.0 |
| | | % within Are you currently a nursing student? | 12.5% | 87.5% | 100.0% |
| | | % within Are you the primary caregiver or responsible person for anyone other than your children | 25.0% | 21.9% | 22.2% |

| | | | | |
|-------|--|--------|--------|--------|
| | (e.g. parent, grandparent, grandchild)? | | | |
| | Std. Residual | .1 | .0 | |
| Total | Count | 4 | 32 | 36 |
| | Expected Count | 4.0 | 32.0 | 36.0 |
| | % within Are you currently a nursing student? | 11.1% | 88.9% | 100.0% |
| | % within Are you the primary caregiver or responsible person for anyone other than your children (e.g. parent, grandparent, grandchild)? | 100.0% | 100.0% | 100.0% |

Chi-Square Tests

| | Value | df | Asymp. Sig. (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------|-------------------|----|------------------------------|--------------------------------|--------------------------------|
| Pearson Chi-Square | .020 ^a | 1 | .887 | | |
| Continuity Correction | .000 | 1 | 1.000 | | |
| Likelihood Ratio | .020 | 1 | .889 | | |
| Fisher's Exact Test | | | | 1.000 | .652 |
| Linear-by-Linear Association | .020 | 1 | .889 | | |
| N of Valid Cases | | 36 | | | |

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .89.

b. Computed only for a 2x2 table

Symmetric Measures

| | | Value | Approx. Sig. |
|--------------------|------------|-------|--------------|
| Nominal by Nominal | Phi | -.024 | .887 |
| | Cramer's V | .024 | .887 |
| N of Valid Cases | | 36 | |

Discriminant

| | | Group Statistics | | | |
|--------------------------------------|---|-------------------------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | | | Unweighted | Weighted |
| Yes | How would you describe your financial resources in meeting necessities? | 3.0000 | .72008 | 28 | 28.000 |
| No | How would you describe your financial resources in meeting necessities? | 3.5000 | .92582 | 8 | 8.000 |
| Total | How would you describe your financial resources in meeting necessities? | 3.1111 | .78478 | 36 | 36.000 |

Analysis 1**Box's Test of Equality of Covariance Matrices**

| Log Determinants | | |
|--------------------------------------|------|-----------------|
| Are you currently a nursing student? | Rank | Log Determinant |
| Yes | 1 | -.657 |
| No | 1 | -.154 |
| Pooled within-groups | 1 | -.531 |

| Test Results | | |
|---------------------|---------|----------|
| Box's M | | .771 |
| F | Approx. | .734 |
| | df1 | 1 |
| | df2 | 1192.318 |
| | Sig. | .392 |

Summary of Canonical Discriminant Functions

| Eigenvalues | | | | |
|--------------------|-------------------|---------------|--------------|-----------------------|
| Function | Eigenvalue | % of Variance | Cumulative % | Canonical Correlation |
| 1 | .078 ^a | 100.0 | 100.0 | .269 |

a. First 1 canonical discriminant functions were used in the analysis.

| Wilks's Lambda | | | | |
|-----------------------|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .928 | 2.509 | 1 | .113 |

Reliability

Scale: Perceived faculty support VARIABLES

| Case Processing Summary | | | |
|--------------------------------|----------|----|-------|
| | | N | % |
| Cases | Valid | 29 | 76.3 |
| | Excluded | 9 | 23.7 |
| | Total | 38 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

| Reliability Statistics | |
|-------------------------------|------------|
| Cronbach's Alpha | N of Items |
| .951 | 24 |

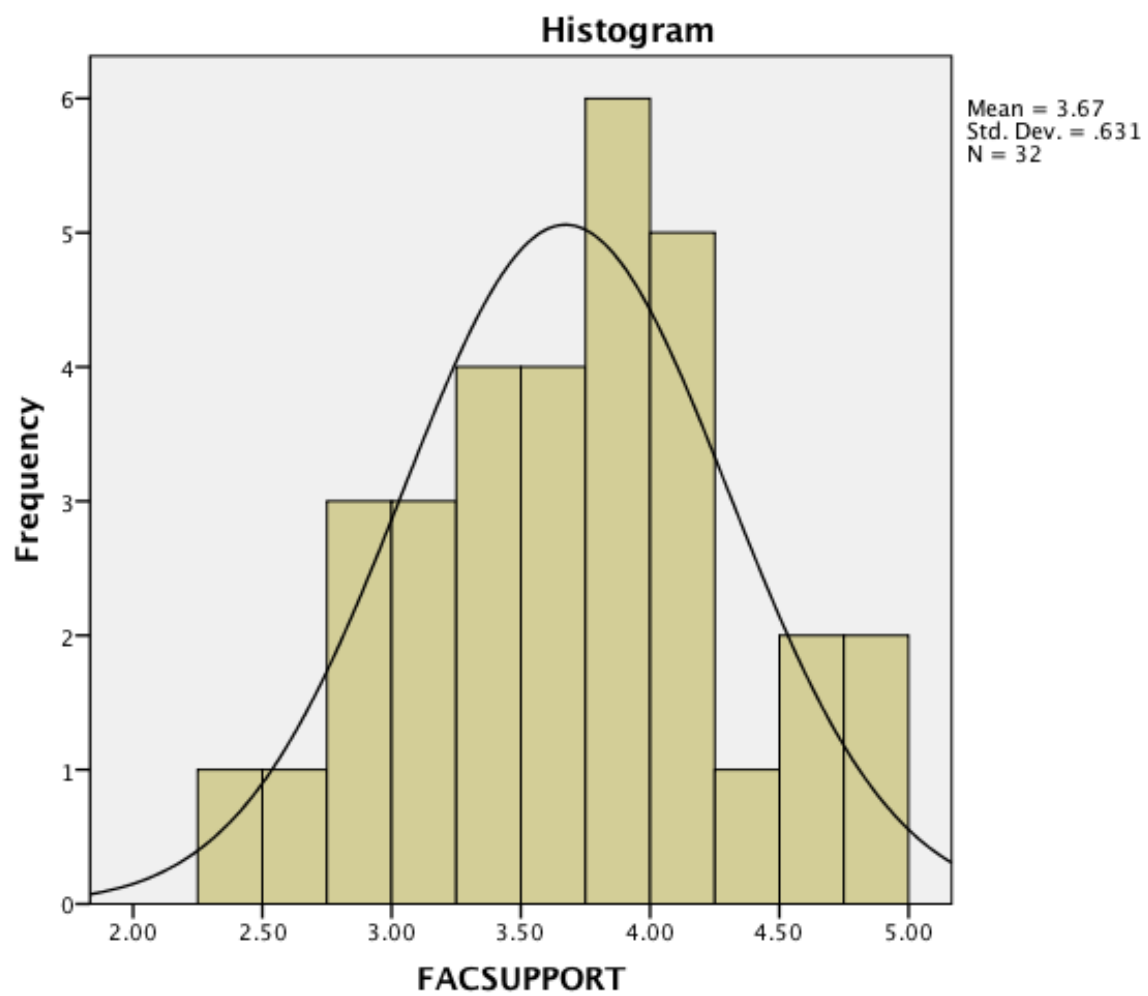
Descriptive Statistics

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|----|---------|---------|------|----------------|
| Know if students understand what is being taught. | 32 | 1.00 | 5.00 | 3.38 | .98 |
| Demonstrate respect for students. | 32 | 1.00 | 5.00 | 3.78 | 1.01 |

| | | | | | |
|--|----|------|------|------|------|
| Set challenging but attainable goals for students. | 32 | 2.00 | 5.00 | 3.81 | .82 |
| Acknowledge when students have done well. | 32 | 2.00 | 5.00 | 3.75 | .95 |
| Are helpful in new situations without taking over. | 31 | 2.00 | 5.00 | 3.68 | .79 |
| Stress important concepts. | 32 | 2.00 | 5.00 | 3.72 | 1.05 |
| Are approachable. | 32 | 1.00 | 5.00 | 3.66 | 1.00 |
| Correct students without belittling them. | 32 | 1.00 | 5.00 | 3.63 | .98 |
| Listen to students. | 32 | 2.00 | 5.00 | 3.53 | .95 |
| Can be trusted. | 32 | 2.00 | 5.00 | 3.53 | .95 |
| Give helpful feedback on student assignments. | 32 | 2.00 | 5.00 | 3.72 | .85 |
| Are open to different points of view. | 32 | 1.00 | 5.00 | 3.47 | .95 |
| Encourage students to ask questions. | 31 | 2.00 | 5.00 | 3.94 | .77 |
| Provide assistance outside of class. | 31 | 2.00 | 5.00 | 3.97 | .75 |
| Vary teaching methods to meet student needs. | 32 | 2.00 | 5.00 | 3.09 | 1.12 |
| Make expectations clear. | 32 | 2.00 | 5.00 | 3.97 | .86 |
| Are patient with students. | 32 | 2.00 | 5.00 | 3.72 | .77 |
| Are good role models for students. | 32 | 2.00 | 5.00 | 3.91 | .73 |
| Are realistic in expectations. | 32 | 1.00 | 5.00 | 3.75 | .98 |
| Present information clearly. | 32 | 2.00 | 5.00 | 3.59 | .87 |
| Clarify information that is not understood. | 32 | 2.00 | 5.00 | 3.94 | .72 |
| Have a genuine interest in students. | 32 | 2.00 | 5.00 | 3.78 | .87 |
| Provide study guides and written materials. | 32 | 1.00 | 5.00 | 3.31 | 1.20 |
| Demonstrate confidence in students. | 32 | 2.00 | 5.00 | 3.63 | .83 |
| Valid N (listwise) | 29 | | | | |

Frequencies

| Statistics | | |
|-------------------|---------|------|
| FACSUPPORT | | |
| N | Valid | 32 |
| | Missing | 6 |
| Mean | | 3.67 |
| Median | | 3.73 |
| Std. Deviation | | .63 |



Frequencies Discriminant

| | | Group Statistics | | | |
|--------------------------------------|------------|-------------------------|----------------|--------------------|----------|
| Are you currently a nursing student? | | Mean | Std. Deviation | Valid N (listwise) | |
| | | | | Unweighted | Weighted |
| Yes | FACSUPPORT | 3.7882 | .59299 | 26 | 26.000 |
| No | FACSUPPORT | 3.1736 | .58358 | 6 | 6.000 |
| Total | FACSUPPORT | 3.6730 | .63080 | 32 | 32.000 |

Analysis 1**Box's Test of Equality of Covariance Matrices**

| Log Determinants | | |
|--------------------------------------|------|-----------------|
| Are you currently a nursing student? | Rank | Log Determinant |
| Yes | 1 | -1.045 |
| No | 1 | -1.077 |
| Pooled within-groups | 1 | -1.050 |

| Test Results | | |
|---------------------|---------|---------|
| Box's M | | .002 |
| F | Approx. | .002 |
| | df1 | 1 |
| | df2 | 632.154 |
| | Sig. | .965 |

