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Chief Academic Officer

Eric Riedel, Ph.D.

Walden University
2016

Abstract

Case Study of Stakeholders' Views on Retention and Self-Efficacy in Texas Nursing Programs

by

Durcilla Williams

MSN, Angelo State University, 2007

BSN, University of Phoenix, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

October 2016

Abstract

Retention of students through the completion of the nursing degree is a problem that exists at local Texas nursing programs, adding to the nursing shortage at local Texas hospitals. The purpose of this qualitative research study was to identify the best practices used by a local Texas college with graduation rates above the benchmark of 85% set by the Texas Higher Education Coordinating Board. The study framework was based on Bandura's theory of self-efficacy and Tinto's theory of student retention. The research questions for the study focused on reasons the college maintained a high retention rate, best practices currently used, changes to best practices, which best practices contributed to student retention, and additional best practices that could be implemented. The boundaries for the case study included current dean's ambassadors, traditional faculty, and recent dean's ambassadors who graduated within 3 months of the project study. The case study method of qualitative research used 30 minute Skype or telephone interviews to collect personal perceptions and opinions from 5 participant volunteers from a 2-year or 4-year nursing program. Data analysis included grouping similar *in vivo codes* together into major and minor themes. The results of my project study revealed best practices used at the college included faculty availability, faculty support, office hours, mentoring, tutoring, and retention counselors. Only 1 participant had knowledge and was familiar with the term self-efficacy. Based on these results a faculty professional development project was created to provide information on academic self-efficacy in the form of a 3-day, evidence-based workshop. This project may lead to positive social change by providing faculty information that may be used to plan and refine a curriculum on self-efficacies, which could benefit nursing students and increase retention.

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Dedication

This project study is dedicated to my spouse, Thomas Randal Williams, for inspiring me to achieve my dream. I want to thank my beautiful daughters, Patricia Williams and Randi Kay Williams, who provided encouragement and support during this educational journey. I want to thank my mother, Norma Jean Pace, who demonstrated courage and perseverance when faced with physical hardships. Finally, I dedicate this project study to the memory of my father, Edward Eugene Pace, who passed away before the completion of my journey.

Table of Contents

List of Tables

Section 1: The Problem

Introduction

Retention of students through the completion of the nursing degree is a problem that exists at Texas nursing programs. Despite Texas nursing programs implementing the Advancement via Individual Determination (AVID) program, with mentoring, tutoring, and adding technology in the classroom, low retention is occurring. This problem has negatively impacted the number of nurses graduating from Texas nursing programs. One possible cause of this problem is the increasing number of *nontraditional* students entering nursing programs. Park, Perry, and Edwards (2011) defined nontraditional students as older students, single parents, working students, students with family responsibilities, and students with learning disabilities. A second possible problem is that traditional and nontraditional nursing students are unprepared for the needs and requirements of nursing classes. Nontraditional nursing students today are older, have family responsibilities, and balance working with attending college. Both traditional and nontraditional students are taking many classes online instead of on campus to meet their family and work responsibilities. Gilmore and Lyons (2012) revealed that critical factors that caused students to drop or withdraw from nursing courses included learning needs, technology skills, work schedules, and distance from the college. Other critical factors that increased the risk of students dropping or withdraw from online nursing courses included poor time management skills paired with a lack of technical skills (Hachey, Wladis, & Conway, 2012; Lee, 2015).

Shelton (2012) revealed that experts estimate "the demands for registered nurses (RNs) will grow by approximately 3% per year over the next 10 to 15 years, while the supply of RNs will be much less than what is required, resulting in a deficit of 285,000 RNs by 2020" (p. 1). Two factors contributing to the shortage of nurses are the current age of the work force and nurses entering retirement. Juraschek, Zhang, Ranganathan, and Lin (2012) revealed the age of the workforce was between 45 and 54 years of age resulting in 50% of the RNs facing retirement within 20 years. A recent literature review was conducted to evaluate information related to retention of nursing students. The literature revealed multiple factors that contributed to students dropping or withdrawing from the nursing program. The multiple factors that contributed to students dropping or withdrawing included the following: educational expense, academic requirements, under-utilization of mentors and tutors, levels of reading and math skills, burnout and stress, communication, not possessing critical thinking skills, lack of technical support, and inadequate time management skills (Williams, 2013a; Williams, 2014a). Academic requirements for nursing students include maintaining a 2.5 grade point average (GPA) or C average for admission and continuation through the nursing program (Herrera, 2013; Shelton, 2012). Nursing students with poor academic performance or difficulty maintaining a 2.5 GPA or C average may not seek assistance and drop out of a nursing program. The impact of students dropping or withdrawing from nursing programs is a shortage of nurses.

One local college chosen for this research study was selected from a report to the Texas Higher Education Coordinating Board (THECB). The local college exceeded the

cohort graduation benchmark of 85% set by THECB in three consecutive years, with 91.2% in 2007, 96.4% in 2008, and 93.5% in 2009 (Thomas, 2010). Fifteen students from each semester are chosen by school of nursing dean to serve as dean's ambassadors. The dean's ambassadors attend social functions, participate in activities, and serve as liaison to prospective nursing students. Questions to address in the research study included the following: What do current dean's ambassadors students or recent dean's ambassadors perceive as reasons that the local college maintained a high retention rate? What other factors do current dean's ambassadors or recent dean's ambassadors perceive as reasons preventing students from dropping or withdrawing from the program? Which of the *best practices* do current dean's ambassadors or recent dean's ambassadors attribute to student retention? Additional information was gathered from interviewing the traditional faculty teaching in the local nursing program. Questions addressed to the local college traditional faculty included the following: Which best practices are the traditional faculty using to increase student retention? What other best practices could the traditional faculty use to increase student retention? What other best practices could be implemented by traditional faculty to continue meeting and exceeding the benchmark of 85% set by the THECB? Information gained from the proposed project study on best practices and self-efficacies was presented as a report to the conduit or gatekeeper at the local Texas college for review along with a project that focuses on a professional development/training curriculum or a possible policy change.

Definition of the Problem

Texas is one of the ten states with a nursing shortage. James (2012) reported Texas had a current shortage of over 22,000 full-time nurses, and the shortage will increase to 70,000 by 2020. A study conducted by Juraschek et al. (2012) used a formula to assess each state's RN shortage ratio based on the current RN supply, RN demand, and current state population. The results of that study revealed the RN shortage will continue to increase, and by 2030, the states with the largest number of RN openings will be California, Florida, and Texas (Juraschek et al., 2012). One hospital in Texas reported posting 44 to 56 openings for RNs from January to July in 2014 and filling fewer than 20% of the openings. As shown in Table 1, only five to 14 positions were filled from January to July in 2014. The hospital in Texas reported 32 to 49 unfilled RN positions from January to July in 2014 causing the hiring of agency nurses to cover summer vacations. The number of RN positions filled by agency nurses ranged from five in January to 16 in July of 2014, but agency nurses did not fill all the RN positions open as shown in Table 1.

Table 1

Registered Nurses (RN) Positions Posted

RN jobs posted per Month/Year	Positions posted	Positions filled	Positions still open	Positions filled by agency nurses
January 2014	52	14	38	5
February 2014	56	10	46	5
March 2014	55	6	49	5
April 2014	52	8	44	10
May 2014	44	5	39	12
June 2014	46	14	32	12
July 2014	53	13	40	16

Note. Data from Recruitment and Retention Director at Medical Center Health System.

Rationale

Evidence of the Problem at the Local Level

The rationale for choosing to research retention at a local college in Texas was related to a report by Walker et al. (2011) that only 56% of Texas nursing students graduated on time in 2006 resulting in a 69% retention rate. Another report by Thomas (2010) revealed 71.1% of nursing students who entered Texas nursing programs in 2009 graduated with a degree. To encourage retention of students, THECB set a graduation benchmark of 85% and created incentive grants of $25,000 for colleges that show best practices that contributed to their graduation rates (Thomas, 2010). Final results of the study conducted by Thomas (2010) revealed only five of the 78 Texas nursing programs improved their graduation rate or retention rate between 2007 and 2009. Out of the 78 Texas nursing programs, only nine programs reached the graduation benchmark of 85% in 2009 (Thomas, 2010). The local college selected for the research study met and exceeded the graduation benchmark of 85% each of the years from 2007 to 2009. The purpose of this qualitative research was to examine personal perceptions and opinions about best practices and self-efficacy on student retention. Personal perceptions and opinions were gathered from current dean's ambassadors, recent dean's ambassadors, and traditional faculty. Contact with research participants was through the conduit serving as gatekeeper defined by Creswell (2012). To maintain the privacy and confidentiality of the college and students, the contact person was referred to as conduit or nurse gatekeeper.

Evidence of the Problem from the Professional Literature

The rationale for choosing to research retention is the shortage of graduate nurses in Texas and the increasing age of working RNs. Today's nursing student is older, has family responsibilities, is employed, and has been out of school for several years (Shelton, 2012). Other factors to consider include the number of years out of school and level of computer skills. Goff (2011) described nursing students are "94.3% enrolled full time, 92.5% female, range from 20 to 54 years of age, 18.9% married, 23.1% with children, and 52.8% working part-time, and 32.1% unemployed, laid off, or looking for work" (p. 8). In comparison, Fontaine (2014) revealed nursing students "ranged in age from 18 to 61, and 86% were female" (p. 95). Successful completion of a nursing program requires a combination of academic ability, computer skills, and commitment to learning. The problem is relevant to the discipline of nursing because only approximately 71.1% of the nursing students who enter Texas nursing programs graduate with a degree (Thomas, 2010). The National Center for Education Statistics reported only 31% of nursing students who entered college in 2009 completed their associate degree within 3 years (NCES, 2014). The National Center for Education Statistics reported only 59% of nursing students who entered a 4-year nursing degree plan in 2006 completed a degree within 6 years (NCES, 2014). Shelton (2012) indicated the largest age group of nurses would be over the age of 50 years, and the continued shortage of nurses as a threat to the healthcare system and the health of the aging population.

The shortage of nurses was addressed by Thomas (2010) in a written report for THECB. Walker et al. (2011) revealed "the demand for RNs is expected to increase by

86%, but the supply is expected to increase by only by 53%" (p. e9). The report to the THECB in 2006 addressed the shortage of nurses and the need to increase the number of nursing students in nursing programs. Walker et al. (2011) explained the reason for the Nursing Shortage Reduction Act of 2001 passed by the 77th Texas Legislature was "to provide funds for nursing schools to address the nursing shortage by increasing enrollments and developing innovative grant projects" (p. e9).

The funding for nursing schools provided an incentive to increase enrollment of students but did not address retention of students through the completion of a degree. Walker et al. (2011) reported Texas nursing programs increased enrollment by 53.9%; however, only 56% of the students graduated on time in 2006 with a Texas retention rate of 69%. Successful completion of a nursing program was related to environmental factors that included finances, hours worked, family responsibility, encouragement, and support. A follow-up report on graduation rates conducted by THECB in 2009 revealed "the statewide graduation rate for Texas nursing schools was 71.1%, a 2.8% increase from the 2008 rate" (Thomas, 2010, para 4). Data collected from Texas colleges from 2007 to 2009 included the number of graduates and percentage of graduates for each college. The study revealed 57.8% of students completed a nursing program within the 12 month to 18 month time period compared to 73.4% of students who completed the program within 24 months to 36 months (Thomas, 2010). The report did not include information on the year the nursing program was established or the number of years the nursing program was in place. Additional information needed to support the data is the number of nursing students admitted to the program compared to the graduation numbers for each year.

Definitions

Special terms associated with the problem are *attrition*, *nontraditional*, *retention,* and *self-efficacy*.

Attrition: "A loss of students from a nursing program resulting in a difference between the numbers of students beginning the program to the number of students finishing the program" (Abele, Penprase, & Ternes, 2013, p. 258).

Nontraditional: "Older students, single parents, students with learning disabilities, learners who are working as well as attending school, and students with complex family care responsibilities" (Park et al., 2011, p. 38).

Retention: "Successful completion of a program of nursing and midwifery leading to eligibility to register as a nurse or midwife" (Cameron, Roxburgh, Taylor, & Lauder, 2011, p. 1374).

Self-efficacy: "People's beliefs about their capabilities to produce designated levels of performance that exercised influence over events that affected their lives" (Taylor & Reyes, 2012, p. 1).

Significance

The significance of the problem was revealed from a report done by the THECB in 2009. The THECB tracks nursing students after they have completed the prerequisites, entered nursing programs, and completed the program or graduated. As a result of one study in 2006, the THECB established a graduation benchmark of 85% for nursing programs in Texas (Walker et al., 2011). Recommendations from the study conducted in 2006 by the THECB included addressing the quality of the nursing programs and the

current nursing shortage. THECB created a $25,000 incentive grant "for colleges that can show a best practice that contributed to their high graduation rates" (Thomas, 2010, para 4).

A follow-up study conducted by the THECB in 2009 revealed the following related to colleges that reached the graduation benchmark: 13 out of 78 colleges reached 85% in 2007, 16 out of 78 colleges reached 85% in 2008, and 10 out of 78 colleges reached 85% in 2009 (Thomas, 2010). It was noted in a follow-up study that four out of the 78 colleges reached and exceeded the benchmark of 85% set by THECB each of the years from 2007 to 2009.

Studying the problem of retention at a local college provided information on why retention is so high at the local college setting. The local college selected for the research study exceeded the benchmark all 3 years with 91.2% in 2007, 96.4% in 2008, and 93.5% in 2009 (Thomas, 2010). Data were gathered about the best practices being used at the local setting that could be shared with other college settings. Data included changes to best practices that were made after 2009 that improved retention of students. Results from the current research study could be used to evaluate the current professional development/training curriculum on best practices provided to traditional faculty. Based on the results, the conduit at the local college could make an adjustment to the professional development/training curriculum information provided to the current traditional faculty and newly hired traditional faculty.

Guiding/Research Question

I conducted research on best practices used by one local Texas colleges with graduation rates above the benchmark of 85% set by THECB. Past research has been conducted on identifying areas of weakness contributing to student academic failure in nursing programs. The Nursing Shortage Reduction Act of 2001 was focused on addressing the nursing shortage by increasing enrollment of nursing students and did not address retention of students (Walker et al., 2011). There is a gap in the literature on which best practices and self-efficacies are instrumental in retention of the student through the completion of a degree. I used the qualitative research method to collect data related to best practices used at the local college to maintain a high retention and graduation rate. The purpose of this qualitative research study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. Personal perceptions and opinions were gathered from current dean's ambassadors, recent dean's ambassadors, and traditional faculty. Questions to address in the proposed research study included the following: What are some of the best practices recommended to improve retention? What best practices are in place at the local college? What recent changes were made to the best practices used at the local college? Which best practices were attributed to the high student retention? Additional data was collected related to self-efficacies used by students at the local college to maintain a high retention and graduation rate. Which self-efficacies had a positive influence on academic achievement at the local college? What factors influenced student self-efficacies? What kind of educational practices supported student self-efficacy?

Review of the Literature

The theoretical framework for this study was Bandura's (1997) theory of self-efficacy and Tinto's (1993) theory of student retention. The two theories demonstrated the requirements that nursing programs need to implement to increase student retention. Bandura (1986) defined self-efficacy as "expectancy for success in achievement situations" (p. 361). He also stated that "perceived self-efficacy refers to beliefs in one's capability to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). Nursing students require self-efficacy in order to apply for admission to a nursing program and remain in the program until graduation. Shelton (2012) described Bandura's theory of self-efficacy as "a belief in one's ability to plan and carry out courses of action to produce results" (p. 2). Students need to feel that they are a part of the college community and have access to a strong support system. Tinto (1987) described six principles that are significant for retention that include "students need to have basic academic skills, outside-the-classroom personal contacts, systematic retention actions, one must start early, students should be the primary commitment of the institutions, and education instead of retention should be the goal" (Wagenaar, 1988, p. 415). Shelton (2012) described Tinto's theory as "based on students becoming integrated into the college community where they can receive support and assistance in order to complete their degree" (p. 2).

THECB has studied attrition and retention of nursing students from enrollment through to graduation. THECB tracks nursing students actively enrolled in nursing programs across Texas and compares program graduation rates to the graduation

benchmark of 85% (Walker et al., 2011). The statewide graduation rate for nursing programs in Texas was 69.1% in 2007 and increased to 71.1% in 2009 (Thomas, 2010). An incentive grant was created by THECB for colleges that show best practices with increasing their graduation rate. Student retention requires nursing programs to incorporate Bandura's theory of providing a strong psychological support and Tinto's theory of providing a strong sociological support system in order for nursing students to complete their degree. McKendry, Wright, and Stevenson (2014) and Shelton (2012) described students without adequate support will have an increased attrition rate.

The literature review conducted in preparation for the project study revealed Tinto's (1993) theory of student retention and the impact of decreased retention of nursing students through the completion of a nursing degree. Google Scholar was used to collect articles within the past 5 years. The following search terms were used alone and in combinations of the terms: *retention*, *attrition*, *graduation rates*, and *nursing students*. Searches for articles included using the Boolean *and* with the words retention *and* nursing students, and attrition *and* nursing students.

