This is to certify that the

dissertation entitled

A Local Theory for Retention of Minority Students in Michigan's Public Baccalaureate Nursing Programs

presented by

Sandra L. Nelson

has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Educational Administration

Major professor

Date July 1997

A LOCAL THEORY FOR RETENTION OF MINORITY STUDENTS IN MICHIGAN'S PUBLIC BACCALAUREATE NURSING PROGRAMS

By

Sandra L. Nelson

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Educational Administration

1997

ABSTRACT

A LOCAL THEORY FOR RETENTION OF MINORITY STUDENTS IN MICHIGAN'S PUBLIC BACCALAUREATE NURSING PROGRAMS

By

Sandra L. Nelson

Two purposes guided this study: (a) to generate a rich description of the strategies used to retain minority students in nine National League for Nursing (NLN)-accredited baccalaureate nursing programs in Michigan and (b) to develop a local theory that reflects the patterns and actions needed to retain minority students in baccalaureate nursing programs.

The naturalistic inquiry paradigm (Lincoln & Guba, 1985) and local theory methodology (Eldon, 1981) were used to document the multiple realities of academic retention as experienced by 17 nursing faculty and 15 first-year minority nursing students. Data were collected using semi-structured, audiotaped in-person or telephone interviews. Through constant comparative analysis, the image of nursing, academic underpreparedness, and race emerged as focal categories and collision as the central category. Inelastic collision, a dimension of collision, provided an understanding of the interrelationships among the categories that emerged as a result of category refinement.

Although faculty were aware of retention problems among minority students in their programs and had used a variety of teaching strategies, they had failed to design and sustain comprehensive approaches to retention. One program out of nine had a comprehensive retention program designed to meet the academic needs of students or enhance their graduation rates. Faculty believed that one-to-one contact of students with course faculty was the most effective retention strategy. Most faculty believed that minority student support groups for the purpose of learning survival skills, tutoring, and socialization were the least effective retention strategy. Students identified needs to understand the realities of nursing, the rigors of education, and expectations of professional practice.

The conclusions were that faculty possess the resources needed to design and sustain comprehensive retention programs but lack the will to do so. Faculty have an obligation to (a) provide the academic support and curriculum needed to prepare prenursing and nursing students to complete their professional goals, (b) meet societal demands to significantly increase the number of federally designated racial minority nurses, and (c) prepare nurses capable of providing culturally competent care. A local theory for retention of minority nursing students was developed as an outcome of the conclusions.

This dissertation is dedicated to my family and friends, the "forever people," without whose enduring love and support I could not have completed it.

ACKNOWLEDGMENTS

No one completes a program of study and a dissertation alone. My thanks and appreciation are extended to Dr. Marvin Grandstaff for his willingness to serve as chairman of my doctoral program. Thanks also to Dr. Kay White and Dr. Wanda Lipscomb, whose support began long ago and continued through their service as guidance committee members.

I am privileged to know two very special nurse educators and to have had them as members of my dissertation committee. They are Dr. Gladys Courtney, whose leadership and singular tolerance have lasted throughout my journey at Michigan State University, and Dr. Cornelia Porter, who never hesitated to offer her time and supervision. I can never express enough accolades for their guidance and patience while teaching and enabling me to reach this goal.

You were the wind beneath my wings!

Finally, my appreciation is extended to Jennifer Hutsko, who masterfully produced the figures and theoretical design, and Sue Cooley Miller, whose renown for editing and finalizing dissertations required that I seek her expert touch.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Background

Retention of racial-minority students, hereafter referred to as minority students, in baccalaureate nursing (BSN) programs has been debated within the nursing profession for decades without arriving at a functional solution (American Nurses Association [ANA], 1960; Carnegie, 1974, 1991; Claerbaut, 1978; Group, 1980; Harvey, 1970; Memmer & Worth, 1991; Pennington, 1984; Story, 1978). According to Rosella, Regan-Kubinski, and Albrecht (1994), a comprehensive approach to designing strategies to increase the numbers of minority nursing students is urgently needed. A comprehensive approach must include facilitating and enhancing minority students' competitiveness for admission and ensuring that, once enrolled, these students have every opportunity to complete their education.

Baccalaureate Nursing Education and the Minority Student

Historically, baccalaureate nursing programs have had more applicants for admission than they could admit in an academic year. The traditional applicants have been non-Hispanic white females who were recent high school graduates. The student populations have included few minorities (Allen, Higgs, & Holloway, 1988;

Carnegie, 1991). A national decline in applicants occurred in the mid-1970s and continued into the 1980s. Factors cited as contributing to the decline were reduced numbers of college-age individuals, increased career options for women, increased educational costs, and decreased financial aid (American Association of Colleges of Nursing, 1980).

According to Allen et al. (1988), "these factors were not likely to be ameliorated in the near future. Schools of nursing were forced to choose between adjusting their programs to decreasing enrollments or selecting applicants who may be at risk for academic difficulty" (p. 113). Nursing faculty launched vigorous campaigns to attract and admit academically able, highly motivated, nontraditional, and previously untapped sources of students (e.g., academically able and highly motivated students who were older, racial minorities, and from disadvantaged backgrounds). Rowland (1978) stated that 44% of all students admitted to baccalaureate nursing programs as a result of these campaigns failed to complete their programs.

In an effort to determine whether students left these programs for reasons amenable to preventive action, nurse educators critically reviewed and adapted educational programs based on the findings from retention research. The findings indicated several common elements pertaining to retention of racial minorities. The common elements included a need for directed recruitment efforts, academic and personal counseling, academic remediation, and cultural enrichment. Other influential elements found in the research that would contribute to student retention

were an increased number of minority faculty to serve as potential role models for students, positive perceptions among the primarily white nursing faculty about minority student academic preparedness, and more financial assistance (Greer, 1995; Story, 1978; Tucker-Allen, 1989).

Baldwin (1995) contended that, despite slowly increasing enrollments in generic and RN/BSN-completion programs, minority underrepresentation in baccalaureate schools of nursing and in the nursing profession continues to be an issue because efforts to retain minority nursing students have not produced sustained success. Farrell (1988) declared that if nursing is to remain a viable profession, serious inquiry must be made into the retention of minority students. The importance of minority retention to racial diversity among nurses and minority health care cannot be minimized.

National Population and Health Trends

National trends indicate that minority populations and minority health care needs are increasing. In 1991, racial minorities constituted 19.8% of the total population. If national immigration and birth trends persist, by the year 2020, minorities will constitute 31% of the total population. By 2080, the percentage of minorities is expected to double (Henry, 1990; U.S. Bureau of Census, 1990). In Michigan, an estimated 1.8 million citizens, about one in five, are considered minorities (Michigan Department of Public Health, 1995).

Nationally, most whites have enjoyed a better health status than minorities, whereas a combination of factors (i.e., social, economic, political, and cultural) have

led

of

res

chr

199

mo

tho

to t

199

nur

Mir
Pra

the

soc

del

cor

are

ref

cor

led to poor health outcomes for many nonwhites. The lower socioeconomic status of many minority group members and a variety of culture-related beliefs have resulted in less access to, or use of, health care services. Thus, myriad complex or chronic illnesses, as well as higher costs for treatment, have resulted (Fleming, 1995; U.S. Department of Health and Human Services, 1993). In Michigan, minority morbidity and mortality rates for diseases are disproportionately higher (48%) than those for nonminorities (Michigan Department of Public Health, 1988).

Also, until the 1990s, "blacks, Hispanics, and Asians . . . had limited access to the political arena relative to health care policy and decision-making" (Greer, 1995, p. 45). The above-mentioned population and health trends have affected the nursing profession and its minority nurses.

Minorities in Professional Nursing Practice and Education

The representation of minorities in nursing has attained a prominent place in the nation's plans for health care reform, and it has significant political, socioeconomic, and educational implications. Current restructuring of health delivery systems has led to expansion of community-based health care and concerted efforts to improve access to and use of such systems in underserved areas.

The expansion of health care has raised a demand from health system reformers for nursing to return to the profession's historic roots, the provision of community-based care. This demand includes provision of two critical nursing

functions: Nurses must be prepared to practice independently, and they must provide culturally relevant care to clients in their communities (PEW Commission, 1995).

Although the nursing profession encourages the increased emphasis on independent community practice, serious discussions have ensued within the profession as to **who** will provide culturally relevant care in underserved areas. Alvarez and Abriam-Yago (1993) argued that, fundamentally, American communities are racially and culturally defined. They insisted that minority nurses tend to work in underserved areas composed largely of populations of similar racial backgrounds. Also, Holtz and Wilson (1992) asserted that "nurses who are members of culturally diverse groups are better able to address the needs of their communities" (p. 28). As system restructuring occurs, health care analysts have come to expect minority nurses to return to their communities (Fleming, 1995; Sayles-Cross, 1994). That expectation has brought to light the diminishing number of minorities in nursing.

Various nursing organizations have insisted that although a return of all racial-minority nurses to their communities may not be a realistic expectation, provision of health care by competent nurse practitioners from diverse racial and cultural backgrounds is not only realistic, it is essential. Such recognition has profound implications for nursing education programs as the suppliers of nurses who are prepared to provide the expected care.

In July 1993, several health agencies held a national invitational congress entitled "Caring for the Emerging Majority: Empowering Nurses Through Partner-

ships and Coalitions" (U.S. Department of Health & Human Services, 1993a). At that congress, several issues related to nursing education were identified:

1. Health care reforms have provided opportunities for nurses to demonstrate leadership as well as have greater impact in primary health care prevention and promotion. However, there is a paucity of persons who are adequately and culturally prepared to address this need in an era of reform.

2. Nursing students are not being educated to work effectively in a changing health care environment. Students tend to study in an isolated environment and many times are not aware of what is occurring in communities. Nursing students are not adequately oriented to our nation's changing population mix and the needs of the various population subgroups and subcultures. Nursing curriculums and textbooks need to be reviewed and revised to reflect these changes.

Also in 1993, the American Association of Colleges of Nursing (AACN) stated that

> preparation for the entry level professional nurse now requires a greater orientation to community-based primary health care and an emphasis on health promotion, maintenance, and cost effective coordinated care that responds to the needs of increasing culturally diverse groups and underserved populations in all settings. (p. 1)

In 1995, the National League for Nursing at its annual convention adopted a resolution that supported the Nursing Education Act (Title VIII). Excerpts from the resolution are as follows:

> There is an urgent need for the preparation of culturally competent health care providers. . . . The Nursing Education Act provides support for culturally competent nursing education at all levels with an emphasis on advanced

> practice and innovations in community-based care, including community nursing centers. (Resolution 8)

The issues found in the national health priorities are clear. The nexus of issues (i.e., population and community-care trends, culturally competent practice, and educational requirements for practice) has magnified the demand for racial diversity in nursing. Addressing these issues will require significant, even painful, changes in conventional methods of nursing education if it is to fulfill the nursing functions identified by the reformers.

Nursing educators can no longer conduct "business as usual." The results of a 1992 National Sample Survey of Registered Nurses (see Table 1) and AACN data (see Table 2) not only underscore the need for a greater racial diversity among registered nurses (RNs) but also illuminate the continuing failure of nursing programs to retain and graduate minority students.

Sayles-Cross (1994) said that the enrollment trends for the decade 1982 to 1992 were both promising and deceptive. "While the percent of change in the number of minorities is impressive on first glance, the overall number of degrees awarded is insignificant compared to the total minority population. The nursing statistics speak for themselves" (p. 158).

The survey data indicate several important points. First, of the estimated 2,239,816 RNs in 1993, approximately 207,000 (> 9.3%) were minorities. Second, although the number of minority RNs has increased and kept pace with the increase in total numbers of RNs, there has been no significant increase in the proportion of minority RNs to the total RN population (see Figure 1). Third, of the racial groups

graduated from all nursing programs, African Americans (46%) and Hispanics (42%) were primarily graduates of associate degree (ADN) programs. Fourth, most Asian/Pacific Islander nurses were foreign graduates or evenly distributed across all programs. Fifth, there were too few Native American nurses for them to contribute useful data (see Figures 2 and 3).

Table 1: Registered nurse population by racial background (N = 2,239,816).

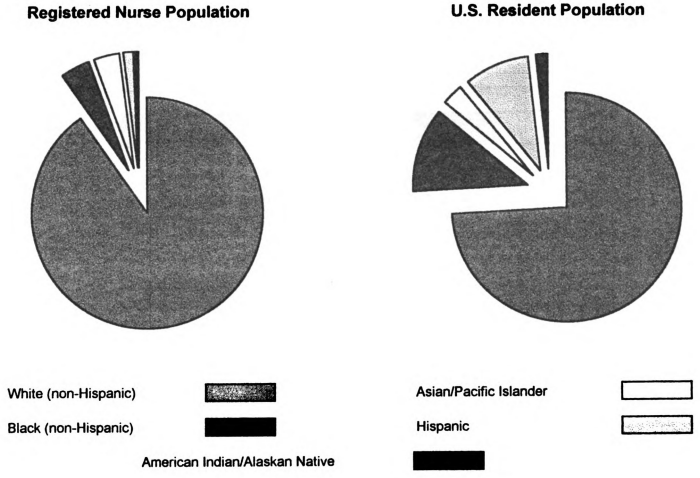
Race/Ethnicity	Total Number in Sample	Total Estimated RNs[a]	
		Number	Percent
White (non-Hispanic)	29,598	2,018,456	90.1
Black (non-Hispanic)	1,074	90,611	4.0
Asian/Pacific Islander	884	75,785	3.4
Hispanic	381	30,441	1.4
American Indian/ Alaskan Native	177	9,998	0.4
Unknown	190	14,526	0.6

Note. Estimated number and percentage may not add to total due to rounding. From "Update on demographics of minority nurse populations in the United States," by E. B. Moses, 1993, Nurse Leadership: '93 Invitational Congress, p. 16. Copyright 1993 by the Division of Nursing, Bureau of Health Professions, Health Resources and Human Services Administration. Adapted with permission.

Table 2: Percentage enrollment and graduation of minority students (1990-1996).

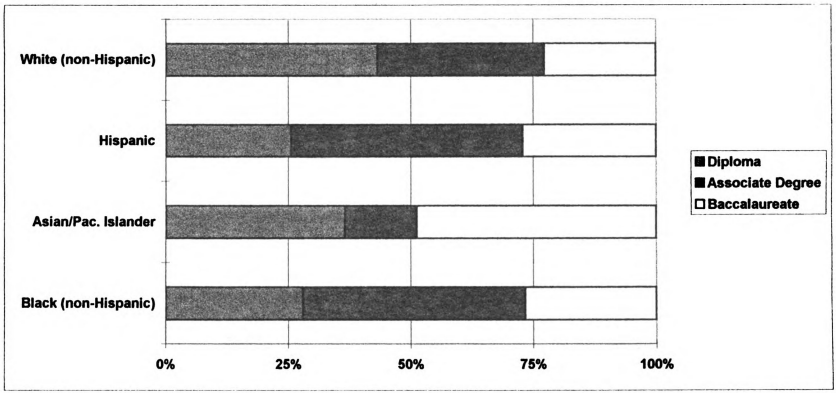
Race	Type of Student	Program					
		1990-91 (N = 322)	1991-92 (N = 328)	1992-93 (N = 369)	1993-94 (N = 344)	1994-95 (N = 412)	1995-96 (N = 413)
African American	Generic RN	10.6 (7.5) 8.5 (7.7)	8.8 (6.4) 7.4 (8.3)	9.5 (6.3) 8.0 (8.9)	9.3 8.4	8.9 8.7	8.5 9.5
Hispanic	Generic RN	2.8 (2.2) 3.6 (1.7)	3.8 (3.4) 2.6 (2.8)	3.7 (3.5) 2.6 (3.2)	2.9 2.2	3.6 2.9	3.9 3.6
Asian	Generic RN	3.2 (3.4) 1.8 (1.8)	3.1 (3.5) 1.8 (2.7)	3.5 (3.9) 1.6 (2.4)	4.1 2.0	4.5 2.2	5.0 2.8
Native American	Generic RN	0.5 (0.4) 0.7 (0.5)	0.5 (0.5) 0.3 (0.7)	0.6 (0.5) 0.4 (0.6)	0.5 0.4	0.6 0.5	0.6 0.5
Caucasian	Generic RN	83.0 (86.0) 85.0 (87.0)	83.0 (85.0) 83.0 (82.0)	81.0 (85.0) 85.0 (83.0)	81.8 84.5	80.6 82.0	80.0 80.4
Foreign	Generic RN	0.3 (0.3) 0.9 (0.7)	0.4 (0.3) 0.5 (0.5)	0.4 (0.3) 0.6 (0.9)	0.4 0.6	0.4 0.6	0.4 0.5
Unknown	Generic RN	-- --	1.3 (1.1) 4.9 (2.7)	0.9 (0.5 3.8 (1.3)	1.0 1.9	1.4 1.4	1.6 1.6

Note. Plain numbers represent percentage enrollments. Numbers in parentheses represent percentage of total graduations within three years of enrollment in nursing program. From Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing, by American Association of Colleges of Nursing, 1990-1996, Washington, DC: Author.



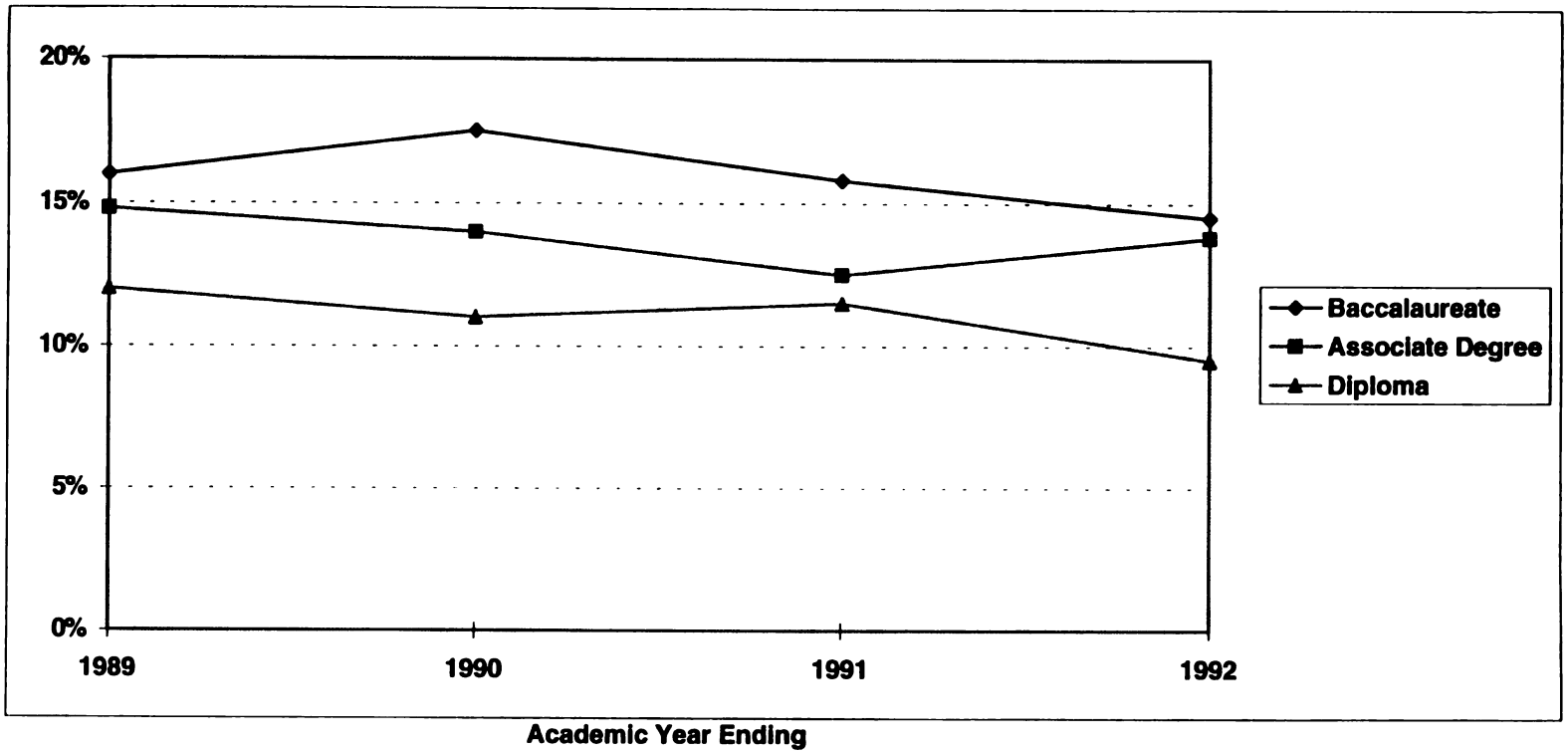
Sources: National Sample Survey of RNs, March 1992, and U.S. Resident Population as of July 1, 1991.

Figure 1. Distribution of the RN population and the U.S. resident population by racial/ethnic group.



Source: National Sample Survey of RNs.

Figure 2. Distribution of RNs in each racial/ethnic group by basic nursing education preparation, March 1992.



Source: National League for Nursing.

Figure 3. Estimated percentages of basic nursing education program graduates with minority backgrounds.

The AACN annual minority enrollment and graduation data from 1990 to 1996 indicated slight increases in enrollment percentages (see Table 2), but African American student graduations declined. Although the exact graduation year could not be determined from the data, graduation rates for the **expected** year of departure are shown in the table. These rates support Tucker-Allen's (1991) statement that "however grim the enrollment figures, the graduation figures always prove to be even more dismaying" (p. 59).

Attrition of minority nursing students results in a loss of time, money, and effort for both students and institutions (Pennington, 1984; Sherrod, Harrison, Lowery, & Wood, 1992; Tucker-Allen, 1989, 1991). However, attrition ultimately deprives communities of nurses who have the desire and cultural competence to improve community health standards. National expectations of improved minority health outcomes as a result of increased community-based care, provided primarily by minority RNs, have prompted national directives that have profound implications for nursing practice and education (Mundinger, 1996).

Several dilemmas arise from these national expectations and directives for minority nurse practice in communities. First, most minority nursing students are enrolled in community colleges, not universities (Baldwin, 1994; Carnegie, 1990; July, 1994). Second, the minimal professional requirement for community nursing practice is a Bachelor of Science in Nursing (BSN) degree or higher. Third, since 1965, nurse professionals have argued that there are too many avenues of entry into practice (Appendix A) and have sought to require the BSN degree as the minimum

for professional practice (ANA, 1965, 1995; Greer, 1995; Louden, 1997; PEW Commission, 1995). The entry-into-practice issue has yet to be resolved.

Forces external to nursing may force a resolution of this issue. Two directives in a PEW Commission (1995) report may hasten requirement of the BSN or higher nursing degree as the minimum for entry into professional practice. These directives included (a) reducing the number of diploma and associate degree programs and (b) dramatically increasing the numbers of advanced-practice nurses by doubling current numbers of nurses with a master's degree as quickly as possible. The directives do not bode well for an increase in minority nurses because only a bachelor's degree and nursing licensure will allow entry to graduate nursing education and advanced practice. Deloughery (1995) added an ominous prediction: "In the future, the Doctor of Nursing degree . . . may become the minimum background for entry into the profession" (p. 487).

Louden (1997), citing the NLN Annual Survey of Nursing Education Programs (1995 and 1996), affirmed that nursing programs have begun to reduce the number of generic student admissions. He cautioned nurse educators to reexamine nursing curricula and modify them, if necessary, to better fit the changing health care environment. Louden continued:

> If nurses are to continue their work as effective health care providers, they must be able to function within a changing health care system which has altered the traditional hospital-based role, and has included managed and community-based care. (p. 4)

Minority student retention must be improved if (a) nurses are to provide culturally competent community-based nursing care, advanced-practice clinical

Minority student retention must be improved if (a) nurses are to provide culturally competent community-based nursing care, advanced-practice clinical expertise, and leadership; (b) representation among registered nurses is to parallel the projected racial diversity in America; and (c) the nation's health reform agenda is to be addressed. These are imperatives. Thus, nurse educators must develop philosophies, programs, and strategies germane to the retention of minority students.

Who Are the Minority Nursing Students?

Richardson and Skinner (1992) argued that many prescriptions for improving minority retention are based on excessively simplistic perceptions of minority students. The varying descriptions of the racial-minority nursing student have included such characteristics as cultural and ethnic backgrounds, as well as social, educational, and socioeconomic factors.

The term "disadvantaged" was the socially accepted descriptor for many students in the 1960s and 1970s and currently is used by many faculty (Tucker-Allen, 1991). In a landmark study about disadvantaged students, Carnegie (1974) explained that people who differ from each other are handicapped not only by depressed social and economic status, but also

> predominantly Black, Puerto Rican, Mexican, American Indian, southern rural, or mountain white possess cultural attitudes alien to those in the broader community, and their children are educationally disadvantaged because their culture has failed to provide them with the experience "normal" to the kinds of children the schools are used to teaching. (p. 11)

found

a desc

who c

patter

exist

indivic

simpli

locus

have

langu

under

nonwh

Island

under

nursin

minori

the ter

racial-

found that minority students did not relate to the label "disadvantaged student" as a descriptive phrase.