Summary of Canonical Discriminant Functions

| Function | Eigenvalues | | | Canonical Correlation |
|----------|--------------------|---------------|--------------|-----------------------|
| | Eigenvalue | % of Variance | Cumulative % | |
| 1 | .175 ^a | 100.0 | 100.0 | .386 |

a. First 1 canonical discriminant functions were used in the analysis.

| Test of Function(s) | Wilks's Lambda | | | |
|---------------------|-----------------------|------------|----|------|
| | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .851 | 4.769 | 1 | .029 |

Reliability**Scale: STUDENT SELF EFFICACY VARIABLES****Case Processing Summary**

| | | N | % |
|-------|----------|----|-------|
| Cases | Valid | 32 | 84.2 |
| | Excluded | 6 | 15.8 |
| | Total | 38 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

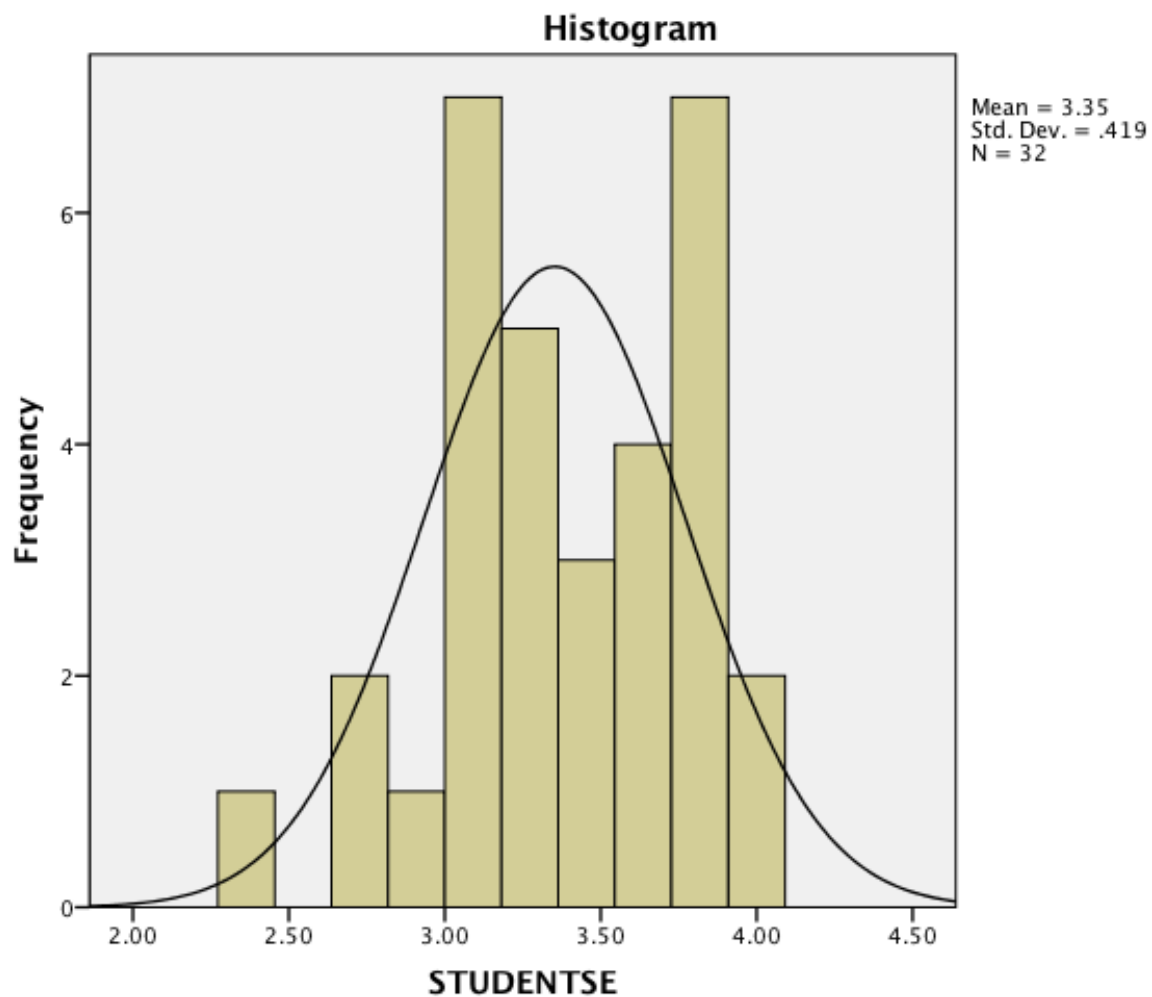
| Cronbach's Alpha | N of Items |
|------------------|------------|
| .850 | 11 |

Descriptive Statistics

| | N | Minimum | Maximum | Mean | Std. Deviation |
|--|----|---------|---------|------|----------------|
| Finish assignments by deadlines. | 32 | 3.00 | 4.00 | 3.72 | .46 |
| Study when there are other interesting things to do. | 32 | 2.00 | 4.00 | 3.13 | .61 |
| Concentrate on courses. | 32 | 2.00 | 4.00 | 3.41 | .61 |
| Take class notes. | 32 | 2.00 | 4.00 | 3.38 | .71 |
| Use the library to get information for assignments. | 32 | 1.00 | 4.00 | 3.22 | .83 |
| Plan your coursework. | 32 | 2.00 | 4.00 | 3.38 | .61 |
| Organize your coursework. | 32 | 2.00 | 4.00 | 3.56 | .62 |
| Remember information presented in class and textbooks. | 32 | 2.00 | 4.00 | 3.25 | .57 |
| Arrange a place to study without distractions. | 32 | 1.00 | 4.00 | 3.25 | .72 |
| Motivate yourself to do coursework. | 32 | 2.00 | 4.00 | 3.44 | .67 |
| Participate in class discussions. | 32 | 2.00 | 4.00 | 3.16 | .81 |
| Valid N (listwise) | 32 | | | | |

Frequencies

| Statistics | | |
|----------------|---------|------|
| STUDENTSE | | |
| N | Valid | 32 |
| | Missing | 6 |
| Mean | | 3.35 |
| Std. Deviation | | .42 |
| Minimum | | 2.36 |
| Maximum | | 4.00 |



Discriminant

| | | Group Statistics | | | |
|--------------------------------------|-----------|------------------|----------------|--------------------|----------|
| | | Mean | Std. Deviation | Valid N (listwise) | |
| Are you currently a nursing student? | | | | Unweighted | Weighted |
| Yes | STUDENTSE | 3.3741 | .43509 | 26 | 26.000 |
| No | STUDENTSE | 3.2576 | .36098 | 6 | 6.000 |
| Total | STUDENTSE | 3.3523 | .41931 | 32 | 32.000 |

Analysis 1**Box's Test of Equality of Covariance Matrices**

| Log Determinants | | |
|--------------------------------------|------|-----------------|
| Are you currently a nursing student? | Rank | Log Determinant |
| Yes | 1 | -1.664 |
| No | 1 | -2.038 |
| Pooled within-groups | 1 | -1.718 |

| Test Results | | |
|--------------|---------|---------|
| Box's M | | .267 |
| F | Approx. | .250 |
| | df1 | 1 |
| | df2 | 632.154 |
| | Sig. | .617 |

Summary of Canonical Discriminant Functions

| Function | Eigenvalues | | | Canonical Correlation |
|----------|-------------------|---------------|--------------|-----------------------|
| | Eigenvalue | % of Variance | Cumulative % | |
| 1 | .012 ^a | 100.0 | 100.0 | .110 |

a. First 1 canonical discriminant functions were used in the analysis.

| Wilks's Lambda | | | | |
|---------------------|----------------|------------|----|------|
| Test of Function(s) | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .988 | .361 | 1 | .548 |

Frequencies

| | N | | Statistics | | | |
|--|-------|---------|------------|----------------|---------|---------|
| | Valid | Missing | Mean | Std. Deviation | Minimum | Maximum |
| With a bachelor's degree in nursing I would be respected by others. | 33 | 5 | 4.12 | .74 | 2.00 | 5.00 |
| I worry that I would not be able to deal with the death of a patient. | 32 | 6 | 2.28 | 1.11 | 1.00 | 5.00 |
| A career in nursing would allow me time for a family, friends, and leisure activities. | 32 | 6 | 3.22 | .91 | 1.00 | 5.00 |
| A bachelor's degree in nursing would provide me with strong relationships with other people. | 32 | 6 | 3.91 | .73 | 2.00 | 5.00 |
| The public generally has a low opinion of people in the nursing profession. | 32 | 6 | 1.75 | .57 | 1.00 | 3.00 |
| A bachelor's degree in nursing would allow me to obtain a well-paying job. | 32 | 6 | 4.22 | .61 | 3.00 | 5.00 |
| I worry that I would not be able to pass the licensure exam to become an RN. | 32 | 6 | 2.47 | 1.19 | 1.00 | 5.00 |
| I worry that employers would doubt my competence. | 32 | 6 | 2.03 | .97 | 1.00 | 5.00 |
| I worry that nursing | 32 | 6 | 2.22 | 1.21 | 1.00 | 5.00 |

| | | | | | | | |
|---|----|---|------|------|------|------|--|
| would be too physically and emotionally draining to handle. | | | | | | | |
| I worry that I would not be able to make the correct ethical choices about patients' needs. | 32 | 6 | 2.00 | 1.02 | 1.00 | 4.00 | |
| With a bachelor's degree in nursing I would always be assured of a job. | 31 | 7 | 3.35 | 1.25 | 1.00 | 5.00 | |
| I believe that I would practice competently as a registered nurse. | 30 | 8 | 4.43 | .68 | 3.00 | 5.00 | |
| A bachelor's degree in nursing would allow me to work with people in a very constructive way. | 31 | 7 | 4.19 | .65 | 3.00 | 5.00 | |

Scale: EXPECTATIONS FOR A CAREER IN NURSING VARIABLES

| Case Processing Summary | | | |
|--------------------------------|----------|----|-------|
| | | N | % |
| Cases | Valid | 30 | 78.9 |
| | Excluded | 8 | 21.1 |
| | Total | 38 | 100.0 |

Reliability Statistics

| | |
|------------------|------------|
| Cronbach's Alpha | N of Items |
| .472 | 13 |

Factor Analysis

KMO and Bartlett's Test

| | | |
|--|--------------------|---------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .610 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 147.684 |
| | df | 78 |
| | Sig. | .000 |

Extraction Method: Principal Component Analysis.