The literature review revealed multiple factors that contributed to nursing students dropping out or withdrawing from the program that included the following: educational expense, academic requirements, lack of mentors and tutors, weak reading and math skills, level of burnout and stress, poor communication, processing critical thinking skills, insufficient technical support, and inadequate time management skills (Williams, 2013a). Understanding the multiple factors that contributed to students dropping out or withdrawing from the program will reveal areas that can be addressed by colleges and

faculty to increase student retention through to the completion of a degree. Student scores on admission tests provide the first look at the academic preparedness of students.

Academic Preparedness

Chen and Voyles (2013) revealed a strong relationship between Health Education Systems Incorporated (HESI) admission test scores to student success and retention of students in nursing programs. Students who scored 75% or higher on HESI exam sections for anatomy and physiology, math, reading, vocabulary, grammar, and biology scored higher in first semester nursing courses. Chen and Voyles (2013) revealed a strong correlation between success in pharmacology and first semester nursing courses to the HESI admission scores. Abele et al. (2013) and Herrera (2013) described a similar strong relationship between student scores on the Nurse Entrance Test (NET) and Test of Essential Academic Skills (TEAS) with successful progression and completion of the nursing program. Faculty used the scores from the NET and TEAS to identify areas of weakness and referred students to tutors and support services. Herrera (2013) identified students who scored low on the NET and TEAS as having an increased risk of failure or dropping out of a nursing program. To ensure nursing students were academically prepared for college, faculty evaluated the range of HESI admission test, NET, and TEAS scores that were required criteria for admission.

Academic requirements included nursing programs changing from focusing on pass or fail to retention and successful completion of a degree. Faculty and staff take an active role in supporting nursing students as they progress through the program. Studies by Jeffreys (2014) and McKendry et al. (2014) described the need for faculty to reach out

and connect with students in the face-to-face and online classroom. Retention included providing information about the nursing program to students during advising to help them decide when to enroll. Information provided would include the number of hours required each week for class and clinical. Interventions described by Jeffreys (2014) to increase retention included making the classroom or online class learner-centered and individualized to fit the learning needs of each student. Learner-centered engagement requires active engagement and immediate application of information learned in the classroom and clinical setting (Jeffreys, 2014). Student success was improved by changing from teacher-centered learning to a constructivist and learner-centered classroom that met the diverse learning styles of students (Grigg, Kelly, Gamoran, & Bowman, 2013).

Learning Styles

Identifying the learning styles of students would allow faculty to adapt the coursework to fit the learning needs of the student. Lockie, Van Lanen, and McGannon (2013) described Kolb's four learning styles including "diverger, assimilator, converger, and accommodator" (p. 51). The learning styles of *diverger* and *assimilator* described by Sarikcioglu, Senol, Yildirim, and Hizay (2011) were used with reflective observation in the classroom and clinical setting by thinking and watching. The learning styles of *converger* and *accommodator* described by Sarikcioglu et al. (2011) were used with problem-solving, technical tasks, and learning by thinking and doing. Lockie et al. (2013) described "the most commonly revealed learning styles for nursing students were accommodator and diverger" (p. 51). Another study by Fogg, Carlson-Sabelli, Carlson,

and Giddens (2013) revealed “learning styles were influenced by language, culture, and heritage” (p. 393). Colleges that implement retention strategies need to focus strategies on how to motivate traditional and nontraditional students with different learning styles. Nursing faculty need to identify factors that motivated students to enter nursing in order to increase student retention. Caring has been described by Labrague, McEnroe-Petitte, Papathanasiou, Edet, & Arulappan (2015) and Plante and Asselin (2014) as a core component of the nursing profession and the foundation of quality nursing education. A study by Torregosa, Ynalvez and Morin (2015) described how “caring has to be experienced first so one can learn how to care for others” (p 866). Exposure to uncaring faculty could result in student dissatisfaction and students leaving the program. The practice of caring should include demonstration of caring within the classroom, in discussions, during clinicals, and while providing feedback (Knight et al., 2012; Labrague et al., 2015). Faculty implementing a more creative environment in the classroom and demonstrating a caring attitude toward students may increase retention.

Park et al. (2011) described the importance of linking the learning style of the student to the course design. Students struggling with technology will have an increased risk of dropping out of online courses. Faculty who teach online nursing classes need to provide orientation to familiarize the students with course navigation and the student support services available to students while providing time for students to build support groups. Plante and Asselin (2014) described the use of video introductions and video calls by the faculty to create a strong social presence. Gilmore and Lyons (2012) revealed the importance of identifying at-risk nursing students and the benefit of face-to-face

orientation and student support services for increasing retention. Student support from peer tutoring and mentors for students struggling with academics showed increased retention. Igbo et al. (2011) and McEnroe-Petitte (2011) described how the identification of students at risk who were provided support, counseling, and mentoring resulted in an increase in student retention.

Retention Requirements

Retention of students in nursing programs required teamwork among educators, faculty, staff members, and students through the completion of a degree (Jeffreys, 2014). Identification of challenging courses provided faculty with predictors for student success in the nursing program. Three issues identified by Salamonson et al. (2011) that caused students to drop or withdraw included professional issues, institutional issues, and personal issues. Professional issues included students observing current nurses being underpaid and overworked in the hospital clinical setting. Personal issues included the age of the student, working more than 16 hours a week, child care issues, and financial difficulty paying for college. A study by Hughes (2013) revealed personal issues were impacted by the lack of integration, lack of preparedness, and dissatisfaction with the course. Hart (2012) and Shah, Goode, West, and Clark (2014) identified different issues for students dropping or withdrawing including fast pace of the program, poor lifestyle choices, personal issues, and isolation from online programs.

Students in the online program experienced more isolation than the students in the face-to-face program. Plante and Asselin (2014) described one way to remove isolation and create a sense of community consisted of requiring students to post photographs and

write a brief biography. Studies by Chang et al. (2014) and Torregosa et al. (2015) revealed that in face-to-face and online classrooms with a low number of male students, the male students experienced gender isolation in classes with a large number of female students. Walker et al. (2011) identified the causes of students withdrawing and how working with faculty mentors and tutors increased student retention. One cause of students withdrawing identified by Walker et al. (2011) was a lack of reading comprehension. Students who failed more than one nursing course had an increased risk of academic failure and dropping out of the program.

Academic Failure

Abele et al. (2013) and Herrera (2013) both described nursing students who repeat prerequisite courses or take replacement courses to raise their grade point average (GPA) as having an increased risk of failure in the nursing program. Prerequisite courses for nursing students include human anatomy and physiology, chemistry, microbiology, psychology, and human pathophysiology (Herrera, 2013). Students who receive help from peer mentors in the prerequisite courses showed improved student performance, improved study attitude, and increased self-confidence (Bowling, Doyle, Taylor, & Antes, 2015). Peer mentors provide support and encouragement to nursing students to take an active part in their learning and improve on test and course grades. Wilson et al. (2012) described how providing academic and financial support along with mentors increased the number of courses successfully completed and improved student GPAs. Further study by Abele et al. (2013) and Herrera (2013) revealed that students who failed two courses had a lower percentage of completion rates for nursing programs. Herrera

(2013) and Shelton (2012) both revealed that nursing students with poor academic performance or difficulty maintaining a 2.5 GPA or C average may not seek assistance and may drop out of the nursing program. At-risk students may be referred to success coaches and faculty coaches for mentoring and tutoring (Walker et al., 2011).

Interventions provided for at-risk students by nursing programs included tutors, nurse mentors, study groups, and extra supportive classes. Personal tutors described by Watts (2011) provided support, focus, and direction to students in nursing programs resulting in increased student retention. Peer tutoring and mentoring of students created a social community that strengthened student retention (Bowling et al., 2015; Wilson et al., 2012). Student support and personal tutors were key developments of academic and professional knowledge required for nursing. The largest percentage of students dropping out of nursing programs was related to academic failure and scholastic aptitude (Abele et al., 2013).

Scholastic Aptitude

Scholastic aptitude can be measured by assessing GPA on prenursing courses and scores on the TEAS (Abele et al., 2013). Students with higher GPA and TEAS scores had a decreased risk of failure or dropping out of the nursing program. Early identification of risk factors and at-risk students based on GPA and TEAS scores would provide areas for faculty to address in order to increase retention of students in the nursing programs. In comparison, Beauvais, Stewart, DeNisco, and Beauvais (2014) measured scholastic aptitude by assessing GPA, Scholastic Aptitude Test (SAT), and American College Test (ACT).

A higher success rate was attributed to students who had a high GPA and higher SAT or ACT scores. At-risk students identified using the predictors described by Abele et al. (2013) and Beauvais et al. (2014) would be provided assistance by tutors, mentors, and faculty support personnel. Students with higher SAT, ACT, and TEAS scores were better equipped at handling emotions allowing them to concentrate, learn, and increase academic success in college.

Academic Success

Academic success described by Abele et al. (2013) and Beauvais et al. (2014) was increased by faculty support, peer mentors, personal tutors, spiritual well-being, and the ability to manage emotions during nursing school. Students who experienced previous academic success demonstrated a higher retention rate in nursing schools (Beauvais et al., 2014; Rose, 2011). Intrinsically motivated students were focused on a desire for knowledge resulting in academic success (Rose, 2011). The combination of academic success and emotional intelligence was found in students who enter the nursing profession (Beauvais et al., (2014). Other influences of academic success or academic performance described by Pitt, Powis, Levett-Jones, and Hunter (2012) included academics or GPA, demographics, cognitive ability, and personality factors. Increase in retention and completion of a degree was related to students with a high GPA in prerequisites and first semester nursing classes. Academic requirements for nursing students include that the student must hold a 2.5 GPA or C average to enter the nursing program (Herrera 2013). Pitt et al. (2012), Wray, Barrett, Aspland, & Gardiner (2012), and Wray, Aspland, and Barrett (2013) revealed that academic performance rankings

were higher with older students, female students, and students working part-time while attending nursing school.

Additional factors that contributed to a higher retention rate included critical thinking skills and increased academic engagement. Pitt et al. (2012) described how class attendance and class involvement increased the retention rate of nursing students. Students who receive psychological and emotional support on campus and off campus from family, peers, and employers had a stronger academic performance resulting in a higher retention rate. Pitt et al. (2012) and Shelton (2012) explained how academic performance paired with strong faculty support increased student retention.

Faculty support included providing office hours, remediation sessions, and test reviews. Lennox Terrion and Aceti (2012) revealed clicker technology increased academic engagement, increased student satisfaction, and increased student learning. Clicker technology changed the student's role from passive observer to an active contributor prepared for class resulting in an increase in communication between faculty and student (Lennox Terrion & Aceti, 2012). Clickers allow faculty to assess student comprehension of the material presented through the use of questions and surveys, resulting in retention.

Retention Model

The model of nursing student retention described by Shelton (2012) was a mixture of Bandura's theory of self-efficacy and Tinto's theory of retention. Students use Bandura's theory of self-efficacy when they enter the nursing program believing they have the academic ability to obtain a nursing degree. Tinto's theory of retention is met

when students engage in the community of learning with other students in the nursing program (Shelton, 2012; Wyatt, 2011). Traditional students were more actively involved in their learning and educational goals compared to the nontraditional students (Wyatt, 2011). Nontraditional students are enrolled part-time and are balancing family, work, and college requirements. Friedman and Mandel (2012) revealed students with self-efficacy and self-esteem participate in activities inside and outside the classroom resulting in increased student success. A study by Karabacak, Serbest, Kan Onturk, Eti Aslan, and Olgun, (2013) revealed self-efficacy was affected more by life experiences and environmental factors interactions instead of the students' age.

Students use self-efficacy to learn clinical skills that will be used in a patient care setting. Higher levels of self-efficacy results in successful performance of clinical skills compared to lower levels of self-efficacy requiring remediation of clinical skills (Oetker-Black, Kreye, Price, & DeMetro, 2014). Nursing faculty can help student's improve their self-efficacy through skill performance, observation, verbal communication, and psychological support (Karabacak et al., 2013). Communication was described by Decker and Shellenbarger (2012) as the key to building a community of learning among other students and faculty in the classroom and clinical setting.

Open lines of communication within the community of learning encourage students to share their questions, problems, and concerns with faculty about the classroom and clinical setting. Students withdrawing has been linked to burnout caused by demands of learning, the pressure of time, emotional demand, lack of concentration, decreased motivation, and poor coping skills (Michalec, Diefenbeck, & Mahoney, 2013).

Demands related to family and work requirements are motivating nursing students to take prerequisite courses online. Success in the online classroom requires a match of student learning styles.

Retention Intervention

Interventions to increase retention described by Park et al. (2011) included linking students learning styles to course design, adding social interaction to online courses, assigning mentors to students, and regular student contact. Online students' self-efficacy was described by Gaytan (2015) and Lee (2015) as being the key factor in student success and retention. Other factors that increased student success in the online course included satisfaction, motivation, family support, and organizational skills (Gaytan, 2015). Students struggling with technology will have an increased risk of dropping out of online courses. Colleges provide student success classes or workshops on key boarding, writing, and using blackboard to increase retention of online students. Hachey et al. (2012) and Lee and Choi (2011) revealed students who successfully complete prior online courses will have increased success in future online courses.

Faculty who teach online nursing classes need to provide orientation to familiarize the students with course navigation and student support services available to students while providing time for students to build support groups. Hachey et al. (2012) and Lee (2015) described students with a low Internet self-efficacy will have a higher attrition rate compared to students with a high Internet self-efficacy. Lee and Choi (2011) and Wray et al. (2013) described the need to provide social networking for online students to increase support. Nursing students with high academic ability and actively

involved in the learning process are driven to succeed and choose to seek assistance from nursing faculty, tutors, and success coaches. Shelton (2012) described students with a persistent attitude and strong academic ability will seek out assistance from student support services in order to be successful in the nursing program. Gayton (2015) study revealed student success in taking online courses was related to self-discipline and increased student retention was related to increased faculty instruction. A study by Torregosa et al. (2015) identified positive student outcomes that increased student retention when paired with a caring and supportive nursing faculty. Positive student outcomes included the development of self-worth, motivation, growth, personal satisfaction, and a caring attitude (Torregosa et al., 2015). Two attitudes necessary for student's success in the nursing program is the desire to succeed and desire for personal success.

Student Success

Increased student success was attributed to four attributes described by Pitt, Powis, Levett-Jones, and Hunter (2014) including personality traits, grade point average motivation, problem-solving cognitive skills, personal values, and professional values. Students with an outgoing personality were more socially active and less studious resulting in lower grades and increased risk of failure. Higher retention rates were seen in students with strong academic performance or higher grade point average during the first year of nursing school. Rose (2011) described the effect of motivation, interests, and external demands on student success in nursing school. Student motivation paired with positive learning outcomes lead to increased retention.

Currie et al. (2014) and Shelton (2012) both described how nursing faculty provide psychological support and motivation support needed to students who remain in the nursing program through graduation. Motivational support included faculty sharing clinical and educational experiences filled with passion (McKendry et al., 2014). Psychological support included faculty providing encouragement, caring atmosphere, and promoting a sense of self-worth (Shelton, 2012). Students with the ability to problem solve or critically think during nursing school had a higher completion rate or retention. Socially active students involved in college activities had a lower grade point average increasing the risk of dropping or withdrawing. Students with strong professional values and professionalism were more motivated to focus on studies and complete the program. Pitt et al. (2014) revealed student retention was attributed to strong self-confidence, self-control, and resilience during nursing school.

Factors that increased student success and retention described by Salamonson et al. (2014) included demographics, family support, peer support, and academic preparedness. Other factors that increased student success and retention included older students and students working in the health care field were more motivated to learn and complete the program. Factors that decrease student success and increase attrition described by McKendry et al. (2014) and Salamonson et al. (2014) included younger students and students working more than 16 hours per week struggle with academics and risked dropping or withdrawing from the nursing program. Other factors that decrease student success and increase attrition were lack of family support or peer support during nursing school. Students who received family support and financial assistance to reduce

the number of hours worked had a higher success rate or retention (Knight et al., 2012; Wray et al., 2013). Students who have a strong support system and score high on admission scores had a higher success rate resulting in a higher retention rate.

Student Resilience

Resilience during nursing school is increased in students who have a long term desire to become a nurse. Nursing faculty use time during orientation to gain information from students on why they chose nursing as a profession. A research study by Johnson and Cowin (2013) described students who successfully completed the nursing program had a "long-held wish to become a nurse" compared to students who see nursing as "something to do" or "something to be" (p. 112). A strong moral pull or *pull factor* described by Wray et al. (2013) added to family and peer support increasing retention of students. Other pull factors described by Park et al. (2011) included commitment to a profession and determination. Nursing faculty use different pre-tested instruments to measure students' perception of being a nurse, nursing, and nursing career. Students who scored higher on the pre-tested instruments revealed more of a caring and compassionate role and had a higher retention rate.