Crawford and Olinger (1988) defined the culturally diverse student as "one who demonstrates characteristics that have distinctive differences in integrated patterns of human behavior that include thought, speech, and customary beliefs that exist between ethnic groups" (p. 379). Identification of minorities may include individuals with a number of diverse characteristics that have been incorporated into simplistic perceptions (e.g., gender, age, physical ability, sexual orientation, and locus of power, control, or authority). Other influences on culturally diverse students have been identified as folkways (cultural practices), time orientation, religion, language, the political system, customs, family ties, and educational preparation.

In this study, the term "minority" is used to refer to the federally designated underrepresented racial-minority groups. Those groups are African Americans, nonwhite Hispanic Americans, American Indians/Alaska Natives, and Asian/Pacific Islanders. Although the state of Michigan has designated Arab Americans as underrepresented minorities, they are not represented as such in this study. In the nursing profession, Asian/Pacific Islanders and Arab Americans are not considered minorities. Similarly, the term "culturally diverse group" is used interchangeably with the term "minority" to refer to members of the federally designated underrepresented racial-minority groups.

Statement of the Problem

Baccalaureate nursing programs have failed to develop the retention strategies or comprehensive retention models needed by minority prenursing and nursing students. As a result, BSN-prepared minorities are more underrepresented in practice today than they were 15 years ago (Fleming, 1995). Baccalaureate nursing programs must increase minority retention and graduation rates in order to enhance professional practice and meet the health care needs of diverse individuals.

The number of minority baccalaureate-prepared nurses will directly influence the number who are eligible to enroll in graduate nursing education programs and the number available to provide culturally competent care to clients in underserved communities. Similarly, the number of racial minorities with doctorates will directly influence the number of minority faculty who are available to teach in nursing education programs.

Purpose of the Study

I had two purposes in conducting this study. They were (a) to generate a rich description of the strategies used to retain minority students in baccalaureate nursing programs at public universities in Michigan and (b) to develop a local theory that explains current retention patterns and the actions needed to retain minority students in baccalaureate programs.

purp

To a

colle

stud

Mich

stud

nurs

situa

Ros

minc

indu

vital

Research Questions

The overriding research question that was formulated to accomplish the study purposes was as follows:

What is needed to improve retention rates among racial-minority baccalaureate nursing students at public universities in Michigan?

To answer this research question, two subsidiary questions were posed to guide the collection of data for the study:

1. What strategies are being used by nurse educators to retain minority students in Michigan's baccalaureate nursing programs?

2. What retention difficulties do minority students experience in Michigan's baccalaureate nursing programs?

Importance of the Study

The failure to resolve issues related to the retention of minority nursing students in baccalaureate programs, as well as the limited availability of minority nurses in the future, demonstrates the need for this study. Given the prevailing situations and arguments (Baldwin, 1994; Farrell, 1988; Richardson & Skinner, 1992; Rosella et al., 1994), a rich description of nursing faculty and student perceptions of minority student retention is imperative. Further, research that proposes an inductively derived local theory about the retention of minority nursing students is vital to nursing education, nursing practice, and higher education.

Conceptual Orientation

The conceptual orientation undergirding this study was based on naturalistic inquiry methodology (Lincoln & Guba, 1985) and the following personal assumptions:

1. Future nursing programs largely will be housed in institutions granting a four-year degree (BSN).

2. Increasing numbers of minority, nontraditional, and academically underprepared students will be entering higher education and seeking careers in nursing. Therefore, only those strategies that have proven to be helpful in enhancing academic success were explored in this study.

3. Most public universities have retention programs. Some baccalaureate nursing programs offer retention programs within the academic units; those that do are not comprehensive.

4. All public university nursing programs in Michigan have poor representation of minority student nurses.

5. Many nursing students' retention requires resources that nursing schools are not able to provide.

6. Increasing numbers of minority students who are admitted to nursing programs are academically underprepared.

7. Not all minority students should be retained in baccalaureate nursing programs.

8. Not all minority professional nurses will practice in minority communities upon graduation.

Naturalistic inquiry, or the athoretical, "discovery-oriented" approach, was selected as the best method to achieve the purposes of this study. Qualitative and naturalistic approaches allow one to understand inductively and holistically the human experiences related to minority nursing student retention. Two axioms about the naturalistic domain have particular relevance for the study: (a) phenomena consist of multiple, often conflicting, context-dependent realities; and (b) all realities have meaning(s) that can only be discovered from individuals in context-specific situations.

Limitations of the Study

The responses of nursing faculty and administrators, hereafter referred to collectively as faculty, and nursing students at public programs in Michigan may be unlike those of persons from other nursing programs. Only academic retention was explored in this research; the myriad other factors that influence retention (e.g., economic or social factors) were excluded from the study.

This study was further restricted as follows: (a) only those strategies currently used or planned for the academic retention of American-born or naturalized (excluding students with green cards or work permits) minority students enrolled or planning to enroll in public baccalaureate nursing programs in Michigan were explored; and (b) male nursing students were excluded from the study (see Appendix B).

Definition of Terms

The following terms are defined in the context in which they are used in this dissertation:

Cultural competence: Recognizing and understanding the values and beliefs of another culture. Included is the ability to assess, plan, implement, evaluate, and provide care within the purview of that culture. Cultural competence does not require personal belief or participation in another's beliefs or behaviors.

Cultural relevance: The significance one attaches to relationships of patterned behavioral responses and expressions that have been shaped by the values, beliefs, norms, and practices that are shared by members of the same racial or ethnic group. The connection is the result of acquired mechanisms primarily affected by internal and external environmental stimuli. These acquired patterns guide one's thinking, doing, feeling, and being in the world. They are the expression of who the individual is (Giger & Davidhizar, 1995, p. 3).

Minorities: The federally designated racial groups: African Americans; Hispanics–Mexican Americans, Mainland and Commonwealth Puerto Ricans, and Latinos; American Indians/Alaskan Natives; and Asian/Pacific Islanders.

Registered nurses (RNs): Persons who have graduated from a state-approved program of nursing and are licensed to practice in the United States.

Retention: Successful preservation of a student in a baccalaureate nursing program until graduation. The term "persistence" is used synonymously with retention in this dissertation.

Retention strategies: Approaches/programs developed and implemented by an institution and discipline-specific academic units to help enrolled students reach their stated or implied educational goal(s) and to facilitate their graduation.

Success: Graduation from a baccalaureate nursing program within six years of beginning university study. This definition does not presume the nursing student's passing the National Licensure Examination (NCLEX-RN), although that is the desired outcome of the educational experience.

Underrepresented minorities (URMs):. Federally designated racial groups that are disproportionately found in the health professions, based on the nation's population base. Asians are no longer considered a nationally designated underrepresented minority group in the health care industry. African Americans, Mexican Americans, mainland Puerto Ricans, and American Indian/Alaskan Natives are the nationally recognized URMs in health care.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Higher education institutions are organized around specific programs that have clearly defined requisites for admission, progression through the major, and graduation. Student retention is the active attempt by faculty and, in many instances, fellow classmates to sustain a student's enrollment through completion of the desired program of study. Anything less than degree completion may be viewed as a student's failure to reach the stated or implied goal (Feldman, 1993).

Distinctive efforts by an institution and discipline-specific program to help enrolled students reach their stated or implied educational goal(s) are known as retention strategies. According to Patton (1990), "a strategy is a framework for action that provides basic direction, permits seemingly isolated tasks and activities to fit together, and moves separate efforts toward a common, integrated purpose" (p. 35).

Numerous researchers have found that minority students leave educational institutions or programs without achieving their educational goals at much higher rates than do their white counterparts. Empirical and theoretical findings also have suggested a number of recurring problems and feasible retention strategies for

minority students in nursing programs (Allen, 1988; Burris, 1987; Green, 1989; Holtz & Wilson, 1992; Pennington, 1984; Story, 1978; Sutton & Claytor, 1992).

To reflect the repetitious findings and the failure to sustain retention efforts, the literature review is structured chronologically in three sections. The first section is a review of research on retention in higher education institutions. Research on retention of baccalaureate nursing students is discussed in the second section. The third section contains a review of research on retention of minority baccalaureate nursing students.

Retention in Higher Education Institutions

From the 1940s through the mid-1960s, the majority of higher education studies concerned rates of attrition, predictive factors associated with student attrition, and the "fit" between student and institution. In the late 1960s, research shifted to the development of student-dropout typologies and identification of students' experiences while attending higher education institutions (Spady, 1970). From the mid-1970s through the 1980s, researchers turned their attention to processes within institutions that might discourage degree completion (Astin, 1975, 1987; Beal & Noel, 1980; Noel & Levitz, 1994; Tinto, 1975, 1987).

A substantial body of literature on attrition and retention exists, particularly concerning the freshman year (American Council of Higher Education, 1985; Christoffel, 1986; Dowaliby, Garrison, & Dagel, 1993; Noel, Levitz, & Saluri, 1983; Pascarella & Terenzini, 1982; Richardson & de los Santos, 1988). The preponderance of literature has been concerned with white students' collegiate

experiences. Few researchers have examined the experiences of minority students (Pascarella & Terenzini, 1991; Terrell & Wright, 1988).

Perhaps the most widely known, tested, or adapted model related to institutions and students resulted from studies conducted by Tinto (1975). His model posited that student attrition or its opposite, retention, involved certain preentry attributes interrelated with institutional academic and social integration processes. Tinto argued that a student's integration into the academic and social systems was directly related to that student's remaining in college. In general, the greater a student's integration into the academic and social systems, the higher the degree of goal commitment (i.e., the extent of the student's desire to obtain a given degree) and institutional commitment (the student's desire to receive a degree from that particular institution).

Tinto's model has been highly predictive of white students' persistence at predominantly white, baccalaureate, residential institutions (Fox, 1986; Pascarella & Terenzini, 1979, 1983; Stinson & Walker, 1992). However, increasing attention has been given to the model's ability to predict the success of minority or nontraditional students, those in discipline-specific programs (e.g., nursing), and those who do not enjoy full-time patterns of college attendance but enter with coexisting responsibilities and roles (e.g., commuter, female, older, employed, head of a household, responsible for a family). Use of Tinto's model in research about minority nursing students is discussed later in this chapter.

Recent researchers have suggested that Tinto's model fails to address many of the preentry characteristics of minority students (e.g., commuter, employed, feelings of being unwelcome on campus). In a study conducted at the University of Michigan-Dearborn, an urban commuter university, Rose (1980) found that student preentry characteristics did not significantly differentiate between persisters and nonpersisters. He also found that goal attainment had little to do with institutional commitment.

Sowell (1986) found student-institution mismatches to be relevant in minority student retention. One important mismatch occurred because of minority students' needs for financial resources, which often led them to enroll in large research institutions that placed less emphasis on undergraduate development than did smaller institutions. Other investigators have found that minority graduates tend to advise future minority students to have a strong goal and not worry about whether they like the experience or encounter discrimination (Astin, 1975, 1982; Munro, 1981; Shade & Edwards, 1985).

Richardson, Simmons, and de los Santos (1987) studied ten universities identified as successful in retaining minority students. Observations made during the first year of the two-and-one-half-year study resulted in a number of findings about successful institutional retention strategies, whether designed for minority, disadvantaged, underprepared, or nontraditional students. The successful strategies included viewing minority achievement as a preparation problem rather than a racial one, enlarging the numbers of minority faculty, demonstrating visible evidence of

administrative commitment, instituting comprehensive and systematic rather than fragmented and sporadic strategies for promoting minority student success, formulating favorable state policies, and recognizing the campus environment as a critical factor in students' involvement and success. With regard to the last strategy, the authors also found that having a 20% minority student population produced a "comfortability factor" among minority students. Not all of the universities studied exhibited these strategies, and the degree to which they were used varied. There was a positive correlation between the number of strategies used and the degree of success an institution experienced.

In studies conducted with African American, Hispanic, and Asian American student groups, collectively and separately, at predominantly white institutions, it has been found that the factors affecting student adjustment, development, and academic retention are most closely associated with social and cultural isolation (American Council of Higher Education, 1985; McKnight, 1996). When applied to Native American students and their cultural beliefs, these factors take on exceedingly complex dimensions.

Native American beliefs center on family, home, and community as the core of their existence. Not only do Native beliefs place students at odds with most academic settings, they have severely affected Native students' adjustment, development, and academic retention. Thus, these beliefs may be a reason for the low number of Native American students entering higher education (Marin, 1991; Tijerina & Biemer, 1988; Upvall, 1996).

profile

prepa

belief

struct

settin

educa

of col

colleg

follow

that

clearly

proce

intelle

(p. 53

conclu

toward

Richardson and Skinner (1992) suggested that a rich diversity of student profiles should be described in terms of three dimensions: opportunity orientation, preparation, and the mode of college going. Opportunity orientation refers to the beliefs students develop about valued adult roles and the part education plays in structuring access to those roles. These beliefs are reflected in motivation and goal setting. Preparation involves both development of expectations about higher education and participation in experiences that approximate going to college. Mode of college going distinguishes between students who follow full-time patterns of college attendance and those who enter with adult roles and responsibilities and follow part-time patterns of attendance. Richardson and Skinner further suggested that

> differences in opportunity orientation, preparation, and mode of attendance influence the degree attainment and transfer rates for all students but have a particularly strong effect on African Americans, Hispanics, and Native Americans because they are more likely to be first-generation college-goers. (p. 30)

Baldwin (1994) asserted that each racial group that is studied needs to be clearly identified and the special needs of each group targeted in the retention process. "It is clear that each minority group has different cognitive styles and intellectual talents that cannot necessarily be generalized to other cultural groups" (p. 533).

After decades of research findings, universities have established more conducive environments for minority students and offer a variety of services directed toward retention. Yet the myriad problems hindering minority student retention

remain the same. The problems, broadly summarized, include poor adjustment to college life; lack of financial resources; feelings of isolation and loneliness; poor academic performance; and feeling entitled, yet not deserving, to be in college. These problems are compounded by situations of racial and cultural insensitivity or hostility and harassment from the racial-majority faculty and students.

Armstrong-West and de la Teja (1988) asserted that predominantly white educational institutions still isolate more than they educate. Reliance on studies and models that continue to relate traditional relationships between social and academic integration in an institution to student retention but omit or diminish the most salient aspects of minority student culture is fundamentally untenable when planning retention strategies for the minority student of the twenty-first century.

Retention of Nursing Students

Researchers have conducted numerous national studies to identify variables that would predict nursing student achievement. High school grade point average (GPA), high school ranking, American College Test (ACT) or Scholastic Aptitude Test (SAT) scores, prenursing GPA, and NLN prenursing examination scores have been found to be the best predictors of success in nursing. Self-concept also has been reported as a significant variable in relation to student retention. Many of the variables also have been found to predict academic achievement in general (Hudepohl & Reed, 1984; Munday & Hoyt, 1975; Rosenfeld, 1988; Schwirian, 1978; Taylor et al., 1966). Similarly, studies of the relationships between noncognitive and

biog

(Aik

nurs

wou

Tayl

scho

prog

inter

sing

25);

one

the

impr

integ

1990

no co

47 s

appr

gradu

biographical characteristics and academic success did not yield consistent findings (Aiken, 1982; Campbell & Dickson, 1996).

Researchers hoped that the variables identified as predictors of success in nursing school could be generalized to other programs, as well as to students who would be at-risk for academic difficulty (Alichnie & Bellucci, 1981; Higgs, 1984; Taylor et al., 1966). But minimal overlap of predictor variables was found among schools of nursing. The best predictor variables were found within each local program (Rosenfeld, 1987).

In a review of 26 studies focusing on variables associated with retention and intervention strategies, Heydman (1990) found that most approaches represented single efforts, "one-shot intervention programs rather than longitudinal studies" (p. 25); used a variety of statistical methods in analyses; and lacked consistency from one program to another, thus decreasing generalization. Heydman concluded that the current nursing literature provided limited direction for nurse educators to improve student retention.

In support of Heydman, Campbell and Dickson (1996), following an integrative review and meta-analysis of nursing education research from 1981 to 1990, stated, "Although the literature is replete with achievement predictor variables, no consistently stable predictor variables have been identified" (p. 48). A sample of 47 studies was used for integrative review. Four of the studies were deemed appropriate for meta-analysis to describe and evaluate predictors of retention, graduation, and National Council Licensure Examination (N-CLEX) success for

baccalaureate students. Significant findings from the integrative review and meta-analysis about nursing student retention were as follows:

1. Theory grades and GPA are the best predictors of academic success.

2. The SAT scores were most often studied, but the ACT scores most often predicted success on the N-CLEX.

3. The least predictive of the variables studied were college cumulative GPAs, liberal arts GPAs, scores on the SAT, and scores on examinations in nursing courses.

4. Science course grades consistently predicted student success.

5. Noncognitive factors were weak predictors of academic success. Only test anxiety and self-concept/esteem were significant.

6. The use of support groups was found to be significant. Merely participating in the support group may have reinforced the students' beliefs in success" (p. 57).

Based on their findings, the strongest recommendation Campbell and Dickson made about retention was that interventions should begin at the prenursing level. Given the consistent ability of science grades to predict success, "nursing faculty or prenursing counselors should, at the very least, dialogue with students regarding the need for content mastery and future use of this information (p. 56).

Allen et al. (1988) provided comprehensive recommendations for admission and progression for at-risk students that warrant presentation. The recommendations included encouraging nursing faculty to (a) identify factors in their

individual programs that may put students at risk, (b) develop a potential at-risk student profile, (c) consider lower faculty-student ratios and the availability of tutorial or other supportive programs when admitting at-risk students, and (d) institute an "early warning" system that will give students every opportunity to succeed.

The early warning system Allen et al. recommended would "provide guidance prior to crucial transitions or points in the curriculum where complexity of content or emphasis on synthesis increases and weaker students are known to have difficulty" (p. 118). The system should include the following steps: (a) an initial assessment by academic advisor and student of potential academic problems, (b) anticipatory guidance and referral to appropriate resources for assistance, and (c) development of a method of tracking student progress through the upper-division major. These steps, according to Allen et al., would help students succeed, enable programs to reduce costs, increase the benefits of accepting at-risk students, and benefit the community by promoting student retention.

Allen et al. insisted that students whose background data indicate potential high-risk status (e.g., readmission "D" or a combination of "D" and "F" letter grades and withdrawals, poor findings on assessments of verbal fluency and thought organization, and low self-regard scores) but who also possess characteristics predictive of success (e.g., prerequisite and cumulative GPAs that would predict good nursing GPAs, a previous earned degree) deserve an opportunity to succeed. However, the authors stipulated that special caution should be taken with students who accumulate college credits without progressing toward a degree. They may be

considered for admission, but upon admission a "red flag" should be waved as an early warning sign for close academic tracking. Although admitting at-risk students might require lower student-to-faculty ratios, tutorials, or other supportive programs, to overlook the factors that may impede the students' ultimate achievement of their academic goals would be irresponsible, not only to the potential students but also to the nursing profession and society as a whole.

Retention of Minority Nursing Students

Early Retention Studies and Models

From the mid-1960s through the 1980s, as a result of national and institutional affirmative action measures, minority student enrollments rose. In 1963, the National Student Nurse Association began its Breakthrough to Nursing Project, whose goals were to increase the numbers of minority nurses and leaders in nursing. According to Carnegie (1991), "students involved in Breakthrough realize that recruitment alone is insufficient, and that efforts must also be directed toward helping students complete the program so that they will become licensed practitioners" (p. 57).

In 1965, the Rockefeller Foundation sponsored the Sealantic Project for the Disadvantaged in Nursing. The purposes of the project were to (a) help selected schools of nursing reach out to black and other disadvantaged youths and engage in social and educational actions needed to prepare the youths for entering and completing nursing programs; and (b) experiment with different ways of increasing the numbers of black and disadvantaged youths who enter nursing. It was expected

that many other schools, with or without financial assistance, would be stimulated to focus attention on this significant source of nursing power and on the expansion of educational opportunities for these youths.

Six criteria were formulated for project participation. All programs had to (a) be an NLN-accredited baccalaureate program; (b) admit freshmen directly from high school, or admit students as sophomores or juniors; (c) offer intensive counseling and special instruction, if needed, to students in the first one or two years of study in other colleges on the same campus; (d) be desegregated and not admit a predominant number of blacks; (e) be located in a community where a considerable number of black or other minority candidates were available; and (f) have a dean and other instructional staff who were known to have an interest in the purpose of the program.

Ten nursing programs from throughout the United States were approved for funding by the project. Although all of the programs had common goals (i.e., recruitment, academic remediation, counseling, cultural enrichment, and financial assistance), each identified different strategies for achieving those goals. Of the ten original programs, only the Opening Doors Wider in Nursing (ODWIN) project begun by the Boston University School of Nursing's Alumni Association became independently incorporated (Carnegie, 1991). The goal of the project was to acquaint area blacks with opportunities in nursing.

In 1974, faculty at The Ohio State University designed the "I AM" retention model. The acronym "I AM" reflected the model's central objectives:

(a) Identification of members of minority groups interested in a nursing career, as well as Intensified training and counseling for academic preparation and personal social adjustment; (b) Awareness and exploration of nursing careers and opportunities; and (c) Maintenance of the minority groups, by support services and intervention processes, through to successful completion of requirements for graduation.

The goal of the I AM retention model was to enhance minority students' success through preventive rather than remedial measures, which included academic enrichment, academic tutorials, and personal social counseling services. The specific operational phases were (a) training of project staff, (b) identification and orientation of students, (c) assessment of cognitive and behavioral skills, (d) intensified preparation for prevention, and (e) resolution and termination. The I AM retention model proved to be the most comprehensive model of that decade (Story, 1978).

Despite all of the early retention efforts, many of the students involved did not graduate. Of the 27 programs Feldbaum and Levitt (1981) studied, only six were able to recruit more than 15% minorities and to retain 80% of those enrolled (Alvarez & Abriam-Yago, 1993; NLN, 1984; Soucier, 1994; Tucker-Allen, 1989).

Claerbaut (1978) observed that

> Incoming minority students tend to have rather idealistic and sometimes unrealistic attitudes toward nursing and nursing education. This optimism, if not tempered by realism, may cause them to underestimate the rigorous nature of the educational preparation ahead of them and can set them up for disillusionment later as the path becomes difficult. (p. 44)

In 1980, the State University of New York at Buffalo initiated Striving for Professional Achievement in Nursing (SPAN), a nursing career program. The program goals were to establish and maintain contact with minority prenursing students and to maintain contact with enrolled students. Highlights of this program were the presence of a community advisory council comprising representatives of the most prominent community organizations and the presence of one black, one Hispanic, and one Native American nurse on the project staff who functioned as role models. They were graduates of the nursing program. Other program features were a future nurses club for high school students; summer preparatory programs for students recruited from the future nurses club; and supportive, academic, and financial assistance to enrolled nursing students. Many of these features were integrated into the existing administrative and organizational structures of the school of nursing (Watts, 1984).

Beckes (1980) identified four basic philosophical elements that must be present for a college to provide underprepared students with a successful academic experience. These elements are:

1. The administration and the faculty must believe that every student is important as a person to himself or herself, to his or her family, and to society, and that the student can make a valuable contribution to the general welfare.

2. The administration and the faculty must believe that most students can learn, given adequate time and instructional support.

3. Faculty must be convinced that it is unfair to permit a student to attempt a course for which he or she is not prepared; therefore, the means must be provided to help the student prepare.

4. Both students and faculty must be convinced that finishing a particular program in the traditional four or eight semesters is not important. The important thing is that the student masters the information and attains the educational goal(s). Of course, reasonable limits must be placed on the time involved and the instructional effort consumed.

Pennington (1984) described the successful Retention Activities in Nursing (RAIN) project conducted at the City College of New York. RAIN was designed as a comprehensive program of support activities designed to help students successfully complete the nursing program. The program increased retention rates of nursing students from 35% to 63% over a four-year period; it currently operates with even greater success.

Sword (1984) cited both faculty and student responses to the question, "What are some of the reasons for the difficulties experienced by minorities in schools of nursing that make them educationally disadvantaged?" The problems identified by one faculty academic advisor were (a) unrealistic course schedules, sometimes including two or three science classes; (b) financial problems, often due to lack of understanding of potential sources of support, thus causing an inability to fully use available financial assistance systems of the federal and state governments; (c) personal needs and unrealistic expectations of both students and parents in regard

to academic achievement and social and family roles; and (d) difficulties with basic academic skills such as time management, test taking, reading, writing, and computation.

In responding to Sword's question, students placed greater blame on social and cultural factors for the difficulties they experienced. The factors students cited were (a) a perception of negative self-images of minority groups in professional schools and the need for minority role models; (b) inadequate preparation and counseling in high schools and deficiencies in science, mathematics, and basic academic skills; (c) personal and financial hardships and inadequate knowledge of available resources; and (d) cultural shock upon entering the school of nursing.

