A CASE STUDY OF FACTORS LEADING TO STUDENT SUCCESS IN AN

ACCELERATED LICENSED PRACTICAL NURSE TO ASSOCIATE DEGREE

NURSING PROGRAM

by

Sherry T. Taylor

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Nurse to Associate Degree Nursing Program

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APPROVED BY:

LEONARD PARKER, Ed D, Chair   Date 3/27/12

REGINALD KIMBALL, Ed D, Committee   Date 3/27/12

STEVEN BISHOP, Ph D, Committee   Date 3/27/12

SCOTT WATSON, PhD, Professor and Associate Dean,
Advanced Programs School of Education   Date 3/27/12

ABSTRACT

Sherry T. Taylor. A CASY STUDY OF FACTORS LEADING TO STUDENT

SUCCESS IN AN ACCELERATED LICENSED PRACTICAL NURSE TO

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This case study attempted to discover and comprehend the relationship of students and

contributing factors of success, of one Licensed Practical Nurse (LPN) to Associate

Degree in Nursing (ADN) program, to formulate an understanding of which contributing

factors are most beneficial to enable students to persist to graduation and/or successfully

pass the national nursing licensure examination. Multiple methods of data collection

were used; a survey mailed to each of the 86 nursing graduates, three follow up focus

group interviews with six graduates per group, a focus group interview with four nursing

faculty, observation in classroom and clinical settings, and document analysis.

Participants interested in participating in the study gave voluntary consent by returning

the research consent form. The data gathered through the results of the survey,

interviews, observations, and document analysis provided a basis for determining the

noncognitive contributing factors possessed by the students and how these factors are

perceived, by the nursing graduate, as contributing to student success in the nursing

program and on the national nursing licensure examination.

Descriptors: Associate Degree in Nursing, Licensed Practical Nurse, nursing shortage,

nontraditional student, selective admission criteria, and Andragogy.

DEDICATION AND ACKNOWLEDGEMENT

I would like to thank my husband, Wayne Taylor, for his patience, encouragement, and continued faithfulness in my potential. I also wish to thank my parents, Shirley and Gene Winfree, for their unceasing belief in me that I am capable of accomplishing whatever it is that I want to achieve. Finally, I must thank my daughter, Amber Sholes, and my two wonderful grandchildren, Braeden and Lily Sholes, for providing me with the inspiration to want them to always know that dreams are possible, if you work hard enough.

I would also like to thank my dissertation committee chair, Dr. Leonard Parker, for his advice and motivation throughout the completion of this work. I also want to express my gratitude to the remaining members of my committee for their comments and input: Dr. Reginald Kimball and Dr. Steven Bishop. I would also like to extend my appreciation for my research consultant, Dr. Russell Yocum, and his thoughts, ideas and insights.

Of course, I need to express my appreciation to the faculty, graduates, and staff that assisted me by providing their time, thoughtful responses and data for this research study.

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List of Abbreviations

ACT – American College Test

ADN – Associate Degree in Nursing

ATI – Assessment Technologies Institute

BSN – Bachelor of Science in Nursing

GPA – Grade Point Average

HESI – Health and Environmental Sciences Institute

LPN – Licensed Practical Nurse

NCLEX-RN – National Council Licensure Examination – Registered Nurse

QSEN – Quality and Safety Education for Nurses

RN – Registered Nurse

SAT – Scholastic Aptitude Test

TEAS – Test of Essential Academic Skills

UK – United Kingdom

UNSASS – Undergraduate Nursing Students' Academic Satisfaction Survey

CHAPTER ONE: INTRODUCTION

Background

There are two nursing licensure levels available in the United States; Licensed Practical Nursing and Registered Nursing. The legal guidelines for each level of nursing practice are defined by the individual state boards of nursing. Licensed Practical Nursing (LPN) is defined as those nurses that "are able to perform nursing acts only under the direction of a person licensed by a state regulatory board to prescribe medication and treatments or under the direction of a registered professional nurse (RN)" (Missouri Division of Professional Registration, 2007). The Registered Nurse is defined as able to "perform for compensation of any act which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including, but not limited to supervision of others (Missouri Division of Professional Registration, 2009). In the health care setting, the RN supervises the LPN, as well as other members of the health care team, when providing care for patients.

In order to be granted permission to take the national nursing licensure examination and obtain licensure at either level of nursing, it is a requirement that the student graduate from a state board of nursing approved nursing program. Generally a practical nursing program is one year in length and the graduate is awarded a certification upon completion. A student desiring to become a Registered Nurse must successfully pass a licensure examination after completing one of three types of nursing programs: an Associate Degree in Nursing Program (ADN) is generally based in the community

college setting and is two years in length, a Diploma Program is usually hospital-based and is two to three years in length, and a Bachelor's Degree in Nursing (BSN) is usually based in the university setting and is four years in length (American Association of Colleges of Nursing, 2010). The ADN programs have a significant effect on the health care workforce because this level of nursing education programs are the most commonly reported initial nursing education of Registered Nurses in the United States representing 45.5% of nurses (HRSA, 2010).