A *push factor* described by Park et al. (2011) and Wray et al. (2013) included physical illness, financial issues, and family responsibilities that decreased retention of students. Lack of money would increase the number of hours worked resulting in a lack of sleep and lack of time to study (Hurst, Baranik, & Daniel, 2013). Lack of desire described by Johnson and Cowin (2013) added to the lack of support, finances, and personal or family problems and increased the risk of students dropping or withdrawing

from the nursing program. Nursing students who are identified as the head of the household are at a higher risk for stress due to added responsibility of working to support their families. Family problems or lack of support from family can increase stress levels of students in the nursing program.

Coping and Resourcefulness

Stress, coping strategies, and student well-being described by Por, Barriball, Fitzpatrick, and Roberts (2011) have a direct and indirect impact on academic performance. Students with a strong control of their emotions were able to handle stress using effective coping strategies. Coping strategies described by Galbraith and Brown (2011) included students using self-reflection, meditation, and relaxation. Faculty used assessment tools to measure coping strategies and stress levels of students in order to identify students at risk and provide assistance. Goff (2011) described learned resourcefulness as one tool used by students that increased retention.

Learned resourcefulness is used to decrease stress, promote healthy behavior, improve learning, and improve academic performance. Por et al. (2011) described how students with a high level of resourcefulness can use problem-solving skills to prevent burnout, reduce stress, and control anxiety. Problem-solving skills were shown to reduce family and work related stress and time management skills were shown to reduce academic related stressors (Galbraith & Brown, 2011). Students with high self-efficacy and problem-solving skills were more capable of handling academic related stressors. Academic related stressors described by Hurst et al. (2013) included examinations, class, studying, practical skills, and clinical skills. Anxiety in the classroom resulted in

problems concentrating and fear of failure. A study by Sullivan, Sass, and Guerra (2012) revealed a direct relationship between anxiety, poor concentration, test grades, and GPA. Test anxiety could be reduced by providing training on how to take notes, study, and prepare for test (Igbo et al., 2011). Students with higher course grades in math and science courses and higher GPAs had a higher retention rate (Sullivan, et al., 2012). Two leading causes of decreased retention described by Crombie, Brindley, Harris, Marks-Maran, and Thompson (2013) were stress and academic failure.

Impact of Stress

High stress levels in college students can result in depression, low self-esteem, and poor concentration resulting in students dropping or withdrawing from college. Priesack and Alcock (2015) revealed students with low levels of self-efficacy have higher levels of anxiety and depression resulting in poor academic performance. Students with problem-solving skills and organizational skills have the ability to control anxiety and prevent depression. Additional information from Goff (2011) revealed "high stress in nursing students affected memory, concentration, and problem-solving ability leading to decreased learning, coping, academic performance, and retention" (p. 1). Other causes of stress described by Veal, Bull, and Fitzgerald Miller (2012) included students were not feeling connected, not fitting in culturally, and not understanding the technology. Students juggling college with work and family, missed attending college activities and programs.

Taylor and Reyes (2012) revealed the impact that stress has on academic performance and how faculty support can strengthen nursing student self-efficacy,

resilience, and retention in the nursing program. Faculty are better equipped at assisting students strengthen their coping mechanisms when they understand that students cope with stress in different ways. Stephens (2013) and Taylor and Reyes (2012) identified that self-efficacy and resilience improve when nursing students face difficult situations during each semester of the nursing program. Stephens (2013) identified thirteen different protective factors or characteristics in people with resilience. Protective factors include the use of humor, faith, coping skills, and a strong social support. Stephens (2013) suggested that students can be taught to identify and develop their protective factors in order to strengthen their resilience. Characteristics demonstrated by students with resilience included self-reliance, perseverance, meaning, and ability to balance life experiences (Reyes, 2012). Orientation programs that provide classes on how to handle stress in college strengthen student resilience. Priesack and Alcock (2015) and Taylor and Reyes (2012) revealed students who displaced self-efficacy and resilience during times of stress scored higher on tests and were more successful in nursing programs. Learning how to balance stressors was a key factor to academic success and student retention in nursing programs (Veal et al., 2012). Stress was increased by not feeling connected to the college, not feeling accepted culturally, and having problems using technology. Veal et al. (2012) described ways to decrease stressors, which included receiving support from mentors, tutors, peers, and student support services. Students with English as a second language (ESL) faced additional stressors of language skills and understanding the language on test and exams.

Language Skills

Hansen and Beaver (2012) described four problems faced by the ESL student in the nursing program related to language skills. Language skills and test taking skills were the two major problems that impacted the ESL student in the classroom and clinical setting. Hansen and Beaver (2012) and Suliman and Tadros (2011) revealed the importance of cultural awareness and faculty support to increase retention of the ESL nursing students. The success of the ESL student was increased by faculty input, interaction, and feedback with additional time provided during tests (Suliman & Tadros, 2011).

Successful completion by the ESL student was increased by implementation of strategies to address language skills and test taking skills that affected performance in the classroom and clinical setting. Zheng, Everett, Glew, and Salamonson (2014) study revealed ESL students faced additional challenges of comprehending language with academic performance. The English-proficiency test was used to identify students at risk and provide assistance during the nursing programs. Hansen and Beaver (2012) and Zheng et al. (2014) described the need to implement assistance with language skills and test-taking strategies to increase performance in the classroom and clinical setting. A study by Donnell (2015) revealed ESL students were 1.5 times more likely to get off track or drop out of the program compared to non-ESL students. Providing support for students with a lower English-proficiency increased their academic performance and increased retention. Another problem faced by the ESL student is related to barriers to minority students.

Minority Students

Barriers faced by minority students described by Igbo et al. (2011) and Payton et al. (2013) included poor academic preparation, low financial support, home management, poor study skills, and poor English language skills. Awareness of barriers faced by minority students would provide areas for faculty to provide assistance to increase retention. Interventions to address the barriers described by Igbo et al. (2011) Payton et al. (2013) included faculty advising, peer mentoring, faculty mentoring, tutoring, study skill workshops, and time management workshops. Faculty mentors and peer mentors provide encouragement, support, guidance, and motivation to the minority students to help them succeed in the nursing program. Hansen and Beaver (2012) and Healey (2013) described an additional barrier of cultural heritage that minority students face in the college setting. Faculty who demonstrated cultural sensitivity paired with motivational support for minority students showed higher student retention. A buddy system described by Hansen and Beaver (2012) paired up the minority student with a peer mentor resulting in increased success. Instructional material presented was focused on the majority of cultures represented and less on students from minority cultures resulting in students feeling unaccepted (Veal et al., 2012).

Program changes to increase student retention identified by Evans (2013) and Payton, Howe, Timmons, and Richardson (2013) included providing minority role models, faculty mentors, and providing financial aid or grant opportunities to reduce hours worked. Minority role model faculty members and minority role model staff members who serve as role models and mentors to minority students increased student

retention. College supported training programs described by Foster, Ooms, and Marks-Maran (2014) increased the effectiveness of role models and mentors in providing positive and negative feedback to students.

Payton et al. (2013) reported that minority students who were assigned faculty mentors scored higher on course work and had a higher retention rate. Mentors who were from the same minority group provided the drive, assurance, and proof that they could succeed. Foster et al. (2014) revealed that mentors also demonstrated evidence-based practice and professionalism while providing feedback to students. Studies by Eller, Lev, and Feurer (2014) and Foster et al. (2014) described mentors who provided positive feedback and encouragement to students and helped increase their motivation and drive to completion of the program. Providing information on financial aid and grants for minority students reduced the number of hours worked and increased retention of students.

Success Factors

Factors that increased student success and retention described by Cameron et al. (2011) and Wray (2013) included academic support, mentor support, peer support, and family support. Early warning systems described by Wray et al. (2013) were used to alert peer mentors and tutors of students struggling and needing support. Students who received support from personal tutors, mentors, and peers showed an increase success rate through the completion of the degree. Jeffreys (2014) described retention initiatives to include individualized schedules that included weekly peer-mentor-tutor study groups and individualized mentoring and tutoring to increase understanding of the material. A

strong family support system and parental encouragement throughout the nursing program was another key factor for student retention.

Knight et al. (2012) revealed the main contributing factors that increased retention were faculty support, faculty guidance, timely feedback, and staff development. Nursing programs that encourage faculty support and timely feedback demonstrated a higher retention rate of students. Knight et al. (2012) and Healey (2013) revealed similar strategies to increase retention of minority students included timely feedback on test performance, and timely feedback on classroom and clinical performance. Feedback to students should include providing correctional information and providing workshops or tutoring for improvement. Students with a strong support system from family, friends, and peers during nursing school had a lower risk of dropping or withdrawing.

At-Risk Identification

Early identification of students at risk at the time of admission included first person in family to attend college, GPA, NET scores, and financial needs (Igbo et al., 2011). Identification of at-risk students described by McEnroe-Petitte (2011) provided faculty time to provide support, counseling, and mentoring and increased student retention. Challenges faced by at-risk students included lack of self-confidence, lack of self-worth, lack of basic knowledge, and responsibilities to work and family. Faculty who displayed a caring attitude while addressing the challenges faced by at-risk students had an increase in student retention. At risk student behaviors described by Salamonson et al. (2011) included absenteeism, non-attendance, tardiness, late assignments, and productivity dropping. Faculty who implement educational strategies to engage at-risk

students can increase student retention. Studies by Andreanoff (2013) and Foster et al. (2014) revealed providing peers who mentor and tutor at-risk students during the first year of nursing programs increased student retention. Mentors meet with at-risk students and evaluate learning styles including study habits and test preparation (Payton et al., 2013). At-risk students were assigned to meet and work with a peer mentor and tutor for two hours per week during the semester. The results of tutoring and mentoring the at-risk students described by Kim (2015) included increase level of knowledge, increased class performance, higher scores on tests, and increased retention.

Students poorly prepared for nursing school and without adequate support from family or mentors had an increased risk of failure. A research study conducted by Hurst et al.(2013) on stressors revealed students experienced relationship stressors caused by family, significant others, peers, and faculty. Students became stressed about caring for family members, leaving family members, missing significant others, ending a relationship with significant other, leaving peers behind, feeling judged by peers, and gaining respect and support from faculty. Support received from family, significant others, peers, faculty, and mentors increased student coping skills and reduced stress levels resulting in retention of students.

Condon et al. (2013) described supporting the disadvantaged and ethnically diverse nursing students with the implementation of "Success in Learning Individualized Pathway Programs (SLIPP)" (p. 397). The SLIPP program provided additional preparation classes for math, reading, and writing skills to increase the success rate of underprepared disadvantaged and ethnically diverse students. Counselors and faculty

should seek out past ESL student graduates to tutor present ESL students and assist them in progressing through the nursing program. Hansen and Beaver (2012) described referring ESL students to math and reading tutors resulted in higher success rate and retention. Increased pass rate and increased satisfaction were attributed to academic support providing tutoring, study groups, and analysis of test responses. Early identification of students at-risk of dropping or failing is a vital part of retention.

Student Orientation

Student orientation described by O'Donnell (2011) and Park et al. (2011) revealed the importance of presenting accurate entry information reducing the risk of students dropping or withdrawing from the program related to unrealistic expectations. Students with unrealistic expectations of the nursing program being more hands-on learning and less academic had an increased risk of dropping out of the program. Davidson, Metzger, and Lindgren (2011) and Gilmore and Lyons (2012) both identified the benefit of face-to-face orientation was an increase in retention of online nursing students. Face-to-face orientation provided opportunities to demonstrate how to navigate the classroom system and provide communication between faculty and student. Gilmore and Lyons (2012) revealed how the implementation of face-to-face orientation for online nursing students resulted in an increase in retention of nursing students from 80% in 2007 to 99% in 2009.

Student orientation for classes included posting links to tutorials and handing out pamphlets instead of hands-on learning resulting in stress. Mentor support and learned resourcefulness in the classroom and clinical setting were key factors in the retention of nursing students through the completion of a nursing degree. Goff (2011) revealed

students with low levels of learned resourcefulness experienced self-blame and self-doubt when faced with high levels of stress in college. Students who recognized stress and sought assistance from student support services and counselors had a higher retention rate. Goff (2011) described students with high levels of learned resourcefulness were able to handle stress, decrease stress, promote healthy behavior, improve learning, and improve academic performance. Other factors that increased student success and student retention is student support and class attendance.

Student Support

Student retention described by Currie et al. (2014) was increased by providing student support and monitoring class attendance. Providing academic and non-academic student support to each student in the nursing program improved overall performance. Monitoring attendance in the classroom provided the opportunity to identify students at risk of dropping or withdrawing. Students demonstrated a higher retention rate when they were actively engaged in the classroom and supported by faculty members. Retention in nursing programs includes meeting Maslow's hierarchy of needs described by Freitas and Leonard (2011) that includes the physiological and psychological factors that contributed to successful academic performance. A study by Gazza and Hunker (2014) described factors that increased academic performance included orientation and flexibility of course schedules allowing selection of fully online or blended course format. Physiological needs were met by faculty providing students with community resources for obtaining food, clothing, and shelter during nursing school.

The psychological need was met by faculty providing information and access to study groups, student nurse support groups, and student nurse association during nursing school. Creating a sense of community in the college setting would also meet the psychological needs of students. Studies by Morrow and Ackermann (2012) and Plante and Asselin (2014) described how creating a sense of community or sense of belonging was shown to increase academic progress, academic achievement, and social acceptance. A sense of belonging is created by becoming involved in college activities that include orientation, student success, and academic assistance programs (Spanierman et al., 2013; Wyatt, 2012). Creating a sense of belonging for the nontraditional students by providing academic and psychological support result in an increase of retention. Another way to meet Maslow's hierarchy of needs is using tools for socialization. Strategies to increase social presence described by Gazza and Hunker (2014) included using blogs and Twitter in the online courses. Plante and Asselin (2014) described the use of video calls or Skype to increase social presence in the online classroom. Creating personal connections between online students and faculty reduced the feeling of isolation and increased student retention (Gazza and Hunker, 2014). Providing student orientation on the requirements of online learning increased student confidence and proficiency resulting in student retention. Exposure to life events and family influence either increased students desire to complete the program or caused students to withdraw from the classroom or online programs due to academic failure.

Academic Failure

Academic failure was identified by Wray et al., (2012) as the single contributing factor for students dropping or withdrawing. Other factors identified by Wray et al. (2012) and Wray et al. (2013) that contributed to students dropping or withdrawing from college included student's age, disability, minimum entry requirements, gender, and personal issues with family. Younger students and male students had an increased risk of dropping or withdrawing from nursing programs. Most of the students who dropped or withdrew from nursing school did so in the first year (Wray et al., 2012; Wray et al., 2013).

Other reasons for an increase in students dropping or withdrawing described by Gilmore and Lyons (2012) and Park et al. (2011) included an increase of nontraditional students in the online classrooms. Reasons for students dropping or withdrawing from college included academic challenges, family demands, financial needs, lack of support, past experiences, and illness. Interventions described by Gilmore and Lyons (2012) and Park et al. (2011) included providing academic support and mentor support during online classes resulted in increased success rate and retention of students. Online classrooms that incorporate social interaction with peers during the learning process had a higher retention rate. Park et al. (2011) described faculty who maintained contact with online students through e-mail, postcards, and telephone calls provided encouragement and increased student retention. Another intervention that can increase student success is implementing best practices.

Best Practices

Best practices include techniques and skills faculty used to engage students in the face-to-face and online classroom. Learning has moved from teacher-centered to student-centered practice with increased interaction between students and faculty. Tirrell and Quick (2012) described the student-centered practice of learning was based on the theory of *constructivism* with students taking a more active role in learning. Lewis and Harrison (2012) described the most effective teaching strategies included "encourage active learning, encourage cooperation, encourage student-faculty contact, emphasizing using one's time well, generate prompt feedback, respect diverse talents and ways of learning, and convey high expectations"(p. 72). One way to encourage active learning is to include time in simulation laboratories to increase problem-solving skills and reflective thinking of students (Swanson, Nicholson, Boese, Cram, Stineman, & Tew, 2011). The objectives of simulations should be written clearly and match each students' knowledge and experience. Pairing up active learning with simulation provided students opportunity for problem-solving and reflective thinking resulting in increased student self-confidence (Swanson, et al., 2011). During the debriefing faculty are responsible for making the debriefing a safe environment, focus on learning objectives, and promoting change in students behavior (Paige, Arora, Fernandez, & Seymour, 2015). Debriefing at the end of each simulation allows faculty to review student performance and provide feedback on skill performance and critical thinking skills used in the simulation (Paige et al., 2015; Swanson et al., 2011). Actively involving students in the online classroom require an increase in faculty participation.

Faculty who teach online classes need to participate actively, maintain a strong social presence, and schedule course activities with flexibility for different student learning styles (Baghdadi, 2011). Online classrooms require a different approach to learning with greater communication and collaboration between faculty and students (Tirrell & Quick, 2012). Posting weekly questions and discussion starters would increase student-faculty interaction and collaboration. Faculty maintaining a strong social presence includes giving prompt feedback by reading and responding to student questions within 24 to 48 hours (Tirrell & Quick, 2012). Another way faculty actively involve students in the face-to-face classroom is the use of clicker technology to measure comprehension, give feedback, increase student participation, encourage active learning, and increase time on task (Lennox Terrion & Aceti, 2012). Increasing student engagement in the classroom through the use of clickers increases the learning process. Clickers provide students the opportunity to submit comments and responses anonymously and allow faculty to clarify any confusion about information.