While dean at the Chicago State University College of Nursing, an inner-city institution, Burris (1987) instituted an aggressive retention program following dismal results in retaining students and their poor performance on the NCLEX-RN. One strategy used in the program was to identify and train three interested nursing faculty to teach reading and use the Nelson-Denny Reading Test to identify student-grade-level equivalents in vocabulary and comprehension. Other strategies included implementing the SQ4R (i.e., survey chapter headings, generate questions using the headings, read the material, recite answers to the questions, repeat the previous steps, and review all material) system of study; providing study guides, using review and preexamination questions; employing group and individual study sessions; and helping students construct nursing-care plans and organize term papers. As a result of this intensive program, students' reading abilities increased three grade levels;

their

45%

96%.

have

asse

assa

cult

nurs

199

phil

to e

few

bac

pre

ove

edu

col

Cu

(GA

their study skills improved; over a three-year period, attrition rates declined from 45% to 13%; and NCLEX pass rates increased in one year from a low of 33% to 96%, and the following year's pass rate was 100%. The pass rates at the college have remained in the 90% range.

Specific strategies advocated by other investigators include readmission assessment of college-level academic skills, computer-assisted instruction, assessment of preferred learning styles so as to meet the learning needs of culturally and linguistically diverse students, and the advisement of all students by nursing faculty (Jones, 1992; July, 1994; Quarry, 1990; Rami, 1992; Sayles-Cross, 1995; Tucker-Allen, 1991).

Hansen (1988) stressed the need to examine the nursing program's true philosophy toward its students. Hansen believed that the philosophy is transmitted to each student, and it becomes the most important factor in student retention. A few years later, Rogers (1990) stated that minority student enrollment in baccalaureate nursing programs presents a unique challenge for the faculty of predominantly white colleges. The challenge, according to Rogers, is for faculty to overcome their perceptions of minority students as victims of long-standing educational disadvantages who more than likely are underprepared for the rigors of college and nursing studies.

Current Retention Studies and Models

Ormeaux and Redding (1990) described the Getting Assistance in Nursing (GAIN) project sponsored and conducted by faculty at the University of

Southwestern Louisiana. GAIN is a recruitment and retention program for students from disadvantaged backgrounds. Program features include (a) doing systematic screening to identify those students at risk for academic difficulty before problems occur, (b) teaching students strategies to increase their chances for success, (c) scheduling peer tutoring, and (d) providing students with stipends. Most of the assessment and intervention approaches used in the GAIN project begin in the student's freshman year and are similar to those described earlier (Burris, 1987; Pennington, 1984; Story, 1978).

In a study of 21 generic nursing students for whom English was their second language, Memmer and Worth (1991) found that attrition rates for culturally diverse students were significantly high, especially in the first year of the nursing program, when students encountered nursing theory courses. In addition to the strategies identified earlier, Memmer and Worth suggested purposefully promoting a heterogeneous mix of students in clinical laboratories and family involvement in student activities.

Using student demographic data, a learning style inventory, and a learning and study strategies inventory, Keane (1993) examined the relationship between learning styles and selected learning/study strategies of culturally diverse nursing students. The results indicated that students who expressed themselves effectively and with understanding, both orally and in writing, were able to master concepts and apply conceptual thinking to problem solving. Keane also found that the students

who

took

Emp

"hol

stud

cultu

who

is no

conc

adm

stud

nurs

year

as st

with

cultu

progr

year.

divers

whose primary language was English understood difficult content more readily and took better lecture notes than did linguistically diverse students.

Holtz and Wilson (1992) created a model entitled Facilitation for Empowerment of Culturally Diverse Nursing Students. The model represented a "holistic conceptualization of the process of providing assistance to culturally diverse students to improve overall academic success in nursing programs" (p. 30). The culturally diverse student was described as "a member of a racial or ethnic minority who may be from a lower socioeconomic group with an educational background that is not adequate for academic success" (p. 30).

A pilot study based on the Holtz and Wilson model was developed and conducted by four racially mixed faculty members with the support of the college administration at Keenesaw State College in Marietta, Georgia, in Fall 1987. The study participants were prenursing students (40 to 70 per year), those who declared nursing as their intended major, and currently enrolled nursing students (10 to 25 per year). As a result of a series of one-hour group meetings that included topics such as students' identified actual or potential academic needs or problems associated with basic academic skills (note taking, test taking, studying), time management, culture shock, and adjustment to the academic institution. In three years, the program increased minority graduations from 0 to 2 per year to between 4 and 5 per year.

Holtz and Wilson stated that special efforts are needed to retain culturally diverse students in nursing programs until graduation. The authors outlined the

following stepwise progression to program planning for racially and culturally diverse students:

1. Assessment of the level of administrator and faculty commitment to a philosophy geared to a special program for racially and culturally diverse students.

2. Program planning that involves identification of culturally diverse students.

3. Group support meetings and peer support.

4. Tutorial services to correct academic deficiencies.

5. Advisement and counseling to identify students who are experiencing academic or social-adjustment difficulties.

6. Early identification of these problems, with appropriate intervention.

7. Role modeling and mentoring by racial-minority faculty.

8. Summer preparatory programs.

9. Study groups.

10. New-student orientation programs.

11. Prenursing courses.

12. Instructional development for faculty related to these programs.

13. Computer-assisted instruction to alleviate academic deficiencies (and expected learning achievement; future professional preparation).

14. Assistance in dealing with the cultural system of the college/university.

15. A system of assessment and academic monitoring (the academic success track) in place, with the appropriate services offered to meet students'

needs. This should include analysis of the predictors of academic success (i.e., GPA, scores on standardized achievement tests).

16. Remedial intervention, as necessary.

According to Holtz and Wilson, "The program must culminate with a high degree of potential for success on the NCLEX" (p. 29) and obtaining a job, either in the original community or the majority culture. The program must be funded for thee specific purposes; otherwise, it is seen as a failure within the model. Students' willingness to use the services offered is the final factor in successful retention programming or strategizing.

Sutton and Claytor (1992) described a five-year retention plan designed and used solely at the Indiana University-Purdue University at Indianapolis (IUPUI). This plan has served as a point of reference in ongoing discussions about minority retention among nurse educators. The IUPUI model incorporated the predominant approaches found in the literature to enhance minority student retention at predominantly white, public, commuter schools of nursing. The vital link for achieving increased retention was the total commitment of the university and nursing faculty to providing:

1. Alumni support groups with volunteers who were successful in the programs.

2. Tutorial and peer counseling services.

3. Remedial programs.

4. More minority faculty and counselors.

5. Investigation into the needs of minority students.

6. Opportunities for minority students to participate in various programs.

7. Increased direct contact with professors.

8. Student affairs or academic support services within colleges/ departments.

Although the full effects of the five-year plan were not known at the time of publication, preliminary results were very positive, and it seemed reasonable to expect continued positive results. Unfortunately, the reported retention data combined numbers of students from both the associate degree and baccalaureate degree programs in nursing. Thus, the effects of the plan on baccalaureate student retention alone were not evident. Data from the 1990-91 academic year indicated that change had occurred. The minority enrollment had increased from 128 (8%) students in 1985 to 251 (9.9%); undergraduate student graduations had increased from 2.7% in 1985 to 8.9%; and NCLEX-RN results improved significantly. In addition, Sutton and Claytor suggested that nurse educators must realize that many students will take longer than the expected four years to graduate.

Nurse educators have used Tinto's model to identify approaches to student retention that are relevant to the identification of strategies for minority students. Findings from Benda's (1991) study led to the following strategic recommendations: (a) students whose backgrounds include academic-risk factors should have a five-year plan of study that requires fewer concurrent natural science and nursing

courses; and (b) high school students need more information concerning the realistic requirements and components of being a nursing student.

Using Tinto's model, Courage and Godbey (1992) described the comprehensive academic services and policies of a prototypic retention program developed to provide support to nursing students. Their findings supported earlier findings that the integration of students into the life of the institution, the educational program, and the reciprocal commitments of faculty to student and student to program were essential. Further strategic recommendations included achievement awards, stress-management skills, and policies that included opportunities for readmission and course repetition. Finally, the authors stressed that "a student in crisis cannot wait the 2 or 3 weeks often required for entry into external counseling systems" (p. 32). Having an immediate individualized crisis-intervention service within a nursing program is highly recommended. In a case study, Nelson (1994) described the application of crisis-intervention methodology to the retention of minority students.

Jones (1992) suggested using only the broad factors (i.e., psychological, environmental, economic, organizational, and interactional) of Tinto's model. She further suggested that nurse educators, who generally are not steeped in higher education pedagogy but rather are consumed with issues of nursing practice, have yet to explore retention models in much depth, particularly in relation to minority students. Further studies are needed to determine the applicability of Tinto's model to minority student populations. At this point, the model leaves many questions

unan

need

progr

(a) a

stren

unive

servi

empl

enco

cataly

servi

self-e

Stude

reten

stude

role a

shoul

to de

unanswered regarding future minority nursing and nonnursing students' retention needs.

Greer (1995) summarized the components of a comprehensive retention program for minority nursing students. The program should include the following: (a) an extensive orientation program upon entering nursing school; (b) a course to strengthen students' writing skills; (c) a comprehensive introduction to the use of the university's library; (d) a computer-literacy course; and (e) a guide to support services, including financial assistance, housing, counseling, insurance, and employment opportunities. Nursing educators have a responsibility to offer encouragement to students through mentoring and personal commitment, being catalysts for change, projecting a positive self-image, providing a listening ear, and serving as role models to minority students. Nurse educators must build students' self-esteem and challenge students intellectually to achieve their personal best.

Students' Responsibilities for Retention

A number of researchers have addressed students' responsibilities for retention. Brown (1983) cited the lack of emphasis on involvement of minority students in helping themselves. She believed that students should have a definite role and define themselves as active participants in their own success. Students should focus on three broad areas of self-help involvement:

1. **Personal**: There is a need to assume responsibility for one's behavior, to develop a personable style of self-preservation, and to cultivate a positive self-

concept by becoming knowledgeable of the contributions made by minorities to health care and society, in general.

2. **Family/social**: It is important to remember that nursing is an interracial experience, to identify support elements for one's efforts, and to plan time for social events, family, and friends.

3. **Academic**: Success in a nursing program is related to the development of academic skills, seeking out those who are interested in providing assistance, identifying and using campus and community resources, and, above all, believing that one can and will succeed.

Tucker-Allen (1989, 1991) and Greer (1995) recommended that students remain focused on their goals and objectives, think positively, embrace discipline, take advantage of leadership opportunities by getting involved in institution and program activities, make use of academic support services, request assistance with problems before the "midnight hour," and organize support groups.

Summary

A review of Tinto's model was included in this chapter, with a focus on its applicability to minority student retention. Although the model still has predictive validity for traditional, white students on primarily white campuses, it does not have predictive value for minority or nontraditional students. The culturally relevant aspects necessary for minority nursing student retention do not seem to be an integral part of the model. Only the broad structural components of the model (i.e.,

psychological, economic, environmental, organizational, and interactional) appear to be useful.

Other institutional and discipline-specific models are more inclusive of a variety of student characteristics, such as race, age, gender, cultural background, and academic preparedness (Courage & Godbey, 1992; Greer, 1995; Holtz & Wilson, 1992; Sutton & Claytor, 1994). These models provide a wealth of strategies for retention of minority students.

The host of problems confronting minority students on predominantly white campuses in the past have been described repeatedly and remain essentially the same today. The dominant reasons cited for the underrepresentation of minority nursing students are:

1. Minority students, especially African Americans and Hispanics, are more likely to come from poor socioeconomic backgrounds and enter universities with inadequate educational preparation for college study.

2. The lack of a comprehensive program to increase minority participation in nursing programs reflects the piecemeal approach used to attract and maintain minority students (Baldwin, 1994).

3. An environment that is conducive to minority students' success has not been created on most university campuses (Baldwin, 1994).

4. Minority students are not being admitted to schools of nursing in proportion to their representation in the general population (Tucker-Allen, 1989).

5. A substantial number of minority nursing-intent students who are admitted to universities fail to enroll in nursing programs (NLN, 1994; PEW Commission Report, 1995).

6. Nursing faculty are overwhelmingly reluctant to support the increasing demand for diversity in nursing programs (Fleming, 1995; Hansen, 1988; Rogers, 1990).

7. Minority students have unrealistic perceptions about the rigors of nursing education (Claerbaut, 1978; Greer, 1991).

8. Nurse educators are largely unicultural and lack knowledge of diverse student cultures (Campbell & Sigsby, 1994).

Despite the many comprehensive strategies that have been successful in promoting nursing student retention, researchers have been unable to identify variables predictive of success that can be generalized across nursing programs. They have concluded that the best predictor variables can only be found within individual nursing programs. Findings from several studies also have suggested that the nursing literature provides limited direction for nurse educators to improve minority student retention (Baldwin, 1994; Campbell & Dickson, 1996; Greer, 1995; Heydman, 1990; Schwirian, 1978; Taylor et al., 1996).

However, five strategic links to retention continually were cited throughout the literature:

1. There must be sustained commitments by faculty and institution to providing the academic services and environment needed to facilitate students' progression through the nursing major.

2. The nursing program's academic services and environment must include the prenursing year(s).

3. A comprehensive retention program must be designed, implemented, and sustained.

4. Racial diversity must be integral to and fully operative in the nursing program.

5. Culturally relevant curricula must be implemented, and clinical laboratories must be heterogeneous by plan.

Given the vast number of specific retention strategies found in the literature, what is needed to improve retention rates among racial-minority baccalaureate nursing students seems clear. An understanding of why retention is still a problem must be sought. The present research was undertaken in an attempt to do just that. Chapter III contains the methodology used to conduct this study.

CHAPTER III

METHODOLOGY

Introduction

In response to the minority student retention research of the 1960s and 1970s, Baldwin (1994) asserted that

> the exclusive use of quantitative methods to explore phenomena related to minority students may not have produced the most reliable and valid data. . . . The use of qualitative methods . . . to examine minority students' success needs to be explored. . . . Illuminating the lived experiences . . . can uncover their views of meaningful learning experiences related to academic success [and] help faculty understand human experience from the individual's perspective. (p. 534)

Based on Baldwin's assertions, my goal in this study was to understand and document the multiple realities associated with the retention strategies used without manipulating or eliminating any situational occurrences. I had two purposes: (a) to generate a rich description of the strategies used to retain minority students in baccalaureate nursing programs at public universities in Michigan and (b) to develop a local theory that explains current retention patterns and the actions needed to retain minority students in baccalaureate nursing programs.

The methodology of the study is described in this chapter. The seven elements comprising the study design are discussed in detail.

Design of the Study

Based on naturalistic inquiry methodology (Lincoln & Guba, 1985), a design for conducting the study was developed, which comprised seven elements: (a) focus of the inquiry, (b) fit of the paradigm to the focus of the inquiry, (c) data-collection sources, (d) phases one (orientation and overview) and two (focused exploration) of the inquiry; (d) data-analysis procedures, (f) phase three (the member check) of the inquiry, and (g) ethical considerations. These methodological elements also met the criteria of the University Committee on Research Involving Human Subjects (UCRIHS) for conducting the research (Appendix C).

Focus of the Inquiry

The focus of the inquiry was to gain sufficient knowledge to understand the retention strategies used in baccalaureate nursing programs at public universities in Michigan in order to answer the research question: What is needed to improve retention rates among racial-minority baccalaureate nursing students at public universities in Michigan? Also, I sought to acquire an understanding of the needs within nursing programs, as expressed by the participants, so as to develop a local theory about minority nursing student retention.

Literature reviews and elite interviews were conducted to gain and clarify knowledge about national concerns and common strategies used to retain minority nursing students. The boundaries used to focus the study were specified by the naturalistic inquiry and local theory methodologies.

Fit of the Paradigm to the Focus of the Inquiry

Five axioms underscore the fit of the naturalistic inquiry paradigm to the focus of this inquiry (see Table 3). Within these axioms are the researcher's commitments to (a) investigate minority nursing student retention as it occurs naturally and (b) inductively derive the research outcomes.

Data-Collection Sources

The natural settings, the study participants, and the researcher as bricoleur represented the data-collection sources. The settings and the units of analysis flowed naturally from the focus of the inquiry.

The natural settings. Nine of the ten accredited baccalaureate schools of nursing at public universities in Michigan cited in the NLN's State-Approved Schools of Nursing--RN (1995) were selected for study. The tenth program, the investigator's employer, was excluded from the study because "unless you are conducting a form of action research, it is not advisable to conduct your study in your own backyard--within your own institution or agency, or among friends or colleagues. Backyard research can create ethical and political dilemmas" (Glasne & Peshkin, 1992, p. 21).

In addition to having obtained NLN accreditation, the nine selected programs met the following criteria: the nursing programs had (a) national and local recognition, (b) identified enrolled minority students in the NLN reports, (c) general program differences, and (d) minority students who were readily available for interview. Five programs were located in proximity to communities with relatively

Table 3: Axioms of naturalistic inquiry.

Axioms About	Naturalistic Inquiry
The nature of reality (Ontology)	Realities are multiple, constructed, and studied only holistically. Inquiry into these multiple realities will inevitably diverge (each inquiry raises more questions than it answers) so that prediction and control are unlikely outcomes although some level of understanding (*verstehen*) can be achieved.
The relationship of knower and known (Epistemology)	Knower and known are interactive, inseparable. The inquirer and the "object" of inquiry interact to influence one another.
The possibility of hypotheses and generalizations	The possibility of generalization, the aim of the inquiry, is to develop an ideographic body of knowledge in the form of "working hypotheses" that describe the individual case. Only time- and context-bound working (ideographic) statements are possible.
The possibility of linkages	All entities are in a state of mutual simultaneous shaping so causal that it is impossible to distinguish causes from effects.
The role of values	Inquiry is value-bound. Inquiries are influenced by inquirer values as expressed in the choices made of the problem, the paradigm that guides the investigation, the substantive theory utilized to guide the collection and analysis of data, and in the interpretation of findings. Inquiry is influenced by the values that are inherent in the context.

Note. From Naturalistic Inquiry, by Y. S. Lincoln & E. G. Guba, 1985, Beverly Hills, CA: Sage.

large minority populations. Two geographically remote programs had large Native American populations. Four of the programs were selected for on-site visits because of ease of entry, travel, season of the year, school calendars, and work schedules.

The study participants. One or two faculty members from each of the nine nursing programs volunteered to participate in the study, for a total of 17 faculty participants. Fifteen minority students who were completing the first year in three of the programs also volunteered to participate in the study. Student interviews were not originally included in the study design. However, while I was waiting to interview a participant, an informal conversation with a minority student resulted in a two-hour interview with five minority students. Subsequently, student interviews were arranged at two more sites where faculty interviews had been scheduled.

The researcher as bricoleur. In a naturalistic study, the researcher's role is integral to the research design and must be made evident. The researcher's role is described in the axiom, the relationship of knower and known.

Denzin and Lincoln (1994) further described the researcher as "bricoleur," one who "understands that research is . . . shaped by his or her personal history, biography, gender, social class, race, . . . and those of the people in the setting" (p. 3). The researcher, using first-person accounts, connects these personal attributes to "specific sites, persons, groups, [and] institutions" (p. 14).

I came to the field with an experiential background as (a) a student engaged in lifelong learning; (b) an academic counselor in nursing programs; and (c) a nursing faculty member with more than ten years of combined experience in

diploma, associate degree, and baccalaureate degree programs. During 15 years of professional employment at predominantly white public universities, I have had many experiences that have shaped my realities about minority student retention. These experiences influenced the focus of the inquiry.

A crucial responsibility for any researcher is to recognize personal bias. According to Denzin and Lincoln (1994), "the age of value-free inquiry for the human disciplines is over" (p. 12). "There is no value-free or bias-free design. By identifying one's biases, one can easily see where the questions that guide the study are crafted" (p. 212). A bias was identified late in the study.

Too often, when I have inquired about minority student representation in nursing programs, the number of racial minority students has been augmented to include, without clear delineation, international students (those whose declared nationality is other than American) as well as all males. The inclusion of these students as minorities in program reports shrouds the fact that very few American-born or naturalized racial minorities, female or male, are represented in baccalaureate nursing programs.

This approach to reporting has always annoyed me and was recognized as a bias when one faculty member identified Canadian students as minorities in that program. Such an identification gave credence to Richardson and Skinner's (1992) statement that people do not recognize who are minority students. I thought limiting the population to federally designated underrepresented racial minorities would exclude anyone but American-born or naturalized citizens. Although I had no bias

against international students as individuals deserving of study in American nursing programs, I had a decided bias against using international students to inflate what should be accurate numerical representations of designated national minority students in nursing programs.

Phases One and Two of the Inquiry

The inquiry was conducted in three phases (Lincoln & Guba, 1985). These were the orientation and overview, focused exploration, and member check phases, which are discussed in detail in the following pages.

Phase one: Orientation and overview. I entered the field of study for the purpose of conducting elite interviews.

> An elite interview is a specialized treatment of interviewing that focuses on a particular type of respondent. Elites are considered to be . . . the well-informed people . . . and are selected for interviews on the basis of their expertise in areas relevant to the research. (Marshall & Rossman, 1989, p. 94)

Informal audiotaped interviews were conducted with four racial-minority nurse educators (two African Americans, one Native American, and one Hispanic). These educators were from four diverse geographic areas: Florida, Illinois, Maryland, and Texas. The interviews focused on current national trends (i.e., population, political, economic, social, educational, and health care), the effect(s) of the trends on the future of nursing, and the influence of the trends on minority nursing student retention. Several recurring trends were noted during the interviews with nurse educators:

1. The continued lack of student awareness about the rigors of nursing education because of nursing program failures to "create a mosaic of outreach programs."

2. Increasing numbers of academically underprepared minority prenursing students, generally the result of substandard secondary education.

3. A lack of program support systems (e.g., representative numbers of minority nursing faculty or discipline-specific academic resources) for minority students.

4. A general hesitancy among primarily white faculty to change organizational climate, even minimally, from intolerance of diversity to tolerance, if not acceptance.

5. A hesitancy among faculty to change to a curriculum that recognizes cultural differences. Curricular change was equated with changing course content and teaching to acknowledge the diverse educational backgrounds of students and the realities of client health care, not lowering academic standards.

These trends had strategic-planning implications for nursing education programs and helped focus the development and use of the interview guidesheets. According to Patton (1990),

> The general interview guide approach involves outlining a set of issues that are to be explored with each respondent before interviewing begins. . . . The guidesheet presumes that there is common information that should be obtained from each person interviewed, but no set of standardized questions are written in advance. The interviewer is thus required to adapt both the wording and the sequence of questions to specific respondents in the context of the actual interview. (p. 280)

Based on the results of the review of literature on minority student and specifically minority nursing student retention, as well as the elite interviews, general interview guidesheets consisting of 11 program descriptors and 15 interview items were constructed (Appendices D and E). The wording and sequencing of questions were framed to obtain certain common information and were adapted to accommodate the context of each interview.

Phase two: The focused exploration. I gained entry to the setting by informal and formal means. Knowing faculty at several of the institutions and "snowballing" (Patton, 1990, p. 176) simplified gaining access to participants. Using purposive sampling techniques, I sent a letter of introduction, a synopsis of the study, and a Process Consent Form (Munhall, 1988; Ramos, 1989) to each program dean. In the letter I outlined the purposes of the study and requested the names of two persons (one administrator and one or two faculty) to contact for participation in this study. Each program administrator readily identified prospective participants. Following receipt of the names, I sent the individuals letters requesting their participation. The prospective participants were asked to sign and return the consent form indicating their voluntary participation (Appendices F, G, and H). Characteristics of the 17 individuals constituting the faculty group are shown in Table 4.

Minority student interviews were not originally planned for inclusion in the study but were added after an unexpected meeting with some of them. Opportunistic sampling allows "on-the-spot decisions about the participants to take advantage of unforeseen opportunities after fieldwork has begun" (Patton, 1990, p. 179).

Table 4: Characteristics of faculty participants (N = 17).

Characteristic	Number	Tenured
Position Title		
Dean	1	1
Director, Student Affairs	3	1
Associate Director	1	1
Department Head/Chairperson	2	1
Coordinator (Learning Center)	1	
Faculty	9	1
Gender		
Female	16	
Male	1	
Race		
White	9	
African American	8	
Years in Institution		
1-5	4	
6-10	5	
11-25	5	
Unknown	3	
Years in Nursing[a]		
1-5	0	
6-10	7	
11-25	5	
Unknown	3	
Years of Teaching Experience		
1-5	5	
6-10	6	
11-25	3	
No teaching experience	2	
Highest Degree Earned		
Ph.D.[b]	10	
MSN	7	

[a]All but the student affairs directors were registered nurses. [b]Two minority faculty also had a master's degree in Guidance and Counseling.