For the LPN that would like to advance his or her nursing career, acquiring a license as a Registered Nurse is the level of nursing education desirable. A specific nursing educational path has been provided for the LPN to acquire his or her Associate Degree in Nursing; the accelerated LPN to ADN programs. The traditional ADN programs generally consist of a two year nursing curriculum, which is shorter in length when compared to the Baccalaureate and Diploma nursing programs. Though the LPN to ADN curriculum is even more condensed and is usually nine to twelve months in length. This shorter length of a nursing education has the potential to graduate more nurses in a succinct period of time.

The nurse is responsible for a majority of the patient care delivered upon entering the health care setting; from monitoring vital signs, administering necessary medications, to analyzing the data to formulate life-saving critical thinking decisions. Nurses also provide a human face to what can sometimes be a cold and sterile environment. However, in recent years there has been a substantial shortage of nurses in the health care industry. The nursing shortage in the United States is projected to grow to 260,000 registered nurses needed by 2025 (AACN, 2009).

The shortage of well-educated nurses has been part of the nation's health care conversation, with policy leaders, as well as, President Obama, noting the essential role nurses play in ensuring patient safety. The President called nurses "the bedrock" of health care (Carnegie Foundation, 2010, January). As a result, the Carnegie Foundation for the Advancement of Teaching is calling for changes in how we educate nurses. Various recommendations were made by the foundation to promote the retention and success of nursing students; introduce pre-nursing students to nursing early in their education, broaden clinical experience, develop diverse teaching methods, and vary the means of student assessment (Benner, Sutphen, Leonard, & Day, 2009).

The need to reexamine how nursing students are educated is emphasized by both federal and state entities. Missouri Governor Jay Nixon launched the "Training for Tomorrow Grant" early in 2010. The "Training for Tomorrow Grant" is designed to educate Missourians for careers in high-demand fields. While increasing the number of new nursing programs and adding additional slots to existing nursing programs, can have the potential to increase the number of students successfully completing a nursing program and then entering the nursing profession, further examination of the factors that promote student success or failure on the national licensure nursing exam must also be explored as a method to relieve the nursing shortage.

There are many academic contributing factors that may predict the student's successful completion of the nursing program and passage of the national nursing licensure examination. Studies have cited grades in prerequisite science and math courses, scores on standardized admission tests, grades in nursing courses, and grade point average as predictive factors of student success (Gilmore, 2008; Higgins, 2005;

Hopkins, 2008; Rogers, 2010; Rooyen, Dixon, Dixon, & Wells, 2006; Tipton et al., 2008; Wharrad, Chapple, & Price, 2003). These factors for success are applied to students completing the three levels of nursing; ADN, Diploma, or BSN.

Other contributing factors that affect student success, as identified by the nursing student, have not been given the level of research attention. Few studies have been conducted to research the noncognitive factors that have an impact on student success, such as holding a job, raising children while attending nursing school, or having financial concerns that make it difficult to pay for schooling, books, and living expenses (Eddy & Epeneter, 2002).

Problem Statement

The problem statement can be described as multifactorial. First, the high rate of nursing student attrition is alarming (Wells, 2003; Newton & Moore 2009; Last & Fulbrook, 2003; Jefferys, 2007; McLaughlin, Muldoon, & Moutray, 2010). Over the last 20 years, drop-out rates for nursing students have remained at around 15%-20% (Coakley, 1997; Glossop, 2002; Urwin et al., 2010). In order to select the most qualified students to admit into the nursing program, most nursing programs have a selective admission process to ensure that the accepted students are the most qualified and have met various stringent admission criteria; admission examinations, interviews, professional references, higher grade point average, or completion of prerequisite courses. The percentage of nursing programs that are highly selective on admission, a designation earned by those programs that accept fewer than half of all applicants, remains very high, with 62 percent of ADN programs falling into this category

(Kaufman, 2010). Despite the use of selective admission criteria, the nursing student attrition remains elevated and a concern for nursing program faculty and administration.

Second, a problem has been identified in the higher rate of failure for the Associate Degree in Nursing (ADN) students on the national licensure examination, as compared to the Baccalaureate and Diploma nursing program graduates. A review of the national licensure examination passage rates, of the ADN graduates, range from 78.2% to 89.18% over the last three years. This national licensure examination pass rate averages 3-4% lower when compared to the first-time test takers of the Baccalaureate and Diploma nursing programs (National Council of State Boards of Nursing, 2010). The lower pass rate from ADN graduates on the national licensure exam is a trend that can be noted since the early 1990's, when the licensure data, for the differentiating nursing programs, first began being collected (National Council of State Boards of Nursing, 2010). This lower pass rate of nursing students on the licensure examination is not effective in relieving the nursing shortage.

The higher nursing licensure examination failure rate of the ADN graduate, when compared to the other levels of professional nursing graduates, the increase in nursing student attrition, and the increase in the level of the selective admission criteria of students entering the ADN programs further intensifies the need to identify which program and personal factors can increase the incidence of accepting students into nursing programs that can be successful in both the nursing program and on the national nursing licensure examination.

Purpose Statement

Nursing programs are held accountable for their national licensure examination rates by accrediting and approval agencies, college administration, nursing students, and the health care community. The purpose of this qualitative case study is to provide options for program policies, for either the traditional ADN or the LPN to ADN programs, regarding the factors that may increase the potential of student success on the national nursing licensure examination and reduce student attrition rates.