Another best practice is the use of podcasts for the face-to-face and online classroom. Podcast benefits described by Greenfield (2011) included providing students opportunity to review lectures, increase test performance, and improve student retention. Advantages of podcasts included clearer recording of the lecture and the ability to stop, pause, and replay sections of the recording. Podcasts would provide correct pronunciation of medical terminology for review by generic and ESL students. ESL students would be able to review the power points for the written medical terminology and then listen to the podcast to learn how to pronounce the words correctly. Advantages of using podcasts

included the recordings were able to be downloaded to computers, iPads, and MP3 player for students to listen to the lectures at any time.

Implications

One local Texas college has met and exceeded the 85% graduation benchmark set by the THECB. The purpose of this qualitative research study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. Personal perceptions and opinions were gathered from current dean's ambassadors, recent dean's ambassadors, and traditional faculty. The main focus of the project study was to gather a deeper understanding and in-depth perceptions from current dean's ambassadors or recent dean's ambassadors who remained through the completion versus withdrawing or dropping from the Texas nursing program. Additional information was obtained from collecting personal perceptions and opinions by interviewing traditional faculty teaching in the local nursing program.

A possible project included professional development/training curriculum with information on best practices and self-efficacy for current faculty and newly hired faculty. Information gathered from the literature review would provide a foundation for additional supporting information gathered from the project study. Another possible project was a policy recommendation with details of the existing policy and recommendations based on evidence from the project study. Information gathered from the literature review provided a foundation for additional supporting information gathered from interviewing current dean's ambassadors, recent dean's ambassadors, and traditional faculty.

Summary

Retention of students through the completion of the nursing degree is a problem that exists at Texas nursing programs. The impact of students dropping or withdrawing from nursing programs is a shortage of nurses. One hospital in Texas reported posting 44 to 56 openings for RNs from January to July in 2014 and filled less than 20% of the job openings. Shelton (2012) revealed that experts estimate "the demands for RNs will grow by approximately 3% per year over the next 10 to 15 years, while the supply of RNs will be much less than what is required, resulting in a deficit of 285,000 RNs by 2020" (p. 1). A literature review revealed multiple factors that contributed to students dropping out or withdrawing from the program that included the following: educational expense, academic requirements, lack of mentors and tutors, reading and math skills, level of burnout and stress, communication, processing critical thinking skills, technical support, and time management skills (Williams, 2013a). The THECB tracks nursing students after they have completed the prerequisites, enter nursing programs, and complete the program or graduate. As a result of one study in 2006, the THECB established a graduation benchmark of 85% for nursing programs in Texas (Walker et al., 2011). A follow-up study conducted by THECB in 2009 revealed 16 out of 78 Texas nursing programs met the graduation benchmark of 85%. A follow-up report on graduation rates conducted by THECB in 2009 revealed "the statewide graduation rate for nursing schools was 71.1%, a 2.8% increase from the 2008 rate" (Thomas, 2010, para 4). A proposed project study was conducted at a local Texas college that has met the 85% graduation benchmark. The focus of the project study is what best practices are being used at a local Texas college

that is meeting the benchmark of 85% set by THECB. Criteria for selection of the participants was current dean's ambassadors enrolled in a local Texas college or recent dean's ambassadors who completed the program within 3 months of the project study. All current dean's ambassadors were invited to take part in the project study, and volunteers accepted to participate in 30 minute interviews. Recent dean's ambassadors who completed the program within 3 months of the project study were invited to take part in the project study and volunteers accepted to participate in 30 minute interviews. Additional information was gathered from interviewing the traditional faculty teaching in the local nursing program. All traditional faculty in the nursing program were invited to take part in the project study and volunteers accepted to participate in 30 minute interviews. Findings from the project study was presented in a written report to the conduit at a local college.

Section 2: The Methodology

Introduction

The research for this study was conducted with a qualitative research design using *inductive reasoning* as described by Lodico, Spaulding, and Voegtle (2010) and Merriam (2014). The purpose of this qualitative research study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. The qualitative research approach used in the research was the case study method as described by Merriam (1998, 2014) and Yin (2013) to collect personal perceptions and opinions from current dean's ambassadors, recent dean's ambassadors, and traditional faculty from a 2-year or 4-year nursing program.

The case study approach was supported by a literature review conducted on related studies on ways to increase student retention (Andreanoff, 2013). Based on information collected from the literature review, I formed open-ended interview questions to gather information on best practices that increased student retention (Merriam, 1998, 2014; Yin, 2013). Additional open-ended questions focused on assessing the self-efficacy that assisted the current dean's ambassadors or recent dean's ambassadors in remaining in the program.

I choose the qualitative design over the quantitative design because data could be collected from fewer numbers of current dean's ambassadors, recent dean's ambassadors, or traditional faculty. Quantitative research requires collecting large samples of numerical data from large populations or the entire population of college students (Lodico et al., 2010; Merriam, 2014). The focus of this study is on collecting data from nursing students

or just a part of the population of college students, which ruled out using quantitative research methods. Nursing classes consist of 75 students admitted per semester, and the project study design was based on obtaining volunteers from current dean's ambassadors, recent dean's ambassadors, and traditional faculty. An unknown factor was that the number of volunteers who agree to be interviewed may not represent the entire population of current dean's ambassadors, recent dean's ambassadors, and traditional faculty required for quantitative data method. A smaller number of volunteers fit the case study design, ethnographic study design, phenomenological study design, and grounded theory design of the qualitative approach (Merriam, 1998, 2014).

The phenomenological study design would capture the human experience but was ruled out due to the requirement to spend a considerable amount of time observing and interacting with participants. It would have been difficult to schedule times to observe and interact with current dean's ambassadors, recent dean's ambassadors, and traditional faculty. A grounded theory design using constant comparison was ruled out because of the requirements to collect data using multiple techniques over an extended period during the research. It would have been difficult to adjust techniques and time required for the current dean ambassador, recent dean ambassador, and traditional faculty. The ethnographic study design was ruled out because of the requirement for the researcher to become part of the group during the research. It would have been difficult to plan how to become part of a group of current dean's ambassadors, recent dean's ambassadors, and traditional faculty.

The case study design was chosen because the requirements included a *bounded system* or a limit to the number of participants who could be interviewed (Merriam, 1998, 2014). The maximum number of nursing students admitted each semester was 75, and this created a limit to the number of participants who could be interviewed. All current dean's ambassadors, recent dean's ambassadors, and traditional faculty were invited to voluntarily participate in the project study. The case study design requires a smaller number of participants and provided an opportunity to gather a deeper understanding of best practices and a richer description of how self-efficacy contributed to student retention. Three current dean's ambassadors, one recent dean's ambassador, and one traditional faculty were interviewed to gather information using the case study design of the qualitative research method.

The qualitative research was done by conducting interviews with current dean's ambassadors and recent dean's ambassadors on best practices and self-efficacy that affected student retention in the local college. Additional information was obtained by interviewing traditional faculty who worked at the local college. Gathering personal perceptions and opinions of current dean's ambassadors, recent dean's ambassadors, and traditional faculty provided a deeper understanding of best practices and a rich description of how self-efficacy contributed to student retention. A *purposeful sampling* of all currently enrolled dean's ambassadors, recent dean's ambassadors, and traditional faculty was used to gather information on best practices and self-efficacy.

Setting and Participants

A local Texas college with a 2-year or 4-year nursing program was the setting for the project study. A report by Thomas (2010) revealed that the local college exceeded the graduation benchmark of 85% set by THECB in 3 consecutive years with 91.2% in 2007, 96.4% in 2008, and 93.5% in 2009. Traditional faculty teaching at the 2-year or 4-year nursing program were interviewed first to collect information on any changes that have been made relating to best practices used at the college. Additional information was obtained from collecting personal perceptions and opinions by interviewing traditional faculty teaching in the local nursing program. All ten traditional faculty were invited to voluntarily participate in the project study. Interviews were conducted to add personal perceptions and opinions about best practices that contributed to student retention in the nursing program. An average of 75 students is admitted three times a year to a nursing program at the college. Criteria for selecting the student participants for this study were that they were current dean's ambassadors at a local Texas 2-year or 4-year nursing program or recent dean's ambassadors who graduated within 3 months of the project study. All 15 current dean's ambassadors and 15 recent dean's ambassadors were invited to take part in the project study and volunteers were accepted for interviews until saturation was reached. Due to difficulty in recruiting participants, e-mails were sent out by the conduit every 30 days over a three-month period in an attempt to reach saturation. Fewer participants allowed time for a more detailed interview process to gather a deeper understanding and richer description of the best practices used at the college.

Access to the current dean's ambassadors, recent dean's ambassadors, and traditional faculty was obtained through the conduit at the college. The conduit served as the gatekeeper defined by Creswell (2012) as "an individual who has an official role at the site" (p. 211). Contact by e-mail and phone calls were ongoing between the conduit and me during the preparation phase prior to the actual project study. A letter was obtained from the research site Institutional Review Board (IRB) stating the conduit would be involved in selecting appropriate persons to whom to send an introductory letter. A letter of introduction and copy of the consent form were e-mailed to the conduit for review prior to the project study. The conduit signed the letter of cooperation after receiving a copy of the Walden IRB approval. After the conduit or gatekeeper approved the letter of introduction and consent forms, they were used in the research study. Based on recommendations from the research site IRB, the conduit was responsible for e-mailing the letter of introduction to the pool of participants. I was responsible for e-mailing the consent forms to the volunteers prior to conducting the Skype or telephone interviews. Information leading up to the project study included measures to protect the privacy of each current dean's ambassador, recent dean's ambassador, as well as traditional faculty rights to privacy and confidentiality.

Information on current best practices and any recent changes were gathered from interviewing the traditional faculty teaching in the local nursing program. All ten of the traditional faculty were invited to voluntarily participate in the project study. Due to difficulty in recruiting participants, e-mails were sent out by the conduit every 30 days over a three-month period in an attempt to reach saturation. I e-mailed a consent form to

the one volunteer who responded to the letter of introduction. The one volunteer who e-mailed the phrase "I consent" with their name and e-mail address to me was contacted by e-mail and times arranged around that participant's work schedule. Confidentiality was protected by removing any identification and assigning a number to the traditional faculty member. Protection from harm included e-mailed "I consent" from each participant providing permission to audio record Skype or telephone interviews with the traditional faculty member. Participation in the study was voluntary and all participants could change their minds and stop at any time. Information gained from the proposed project study on best practices and self-efficacies will be presented as a report to the conduit at the college for review to help the college continue to meet the graduation benchmark of 85% set by THECB.

Measures to protect each participant's rights as described by Lodico et al. (2010) and Merriam (2014) were followed including addressing confidentiality, obtaining informed consent, and providing protection from harm. A letter was obtained from the research site IRB stating that the conduit would be involved in selecting appropriate persons to whom to send an introductory letter. The conduit or gatekeeper e-mailed letters of introduction to 15 currently enrolled dean's ambassadors and 15 recent dean's ambassadors explaining that student participation was voluntary. The criterion for selecting current dean's ambassadors was that they were nursing students currently attending the nursing program at the college. The criterion for selecting recent dean's ambassadors was that they were nursing students who graduated from a local Texas college within 3 months of the project study. The three-month period ensured that the

college still had contact information for the recent dean's ambassadors. The conduit sent letters of introduction to 15 current dean's ambassadors and 15 recent dean's ambassadors. Copies of the e-mails were sent to me for tracking and measuring the percentage of responses from each group of participants. Due to the difficulty in recruiting participants, e-mails were sent out by the conduit every 30 days over a three-month period in an attempt to reach saturation. Responses included three from the 15 current dean's ambassadors and one from the 15 recent dean's ambassadors. I e-mailed consent forms to the four volunteers who responded to the letter of introduction. Students who e-mailed the phrase "I consent" with their name and e-mail address to me were contacted by e-mail and times were arranged around their class, clinical, or work schedules. Confidentiality was protected by removing all student identifications and assigning a number to each interview. Protection from harm included e-mailed "I consent" from each participant providing permission to audio record Skype or telephone interviews with each student. Participation in the study was voluntary and participants could change their minds and stop at any time. Information gained from the proposed project study on best practices and self-efficacies will be presented as a report to the conduit at the college for review.

Ethical Treatment of Participants

Prior to locating and contacting participants for this qualitative case study, I followed Walden University procedures for research approval. The research proposal was sent to Walden University Research Review (URR) and the IRB. An introduction letter was sent to the contact person at the research site explaining the risks and benefits to the

participants and the college. A letter of cooperation was obtained from the research site naming the conduit or gatekeeper and e-mailed to the IRB. Additional documents e-mailed to the IRB included a copy of the study proposal, introduction letters, consent forms, and data collection tool. The conduit or gatekeeper requested that the name of the college and the city be removed to protect the privacy of the college. As the researcher, I contacted the college IRB at the research site about conducting the project study. A letter was obtained from the research site IRB stating the conduit would be involved in selecting appropriate persons to send an introductory letter to. The letter from the college IRB at the research site stated that since the college is not *engaged* in the research project IRB review and approval was not required. Verification of completion of a human research protection training program was provided by e-mailing certificate number 1464875 to Walden University IRB. Approval # 01-25-16-0374840 was obtained from the IRB and permission was given to begin the project study.

Data Collection

A case study approach was used to collect personal perceptions and opinions of current dean's ambassadors, recent dean's ambassadors, and traditional faculty who volunteered to be interviewed. Data collected from interviews included individual perceptions and deeper understanding about best practices used by the college to increase student retention. Other data collected from the interviews included a richer description about the kind of self-efficacy or *belief in one's ability* used by the student that increased student retention (Taylor & Reyes, 2012). Academic self-efficacy included the student's ability to accomplish tasks, study, concentrate, remember information, plan, organize, use

resources, take notes, and participate in class (Shelton, 2012). Questions were formed based on the multiple factors discovered from the literature review on the retention of nursing students.

The multiple factors that contributed to students dropping or withdrawing included the following: educational expense, academic requirements, underutilization of mentors and tutors, levels of reading and math skills, burnout and stress, communication, not possessing critical thinking skills, lack of technical support, and inadequate time management skills (Igbo et al., 2011; Williams, 2013a; Williams, 2014a). Questions addressed in the proposed research study included the following: What are some of the best practices recommended to improve retention? What best practices are in place at the local college? What recent changes were made to the best practices used at the local college? Which best practices were attributed to the high student retention? Additional data collected were related to self-efficacies used by students at the local college to maintain a high retention and graduation rate. Which self-efficacies had a positive influence on academic achievement at the local college? What factors influenced student self-efficacies? What kind of educational practices supported student self-efficacy? The interviews were conducted after verbal or written consent were received from the participant. A sample of the open-ended questions was e-mailed to the participant with the consent form to allow them to form their responses prior to the interview. Participants were asked the preformed open-ended questions (see Appendix B, C, and D) and allowed to respond to the questions freely using their own words based on their own

understanding. Closed-ended questions were asked when more clarification was needed from the participants.

Traditional faculty teaching at the 2-year or 4-year nursing program were interviewed first to collect information on any changes that have been made related to best practices used at the college. Questions addressed to the traditional faculty included the following: What are some of the best practices recommended to improve retention? What best practices are in place at the local college? What recent changes were made to the best practices used at the local college? Which best practices were attributed to the high student retention? Additional questions included the following: Which best practices are the traditional faculty using to increase student retention? What other best practices could the traditional faculty use to increase student retention? What other best practices could be implemented by the traditional faculty to continue meeting and exceeding the benchmark of 85% set by the THECB?

The one traditional faculty member who e-mailed the phrase "I consent" with their name and e-mail address to me was contacted by e-mail and times arranged around their class, clinical, or work schedule. The gatekeeper requested the interviews be conducted away from the college setting to prevent the accidental identification of the college. To protect the privacy of the college, the gatekeeper requested the interviews be conducted by Skype or telephone. Confidentiality was protected by removing all traditional faculty identifications and assigning a number to the interview. The 30 minute Skype or telephone interviews were audio recorded and transcribed verbatim to maintain the accuracy of each participant comments. Sharing my past teaching experiences with

the traditional faculty member helped build a researcher-participant working relationship. I gave assurance that confidentiality would be maintained, and all information provided treated with respect and understanding. The interview began with general questions about the traditional faculty member's current position in the nursing program. Continued open-ended questions assessed the traditional faculty member's perception of best practices currently used in the nursing program. Additional interview questions focused on collecting a deeper understanding on which best practices and self-efficacies the traditional faculty attributed to student retention through completion of the nursing program. See Appendix B. Closed-ended questions were asked when more clarification was needed from the traditional faculty.