Following an informal meeting with the first student group, I telephoned the deans of two programs and asked them to identify a group of minority students for inclusion in the study. Following receipt of the student names, I followed the same process as described for the faculty participants. The final student participants were those who were available in each program and who fit the study criteria. Follow-up telephone calls were made within one week of receipt of the Process Consent Forms to establish interview dates and times.

Nineteen students originally were interviewed. The first interview was conducted with five students (all females), the second with seven students (two males and five females), and the third with seven students (two males and five females). At the time I requested an opportunity to interview minority students, I was not aware that many of the programs included males, regardless of race, as minorities. Three nonminority males were included in two of the groups. Due to the racial mix, responses from all male students were excluded from the study report. The final student group comprised 15 currently enrolled minority females who were completing their first year in a nursing program. Characteristics of these students are shown in Table 5.

Methods of data generation: The research was conducted during winter, spring, and summer 1996. Multiple data-generation methods were used, but only a human being has the capacity to process the multiple realities in which phenomena exist (Lincoln & Guba, 1985). I performed multiple roles, such as interviewer (research instrument), participant-observer, and learner. These roles

Table 5: Characteristics of minority student participants (N = 15 females).

Characteristic	Number
Race	
African American	9
Hispanic	3
Asian American	2
Native American	1
Region of State[a]	
Lower Peninsula	14
Upper Peninsula	1
Large Urban Communities	
African American (3)	6
Asian American (2)	
Hispanic (1)	
Small Communities	
African American (6)	
Hispanic (2)	9
Native American (1)	
Marital Status (Number of children)	
Married (4)	3
Divorced (1)	2
Engaged (1)	1
Single (1)	2
Age Range	
22-29 years	12
30-39 years	2
40+ years	1
Educational Preparation	
Bachelor of Social Work degree	1
Master of Engineering degree[b]	1
Bachelor of Fine Arts degree[c]	1
Original Major Declared	
Nursing	9
Nonnursing	6
Nursing Prerequisites Completed	
At respective university	8
At local community college	7

[a]All students were attending nursing programs in southeastern Michigan. [b]Degree was earned in another country. [c]The student had not completed this degree but planned to do so.

allowed me to discover the patterns that would be merged to construct a local theory for the retention of minority nursing students.

The participants chose the interview time and location; privacy and comfort were important considerations. Semi-structured in-person or telephone interviews and field notes permitted mutual interactions with the participants' "lived experiences" in their natural settings and facilitated beginning trust. Each participant had a copy of the interview guidesheet before the actual interview began so that reliable program statistics and admission criteria would be readily available. The interviews lasted from one to three hours, and the focus changed as new thoughts or ideas were shared. Ongoing literature reviews provided data that clarified or expanded my understanding.

Modes of recording the data: All interviews were audiotaped and transcribed verbatim. I made field notes in a notebook during and after each interview. Ethnograph 3.0 (Qualis Research Associates, 1988) computer software was used for data transcription, preliminary content analysis, rudimentary coding, data reduction, and data storage. However, this program proved to be difficult to use and was discontinued after the first three interviews had been transcribed. The remaining interviews were transcribed using a word processor and manual coding and data reduction. Data were stored on microdisks.

Data-Analysis Procedures

The constant comparative method (Glaser & Strauss, 1967) was used for data analysis. According to Lincoln and Guba (1985), data should have two

characteristics. They should be "(a) heuristic, that is, aimed at some understanding or some action that the inquirer needs to have or to take; and (b) the smallest piece of information about something that can stand by itself" (p. 345).

Data were simultaneously collected, analyzed, and assigned to units by general patterns for category development. The data were assigned to a category on a "feels right" or "looks right" basis (Lincoln & Guba, 1985). Data analyses involved only those responses that were relevant to understanding minority student retention in Michigan's public baccalaureate nursing programs. Data were assigned to categories as follows:

Level I coding began with the first interview and continued through subsequent interviews. Constant comparative analysis revealed 56 unduplicated, or open, units from faculty (34 units) and student (22 units) responses. Patterns were derived from key words in participants' responses, concepts perceived and constructed by discovery during interviews or observations, and memoing (a means of preserving patterns that emerge during analysis).

Level II coding was done by constantly sorting and comparing the open units and memos with new data gathered from the ongoing interviews and literature reviews. Six additional units were identified in the student data, which now totaled 28 units.

A combined total of 62 units was then refined based on unit "fit" into eight broad categories ranging from faculty and student perceptions about (a) precollege, (b) prenursing, or (c) nursing program needs; to (d) remediation, (e) curriculum

design, (f) specific retention strategies, and (g) student leadership opportunities; to (h) organizational policies. Through further clustering, the categories were reduced to five: (a) specific retention strategies--used and needed, (b) diversity--the unheralded race-based connections, (c) illusions of knowing and passing, (d) health care trends, and (e) future student/future nurse.

Level III coding involved further category clustering by commonality of themes or obvious fit into the following substantive categories: (a) the insidiousness of academic unpreparedness, (b) the image of nursing, and (c) race (see Figure 4).

The multiple realities about minority student retention were further outlined according to three sets of opposing issues:

1. Faculty reports of
    A. wanting more minority students but not being able to admit them because of GPAs, or admitting the students and having difficulty graduating them; and
    B. wanting to use retention strategies but failing to implement them in a comprehensive, permanent manner.
2. The conflicting realities found as a result of elite interviews and literature reviews about minority nursing student retention needs when compared to the participants' responses.
3. Health care reformers' demands for culturally competent nurses to meet minority health care needs in the face of continued underrepresentation of minority nursing students.

	Level I Codes (62)	Level II Codes (10)	Level III Codes (3)	Central Category
Specific Retention Strategies	Front door needs			
	Learning community			
	Critical thinking			
	Basic skills			
	Science preparation			
	Crisis intervention			
	Remedial vs. retention			
	Illusion of passing			
	Mentoring			
	Communication skills			
	Preresearch opportunities	Illusion of passing		
	Computer-assisted learning	Precollege	Academic	
	Univ./faculty commitments	Prenursing	underpre-	
	Student organizations	Nursing	paredness	
	Leadership opportunities			
	Career days			
	Academic advisement			COLLISION
	Summer camps			
	Collaboration model			
	Learning prescriptions			
	Find & seek models			
	Role models			
	Motivation/pride/passion			
	Student orientations			
Opposing Factors	Illusion of knowing			
	Public perception of nursing	Nursing's public image		
	Prior knowledge		Image of	
	Trends in nursing	Prior knowledge	nursing	
	Image of nursing			
	Rigors of education	Future student/future nurse		
	Faculty as all things			
	Minority nurses			
	Faculty apathy/fear	Health care trends		
	Cultural health services	Who are the minorities		
	Nursing is homogeneous	Race-based connection	Race	
	National vs. international	Racial/cultural diversity		
	Unheralded race-based connection	Native American student		

Figure 4. Selected strategies from data leading to central category.

As I attempted to recognize a relational pattern among these issues in light of the research question(s), the word "quagmire" came to mind. Quagmire was dispelled as an unacceptable resolution to the research question. Then the word "trajectory," the path of the factors, emerged. The question became, What is the path of the opposing factors?

The opposing factors and the failure of most programs to sustain useful or specific retention strategies, as identified by participants, were going to collide with each other. Collision, the one word that both illuminated and linked the multiple realities among all categories and the opposing issues, loomed as the central category (Figure 4). Collision was then defined as objects (the opposing factors and minority student retention needs) unavoidably coming together/impacting (colliding).

Lincoln and Guba (1985) cited three criteria for ending data generation and analysis: (a) the data sources are exhausted and no new data are emerging, (b) the researcher feels a sense of data integration, and (c) new data are far removed from current data and are not contributing to an understanding of the study focus.

After all data sources had been exhausted and the new data did not further an understanding of retention, I perceived a sense of data integration, but there was no sense of resolution. Although the word "collision" could stand alone as an interpretive descriptor of the trajectory of minority student retention in Michigan's baccalaureate nursing programs, the term did not resolve the study question: What is needed to improve retention rates among racial-minority baccalaureate nursing students at public universities in Michigan?

I then looked for a way to set the trajectory of the collision toward a positive outcome, as well as to answer the research question. Further category refinement led to inelastic collision, a dimension of collision, as a desired outcome of the analysis. The category was supported by participants during the member-check phase, which is described next.

Phase three: The member check. In this phase, "the task is to obtain confirmation [from the study participants] that the report has captured the data as constructed by each informant, or to correct, amend, or extend it" (Lincoln & Guba, 1985, p. 236). A printed copy of the audiotaped transcription was sent to each participant for verification and editing of the data (Appendix I). The participants were to return the transcriptions to me only if they made changes in representation. Three participants sent me sample documents concerning retention strategies or admission criteria.

Confirmation of the data was an ongoing process. I cycled back and forth between phases in order to follow up on data from the confirmations or those uncovered in the analysis process. I reentered phase two following interviews at one institution, where conflicting information necessitated an additional interview to clarify and confirm certain information.

Ethical Considerations

Integral to any research are the ethical considerations related to the researcher's role in conducting the study. The ethical considerations in this study

included participant confidentiality and informed consent. These ethical considerations were rigorously maintained throughout all phases of the study.

Participants' confidentiality was protected by following both federal and university regulations. Human subjects approvals were obtained from my dissertation committee and the University Committee on Research Involving Human Subjects (UCRIHS) before beginning this study (Appendix C). Participants' confidentiality was further protected through the careful use and handling of code books. Two code books were created, one of which contained the code categories. All related materials were stored in a locked cabinet in a secure location accessible only to me.

Each participant voluntarily gave process consent (Appendix H), generally known as informed consent. I chose the former term because it reflects the nature of the naturalistic paradigm. The participants accepted the difference in phrases without hesitation. Such acceptance might have indicated one measure of trust, which was an integral part of the research process.

The ethical considerations were managed very carefully, "particularly when exploring sensitive and taboo areas" (Marshall & Rossman, 19879, p. 69). Discussions of retention of minority students often proved to be very sensitive for some faculty and students. I was acutely aware of the emotional states of several minority faculty and students who remarked that the discussions "brought back painful memories of bitter discussions" about program practices in relation to minorities. I also was aware of the shared concerns among minority and majority

participants who were incensed that many institutions dealt with minority admissions and retention as if "big brother/sister is watching," because federal and state funding required attention to the racial mix of students, or because the nation and profession expected diversity.

Although not all potential risk situations could be anticipated, I offered the participants as much flexibility and control over the interview situation as was feasible. Many times the interviews went well past the requested time. One participant, while in the "heat" of graphic African American patois, canceled a dinner arrangement in order to complete the interview. Several times I asked the participant if we should continue the interview at a later date. The responses were consistently, "No."

Finally, rigor, according to Streubert and Carpenter (1995), is demonstrated through attention to and confirmation of the data that have been discovered. Stringent adherence to the accurate representation of the experiences of the study participants is the measure of a research study's trustworthiness. Lincoln and Guba (1985) suggested that a description of the steps for ensuring trustworthiness be appended to the case study for interested readers (see Appendix J).

Summary

The conduct of the study, using naturalistic inquiry methodology, was explained in this chapter. Descriptions were given of the data-collection process and the constant comparative method of data analysis employed to (a) understand the retention approaches used in Michigan's baccalaureate nursing programs; (b)

discover the central category in the data, collision; and (c) refine the central category to discover inelastic collision, a dimension of collision.

Chapter IV contains the results of the interviews and data analysis. The report of the study may be found in Chapter V, and the local theory for retention of minority students is presented in Chapter VI.

CHAPTER IV

INTERVIEW RESULTS AND ANALYSIS

Introduction

One purpose of this study was to generate a rich description of the strategies used to retain minority students in baccalaureate nursing programs at public universities in Michigan. Two subsidiary research questions were posed to achieve this purpose: (a) What strategies are being used by nurse educators to retain minority students in Michigan's baccalaureate nursing programs? and (b) What retention difficulties do minority students experience in Michigan's baccalaureate nursing programs?

In this chapter, the interview results and analysis are presented in three sections. An overview of the combined faculty (N = 17) and student (N = 15) perspectives of the program organizational structures (N = 9) is presented in the first section. Faculty perspectives of minority student retention are presented in the second section. Minority nursing students' perspectives of retention are presented in the third section.

To ensure anonymity, only aggregate responses about the retention strategies used at the study sites are given in this report. On occasion, reference is made to a participant's race or specific position title (i.e., an administrator) when

a response is included that I considered critical to understanding minority nursing student retention.

Overview of Faculty and Student Perspectives of Organizational Structures

Each nursing program had its own unique perspective of student retention. Two assumptions made in this study were that (a) there would be unequal levels of retention programming or planning based on program priorities and traditions, but (b) each program would have some mechanism for providing retention services based on student need, either through the program itself or through the university.

All programs had committees or offices to deal with students' academic affairs in some systematic manner. The smaller programs had committees such as a Minority Advisory Committee or a Student Affairs Committee. The larger programs had Offices of Multicultural Affairs, Student Affairs, Academic Affairs, or Academic Advising. Similarly, all nine programs used their university academic support services either completely or in part for tutoring and improving mathematics or writing skills.

Student input was encouraged and valued across all programs. "We use student input to consider changes in our course content and curricula. It helps to determine program policy, not often but sometimes." There were varying mechanisms for input (i.e., as members of committees: student affairs, curriculum, undergraduate or graduate programming). "Once a year the graduating class does an overall program evaluation." One faculty member discussed the use of a national

survey to gain student input: "The university uses the Noel-Levitz Student Satisfaction Inventory to do bi-annual surveys [and] then give feedback to the departments. We even had Vincent Tinto here one year to help sensitize us."

The National Student Nurses' Association (NSNA) existed in all programs. Faculty thought that NSNA was the best source for student input about the program. Yet none of the minority students interviewed was a member of NSNA or of departmental or university committees. None of the students knew of another minority nursing student who belonged to NSNA or served on any of the committees.

Faculty Perspectives of Minority Student Retention

"Who are the minority students in your program?"

The first two faculty interviews began with a broad request: "Would you tell me about your nursing program?" After analyzing the responses from the first interview, I became aware that the person had difficulty discussing racial-minority students as identified in the study. "We have a fairly large contingent of Canadians among our students. About one-fourth are Canadians, and one or two are French Canadians." There were no federally or state-designated racial-minority students in that program.

Another faculty member discussed males as minorities. During subsequent interviews, without structuring or limiting the direction of our conversations, I asked, as early as possible, for clarification of who were designated minority students in the program. A total of four programs included males in their official minority student reports while admitting that men are not considered a minority by regulatory

agencies or the profession. None of the respondents was able to provide accurate data about enrolled racial-minority males. Six faculty stated, "I think there are at least one or two here."

Two more terms, "retention" and "success," were clarified as early as possible in the interviews. The typical questions asked, in no particular order, were "Would you tell me your understanding of the term 'minority' [or "success" or "retention"] and how you use the term in your dealings with students or other faculty?"

These terms provoked the most hesitancy, clarification, and restatement of all of the questions posed to faculty. Five faculty had considerable difficulty discussing issues relating only to racial-minority students. They preferred to discuss retention needs related to disadvantaged students: "That's applicable to any student and not restricted to minorities." To these faculty, an educationally disadvantaged student was one who came to the program with academic deficiencies and would need support services. Most of the academic services were expected to be supplied by the university, not the program.

Two faculty from another program identified Arab Americans among the state-designated racial-minority groups. They thought that "there may be two or three Arab American students in the program." No other faculty mentioned Arab Americans as being a designated minority or identified those students as being in their programs. However, another faculty member stated, "Our university considers minority a little different than I do. It includes international students as minorities; I do not."

"Our faculty . . . are reflective of our community."

There was little racial mix among faculty in all programs. "Our faculty is not ethnically diverse, but we probably are reflective of our community." Of course, this statement would not be true when applied to faculty in urban communities. Yet it was, nonetheless, applicable to all of the nursing programs.

Geographic location was a factor accounting for the numbers of minorities among faculty and students in programs or communities. One participant in a geographically remote area stated, "We have one adjunct faculty who's a Canadian citizen and was born in Poland, so we get diversity through people like that." Another faculty member who was located in a geographically remote area stated, "African Americans were in the region because of the prisons in our area. There are a few families here now." And from another participant in a remote area:

> We had an Air Force base, and that helped with our minority population. Some families moved here, so we had a little more diversity in our group than we have now. Its closing clobbered our minority base. The Native Americans were not affected, but the Asians, African Americans, [and] probably Hispanics were affected. Now we're back to our nice homogeneous group. We use simulated learning experiences to introduce the concept of diversity.

"Most are in the RN/BSN completion program."

Minority student mix was similar to minority faculty mix across all programs. Although geographic location was relevant, it could not account for the paucity in statewide admissions or graduations of minority students in public baccalaureate nursing programs. The numbers of minorities in each admitted class ranged from

zero to a high of eight. Respondents gave very vague percentages ranging from 5% to 20% to indicate student mix across programs.

A common response to the question of how many minority students were graduating in the current class was "none." Rarely did participants report more than an average of two to three minority students in a given class; most often there was one. "But the numbers are getting better," replied one faculty member.

Two responses were pertinent to this study. First, "There are 58 minorities out of a total of 660 students in our program; that includes both undergraduates and graduates. Most are in the RN/BSN completion program." Second, "Our incoming class will be about 20% minority, but we did some real active recruiting. That brought our overall number to 16% minority." Based on a report from the latter respondent, of the 80 students enrolled that year, seven were African Americans, five Hispanics, and four Asian/Pacific Islanders; none was a Native American.

"The real difference is based on black and white."

If the term "minority" was difficult for many faculty to accept, the term "diversity" was even more troubling for them. "It seems that you have to be absolutely specific about what is meant by the term. Otherwise you get all of the 'confounding variables,' shall we say." The need to represent diverse issues (e.g., race, ethnicity, gender, sexual orientation, physical disability) was having an effect on nursing programs. "As a college we're uncomfortable dealing with sexual orientation, let alone racial or ethnic diversity. It's not being ignored, it's just not being dealt with." Yet another faculty member added,

> I think many people--it's not just our college, it's our country--sort of feel that we'll just ride out this diversity wave and it will go away. They see it as just a cliché, an in-vogue kind of thing. You can couch it however you want, the impact is just the same whether you call it diversity, quality, mutual respect, community, whatever. Very clearly there are some things that occur because of race and differences that affect our students' performance.

One frustrated faculty member stated,

> I see broad definitions as a "cop out," quite honestly. Right now, and it has always been, the real difference is based on black and white. The issue is needing to address things from black and white racial categories, from a social definition of race. How that impacts how we act with each other first, then we can expand to issues of the Italians versus the Irish, or something like that.

Another participant stated,

> Faculty are not comfortable with black and white. It's much easier to talk about being intolerant of academic degrees, "She's an Ed.D., not a Ph.D.," than to deal with the discomfort that you have with something as innate as a person's color.

<u>"Geez, the curriculum is being bombarded with it."</u>

For years, nursing's professional and accrediting agencies have encouraged nursing education programs to develop culturally relevant curricula and expect cultural competence as a fundamental feature of clinical practice. Although respondents from all programs spoke of a need to develop cultural competence among their graduates, the following two statements represent the overriding sentiments of a number of faculty: "Geez, the curriculum is being bombarded with it," and "Trying to give students a broad-based experience with people of many cultures is a challenge when your community is very homogeneous."

Faculty from six programs identified curricular requirements intended to foster cultural competence. One participant stated, "I teach a course called Multicultural Health Approaches, and it's going to be required in our curriculum starting next year. All students will have to take this course in cultural diversity. It's wonderful! They're realistically exposed to a number of different cultures." Another offered, "Acquiring cultural competence is a process that starts out small, sort of like a snowball, that's how small it is. It picks up these other categories or classes of interaction as it goes. Right now we're still in the early stages."

Faculty from programs in the lower peninsula were better able to define a population of racially mixed American minority clients than were those from programs located in the upper peninsula. The most fascinating, detailed, and surprising comments came from a participant who remarked: "We're an international program." This participant provided a glowing description of the program's dependence for clinical-practice opportunities on a nearby, but foreign, country and the benefits or problems that presented:

> We have just about all clinical courses represented in their hospitals and communities over there. Our students actually get quite schizophrenic by the time they get finished; actually, we call them [students] "versatile." The American health care system is quite different from the Canadian system. It's just like two worlds, and yet they [students] get to learn the best of both of them. We're pretty unique, aren't we? The students are exposed to a rich mix of cultures because there's a significant mix of Italians, French Canadians of course, Polish, Finnish cultures--if you don't even count the Canadians, which is similar to ours in many ways. They have a significant Asian culture there too, so it's not uncommon to go in and care for patients that speak no English at all. We've had this neat arrangement with them for about 25 years, and it seems to go well.

The obvious omissions from these clinical experiences are opportunities to care for Hispanic Americans, African Americans, Arab Americans, and Native Americans--in essence, those citizens of the United States and Michigan who have been identified as minorities and/or underserved racial minorities.

"It's kind of a lonely number being one."

There were many levels of disagreement between faculty and administrators regarding admission of minority students. Several participants stated that faculty would "talk about increasing the number of minorities in our program," but there was an underlying "fear among some that minority students are not prepared to enter nursing programs; to do so would require lowering the standards."

The minority faculty understood that fear and would agree, "if all things were equal." A statement respondents often made was,

> Our program feels very strongly about increasing minority enrollment, at least they've talked about it a lot. But, in order to do it, sometimes you have to take a real active position and say, "I'm going to take "x" number of students that meet the requirements." Not lower the requirements but meet the requirements, even if they are not competitive.

One majority participant referred to a division of effort that existed between faculty and administrator:

> I would say there are some faculty who believe that the dean pushes too hard for retention. They think that these students don't deserve to pass. That's just some. There are others who agree with the dean--if the students are admitted they should be successful. They [students] don't always have the tools to help assure success. We need to provide them.

Probably the most poignant statement was reflected in the following flow of questions and answers:

Question: How many minority students do you usually admit each term or year?

Answer: Over the past three years we had one student the first year. The second year we might have added two, and the third year we might have had . . . all total, the largest number we've had in four years has been four, I believe.

Question: How many were admitted for the coming fall term?

Answer: One. It's kind of a lonely number being one. . . . That in itself can be a barrier.

Unheralded Race-Based Connections

African American females were the largest minority group cited by minority faculty at six program sites; the remaining three programs had no minority faculty. A prominent theme among the African American faculty was what one participant referred to as "the unheralded race-based connection." The following five statements reflect the sentiments of several minority faculty:

1. There are only two black nursing faculty here, and we probably see all black prenursing students. It is not unusual for staff in the student advising or academic skills areas to tell them to see me or the other black faculty. So, one of the, I don't want to say burdens, but additional unheralded responsibilities that minority faculty take on in a majority, white institution is this informal mentoring and advising.

2. There's a small group of African American prenursing students who come to me for cheerleading purposes and cussin' out purposes and monitoring purposes, [and] to get some advice about how to best position themselves for admission. For example, we give preference for admission to students who took the majority of their courses here. Not everybody knows that. Not everybody is aware that if you take [so many] classes someplace else, you just put yourself in a much more difficult mode to become admitted. On the other hand, I have advised students that if you are having problems with chemistry here, go take it at a community college, it may be easier for you. As long as the majority of your classes are taken here, it's not going to disadvantage you. That kind of inside-track information gets passed on from me.

Question: But then what happens with the Hispanic student or the Native American student?

Answer: I have no idea. Hey, somebody did it for me. Somebody took the time, and they didn't ask me what my major was. They said, "Come on in and sit down. How can I help you?" I think that as an African American one of the qualities of our community, that we want to promote and get back to, is each one help one. It doesn't say that I only would do it for an African American student. It's just that on a campus where people of color are not in very high supply, these students have a feeling that they'll get established easier with a person of the same race. That is not at all exclusive. I've known white faculty who have also established these relationships. So, it's got a lot to do with caring, but there's little doubt that if it is a black prenursing student, most often they are counseled to come and see me, and they very often do.

3. I can remember arguing with the dean because she wanted me to start some kind of tutoring program, and I said, "Why don't you go and get some of these white students who are in Sigma Theta Tau to do some tutoring? Why are you coming to me?"

4. I try to be available, but sometimes I'm just too busy. Sometimes it's too much of a burden to try to take on.

5. I guess we do it out of love and interest or altruism more than just having any kind of relationship to our jobs. We seem to recognize a need for it, if there are going to be minority students, not just black, but primarily black and Hispanic students in the programs and in nursing. It all boils down to, "If we don't do it, nobody else will."

"Switching" to the Vernacular

In listening to several African American faculty, I noted a difference in voice inflection and language-pattern usage. The following discussion reflects what I was hearing:

Question: You've switched into a different tone of voice and speech. I wonder, is there a certain type of voice or approach that you use when talking to some black students?