Consistent student success on the national nursing licensure examination is not evident in the generic two year comprehensive ADN programs or the LPN to ADN continuation programs (National Council of State Boards of Nursing, 2010). The decreased level of success on the national nursing licensure examination is revealed in the review of national licensure examination pass rates. This case study will explore the factors, identified by nursing graduates and nursing faculty, of a new LPN to ADN program whose graduates have demonstrated consistent success on the licensure examination above the national mean. The results of the study can be used as a framework to compare other ADN program characteristics to measure the potential for student success and student achievement on the national nursing licensure exam. The increase in student success on the national nursing licensure exam will increase the numbers of nurses entering the workforce and have the potential of decreasing the nursing shortage for the local geographic area. The perception of factors that contribute to students success will be measured from multiple perspectives; survey sent to all graduated nursing students, focus groups of graduated students, a focus group of full and

part-time nursing faculty, direct observation of both classroom and clinical settings, and document analysis.

Significance of the Study

The significance of this case study strives to provide the information and framework that would give both the accelerated LPN to ADN programs and the traditional ADN programs guidance on which program and personal factors have been reported to promote student success in the nursing program and on the national licensure nursing exam. The contribution of this study will influence the fields of nursing education and the nursing profession. By increasing retention and success of the nursing student, there will be more nurses entering the profession and providing an avenue of relief for the nursing shortage. The results of this study will also benefit the nursing programs in the state of Missouri, specifically. There are 12 ADN programs in the state of Missouri that have received, over the past five years, at least one instance of a national licensure nursing examination passage rate of less than 80%, which is below the accepted rate designated by the Missouri State Board of Nursing (MSBN, 2009). The ADN program, that is the subject of this qualitative case study, is only in the fourth year of existence, but has had a national nursing licensure examination pass rate higher than the minimum established by the Missouri State Board of Nursing, for each graduating cohort (MSBN, 2009). While there is always areas of improvement that will need to be implemented in a new nursing program, highlighting components of the program that students and faculty attribute to student success, will benefit the current nursing program and nursing programs of similar design.

Research Questions

This study is guided by the following research questions:

1. Which program factors, reported by graduates and nursing faculty may help

students be successful in the LPN to ADN program?

2. Which personal factors, reported by graduates and nursing faculty may help

students be successful in the LPN to ADN program?

3. What recommendations do graduates and nursing faculty have for impacting

students' chances of success in the LPN to ADN program?

4. What differences or similarities are evident between what the graduates and

nursing faculty each believe contribute to success in the LPN to ADN program?

Limitations and Delimitations

Limitations. This qualitative case study will have limitations with the ethical

composition of the student cohort and nursing faculty represented in the study. The local

geographic area of the study is largely composed of Caucasian representation and the

student cohort and nursing faculty resembles this lack of ethnic diversity. The

participants of the study that will be interviewed will include graduated students and

nursing faculty. The literature reviewed was primarily related to success of the generic

Associate Degree in Nursing and Baccalaureate Nursing student, and only a minuscule

amount of research pertained to the LPN to ADN student.

Delimitations. This qualitative case study will include the nursing students from

only one LPN to ADN program in Missouri, in order to provide a condensed focus for the

study.

Research Plan

       The research plan is a case study design that will use multiple methods of assessment; a survey that will be sent to all 86 nursing graduates via email or postal mail, interview with three focus groups of graduated students, a focus group interview with the five current nursing faculty, observation of classroom and clinical activities, and student academic document analysis. The online survey web link will be sent to all students that have graduated in the program's first three student cohorts via their personal email address provided on their program entrance application. If there is no current email address available for the graduate, the survey will be sent to the graduate by postal mail to the address listed on their academic file. The survey will consist of 62 five-point Likert scale questions with options ranging from strongly agree to strongly disagree. This survey will assess the student's perception of the factors that promote student success in the nursing program and on the licensure examination. The online survey will be delivered in Survey Monkey, an online survey tool. Using Survey Monkey will allow easy, anonymous analysis of the data received. If needed, the printed survey will be sent by postal mail.

       The focus group interview process will include three focus groups, with six graduated students per focus group, which are distributed evenly from all three of the previously graduated nursing cohorts. Focus groups typically consist of six to 12 people (Ary, Jacobs, Razavieh, & Sorensen, 2006). The particular topics of the focus groups will be derived from the coded responses received back from the survey. The focus groups will assist the researcher to gain insight into how the participants are thinking and why they are thinking as they do (Ary, et. al., 2006).

A direct observation of a classroom and clinical experience, and the relationship between the nursing faculty and students in their natural setting will be recorded in notes. Because it is not possible to collect data on everything that happens, the investigator must decide before-hand which behaviors to record (Ary, el. al., 2006). I will observe for cooperative behaviors between the students and nursing faculty. Behaviors between nursing faculty and students that can be described as promoting a positive, supportive nursing education experience will be documented and categorized.

To provide a final objective method of review and data comparison, student academic files, of all of the students that have graduated in the three previous nursing cohorts, will be examined for admission essays, faculty consultation forms, attendance records, and clinical evaluations. A comparison of student and faculty perceptions of the factors that they feel lead to success in an LPN to ADN program, and any relationship to objective data will be correlated.