The three current dean's ambassadors who e-mailed the phrase "I consent" with their name and e-mail address to me were contacted by e-mail and times arranged around their class, clinical, or work schedules. Each interview was scheduled for 30 minutes to allow time for me to build a relationship with the participant. The gatekeeper requested the interviews be conducted away from the college setting to prevent the accidental identification of the college. To protect the privacy of the college, the gatekeeper requested the interviews be conducted by Skype or telephone. Confidentiality was protected by removing all current dean identifications and assigning a number to each interview. The 30 minute Skype or telephone interviews were audio recorded and transcribed verbatim to maintain the accuracy of each participant's comments. Sharing my past college experiences with the three current dean's ambassadors helped build a researcher-participant working relationship. I gave assurance that confidentiality would

be maintained, and all information provided treated with respect and understanding. The interview began with general questions about the current dean ambassador's status in the nursing program.

Continued open-ended questions assessed the current dean ambassador's perception of best practices currently used by the nursing program. I worked at teasing out the richness of each participant's personal experience as described by Knight et al. (2012). Additional interview questions focused on collecting a deeper understanding on which best practices and self-efficacies the current dean ambassador attributed to their retention in the nursing program. See Appendix C. Instruments that measure self-efficacy range from 18 items by Micari and Drane (2011), 32 items by Silver, Smith, and Greene (2001), and 57 items by Bandura (1989). The Silver et al. (2001) 32 item instrument was used to measure self-efficacy and study skills of current dean's ambassadors. See Appendix E. The Silver et al. (2001) instrument was e-mailed to the volunteers to complete and return prior to the interview process. The survey included 32 questions that measured the participant's responses on a 5-pont Likert scale. Scores from the Silver et al. (2001) instrument range from 1 to 5, with 1 representing "very little" to 5 representing "quite a lot". Clarifying questions were used to obtain richer data and a deeper understanding of the best practices and self-efficacies identified by the current dean's ambassadors. Closed-ended questions were asked when more clarification was needed from the current dean's ambassadors. Supportive data included collecting information from current dean's ambassadors on how much assistance they received from faculty, student services, mentors, and tutors.

The one recent dean's ambassador who e-mailed the phrase "I consent" with their name and e-mail address to me was contacted by e-mail and times arranged around their work schedule. The gatekeeper requested the interviews be conducted away from the college setting to prevent the accidental identification of the college. To protect the privacy of the college, the gatekeeper requested the interviews be conducted by Skype or telephone based on the participant's present location. Confidentiality was protected by removing all recent dean identifications and assigning a number to the interview. The 30 minute Skype or telephone interviews were audio recorded and transcribed verbatim to maintain the accuracy of each participant comments. Sharing my past college experiences with recent graduate helped build a researcher-participant working relationship. I gave assurance that confidentiality would be maintained, and all information provided treated with respect and understanding. The interview began with general questions about the student's recent graduation from the nursing program.

Continued open-ended questions assessed the recent graduate's perception of best practices used by the nursing program. I followed the research method described by Knight et al. (2012) teasing out the richness of each recent graduate's personal experience. Additional interview questions focused on collecting a deeper understanding on which best practices and self-efficacies the recent graduate attributed to student retention through completion of the nursing program. See Appendix D. Instruments that measure self-efficacy range from 18 items by Micari and Drane (2011), 32 items by Silver, Smith, and Greene (2001), and 57 items by Bandura (1989). The Silver et al. (2001) 32 item instrument was used to measure self-efficacy and study skills of recent

dean's ambassadors. See Appendix E. The Silver et al. (2001) instrument was e-mailed to the volunteers to complete and return prior to the interview process. The survey included 32 questions that measured the participant's responses on a 5-pont Likert scale. Scores from the Silver et al. (2001) instrument range from 1 to 5, with 1 representing "very little" to 5 representing "quite a lot". Clarifying questions were used to obtain richer data and a deeper understanding of the best practices and self-efficacies identified by the recent graduate. Closed-ended questions were asked when more clarification was needed from the recent dean ambassador. Supportive data included collecting information from the recent dean ambassador on how much assistance they received from faculty, student services, mentors, and tutors.

To maintain similarity of interviews, I read open-ended interview questions from a preformed list of questions. Questions were formed based on the multiple factors discovered from the literature review on the retention of nursing students. As the researcher, I recorded *descriptive* and *reflective field notes* during each of the interviews to review for *observer bias* as described by Lodico et al. (2010) and Merriam (2014). Descriptive field notes included time, date, location, interview setting, description of participants, and direct quotes as described by Lodico et al. (2010) and Merriam (2014). Appointments for the 30 minute interviews ranged from 10:00 am to 5:00 pm depending on class or work schedule of the participant. Locations or settings for the Skype interviews included faculty office, dorm room, or private home of the participants. My reflective field notes included a record of my feelings, thoughts, and perceptions as a researcher about the interviews as described by Lodico et al. (2010) and Merriam (2014).

Reflective notes from the first interview included helpful hints on how to set up Skype with audio and video capability. Another helpful hint included in the field notes was a note that I needed to wait longer for the participant to respond before asking the next question. Instead of moving to the next question I should repeat the question again for clarity. Reflective field notes from the traditional faculty interview described difficulty setting up the audio portion of Skype resulting in using the telephone to audio record the interview. Two audio recorders were used for each interview to ensure capturing of the data from each participant.

Recordings of interviews were coded based on the location, person, date, time, issues addressed, and current semester in the program (Lodico et al., 2010; Merriam, 2014). Appointments for the 30 minute interviews ranged from 10:00 a.m. to 5:00 p.m. depending on class or work schedule of the participant. The Skype interview of the traditional faculty member took place in their office with their door closed for privacy. The traditional faculty member was currently teaching in the first and second semester of the nursing program. The Skype interviews of the current dean's ambassadors took place in their home or their door room with the door shut for privacy. All three of the current dean's ambassadors were completing their fourth semester of the nursing program. The Skype interviews of the recent dean ambassador took place in their home with the door shut for privacy. The recent dean ambassador had graduated from the nursing program 3 months prior to the research. Identifiers were removed and numbers assigned to the current dean's ambassadors, recent dean's ambassadors, and traditional faculty to

maintain their privacy and confidentiality. Interviews were conducted and then transcribed by me to protect the privacy of the participants.

Interviews were transcribed in the privacy of my personal home using earphones and behind locked doors to maintain the confidentiality of each participant. Recorded interviews were transcribed verbatim using a tape recorder allowing the stopping and starting of the tape (Creswell, 2012; Knight et al., 2012). Recorded interviews and field notes were coded with a number to represent each participant and then filed by date and time. Audio recordings were backed up and stored in a file on my personal, password protected computer. Transcripts were typed up and stored on my personal, password protected computer for the duration of the project study. Hard copies of the audio recordings, field notes, and transcripts will be kept in a locked file cabinet in my home office for the duration of the project study and then destroyed after five years. The interviews were recorded, transcribed verbatim, and compared to the recordings by me for accuracy (Creswell, 2012; Russo-Gleicher, 2013). To protect the privacy of the research site, the names of the college, city, and faculty members were removed in the transcribed interviews. Member checking was completed by e-mailing the transcribed interviews to the participants to review for accuracy and comments e-mailed back to me. Corrections were made to the transcribed interviews based on the feedback received from the participants. Approval was obtained from Walden IRB to provide compensation for participation in my research study. Participants were given a $20.00 gift card from me to show appreciation of their participation upon completion of reviewing the transcribed interview. I took on many roles in the project study from literature review, creating

questions, conducting the interviews, transcribing the interviews, and storing research data for 5 years.

My role as the researcher in the research process was the *conductor* of the Skype or telephone interviews, recorder of field notes, and transcriber of the interviews. Access to the nursing students was through the conduit serving as the gatekeeper at the local Texas college. Initial contact with participants was done by the conduit e-mailing letters of introduction to maintain privacy of the participants participating in the project study. Volunteers who contacted me after reading the letter of introduction were e-mailed consent forms by me. Scheduling of telephone or Skype interviews were coordinated by me to maintain the privacy of participants participating in the project study. One of my past roles was a faculty member in a 2-year nursing program separate from the research site.

The past role as a faculty member may affect data collection and interpretation of data from the interview process of nursing students. To protect from bias, I used a *peer debriefer* or colleague "who examines the field notes and meets with me on a regular basis to ask questions" (Lodico et al., p. 274). The questions posed by the peer debriefer encouraged me to reevaluate data and consider alternative assumptions. To ensure validation, I used a colleague to perform an *external audit* or "review the project and communicates or writes an evaluation of the study" as described by Creswell (2012, p. 260). The external audit was completed using the instructor at Walden University. Reviewing the external audit provided me areas to examine for strengths and weaknesses.

Data Analysis

Data analysis for the case study approach included comparing the personal perceptions and opinions of current dean's ambassadors, recent dean's ambassadors, and traditional faculty to the multiple factors identified from the literature review. The results of the project study would either support or disprove the literature review data on best practices that contributed to students dropping out or withdrawing from the program. The interviews were recorded, transcribed verbatim, and compared to the recordings by me for accuracy (Creswell, 2012; Russo-Gleicher, 2013). Two audio recorders were used for each interview to ensure capturing of the data from each participant. Then the audio recordings were backed up in a file on my personal, password protected computer. As the researcher, I recorded field notes immediately after each interview to record my views and perceptions. Participants included one traditional faculty member, three current dean's ambassadors, and one recent dean's ambassador. Each of the interviews was transcribed within two days and reviewed by me for accuracy. The name of the college and the city were removed in the transcribed interviews to protect the privacy of the research site. Transcribed interviews were e-mailed to participants for member checking to ensure accuracy of the transcription. Participants either responded with "I have reviewed the transcript, and the document is correct, and no corrections are required" or made corrections and returned the transcript. Instructions to the participants included deleting the transcribed interview after completing the member checking and responding back to me.

Transcribed interviews were coded based on the location, person, date, time, issues addressed, and current semester in the program (Lodico et al., 2010; Merriam, 2014). Current dean's ambassadors, recent dean's ambassadors, and traditional faculty identifiers were removed, and numbers assigned to maintain the confidentiality of each participant. A two-inch margin as described by Creswell (2012) was created on each side of the transcript and was used to make notes. I read each transcript twice before making notes or comments on the transcript. Each transcript was analyzed for similar terms and emerging themes. Transcribed interviews were coded and separated into categories with similar codes or organization of data related to either best practices or self-efficacy. Field notes were compared with the transcribed interviews by me to ensure the accuracy of interpretation. Each interview was coded as described by Creswell (2012) and Merriam (2014) using *in vivo codes* or using the participants actual words revealing their perspectives. After the interviews had been coded, similar codes were grouped together to remove redundant codes and then placed into major and minor themes or categories (Creswell, 2012).

Results and Findings

Two major themes or categories were identified from grouping similar codes from the five interviews. One of the themes or categories was related to assessing participant's knowledge about best practices used at the college. See Appendix F. What best practices are in place at the local college? All five participants stated they had knowledge and were familiar with best practices used at the college. Best practices identified by participants included faculty availability, faculty support, office hours, tutoring/peer tutoring,

mentoring/ peer mentoring, retention counselors, grading scale, simulation/standardized patients, and 13-week semesters. See Appendix G. Traditional Faculty (TF) #1 explained the following:

> As far as best practices in teaching and retaining. We are trying to make sure that we are meeting the need of student learners. We are trying to be student-centered in our teaching. We are meeting the needs of culturally diverse. We are meeting the needs of the different learning styles.

All three current dean's ambassadors described a feature called the *flipped classroom* that requires the student to come to class prepared by listening to the video recorded lectures and completing preassigned assignments. Class time involved answering questions, reviewing assignments, and group activities focused on critical thinking. Another way the college met the needs of the student learner was through peer mentoring and peer tutoring. Current dean ambassador (CDA) #3 described the role of a peer mentor and peer tutor which "allows students in the third or fourth semester to tutor students in the first and second semesters". Students are referred to peer mentors and peer tutors by faculty members and retention counselors. One of the participants shared the benefit of being a peer tutor. CDA #2 explained the following:

> There are four peer tutors in each class and in each level they (faculty) give out our names and numbers. If a student is struggling, they are able to text us, and we can set up appointments for tutoring. I am a peer tutor, and I think it helps the students in the lower grades. Being a peer tutor is a good review for me because I am going over what I already learned (CDA#2).

All five participants mentioned the positive effects of utilizing simulations and standardized patients. Participant TF#1 described changes in the first semester included "They reduced the number of clinical hours in the first semester, and they're not doing any clinical within an acute care facility." The first semester was described by TF#1 as being "It is all simulation based so we can focus not just on tasks but more on clinical reasoning." TF#1 revealed that the faculty was getting a lot of positive feedback from the students including "that they feel more comfortable and competent" and so "promoting that self-efficacy in their clinical skills based on that." Comments from the current and recent dean's ambassadors supported the statement made by the traditional faculty member. CDA#1 described how the simulation lab was "an effective tool for visual learners to work on performing skills" and "provided a safe environment." CDA#2 explained further,

> Standardized patients are really helpful in getting us comfortable talking to patients and dealing with uncomfortable situations and learning how to be sterile. We can pretty much do anything in the sim lab. So that really helps us be successful in clinical.

Best practices were related to evidence-based practice by three out of the five participants when responding to the question: Which best practices were attributed to the high student retention? All five of the participants agreed that the best practices of faculty availability, faculty support, office hours, and retention counselors as being the key points toward retention of nursing students. All five participants mentioned faculty being readily available through office hours, emails, and phone numbers posted in the syllabus.

Each of the current and recent dean's ambassadors gave positive comments about faculty availability and support during their educational process. RDA#1 described the faculty as being "very warm and welcoming" to students that come to their offices to talk with them about issues they are having related to their studies. CDA#2 was very animated and smiling when describing faculty availability,

> Like that's my favorite part about my school is our faculty. They are all so amazing. I can't complain about any of them. Their so loving and their all like my second mothers and my second fathers. They are just available to us whenever we need them to be. They are so caring and so amazing, and they work so hard for us.

Retention counselors were mentioned by all five participants. Any time a student scored an 80 or below on a test they were referred to retention counselors. CDA#1 described how "they go through the whole test with you and basically help you to rationalize why you picked what you did." Then the retention counselors assess how the student is studying and if the student is studying in a group or by themselves. Based on the assessment of study habits the retention counselor makes recommendations that may include changing to a smaller group or using peer tutoring.

All five of the participants paused and took time responding to the question: Which recent changes were made to the best practices used at the local college? Three out of the four dean's ambassadors agreed that tutoring, mentoring, and changing the grading scale were best practices that increased student retention. All five participants described how students struggling in the classroom are referred to peer tutors or peer mentors. RDA#1 described how "the peer tutors or peer mentors work with the student

and share how they comprehended the material, performed the task, and studied for an exam." CDA#3 explained "Sometimes it is easier to learn from your peers that you can relate with" and, "they tell you a method they used to study, or they showed you how they pictured that material." TF#1 described the past grading scale for the nursing program listed 75 to 79% was a C, 80 to 92% was a B, and 93% and higher was an A. TF#1 and RDA#1 described the recent changes to grading scale for the nursing program listed 75 to 79% was a C, 80 to 89% was a B, and 90% and higher was an A. Each of the participants shared their views about the old grading scale compared to the new grading scale. RDA#1 described the old grading scale as "being too harsh" and the new grading scale as being "more like the regular college grading system." RDA#1 described, "Working so hard to get an A, falling short and getting a 90%, hoping it was good enough for an A, and ending up with a B was kind of discouraging." CDA#3 explained the following:

> The old grading scale made students feel like all their efforts were wasted. Because if they can still get a B with a 92% as well as a B with like an 87 or 85%, then it's like why work so hard. Changing the grading scale actually motivated the students to work harder, and they started making those 93s just because they know that ok if I did get that 90% I still get the A that I deserve but now let me just push myself a little harder.

TF#1 described recent changes to best practices included changing from lectures to the flipped classroom and changing to 13-week semesters. TF#1 explained, "We are having the students to come prepared with our video recorded lectures or voice overs" and "may

have a preassigned activity or assignment they come having completed." During TF#1 class periods "the students take part in preassigned activities that help foster engagement and application of knowledge." TF#1 described one benefit of the flipped classroom "is promotion of critical thinking and clinical reasoning within the classroom." The dean's ambassadors gave different views on the change from a 16-week to 13-week semester. CDA#1 and RDA#1 commented that "breaks in the 16-week semester could cause them to forget some of the learned material." CDA#3 comments related to the 13-week semester included, "opportunity to constantly learn" and "guaranteed success of the student." CDA#2 comments related to the 13-week semester included, "no spring break" and "no time to hang out with friends." TF#1 described one benefit of changing from 16-week to 13-week semesters included, "an increase of admissions from two times a year to three times a year."