Answer: There is no doubt about it. I wouldn't even deny it. I have closed my door and said to a black student, "Have you lost your mind? What is your problem? Sit your ass down. What do you mean?" Yeah, I've said, "Do you think that because I got a Ph.D. that I ain't from the ghet-toe? Dahlin', I grew up on the East side, _____ High School territory. Don't you get caught up in the credentials. You come into clinical late. Your nursing care plans are sloppy."

Question: Is that a culturally based strategy to get their attention?

Answer: I think that you need to use whatever works; with some students it's needed, particularly when you're dealing with those who are the first people in their family to go to college. They don't have anybody to talk to about these things. Sometimes you have to confront the "nitty-gritty."

Question: So you do intrusive advising whenever necessary?

Answer: Sometimes I've had to call them. In my younger years, I was much more energetic; I've done even more. I've gone across the bridge to the dorm and gotten some sister out of bed.

Following this interchange, I asked informal questions about language-pattern usage, particularly of African American study participants, to validate the frequency of and occasion for "switching to the vernacular." All of the African American faculty said that they had used some form of "streetspeak" in attempts to help students relax and to let them know that they were from similar backgrounds. But two added, "I don't do it very often, only if I think a point needs to be made."

<u>"A retention plan is on the 'near-back burner.'"</u>

Respondents from all programs considered retention as maintaining a student in the program until he or she had completed all requirements and graduated. One participant added,

> I think retention has a broader social context. I'd like minorities to be sure they can visualize where they fit and that they are important to the nursing profession at the same time so that they don't see it only as a Caucasian, female profession.

At least 13 faculty stated that their programs had not identified retention as more than an issue to be dealt with at a later time. "We do not have a retention plan, but it is on the 'near-back burner.' It'll be in a curriculum review." Or, as one administrator offered, "Sure, we have a plan. I don't know how we're implementing it, we didn't define it in any kind of measurable terms."

Of particular interest were statements of two participants. The first was made by a majority faculty member:

> Retention has really been identified as an issue in the program. We know we lose more students than we should, or feel we should, and we're not really sure why--if they're academically sound, or if there're financial problems, or just what's really going on. It's one of the things we want to look at, but other things have taken priority and we just haven't done the analysis, but we do know it's an issue.

When asked about plans for and approaches to looking at the retention problem, the response was, "Actually, that's where it becomes a problem. We're a small school; there aren't real good computer records, and a lot of our information is either on handwritten records or faculty happen to remember what happened to students."

The second statement was made by a minority faculty member:

> Faculty aren't comfortable with the idea of "making special arrangements." Part of it, in my mind, is the need to educate faculty, to help them understand remedial work and our commitment to it without them defining that as making exceptions to the rule. Right now, remediation, to them, means making exceptions.

Remediation was differentiated from retention, in that

> Remediation is a part of retention, a tool for retention, that won't be needed by every student but on a case-by-case basis. It should be readily available and fairly applied when needed. It is, sort of, after the fact. In the ideal world, there would not be a need for remediation because you would have "front-loaded" by process of assessment to figure out who was at risk, established the programs to support them, thus facilitating success during progression through the major. I don't think supporting them through the program is equal to remediation. Even so, there is a significant void in efforts.

Retention Plans/Strategies

Overall, participants from seven of the nine programs stated that they had no formal retention plan. Six common functions were found in all programs (see Figure 5).

Faculty advising

Peer mentoring programs

Nursing organizations
National Student Nurse Association
Sigma Theta Tau
Alumni Association

Faculty encouragement of students to participate in activities

Periodic review by faculty of the range of services available to all students

Occasional faculty-development workshops related to understanding culturally derived learning styles

Figure 5. Common retention functions found in all programs.

Three programs used an Introduction to Nursing course for prenursing students as an "opportunity to socialize students to our conceptual framework or

organizing framework." Three programs had academic advising offices in the college, and one program used admission and ongoing assessment methods. Oddly, most of the participants did not view these as retention strategies or the basis for a retention plan. They were seen as "satisficing measures" because the expectation of the program and faculty was that if a student was admitted, he or she should be able to complete the course work.

The strategy that was unanimously supported by faculty and evaluated as most effective in retention was to foster and maintain one-to-one faculty-student contacts. "The better the relationship between faculty and student, the better the retention rate." The second desired strategy was having faculty buy into minority retention needs. "Faculty are the front-line people; they have the day-to-day contacts with students and can go the extra mile if they need to for students that come from minority backgrounds. It's better than sending them to an outsider." In all programs, with or without directed in-house services, the first person(s) identified to assist in overcoming academic difficulties was the classroom or clinical instructor.

When asked about minorities being in clinicals together, the common responses were, "We haven't thought about that" or "We don't really plan it." In many cases, retained students had to repeat a course but did go on to eventually graduate.

The least effective retention strategy that was unanimously identified by faculty was support groups. Some statements in this regard were as follows: "For the amount of energy put into it, we didn't get much return." "The students who

really didn't need to come took advantage of it. The students who did need to come, didn't come." "You have to consider the personality set." "Sometimes when students are struggling they don't seem to understand that they have problems, or their priorities aren't going to school or something. I think they're more focused on getting the car payment than the grades." "They [minority students] don't want to meet casually with the program's student nursing organization. They would be willing if there is some structured activity that would help them in improving their course work."

Despite varying levels of agreement about effectiveness, four programs offered such directed in-house strategies to minority students as (a) linking students to a minority faculty and/or a minority practicing in the community, (b) linking students to a minority nurses association if there was a local group, (c) establishing a minority student nurse organization in the college, (d) establishing minority support group information sessions, or (e) offering social sessions. Again, none of the strategies seemed to be, or were reported as being, more than satisficing measures.

Only one program had a clearly identified retention plan (Appendix K). The plan was quite elaborate and was directed toward all students. That program, unlike most of the others in the study, had a student affairs office and an academic affairs office that worked "in close collaboration to provide coordinated student services within the college o nursing." The plan included a two-day orientation for all newly admitted students, one in June and one in September at the beginning of the term.

In June, the Nelson-Denny Reading Test is administered to all students. Based on the results, "students are either congratulated and sent forward or referred to the University Summer Development Program, where their reading, study, test-taking, and time-management skills are enhanced." Socialization is nurtured during the one-day experience; students are assigned to clinical groups, and "we send them out to lunch together." The fall session is spent orienting students to the college and its expectations.

The plan includes early notification of academic difficulty, a faculty-generated prescription referral method for remedial-skills laboratory opportunities, and individualized tutoring and assessment by college personnel. Finally, the nurse resource person assists students by sitting down with them after they have taken the NLN diagnostic examinations throughout the program, "to develop a learning prescription if deficiencies are reported on the scores. Before they take their Boards, each student has a prescription of [what] they need to work on, and some students are more independent about identifying their needs."

Three innovative efforts were integral to the program's retention plan:

1. The college's Progression Academic Support Success (PASS) program. This program is usually a university service offering. "Actually, it started with some government funding, and once that ended we just continued it. It was a commitment of the college."

2. The piloting of a concept referred to as the Learning Community: "We're a commuter school, so instead of randomly assigning new students to faculty

advisors in the first year, we're going to put them into small clinical groups based on the students' geographic locations. We want to see if that will have an impact on retention."

3. A concerted effort to enhance the success of prenursing and graduate education. "We're going to look at the prenursing student to see how we can better prepare those students so they'd be ready and competitive to get into our program. I think there are a lot of students that we need to assist. We're also looking at minorities in graduate education as a primary focus."

Three faculty sent exemplars as part of the member-check process. Among the exemplars was a copy of a master's thesis that was based on the extant literature and outlined a comprehensive retention plan (Appendix L). Cultural competency and diversity were integral parts of the plan, which was designed as a foundational and preparatory mechanism to increase minority students' comfort and familiarity with the college of nursing.

Facilitating Interest in Nursing Diversity (FIND) and Supporting Excellence in Nursing Diversity (SEND) constituted a format of intervention focused on retaining culturally diverse prenursing and nursing students. The structure had two parallel systems or tiers. The first tier focused on prenursing students, and the second focused on nursing students. Each tier had three parallel programmatic strands: (a) foundational, (b) instructional/academic, and (c) developmental/psychosocial. The plan focused on three target populations: (a) minority prenursing students, (b) minority nursing students, and (c) ancillary supporters. Ancillary supporters were

defined as those people who were able to give support and help to students, including faculty, key university resources, and students' family or identified support persons.

"The problem is academic underpreparedness."

Nursing curricula generally are designed to be completed in four years, which includes one year of prerequisite course work. One of the many problems identified was the extended length of time needed by increasing numbers of all students to enter nursing programs. Although all participants stated that their students tend to graduate in the expected length of time, they also hastened to add, "Nationally, the length to completion for all students is now 4-1/2 years in all programs." Several participants said that part of the reason for the extra half year was that students do not make up their minds until late in their college life. "They take the freshman year and decide in their second year what they want to do, or they mess up, and then they're behind. It's now taking many prenursing students two years to complete the prerequisites." Few programs provided published plans to students who would need more than four years.

Seven programs did not monitor prenursing students' academic progress. However, there was an awareness of some issues facing prenursing minority students. The overriding problem cited for failure to gain admission was academic underpreparedness stemming from poor high school preparation. One participant stated,

> Math is a prerequisite to the chemistry course. If they cannot do the math, they do not take chemistry. Chemistry is a prerequisite for admission to the program. Or they're taking much longer to satisfy the math and science components, which delays application to the nursing program. About 20% of the students fall into that group.

Another faculty member added,

> One of the problems with reversing this trend is that one has to go into the sixth, seventh, and eighth grades to do it. You and I know that every university has general education requirements that include some natural science. Many high schools don't offer labs with their science classes, or you can't even get advanced placement with chemistry or anatomy and physiology.

"Minority students can't compete."

A problem continually cited by faculty was that minority students do not understand that admission is competitive. Many students will identify the minimum admission overall GPA as the admission grade requirement; they fail to grasp the rest of the statement that says "admission is competitive." As one administrator stated,

> Usually the pool we admit is more around 3.75. A minority student tends to cluster around 2.75 to 3.0. So they get very upset because they're not admitted. The catalog says "minimal requirement" . . . but we only start at that point. We start at the top GPA and come down. That's one reason we don't have minority students. Then there's the performance on standardized exams, the NLN or ACT. Usually minority students are lower. However, we would not necessarily use that score to keep a student out. If we get a student that looks pretty good, they're a 3.0 and competitive, but their ACTs or NLNs are pretty low, they might get admitted. But all things considered, admission would go to the student with the higher standardized test score, too.

During another discussion about this issue, the following statements were made:

Something I think is important and say to minority students when they come to see me as prenursing students is that you're always competing against other students who are applying for admission. If this is a very, very smart group and their GPAs are very high, the GPA you need to get in may be much higher this year than last year or next year. It's definitely not the published minimum. It never has been. So even though we say a 3.0 is required, I can't remember the last time anybody ever got in with a 3.0. Out of 18 years, I can remember one year where we had to reach down below 3.0. We almost always have far more students applying that we have positions.

Question: Do your minority students really grasp that?

Answer: No, they really don't. And let me tell how I know that they don't. I'll see them because they come to my office, or I'll see them in the Center on campus, and I'll say, "How are you doing?" They'll say, "I'm doing pretty good." I've learned to say to them, "What's pretty good? Define that for me." "Oh, well, I got a 2.8 on my last. . . ." Then I'll invariably say, "Are you crazy? A 2.8! I'll never see you in nursing with that. If you're not getting a 3.3 or 3.4, you're not doing pretty good."

Question: And they just do not get it.

Answer: They really don't.

Help-Seeking Behaviors

In recounting minority students' help-seeking behaviors, the overwhelming responses were "not often," "not usually," or "not at all," even where a program's early warning mechanism for students experiencing academic problems was in place. Most responses included statements about the need for students to be "proactive" rather than waiting until the last two weeks of the semester to try to see whether the tutor could help. One respondent commented, "I still have students that will say, 'Well, this happened or that happened, so I know what I have to do to pass. I'll take care of it. I don't need to go to the tutor.'" Despite attempts to get students

"in the mind set that you don't go to tutorials when you have troubles," tutoring was not seen as a preventive tool by students. "I'd constantly tell them that you should go because you need to know this material, not just memorize it."

A minority faculty member who recently had earned a doctorate in nursing and had been a student nurse during the 1960s offered:

> I was [in a program] many years ago, and one thing I did was get tutored from day one. We relished the idea. They [the program] would ask, "Well, did you get good grades?" I'd say, "No." It wasn't that I got bad grades, but I believed that there was nothing wrong with having support throughout the whole process. Anything they gave us we could use, but it's a different mind set now. Maybe that's because we were post-60s baby boomers; they had resources and we just ate them up. Sometimes, today, you can't give away resources. When we have resources to help, they won't come. But when they're failing, then they come and it's almost too late.

Another faculty member said that many students do not want to believe that they may have different needs, "and it's clearly 'leave me alone.' In other words, they're saying, 'I'm in the program. I don't need anything special.' I think students have a right to be left alone if they're truly not interested." But, in most instances faculty reported, "I think they use all the options there are and then come to me."

The "Unwritten Rules of the Game"

When comparing minority to majority student behaviors, all faculty spoke of a tendency among minority students to isolate themselves:

> Minority students tend to isolate themselves a little bit more than white students. It seems that I have to do more active soliciting. I have to call them and say, "Have you fallen off the face of the earth? Where are you? What's up?" versus some of the white students that just sort of regularly stop in.

One black faculty member stated:

> In my years as a faculty member, I think there are some things that are true about black students. Now it could be true about any number of students, but I have observed this in black students and it's fairly typical: Sometimes we go around corners to get where we're going. I've got two master's [degrees]. I think it [unnecessary steps] contributes to why they don't take advantage of some things like establishing a relationship with a faculty member so that the faculty members know them, or using the tutors. For example, black students are not likely to come see the professor when they're having problems. They're not going to come. You got to call them. How many faculty members feel responsible for doing that? I'm not even sure that I could say that faculty are responsible. I feel responsible for doing it. I understand the dynamics of what they're going through.

Yet another faculty member spoke about black students' not knowing the "unwritten rules of the game":

> What I recognize with most of these students is that they are not involved in the everyday life of their department. They don't go to the picnics, they don't go to the holiday parties. They don't go to those things that help to socialize them into their academic discipline. So they're viewed as strangers and outcasts. They are probably the only black person in their class, so you don't want to be bothered. Students can't be successful doing that. I say to them, "Get in your car, go buy some potato chips and Coca Cola, and get out to that park or wherever. While you're sitting at home talking about you don't want to be bothered, they're discussing things around the campfire. You're missing out on it." It's the "unwritten rules of the game" or the politics of academic success. I tell them that if you want to stay, you have to also be smart about the politics of your institution.

Faculty Perspectives on Minority Students' Image of Nursing

Nearly all participants believed that students choose nursing without fully understanding the rigors of the program and the reality of professional practice, the health care climate, or the changes that are occurring. As one faculty member stated,

> When they're talking it goes like, "When I was a nurse aide I was doing da da da. . . ." In their minds, all we're doing is validating what they've already

> done. I think I've seen that more in the minority students than in general. We tend to get the lower paying job and tend to have a lot of experience being aides or what have you. Taking care of somebody in a home, that kind of thing. So they think this is what nursing is about. Most of the students do well clinically. Most of them do well with the task, but it's the theoretical piece where students are really having the challenge. They say, "What do you mean I'm not doing well? I'm doing excellent in clinical. I've been doing this nursing for all these years." They really have a hard time.

A second participant stated,

> We have people coming into nursing that have never done anything in health care. They were in construction or they're out of a job and this will keep them employed. They're not looking for a career, just a job. Hopefully, they will be able to recognize that this is the wrong place and say, "Gee, this is really not what I want to be."

A third offered,

> They still have the TV image of the profession; they haven't conceptualized. You know, I had a student say to me, "All this therapeutic communication is really bugging me out." He just couldn't conceive that <u>how</u> we communicate with people is an essential part of nursing. They still have the notion of the nurse as a technician.

Yet a fourth participant stated,

> I will have minority students who will say to me, "I just hate these sciences; once I get to clinicals I'll be fine." I do know that students of color tend to perform better in the clinical context, where they are applying the concepts as opposed to the theory, or basic sciences, where they are focusing on different concepts. I always have to tell them that nursing is a science. If you don't like sciences, then that has ramifications for whether or not you like nursing.

<u>"It has to be a lot more and different.
Society will demand it."</u>

Several statements exemplified faculty concerns about and hopes for future students and nurses:

I would hope that students come to us prepared with better thinking and reasoning skills than they currently have. This is based on what I see in terms of what is going on in grade schools and high schools.

The student going into nursing must have a broad knowledge base in a variety of areas: essential communication skills; an ability to see themselves as equals; to know that this is my practice, my knowledge base, and these are my judgments. Somehow or other, we'll have to do something to get them there. It has to be a lot more and different. I know we're doing a lot with putting them in the community and giving them a lot more nontraditional clinical experiences where they're collaborating a lot more. We're going to do a lot more of that. Society will demand it.

I think that whatever students we have in the future, we have to be real active in letting people at the K-12 levels know what we need so we can see that the outcome matches the expectations of a college. There's a big gap there. We expect a certain kind of person coming into college, certainly when coming into a nursing program, but we're not necessarily getting that. Maybe we haven't stated in measurable terms exactly what we're expecting. I think there's a lot more we need to work on.

The most commanding statement about the minority student of the future was made by a dean:

The minority student of the future will be one that already does quite well in their high school. They are academically talented students because I foresee nursing to be a challenging area. Someone who has more of a social conscience, more of a sensitivity, like the students we had in the 60s. They were rabble-rousers, but they cared. They wanted to make changes.

The future minority student will have a community focus that, particularly, some of our Native students come with . . . because they and their families are more community focused and valuing of the earth, the environmental focus. They would come with that and would help the majority students value that more, although a lot of us give it . . . well, a lot of us . . . I don't know. The minority students of the future will bring the strengths they come with from their culture.

They will also have to buy into the majority culture's competitiveness. I believe they'll have to be more competitive to feel that competition is good. Academic time on task, spend their time studying. There are two others, as far as women in their cultures. I'm a feminist from way back. The women have to believe in equality along with the men. I do have the impression that it's somewhat more difficult in the Native culture. Although I have people tell me that the women in Native cultures are revered, that's not my observation.

"Progress on a step-by-step basis"

Program and student success was defined as the student's completing the nursing major in a reasonable and timely manner. Many faculty included the results of the NCLEX as an aspect of success: "It's the last milestone to employability as an RN." When asked about NCLEX results as a factor in success, one participant stated, "Isn't that interesting! I guess we don't worry about the Boards because we have such a high pass rate. Except for one year, we get the job done. When they pass the program, they pass the Boards. Those who don't pass the Boards have nothing to do with minority status." There were virtually no minority students or faculty in that program or university. Another faculty member added,

> Usually once they get in, the reasons you aren't successful shouldn't have to do with academics. It's more the rigor of the nursing program. If people are not successful, then we worry about our admission criteria, what we're doing during that process. If they fail the first nursing course, well we think, "Hmmm, maybe we really didn't assess this person that well." But if they get up to the junior or senior level and then begin to fail, then we really look to see what's going on here.

The most encompassing definition of success was expressed in the following statement:

> I think that success is graduation from the program and passing the NCLEX; that students who want to find jobs are able to do so; that students continue lifelong learning activities, whether formal or informal; and students participate in professional organizations that benefit nursing, which means they could be in a nonnursing organization as long as it's beneficial to nursing. Even though I've not really seen this, I think it's appropriate to say that we define success in our ability to continue the student's interest in the school's nursing activities. In other words, we want people to participate after graduation.

Other faculty members defined success as "progress" on a step-by-step basis. "That might even mean they're able to come back, identify some strategies, have some adjustments made to their schedules, and repeat a course. I think most faculty feel that if we can support the progress, even if it's a lot slower, that's success." Oddly, these faculty did not endorse the "progress steps" as a retention strategy.

Minority Nursing Students' Perspectives of Retention

"It'd be nice if we could have more than one."

When asked who were designated as minorities in the program, the students identified only federally designated minority groups. All were surprised that Arab Americans were a state-designated group but recognized the rationale for their inclusion. One Native American student stated, "I don't know for sure how many Native Americans are in BSN programs statewide, maybe five or so."

All students stated that they would like to see more minority faculty, "not because they might teach any better or help us more, but . . . well, I guess I'd just feel better about the program and things. . . ." Another added, while laughing, "It'd be nice if we could have more than one. Yeah, maybe one of each at least. That wouldn't be too much, would it?"

"There's sort of a camaraderie among us."

One aspect of their discussions was unanimously supported in one form or another across all three student groups: "One thing we all thought about--it's like

being back in high school. All of a sudden there are 60-some-odd people in a group, we have a class president, we are a class. . . ." Another continued, "and we're acting like we were in high school. It's kind of bizarre. I'm thinking--W-W-Wow! I'm in college, I'm supposed to be mature."

As in any college class, many students had expected to have some classes and activities together, but they were not prepared for the level of togetherness that occurred. "In the other programs we're not thrown together as much as you are in the nursing program. We see the other 75 or 80 of us a lot more than I did after three years in the Med Tech program. There's sort of a camaraderie among us."

A question about the usual cliques was posed. "I think that even though the cliques are there, any one of us would stick up for the other, regardless of the clique they are in, because we know what they're going through." "As nursing students we know it's not easy, so we try to work together, but it's not easy sometimes." "They expect some of us to be . . . sort of troublemakers. We aren't usually assigned to clinicals together very often. It's okay, I guess, but I would like to see another 'face' from time to time, especially in clinicals."

"There are some things that don't apply to everyone."

Most students got a "head set" for a course or instructor by word of mouth. One student said, "There's one more thing that we've talked about. I think it would be useful when this conversation is typed up to give some of the comments to sophomores entering the program because you enter having no idea what is expected of you or where you're going." "Yeah," offered another, "you feel lost and

at odds, especially 'us,' you know." Then from another student, "To know even at the end of the first year that you'll jell as a group and that you will all know each other would be some sort of reassurance. I was really insecure when I was thrown in with all these people."

Some of the students had decided that there was a message or a contribution that they wanted to provide to future students, a record of their learnings and insights that could be passed on to future nursing students. I asked whether the message was for all students, given the manner in which statements were made. Most replied, "It can be for anyone, but I think we need it. There are some things that don't apply to everyone." "Isn't that what one class does for another?"

"I didn't know I had to take all of that stuff."

When asked about why they had chosen nursing or their awareness of the job they would have to do as a registered professional nurse, most students stated that they had had no idea of the scope of nursing practice or professional expectations when they entered the program. They were just seeking a college degree and a job that offered good employment possibilities. Twelve students stated, "I chose nursing because it offers great job security." Three said that they knew a nurse or, as one student put it, "I met some people who were graduated, like from other weird majors, and they didn't have jobs." Another said, "I thought it was going to be hands-on care, helping patients get better, not knowledge of medicine," or "I didn't know nurses wrote patient goals and care plans. . . . There's a lot of paperwork." Some students had come to nursing after having tried medical

technology, occupational therapy, or business majors; "I never considered nursing a profession," one commented. "It was just a job."

Seven students had transferred after completing most, if not all, of the prerequisites at their local community colleges. By student report, the GPAs ranged from 2.88 to 3.10. Several students had had to repeat courses in the sciences, particularly chemistry, and either sociology or psychology in order to bring their GPAs up to competitive admission standards. All but six had had to delay their intended admission up to one year in order to become eligible for admission.

Three students stated, "I didn't take chemistry in high school, and I had forgotten most of my math." Still another stated, "I didn't know I had to take all of that stuff. I thought I would be okay since I had already earned a degree in health care, but instead I had to take courses like nutrition and repeat chemistry because I got a C- in one, and the chemistry I took didn't have a lab." Still another said, "My mother told me I'd need these courses, but I didn't really believe her."

"If you just passed, pulled C's,
you'd wash out real quick."

In assessing their perceptions of program entry requirements, the greatest surprise for the student interviewees was the competition for admission. Understanding the pressures students place on themselves to excel has always been interesting to me. These students were consumed, if not overwhelmed, by the need to earn and maintain good grades.

"In high school I didn't think you had to go through so much to get in, but once I got here I realized how serious and competitive it was." Another continued, "Yeah, I didn't know the competition was going to be anywhere as strict as it was to get in. I thought everybody who got good grades in high school could become a nursing student." Yet another student added, "I think that was difficult to deal with, that I've always got to be among that top 5%." While the students were making these comments, they expressed feelings of pride as well as amazement in themselves--that they had actually been admitted and succeeded thus far.

All agreed that a student needed more than C's to be admitted. "If you just passed, pulled C's, you'd wash out real quick." This was particularly important to one student who had had difficulty getting admitted because of her previous academic work: "I barely got into the program because of an old GPA. I thought, God, anything you did 20 years ago shouldn't still influence decisions today; it did very much influence the decision." All students believed that any applicant should have a minimum GPA of 3.0 to be successful in the nursing program.