Case studies provide an in-depth description of a specific unit that may be selected because it is unique or typical. The LPN to ADN program in focus is unique based on the level of success of the graduates on the national nursing licensure examination, when compared to other LPN to ADN or traditional ADN programs in the state area. Case studies are anchored in real life and can provide rich detailed accounts of phenomena. The case study also involves the study of an issue explored through one or more cases within a bounded system (Creswell, 2007). A qualitative case study approach will allow me to examine the program and personal factors of an LPN to ADN program, which contribute to student success, by isolating one particular student population.

CHAPTER TWO: LITERATURE REVIEW

Introduction

The need for more successful nursing graduates is reinforced by the nations'
current nursing shortage and the anticipated increase in the need for health care, as the
current nurses retire and the baby-boomer population ages. Understanding which factors
might promote student accomplishment in a nursing program and on the national nursing
licensure examination is valuable information to nursing faculty, nursing program
administration and can influence program policy making. By understanding an in-depth
description of the factors that contribute to success as a student in an LPN to ADN
program, strategies can be enacted to enhance graduation rates, increase success on the
national nursing licensure examination, and create policies and requirements that relieve
the anticipated stressors of being a nursing student.

Conceptual or Theoretical Framework

The theory of adult learning, Andragogy, will be used to frame the student
experiences, thoughts, and phenomenon revealed in this qualitative study. By
understanding and applying the concepts needed to promote learning in the adult student,
the learning needs of the student will be met and the students will be propelled toward
success. Adults and children have different learning styles and distinctive needs that are
essential to be addressed in the educational setting. When the distinctive learning needs
are addressed by faculty, nursing program, and the learning environment, the students
will have the proper foundation to be a successful student. "Andragogy" is the term that
describes the education of adults and means that the instruction for adults needs to focus

more on the process and less on the content being taught (Knowles, 1980). Andragogy

was originally used in 1833, by Alexander Kapp, a German educator, who used the word

in a description of the educational theory of the Greek philosopher Plato, though Plato

never used the term himself (Knowles, 1978, p. 49.). The theory of Andragogy was then

developed by Knowles (1973) into a theory of adult education.

Knowles (1973) asserted that adults require certain conditions to learn.

According to Knowles (1973), andragogy is premised on at least four crucial assumptions

about the characteristics of adult learners that are different from the assumptions about

child learners on which traditional pedagogy is premised. Andragogy makes the

following assumptions about the design of learning: (1) Adults need to know why they

need to learn something, (2) Adults need to learn experientially, (3) Adults approach

learning as problem-solving, and (4) Adults learn best when the topic is of immediate

value (Knowles, 1980). A fifth assumption about the adult learner was later added; as a

person matures, the motivation to learn is internal (Knowles, 1984).

Andragogy means that instruction for adults needs to focus more on the process

and less on the content being taught. Strategies such as case studies, role playing,

simulations, and self-evaluation are most useful. Instructors adopt a role of facilitator or

resource rather than lecturer or grader (Knowles, 1980). The students and graduates of

the LPN to ADN program, in this qualitative study, are considered adult "nontraditional"

students. This designation is assigned because these students have already completed an

entry level of nursing education, resulting in licensure as a Practical Nurse, and are

students returning to college to further their nursing education.

A National Center for Educational Statistics study examined the characteristics of nontraditional student status in postsecondary education and identified nontraditional students as having specific criteria for enrollment, financial status, work responsibilities, and family commitments that make these students differ from the traditional student designation (Institute of Education Science, 2002). In the study, guided by the National Center for Educational Statistics, various characteristics are specific to the nontraditional student: works fulltime while enrolled, considered financially independent, has dependents other than spouse, or delays enrollment after graduating from high school (Institute of Education Science, 2002). The designation as a nontraditional student would allow the nursing students to be classified as adults and therefore, learn according to Andragogy. The principles of adult learning theory must be incorporated into the teaching of LPN to ADN nursing students, in order to provide for their distinctive learning requirements.

Research questions will be framed around this conceptual framework and assess the student and faculty perceptions regarding the factors that influence student success in a LPN to ADN education program. Understanding the issue of student success and whether the students feel the nursing program met their needs for adult education, based on the theory of Andragogy, will be explored in depth through multiple sources of data collection.

Review of the Literature

Nursing workforce crisis. Between the current day in time and the year 2020, the U.S. health care system will face many challenges in order to meet the enhanced demands for health care for the aging population. One of these challenges is to supply

the increased numbers of educated professional nurses required to meet the health care needs of this aging population. One federal estimate has the gap between the supply and demand for professional nurses being as great as 800,000 over the next 15 years (O'Neil, 2005). This nursing shortage is not isolated to one area of the country over another. The number of states with a nursing shortage is expected to grow from 30 states in 2000 to 40 states in 2020, which will be about 808,000 fewer nurses than what is needed (HRSA, 2002).

The nursing shortage is expected to intensify as the Baby Boomer population ages, the economy improves, and many of the current members of the nursing workforce retire. It is expected that the Baby Boomer generation will begin to turn 65 in 2011, and by 2030 it is projected that one in five persons will be the age 65 or older, which comprises 20% of the population (Federal Interagency Forum on Aging Related Statistics, 2000). To further multiply the effects of the nursing shortage, the annual admissions to nursing programs fell by 2% in 2008, which is the first time in at least six years (Kaufman, 2010).