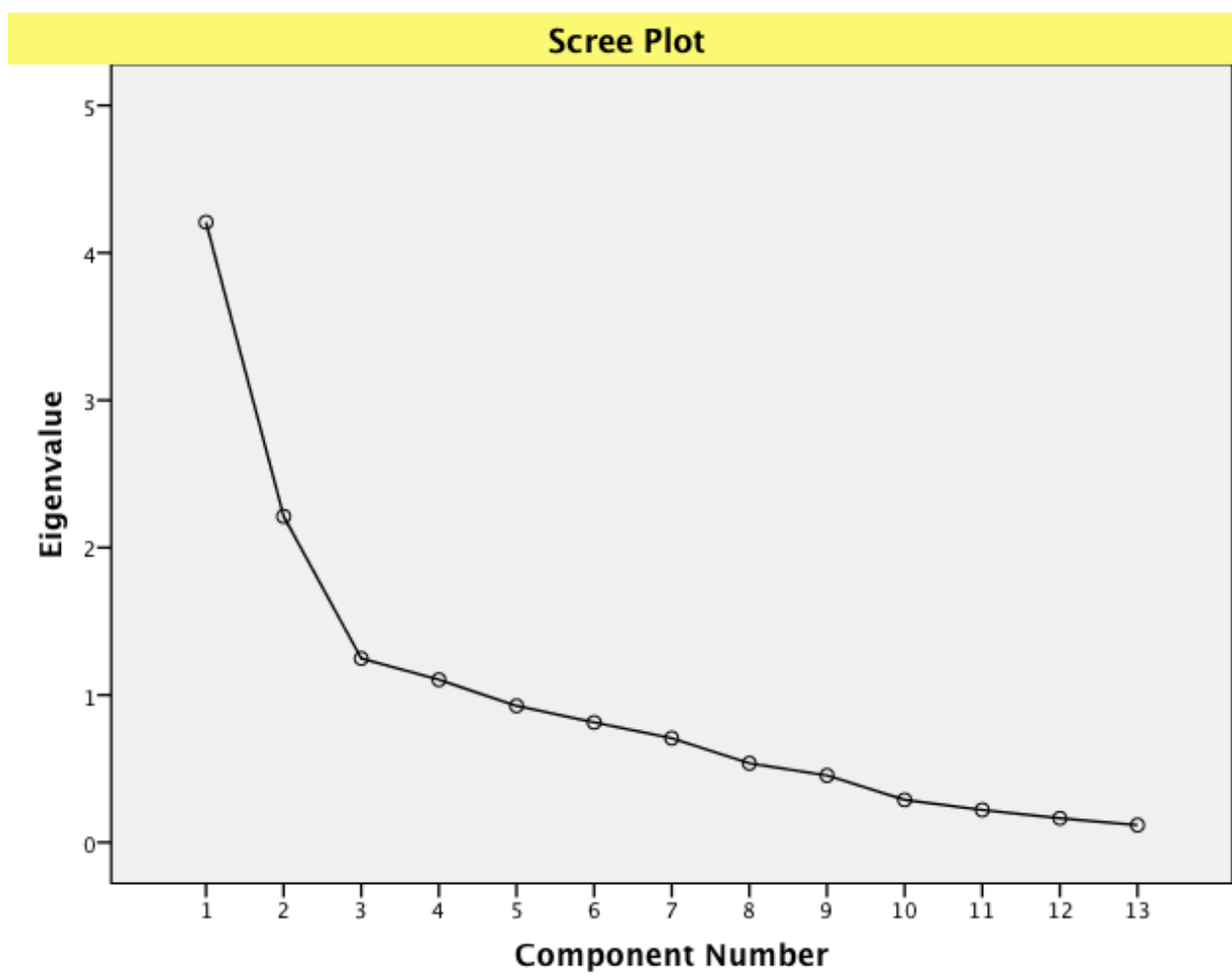
Total Variance Explained

| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings |
|-----------|---------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | |
| 1 | 4.207 | 32.365 | 32.365 | 4.207 | 32.365 | 32.365 | 2.949 |
| 2 | 2.212 | 17.015 | 49.380 | 2.212 | 17.015 | 49.380 | 2.341 |
| 3 | 1.248 | 9.600 | 58.980 | 1.248 | 9.600 | 58.980 | 2.096 |
| 4 | 1.104 | 8.491 | 67.471 | 1.104 | 8.491 | 67.471 | 1.385 |
| 5 | .926 | 7.127 | 74.598 | | | | |
| 6 | .814 | 6.264 | 80.861 | | | | |
| 7 | .707 | 5.438 | 86.300 | | | | |

| | | | |
|----|------|-------|---------|
| 8 | .537 | 4.128 | 90.427 |
| 9 | .454 | 3.496 | 93.923 |
| 10 | .289 | 2.221 | 96.144 |
| 11 | .220 | 1.695 | 97.839 |
| 12 | .164 | 1.258 | 99.097 |
| 13 | .117 | .903 | 100.000 |

Total Variance Explained

| Component | Rotation Sums of Squared Loadings | |
|-----------|-----------------------------------|--------------|
| | % of Variance | Cumulative % |
| 1 | 22.686 | 22.686 |
| 2 | 18.005 | 40.691 |
| 3 | 16.125 | 56.816 |
| 4 | 10.654 | 67.471 |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |



Rotated Component Matrix

| | Component | | | |
|--|-----------|------|------|---|
| | 1 | 2 | 3 | 4 |
| 10 I worry that I would not be able to make the correct ethical choices about patients' needs. | .851 | | | |
| 8 I worry that employers would doubt my competence. | .816 | | | |
| 9 I worry that nursing would be too physically and emotionally draining to handle. | .712 | | | |
| 7 I worry that I would not be able to pass the licensure exam to become an RN. | .682 | | | |
| 13 A bachelor's degree in nursing would allow me to work with people in a very constructive way. | | .767 | | |
| 4 A bachelor's degree in nursing would provide me with strong relationships with other people. | | .751 | | |
| 1 With a bachelor's degree in nursing I would be respected by others. | | .634 | | |
| 12 I believe that I would practice competently as a registered nurse. | | .602 | | |
| 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | | | .793 | |
| 2 I worry that I would not be able to deal with the death of a patient. | | | .720 | |
| 11 With a bachelor's degree | | | .694 | |

| | |
|---|-------|
| in nursing I would always be assured of a job. | |
| 5 The public generally has a low opinion of people in the nursing profession. | -.582 |
| 3 A career in nursing would allow me time for a family, friends, and leisure activities. | .895 |

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization. ^A

a. Rotation converged in 6 iterations.

Reliability

Scale: **VARIABLES 7, 8, 9, 10**

| Case Processing Summary | | | |
|-------------------------|----------|----|-------|
| | | N | % |
| Cases | Valid | 32 | 84.2 |
| | Excluded | 6 | 15.8 |
| | Total | 38 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

| | |
|------------|------------|
| Cronbach's | N of Items |
| Alpha | |
| .845 | 4 |

Reliability

Scale: **VARIABLES 1,4, 12, 13**

| Case Processing Summary | | | |
|-------------------------|----------|----|-------|
| | | N | % |
| Cases | Valid | 30 | 78.9 |
| | Excluded | 8 | 21.1 |
| | Total | 38 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

| Reliability Statistics | |
|-------------------------------|------------|
| Cronbach's Alpha | N of Items |
| .761 | 4 |

Reliability**Scale: VARIABLES 2, 6, 11, 5 reversed.**

| Case Processing Summary | | | |
|--------------------------------|----------|----|-------|
| | | N | % |
| Cases | Valid | 31 | 81.6 |
| | Excluded | 7 | 18.4 |
| | Total | 38 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

| Reliability Statistics | |
|-------------------------------|------------|
| Cronbach's Alpha | N of Items |
| .598 | 4 |

Discriminant

| Analysis Case Processing Summary | | | |
|---|---|----|---------|
| Unweighted Cases | | N | Percent |
| Valid | | 31 | 81.6 |
| Excluded | Missing or out-of-range group codes | 0 | .0 |
| | At least one missing discriminating variable | 7 | 18.4 |
| | Both missing or out-of-range group codes and at least one missing discriminating variable | 0 | .0 |
| Total | | 7 | 18.4 |
| Total | | 38 | 100.0 |

| Group Statistics | | | |
|--------------------------------------|--|--------------------|----------|
| Are you currently a nursing student? | | Valid N (listwise) | |
| | | Unweighted | Weighted |
| Yes | Competence Worry | 25 | 25.000 |
| | NursingPositiveFeelings | 25 | 25.000 |
| | 2 I worry that I would not be able to deal with the death of a patient. | 25 | 25.000 |
| | 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | 25 | 25.000 |
| | 5 The public generally has a low opinion of people in the nursing profession. | 25 | 25.000 |
| | 11 With a bachelor's degree in nursing I would always be assured of a job. | 25 | 25.000 |
| No | 3 A career in nursing would allow me time for a family, friends, and leisure activities. | 25 | 25.000 |
| | CompetenceWorry | 6 | 6.000 |
| | NursingPositiveFeelings | 6 | 6.000 |
| | 2 I worry that I would not be able to deal with the death of a patient. | 6 | 6.000 |
| | 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | 6 | 6.000 |
| | 5 The public generally has a low opinion of people in the nursing profession. | 6 | 6.000 |
| | 11 With a bachelor's degree in nursing I would always be assured of a job. | 6 | 6.000 |

| | | | |
|-------|--|----|--------|
| | 3 A career in nursing would allow me time for a family, friends, and leisure activities. | 6 | 6.000 |
| Total | CompetenceWorry | 31 | 31.000 |
| | NursingPositiveFeelings | 31 | 31.000 |
| | 2 I worry that I would not be able to deal with the death of a patient. | 31 | 31.000 |
| | 6 A bachelor's degree in nursing would allow me to obtain a well-paying job. | 31 | 31.000 |
| | 5 The public generally has a low opinion of people in the nursing profession. | 31 | 31.000 |
| | 11 With a bachelor's degree in nursing I would always be assured of a job. | 31 | 31.000 |
| | 3 A career in nursing would allow me time for a family, friends, and leisure activities. | 31 | 31.000 |

Analysis 1

Box's Test of Equality of Covariance Matrices

| Log Determinants | | |
|--------------------------------------|----------------|-----------------|
| Are you currently a nursing student? | Rank | Log Determinant |
| Yes | 7 | -5.521 |
| No | . ^a | . ^b |
| Pooled within-groups | 7 | -5.140 |

Summary of Canonical Discriminant Functions

| Function | Eigenvalues | | | Canonical Correlation |
|----------|-------------------|---------------|--------------|-----------------------|
| | Eigenvalue | % of Variance | Cumulative % | |
| 1 | .971 ^a | 100.0 | 100.0 | .702 |

a. First 1 canonical discriminant functions were used in the analysis.

| Test of Function(s) | Wilks's Lambda | | | |
|---------------------|----------------|------------|----|------|
| | Wilks's Lambda | Chi-square | df | Sig. |
| 1 | .507 | 17.303 | 7 | .016 |