The second themes or category was related to assessing participant's knowledge about self-efficacies. All five participants were asked questions about self-efficacies during the interview. TF#1 shared that they were "familiar with the term" and described how "standardized patients helped promote self-efficacy in the clinical setting." When CDA#1 was questioned, they replied, "Not a whole lot." When CDA#2 was questioned, they replied, "It was new to them." When CDA#3 was questioned, they replied, "I was familiar with the term." When RDA#1 was questioned, they replied, "To be honest I did not know a whole lot about it." The Silver et al. (2001) 32 item instrument that measures self-efficacy was e-mailed to the three current and one recent dean's ambassadors to complete prior to their interview. The four dean's ambassadors were instructed to

complete the 32 item instrument, save a copy, and e-mail the instrument back to me before their interview. The four dean's ambassadors commented the information presented on the 32 item instrument on self-efficacies was new to them. See Appendix F. Data from Silver et al. (2001) instrument was compared to information obtained from the interviews. Items that all four dean's ambassadors selected on the Silver et al. (2001) instrument included balancing my study time, completing assignments on time, doing well in school, reading critically, and rewarding myself for studying by taking a break. All four of the dean's ambassadors stated the information about self-efficacy was new information that could have helped if introduced earlier in the nursing program. CDA#1 explained more,

> It was kind of like an eye-opener. Because I don't' actually do this. And it's like things that you told yourself you should do but don't do. There are a few things on there that I don't' actually do. I felt bad rating myself this low.

TF#1 was able to identify five strategies that supported development of self-efficacies. The five strategies that TF#1 identified included time management, self-reflection, scheduling study time, study 45 minutes and break 15 minutes, and reward self for doing well. All four current and recent dean's ambassadors described receiving information on each of the five strategies from faculty in the first semester. CDA#2 and RDA#1 described using the strategy of time management and using a planner in nursing school. CDA#2 and CDA#3 described using the strategy of studying 45 minutes and taking a 15 minute break. CDA#1 and CDA#3 described using the strategy of rewarding self for

doing well on a test. Other supportive data included statements from the participants if they received assistance from faculty, student services, mentors, or tutors.

Information or data that did not fit the theme of best practices or self-efficacy would be considered *contrary evidence* and included in the reported findings (Creswell, 2012). A careful review of transcribed interviews revealed no contrary evidence. Data collected from the interviews were compiled and evaluated to identify themes related to best practices or self-efficacy and student retention (Cameron et al., 2011). Numerical figures were used to show interconnecting themes or categories from coding the interviews (Creswell, 2012). To ensure validation, I used a colleague to perform an external audit or "review the project and communicates or writes an evaluation of the study" as described by Creswell (2012, p. 260). The person performing the external audit was a faculty member at Walden University.

Findings from the project study were presented in a written report to the conduit or gatekeeper at a local college. The written report was prepared using the *descriptive approach* presenting the perspectives or views of the current dean's ambassadors, recent dean's ambassadors, and traditional faculty of the local college. The format of the written report included the research design, research questions, sampling method, data collection, data analysis, findings, and conclusion. The report described the use of peer debriefer and external audit as described by Creswell (2012) and Merriam (2014) to verify the accuracy of the data analysis obtained from the interviews. Charts were used to display the data to show the number of similar codes and number of repetitions of codes obtained from reviewing the transcribed interviews. Charts were also used to display participants

responses related to best practices and self-efficacy. The data represented by the codes and themes were used to answer the research questions about the current dean's ambassadors and recent dean's ambassadors' perspectives of the effectiveness of best practices and self-efficacy at the local college. Bullet points described by Creswell (2012) were used to highlight the key points of the study and the outcome of the results. The report was printed, bound, and hand delivered to the conduit or gatekeeper at the local college. I stored a backup copy of the results in a locked file cabinet in my office at my personal home. The project study may lead to positive social change by providing the conduit or gatekeeper with information on best practices and self-efficacy that may be used to plan and refine professional development curriculum on self-efficacy, which would increase student retention.

Conclusion

The purpose of this qualitative research study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. A case study design was used to gather a deeper understanding of best practices currently used at a local Texas college. Additional questions assessed the self-efficacy that assisted the current dean's ambassadors and recent dean's ambassadors in remaining in the nursing program. A letter was obtained from the research site IRB stating the conduit would be involved in selecting appropriate persons to send an introductory letter to. The conduit e-mailed the letter of introduction to 15 current dean's ambassadors, 15 recent dean's ambassadors, and 10 traditional faculty inviting them to take part in the project study. Due to difficulty in recruiting participants, e-mails were sent out by the

conduit every 30 days over a three month period in an attempt to reach saturation. I e-mailed consent forms to each of the participants that responded to the letter of introduction. Participants included one traditional faculty member, three current dean's ambassadors, and one recent dean's ambassador. An instrument that measured self-efficacy was e-mailed to each of the current and recent dean's ambassadors to complete and return prior to her or his Skype or telephone interview. Each interview was transcribed by me, member checked by participants, and then the data were coded and placed into groups or themes.

One of the themes or categories was related to assessing participants' knowledge about best practices used at the college. All five participants stated they had knowledge and were familiar with best practices used at the college. All five of the participants agreed that the best practices of faculty availability, faculty support, office hours, and retention counselors as being the key points toward retention of nursing students. The second theme or category was related to assessing the dean ambassador participants' knowledge about self-efficacies. Only one out of the five participants was familiar with the term of self-efficacies. Three out of the four dean's ambassadors commented they did not know a lot about self-efficacies. All four dean's ambassadors commented information on the Silver et al. (2001) 32 item instrument was new to them. The second theme from the project study revealed the four dean's ambassadors lacked knowledge of self-efficacies that could help them be successful in the nursing program. Findings from the project study were presented in a written report to the conduit or gatekeeper at a local college.

The project study may lead to positive social change by providing the conduit or gatekeeper with information on best practices and self-efficacy that may be used to plan and refine professional development curriculum on self-efficacy, which would increase student retention. Further education for nursing faculty on how to facilitate the development of student self-efficacies could increase student retention and benefit the nursing program. Providing a professional development training workshop (PDTW) on self-efficacies would provide nursing faculty with information that could be shared with nursing students to increase student success and retention.

Section 3: The Project

Introduction

The purpose of this qualitative research was to examine personal perceptions and opinions about best practices and self-efficacy on student retention. Personal perceptions and opinions were gathered from three current dean's ambassadors, one recent dean's ambassador, and one traditional faculty. All five participants stated they had knowledge of and were familiar with best practices used at the college (Appendix F). Best practices identified by all five participants included faculty availability, tutoring, mentoring, simulations, retention counselors, grading scale, and dean's ambassadors. Current and recent dean's ambassadors agreed that the faculty members were supportive, available, and provided information on best ways to study. A 32 item instrument that measures self-efficacy from Silver et al. (2001) was e-mailed to the four dean's ambassadors prior to their interviews. The second theme from the project study revealed that the four dean's ambassadors lacked knowledge of self-efficacies that could help them be successful in the nursing program. Further education for nursing faculty on how to facilitate the development of student self-efficacies could increase student retention and benefit the nursing program.

Project Description and Goal

The findings from my project study revealed the current and recent dean's ambassadors had a gap in knowledge about academic self-efficacies. Information on academic self-efficacies needs to be presented to students as they enter the nursing program to increase their success. Information on academic self-efficacy could be

provided to faculty that would address this gap in knowledge. This could take the form of a 12-hour evidence-based PDTW on self-efficacy spaced out over 3 days. Information collected from the literature review on academic self-efficacies would be presented as background information. A study by Tzivinikou (2015) revealed that self-efficacy was linked to strong faculty motivation for teaching and management of the classroom. The training would equip the faculty with information on academic self-efficacies and strategies that students could use to increase their success in the nursing program. Additional information would include presenting three instruments that measure self-efficacy: an 18--item instrument by Micari and Drane (2011), a 32--item instrument by Silver et al. (2001), and a 57--item instrument by Bandura (1989).

Rationale

Providing a professional development program on self-efficacies would provide nursing faculty with information that could be shared with nursing students to increase student success and retention. Areas where nursing faculty can help students improve their self-efficacy is through skill performance, clinical observation, and verbal feedback. Providing guidance and helpful hints on how to take notes, study, and review for tests would increase students' self-efficacy. All four of the dean's ambassadors stated that information provided on the Silver et al. (2001) 32--item instrument would have been helpful if presented to them in the first semester of nursing school.

Review of the Literature

A study by Chang, Lin, and Song (2011) and Lee, Cawthon, and Dawson (2013) revealed teachers' perceptions of teaching self-efficacy were that it had a positive

influence on teaching performance and student learning. The foundation of teaching self-efficacy is grounded in Bandura's (1997) social cognitive and self-efficacy theories. Taylor and Reyes (2012) described self-efficacy as "people's beliefs about their capabilities to produce designated levels of performance that exercised influence over events that affected their lives" (p. 1). The level of self-efficacy the teacher possesses influences the way the teacher provides instruction in the classroom session. Studies by Chang et al. (2011) and Shoulders and Krei (2015) revealed teachers with more than 15 years of experience used more self-efficacy compared to teachers with 5 years or less of experience. The study by Lee et al. (2013) revealed professional development is now focused on raising a teacher's self-efficacy and increasing content knowledge. Faculty with high self-efficacy use more innovational instructions in the classroom compared to faculty with low self-efficacy (Shoulders & Krei, 2015).

Alexandrou and Swaffield (2012) and Loughran (2014) asserted that the heart of professional development is learning about pedagogy and learning outcomes as the major drive for growth. The second part of professional development has been linked to developing teacher leadership skills and improving teacher practice (Alexandrou & Swaffield, 2012; Frost, 2012). The goal of teacher leadership skills includes improving teaching and learning practices resulting in increased student learning and achievement (Poekert, 2012). More recently, professional development workshops are including how to teach to students of different ages and learning needs (Roeser, Skinner, Beers, & Jennings, 2012). Professional development programs need to provide faculty the skills that foster student-centered classrooms, flipped classrooms, and active learning in order

to reach both the prepared and the unprepared college student (Austin & Sorcinelli, 2013). Suggestions were made to provide a PDTW on best practices and self-efficacy to improve faculty performance and increase student retention (Chang et al., 2011; Shoulders & Krei, 2015).

The problem is that teacher educators are provided with limited opportunities for professional development and mentor support (Loughran, 2014). There are many forms of professional development including mentoring, coaching, lesson study, and in-service workshops (Grigg et al., 2013). PDTW can be provided face-to-face or online through the use of prerecorded videos of actual training sessions (Fishman et al., 2014). Other means of professional development include attending conferences, reading educational journals, and e-learning (Jiandani, Bogam, Shah, Prabhu, & Taksande, 2015). Timelines for professional development training programs range from a 1-day session up to 5-day sessions depending on the topic (Grigg et al., 2013).

Planning a professional development training program includes setting goals and learning objectives. Loveland (2012) described how professional development training program goals need to be specific, measurable, and attainable. Professional development training activities include study groups, pair share, action research, online or electronic media, and college coursework (Loveland, 2012). Each of the activities needs to be planned in advance and items procured for the workshop. Additional follow-up of one-on-one coaching sessions may be included to provide time for application of tasks and help reinforce newly acquired knowledge and skills (Hunzicker, 2012). Assessment of professional development programs includes faculty completing self-reported surveys

and evaluation questionnaires at the close of the sessions (Ebert-May et al., 2011; Ja'afar, 2012). Follow-up assessment of learning workshops could also include e-mails, surveys, and peer mentor observations of faculty classrooms that implemented the training (Ebert-May et al., 2011). Online professional development workshops can be completed during adjustable hours, tracked using faculty badges, and customized to fit the educational needs of the faculty member (Gamrat, Zimmerman, Dudek, & Peck, 2014).

Problems encountered with online professional development workshops included lack of social interaction, lack of pair share with peers, and lack of immediate responses to questions from the audience. Van Driel and Berry (2012) stated, "The opportunity for teachers to participate actively and collaboratively in professional communities is an essential component of higher-quality professional development" (p. 26). At the heart of professional development is collaboration and cooperation or team teaching to address diverse learning needs of the students (Devlin-Scherer & Sardone, 2013). Challenges to faculty attending PDTW include heavy teaching workloads and limited free time outside of assigned duties (Jiandani et al., 2015; Webb, Wong, & Hubball, 2013). Ways to address the challenges include scheduling duplicate sessions, providing flexible times to attend workshops, and recording the workshops for later viewing.

Darling-Hammond and McLaughlin (2011) professed that learning about teaching is a life-long process. Attending PDTW creates a learner-centered teaching practice requiring continued support. Faculty support systems need to encourage scholarly and professional interactions between faculty members to help create an active community of practice for professional development (Roseler & Dentzau, 2013; Webb et al., 2013).

Faculty support after the professional development program should include faculty mentors or peer mentors to support new faculty members (DeSantis, 2012; Kopcha, 2012). Creating collaborative experiences between faculty members provides built-in support and helps faculty identify colleagues with expertise (Darling-Hammond & McLaughlin, 2011; Hunzicker, 2012). Extended faculty support includes periodic workshops or classroom visitations over a 1 year period (Capps, Crawford, & Constas, 2012).

Student achievement is influenced through systematic and coordinated teacher learning from professional development (Grigg et al., 2013; Poekert, 2012). Today's college students attend classes on campus or online and are made up of diverse ages, cultures, and academic background. A study by Komarraju and Nadler (2013) stated that self-efficacy and self-confidence are crucial for academic achievement in college. Their study revealed that the success or failure of a student is related to the college student's ability to use their self-efficacy. A study by Komarraju and Nadler (2013) described how self-efficacy is strengthened when college students follow a strict schedule for study and review, know when to ask for help, and complete study guides and online tutorials. A Chang et al. (2014) study revealed that higher levels of self-efficacy transform into increased motivation to learn in the classroom and online environment. Students who worked harder, set learning goals, and scored higher grades had a strong self-confidence and a higher level of self-efficacy (Kao, Tsai, & Shih, 2014; Komarraju & Nadler, 2013). In comparison, a study by Waschle, Allgaier, Lachner, Fink, and Nuckles (2014) revealed

that students with low self-efficacy perform poorly, lack confidence, and more likely to procrastinate.

Project Description

The professional training would follow the six research-based principles of effective professional development described by Kopcha (2012) that included the following: teacher knowledge, reform-type activities, teacher needs, active learning, extensive duration, and collective participation. The 12-hour PDTW would be spread out over a 3-day period providing time on each of the 3 days for review and questions.

Lee et al. (2013) revealed professional development is now focused on raising a teacher's self-efficacy and increasing content knowledge. Professional development training program goals need to be specific, measurable, and attainable (Loveland, 2012). Goals for this PDTW include: (a) Faculty will be able to identify academic self-efficacy used by students that increase retention; (b) faculty will be able to describe three ways to support the development of academic self-efficacy of students; and (c) faculty will describe two assessment tools that could be used to evaluate student use of academic self-efficacy.

Potential Resources and Support

The potential resources and existing support for the professional development workshop included the conduit at the research site and the associate dean of the school of nursing. The conduit expressed an interest in assessing the current and recent dean's ambassadors' personal perceptions of best practices and self-efficacies. Best practices identified by the participants included the flipped classroom and changing to 13 week

semesters. Barriers to attending PDTW include insufficient training, time, and incentives (Brownell & Tanner, 2012). Another barrier to PDTW described by Avalos (2011) included faculty adapting to a new curriculum and setting up their classes between attending workshops. Newly hired faculty need information provided from the PDTW and then mentors to support application of the material. A potential solution to the barriers includes providing repeat sessions of professional development workshops during the year allowing faculty alternative times to attend. Another potential solution to the barriers included incorporating the sessions of professional development workshops midway in the semester to allow faculty to focus on curriculum changes and setting up their classes.

Resources needed for the PDTW include: a large room with capacity for 48 individuals, podium with microphone, overhead projector or slide projector, viewing screen, eight round tables, 48 chairs, ink pens and paper, name tags, poster boards, assorted markers, coffee pot, coffee, coffee cups, sugar, and cream. See Appendix A.

Roles and Responsibilities

Role and responsibility of the associate dean of nursing would be to provide times to attend the PDTW on self-efficacy during the fall semester. Additional role and responsibility of the associate dean of nursing would be to provide faculty support including faculty mentors to support new faculty members (DeSantis, 2012; Kopcha, 2012). Additional times to attend the PDTW on self-efficacy would be provided each semester for new faculty and existing faculty. Role and responsibility of the conduit would be to evaluate the end of the workshop questionnaires to evaluate the effectiveness

of the PDTW on self-efficacy. Role and responsibility of the new and existing faculty would be to attend the PDTW on self-efficacy and share the information with students. Additional role and responsibility of the new and existing faculty would be to incorporate an assessment tool that evaluates self-efficacy of students. Role and responsibility of the students would be to apply the information on self-efficacy shared by the faculty.

Implementation and Timetable

Based on the results of my research study I developed this PDTW to address the gap in knowledge identified from interviewing current and recent dean's ambassadors. Providing a PDTW on self-efficacies would provide nursing faculty with information that could be shared with nursing students to increase student success and retention. This could take the form of a 12-hour evidence-based PDTW on self-efficacy spaced out over 3 days. The PDTW would be implemented at the start of the fall semester after the welcome back week. Each training session would be 4 hours long starting with coffee and conversation and ending with questions. The time table for the PDTW would be 8 am until noon on Wednesday, Thursday, and Friday. Additional times for the PDTW could be from 1 pm to 5 pm on Wednesday, Thursday, and Friday to allow more opportunities to attend.