Given the fluctuations in the economy, it is challenging to accurately predict how long the nation will take to recover and exactly when prior nursing workforce patterns may reemerge. It is known that the current Baby Boomers are entering their retirement years and in addition, the nursing workforce is aging rapidly. The average age of the Registered Nurse reached an all-time high in 2004 at 46.8 years of age. This is a significant increase and represents that 41% of the Registered Nurses in the workforce are over the age of 50 (HRSA, 2004). It was projected that if current trends continue the United States will be short 275,000 nurses by the year 2010, and that the nation will need

to educate about 1.1 million new nurses by 2012, almost half the size of today's nursing workforce (Hecker, 2004). According to the U.S. Bureau of Labor Statistics (2009), employment of Registered Nurses is expected to grow by 22 percent from 2008 to 2018, much faster than the average for all occupations and, because the occupation is very large, 581,500 new jobs will result. Even considering only the smaller projection of vacancies, this shortage still results in a critical gap in nursing service, essentially three times the 2001 nursing shortage (Americans for Nursing Shortage Relief Alliance, 2010).

The urgency to fill the vacancies in careers in high-demand is also felt locally. Missouri Governor Jay Nixon launched the "Training for Tomorrow Grant" early in 2010. The "Training for Tomorrow Grant" is designed to educate Missourians for careers in high-demand fields (Office of Missouri Governor, 2010). These grants will also help community colleges create or expand training programs to serve additional students. Through discussions with business leaders, the community colleges identified a pressing need for additional trained workers with specific skills; this includes nurses (Office of Missouri Governor, 2010). The impact of the nursing shortage is experienced both nationally and locally.

Due to the national and local nursing shortage, the advancing age of practicing nurses, and an increasing age of the population, it is crucial to understand the lived experiences of the LPN to ADN student and what factors attribute to successful program completion and passing the national nursing licensure examination. This greater understanding will alleviate some of the constraints of the nursing shortage by increasing the numbers of nurses entering the profession.

Measurement of nursing student success. Professional nurses are termed "Registered Nurses" and are required to complete a substantial specialized education, and possess a high level of judgment and skill based on knowledge and the application of principles derived from the biological, physical, social and nursing sciences (Missouri Division of Professional Registration, 2009). An applicant desiring to be a Registered Nurse can do so by applying to a four year BSN program, a three year diploma program, a two year ADN program, or by completing a one year Practical Nursing program and then completing an LPN to ADN program that usually consists of two additional nursing curriculum semesters (U.S. Bureau of Labor Statistics, 2009).

Successful completion of a nursing program is the first step in becoming a Registered Nurse. However, nursing graduates are then required to successfully pass the exam termed the National Council Licensure Examination for Registered Nursing (NCLEX-RN) to be licensed and employed as a Registered Nurse (NCSBN, 2010). National Council of State Boards of Nursing has developed this licensure examination used by the state boards of nursing to test the entry-level nursing competence of candidates for licensure as Registered Nurses. Every state board of nursing requires each approved program of nursing to maintain a certain percentage of success for licensure examination performance for all first-time applicants. The percentage of successful students on the licensure exam is traditionally considered the ultimate measurement of the nursing program's achievements and nursing student success.

Due to the shortage of nurses in the health care industry, colleges offering nursing programs are beginning to pay more attention to attrition and the factors that contribute to student success. The factors that contribute to student success are being applied to all

nursing students in general, and a diminutive amount of data has been applied to the student in an accelerated LPN to ADN program and their predictability for success.

The need for nursing programs to achieve a certain level of success on the national nursing licensure examination creates the urgency for nursing programs to implement admission selection criteria. This criteria is implemented to admit the utmost qualified applicants, thus to increase the likelihood of generating successful nursing graduates. The selective admission criterion that recognizes the pre-admission indicators of student success will ultimately decrease student attrition and increase the number of students successfully passing the NCLEX-RN and thus improve the number of nurses entering the profession of nursing and alleviate the nursing shortage (Newton, Smith & Moore, 2007).

Evaluation of the selective admission criteria that predicts successful students could potentially result in lower attrition rates, higher graduation rates, increase the rate of success on the national nursing licensure examination, and ultimately an increase in the number of nurses entering the nursing workforce. Evaluation of the student demographics, academic preparation, responsibilities, support system, student motivation, financial resources, and institutional commitment to the student may also predict the potential of student success in the nursing program.

Student demographics attributing to success. The student demographic contributing factors that impact student success that are mentioned most often in the literature review include age, race, and gender. Research investigating the role of these specific demographic characteristics of the nursing students in relation to program completion and NCLEX-RN performance has yielded varied results.

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Age. Research indicates that age has inconsistent results in the ability to predict student success (Ali & Naylor, 2010). Students who enroll in accelerated nursing programs tend to be older than traditional nursing students. The reported mean age of the students enrolled in accelerated nursing programs ranges from 28 to 40 years of age (Howard-Ruben, 2002). Lamm and McDaniel (2000) found age to be the strongest demographic predictor of success in baccalaureate students. Age as the predicting factor for success in the nursing courses or NCLEX-RN success was also exposed (Daley, Kirkpatrick, Frazier, Chung & Moser, 2003; Esper, 2009; Pryjmachuk, Easton, & Littlewood, 2009; Timer & Clauson, 2010; McCarey, Barr, & Rattray, 2007; Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008). The predictability of using a student's age to predict their success in the community college setting was also established. Kostecki and Bers (2008) cited that in the community college setting, older students had higher course success rates and were more likely to return in spring than younger students. Using the student's age to predict academic success may be reflective if used in the baccalaureate or general community college settings.