STATISTICAL RESULTS – QUESTIONS ON BULLYING

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|--|-------|---------|------|----------------|---------|---------|
| | Valid | Missing | | | | |
| YELL School of Nursing (SON) Classmate | 29 | 9 | 1.52 | .78 | 1.00 | 4.00 |
| YELL SON Faculty | 29 | 9 | 1.38 | .73 | 1.00 | 4.00 |
| YELL SON Staff | 28 | 10 | 1.21 | .50 | 1.00 | 3.00 |
| YELL Physician | 29 | 9 | 1.34 | .55 | 1.00 | 3.00 |
| YELL Hospital/Clinic Nurse | 29 | 9 | 1.38 | .62 | 1.00 | 3.00 |
| YELL Other Hospital Staff | 29 | 9 | 1.52 | .83 | 1.00 | 4.00 |
| YELL Patient | 29 | 9 | 2.07 | 1.13 | 1.00 | 5.00 |
| YELL Patient Relative | 29 | 9 | 1.86 | 1.19 | 1.00 | 5.00 |
| YELL SON/Hospital Guest | 29 | 9 | 1.62 | .90 | 1.00 | 5.00 |

YELL Patient

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 11 | 28.9 | 37.9 | 37.9 |
| | Seldom | 9 | 23.7 | 31.0 | 69.0 |
| | Intermittent | 7 | 18.4 | 24.1 | 93.1 |
| | Always | 2 | 5.3 | 6.9 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|---------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| RUDE SON Classmate | 29 | 9 | 1.79 | 1.08 | 1.00 | 4.00 |
| RUDE SON Faculty | 29 | 9 | 1.48 | .74 | 1.00 | 3.00 |
| RUDE SON Staff | 29 | 9 | 1.34 | .61 | 1.00 | 3.00 |
| RUDE Physician | 28 | 10 | 1.43 | .69 | 1.00 | 3.00 |
| RUDE Hospital / Clinic Nurse | 29 | 9 | 1.90 | 1.14 | 1.00 | 5.00 |
| RUDE Other Hospital Staff | 29 | 9 | 1.83 | 1.17 | 1.00 | 5.00 |
| RUDE Patient | 29 | 9 | 2.07 | 1.13 | 1.00 | 5.00 |
| RUDE Patient Relative | 29 | 9 | 1.83 | 1.17 | 1.00 | 5.00 |
| RUDE SON / Hospital Guest | 29 | 9 | 1.62 | 1.01 | 1.00 | 5.00 |

RUDE Patient

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 11 | 28.9 | 37.9 | 37.9 |
| | Seldom | 9 | 23.7 | 31.0 | 69.0 |
| | Intermittent | 7 | 18.4 | 24.1 | 93.1 |
| | Always | 2 | 5.3 | 6.9 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-------------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| BELITTLE SON Classmate | 29 | 9 | 1.72 | 1.00 | 1.00 | 4.00 |
| BELITTLE SON Faculty | 29 | 9 | 1.62 | .94 | 1.00 | 4.00 |
| BELITTLE SON Staff | 29 | 9 | 1.48 | .78 | 1.00 | 3.00 |
| BELITTLE Physician | 29 | 9 | 1.48 | .83 | 1.00 | 4.00 |
| BELITTLE Hospital / Clinic Nurse | 29 | 9 | 1.69 | 1.00 | 1.00 | 5.00 |

| | | | | | | |
|-------------------------------|----|----|------|------|------|------|
| BELITTLE Other Hospital Staff | 28 | 10 | 1.64 | 1.03 | 1.00 | 5.00 |
| BELITTLE Patient | 29 | 9 | 1.76 | 1.18 | 1.00 | 5.00 |
| BELITTLE Patient Relative | 29 | 9 | 1.59 | 1.18 | 1.00 | 5.00 |
| BELITTLE SON / Hospital Guest | 29 | 9 | 1.48 | 1.06 | 1.00 | 5.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-------------------------------|-------|---------|------|----------------|---------|---------|
| | Valid | Missing | | | | |
| RUMOR SON Classmate | 29 | 9 | 2.07 | 1.31 | 1.00 | 5.00 |
| RUMOR SON Faculty | 29 | 9 | 1.24 | .58 | 1.00 | 3.00 |
| RUMOR SON Staff | 29 | 9 | 1.21 | .49 | 1.00 | 3.00 |
| RUMOR Physician | 29 | 9 | 1.10 | .41 | 1.00 | 3.00 |
| RUMOR Hospital / Clinic Nurse | 29 | 9 | 1.69 | 1.17 | 1.00 | 5.00 |
| RUMOR Other Hospital Staff | 29 | 9 | 1.66 | 1.11 | 1.00 | 5.00 |
| RUMOR Patient | 29 | 9 | 1.59 | 1.15 | 1.00 | 5.00 |
| RUMOR Patient Relative | 29 | 9 | 1.52 | 1.12 | 1.00 | 5.00 |
| RUMOR SON / Hospital Guest | 29 | 9 | 1.41 | 1.09 | 1.00 | 5.00 |

RUMOR SON Classmate

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 15 | 39.5 | 51.7 | 51.7 |
| | Seldom | 4 | 10.5 | 13.8 | 65.5 |
| | Intermittent | 4 | 10.5 | 13.8 | 79.3 |
| | Frequent | 5 | 13.2 | 17.2 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|----------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| CURSE SON Classmate | 29 | 9 | 2.10 | 1.23 | 1.00 | 5.00 |
| CURSE SON Faculty | 29 | 9 | 1.45 | .63 | 1.00 | 3.00 |
| CURSE SON Staff | 29 | 9 | 1.41 | .63 | 1.00 | 3.00 |
| CURSE Physician | 29 | 9 | 1.34 | .72 | 1.00 | 4.00 |
| CURSE Hospital / Clinic Nurse | 29 | 9 | 1.69 | 1.00 | 1.00 | 5.00 |
| CURSE Other Hospital Staff | 29 | 9 | 1.62 | .98 | 1.00 | 5.00 |
| CURSE Patient | 29 | 9 | 2.03 | 1.18 | 1.00 | 5.00 |
| CURSE Patient Relative | 29 | 9 | 1.86 | 1.22 | 1.00 | 5.00 |
| CURSE SON / Hospital Guest | 28 | 10 | 1.71 | 1.21 | 1.00 | 5.00 |

CURSE SON Classmate

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 13 | 34.2 | 44.8 | 44.8 |
| | Seldom | 6 | 15.8 | 20.7 | 65.5 |
| | Intermittent | 5 | 13.2 | 17.2 | 82.8 |
| | Frequent | 4 | 10.5 | 13.8 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

CURSE Patient

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------|-----------|---------|---------------|--------------------|
| Valid | Never | 12 | 31.6 | 41.4 | 41.4 |
| | Seldom | 9 | 23.7 | 31.0 | 72.4 |
| | Intermittent | 5 | 13.2 | 17.2 | 89.7 |
| | Frequent | 1 | 2.6 | 3.4 | 93.1 |
| | Always | 2 | 5.3 | 6.9 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |

| | | | |
|---------|--------|----|-------|
| Missing | System | 9 | 23.7 |
| Total | | 38 | 100.0 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-----------------------------------|-------|-------------|------|----------------|---------|---------|
| | Valid | Missin g | | | | |
| REMARK SON Classmate | 29 | 9 | 1.69 | .97 | 1.00 | 4.00 |
| REMARK SON Faculty | 29 | 9 | 1.45 | .87 | 1.00 | 4.00 |
| REMARK SON Staff | 29 | 9 | 1.34 | .72 | 1.00 | 4.00 |
| REMARK Physician | 29 | 9 | 1.28 | .59 | 1.00 | 3.00 |
| REMARK Hospital / Clinic Nurse | 29 | 9 | 1.66 | 1.11 | 1.00 | 5.00 |
| REMARK Other Hospital Staff | 29 | 9 | 1.48 | .95 | 1.00 | 5.00 |
| REMARK Patient | 28 | 10 | 1.50 | 1.04 | 1.00 | 5.00 |
| REMARK Patient Relative | 29 | 9 | 1.45 | 1.02 | 1.00 | 5.00 |
| REMARK SON / Hospital Guest | 29 | 9 | 1.41 | .98 | 1.00 | 5.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-----------------------------------|-------|---------|------|----------------|---------|---------|
| | Valid | Missing | | | | |
| PUNISH SON Classmate | 29 | 9 | 1.28 | .84 | 1.00 | 4.00 |
| PUNISH Faculty | 29 | 9 | 1.17 | .60 | 1.00 | 4.00 |
| PUNISH SON Staff | 29 | 9 | 1.17 | .47 | 1.00 | 3.00 |
| PUNISH Physician | 29 | 9 | 1.10 | .41 | 1.00 | 3.00 |
| PUNISH Hospital / Clinic Nurse | 28 | 10 | 1.29 | .85 | 1.00 | 5.00 |
| PUNISH Other Hospital Staff | 29 | 9 | 1.21 | .82 | 1.00 | 5.00 |
| PUNISH Patient | 29 | 9 | 1.31 | .89 | 1.00 | 5.00 |
| PUNISH Patient Relative | 29 | 9 | 1.21 | .82 | 1.00 | 5.00 |
| PUNISH SON / Hospital Guest | 29 | 9 | 1.21 | .82 | 1.00 | 5.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|----------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| GRADE SON Classmate | 29 | 9 | 1.21 | .82 | 1.00 | 5.00 |
| GRADE SON Faculty | 29 | 9 | 1.28 | .70 | 1.00 | 4.00 |
| GRADE SON Staff | 28 | 10 | 1.18 | .48 | 1.00 | 3.00 |
| GRADE Physician | 29 | 9 | 1.07 | .37 | 1.00 | 3.00 |
| GRADE Hospital / Clinic Nurse | 29 | 9 | 1.14 | .52 | 1.00 | 3.00 |
| GRADE Other Hospital Staff | 29 | 9 | 1.14 | .52 | 1.00 | 3.00 |
| GRADE Patient | 29 | 9 | 1.14 | .52 | 1.00 | 3.00 |
| GRADE Patient Relative | 29 | 9 | 1.14 | .52 | 1.00 | 3.00 |
| GRADE SON / Hospital Guest | 29 | 9 | 1.14 | .52 | 1.00 | 3.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|------------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| HOSTILE SON Classmate | 29 | 9 | 1.45 | 1.06 | 1.00 | 4.00 |
| HOSTILE SON Faculty | 29 | 9 | 1.17 | .60 | 1.00 | 4.00 |
| HOSTILE SON Staff | 29 | 9 | 1.17 | .60 | 1.00 | 4.00 |
| HOSTILE Physician | 29 | 9 | 1.10 | .56 | 1.00 | 4.00 |
| HOSTILE Hospital / Clinic Nurse | 29 | 9 | 1.21 | .68 | 1.00 | 4.00 |
| HOSTILE Other Hospital Staff | 29 | 9 | 1.10 | .56 | 1.00 | 4.00 |
| HOSTILE Patient | 29 | 9 | 1.10 | .56 | 1.00 | 4.00 |
| HOSTILE Patient Relative | 29 | 9 | 1.10 | .56 | 1.00 | 4.00 |
| HOSTILE SON / Hospital Guest | 29 | 9 | 1.10 | .56 | 1.00 | 4.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-----------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| THREAT SON Classmate | 29 | 9 | 1.28 | .59 | 1.00 | 3.00 |
| THREAT SON Faculty | 29 | 9 | 1.07 | .37 | 1.00 | 3.00 |
| THREAT SON Staff | 29 | 9 | 1.07 | .37 | 1.00 | 3.00 |
| THREAT Physician | 29 | 9 | 1.07 | .37 | 1.00 | 3.00 |
| THREAT Hospital / Clinic Nurse | 29 | 9 | 1.07 | .37 | 1.00 | 3.00 |
| THREAT Other Hospital Staff | 29 | 9 | 1.07 | .37 | 1.00 | 3.00 |
| THREAT Patient | 29 | 9 | 1.59 | 1.02 | 1.00 | 5.00 |
| THREAT Patient Relative | 29 | 9 | 1.52 | 1.02 | 1.00 | 5.00 |
| THREAT SON / Hospital Guest | 29 | 9 | 1.24 | .74 | 1.00 | 4.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-----------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| IGNORE SON Classmate | 29 | 9 | 1.52 | .95 | 1.00 | 4.00 |
| IGNORE Faculty | 29 | 9 | 1.17 | .47 | 1.00 | 3.00 |
| IGNORE SON Staff | 29 | 9 | 1.17 | .47 | 1.00 | 3.00 |
| IGNORE Physician | 29 | 9 | 1.28 | .65 | 1.00 | 3.00 |
| IGNORE Hospital / Clinic Nurse | 29 | 9 | 1.48 | 1.02 | 1.00 | 5.00 |
| IGNORE Other Hospital Staff | 29 | 9 | 1.31 | .89 | 1.00 | 5.00 |
| IGNORE Patient | 29 | 9 | 1.28 | .84 | 1.00 | 5.00 |
| IGNORE Patient Relative | 29 | 9 | 1.24 | .83 | 1.00 | 5.00 |
| IGNORE SON / Hospital Guest | 29 | 9 | 1.24 | .83 | 1.00 | 5.00 |