Several disagreements ensued while students were exploring their perceptions of the general education and prerequisite courses. Entry requirements place emphasis on preparation in the applied and social sciences. For the most part, students saw little real value in taking literature--especially poetry--history, and sociology when considering nursing practice. "When you take the general education courses, you take 101 and 102 and those are--read his notes, study his notes, and you'll get an A." One student allowed that "reading books is helpful for your mind,

no matter what." That statement was countered by, "You're going to read anyway. We're readers by nature, or else we wouldn't be here."

The students tended to think that there was no need for "intellectual roundness." When they had applied for admission, none had even considered the possibility of nursing's being either an art or a science. Six students had taken either an Introduction to Nursing or an Introduction to Health Careers but still did not believe or had not explored the notion of nursing's being other than a functional service to doctors or patients. Nursing has failed to portray its image as a learned science and art to potential students and the public at large. There is a clear need for the nursing profession to expend more energy in public-image building and for nursing faculty to be assured that future students understand what is involved in gaining a nursing education and in nursing practice.

The most heated discussion occurred when one particularly adamant student declared that she saw absolutely no need to take statistics in order to be a nurse; "The only reason to take statistics is if you're going to be a research nurse." Another student whose parent was a master's-prepared nurse offered, "See, I think we're going to get into positions where statistics are going to come into play, and I think we're going to have to be able to read and understand the research." The former student persisted, "Statistics has nothing to do with research. You wouldn't be doing all those things, not with patients! If statistical information was necessary, they're going to have a staff analyst figure it out, not just the nurse on duty." All students did agree that statistics would be necessary if they decided to go on to graduate study.

"I'm not going to do THAT to him!"

I asked the students about the changes in their perceptions of nursing after classroom experiences and their first experiences in the hospitals--actually working, as professional student nurses. Several students already had stated that they saw nursing as "just a job, just working," more than as a profession.

The particular nursing functions that helped students begin to understand this difference were the creation and implementation of nursing care plans. They were forced to think critically, often spontaneously, and face the realities and responsibilities of actual professional practice. "I thought they [faculty] were trying to scare the wits out of us." Others replied, "Oh well, I'm not going to argue with her," or "Everybody was having a hard time believing it at the time. Of course, after reading other articles and stuff, . . ." or "It is different than we thought." Another student stated, "I loved the first clinical experience; it was more than I thought nursing was about."

"I felt, I don't know, just a sense of total accomplishment."

Toward the end of our conversations, I asked students to come forward in time to the present, the end of the first year, with the questions "Are you feeling better now? Are you more confident?" All students had fun reviewing the year.

One student humorously recounted her clinical experiences: "Last semester, just walking into a patient's room and introducing myself was a chore. The instructor had to take me by the hand and lead me into the room." "Listening to bowel sounds

was unbelievable; telling a patient, 'Okay, I'm going to listen to your bowel sounds now. You don't want me to? Well, too bad, now here we go.'" Another student added, "Yeah, I never would have thought about doing that. . . ." Another said, the pitch of her voice and rate of speech increasing, "I almost told my clinical instructor, 'That's too embarrassing. I'm not going to do THAT to him!' Now it's 'If that's what my job is, I'm going to do it.'" On the whole, the responses were: "[I feel] pretty good," "not confident but pretty good about things."

Another student said, "I was stressed out before we went to clinicals, but then, once we went, I realized that it wasn't as big a deal as I thought. She explained that she had been so stressed before the first clinical because "I guess I thought we were going to get thrown into all this stuff and I wouldn't know how to do it and I might screw it up--I might have doctors coming at me." The student was more terrified of the doctor than the nursing staff, or faculty who could have gotten her removed not only from the unit but also from the program.

Another student responded, "I don't feel more confident. In fact, I feel less confident." To that statement a classmate replied, "Really, I was the total opposite. I felt, I don't know, just a sense of total accomplishment. . . . I had made it through, I was doing it." She attributed these feelings to the grades she had earned; "It was because of my grades. I thought, well, if I can do this, then I should be able to handle, hopefully, what's coming up. I guess I won't have a nervous breakdown." Another laughingly offered, "I'm still waiting for that. Any day now, guys."

One student said, "I was angry. I was feeling . . . could I do this for three and one-half more years? It's very intense. You take full-time credit, work part time, and have a family. I'm like, can I physically do this for three and one-half more years?" Another said, "I've become more serious about things, my studies, the things I had to do to be a professional nurse. I'll do it."

Oddly, several students were noticeably quiet or remote when the topic of the next term was discussed. As it turned out, a total of four students from different programs finally reported academic-progression problems. Four would have to repeat pharmacology, and two thought that they would have to repeat pathophysiology the next term or as soon as it was offered again. One of the four students would have to wait a year to repeat a course she had failed. All four would not progress with their respective classes.

When asked what they would do to improve their chances for success when they repeated the courses, most responded, "I'll just have to study harder." I followed by asking, "What does that mean, to study harder? How will you do that?" Three students replied that they would spend more time studying. When asked whether they would seek help, the response from all four was, "Yes. I'll talk to my instructor."

Six students thought that their programs had a retention plan, although they had sought help only from their instructors. Four students said they did not know whether their program had a plan. Five students knew that their program had a

retention plan and knew how to seek help from those faculty who administered the plan. "Our instructors referred us to the skills lab," some commented.

"Be prepared to study at least three to four hours a day without fail."

In concluding, I asked students to offer their advice to the profession or future students about the first year--getting in and getting through.

> I'd say complete your education before you start your family; it's easier, folks. Although, I think it gives me a distinct advantage for next year. I have children. So I've been through OB and Peds; at least I have that angle to sustain me when we get to those rotations.

Others suggested completing the general education courses "so all your energy and time can be put into the program." "Be prepared to study at least three to four hours a day without fail." Also, "Getting settled into the program may be difficult--learning the routines and what is really expected of you." Over all, the students were very positive about their choice and their futures: "Now that I see nursing as a profession, I'm looking into the different areas that I can get into and trying to decide what I ultimately want to do as a nurse."

Summary

There were many striking similarities between the faculty and student perceptions of minority nursing student retention. Both groups recognized (a) the problem of academic underpreparedness, (b) nursing's failure to adequately portray its image to potential students and the public, (c) the small numbers of minority faculty and students in nursing programs, (d) minority students' lack of

understanding about admission criteria and being competitive in the admissions-selection process, (e) the inadequacy of students' study and survival skills, and (f) the failure to develop comprehensive retention programs.

The report of the study is presented in Chapter V. Chapter VI contains the local theory about the retention strategies and programming used and needed in public baccalaureate nursing programs.

CHAPTER V

THE REPORT OF THE STUDY

Introduction

Axioms of the naturalistic inquiry paradigm (Lincoln & Guba, 1985) formed the structure for this qualitative study. Thus, the report includes a review of the research problem; purposes of the study and research questions; a description of the settings and participants; a discussion of the categories that emerged, their importance and interrelationships; and the implications of the findings based on the research questions. The chapter concludes with suggestions for further research about the retention of minority nursing students.

Statement of the Problem

Baccalaureate nursing programs have failed to implement the comprehensive retention strategies or programming needed to sustain minority students' success. As a result, a great disparity exists nationally between the number of minority students enrolling in and the number of minority students graduating from baccalaureate nursing programs (see Tables 1 and 2). Minority student retention and graduation rates must increase in order to increase the number of racially diverse professionals and meet the health care needs of racially diverse individuals.

Purposes of the Study and Research Questions

My purposes in this study were to (a) generate a rich description of the strategies used to retain minority students in baccalaureate nursing programs at public universities in Michigan and (b) to develop a local theory that would ground the retention strategies and answer the research question: What is needed to improve retention rates among racial-minority baccalaureate nursing students in Michigan? Two subsidiary questions facilitated exploration of the primary research question:

1. What strategies are being used by nurse educators to retain minority students in Michigan's baccalaureate nursing programs?

2. What retention difficulties do minority students experience in Michigan's baccalaureate nursing programs?

Description of the Settings and Participants

Nine representative public baccalaureate nursing programs in Michigan were selected for study. The programs offered such features as a mix of programs, reported enrolled minority students, and ease of access to entry and travel for in-person or telephone interviews.

Purposive and opportunistic sampling techniques were used to identify 17 minority and majority nursing faculty, as well as 15 minority first-year nursing students. Participation in the study was voluntary. Faculty participants included nine whites and eight African Americans; participants informed me that there were no other racial minorities on the faculty of these programs. Student participants

included nine African Americans, three Hispanics, two Asian Americans, and one Native American enrolled in three programs. Four "elite" minority nurse educators from different geographic locations were interviewed to help focus the inquiry and clarify retention issues.

Discussion of the Categories That Emerged

Semi-structured, audiotaped interviews were conducted to gain an understanding of the retention strategies used in the various settings. Through the use of constant comparative analyses, 62 data units emerged, reflecting the multiple realities of the participants about retention. These units provided the data that were used in answering the two subsidiary questions, which are discussed later in this chapter. Further data reduction led to the emergence of the image of nursing, academic underpreparedness, and race as three focal categories. Collision emerged as the central category and link to the interrelationships among all categories. Inelastic collision emerged as the dimension that was used to address the research question.

The Image of Nursing

The image of nursing and the illusion of knowing (the accuracy of one's prior knowledge) about professional practice were frequently mentioned influences on student retention. Faculty referred to the idealistic or unrealistic attitudes held by many students about nursing education and practice. Inaccurate student

perceptions tended to shroud realistic decision making by students about nursing as a viable career choice.

Those students who failed to perceive nursing as an art and a science tended to underestimate the demands of the educational preparation ahead of them. The students repeatedly stated that although they viewed nurses as caring and educated, they had not considered the depth of scientific knowledge required or the autonomous roles as expectations of professional practice.

Although students had received factual information about program entry requirements, faculty took little responsibility for ensuring that all students, prenursing and nursing alike, understood the realities of the demands for progression through the nursing major. The attitudes held by students, when not tempered by a priori realism, often "set them up" for potential academic failure as the path to graduation became more complex. Several students chose nursing because "anyone can be a nurse" or because "I'm a good nurses' aide," or "I like working with people."

Academic Underpreparedness

Faculty identified students' academic underpreparedness and their illusion of passing as the antecedents and justifications for failed admissions or unsuccessful progression to graduation. However, not all minority students experienced academic difficulties or were designated by faculty as being at risk for academic difficulty.

The students, having earned competitive admission, believed that they would pass the required courses. The belief was celebrated with considerable pride in

themselves. Six of the 15 students experienced academic difficulty. Five of the six students failed to acknowledge their problems or seek help, despite evidence to the contrary. The sixth student had sought help but was unable to improve her grade before the end of the course. All of the students held, for some period of time, the illusion that "I am passing; therefore, I am okay," or "I know what I have to do to pass."

Race

Among the three focal categories, race was the precipitant or underlying entity that hindered student, faculty, and program strides toward inclusion, diversity, and cultural competence. Race emerged as an area of contention among faculty members: "Faculty are not comfortable with black and white. It's much easier to talk about being intolerant of academic degrees."

Race was an issue minority faculty had with the referral practices of some academic advisors at the university. Prenursing students received most of their academic advisement from nonnursing academic advisors. These students had little contact with nursing faculty unless an advisor referred them to a specific nurse faculty member. Some minority faculty perceived referrals as being the result of a "unheralded race-based connection."

In some instances, race was a problem between faculty and students. Of the nine public programs, six had at least one African American family member and three had no racial minorities on the faculty: "We're a homogeneous group," meaning all white and female. Native Americans, Hispanics, and Asian/Pacific

Islanders were not reported to be among the faculty of any of these programs. Students expressed a desire to have more minority faculty in the programs, "not because they are better teachers, but just to have them included among faculty."

The accurate accounting of the number of racial-minority students was an issue across all programs. Most programs included all males as minorities. One respondent raised another issue: "Our university considers minority a little different than I do. It includes international students as minorities, I do not." Then, too, one program counted Canadians as minority students and French Canadians as minorities within another category.

Programs located in regions to which Native Americans were indigenous had no enrolled Native students. Programs located in urban areas had the greatest mix of racial-minority students. The reported mixes of students based on enrollment were African American, Asian/Pacific Islander, Hispanic, and Native American. Arab Americans are among the state-designated racial minorities but are not a federally designated minority group. The numbers of minority enrollments ranged from zero to eight. The largest numbers of minorities were among the newly enrolled classes of each program.

Although faculty acknowledged a need for racial diversity, or diversity in general, there was great reluctance to make a commitment to achieve it. Several statements reflected the failure to confront issues of race and diversity: "It seems you have to be absolutely specific about what is meant by the term [diversity]. Otherwise, you get all of the confounding variables, shall we say." "We're trying, but

as a college we're uncomfortable with sexual orientation, let alone racial or ethnic diversity. It's not being ignored, it's just not being dealt with." "Geez, the curriculum is being bombarded with it." Such failure to confront issues of race and diversity affects demands to revise curricula and the preparation of culturally competent practitioners.

Interrelationships of the Categories

A holistic analysis of the multiple constructed realities and relationships among focal categories resulted in an understanding that each focal category had a detrimental effect on minority student retention. Because the categories were inextricably linked to one another, altering all three categories would be necessary to improve the outcome.

When the focal categories were considered from educational, social, political, and professional perspectives, a different understanding emerged. The minority student retention efforts made in Michigan's baccalaureate nursing programs conflicted with (a) the demands of health reform and expected numbers of minority registered nurses, (b) the prospect of future minority students, and (c) the retention needs of minority nursing students. Based on the values inherent in the categories, a context-bound (ideographic) statement and central category in the data emerged. Michigan's baccalaureate nursing programs and the conflicting (opposing) factors are on a collision course.

Collision was the descriptive term that accounted for most of the variations in the data and linked the patterns found in the opposing factors. Category

refinement and integration led to dimensions of the central category, elastic collision, and inelastic collision. At this point, a theoretical formation emerged with which to ground the retention strategies and develop a local theory.

Implications of the Findings Based on the Research Questions

An analysis of the participants' multiple realities resulted in the conclusion that baccalaureate nursing programs in Michigan have either lost momentum or failed in their efforts to ensure minority student representation and retention in their programs. The implications of the findings with regard to the research questions are as follows:

Question 1. What strategies are being used by nurse educators to retain minority students in Michigan's baccalaureate programs?

A number of specific and general approaches were used by nurse educators to retain minority students. However, faculty did not clearly label the approaches as retention strategies (see Figure 4). Yet the approaches did serve as mechanisms for retention.

The approach or strategy used overwhelmingly by faculty was one-to-one personal contact with students. All faculty stated that they made themselves available to any student who wanted to contact them with problems or concerns because "faculty are the front-line people and will go the extra mile." The contact could be for any number of reasons deemed appropriate by individual faculty members (i.e., assistance with course content, academic counseling, socialization, or other general supportive measures). Because of the reliance on personal

contacts, many faculty identified their efforts on behalf of a student as "nurturing opportunities" rather than retention strategies.

Minority faculty believed they had an obligation to "see" minority students, especially the prenursing students referred to them. Several faculty members stated, "On a campus where people of color are not in very high supply, these students have a feeling that they'll get established easier with a person of the same race."

All programs referred students with basic tutoring and skill-development needs (i.e., mathematics, writing, test-taking) to the appropriate university support unit. Some faculty stated that they felt uneasy making "special arrangements" for students. Eight of the nine programs provided either sporadic or fragmented in-house support to nursing students. One had submitted a well-designed comprehensive retention program proposal for funding, but it was not funded (Appendix L).

The ninth program had a clearly defined and fully functional comprehensive retention plan in place (Appendix K). An interesting strategy used in that program was the issuance of a "learning prescription." Students who needed course or clinical-skill assistance were given a prescription form outlining the learning problem and recommended forms of assistance, which they took to the skills laboratory or a tutor. An approach to socialization and retention that was used only with an incoming class of students was the concept of a learning community. These students would be purposefully divided into clinical groups, based on the geographic

location of their homes. The idea was to facilitate travel to clinical sites and contacts for group-study purposes.

All programs used faculty members as academic advisors for enrolled nursing students. Individual faculty members assumed responsibility for meeting students' learning needs related to their specific course or clinical area. Faculty also assumed responsibility for informing students' advisors of academic or personal supportive needs. Advisors attempted to see students at least once a term or semester. All schools held at least one new-student information and orientation session for enrolled students.

Prenursing students generally received academic and personal advisement from the university advising center. Respondents from three programs referred to at least one type of contact (i.e., career days, summer camps) with prenursing students or said they offered an Introduction to Nursing-type course for students intending to pursue a nursing major. Only one program administered assessment tests to their prenursing students and made recommendations or referrals for academic help, based on the assessment results. That program also had an extensive plan to socialize students to their program.

All programs had active student organizations. Two programs also had minority nursing student organizations; however, respondents reported that these organizations functioned inadequately. Four programs attempted to link a minority student to a minority role model in the program, the community, or a minority nursing organization.

Faculty from all programs reported that they had periodic reviews of the range of services available to all students. There were also occasional faculty-development workshops related to understanding culturally derived learning styles.

Question 2. What retention difficulties do minority students experience in Michigan's baccalaureate nursing programs?

Both faculty and students raised three issues. First was the accuracy of students' prior knowledge about nursing practice and nursing education. Students had limited awareness of the "real" impact of science courses, GPAs, and competition in the admissions process. "I didn't know I had to do all that stuff." Second, incoming students need to be made aware of the pace and expectations of nursing courses. Third, the programs need more minority faculty, "not because they might teach any better or help us any more; it's nice to have more than one." Students thought that faculty had treated them fairly, and they expressed no immediate problems with faculty.

The most serious retention difficulties among minority nursing students occurred because of (a) academic underpreparedness as a result of poor secondary school preparation; (b) not grasping the importance of grades or GPAs in the competitive admissions process; (c) needing to take a minimum of two years, not the expected one year, to apply to the programs; (d) poor study skills and help-seeking behaviors; and (e) being able to manage the psychomotor skills in clinicals but not being successful at applying theory to practice.

Six of the 15 students were experiencing academic difficulties, but only one had sought help. Each of the six students believed she would be successful and

needed to "study harder" the next time. The costs of seeking help cannot be minimized. Seeking help implies inadequacy; thus, doing so is difficult for individuals with high self-esteem. A student's perception of vulnerability is likely to influence help seeking for long-term achievement and in contexts where the cost of not seeking help is high. Therefore, help seeking is contingent on students' perceptions of inadequacy and/or vulnerability.

Although most of the students did not express specific feelings of isolation or exclusion from the routine activities of the program, they did express reluctance to seek membership in the nursing student organization. Thirteen of the 15 minority students were not aware of opportunities to serve on departmental or college standing committees. Similarly, none of the students had been placed in a clinical group with a student from a similar racial background. Several students thought it would be nice to have a student of the same race in a clinical rotation but "didn't really expect it to happen. There are not enough to do it most of the time."

Paralleling the students' desire to increase racial diversity were six compelling issues that seemed to overwhelm many faculty. First, respondents from all programs professed a strong commitment to minority enrollment, but a common response to the question of how many minority students were graduating in the current class was "none." All but one faculty member thought that minority retention was a problem in their programs. That person's program had no minority students enrolled. Second, the racial-majority faculty preferred the term "disadvantaged" as being inclusive of any at-risk or undereducated students. They believed that student

services should be available to all students, not just minorities. Writers have suggested that minority students have soundly rejected use of the term "disadvantaged" in relation to any of their needs (Tucker-Allen, 1989, 1991). Faculty did not appear to be aware of students' preferences regarding or perceived connotation of the term "disadvantaged."

Third, minority faculty believed that prenursing minority student referrals for advisement were made with a bias or an "unheralded race-based connection" (e.g., African American prenursing students were referred to African American nursing faculty). All faculty believed that they had an obligation to see the students but expressed varying levels of acceptance. "It is a burden at times," one commented. The race-based connection, if generalized across the programs, implied that Hispanic, Native American, or Asian prenursing students would be referred to faculty members from their respective racial groups. However, members of these racial groups generally were not represented on the faculty. Fourth, the pressures to increase diversity in other ways among students (i.e., related to gender, sexual orientation, and physical status) in the programs often overshadowed the emphasis on racial diversity.

Fifth, the programs were also at various beginning stages of incorporating cultural aspects of care into their curricula. As one faculty member stated, "Acquiring cultural competence is a process that starts out small . . . and picks up these other categories or classes of interaction as it goes." Faculty identified "simulated learning experiences to introduce concepts of diversity" or a course called

Multicultural Health Approaches that would become a required course in cultural diversity. Most of the programs offered "realistic exposure to diversity" as a result of "the purposeful selection of clinical sites."

The richest description of culturally relevant clinical learning opportunities was given by faculty from a program that had no minority students and used international placements. Not only did the students gain an understanding of the differences between two divergent national health care systems, but also they were exposed to an ethnically mixed client population. None of the clients, however, was from an underserved racial population found in the United States.

Finally, eight of the nine institutions had RN/BSN-completion programs with 30 to 60 students enrolled per year. None of the programs had more than five minority students during any given year. Given the enrollment and retention issues revealed in this study, it can be seen that future minority nurses will flow from associate degree programs into baccalaureate programs.

The two subsidiary questions provided an understanding of strategies that were being used to retain minority students and the difficulties confronting those students. These questions also provided data needed to address the research question:

> **What is needed to improve retention rates among racial-minority baccalaureate nursing students at public universities in Michigan?**

The nation's health care system is changing. As the system and its expectations of nursing care change, so must nursing education. The answer to the research question is that nursing education must be reformed. The necessary

reforms will require attitudinal and behavioral changes by both faculty and students. A succinct answer to the research question was provided by a faculty member who stated, "It's got a lot to do with caring."

Fundamentally, faculty must change their perceptions of minority students as being underprepared for the rigors of college and nursing studies. Achievement is not based on aptitude. With the appropriate assistance, students are able to excel. Campbell and Davis (1990) argued, "Nurse educators must stop bemoaning the fact that the 'best and brightest' of young females are less attracted to nursing and instead make a commitment to understanding and responding to the needs of other diverse learners who are choosing nursing" (p. 33).

Nurse educators must repair the image of nursing, but students also must accept greater responsibility for gaining accurate information about the preparation needed for entry to nursing and the expectations of professional practice. Also, students must accept responsibility for their own learning. The realities of successful program completion and professional development often prove hurtful or frustrating to many students. Educators must continue to challenge all students to achieve their personal best.

Suggestions for Future Research on Minority Nursing Student Retention

The data obtained in this study support previous empirical documentation about the piecemeal use of retention strategies by faculty in nursing programs. Emphasizing a need for change in research methodology, Campbell and Dickson

(1996) stressed that predicting student success in an educational program remains an inexact science.

The failure of quantitative methods to identify predictive criteria for academic success or viable retention strategies indicates a need for more qualitative research and collaboration among institutions. Collaborative institutional research would provide opportunities to achieve consistency in design and methodology.

Enrollment figures for minority baccalaureate nursing students are not encouraging. The greatest rate of enrollment growth and graduations among minorities has been concentrated at the associate-degree level. At a time when nursing programs are downsizing or closing and health care is being focused in communities, an associate degree in nursing will not be adequate for professional nursing practice. Consequently, the inadequate representation of minority nurses in practice is directly related to minority student retention in baccalaureate programs.

Two potential questions for further research are:

1. What effect will the Clinton administration's thrusts for community college education have on baccalaureate nursing education and the entry of minorities into nursing practice?

2. What preparations have been made to enhance or establish RN/BSN-completion programs in anticipation of an increased need on the part of minority students to earn a baccalaureate degree in nursing?

The challenge for baccalaureate nurse educators continues to be <u>how</u> to ensure the successful retention and graduation of minorities. "Inelastic collision"

became the basis of a local theory and coherent framework to undergird the research question: What is needed to improve retention rates among racial-minority baccalaureate nursing students at public universities in Michigan? The local theory is presented in Chapter VI.

CHAPTER VI

THE LOCAL THEORY

Local Theory for Retention of Minority Nursing Students

The outcome of this naturalistic inquiry was a theoretical formulation, a local theory for retention of minority students in Michigan's public baccalaureate nursing programs. A strategic framework for comprehensive retention programming was developed from the local theory (Figure 6). This final step was taken to satisfy the second purpose of the study and to expand the research question.

Lincoln and Guba (1985) stressed that the constant comparative method in naturalistic inquiry is used simply to process data, not to generate a theory that will predict and explain behavior. Although the outcome of the data analysis is to be a report of the study, in the naturalistic domain, theoretical constructions (formulations) are invented or created and related to "tangible realities"--events, persons, and objects. If these tangible realities are not solely creations of the mind, they must be ontically "real." Thus, the outcome of the report could be an inductively derived theoretical formulation, a local theory based on "constructed realities" (Lincoln & Guba, 1985, pp. 83-87). A local theory is unique to the data of a study and shows only how the data relate to the circumstances or lived experiences of the individuals

in that particular study. It can also offer an exciting new approach to an old problem (Denzin & Lincoln, 1994; Elden, 1981).