The use of age as a predictor of academic success is not always as evident in all research. Age has been found to not always be a predictor of first-time NCLEX-RN pass rates (Giddens & Gloeckner, 2005; Landry, Davis, Alameida, Prive, & Renwanz-Boyle, 2010; Korvick, Wisener, Loftis, & Williamson, 2008; Peterson, 2009). The inconsistency of whether age is a predictor of student success appears across all levels of nursing education. With this inconsistency in results of age as a predictor of student success, further examination of the other demographic contributing factors in relationship to the student's age may be an even better predictor of student success.

Race. Studies have also shown that the ethnic background of the student may also impact student persistence and success. Minority students, in the suburbs of a major metropolitan community college setting, were studied and were reported to be less likely to succeed than white students or those with unknown ethnicity (Kostecki & Bers, 2008). There has also been reported a significant difference in NCLEX-RN failure rates among the diverse ethnicities. A sample population of 368 undergraduate nursing students, who had graduated from a nursing school in southwestern United States, was analyzed. In this research study, the failure rate of African American students was significantly higher than that of Caucasian students. Similar results have also noted that ethnicity is a predictor of program completion and NCLEX-RN success and that failure rates for African American students are significantly higher than for white students (Landry, Davis, Alameida, Prive, & Renwanz-Boyle, 2010; Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008). Caucasian students also passed at a significantly higher rate than Asian students (Haas, Nugent, & Rule, 2004; Sayles, Shelton, & Powell, 2003).

Amaro, Abriam-Yago, and Yoder (2006) identified obstacles that many ethnically diverse students in college face: lack of finances, insufficient time to do what needed to be done to complete the academic program, family responsibilities, and language difficulties. With the various obstacles that are encountered in the college setting by minority students, it can be understood that ethnicity is a statistically different variable between students who were successful on the NCLEX-RN and those who were not (Daley, Kirkpatrick, Frazier, Chung & Moser, 2003; Alameida et al., 2011; Timer & Clauson, 2010).

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Gender. Using gender as a predictive factor for student success in a nursing program and on the NCLEX-RN has also received mixed results. In a community college setting in a major metropolitan area, research revealed that female students had a higher grade point average and higher rates of course success than male students (Kostecki & Bers, 2008). This same decreased level of academic progress is also reflected in decreased success on the NCLEX-RN. Nursing students, in an upper-division program, were reviewed to predict their ability of success on the NCLEX-RN. It was reported that men failed the examination at a significantly higher rate than women (Haas, Nugent, & Rule, 2004). The role of gender in influencing first-time NCLEX-RN success is not understood. Gender did affect nursing program success and NCLEX-RN pass rates, with men failing the examination at a significantly higher rate than women (Sayles, Shelton, & Powell, 2003; Ali & Naylor, 2010; Timer & Clauson, 2010; Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008).

While numerous research reports that men have higher failure rates on the NCLEX-RN, there were also several studies located that reported no correlation between gender and success on the NCLEX-RN or academic success. A sample of 66 first semester baccalaureate nursing students were investigated and factors reflecting academic performance was measured using each student's grade point average on admission to the nursing program. The results revealed that neither age, gender, nor ethnicity were significantly correlated with academic success using the Pearson r correlation coefficient (Peterson, 2009). Several other studies also indicate that gender is not significantly different in students passing or failing the NCLEX-RN examination (Beeman & Waterhouse, 2001; Giddens & Gloeckner, 2005; Higgins, 2005; Beeson &

Kissling, 2001). In the nursing program, in the focus of this proposed research study, the

male students represent a range from 8% to 25% of the past three student cohort groups.

This percentage is substantially higher than the United States' national percentage of men

who are nurses at 5.8% (Department of Health and Human Services, 2009). Of the men

admitted into the nursing program of the proposed research study, only one male student

has not completed the nursing program and of the male students that graduated, all male

students have successfully passed the NCLEX-RN on the first-attempt.   This extreme

percentage of males completing this LPN to ADN program and successfully passing the

NCLEX-RX further magnifies the importance to study the factors of success for the

nursing students in this particular LPN to ADN program.

   Academic preparation attributing to success. The procedures used to select

nursing students will have an impact on the characteristics of the student population,

which in turn could influence attrition rates. The importance of entry qualifications in

predicting performance in the early part of a degree course has been reported in non-

nursing courses and a plethora of research has indicated that a positive correlation exists

between performance in science and success in the early part of the nursing course

(Moseley & Mead, 2008).

   A significant predictive admission variable that is used by nursing programs to

select students is the completion of biological science courses. Biological science

courses are core subjects in preparing prospective nurses to understand normal and

altered body functions to enable them to provide safe and effective nursing care. A

foundation in biological sciences is fundamental in nursing. The relationship of science

courses and successful completion of nursing school has been cited in multiple literature

findings (Yin & Burger, 2003; Potolsky, Cohen, & Saylor, 2003; Korvick, Wisener, Loftis, & Williamson, 2008; Uyehara, Magnussen, Itano, & Zhang, 2007; Campbell & Dickson, 1996; Endres, 1997; Roncoli, Lisanti, & Falcone, 2000; Ali & Naylor, 2010).