Statistics

| | N | | Mean | Std. Deviation | Minimum | Maximum |
|-------------------------------------|-------|---------|------|-------------------|---------|---------|
| | Valid | Missing | | | | |
| WORKLOAD SON Classmate | 29 | 9 | 1.21 | .68 | 1.00 | 4.00 |
| WORKLOAD SON Faculty | 29 | 9 | 2.21 | 1.24 | 1.00 | 5.00 |
| WORKLOAD SON Staff | 29 | 9 | 2.10 | 1.21 | 1.00 | 5.00 |
| WORKLOAD Physician | 29 | 9 | 1.31 | .93 | 1.00 | 5.00 |
| WORKLOAD Hospital / Clinic Nurse | 29 | 9 | 1.55 | 1.02 | 1.00 | 5.00 |
| WORKLOAD Other Hospital Staff | 29 | 9 | 1.41 | .98 | 1.00 | 5.00 |
| WORKLOAD Patient | 29 | 9 | 1.28 | .92 | 1.00 | 5.00 |
| WORKLOAD Patient Relative | 29 | 9 | 1.24 | .91 | 1.00 | 5.00 |
| WORKLOAD SON / Hospital Guest | 29 | 9 | 1.24 | .91 | 1.00 | 5.00 |

WORKLOAD SON Faculty

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------|-----------|---------|---------------|-----------------------|
| Valid | Never | 12 | 31.6 | 41.4 | 41.4 |
| | Seldom | 5 | 13.2 | 17.2 | 58.6 |
| | Intermittent | 7 | 18.4 | 24.1 | 82.8 |
| | Frequent | 4 | 10.5 | 13.8 | 96.6 |
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

WORKLOAD SON Staff

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------|-----------|---------|---------------|-----------------------|
| Valid | Never | 13 | 34.2 | 44.8 | 44.8 |
| | Seldom | 5 | 13.2 | 17.2 | 62.1 |
| | Intermittent | 7 | 18.4 | 24.1 | 86.2 |
| | Frequent | 3 | 7.9 | 10.3 | 96.6 |

| | | | | | |
|---------|--------|----|-------|-------|-------|
| | Always | 1 | 2.6 | 3.4 | 100.0 |
| | Total | 29 | 76.3 | 100.0 | |
| Missing | System | 9 | 23.7 | | |
| Total | | 38 | 100.0 | | |

Table 20

Cronbach Alpha Statistics for Each Set of Bullying Items

| Bullying Items | Cronbach Alpha Statistic |
|---------------------------------------|-----------------------------|
| Yelling or Shouting in Rage | 0.85 |
| Rude Behavior | 0.83 |
| Belittling Behavior | 0.89 |
| Malicious Rumors | 0.84 |
| Cursing or Swearing | 0.86 |
| Negative Remarks | 0.85 |
| Assignments as Punishment | 0.92 |
| Bad Grades as Punishment | 0.93 |
| Failure to Acknowledge Accomplishment | 0.96 |
| Threats | 0.86 |
| Ignore or Physically Isolate | 0.89 |
| Unmanageable Workload | 0.94 |

Curriculum Vitae

CATHERINE M. GRISWOLD**BIOGRAPHICAL INFORMATION****EDUCATION**

Doctoral Student: Walden University's Ed.D. *Program: Administrator Leadership For Teaching and Learning*: specialization is designed for administrators who want to increase their ability to influence and transform their educational organization. Projected completion 2014.

2003 **Masters of Science in Nursing, Health Systems Management**, Johns Hopkins University School of Nursing, Baltimore, Maryland

2002 **Business of Nursing Certificate**, Johns Hopkins University School of Nursing, Baltimore, Maryland

1995 **BS in Nursing**, Villa Julie College/Union Memorial Hospital, Stevenson, Maryland

PROFESSIONAL MANAGEMENT EXPERIENCE**Stevenson University****Associate Professor of Nursing**

8/2011-present

NURS 102 Nursing -New Student Seminar

Designed to provide new students with a major in Nursing at Stevenson University with the foundation for success both here and after graduation. Topics include a review of School and University policies, tips on how to study at the college level, time management strategies, self-assessment, career options, networking with upper division students, and much more. Students will be introduced to the process of Career ArchitectureSM through interactive discussions, self-exploration sessions, and other related activities. The creation of an academic portfolio will round out this seminar and lay the groundwork for the sophomore and junior portfolios and, ultimately, the senior capstone requirement.

SCI 100 School of the Sciences New Student Seminar

- In addition to some of the requirements of the course brought in guest speak to discuss plagiarism and the academic honesty policy. Completed grading and collection of documents within the time constraints of the course.

- Used YouTube videos and documentaries to enhance student learning
- Created class activities to enhance student learning (crossword puzzles, group work related to book and topic discussions).
- Provided support to students with letters of recommendation, referred students for counseling, assisted students with special needs and maintained students privacy at all time.

NURS 405 Community Clinical

- As a clinical supervisor was able to meet with each student every other week to discuss the clinical placement, their weekly goals and outcome of goals
- Reviewed and provided feedback to students within an appropriate time frame
- Clinical Conferences: Focused student participation using the community assessment wheel and current events articles from local newspapers.
- Attended workshop on Gang's in Maryland with all students from the course
- Provided support to students with letters of recommendation, referred students for counseling, assisted students with special needs and maintained students privacy at all time.

NURS 330 Health Assessment

This three credit course is designed to explore the role of the nurse in the health assessment and data collection across the life span and in diverse populations. Gaining competence in the application of the health assessment skills and in interviewing clients will better prepare the student for clinical practice. Application of knowledge will occur within normal findings as well as pathological conditions. Clinical application in the simulated clinical lab will be emphasized.

- Reviewed weekly lessons and techniques on assessment
- Provided students with tools such as mnemonics related to weekly topics to enhance student learning
- Acted as a professional role model in lab to increase students development of professional behavior
- Provided support to students with letters of recommendation, referred students for counseling, assisted students with special needs and maintained students privacy at all time.

NURS 337 Psychiatric Mental Health Nursing

This course provides students with a basic knowledge of psychiatric and mental health nursing through theory based classroom education and clinical experiences. Students will also engage in self-analysis in order to increase their self-understanding and provide a more accepting healing relationship with clients (patients). Students will study psychiatric disorders and how these disorders are biological and/or psychodynamic in nature. Course content will introduce a variety of theories to help students respond as one human being to another and help clients engage in the healing process. This is accomplished by applying neurobiological, psychological, sociological and spiritual theories that students can utilize to optimally care for clients' families/caregivers and maximize their clients' abilities to function in many aspects of their lives. Current

evidenced-based psychiatric nursing practices, the role of the advanced practice psychiatric nurse, and ethical/legal implication will also be explored.

NURS-311 Communication & Cultural Competence

This course explores therapeutic communication and cultural competence as integral to the therapeutic interpersonal relationship in professional nursing practice. Therapeutic communication strategies are focused on professional application with individuals in health transitions across the lifespan. Theoretical models and assessment tools are utilized to examine the diversity of cultural beliefs, values and practices that impact the health of individuals, families and groups. Legal and ethical concerns are introduced with regard to cultural diversity, health care disparity and the roles of the professional nurse.

NURS 311 fulfills the Stevenson University Curriculum general education requirement for communication.

GPS 411 Professional Seminar I

Introduces the registered nurse student new to baccalaureate nursing education to the Stevenson University RNBS Program. Includes discussion of the Program's philosophy and organizing framework, principles of health promotion, expansion of nursing roles, aspects of critical thinking, perspectives from nurse theorists, utilization of therapeutic communication, features of managed care, elements of health teaching, development and evaluation of learning goals, discourse on professional values, and descriptive situations regarding clinical updates. Learning activities include web-based interaction and an independent learning component.

Community College of Baltimore-Essex-Dundalk

2/04-8/11

Associate Professor of Nursing

Under the supervision of the Dean of Allied Health and Human Performance, the practical nursing faculty are responsible for (1) meeting all faculty responsibilities as described in the Board of Trustees Policy Manual and the Faculty Handbook, (2) participating in the planning, implementing, evaluating and revising of this new educational program and, (3) developing and implementing standards for admission, progression and graduation of students.