According to Patton (1990), "a strategy is a framework for action" (p. 36) in which "all kinds of variations, combinations, and adaptations are available for creative and practical situational responsiveness" (p. 39). Within the proposed framework, inelastic collision, the desired dimension, will occur if nurse educators make a commitment to implement realistic, culturally relevant, comprehensive retention strategies. If educators do not implement the desired strategies, elastic collision will occur and programs will do "business as usual," which will perpetuate the quagmire of retention problems. Inelastic collision is presented as an integrating concept that illuminates a local theory and permits development of a strategic framework to describe possible comprehensive retention programming.

The theory of inelastic collision postulates sets of dynamic forces (faculty and student, student and student, nursing program and student) whose coming together (colliding) over a limited period of time (the nursing school years, which include the prenursing period) leads to the permanent exchange of energy (the process of nursing education) and information (knowledge). These sets of forces are inextricably linked forever (permanently changed by virtue of the encounter, the education process, program identification, and a lifelong career).

To substantiate the local theory, I continually listened to and looked for negative responses to a direction taken in theory development during the interviews and analyses. A negative response would offer a different context and cause me to

alter what was being developed. Each time I heard or found a negative response, I revised the local theory to reflect the context of the response until the final realities of concern to retention were categorized.

The following are the constructed realities of concern to this study: (a) minority nursing student, (b) organizational structure, (c) precollege and prenursing student socialization opportunities, (d) prenursing and nursing student leadership opportunities, (e) culturally relevant curriculum design, and (f) specific retention strategies. The six constructed realities are inextricably linked to each other and to the retention of minority nursing students within the framework of inelastic collision (Figure 6).

Minority Nursing Student

Minority students in this study were defined as federally designated American-born or naturalized citizens who are underrepresented in nursing education and practice. In one program, Arab Americans were identified as a state-designated minority group that may be included in the minority student construct.

Organizational Structure

The organizational structure is not the sole guarantor of academic success; however, the structure is endogenous to the nursing program and maintenance of a comprehensive retention plan. Structure, as defined in this theory, pertains to everyone and everything external to the student that will come into contact (collide) with the student: the administrators, faculty, program mission and philosophy,

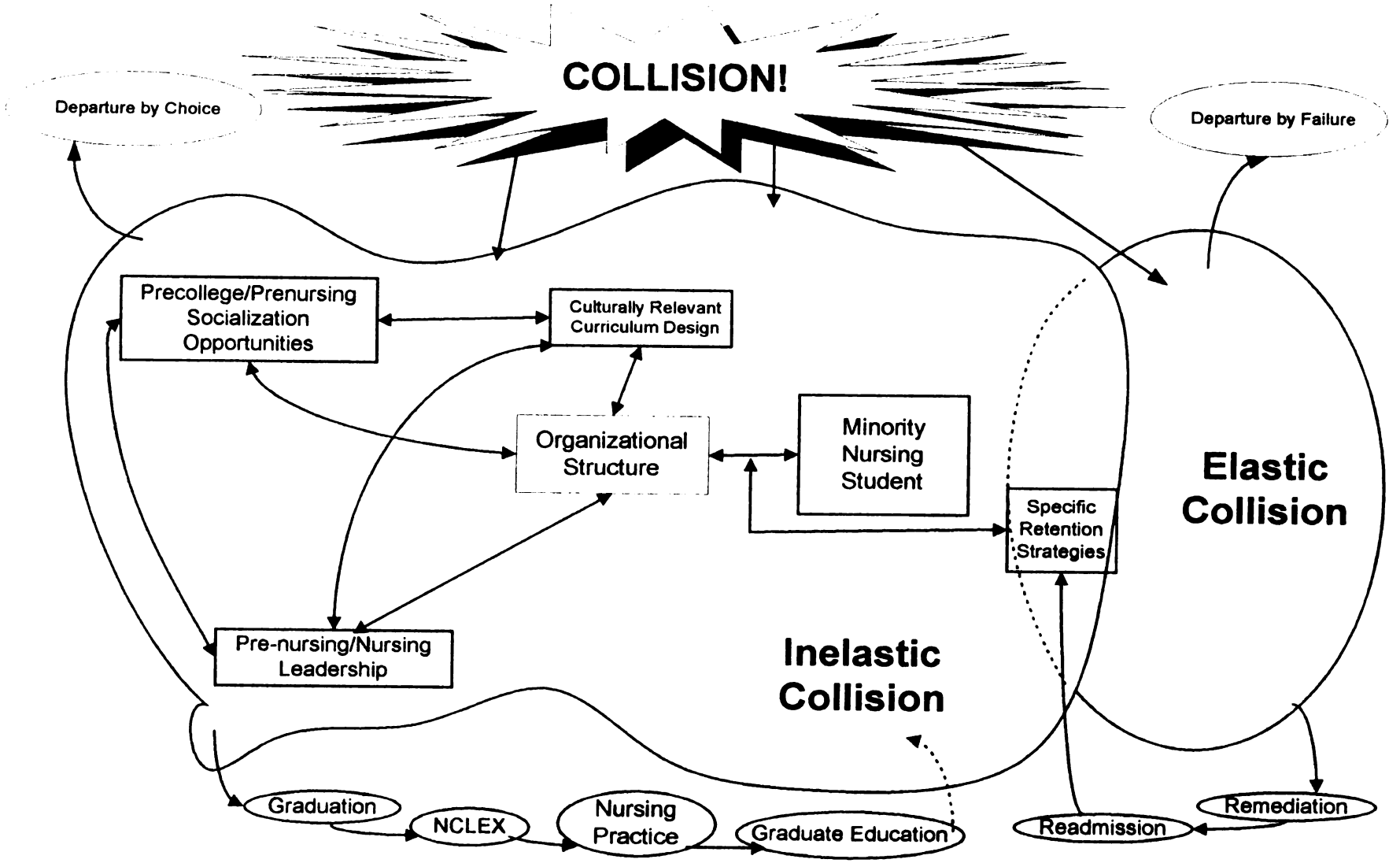


Figure 6. Local theory of inelastic collision for the retention of minority nursing students.

and any services provided. Organizational structure is the staircase to retention and should be rigorously evaluated annually.

The findings indicated that faculty need to focus on five major categories when developing a comprehensive retention plan: (a) being committed to providing broad-based retention-support mechanisms at the prenursing and enrolled-student levels; (b) designing a culturally relevant curriculum to prepare culturally competent practitioners; (c) providing inclusive leadership and socialization opportunities directed toward improving the image of nursing, especially at the precollege level; (d) maintaining an academic progression and early warning system; and (e) preparing for graduate nursing education.

Sutton and Claytor (1992) offered a plan for identifying the broad structural design for an organization. Story's (1978) I AM retention model proved to be the most comprehensive model of that decade and should serve as the prototype for today's retention programs. Combinations of Pennington's (1984) RAIN model, as well as Holtz and Wilson's (1992) Model for Empowerment of the Culturally Diverse Student, offer additional aspects of successful comprehensive retention programming. Allen's recommendation for an academic early warning tracking system is not only fundamental, it is essential to student retention in nursing programs.

Precollege/Prenursing Student
Socialization Opportunities

Nursing programs are slowly making strides to dispel the illusions that many students have about knowing and passing. But the Introduction to Nursing course, occasional faculty advising sessions held on an individual referral basis, or faculty attendance at a career-day activity is not enough to provide more than a superficial understanding of nursing education or practice. As a faculty participant stated, "There has to be more 'front-loading' so students are aware of what they will have to do when they come into the program."

Prenursing/Nursing Student
Leadership Opportunities

Whenever I have asked faculty what leadership opportunities are available to minority students, the responses have been, "the same as for any student" or "they don't take advantage of the opportunities." I would argue two points here. First, minority students do not volunteer for leadership opportunities for many reasons (e.g., they do not feel qualified, they do not have the time or interest, they do not feel welcome, or they do not know they should volunteer). Second, faculty do not expect or encourage minority students to participate in leadership opportunities.

The theory places a different "unheralded race-based connection" within the faculty purview. Faculty must be more proactive in providing opportunities for prenursing students to offer input about issues of concern to them as future nursing students and gain an understanding of "the unwritten rules."

Culturally Relevant Curriculum Design

Campbell and Sigsby (1994) characterized nursing as largely unicultural, reflecting the current majority population and lacking knowledge of diverse cultures. Nursing programs must consider cultural issues as integral to a comprehensive retention plan. Nurse educators have begun to respond to the special needs of culturally diverse students with regard to linguistics, learning style, and help-seeking behaviors (Abdur-Rahman, Femea, & Gaines, 1994; Crawford & Olinger, 1988; Memmer & Worth, 1991). Indeed, the results of a recent study conducted at one of the study sites suggested that "the sample of graduating baccalaureate students did not feel confident about caring for Michigan's five major ethnic groups" (Kulwicki & Bolonik, 1996, p. 40). Faculty must remember that nursing, therefore nursing education, has a contract with society that guarantees that nurses will provide "what professional skills and knowledge they [society] most need and desire" (American Nurses Association, 1980, p. 19).

Specific Retention Strategies

The specific strategies used by the study sites for student retention are presented in Figure 5. The strategies, in and of themselves, should be adequate for establishing and maintaining a comprehensive retention program for minority nursing students. The inadequacies are that the strategies are used in piecemeal or unimaginative ways and do not guarantee a faculty commitment to providing a systematic process for retention of students.

The identified strategies, if fully implemented, monitored, and enforced, should not only sustain academic success but also satisfy the concerns that undergird the focal and central categories in the study. These strategies should also prepare students for the rigors of graduate education, as well as allow them to leave the program by choice rather than through academic failure.

Conclusion

Not all minority students will enter college academically underprepared or uninformed about the image of nursing or the rigors of nursing education. However, with the increasing need for well-prepared nurses in a multicultural environment, more attention must be given to retaining minority students.

The obvious academic problems of minority students are often mitigated when confronting the academic and critical-thinking needs of all students or the reality that even those students, including minorities, "who earn A's and B's frequently lack communication and computation skills" (McGiven, 1989, p. 2. Programs should embrace an obligation to ensure that all students have accurate understandings about their needs and abilities to meet the rigors of education and practice before making nursing a career choice.

Nurse educators can no longer simply acknowledge the different cultures in our society; they must make a commitment to accept and include racially diverse learners as the only way to do "business as usual." Faculty must concede that only by intentional design can a program have meaning to a diverse citizenry or potentially guarantee societal expectations of culturally competent care.

The incisive changes at hand may provide "the best of times" amid "the worst of times." Perhaps the reconfiguration of health care systems will signal development of retention strategies and comprehensive frameworks that confront the educational needs of minority students as we enter the twenty-first century.

APPENDICES

APPENDIX A

AN OVERVIEW OF NURSING EDUCATION PROGRAMS

An Overview of Nursing Education Programs

In the United States there are several types of education programs that allow entry to practice as a registered nurse.

Types of Nursing Education Programs

1. Diploma nursing programs: The oldest of nursing programs. These programs do not grant college credits; most are hospital based. Fewer than 60 such programs remain.

2. Associate Degree in Nursing (ADN) programs: Two-year programs, usually offered by a community college. Graduates do not receive senior college credit for nursing courses but may receive credit for liberal arts or nonnursing courses.

3. Bachelor of Science in Nursing (BSN) program: A program offered by a senior college or university. There are currently two ways an individual can receive a BSN:

   a. Generic (basic) program: A non-RN student enters a program and completes the required four-year program of study. Many students take five years to complete this program of study.

   b. RN/BSN completion program: A registered nurse enters a program as a graduate of a diploma or ADN program and completes the required baccalaureate-level theoretical and clinical courses. This program may take two years or more to complete.

Three other types of programs provide entry to nursing. For example, Yale University and Massachusetts General Hospital offer a master's degree in nursing (MSN) as the first professional degree, and Case Western Reserve University offers a nursing doctorate (ND) as a first professional degree.

State-Approved Schools of Nursing

A nursing program in a given state must be approved by that state's Board of Nursing or Education for program graduates to sit for the licensing examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Upon passing the NCLEX-RN, examinees are issued a license to practice as a registered nurse by each state Board of Nursing. Therefore, a registered nurse is a graduate of a state-approved nursing education program who has passed the NCLEX-RN and is licensed to practice nursing in a given state within the United States.

Currently, the National League for Nursing (NLN) is charged with accrediting nursing degree programs throughout the United States, no matter what type of institution houses the nursing program. There are 582 baccalaureate nursing programs accredited by the NLN and 137 approved baccalaureate programs designed exclusively for RNs throughout the United States. In Michigan, there are 50 NON-accredited programs: 3 diploma programs (2 are in the process of closing), 33 ADN programs (31 public, 2 private), and 14 BSN programs (10 public, 4 private). Two BSN programs are designed exclusively for RNs; both are at public universities (NLN, 1995). Attaining NLN accreditation influences funding of nursing programs, admission to graduate nursing education programs, and some job opportunities.

APPENDIX B

ABOUT GENDER STATISTICS IN NURSING PROGRAMS

About Gender Statistics in Nursing Programs

The growing number of males entering nursing education programs is a fairly recent trend and reflects a pattern that will likely continue well into the future. National League for Nursing (NLN, 1991) data from 1978 to 1989 indicate that the number of males admitted to all generic RN programs rose from 6,359 to 7,558, a 12% increase. Recent data show an increase to 17.7% of American and foreign-born males in all nursing programs, particularly BSN programs (Morgan, 1994; NLN, 1994). A number of articles about the increase in and career-choice factors of male nursing students, as well as male RNs, have been published (Bough, 1994; Kelly, Shoemaker, & Steele, 1996; Kilborn, 1992; Villafuerte, 1996).

Despite the data, gender statistics lose their relevance when one is looking for indicators of racial groupings among males in nursing programs; most programs have failed to keep this count. Of note to this study is that males often are counted as minorities in reports by nursing programs. Campbell and Dickson (1996) asserted that "the failure to report gender, race, or ethnicity . . . deters identification of specific characteristics or strategies that may be more germane or beneficial to a specific group" (p. 57).

To avoid duplication of male data by both gender and race, males were not included in this study. However, informal reporting by gender indicates an increase in the total number of male enrollments and a small increase in enrolled males representing the federally designated racial minorities, especially African Americans.

APPENDIX C

UNIVERSITY HUMAN SUBJECTS APPROVAL

MICHIGAN STATE
UNIVERSITY

December 14, 1995

TO: Sandra L. Nelson
3858 Sparrow Wood
Ann Arbor, MI 48108

RE: IRB#: 95-653
TITLE: STRATEGIES FOR RETENTION OF UNDERREPRESENTED MINORITY STUDENTS AT PUBLIC BACCALAUREATE NURSING PROGRAMS IN MICHIGAN
REVISION REQUESTED: N/A
CATEGORY: 1-A,E
APPROVAL DATE: 12/12/95

The University Committee on Research Involving Human Subjects (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project and any revisions listed above.

RENEWAL: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/ CHANGES: Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)432-1171.

Sincerely,

David E. Wright, Ph.D.
UCRIHS Chair

DEW:bed

cc: Marvin Grandstaff

OFFICE OF
RESEARCH AND GRADUATE STUDIES

University Committee on Research Involving Human Subjects (UCRIHS)

Michigan State University
232 Administration Building
East Lansing, Michigan
48824-1046

517/355-2180
FAX 517/432-1171

APPENDIX D

FINAL GUIDESHEET FOR STUDENTS

Final Guidesheet for Student Interviews

Introductory Statement: "You are aware that our conversation is being tape recorded?" After participant gives an affirmative response, "You have agreed to participate in this dissertation study titled 'Retention Strategies for Minority Students at Baccalaureate Nursing Programs in Michigan' and you have a copy of the General Interview Guidesheet?" After participant's affirmation is given, "I have received your signed Process Consent Form. I would like to explore your feelings about nursing education and retention of racial minority students in your program. Would you tell me. . . ."

1. People have various reasons for choosing a profession or course of study. What led you to choose nursing?
   a. Was nursing your first choice?
   b. What did you know about the profession before you chose it?

2. What did you know about the nursing program before you entered?
   a. What is your understanding now?
   b. Did you meet any nursing faculty before you declared a major?

3. Now that you have completed the prenursing course requirements, how do you feel about them?
   a. Did you complete the prerequisites on this campus?
   b. Were you able to complete the course work in one year?

4. Some students say they had to apply more than once before being admitted to the program.
   a. Would you tell me about your experiences?
   b. How did program admission and academic support efforts address your learning needs?

5. Now that you've had some program experiences, how do you feel about nursing now?

6. I'm interested in academic retention strategies. Now that you have completed this first year, what do you think of the class and clinical course work Is it what you expected?
   a. If you needed academic help, how would you go about getting it?
   b. If you needed academic help, when would you seek it?
   c. Would you tell me what you think about the academic support system in your nursing program?

7. Most faculty encourage students to get involved in program governance. Would you tell me about your membership or participation in standing departmental/college or university committees?

8. Most programs have student organizations. What do you think about minority student participation in the organizations?

9. What are your plans for graduate education?

10. There are many different views about minority students. Which groups of students in your program do you consider racial minorities?
    a. How many minority students are in the program?
    b. How many minority students are in your class?
    c. Do you have opportunities to meet outside of class?

11. As you go through the program, what will represent "success" to you?

APPENDIX E

FINAL GUIDESHEET FOR FACULTY

Final Guidesheet for Faculty Interviews

Introductory Statement: "You are aware that our conversation is being tape recorded?" After participant gives an affirmative response, "You have agreed to participate in this dissertation study titled 'Retention Strategies for Minority Students at Baccalaureate Nursing Programs in Michigan' and you have a copy of the General Interview Guidesheet?" After participant's affirmation is given, "I have received your signed Process Consent Form. I would like to explore your feelings about retention of racial minority students and the retention strategies used in your program. Would you tell me about your nursing program?"

Program Descriptors:

1. In what type of institution are you employed?

2. How would you describe the community your program serves (urban, suburban, rural)?

3. In what region of the state is your institution located?

4. What is your title and primary faculty/administrative area(s)?

5. What is the highest degree offered at your institution? Your nursing program?

6. How many students are admitted to your program each year?

7. Of the students admitted, how many enroll in your nursing program

8. How many minority students are admitted each year?

9. At what undergraduate level are students admitted to the nursing program (freshman, sophomore, etc.)?

10. What is your opinion of the prerequisites for admission?

11. What is the racial mix of students currently in your nursing program, by class level?

Interview Items:

1. How do you define the term "minority"?

2. How do you feel about retention of racial-minority students?

3. What represents "success" for a student in your program?

4. Would you discuss your opinion of the universitywide retention services available to minority prenursing and nursing students?

5. Would you discuss your opinion of the discipline-specific retention services or strategies offered to minority students?

6. Which are the most effective strategies? Least effective?

7. How do faculty feel about the need for minority retention?

8. What do you think will be needed in the future for retention of minority students?

9. How is student input about educational needs obtained/sought?

10. What should nurse educators do to impact minority student needs in the future?

APPENDIX F

LETTER TO PROGRAM DEAN

Dear :

I am a doctoral candidate in higher education administration at Michigan State University seeking your participation and one other faculty, or two designees, in a study that will explore current and future planning strategies for retention of underrepresented minority students among baccalaureate nursing programs at Michigan's public institutions of higher education.

A great disparity exists in the number of ethnic-minority RNs relative to the nation's ethnic-minority populations. Despite increasing enrollments, minority nursing students are more underrepresented in health care practice today than 15 years ago. Population-mix and educational-preparedness projections for potential minority applicants in the twenty-first century make identification and implementation of retention strategies an imperative for nursing programs.

Qualitative research methods will be used to generate a framework for retention that will meet academic and entry-into-practice needs in the twenty-first century. Open-ended, semi-structured audiotaped interviews of approximately one hour will be done by either in-person or telephone contacts. Interviews will be transcribed and submitted to respondents for validation of interpretation before inclusion in the study. Enclosed are Process Consent Forms for signature and study questions for review and preparation. Study results will be presented in aggregate form and should be of value in future program planning.

I will telephone you in the next two weeks to validate your participation and arrange an interview appointment. You may contact me at the address or telephone numbers listed above. My dissertation director, Professor Gladys Courtney, Ph.D., RN, may be contacted at Michigan State University, College of Nursing (517) 353-8679, if further clarification is necessary. Thank you for allowing time to help me with this project.

Sincerely,

Sandra L. Nelson, RN, MSN

APPENDIX G

LETTER TO STUDY PARTICIPANTS

Dear :

I am a doctoral candidate in higher education administration at Michigan State University seeking your participation in a study that will explore current and future planning strategies among baccalaureate nursing programs at Michigan's public institutions of higher education for retention of underrepresented minority students.

A great disparity exists in the number of ethnic-minority Rns relative to the nation's ethnic-minority populations. Despite increasing enrollments, minority nursing students are more underrepresented in health care practice today than 15 years ago. Population-mix and educational-preparedness projections for potential minority applicants in the twenty-first century make identification and implementation of retention strategies an imperative for nursing programs.

Qualitative research methods will be used to generate a framework for retention that will meet academic and entry-into-practice needs in the twenty-first century. Open-ended, semi-structured audiotaped interviews of approximately one hour will be done by either in-person or telephone contacts. Interviews will be transcribed and submitted to respondents for validation of interpretation before inclusion in the study. Enclosed are Process Consent Forms for signature and study questions for review and preparation. Study results will be presented in aggregate form and should be of value in future program planning.

I will telephone you next week to validate your participation and arrange an interview appointment. You may contact me at the address or telephone numbers listed above. My dissertation director, Professor Gladys Courtney, Ph.D., RN, may be contacted at Michigan State University, College of Nursing (517) 353-8679, if further clarification is necessary. Thank you for allowing time to help me with this project.

Sincerely,

Sandra L. Nelson, RN, MSN

APPENDIX H

PROCESS CONSENT FORM

PROCESS CONSENT FORM

Retention Strategies for Minority Students at Public Baccalaureate Nursing Programs in Michigan: A Grounded Theory Approach

The purpose of the interview has been explained to me. My participation indicates consent to use my comments in an exploration of my beliefs about retention of minority students. I understand that there will be an audiotaped interview lasting a minimum of one hour and that I will receive a typed copy of my responses to critique and affirm before my responses are used.

I further understand that:

1. My participation is voluntary and may be withdrawn or renegotiated at any time.

2. Any questions I have about the study and the final product will be answered by the investigator.

Control and disposition of audiotapes/notes:

3. My identity will be kept confidential. My name will be placed in a codebook, and I will be assigned a code name. My code name will be used in subsequent written reports.

4. The investigator will maintain the codebook in a locked file in a secure location, and will destroy all tape(s) and notes.

5. My code name will be placed on the face of all audiotapes made during the interview(s). The investigator will transcribe my comments using my code name.

6. I will receive a copy of this signed Process Consent Form.

_____ _____

Participant's signature Date

_____ _____

Investigator's signature Date

____ Investigator's copy ____ Participant's copy

APPENDIX I

LETTER TO PARTICIPANTS WITH VERBATIM TRANSCRIPTION

Dear :

Thank you for participating in my investigation of retention strategies for minority students at public baccalaureate nursing programs in Michigan. Your candid discussion of the research questions and their applicability to your nursing program has created a data base from which to proceed with my study, and you have contributed significantly to its outcome. I hope you will also share any forms used specifically for the retention of nursing students that could be used as exemplars in the study.

A copy of the interview transcript and a stamped return envelope are enclosed for your convenience. Please make any revisions in the transcript that you care to, including deletions of remarks or additional comments. You have already returned the Process Consent Form.

I again assure you that your comments or materials will be treated as confidential and with sensitivity. In its final form, the study will accurately reflect the intent of your responses in aggregate form. I look forward to receiving your comments and to the completion of my study. Please contact me, if necessary. Thank you for everything.

I am very sorry about the delay in preparing and mailing the transcript to you. Please take some time to review it and, again, many thanks to you.

Sincerely,

Sandra Nelson

Enclosures: Interview transcripts
Return envelope

APPENDIX J

TRUSTWORTHINESS

Trustworthiness

According to Lincoln and Guba (1985), an inquiry is trustworthy if the researcher can convince the consumer that the results are "worth paying attention to or worth taking account of" (p. 290). Four operational techniques that would support the trustworthiness of one's work need to be addressed: (a) truth value or credibility, (b) applicability or transferability, (c) consistency or dependability, and (d) neutrality or confirmability.

Credibility is the likelihood that credible findings and interpretations will be produced. Three techniques were used to ensure credibility: (a) prolonged engagement, (b) triangulation, and (c) member checking. Prolonged engagement is "the investment of sufficient time to achieve certain purposes: learning the culture, testing for misinformation introduced by either self or the respondents, and building trust" (Lincoln & Guba, 1985, p. 301).