In a review of nursing student admission success, it was noted that in one particular study, approximately 60% of successful students had taken at least two courses in anatomy and physiology prior to admission into the nursing program. Seventy-eight percent of the unsuccessful nursing students had taken no more than one anatomy and physiology course (Lewis & Lewis, 2000). There was a significant correlation between the grades received in the prerequisite biological science courses, student retention in the nursing program, and success on the national licensure examination (Campbell & Dickson, 1996; Gilmore, 2008; Wong & Wong, 1999).

The relationship of biological science courses to success in a nursing program is also demonstrated world-wide. A quarter of student nurses across the UK drop out before the end of their course, costing more than £98 million per year and UK attrition was reported at 26.3% (Donaldson, McCallum, & Lafferty, 2010). A study undertaken in Ireland, also established that successful completion of biological science courses and the grade achieved in these courses significantly influenced the level of success in a first year nursing course (Rooyen, Dixon, Dixon, & Wells, 2006). A predictor of nursing program success is also influenced by not just the completion of the biological science courses, but also the grade received. The applicants that achieved a higher grade point average in the biological science courses increased their chances of being successful in a nursing program (Sayles, Shelton, & Powell, 2003).

Other academic prerequisite courses have demonstrated the ability to predict student success in the nursing program. The English course grade was influential in predicting the Nursing Fundamentals first semester course grade (Esper, 2009). Grades received in Introductory Psychology can also be positively related to success on the NCLEX-RN (Landry, Davis, Alameida, Prive, & Renwanz-Boyle, 2010). A sample of 325 students who graduated from an associate nursing program, those that passed the NCLEX-RN and those that did not, were investigated and a statistical higher difference was seen in the grade point average prior to nursing program admission, grade on introductory psychology, and average grades on natural sciences from those who passed the NCLEX-RN (Yin & Burger, 2003). Another possible approach to identify the prediction of NCLEX-RN success or failure would be to examine the grades earned in the nursing courses. Individual nursing courses found to be predictive of first-time NCLEX-RN success include psychiatric/mental health, pharmacology, and nursing fundamentals courses (Ukpabi, 2008). Studies have also identified a compelling relationship between a higher number of "Cs" in nursing courses and NCLEX-RN failure (Beeman & Waterhouse, 2001; Beeson & Kissling, 2001). The completion of academic prerequisite courses and the grades received in these courses may serve as a predictable component to reflect the potential for student success in the nursing program and on the NCLEX-RN (Ali & Naylor, 2010; Seldomridge & DiBartolo, 2004).

Another study explored the association between certain academic and non-academic factors and the academic success of the nursing students in the three-year diploma program. Preadmission qualifications were found to be significantly associated with the academic performance of the nursing students throughout their academic

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program. Consistent with other findings, previous academic performance was identified as predictive of academic success for nursing students. Students who scored higher in previous academic programs also performed better in the nursing diploma program (Ali & Naylor, 2010). In contrast, one inquiry was located that studied a group of four prerequisite nursing courses in an ADN program (Anatomy and Physiology, Psychology, Philosophy, and English) and found that achievement in these courses did not significantly influence graduation or licensure (Jefferys, 2007).

Selective admission criteria predictive of success. There are many types of standards used for selective admission criteria and these standards can fluctuate between the ADN programs and other levels of nursing education. The types of selective admission criteria may include prerequisite courses, admission examinations, grade point average, health care experience, admission essays, interviews, and dosage calculation exams (Three Rivers Community College, 2010; State Fair Community College, 2010; Texas County Technical College, 2010; & Jefferson College Bi-Level Program, 2010; Esper, 2009; Ehrenfeld & Tabak, 2000).

Not all selective admission criteria has been found to be predictive of student success. The combination of which selective admission criteria, that reflects the reliability to predict successful students, also remains unpredictable. For example, given the data of grade point average, mean essay score, and essay content, prediction of which students would complete a baccalaureate nursing program would still remain challenging. Grade point averages between the group of students who completed the baccalaureate program and those who dropped out were too close to identify them as a factor in determining completion of the program (Sadler, 2003). Conflicting research data may

reflect inconsistencies between methodologies and definitions, which can also vary between nursing programs.

   Prerequisite courses. The reliability of the prerequisite courses that will predict student success in a nursing program is not shared by all. A qualitative study of nursing program professors and students was assessed to explore which factors contribute to student success in the ADN program and on the NCLEX-RN. The participants were in strong agreement that no one factor guarantees success and that a combination of factors may play a different role among different students. None of the participants cited prerequisite academic achievement as an important factor although the document analysis revealed a heavy emphasis on academic achievement (Rogers, 2010). Emerging themes of success from this study fall into three major categories. The themes relate to student qualities and skill sets, collaboration with others, or the nursing curriculum (Rogers, 2010).