- As a faculty member of the practical nursing program I routinely teach/demonstrate lab theory a component of each of the courses in the program. In addition, Develop and implement a plan to assure that all instructional materials are accessible, current, and relevant to the curriculum;
- Determine the student/teacher ratio depending on the objectives of the course, methods of teaching used, and the requirements of the clinical facility.
- Participate in academic advisement and guidance of students;
- Evaluate student performance;
- Elicit student evaluation of teaching effectiveness;
- Maintain clinical skills in the faculty's area of responsibility;
- Participate in the recruitment, selection, and promotion of faculty; and

- Participate in peer evaluation of faculty performance.
- Develop appropriate learning experiences that reflect an understanding of the program's philosophy, objectives or outcomes, and curriculum.
- Develop and implement a plan to assure that all instructional materials are accessible, current, and relevant to the curriculum;
- Determine the student/teacher ratio depending on the objectives of the course, methods of teaching used, and the requirements of the clinical facility.
- Participate in academic advisement and guidance of students;
- Evaluate student performance;
- Elicit student evaluation of teaching effectiveness;
- Maintain clinical skills in the faculty's area of responsibility;
- Participate in the recruitment, selection, and promotion of faculty; and
- Participate in peer evaluation of faculty performance.

Simulation Coordinator:

- The Clinical Simulation Coordinator guides and supervise the development, implementation and evaluation of the functions of the Clinical Simulation Laboratories and other simulation activity. The PN simulation program enhances the learning experience and outcomes for nursing students.
- At the core of simulation is the research into best practices, working with our schools simulation committee and developing simulation activities that meet the needs of the PN program and clinical expectation.
- Developing a vision and plan for each simulation is paramount. Each step of the activity must be carefully designed and mapped out; these steps are not always intuitive. However, with research, and collegial relationship with other members of the program and simulation committee there is continued growth in the development of successful and efficient simulation education experience. There is an overwhelming positive response from students, they ask for more simulation time.

Lab Coordinator: The Coordinator promotes and coordinates the teaching, learning, and evaluation activities conducted by faculty, students and members of the community while in the Clinical Simulation Center.

- Design and implement teaching tools and strategies that will be used in the skills lab that will enhance student outcomes.
- Develop Simulation programs for Vita Simm and Simm Man simulation machines
- Develop Simulation scenarios and patient charts for replicating real life situations in the simulation lab.
- Attend Simulation training through Laerdal Medical
- Scheduling staff to cover the lab,

- Schedule students for lab time, testing, remediation, and lab referrals from clinical failures
- Order supplies (always being mindful of cost containment) for lab and teaching/course DVD's, CD's and online learning tools.
- Maintain equipment and oversee repairs from vendors.

Course Coordinator: Mental Health Nursing, and Trends in Nursing Courses. As course coordinator responsible for locating clinical sites, writing of courses to match the syllabus and ensure that preset standards by the Maryland Board of Nursing are met while developing creative and inventive ways of teaching material to improve retention rates of nursing students. Maintain Web CT and ensure latest tools are available for students.

For Mental Health Nursing bring Jansen Pharmaceutical into the classroom for the day with the *Virtual Hallucination Machine*

Adjunct Clinical Instructor

1/04 – 5/04

7/04 – 10/04

Essex Campus:

Clinical instructor: Fundamentals of Nursing students in both Long Term Care and Acute Care settings. Assisted students with skills development included but not limited to: Vital Signs, physical assessments, medication administration, history taking, and documentation.

Clinical instructor: Principle of Psychiatric Nursing Care: Assisted students in the development of the following skills: Assessment of the psychiatric client, utilization of appropriate therapeutic nursing interventions, teach the fundamentals of group dynamics and assist students with the implementation of groups. Responsible for grading papers, care plans and projects associated with the clinical component this course.

Carroll Community College

Westminster, MD

Adjunct Instructor

2006 – present

Provides learning experiences for nurses who have been out of the workplace and plan to return to work. Topics taught include treatment modalities, diagnostic measures, pathophysiological alterations. Developed and taught classes in: Introduction/Issues in Nursing, Documentation/Legal Issues, Mental Health, Emergency Procedures and Disasters Preparedness.

Maryland School for the Deaf

Frederick, MD

Director of Nursing

8/02-7/03

To manage and supervise the provision of medical services to the student population (preschool through 12th grade); direct the school's student health center and nursing staff; design and implement preventative health care education in the residential living program and school classes; assist and coordinate with the consulting physician and psychiatrist; provide health and medical in-service training and consultation to staff and parents; ensure school compliance with state and federal medical regulations; provide direct

medical and nursing care; perform crisis intervention and emergency medical intervention with physically and emotionally troubled children; practice recognized principles of nursing and quality health care; consult and coordinate with community agencies to ensure appropriate services to students and parents; participate in the maintenance of Bilingual Education concepts throughout the School; and assume other responsibilities as designated by the Director of Student Support Services.

Taylor Manor Hospital

Ellicott City, MD

Director of Nursing

11/01- 6/02

Acting Administrative Director

9/01-11/01

Responsible for; planning, directing, coordinating, and improving the activities of the Nursing Department. Ensure the hospital provides the highest possible standard of psychiatric nursing practice. Establish and enforce the Standards of Nursing Practice and Care with a focus on the maintenance and improvement of these standards. Provide supervision to all nursing personnel and nursing consultation to clinical areas. Participate in strategic planning, budget planning, and executive meetings. Provide ongoing support and supervision to nursing staff. Member of Systems Executive Committee, Committee of the Whole, and the Transition Team.

Taylor Manor Hospital

Staff Development Coordinator

9/00-6/02

Develop, implement, and evaluate a variety of educational programs. Design educational tools utilizing various mediums including Microsoft PowerPoint. Develop policies and procedures in order to maintain compliance with State, Federal, and JCAHO standards. Responsible for teaching, as well as coordinating with other instructors for orientation classes. Organize and maintain yearly mandatory training sessions. Oversee the management of inpatient services, alternative services, patient care, and staffing issues as the Building Charge. Provide coverage for the Internal Medicine and Infection Control departments. Member of the Medication Panel, Infection Control, Safety and Security, Pharmacy and Therapeutics, and Human Resources committees. Serve as a Patient Advocate. CPR instructor for: The American Heart Association.

Health Care Educators, Inc.

1996 - Present

President & Founder

Created Health Care Educators, Inc. in 1996. In 1997 wrote and published the first publication of the company: "I'm Not Just A Patient...I'm A Health Care Consumer." In addition, published several articles on legal ethical issues within nursing.

Responsibilities Include: Establishing and reviewing sales contacts, designing and implementing marketing plans, analyzing and evaluating customer base, updating sales reports and projections. Provide seminars and to patients, physicians and schools on a variety of subjects related to health care. Designing and implementing administrative aspects of the consulting business. Develop courses for staff development training for use by various healthcare agencies.

SPECIAL PROJECT EXPERIENCE:

Maryland State Board of Nursing 2003, Management Practicum: The practicum was completed under the supervision of Patricia Noble the Director of Discipline and Rehabilitation. I attended pre-board hearings that came before the Maryland Board of Nursing (MBON). In addition the project related to my MSN program which required the practicum was to develop strategies of management related to the administrative role of the nurse within the contemporary healthcare environment. During the internship took charge of the TERCAP (Taxonomy of Error, Root Cause Analysis and Practice Responsibility) project. This is a research project that is sponsored by the NLN (National League for Nurses). The goal of this research project was to find cause and effect relationships for healthcare errors, then design measure to prevent them from occurring in the future.

RELATED WORK EXPERIENCE**Management Responsibilities:**

- Preparing business plans including strategic planning objectives on an ongoing basis.
- Overseeing daily operations and setting agendas for various meetings.
- Designing and Implementing policies and procedures.
- Implementing customer service plan and monitoring client satisfaction.
- Assisting with the financial planning and tracking health care trends.
- Ensuring compliance with all internal and external regulatory agencies including
- OSHA, HCFA, Joint Commission and the Internal Review Board.
- Design and publish quarterly MSD Health News

RN Responsibilities Included:

- Acting as a Nurse Liaison to facilitate treatment team meetings between physicians and parents.
- Providing Medication Education to staff, patients and parents.
- Creating patient education material to teach patients and families.
- Assessing the medical needs of the patient and responding with appropriate Interventions.
- Supervising mental health workers and scheduling activities.
- Leading therapeutic and educational groups.

EMPLOYMENT HISTORY

| | |
|--|----------------|
| Community College of Baltimore County | 2004 - Present |
| Carroll Community College | 2006 – Present |
| Maryland School for the Deaf | 2002- 2003 |
| Taylor Manor Hospital, Ellicott City, Maryland | 2000 - 2002 |
| Dean P. Kane, MD, FACS, PA, Baltimore, Maryland | 1998 - 1999 |
| Sheppard & Enoch Pratt Hospital, Baltimore, Maryland | 1996 - 1998 |
| Kenneth Langer, MD, Owings Mills, Maryland | 1990 - 1992 |
| Dialysis Management, Catonsville, Maryland | 1982 - 1989 |

PROFESSIONAL ORGANIZATIONS:

- International Nursing Association for Clinical Simulation and Learning (INACL) 2008-2011
- MCCSUN: Maryland Community Colleges Simulation in Nursing 2010 - Present
- Johns Hopkins University Alumni Association - Present
- National League for Nursing 2004 – Present
- Certified Legal Nurse Consultant 2005 – Present
- International Association for Clinical Simulation and Learning 2008 -
- National Association of Practical Nurse Education 2007 - Present
- National Student Nurses Association 1994-1995
- President of Villa Julie College/Union Memorial Hospital Nursing Program's chapter of National Student Nurses Association 1995
- National Nursing Staff Development Organization 2001, 2003
- Parent Teacher and Counselor Association; Maryland School for the Deaf
- Sigma Theta Tau, International Honor Society of Nursing, Inducted December 2002, Villa Julie College Chapter, Stevenson, MD - Present

LICENSURE: RN, STATE OF MARYLAND, Expiration: 8/28/11

CERTIFICATION:

- Certified Legal Nurse Consultant 2005 – Present
- Certified Nurse Educator 2008- Present

PUBLICATIONS**Books**

Griswold, C.M. (1997). *I'm Not Just A Patient...I'm A Health Care Consumer*. Columbia, MD: Health Care Educators and Consultants, Inc. ISBN: 0-9657243-0-1

Book Review

Created Case Studies

Rosdahl, Textbook of Basic Nursing, 10th edition, Lippincott Williams and Wilkins, December 2013

Study Guide: Taylor, Lillis, LeMone, & Lynn; Fundamentals of Nursing the Art and Science of Nursing Care, 8th edition, Lippincott Williams and Wilkins
July 2011

Eby, L., Brown, N. (2009). *Mental Health Nursing Care*. Upper Saddle River, NJ: Pearson Prentice Hall.

Dosage Book Prentice Hall (2009). Upper Saddle River, NJ: Pearson Prentice Hall.