This process began well before I entered the field. I had worked with nursing students in educational institutions for more than 15 years, which included faculty positions at two of the programs included in the study. I had prior knowledge of and experiences with four of the participants referred by the program deans, including one faculty member I had not seen for several decades. Trust is not easily earned, but it was an outcome as the interviews lasted well over the expected time frame and participants openly discussed their perceptions of a number of issues.

Multiple sites, multiple informants, snowballing, elite interviewing, and analysis of submitted exemplars were used to verify information. Constant review

of the relevant literature and explication of research bias also buttressed the trustworthiness of the data (Denzin, 1978; Marshall & Rossman, 1989; Patton, 1990). Member checks were further accomplished by returning verbatim transcriptions to each study participant, which gave them an opportunity review, vet, or edit their comments throughout all phases of data collection. The process of developing a local theory also required frequent checks with the participants.

Transferability refers to whether the findings are applicable in "some other context, or even in the same context at some other time" (Lincoln & Guba, 1985, p. 316). The task is to provide a rich description of the data, thus enabling others to reach a conclusion about whether the findings are useful in other contexts. Purposeful and opportunistic sampling methods provided a wide range of information for inclusion in a rich description.

Dependability connotes whether the findings would be repeated if the study was replicated under similar conditions. Interactions between researcher and participants are unique to that interaction. Yet, although there may be differences in the scope of data generated, the content would be dependable. An "audit trail" should make replication of the study possible (Lincoln & Guba, 1985, p. 319).

Confirmability is concerned with neutrality. Personal biases were constantly identified and double-checked through member checks, elite interviews, and literature reviews. Auditing techniques also provided opportunities to validate neutrality.

APPENDIX K

STRATEGIES USED IN THE COMPREHENSIVE RETENTION PROGRAM FOUND IN THE STUDY

Strategies Used in the Comprehension Retention Program Found in the Study

One of the nine public baccalaureate nursing programs in Michigan reported having a discipline-specific comprehensive retention program. The strategies identified were as follows:

1. A student affairs office and an academic affairs office that worked "in close collaboration to provide coordinated student services within the college of nursing."

2. A two-day orientation for all newly admitted students:

    A. In June (one day)
        (1) Administer the Nelson-Denny Reading Test to all students.
        (2) Based on the results, students are either
            a. congratulated and sent forward or
            b. referred to the University Summer Development Program, "where reading, study, testtaking and time management skills are enhanced."
        (3) Socialization is nurtured during the experience.
        (4) Assignments to clinical groups are made.
        (5) "We send them out to lunch together."

    B. In September (one day, at the beginning of the term)
        (1) Orientation of nursing students to the college and its expectations.
        (2) Early notification of academic difficulty.

3. Throughout the academic year,

    A. A faculty-generated prescription referral method for remedial skills laboratory opportunities as well as individualized tutoring and assessment by college personnel.

    B. NLN achievement and comprehensive examinations per specialty course throughout the program.

    C. A nurse resource person assists students by sitting down with them after taking the NLNs "to develop a learning prescription if deficiencies are reported on the scores."

D. "Before they take Boards [NCLEX-RN], each student has a prescription of where they need to work, and some students are more independent about setting up their needs."

Three innovative efforts were integral to their retention plan:

1. The college's Progression Academic Support Success (PASS) program. This program is usually a university service offering. "Actually it started with some government funding, and once that ended we just continued it. It was a commitment of the college."

2. The piloting of a concept referred to as the Learning Community: "We're a commuter school, so instead of randomly assigning new students to faculty advisors in the first year, we're going to put them into small clinical groups based on the students' geographic locations. We want to see if that will have an impact on retention."

3. A concerted effort to effect prenursing and graduate education success: "We're going to look at the prenursing student to see how we can better prepare those students so they'd be ready and competitive to get into our program. I think there are a lot of students that we need to assist. We're also looking at minorities in graduate education as a primary focus."

A respondent from another program reported that the proposal for a comprehensive plan, which included cultural diversity and cultural competency as its centerpieces, had been completed and was awaiting notification of funding (Appendix L).

APPENDIX L

THE FIND AND SEND PROGRAMS IN NURSING DIVERSITY

Facilitating Interest in Nursing Diversity (FIND) and Supporting Excellence in Nursing Diversity (SEND) Project Summary Chart

STRAND	TIER: FIND	TIER: SEND
Foundational	1. Letters of Welcome 2. Pre-orientation 3. Parental Component	1. Faculty Development 2. "Welcome to the College of Nursing" 3. Minority RN Reception
Academic/ Instructional	1. Supplemental Instruction Sessions 2. Introduction to Research Workshop 3. Academic Workshops 4. Intrusive Academic Advising & Curriculum Planning 5. Early Warning System 6. College of Nursing Open House	1. Tutorials 2. Research Opportunities 3. Study Groups 4. Review Sessions 5. Student Clustering 6. Academic Advising 7. Early Warning System
Developmental/ Psychosocial	1. Personal Counseling 2. Career Planning 3. Mentoring Involvement 4. Minority Student Nurses Organization 5. Student Newsletter	1. Brown Bag Discussions 2. Minority Support Groups 3. Outreach Activities 4. Inter-student Networking 5. Career Development 6. Minority Student Nurses Organization 7. Student Newsletter

Note. From Sustained diversity in the student nurse population at Michigan State University: A comprehensive plan, by R. B. Canady, 1993, Unpublished master's thesis, Western Michigan University. Reprinted with permission.

BIBLIOGRAPHY

BIBLIOGRAPHY

Abdur-Rahman, V., Femea, P. L., & Gaines, C. (1994, Winter). Nurse entrance test: An early predictor of academic success. ABNF Journal, 5(1), 10-14.

Allen, C. B., Higgs, Z. R., & Holloway, J. R. (1988, March-April). Identifying students at risk for academic difficulty. Journal of Professional Nursing, 4(2), 113-118.

Allen, M. E., Nunley, J. C., & Scott-Warner, M. (1980). Recruitment and retention of black students in baccalaureate nursing programs. Journal of Nursing Education, 27(3), 107-116.

Alvarez, A., & Abriam-Yago, K. (1993, May). Mentoring undergraduate ethnic-minority students: A strategy for retention. Journal of Nursing Education, 32(5), 230-231.

American Association of Colleges of Nursing. (1993). Position statement: Nursing education's agenda for the 21st century. Washington, DC: Author.

American Council on Higher Education. (1985). Minorities in higher education: Fourth annual status report. Washington, DC: Author.

American Nurses Association. (1980). Nursing: A social policy statement. Kansas City, MO: Author.

Anderson, E. (1985). Forces influencing student persistence and achievement. In L. Noel, R. Levitz, & D. Saluri (Eds.), Increasing student retention. San Francisco, CA: Jossey-Bass.

Armstrong-West, S., & de la Teja, M. H. (1988). Social and psychological factors affecting the retention of minority students. In M. C. Terrell & D. T. Wright (Eds.), From survival to success promoting minority student retention.

Baldwin, D. (1994). Recruitment and retention of minorities in nursing. In O. J. Strickland & D. J. Fishman (Eds.), Nursing issues in the 1990s (pp. 528-540). Albany, NY: Delmar.

Benda, E. J. (1991). The relationship among variables in Tinto's conceptual model and attrition of bachelor's degree nursing students. Journal of Professional Nursing, 7(1), 16-24.

Bogdan, R., & Biklen, S. (1992). Foundations of qualitative research in education. In Qualitative research in education. New York: Allyn & Bacon.

Bough, S. (1994). Why do men choose nursing? Nursing & Health Care, 15(8), 406-411.

Boyle, K. K. (1986). Predicting the success of minority students in a baccalaureate nursing program. Journal of Nursing Education, 25(5), 186-191.

Burris, B. M. (1987, October). Reaching educationally disadvantaged students. American Journal of Nursing, 1359-1360.

Campbell, A. R., & Dickson, C. J. (1996). Predicting student success: A 10-year review using integrative review and meta-analysis. Journal of Professional Nursing, 12(1), 47-59.

Carnegie, M. E. (1991). The path we tread: Blacks in nursing, 1854-1990. New York: National League for Nursing Press.

Christoffel, P. (1986, October). Minority student access and retention: A review. Research Development Update, 34.

Claerbaut, D. (1978). Expansionist trends in health care and the role of minority students: A challenge for nursing education. Journal of Nursing Education, 17(4), 42-47.

Clewell, B. C., & Ficklen, M. S. (1986). Improving minority retention in higher education: A search for effective institutional practices. Princeton, NJ: Educational Testing Service.

Courage, M. M., & Godbey, K. L. (1992). Student retention: Policies and services to enhance persistence to graduation. Nurse Educator, 17(2), 29-32.

Courage, M. M., & Godbey, K. L. (1992). Student retention: Policies and services to enhance persistence to graduation. Nurse Educator, 17(2), 29-32.

Crow, S. S. (1993). Forming effective community partnerships: Oklahoma. In U.S. Department of Health & Human Services, Division of Nursing et al. (Ed.), Nurse leadership. Caring for the emerging majority: Empowering nurses through partnerships and coalitions. '93 invitational congress (pp. 49-55). Washington, DC: U.S. Department of Health & Human Services, Publication Division.

Culbert, A. J., Blaustein, E. H., & Sandson, J. I. (1982). Special report: The modular medical integrated curriculum, an innovation in medical education. New England Journal of Medicine, 306, 1502-1504.

Deloughery, G. L. (Ed.). (1995). Issues and trends in nursing (2nd ed.). St. Louis, MO: Mosby.

de la Luz Reyes, M., & Halcon, J. (1988, August). Racism in academia: The old wolf revisited. Harvard Educational Review, 58, 289-313.

deTornyay, R. (1993, June). Nursing education: Staying on track. Nursing & Health Care, 14(6), 302-306.

Dowaliby, F. J., Garrison, W. M., & Dagel, D. (1993). The student integration survey: Development of an early alert assessment and reporting system. Research in Higher Education, 34(4), 513-531.

Drice, A. D., & Williams, B. S. (1978). The influence of academic support programs on retention of minority nursing students 1971-1974: A descriptive study. Journal of Nursing Education, 17(3), 22-35.

Droes, N. S., Hatton, D. C., & Kramer, M. (1993, January/February). Effects of a participative intervention on high school students' image and valuation of nursing. Journal of Professional Nursing, 9(1), 41-49.

Dumas, R. G. (1993, June). An immodest proposal. Nursing & Health Care, 14(6), 308-312.

Elden, M. (1981). Sharing the research work: Participative research and its role demands. In P. Reason & J. Rowan (Eds.), Human inquiry: A resource book of new paradigm research (pp. 253-266). New York: John Wiley & Sons.

Fahy, E. T. (1993). Ad astra per aspera. Nursing & Health Care, 14(5), 227-228.

Fahy, E. T. (1994). Attention, attention must be paid. Nursing & Health Care, 15(1), 3.

Feldbaum, E. G., & Levitt, M. J. (1980). Nurses and the educational process: A report to nurse educators. College Park: University of Maryland.

Feldman, M. J. (1993). Factors associated with one-year retention in a community college. Research in Higher Education, 43(4), 503-520.

Femea, P., Gaines, C., Brathwaite, D., & Abdur-Rahman, V. (1994, Summer). Sociodemographic and academic characteristics of linguistically diverse nursing students in a baccalaureate degree nursing program. Journal of Multicultural Nursing, 1(1), 6-10.

Fleming, J. (1984). Blacks in college: A comparative study of students' success in black and white institutions. San Francisco, CA: Jossey-Bass.

Fleming, J. W. (1995, February/March). Balancing the scales of opportunity in health care: Assuring racial and ethnic diversity in the health professions. Healthcare Trends & Transitions, 6(4), 24-32.

Giger, J. N., & Davidhizer, R. E. (1995). Transcultural nursing: Assessment and intervention (2nd ed.). St. Louis, MO: Mosby.

Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago, IL: Aldine.

Glesne, C., & Peshkin, A. (1992). Becoming qualitative researchers: An introduction. White Plains, NY: Longman.

Gosman, E. (1983). Predicting student success: The influence of race and other student and institutional characteristics in college student performance. Research in Higher Education, 18, 209-237.

Graham, S. (1994, Spring). Motivation in African Americans. Review of Educational Research, 64(1), 55-117.

Green, K. C. (1987). The educational pipeline in nursing. Journal of Professional Nursing, 3(4), 247-257.

Greer, D. B. (1995, March/April). Minority underrepresentation in nursing: Socioeconomic and political effects. ABNF Journal, 6(2), 44-46.

Group, T. M. (1984). Recruitment and retention of disadvantaged students in baccalaureate nursing programs: Perspectives from a private university. Journal of the New York State Nursing Association, 15(2), 25-28.

Hansen, G. (1988). Student retention in associate degree nursing education. In Nursing shortage: Strategies for practice and education (Report of the National Invitational Workshop). Washington, DC: U.S. Department of Health & Human Services, Publication Division.

Henry, W. A. (1990, April). Beyond the melting pot. Time, pp. 28-31.

Heydman, A. (1990). Retention/attrition of nursing students: Emphasis on disadvantaged and minority students. In P. A. Baj & G. M. Clayton (Eds.), Review of research in nursing education (pp. 1-29). New York: National League for Nursing.

Higgs, Z. (1984). Predicting success in nursing: From prototype to pragmatics. Western Journal of Nursing, 6, 77-93.

Hines, D. C. (1989). Black women in white: Racial conflict and cooperation in the nursing profession, 1890-1950. Bloomington: Indiana University Press.

Hudepohl, N. C., & Reed, S. B. (1984). High-risk nursing students, part 2: Establishing a student retention program. Nurse Educator, 9(3), 19-24.

Jones, S. H. (1992, March/April). Improving retention and graduation rates for black students in nursing education: A developmental model. Nursing Outlook, 40(2), 78-85.

July, F. M. (1994, November/December). Marketing, recruiting and retaining African American baccalaureate nursing students. ABNF Journal, 5(6), 164-167.

Kelly, N., Shoemaker, M., & Steele, T. (1996). The experience of being a male nurse. Journal of Nursing Education, 35(4), 170-174.

Kulwicki, A., & Bolonik, B. J. (1996, Summer). Assessment of level of comfort in providing multicultural nursing care by baccalaureate nursing students. Journal of Cultural Diversity, 3(2), 40-45.

Lancy, D. F. (1993). Qualitative research in education: An introduction to the major traditions. New York: Longman.

Lang, M., & Ford, C. A. (1988). Black student retention in higher education. Springfield, IL: Charles C. Thomas.

Lincoln, Y. S. (1990). Toward a categorical imperative for qualitative research. In E. Eisner & A. Peshkin (Eds.), Qualitative inquiry in education: The continuing debate (pp. 277-295). New York: Teachers College Press.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lunneborg, C., & Lunneborg, P. (1986). Beyond prediction: The challenge of minority achievement in higher education. Journal of Multicultural Counseling and Development, 14(2), 77-84.

Madrid, A. (1988). Diversity and its contents. Speech given to the National Conference of the American Association of Higher Education, San Antonio, TX.

Manuel, P., & Alster, K. (1994). Unlicensed personnel: No cure for an ailing health care system. Nursing & Health Care, 15(1), 18-21.

Marshall, C., & Rossman, G. B. (1989). Designing qualitative research. Newbury Park, CA: Sage.

Memmer, M. K., & Worth, C. C. (1991). Retention of English as a second language (ESL) students: Approaches used by California's 21 generic baccalaureate nursing programs. Journal of Nursing Education, 30(9), 389-396.

Morgan, B. (1994, April). Fact sheet. Unpublished document, City College School of Nursing, New York, NY.

Munday, L., & Hoty, D. (1975). Predicting academic success for nursing students. Nursing Research, 14(6), 341-344.

Mundinger, M. O. (1994). Health care reform: Will nursing respond? Nursing & Health Care, 15(1), 28-33.

Munhall, P. L., & Boyd, C. O. (1993). Nursing research: A qualitative perspective (Publication No. 19-2535). New York: National League for Nursing Press.

Munhall, P. L., & Oiler, C. J. (1986). Nursing research: A qualitative perspective. Norwalk, CT: Appleton-Century-Crofts.

Munro, B. H. (1980). Dropouts from nursing education. Nursing Research, 29(6), 371-377.

Munro, B. H. (1981, Summer). Dropouts from higher education: Path analysis of a national sample. American Educational Research Journal, 18(2), 133-141.

National League for Nursing. (1995). State-approved schools of nursing--RN (NLN Publication No. 19-2689). New York: Author.

Nelson, S. L. (1994). Applying crisis intervention methodology to the retention of students: A case study. ABNF Journal, 5(6), 161-163.

Noel, L., Levitz, R., & Saluri, D. (1987). Increasing student retention. San Francisco, CA: Jossey-Bass.

Pascarella, E. T., & Chapman, D. W. (1983a). A multi-institutional path validation of Tinto's model of college withdrawal. American Educational Research Journal, 20, 87-102.

Pascarella, E. T., & Chapman, D. W. (1983b). Validation of a theoretical model of college withdrawal: Interaction effects in a multi-institutional sample. Research in Higher Education, 19(1), 25-48.

Pascarella, E. T., & Terenzini, P. T. (1979). Interaction effects in Spady's and Tinto's conceptual model of college drop out. Sociology of Education, 52, 197-210.

Pascarella, E. T., & Terenzini, P. T. (1991). How college affects students: Findings and insights from twenty years of research. San Francisco, CA: Jossey-Bass.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Newbury Park, CA: Sage.

Pennington, D. A. (1984). RAIN: A successful effort in the retention of educationally disadvantaged students. New York State Nursing Association, 15(2), 29-33.

Perkins, J. L., Bennett, D. N., & Dorman, R. E. (1993). Why men choose nursing. Nursing & Health care, 14(1), 34-38.

PEW Health Foundations Commission. (1993). Practitioner competencies for 2005. San Diego, CA: Council on Licensure & Regulation.

PEW Health Foundations Commission. (1995). Critical challenges: Revitalizing the health professions for the 21st century. San Diego, CA: Author.

Polit, D. F., & Hungler, B. P. (1991). Nursing research: Principles and methods (4th ed.). Philadelphia, PA: Lippincott.

Powell, D. L. (1992). The recruitment and retention of African-American nurses: An analysis of current data. Journal of the National Black Nurses Association, 6(1), 3-12.

Reed, S. B., & Hudepohl, N. C. (1985). High-risk students, part 3: Evaluating a student retention program. Nurse Educator, 10(5), 32-38.

Richardson, R. C., & de los Santos, A. (1988). Ten principles for good institutional practices: Removing race and ethnicity as a factor in college completion. Tempe: Arizona State University, National Center for Postsecondary Governance & Finance.

Richardson, R. C., Simmons, H., & de los Santos, A. G. (1987, May/June). Graduating minority students. Change, 5, 20-27.

Richardson, R. C., & Skinner, E. F. (1991). Achieving quality and diversity: Universities in a multicultural society. New York: Macmillan.

Rodgers, S. G. (1990). Retention of minority students on predominantly white campuses. Nurse Educator, 15(5), 36-39.

Rodriguez, L. (1992, December 5). Census: Hispanics will be largest minority group. Laredo Morning Times, p. 7A.

Rose, H. C., Jr. (1980). The relationship of educational orientation and academic and social integration to freshman attrition. Unpublished doctoral dissertation, University of Michigan.

Rosella, J. D., Regan-Kubinski, M. J., & Albrecht, S. A. (1994, May). The need for multicultural diversity among health professionals. Nursing & Health Care, 15(5), 242-246.

Rosenfeld, P. (1987). Nursing education in crisis--A look at retention and recruitment. Nursing & Health Care, 8(5), 283-286.

Rosenfeld, P. (1988). Measuring student retention: A national analysis. Nursing & Health Care, 9(4), 199-202.

Rowland, H. A. (1978). The nurses almanac. New York: Aspen Systems.

Saucier, B. L. (1994). Retention of nursing students: Intervention strategies. In L. R. Allen (Ed.), Review of research in nursing education, VI (pp. 107-126). New York: National League for Nursing.

Schwirian, P. M. (1978). Prediction of successful nursing performance: Part I and Part II. Hyattsville, MD: U.S. Department of Health, Education, & Welfare.

Sedlacek, W. E., & Brooks, G. C., Jr. (1976). Racism in American education: A model of change. Chicago, IL: Nelson Hall.

Sedlacek, W. E., & Webster, D. W. (1978). Admission and retention of minority students in large universities. Journal of College Student Personnel, 19(3), 242-248.

Sherrod, R. A., Harrison, R. L., Lowery, B. H., & Wood, F. O. (1992). Freshman baccalaureate nursing students' perceptions of their academic and nonacademic experiences: Implications for retention. Journal of Professional Nursing, 8(4), 203-208.

Simmons-Rami, J. (1992, Summer). Predicting nursing students' success on NCLEX-RN. ABNF Journal, 3(3), 67-71.

Stern, P. N. (1980). Grounded theory methodology: Its uses and processes. Image, 12(7), 20-23.

Stern, P. N., Allen, L. M., & Moxley, P. A. (1982). The nurse as grounded theorist: History, processes, and uses. Review Journal of Philosophy and Social Science, 7(14), 200-215.

Story, B. W. (1978). The I AM model for retention of minority nursing students. Nurse Educator, 3(6), 16-20.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research. Newbury Park, CA: Sage.

Streubert, H. J., & Carpenter, D. R. (1995). Qualitative research in nursing: Advancing the human imperative. Philadelphia, PA: Lippincott.

Sutton, L., & Claytor, K. (1992, Spring). Enhancing minority nursing student success through a comprehensive retention program. ABNF Journal, 3(2), 31-37.

Sward, K. (1984). Recruitment and retention of disadvantaged students in baccalaureate nursing programs. Journal of the New York State Nursing Association, 15(2), 9-16.

Taylor, C., Nahom, H., Loy, L., Horms, M., Berthold, J., & Wolfer, J. (1966). Selection and recruitment of nurses and nursing students. Salt Lake City: University of Utah Press.

Thurber, F., Hollingsworth, A., Brown, L., & Whitaker, S. (1989). The faculty advisor role: An imperative for student retention. Nurse Educator, 13(3), 27-29.

Tinto, V. (1975). Dropout from higher education: A theoretical synthesis of recent research. Review of Educational Research, 45(1), 89-125.

Tinto, V. (1987). Leaving college: Rethinking the causes and cures of student attrition. Chicago, IL: University of Chicago Press.

Upvall, M. J. (1996). Nursing education in the Navajo Nation. Nursing & Health Care, 17(5), 231-235.

Upvall, M. J. (1997). Nursing perspectives of American Indian healing strategies. Journal of Multicultural Nursing & Health, 3(1), 29-34.

U.S. Department of Commerce, Bureau of the Census. 1990 census. Washington, DC: U.S. Government Printing Office.

U.S. Department of Education. (1994). 1990-91 degrees, racial and ethnic groups: The department chair, 4(3), 13.

U.S. Department of Health & Human Services. (1990a). Closing the gap: Homicide, suicide, unintentional injuries and minorities (DHHS Publication No. 0-860-929). Washington, DC: U.S. Government Printing office.

U.S. Department of Health & Human Services. (1990b). Closing the gap: Infant mortality, low birth weight and minorities (DHHS Publication No. 0-860-934). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health & Human Services. (1990c). Health status of the disadvantaged (DHHS Publication No. HRS0P-DV 90-1). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health & Human Services. (1990d). Healthy people 2000. Washington, DC: Government Printing Office.

U.S. Department of Health & Human Services, Division of Nursing (Ed.). (1993a). Nurse leadership. Caring for the emerging majority: Empowering nurses through partnerships and coalitions. '93 invitational congress. Washington, DC: U.S. Department of Health & Human Services, Publication Division.

U.S. Department of Health & Human Services. (1993b). Toward equality of well-being: Strategies for improving minority health (DHHS, Office of Minority Health, Publication No. 93-50217). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health & Human Services, Health Resources & Services Administration, Bureau of Health Professions, Division of Nursing. (1994). The registered nurse population. Findings from the national sample survey of registered nurses. Washington, DC: Government Printing Office.

Villafuerte, A. (1996). Perceptions of foreign-born male students who selected baccalaureate nursing education in the United States. Journal of Cultural Diversity, 3(3), 90-97.

Watts, W. (1984). Professional nursing career program for disadvantaged students: Striving for professional achievement (SPAN). Journal of the New York State Nurses Association, 15(2), 34-42.

Werning, S. C. (1992, October). The challenge to make a difference: Minorities in health care today. Healthcare Trends & Transition, 4(1), 33-46.

West, C. (1993). Race matters. Boston: Beacon Press.

Wilkerson, J. M. (1996). The "C" word: A curriculum for the future. Nursing & Health Care: Perspectives on Community, 17(2), 72-77.

Williams, A., & Wold, J. L. (1996). Healthcare for the future: Caring for populations in alternative settings. Nurse Educator, 21(2), 23-26.

Wooley, A. S. (1987). Shortage fallout. Journal of Professional Nursing, 3, 75-76.