The first day will include introducing the elements of self-efficacy and how to help students strengthen their self-efficacy. Learning objective for day one is the faculty member will be able to explain the definition, basis, and impact self-efficacy has on retention. The first step is to assess faculty knowledge about self-efficacy and then focus on filling in the blanks. Faculty participants will be asked to complete a questionnaire on

self-efficacies at the start of the first day of training. See Appendix A. Questionnaires would be reviewed for gaps in knowledge and information presented to fill in the gaps. The information would be presented from Albert Bandura (1997) including the definition of self-efficacy that states "perceived self-efficacy refers to beliefs in one's capability to organize and execute the courses of action required to produce given attainments" (p. 3). Nursing students require self-efficacy to apply for admission to a nursing program and remain in the program until graduation. After a scheduled break information collected from the literature review on self-efficacy would be presented from Karabacak et al. (2013) and Oetker-Black et al. (2014). Four basic methods that help students develop self-efficacy include being successful in performing a skill, observing a skill and then performing the skill, receiving verbal support, and ability to control emotions (Karabacak et al., 2013). Remediation should be provided for students with low self-efficacy to increase their confidence in skill performance in the simulation lab and clinical performance in the clinical setting (Oetker-Black et al., 2014). Reinforce that nursing faculty can help students improve on their self-efficacy through positive reinforcement of skill performance, observation, positive verbal communication, and psychological support. The last thirty minutes of day one would be open to questions and answers. See Appendix A.

The second day would include sharing of more information from the literature review and then breaking faculty into groups for discussions and pair share. Learning objective for day two is faculty members will be able to describe how to present and support student self-efficacy. Information from the literature would be presented from

Komarraju and Nadler (2013) and Chang et al. (2014) studies that stated that self-efficacy and self-confidence are crucial for academic achievement in college. Their study revealed that the success or failure of a student is related to the college student's ability to use their self-efficacy. Faculty participants will be broken up into groups to discuss how to present information on self-efficacy to students. Additional group sessions would include faculty breaking out into groups to discuss how to support the development of student self-efficacy. The last thirty minutes of day two would be open to questions and answers. See Appendix A.

The third day will include information from the literature review on how self-efficacy can help students cope with anxiety and stress. Learning objective for day three is the faculty member will be able to describe how to evaluate and use information from self-efficacy survey tools. Priesack and Alcock (2015) revealed students with low levels of self-efficacy have higher levels of anxiety and depression resulting in poor academic performance. Students with problem-solving skills and organizational skills have the ability to control anxiety and prevent depression. Different types of survey instruments would be presented that assess student use of self-efficacy. Faculty participants will review the different types of surveys for self-efficacies and select one that could be given to the students in the first semester of nursing school. Information collected from the surveys can be used to help support students in growing or strengthening their self-efficacies. Group activity would include discussion on how the results of the survey instruments can be used to help the students (ex. Retention of students). A questionnaire

will be given to faculty participants at the conclusion of the workshop for comments and suggestions. See Appendix A.

Project Evaluation

The purpose of the PDTW was to contribute to the knowledge nursing faculty had on self-efficacies. The self-evaluation questionnaire on self-efficacy taken during the start of session one, along with the objectives, were developed before the PDTW was implemented. See Appendix A. The evaluations will be administered at the conclusion of the 3-day workshop. Use of these evaluation documents will serve as a benchmark for future workshops on self-efficacy. In addition to the post self-evaluation, which will be administered after the PDTW, a survey questionnaire will evaluate the participants' perceptions of the workshop. Instructions include "Please rate the following session objectives and evaluation suggestions on the evaluation form provided for you. Use a scale from 1 to 5, with 5 meaning "Strongly Agree" and with 1 meaning "Strongly Disagree". Please write any comments you have on the back of the form in the appropriate box. See Appendix A.

Implications Including Social Change

Local Community

The second theme from the project study revealed the current and resent dean's ambassadors lacked knowledge of self-efficacies that could help them be successful in the nursing program. All four of the dean's ambassadors stated the information about self-efficacy was new information that could have helped if introduced earlier in the nursing program. Further education for nursing faculty on how to facilitate the

development of student self-efficacies could increase student retention and benefit the nursing program. My PDTW may help the nursing faculty support and evaluate the development of nursing student self-efficacies. The group sessions from the PDTW will provide nursing faculty opportunity to compare notes and share ideas on how to provide support for students who need to develop their self-efficacies. The PDTW will provide nursing faculty with the tools to evaluate nursing student self-efficacies. Faculty and retention counselors can use the self-efficacy survey instruments to point out areas of weakness the nursing students need to focus on to improve their success. If the PDTW is successful, it may result in being implemented to provide information on self-efficacies to general studies students across the college.

Larger Context

The Texas Higher Education Coordinating Board (THECB) is offering incentives for nursing programs that improve their success or graduation rates. Currently, only sixteen out of the seventy-eight nursing programs across Texas have reached or maintained the 85% graduation benchmark set by THECB (Thomas, 2010). Texas nursing programs are implementing best practices to increase their graduation rates. Adding PDTW that provides ways to strengthen the nursing student's self-efficacy can increase the success rate and graduation rate of nursing programs across Texas.

Conclusion

The purpose of this qualitative research study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. Personal perceptions and opinions were gathered from current dean's

ambassadors, recent dean's ambassadors, and traditional faculty. The case study design was selected to obtain personal perceptions and opinions from current dean's ambassadors, recent dean's ambassadors, and traditional faculty who volunteered to be interviewed. The 30 minute interviews were recorded, transcribed, reviewed, and coded to reveal data that showed the effectiveness of best practices and self-efficacy at the local college. Data from instruments that measure self-efficacy were compared to information obtained from the interviews of current dean's ambassadors and recent dean's ambassadors. Data analysis for the case study approach compared the personal perceptions and opinions of three current dean's ambassadors, one recent dean's ambassador, and one traditional faculty to the multiple factors identified from the scholarly literature. All five participants stated they had the knowledge and were familiar with best practices used at the college. The results of the project study supported the scholarly literature data on best practices that contributed to students dropping out or withdrawing from the program. All four of the current and recent dean's ambassadors stated the information about self-efficacy was new information that could have helped if introduced earlier in the nursing program. Based on the results, the conduit could make adjustments to the professional development/training curriculum information provided to the current traditional faculty and newly hired traditional faculty. Information gathered from the literature review provided a foundation for additional supporting information gathered from the project study. My project study suggests the need for further education of the faculty on self-efficacies using a 3-day evidence-based PDTW on self-efficacy.

The training would equip the faculty with information on self-efficacies and strategies that students could use to increase their success in the nursing program.

Section 4: Reflections and Conclusions

Introduction

The purpose of this qualitative research study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. I hoped my research could contribute to the retention of nursing students through to completion of a degree. This section will address my perceptions, reflections, and experiences regarding my study as a first-time researcher. I will include the steps that I followed in developing my project to address the findings of my study. This section will also address the impact my project will have on social change, implications, and suggestions for future study.

Project Strengths

This project study was guided by the theoretical frameworks of Bandura's (1997) theory of self-efficacy and Tinto's (1993) theory of student retention. The two theories demonstrated the requirements that nursing programs need to implement to increase student retention. Bandura (1986) defined self-efficacy as "expectancy for success in achievement situations" (p. 361). Nursing students require self-efficacy to apply for admission to a nursing program and remain in the program until graduation. Students with higher levels of self-efficacy and problem-solving skills were more capable of handling academic stress in the nursing program. The results of my project study revealed that all five participants had the knowledge of and were familiar with best practices used at the college. The second part of my project study revealed that the current and recent dean's ambassadors lacked knowledge of self-efficacies that could help them be

successful in the nursing program. A PDTW was developed based on the two theories and the needs identified by the results of my project study. The activities during the workshop and the group discussions will increase the nursing faculty's ability to assess and support student self-efficacies.

Project Limitations

Implementation of a PDTW at the college in Texas required the coorperation and assistance of the dean. The 12-hour training session would be broken into 3-day sessions that would last about 4 hours. Additional requirements for the PDTW included the cooperation of the nursing faculty to take the time to attend the 3-day sessions. Currently, the welcome back week of each of the 13-week semesters is filled with meetings and training sessions to address recent changes in the curriculum. The associate dean would need to add the PDTW to the schedule of meetings the nursing faculty are required to attend during welcome back week. Nursing faculty are already pressed for time attending meetings, preparing classes, and scheduling clinicals.

Recommendations for Remediation of Limitations

Recommendations to address the limitations would include the following:

1. Moving the PDTW to a week before the welcome back week and providing payment for attending.
2. Repeating the PDTW morning and after lunch to allow nursing faculty choices for times attending each of the 3 days.
3. Changing the PDTW to evenings after 6:00 pm to allow nursing faculty to attend the mandatory college meetings in the daytime.

4. Spreading out the PDTW into 6 days of two hour sessions during the first two weeks of classes.

Scholarship

My project study has provided me the opportuntiy to grow from a nurse educator into the role of a nurse researcher. The work required during the literature review on best practices and self-efficay provided information that I have implemented in my nursing classes. Findings from the literature review provided the foundations for identifying a problem, creating research questions, writing the research proposal, conducting the study, and analyzing the data collected. The project study provided the opportunity to interact with faculty and students from another college to share personal experiences related to student retention. Information shared between participants and me provided the basis for the PDTW. Data analysis returned me to my comfort zone of nursing skills that included critical thinking and clinical reasoning. Once I took the time to apply my nursing skills of critical thinking and clincial reasoning, I could identify the two main themes from the data collected from the participants.

Project Development and Evaluation

Creating the PDTW from scratch was a learning experience for me. Past experience of creating lesson plans for face-to-face and online classes provided some of the foundation. Other parts of the foundation for the PDTW was based on the literature review. I wanted the foundation of the PDTW to be based on the evidence collected during my research study. Results of the current and recent dean's ambassadors interviews quickly pointed to a gap in knowledge about self-efficacy. Writing goals and

objectives sounded easy since I use the terms writing care plans for patients. The goals and objectives were important to me. I found myself returning to review the goals and objectives each day that I worked on my project study. Speaking to other nursing faculty caused some fear that my goals and objectives were too elementary. I wanted to sound scholarly when presenting the information on self-efficacy to the nursing faculty. Making the goals measurable was another familiar practice, one that I used writing care plans for patients. I recalled that one way to measure a goal was to include a number in the description. I used the research questions as the foundation for creating the questionaire on self-efficacy. The literature review provided examples of surveys that I could follow in creating the end of the course survey. Creating a timeline for the PDTW took the longest with careful planning on what to present during each day of the workshop. During my face-to-face lectures I would either take too long or have time left over. I considered including more information from my literature review that I could present if time allowed during each of the days.

Leadership and Change

When I entered into teaching I kept hearing the phrase *those who can't, teach*. That phrase angered me because of the faculty shortage at my community college. Nurses tend to make more money working in the health care professsion compared to working in the educational field. Being a nurse educator requires more than completing a nursing degree and passing state board licensure. Being a nurse educator requires the passion to share your love of nursing and caring for patients. Another phrase that came to mind was *leading by example*. I believe that nurses need to lead by example and show the nurses of

tomorrow how to use compassion when caring for others. Being a leader includes paying attention to detail and being careful to not skip steps or take shortcuts. It is important to remember that nursing students, the nurses of tomorrow, are observing your every action. Another familiar phrase that came to mind during my educational journey was *promoting social change*. Nursing students of today include older students, working students, and students with family responsibilities. I can relate to my students in that I am older, working, and caring for my elderly mother. What did I do to promote social change? One way to promote social change is to encourage my nursing students to get involved in their community and volunteer. I encourage my students to participate in administering flu shots to faculty and taking blood pressures at health fairs. During the health fairs the students are given the opportunity to apply what they learned and teach others about high blood pressure. Another way that I promote social change is to teach the nursing students to be observant. To get involved when a classmate is looking or sounding depressed and to show support when a classmate is being harrassed by a former boyfriend or spouse.

Analysis of Self as Scholar

Reflection on my doctoral degree journey at Walden University begins with why I chose to make this journey. To keep up with the changes, nurses need to continue to learn and grow in the nursing profession. As a nurse of 39 years, I felt that I had much to pass on to the next generation of nurses. I earned my master's degree in nursing education in 2007 and began teaching face-to-face and online classes. Retention of nursing students through to the completion of a degree is a concern for nursing schools across Texas. Many of the best practices implemented in the college setting are focused on student

retention. I entered the doctoral program at Walden University to continue my educational journey and was instructed to pick a research topic. As a nursing instructor, I decided to conduct research on best practices and self-efficacy to discover if any changes could be made to increase student retention.

As I progressed through the doctoral program, I discovered that research required time and patience in locating peer reviewed articles and then selecting the articles that applied to my research. I learned how to file the articles based on the topic and author to allow easier access while writing my paper. During my literature reviews, I became acquainted with multiple databases at the Walden Library including Research Complete, SAGE, and Google Scholar. Saturation was achieved when I could no longer find literature with new information about best practices and self-efficacy. The knowledge gained from my literature review helped me to develop a project study to collect personal perceptions and opinions from faculty and students.

Analysis of Self as Practitioner

As a nurse of 39 years, I have touched many lives in the intensive care and emergency department setting. Living in a small town in Texas allows me the opportunity to see the patients as they recover and return to their normal lives. Being a nursing educator provides me an opportunity to pass on my love of nursing to the nurses of tomorrow. As a nurse educator in the school of nursing, I serve as a guide and mentor to the next generation of nurses. I feel a sense of pride when I see a student who struggled and required extra tutoring to finally grasp the concepts finally walk across the stage and receive the diploma. It is the responsibility of nursing educators to create different

approaches to facilitate learning in the college setting. During my project study, I discovered that nursing educators need to find ways to help students develop their self-efficacies to be successful in the nursing program.

Implications, Applications, and Directions for Future Research

The purpose of my study was to examine personal perceptions and opinions about best practices and self-efficacy in regard to student retention. The project study revealed that further research needs to be done on self-efficacy and the impact that self-efficacy has on nursing student retention. Traditional faculty and dean's ambassadors were able to describe and rate the best practices being used to increase student success and retention. One of the top best practices pointed out by the dean's ambassadors was the availability of the faculty. An area that needs further research is on self-efficacy. A survey instrument on self-efficacy was e-mailed to dean's ambassadors prior to their interview. All four of the dean's ambassadors stated the information about self-efficacy was new information that could have helped them if it had been introduced earlier in their nursing program.

Conclusion

Retention of students through the completion of the nursing degree is a problem that exists at Texas nursing programs. Currently, thirteen out of seventy-eight nursing programs have a retention rate consistently above 85%. Conducting a project study on best practices and self-efficacy at a Texas college with a high retention rate provided information on why retention is so high at the local college setting. Using a qualitative research study, five interviews were conducted and used to gather data and create a PDTW on self-efficacy. The training could equip faculty with information on self-

efficacies and strategies that students could use to increase their success in the nursing program. The training provided by the workshop on self-efficacy may help the nursing faculty support student development of self-efficacy. Nursing students who develop a strong self-efficacy will believe they have the capability to complete the nursing program successfully.

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Appendix A: The Project

Day 1
Session 1: Introduction to the Professional Development Workshop on Self-Efficacy

Learning Objective: Faculty member will be able to explain the definition, basis, and impact self-efficacy has on student retention.

Materials: Large room with capacity for 48 individuals
Podium with microphone
Overhead projector or slide projector
Viewing screen
Eight round tables and 48 chairs
Ink pens and paper for writing
Name tags
Poster boards and assorted markers
Coffee and coffee cups**,** sugar and creamer

08:00-08:30; Meet and greet over coffee

The workshop opens with coffee time, and participants will be asked to introduce themselves to each member at their table.

08:30-09:00; Participants complete questionnaire about self-efficacy

09:00-10:00; Review questionnaires/Address gaps of information

Questionnaires will be collected and reviewed for areas of weakness of information related to self-efficacy. Present guidelines for group sessions to include respectful, organized, and collaborative. Stay on tasks. Present information from Albert Bandura (1997)

10:00-10:15; Break

10:15-11:15; Present information from a literature review on self-efficacy from Priesack and Alcock (2015); Taylor and Reyes (2012); Karabacak et al. (2013); and Oetker-Black et al. (2014).

11:15-11:45; Question and Answers

Day 2

Session 2: Impact of self-efficacy and student learning

Learning Objective: Faculty members will be able to describe how to present and support student self-efficacy.

Materials: Large room with capacity for 48 individuals
Podium with microphone
Overhead projector or slide projector
Viewing screen
Eight round tables and 48 chairs
Ink pens and paper for writing
Name tags
Poster boards and assorted markers
Coffee and coffee cups**,** sugar and creamer

08:00-08:30; Meet and greet over coffee

08:30-09:30; Present information from literature review. Komarraju and Nadler (2013) and Chang et al. (2014).