Medical Surgical Nursing (2009). Upper Saddle River, NJ: Pearson Prentice Hall.

Articles

Griswold, C.M. (2008). Firing Patients. Outpatient Surgery Magazine, September 2008 Pending.

Griswold, C.M. (2008). The Best Defense Against Medication Errors. Outpatient Surgery Magazine, May 2008, 28-30.

Griswold, C.M. (2008). Lessons Learned from Hepatitis C Outbreak. Outpatient Surgery Magazine, May 2008, 26.

Griswold, C.M. (2008). Who Knew The Toll An Agency Physician Would Cause? Outpatient Surgery Magazine, pending 2008.

Griswold, C.M. (2008). Patient Falls from Operating Table and Dies Are you doing all you can to reduce the risk of patient falls? Outpatient Surgery Magazine, March 2008, 3: 22-23.

Griswold, C.M. (2008). How to Lower Your Liability Premiums Detailing surgical – error protocols will keep mishaps and rates down. Outpatient Surgery Magazine, January 2008, 2: 18-21.

Griswold, C.M. (2008). Practical Nursing Program a Day of Discovery. Vital Signs School of Health Professions CCBC Vol 5, Issue 2. June 2008.

Griswold, C.M. (2008). What's New in the Practical Nursing Program. Vital Signs School of Health Professions CCBC. Vol 5, Issue 1. March 2008.

Griswold, C.M. (2007). Transitions, Vital Signs School of Health Professions The Community College of Baltimore County, Vol 4, Issue 2.

Griswold, C.M. (2006). Practical Nursing Program Highlights. Vital Signs School of Health Professions The Community College of Baltimore County, Vol. 3, Issue 1.

Griswold, C.M. (2002). Making Tough Choices. Nursing Spectrum, 12 (19): 14-15.

Griswold, C.M. (2003). What I Didn't Learn In Nursing School, In Press.

Griswold, C.M. (2002). MSD Health News...Newsletter, Vol. 1, Issue 1.

Presentations

Pitfalls in Social Media
Sinai Hospital
July 2011

MCCUN 2nd Annual Simulation Conference
Hagerstown Community College
June 2011
Co-Presenter on Verbal De-escalation Techniques in Simulation
MCCUN 1st Annual Simulation Conference

Hagerstown Community College
June 2010
Moderator: Lab Managers Roundtable Discussion

Community College of Baltimore County
April 2010
“Caring: Infusing Caring Throughout the Curriculum”

Community College of Baltimore County
May 2008
The Eighth All Employee Professional Development Conference
“Developing a Classroom Toolbox of Learning”

Community College of Baltimore County
Certified Nursing Assistance Job Fair Key Note Speaker
September 7, 2008
Resumes

NACLNC 13th Annual Conference “Making Breaking News and Put Your CLNC[®]
Expertise in the Headlines”
March 18, 2008
“Developing a Classroom Toolbox of Learning”

MCAPD: Maryland Consortium for Adjunct Faculty Professional Development
Hosted by: Community College of Baltimore County
September 29, 2007
“Humor in the Classroom, Learning is FUN-da-mental”

Community College of Baltimore County
May 24, 2007
The Seventh All Employee Professional Development Conference
“Humor in the Classroom, Learning is FUN-da-mental”

CSD: Central Services for the Deaf, Frederick Maryland

In Development for DVD distribution
 “Getting the Most from Your Health Care Dollars”

COMMUNITY SERVICES

- Stevenson University Nursing and Justice program Life Saving Training for Maryland Police officer October 2013
- MedStar Health Community Service: for Union Memorial’s Rocket Red Glare Unity IV Disaster Drill May 31, 2012
- Key Note Speaker at the Job Fair for the graduating Certified Nursing Assistance Program at the Community College of Baltimore County August 25th 2008.
- Public Safety Building Monitor beginning 2008.
- Participated in the Instillation of the Archbishop of Baltimore October 2008, and invited guest to attend the National Bishops breakfast November 2008.
- CCBC Presidents Distinguished African American Lecture Series: Dr. Gloria White-Hammon’s lecture on “A Mission of Helath and Healing from Dundalk to Darfur.” February, 2009.
- Co-Founder of the Literacy Project (adoption of an elementary school, where we collect new books for each student)
- Member of the Speakers Bureau for the Maryland Hospital Association and Nurses Association
- Member of the State of MD Dept. of Health and Mental Hygiene Disaster Program
- Active CPR instructor
- Involved with the Deaf Ministry of the Arch Dioceses of MD
- Maryland State Board of Nursing Disaster Training 2003 - present
- Fundraiser for the 8th grade class at Maryland School for the Deaf- Frederick, Maryland, 2002-2003
- Fundraiser for the Athletic Department at Maryland School for the Deaf- Frederick, Maryland, 2003
- Disaster Treatment Team, Taylor Manor Hospital, 2001
- Clothing and Hygiene Drive for Homeless Shelter @ Hannah More Center, Reisterstown, MD, Maryland 1994, 1995, 2000
- Fundraiser for the Parent Teacher Counselor at Maryland School for the Deaf – Columbia, Maryland, 1999
- AIDS Quilt The Mall in Washington, DC ?1995
- Chairperson Villa Julie College/Union Memorial Hospital’s First and Second Annual
- Spring Conference to Celebrate National Nurses Week 1995, 1996
- Co-Chairperson Villa Julie College/Union Memorial Hospital’s Pinning Ceremony
- December 1995
- Introduced and Displayed Names Project AIDS quilt at Spring Conference 1995

- Founded the Villa Julie College AIDS Panel Community Project 1995
- Chairperson Villa Julie College Red Cross Blood drive 1993, 1994
- Baltimore County AIDS Coalition
- Assisted with World Aids Day Celebration at Villa Julie College 1994, 1995

COMMITTEES

- Faculty Council Stevenson University appointed for 2014-2016
- Chair of University Advancement subcommittee of Faculty Council Stevenson University appointed for 2014-2016
- Attend and participates all department and college wide meetings
 - School of Health Professions
 - MCCSUN
 - Practical Nursing Program Advisory Committee
 - Middle States Accreditation
 - CCBC 2010-2011
 - MD School for the Deaf 2003
- Tobacco Free College Task Force 2011
- Tobacco Free Wellness Subcommittee Chair 2011
- Nursing Student Retention Committee 2010 – Present
- Multiple Student Grievance Committee
- Professional Affairs Committee 2007-2011
- Chair Professional Affairs Committee 2010-2011
- Co-Chair Professional Affairs Committee 2007-2010
- IT Acceptable Use Policy Task Force June 2008
- Student Academic Review Committee
- Chaired Practical Nursing search committee
- Member of the VP of Instruction search committee
- Member of the VP of Intuitional Advancement search committee
- Search Specialist for the Dental Hygiene faculty search committee
- Search Specialist for the SORE search committee 2005-2011
- Search Chair and Search Specialist PN Nursing Program 2005-2011
- Faculty advisory for the PN Nursing Program Organization (and Capping and Pinning Ceremony)
- Participate in Student Issue Meetings
- Member of the College Senate
- Member of the Professional Affairs Committee
 - Essential contributor of the Tenure Proposal
 - In the spring of 2006 and 2007 was VP of PAC
- Member of the Rubric's Committee
- Member of the Ethic's Day Planning Committee
- Member of the Welcome Committee for Dr. Kurtinitis

- Member of the External Committee for Dr. Kurtinitis
- New nursing pin committee member of CCBC
- Academic advisor to 1/2 of the Practical Nursing students 18 +
- Member of the advisor committee to the Practical Nursing Program
- Developing and working on the “Deaf Nurse” proposal that will bring together members both within the college, but out side of the SHP and outside members of the deaf community
- Maryland School for the Deaf (2002- 2003)
 - Health and Safety Committee
- Taylor Manor Hospital (2000-2002)
 - Infection Control Committee
 - Medical and Professional Staff Committee of the Whole
 - APS
 - CME (Continuing Medical Education) Committee
 - Key Control Committee
 - Medication Use Task Force
 - Pharmacy and Therapeutics Committee
 - Safety and Risk Management
 - Patient Advisory and Ethics Committee
 - Credentials Committee
 - System Executive Committee
 - Disaster Planning Committee

CONFERENCES & WORKSHOPS

- Taking Charge of ADHD – 12 Best Principles for Management with Dr. Russell Barkley 10/9/2014: Stevenson University and Odyssey School
- Evaluation and Management of Pain in Moderate to Severe Dementia: Copper Ridge Institute 4/2/2014
- Higher Order Control of Mobility in Aging and Dementia: Copper Ridge Institute 3/5/2014
- NCORE: The National Conference on Race & Ethnicity in American Higher Education May 25 - June 3, 2013
- College Student Retention (Customized Training Course with Marianne R. Jeffreys) Frederick Community College 04/12/2013
- Howard University's 2013 Symposium on Healthcare April 10, 2013
- RAPID - PSYCHOLOGICAL FIRST AID TRAINING WORKSHOP Johns Hopkins Hospital February 27, 2013
- National League for Nurses Opening Doors to Leadership: Purpose, Power, Passion 9/2013
- Stevenson University Summer Writing Institute May 2013
- Stevenson University Nursing Program’s 19th Annual Spring Nursing Conference April 5, 2013

- Maryland Faculty Academy for Simulation Teaching in Nursing (M-FAST), held on January 9-13, 2012 at the Johns Hopkins University School of Nursing (JHUSON).
- Stevenson University Summer Writing Institute May 2012 (2 sessions)
- Stevenson University Nursing Program's 19th Annual Spring Nursing Conference April 5, 2013
- Stevenson University Nursing Program's 18th Annual Spring Nursing Conference April, 2012
- National League for Nursing and The Simulation Innovation Resource Center (SIRC) CEU's
 - Developing Faculty (simulation) 2 contact hours/0.2 CEU's: May 11, 2011
 - Maximizing Realism 2 contact hours/0.2 CEU's: May 11, 2011
 - Designing a Simulation Center 2 contact hours/0.2 CEU's: May 11, 2011
 - Integrating Concepts into Simulation 2 contact hours/0.2 CEU's: May 4, 2011
 - Teaching and Learning Strategies 2 contact hours/0.2 CEU's: May 4, 2011
 - Programming a High-Fidelity Simulator 2 contact hours/0.2 CEU's: May 6, 2011
 - Curriculum Integration 2 contact hours/0.2 CEU's: May 6, 2011
 - Evaluating Simulations 2 contact hours/0.2 CEU's: May 6, 2011
 - Guidelines for Simulation Research 2 contact hours/0.2 CEU's: April 13, 2011
- Maryland Professional Volunteer Corps (MPVC) Training 2009/2010
- MCCSUN (Maryland Community College Simulation Users Network): 3rd Annual Quest for Excellence Nursing Simulation Conference 6/2012
- MCCSUN (Maryland Community College Simulation Users Network): 2nd Annual Quest for Excellence Nursing Simulation Conference 6/2011
- Department of Health and Mental Hygiene Office of Preparedness and Response Maryland Professional Volunteer Corps (MPVC): Disaster Readiness and Response: Orientation and Training December 16, 2010
- MCCSUN (Maryland Community College Simulation Users Network): 1st Quest for Excellence Nursing Simulation Conference 6/2010
- Laerdal 2009 Simulation Users Networking Conference 5/19-21/2009
- Rutgers University Journal of Psychosocial Nursing Slack Incorporated 1996 Courses: January 1996
 - Patient Compliance for Psychotropic Medication: A group model for an expanding psychiatric inpatient unit
 - Preparing for Prescriptive Practice: Advancing practice psychiatric nursing and psychopharmacotherapy