09:30-10:15; Group sessions. Present guidelines for group sessions to include respectful, organized, and collaborative. Stay on tasks. Faculty discusses how to present self-efficacy information. One out of group writes notes on poster boards with markers.

10:15-10:30; Break

10:30-11:30; Group sessions. Faculty discusses how to support student self-efficacy. Ways to support self-efficacy include mentoring, positive reinforcements, timely feedback, and praise. One out of group writes notes on poster boards with markers.

11:30-12:00; Question and Answers

Day 3
Session 3: How to support student self-efficacy

Learning Objective: Faculty members will be able to describe how to evaluate and use information from self-efficacy survey tools.

Materials: Large room with capacity for 48 individuals
Podium with microphone
Overhead projector or slide projector
Viewing screen
Eight round tables and 48 chairs
Ink pens and paper for writing
Name tags
Poster boards and assorted markers
Coffee and coffee cups**,** sugar and creamer

08:00-08:30; Meet and greet over coffee

08:30-09:30; Present information from the literature review. Priesack and Alcock (2015) and Goff (2011)

09:30-10:15; Present different types of survey instruments that measure self-efficacy

10:15-10:30; Break

10:30-11:30; Group activity. Present guidelines for group sessions to include respectful, organized, and collaborative. Stay on tasks. Faculty discusses ways survey information could be used. (Ex. Retention of students). One out of each group writes notes on poster boards with markers.

11:30-11:45; Question and Answers

11:45-12:00; Evaluation of training session

Professional Development Workshop

Slide 1 **Session 1: Introduction to Self-Efficacy**

Durcilla Williams, MSN, RN
Walden University

Slide 2 **Professional Development Training Workshop on Self-Efficacy**

Facilitator's Notes: This is 3-day workshop on self-efficacy for nursing faculty of the college nursing program.

Facilitator's Notes: The purpose of the study that the facilitator conducted at this college nursing program was to examine the personal perceptions and opinions about best practices and self-efficacy on student retention. Participants in the research study included three current dean's ambassadors, one recent dean's ambassador, and one traditional faculty member. Results of the study revealed all five participants had the knowledge and could identify the best practices used at the college. Additional results revealed the dean's ambassadors lacked knowledge of self-efficacies that could help them be successful in the nursing program.

Slide 3 **Think-Pair-Share Exercise**

Facilitator Notes: The facilitator will ask each participant to share their names, course presently teaching, and years teaching at the college.

Slide 4 **Assess Faculty Knowledge**

Facilitator Notes: Faculty participants will be asked to complete a questionnaire on self-efficacies at the start of the first day of training. Questionnaires will be reviewed for gaps in knowledge and information will be presented later in the session to fill in the gaps. See Appendix H.

Slide 5 **Break**

Slide 6 **Definition of Self-Efficacy**

Faculty Notes: Information would be presented from Albert Bandura (1997) including the definition of self-efficacy that states "perceived self-efficacy refers to beliefs in one's capability to organize and execute the courses of action required to produce given

attainments" (p. 3). Nursing students require self-efficacy to apply for admission to a nursing program and remain in the program until graduation.

Slide 7 **Information from Literature Review**

- ⊡ Priesack & Alcock (2015)
- ⊡ Taylor & Reyes (2012)
- ⊡ Orientation programs

Facilitator Notes: Orientation programs that provide classes on how to handle stress in college strengthen student resilience. Priesack and Alcock (2015) and Taylor and Reyes (2012) revealed students who displaced self-efficacy and resilience during times of stress scored higher on tests and were more successful in nursing programs. Learning how to balance stressors was a key factor to academic success and student retention in nursing programs (Veal et al., 2012). Stress was increased by not feeling connected to the college, not feeling accepted culturally, and having problems using technology. Veal et al. (2012) described ways to decrease stressors, which included receiving support from mentors, tutors, peers, and student support services.

Slide 8 **Information from Literature Review**

- ⊡ Priesack & Alcock (2015)
- ⊡ Decrease Stress

Facilitator Notes**:** Priesack and Alcock (2015) revealed students with low levels of self-efficacy have higher levels of anxiety and depression resulting in poor academic performance. Students with problem-solving skills and organizational skills have the ability to control anxiety and prevent depression. Additional information from Goff (2011) revealed "high stress in nursing students affected memory, concentration, and problem-solving ability leading to decreased learning, coping, academic performance, and retention" (p. 1). Other causes of stress described by Veal, Bull, and Fitzgerald Miller (2012) included students were not feeling connected, not fitting in culturally, and not understanding the technology.

Slide 9 **Information from Literature Review**

- ⊡ Priesack & Alcock (2015)
- ⊡ Friedman & Mandel (2012)
- ⊡ Shelton (2012)

Facilitator Notes: A study by **Priesack and Alcock (2015)** revealed students high in self-efficacy and positive past experience are more likely to have a higher success in college academics. Students with a low self-efficacy have more anxiety, depression, low self-

motivation, and lower academic performance (Priesack & Alcock, 2015). A study by Friedman and Mandel (2012) revealed that self-efficacy of students lead the students to participate in activities inside and outside the classroom leading to success (p. 3). Self-efficacy also comes in to play with students that set goals and strive to achieve the goals compared to students that do not set goals (Friedman & Mandel, 2012 & Shelton, 2012).

Slide 10 **Information from Literature Review**

- ⊡ Karabacak et al. (2013)
- ⊡ Oetker-Black et al. (2014)
- ⊡ Faculty Support

Facilitator Notes: Four basic methods that help students develop self-efficacy include being successful in performing a skill, observing a skill and then performing the skill, receiving verbal support, and ability to control emotions (Karabacak et al., 2013). Remediation should be provided for students with low self-efficacy to increase their confidence in skill performance in the simulation lab and clinical performance in the clinical setting (OetkerBlack et al., 2014). Reinforce that nursing faculty can help students improve on their self-efficacy through positive reinforcement of skill performance, observation, positive verbal communication, and psychological support.

Slide 11 **Questions and Answers**

Facilitator Notes: The last thirty minutes of day two would be open to questions and answers.

Day 2 Professional Development Workshop

Slide 1 **Session 2: Introduction to Self-Efficacy**

Durcilla Williams, MSN, RN
Walden University

Slide 2 **Professional Development Training Workshop on Self-Efficacy**

Facilitator's Notes: This is day two of a 3-day workshop on self-efficacy for nursing faculty of the college nursing program.

Slide 3 **Information from Literature Review**
Benefit of self-efficacy

Facilitator's Notes**:** Information from the literature would be presented from Komarraju and Nadler (2013) and Chang et al. (2014) studies that stated that self-efficacy and self-confidence is crucial for academic achievement in college. Their study revealed that the success or failure of a student is related to the college student's ability to use their self-efficacy. Students with a high self-efficacy are more persistent, hard-working, and able to cope with stress compared to students with low self-efficacy that procrastinate (Komarraju & Nadler, 2013). Instructors that provide performance feedback support student's self-efficacy. Self-efficacy is evident in students that stick to a schedule of study, review, completing online tutorials, and seeking help when require (Komarraju & Nadler, 2013). Learning performances are higher in students with a strong self-efficacy and provides the confidence to complete tasks successfully (Chang, Liu, Sung, Lin, Chen, & Cheng, 2014).

Slide 4 **Think-Pair-Share Exercise**

Facilitator Notes: Faculty participants will be broken up into groups to discuss how to present information on self-efficacy to students. Additional group sessions would include faculty breaking out into groups to discuss how to support the development of student self-efficacy.

Slide 5 **Break**

Slide 6 **Questions and Answers**

Facilitator Notes: The last thirty minutes of day two would be open to questions and answers.

Day 3 Professional Development Workshop

Slide 1 **Session 3: Introduction to Self-Efficacy**

Durcilla Williams, MSN, RN
Walden University

Slide 2 **Professional Development Training Workshop on Self-Efficacy**

Facilitator's Notes: This is day three of a 3-day workshop on self-efficacy for nursing faculty of the college nursing program.

Slide 3 **Information from Literature Review**

Facilitator's Notes: The third day will include information from the literature review on how self-efficacy can help students cope with anxiety and stress. Priesack and Alcock (2015) revealed students with low levels of self-efficacy have higher levels of anxiety and depression resulting in poor academic performance. Students with problem-solving skills and organizational skills have the ability to control anxiety and prevent depression.

Slide 4 **Think-Pair-Share Exercise**

Facilitator Notes: Different types of survey instruments would be presented that assess student use of self-efficacy. Faculty participants will review the different types of surveys for self-efficacies and select one that could be given to the students in the first semester of nursing school. Instruments that measure self-efficacy and would be presented range from 18 items by Micari and Drane (2011), 32 items by Silver, Smith, and Greene (2001), and 57 items by Bandura (1989). Information collected from the surveys can be used to help support students in growing or strengthening their self-efficacies.

Slide 5 **Break**

Slide 6 **Think-Pair-Share Exercise**

Facilitator's Notes: Group activity would include discussion on how the results of the survey instruments can be used to help the students (ex. Retention of students). A questionnaire will be given to faculty participants at the conclusion of the workshop for comments and suggestions.

Slide 7 **Questions and Answers**

Facilitator Notes: The last thirty minutes of day three would be open to questions and answers.

Slide 8 Participant Summative Evaluation Questionnaire

Facilitator's Notes: A questionnaire will be given to faculty participants at the conclusion of the workshop for comments and suggestions.

Professional Development Workshop on Self-Efficacy Questionnaire
Forms for Day 1 Activity

1. How would I define self-efficacy? _____

_____

_____

_____

2. What do I know about self-efficacy and the relationship to learning? _____

_____

_____

_____

3. What kind of impact does self-efficacy have on student retention? _____

_____

_____

_____

4. What kind of impact does past experiences have on self-efficacies? _____

_____

_____

_____

5. Are self-efficacies just used by students or do faculty use self-efficacies too?

_____

_____

Participant Summative Evaluation Questionnaire
(completed at the conclusion of the 3-day training program)

Course Design: *Circle the number to indicate your level of agreement/disagreement with each of the aspects of course design. Circle 5 for strongly agree and 1 for strongly disagree.*

	Strongly agree				Strongly disagree
The program content met my needs.	5	4	3	2	1
The length of the program was adequate.	5	4	3	2	1
Information was presented clearly.	5	4	3	2	1

How will your teaching practice change based on what you have learned in this professional development work shop?

_____

_____

_____

_____

What activities, presented information, or new concepts influenced you to change your teaching practice?

_____

_____

_____

If the program was repeated, what activities or content should be left out or changed?

_____

_____

_____

Course Objectives/Course Design: *Circle the number to indicate your level of agreement/disagreement regarding whether the workshop met its stated objectives listed below. Circle 5 for strongly agree and 1 for strongly disagree.*

	Strongly agree				Strongly Disagree
Recognize the relationship of self-efficacy to learning, impact of self-efficacy and student success	5	4	3	2	1
Identify strategies to support student development of self-efficacies	5	4	3	2	1
Identify survey instrument that can be used to evaluate student's use of self-efficacy	5	4	3	2	1

Evaluation of the Program Facilitator/Course Design: *Circle the number to indicate your level of agreement/disagreement with each of the aspects of course design. 5 for strongly agree and 1 for strongly disagree.*

	Strongly Agree				Strongly Disagree
Content was presented in an organized manner	5	4	3	2	1
Content was presented clearly and effectively	5	4	3	2	1
The facilitator was responsive to questions/comments	5	4	3	2	1
Teaching aids/audiovisuals were used effectively	5	4	3	2	1

Please add any additional comments in the space provided below

_____

_____

_____

Appendix B: Traditional Faculty Interview Questions

1. Can I get some general information that includes your age, sex, and number of years you have been a teacher?
2. How long have you been teaching at the college?
3. What do you know about best practices and student retention?
4. Did your faculty training program include information on best practices?
5. What kind of best practices are being used at the local college?
6. What kind of faculty training did the college provide on best practices?
7. Have there been any changes to best practices used at the college?
8. Did the college provide additional training on the changes to best practices?
9. What best practices are you currently using in your class at the college?
10. Which best practices have been instrumental in student retention?
11. What other best practices could be implemented to maintain retention of students?
12. Have you identified the self-efficacies used by students in your classroom?
13. Which self-efficacies have you identified as increasing academic success of students?
14. What kind of factors influenced the development of student's self-efficacies?
15. What kind of educational practices supported student self-efficacy?

Appendix C: Current Dean Ambassador Interview Questions

1. Can I get some general information that includes your age, sex, and current semester in the nursing program?
2. How long have you been attending this college?
3. What semester are you currently enrolled in at the nursing program?
4. What kind of best practices are being used at the local college?
5. Have you noticed any recent changes to best practices used at the college?
6. Which best practices would you attribute to the increased retention of students?
7. Are there any other services or programs available to help increase retention?
8. What do you know about self-efficacies?
9. What role do you think self-efficacies play on student success and retention?
10. Which self-efficacies listed on the survey had a positive influence on your retention or academic achievement?
11. Which self-efficacies listed on the survey supported your retention in the nursing program?
12. What kind of factors influence your development or use of self-efficacies?
13. What kind of faculty support helped your self-efficacy?

Appendix D: Recent Dean Ambassador Interview Questions

1. Can I get some general information that includes your age, sex, and month you graduated from the program?
2. What is your current work status?
3. How long did you attend this college?
4. How many semesters did you attend in the nursing program?
5. What kind of best practices were being used at the local college?
6. Did you notice any recent changes to best practices used at the college?
7. Which best practices did you attribute to the increased retention of students?
8. Were there any other services or programs available to help increase retention?
9. What do you know about self-efficacies?
10. What role did you think self-efficacies play on student success and retention?
11. Which self-efficacies listed on the survey had a positive influence on your retention or academic achievement?
12. Which self-efficacies listed on the survey supported your retention in the nursing program?
13. What kind of factors influence your development or use of self-efficacies?
14. What kind of faculty support helped your self-efficacy?

Appendix E: Study Skills Self-Efficacy Scale–Community College Version SSSES

Study Skills Self-Efficacy Scale – Community College Version SSSES (Silver, Smith, & Greene, 2001).					
Test Format: Items are rated on a 5-point Likert-type confidence scale with the extremes labeled ‘very little' and 'quite a lot'	1 Very Little	2 Little	3 Some	4 A lot	5 Quite a lot
Maintaining a daily schedule of study hours.					
Having regular, weekly review periods.					
Having a regular place to study.					
Balancing my study time according to the demands of different classes.					
Making an outline of material covered in a course.					
Praising myself for doing a good job studying.					
Evaluating my progress at each step.					
Having a place to study without distractions.					
Treating myself after doing well on a test.					
Making up possible test questions from notes and readings.					
Reviewing and revising my notes shortly after taking them.					
Completing assignments on time.					
Rewarding myself for studying by taking a break.					
Doing well in school.					
Asking a friend to read my work before handing it in.					
Reading assignments out loud before handing them in.					

Reading critically.					
Understanding what I read in a textbook.					
Taking tests that ask me to compare different concepts.					
Taking tests that require critical evaluation.					
Figuring out the meaning of new words from their context.					
Taking essay tests.					
Finding the right word for expressing my ideas.					
Writing a summary of the important points from something I read.					
Relating what I read to other information.					
Figuring out practical applications for new concepts.					
Summarizing what I read in my own words.					
Using the reference books at the library.					
Using the card catalogue at the library.					
Using a computer reference system at the library.					
Using a thesaurus.					
Using a dictionary.					
Test Format: Items are rated on a 5-point Likert-type confidence scale with the extremes labeled ‘very little' and 'quite a lot'	1 Very Little	2 Little	3 Some	4 A lot	5 Quite a lot

Appendix F: Knowledge about Best Practices and Self-Efficacy

Knowledge about Best Practices

	Traditional Faculty #1	Current Dean Ambassador #1	Current Dean Ambassador #2	Current Dean Ambassador #3	Recent Dean Ambassador #1
Aware of Information	X	X Evidence based practice	X Evidence based practice	X Evidence based practice	X
not know a lot about it/Unsure about it					
New Information					

Knowledge about Self-Efficacy

	Traditional Faculty #1	Current Dean Ambassador #1	Current Dean Ambassador #2	Current Dean Ambassador #3	Recent Dean Ambassador #1
Aware of Information	X			X	
not know a lot about it/Unsure about it		X	X	X	X
New Information		X	X		X

Appendix G: Best Practices

	Traditional Faculty #1	Current Dean Ambassador #1	Current Dean Ambassador #2	Current Dean Ambassador #3	Recent Dean Ambassador #1
Faculty Available	X	X	X	X	X
Faculty Support	X	X	X	X	X
Office Hours	X	X	X	X	X
Tutoring/Peer Tutoring		X	X	X	X
Mentoring/ Peer Mentoring		X	X	X	X
Retention Counselors	X	X	X	X	X
Grading Scale		X		X	X
Simulation/ Standardized Patients	X		X		X
13 Week Semesters	X		X	X	X