- Living with Depression: Family members' experiences and treatment needs
- Out of Control! The most effective way to help the binge-eating patient
- The Impact of the Evolution of Psychiatry on Psychiatric Nursing
- Rutgers University Journal of Psychosocial Nursing Slack Incorporated 1996
Courses: February 1996
 - Auditory Hallucinations in Schizophrenia: Group experience in examining symptom management and behavioral strategies
 - Working With the Patient With a Chronic Mental Impairment: An activity group Approach
 - Family Dynamics and Family Therapy With Mexican Americans
 - Management of Self-Destructive Behaviors in an Open Inpatient Setting
- Rutgers University Journal of Psychosocial Nursing Slack Incorporated 1996
Courses: April 1996
 - Gender Dysphoria Update
 - Women's Mental health Issues: Reflections on Past Attitudes and Present Practices
 - The Aging Inmate
 - Supporting Families After Sudden Infant Death
 - Poetry Therapy for Schizophrenics: "I want to tell the whole world..."
 - Quilting a New Tradition
- Keynote speaker at the CCBC's Nursing Assistant Job Fair, April 2008
- Maryland Association of Associate Degree Nursing Directors: Creative Teaching Strategies for the Classroom October 2008
- National League for Nursing (NLN): The Role of Mentoring in Addressing the Nursing Shortage October, 2008 @ Catholic University
- 19th Annual AFACCT Conference Living and Learning: The Dynamic Interplay Between Life Experience and Learning @ Anne Arundel Community College January 2009
- Maryland Association of Associate Degree Nursing Directors and Maryland Organization of Associate Degree Nursing Annual Statewide Conference: Creative Teaching Strategies for the Classroom October 3, 2008
- CCBC's Sexual Harassment Prevention Training October 2008
- National League for Nursing "The Power of Diversity In Nursing Education; Embracing Differences in Heritage & Thought September 17 – 20th, 2008
- National League for Nursing Pre-Summit Workshop: The NLN Preparation Course for Certification as a Nurse Educator September 17, 2008.
- VitalSim Training Class Presented by Laerdal July 8, 2008.
- "Celebrating Our Successes" The Eighth All-Employee Professional Development Conference May 21, 2008 CCBC Catonsville

- 2008 13th Annual NACLNC[®] Conference: Making Breaking News and Put Your CLNC[®] Expertise in the Headlines (90 minute course) Las Vegas, Nevada. 3/17-18/2008
- Maryland Association of Associate Degree Directors (MAADND), Maryland Organization of Associate Degree Nursing (MOADN). Stop the Hurting, Start the Healing: Practical Strategies to Cultivate a Culture of Civility: 15 Strategies for Dealing with Student Incivility and 1 Reason Why You Should Use Them. 10/5/07
- National Association for Practical Nurse Education and Services, Inc. (N.A.P.N.E.S.) 63rd National Convention 5/4-5/8/2007. In addition attended the following workshops for continuing education hours.
 - Medication Errors 1.0 contact hours
 - Drug and Herb Interactions 1.0 contact hours
 - Parliamentary Procedure 1.0 contact hours
 - Sexually Transmitted Diseases
 - Disturbed Body-Image 1.0 contact hours
- Difficult Student Situations: Learning to Manage Them More Effectively: National League for Nursing 3/13/07
- Maryland Mental Hygiene Administration Military Outreach Initiative 3/20-21/2007
- Innovative Approaches for Use of a Standardized Assessment and Review Program: ATI (Assessment Technologies Institute, LLC. 4/20/07
- Career Development Systems: Advanced Stethoscope Skills Heart, Breath & Abdominal Sounds 10/25/2006
- CISL 2006
- Sim Man User Group Conference 4/06
- Active Participant in CCBC's "Physically Fit 2006"
- MAADND, MOADN: Keep Pace with the Race through Smart Teaching: Presenter: Sylvia Rayfield, MN, BSN: 10/6/2006
- Faculty Development – Creative Conceptual Teaching. Sylvia Rayfield 10/6/06
- Carroll Hospital Center & National Alliance for the Mentally Ill Presents "Hearing Voices...Speaking in Tongues) A family's true story of schizophrenia, love and redemption. A one man play by Michael Mack. 5/11/06 & 2007
- Drexel Nurse Educator Workout For New Faculty Conference 6/05
- National Alliance of Certified Legal Nurse Consultants 10th Annual Conference, Saint Louis, LA 3/05.
- CCBC Professional Day Conference 5/24/05
- MAADN Test Construction Workshop 8/1/05
- Learning Harbor 2005-2006
- CPR Instructor
- Faculty Web design @ CCBC
- New Faculty Learning Community 2004-2005
- AFFACT Spring Conference 2005

- Diabetes Trainer of Trainers, Mercy Medical Center: P.E.D.S. Pediatric Education for Diabetes in Schools 2003
- Talk About Nursing: A Speakers Training Program for Nurses: The Maryland Healthcare Education Institute 2002
- Taylor Manor Hospital: The Use of Psychotropic Medication in Woman of Childbearing Age 20002
- Taylor Manor Hospital: Suicide Risk Assessment 2002
- Taylor Manor Hospital: Violence and Aggression Management Program (VAMP) 2002
- Maryland Nursing Law 2001
- HIPPA Privacy Regulations: Blank Rome Comisky & McCauley LLP & Health Care Department. 2/1/2001
- Joint Commission Standards For A Successful Nursing Staff 2001
- Taylor Manor Hospital: When Being Gay is Unlivable: Preventing Gay, Lesbian, Bisexual and Transgender Suicide 2001
- Taylor Manor Hospital: Projecting A Spectrum of Uses For Atypical Antipsychotic 2001
- Taylor Manor Hospital: HSTN Training Academy Choosing the Most Effective Antidepressant 2001
- Taylor Manor Hospital: Preventing Relapse and Optimizing the Long-Term Outcome in Schizophrenia 2001
- Taylor Manor Hospital: Legal Issues in Mental Health Care 2000
- PRIMEDIA Healthcare choosing the Most Effective Antidepressant 2000
- Fred Pryor Seminars: How To Organize And Maintain Files And Records 1999
- Sheppard and Enoch Pratt Hospital: Spiritual Wisdom & the Practice of Psychotherapy 1998
- Obsessive Compulsive Disorder Workshop Series 1997
- Sheppard and Enoch Pratt Hospital: Yalom's Group Workshop 1996
- Sheppard and Enoch Pratt Hospital: Interacting With Parents 1996
- Sheppard and Enoch Pratt Hospital: Psychopharmacological Update For Nurses 1996
- The Meaning of Life And The Meaning of Death Conference: A Tribute to Two Legends Pioneers in Their Field: Helping Us Understand Life and Death (Dr. Elizabeth Kubler-Ross & Dr.Viktorn Frankl) 1995

SCHOLARLY PRESENTATIONS

- Pitfalls of Social Media: Sinai Hospital June 2012
- Multidisciplinary Scenario in Action - Verbal De-Escalation with Angry Persons (co-presenter)
MCCSUN (Maryland Community College Simulation Users Network): 3rd Annual Quest for Excellence Nursing Simulation

- 2008 13th Annual NACLNC[®] Conference: Making Breaking News and Put Your CLNC[®] Expertise in the Headlines (90 minute course) Las Vegas, Nevada.
- 2007 “Shaping Our Future” The Seventh All-Employee Professional Development Conference Community College of Baltimore County: Humor in the Classroom, Learning is FUN-da-mental (1 hour presentation)
- 2007 Maryland Consortium for Adjunct Faculty Professional Development. Community College of Baltimore County. Humor in the Classroom, Learning is FUN-da-mental (1 hour presentation)
- June 2003 Cancer Presentation to Middle School and High School Students at Maryland School for the Deaf, Frederick, MD
- 2003 Nutrition Presentation to students at John Robert Powers, Baltimore, MD
- 2001-2002 Pain Management In-service (1 hour course), Taylor Manor Hospital, Ellicott City, Maryland
- 2001-2002 Running Effective Groups (1hour course), Taylor Manor Hospital, Ellicott City, Maryland
- 2001-2002 Seclusion and Restraints (1 hour course), Taylor Manor Hospital, Ellicott City, Maryland
- 2001-2002 Infection Control (1 hour course), Taylor Manor Hospital, Ellicott City, Maryland
- 2001-2002 Fire Safety (1 hour course), Taylor Manor Hospital, Ellicott City, Maryland
- 2001-2002 CPR, The American Heart Associate, Taylor Manor Hospital, Ellicott City, Maryland

AWARDS

- Associate Professor of Nursing Community College of Baltimore County, effective July 1, 2009
- Nominated for Promoting the CLNC[®] Profession award at the 13th Annual NACLNC[®] Conference 2008
- Certificate of Appreciation from St. Joseph’s Indian School 2008
- Certificate of Appreciation: The First Annual MCAPD Conference for Adjunct Faculty Professional Development September 29, 2007
- Congratulations Letter from Senator Barbara A. Mikulski 8/27/04 re: 1st graduation class of the Practical Nursing Program CCBC
- Congratulations Letter from Senator Paula C. Hollinger 7/20/04 re: 1st graduation class of the Practical Nursing Program CCBC
- Congratulations Letter from Governor Robert L. Ehrlich, Jr. 8/27/2004 re: 1st graduation class of the Practical Nursing Program CCBC
- Nursing Spectrum 2003 Nurse of the Year Nominee
- Taylor Manor Hospital Certificate of Appreciation 2002
- Taylor Manor Hospital: Second Mile Award 2000
- Named as an Outstanding Student and Leader in the Villa Julie College Gubernatorial Proclamation 1995

- Judith A. Feustle Award 1995
- Donnie M. Bay Scholarship Award 1995
- NSNA-VJC/UMH Leadership Award 1995
- Leadership Award-Villa Julie College 1995
- Who's Who Among Students in American Colleges and Universities 1995
- Villa Julie College-Organization of the Year Award 1994-1995
- Villa Julie College Certificate of Recognition 1994, 1995
- Red Cross Donor Chair Recognition 1994
- Dean's List Villa Julie College 1993