   The grades received in the prerequisite courses may also have an impact on student success (Ali & Naylor, 2010; Timer & Clauson, 2010). A longitudinal study of one Bachelor of Nursing course was carried out to determine the relationship between academic outcomes and pre-entry qualifications and to discuss the progress and success of students with conventional and non-conventional qualifications. The study identified that students who obtained a grade of an "A" in chemistry had a significant advantage over students with lower grades. They suggested that understanding chemistry to a higher level of standard provided important background knowledge necessary for understanding the biochemical aspects of the medical course (Wharrad, Chapple, & Price, 2003).

The ability of the applicant's achievement on basic science prerequisites to predict NCLEX-RN success has been supported by research studies. Seldomridge and DiBarolo (2004) found that the pathophysiology grade was a preadmission variable that received a statistical significance related to NCLEX-RN success. The grades received on psychology and natural science courses were also positively related to student success (Yin & Burger, 2003). Higgins (2005) observed anatomy and physiology grades to be significant predictors of graduation and passing the NCLEX-RN, whereas microbiology was a significant predictor of graduation only. In concordance with these previous results, study of a baccalaureate program also demonstrated a high positive correlation between the average prerequisite science course grades and mean pathophysiology grade, and student success (Potolsky, Cohen, & Saylor, 2003).

Using other academic prerequisite courses as predictors of success has met with diverse results. Esper (2009) concluded that the English scores on the standardized admission examination showed the highest correlation with the outcome criteria for nursing programs. Other researchers ascertain that the use of English as a course predictor of success on the NCLEX-RN is not established (Yin & Burger, 2003). Higgins (2005) also did not find a relationship between English grades and NCLEX-RN pass rates or psychology grades and NCLEX-RN passing in an ADN program. In contrast, Yin and Burger (2003) revealed that course grades on psychology and natural sciences are positively related to success.

Based on the ability of the prerequisite chemistry, science, and pathophysiology courses to predict student success in the nursing program, and the lack of other prerequisite courses to not predict success in the nursing program, nursing programs may

want to consider adopting a selective admission criteria that includes the use of a combination of prerequisite courses to select nursing students into a program.

Admission examinations. Standardized nursing admission exams are nationally normed exams that measure a level of knowledge in a specific nursing content area and are also being administered to measure ability of expected nursing program success. The two main companies noted to create standardized nursing exams are Health Education Systems, Inc (HESI) and Assessment Technologies Institute (ATI) (DeBartolo & Seldomridge, 2005). Both of these testing companies provide standardized nursing exams and these exams are being given to nursing students to evaluate two things. The first thing the exam evaluates is how the program is working and secondly, the exam provides evidence if the nursing curriculum needs to be altered or changed to improve student and program results (Mathews, 2006). Standardized specialty exams are also developed to assess students' knowledge and their ability to apply nursing concepts within specific content areas (Mathews, 2006).

HESI examination scoring intervals were established to identify predictive success in nursing programs, and ultimately predict passing the NCLEX-RN on the first attempt. The HESI Admission Assessment examination consists of seven academic areas; math, reading comprehension, vocabulary and general knowledge, grammar, chemistry, biology, and anatomy and physiology. The HESI Admission Assessment examination scores are reported as a composite score and 70% is considered a passing score (Yoho, 2006). In the investigation of one ADN program, the value of reading comprehension HESI test scores, in predicting students' probability of success in an

ADN curriculum, found that 50% of student success could be attributed to reading comprehension (Gallagher, Bomba, & Crane, 2001).

Promoting graduate nurse success on the national nursing licensure examination is an important outcome of nursing programs. Findings indicate that the HESI Admission Assessment was a valid predictor of students' academic ability to succeed in the nursing programs (Hardin 2005). In an associate degree nursing program, HESI Admission Assessment scores were significantly positively correlated with 88.89% of all nursing course grades in the program and 100% of the beginning-level course grades (Murray, Merriman, & Adamson, 2008). In a baccalaureate nursing program, HESI Admission Assessment scores were significantly positively correlated with 50% of all nursing course grades in the program and 80% of beginning-level course grades (Murray, Merriman, & Adamson, 2008).

Most research to date has focused on the predictability of the HESI Exit Examination (E2) on the NCLEX-RN pass rate. In addition to the HESI Admission Assessment examination to predict student success in the nursing program, the E2 has also consistently been determined to be an accurate predictor of students' success on the national nursing licensing exam (Lauchner, Newman, & Britt, 2008; Nibert, Young, & Adamson, 2002; Morrison, Adamson, Nibert, & Hsia, 2004; Frith, Sewell, & Clark, 2005; Yoho, Young, Adamson, & Britt, 2007).

The ATI Test of Essential Academic Skills examination (TEAS) is a multiple-choice assessment of basic academic knowledge in reading, mathematics, science and English and language usage. The objectives assessed on the TEAS examination are those which nurse educators deemed most appropriate and relevant to measure entry level skills

and abilities of nursing program applicants (ATI, 2011). There was no research studies located that inspects the relationship between scores received on the TEAS examination and student success in the nursing program and on the NCLEX-RN examination.

Though, the predictability of the ATI RN Comprehensive Examination to reflect the reliability of student success was inquired by Jacobs and Koehn. Jacobs and Koehn (2006) analyzed a large Midwestern university that used ATI, a standardized computerized testing program, and found that of the 13% of students who scored less than the national (20th) percentile on the ATI RN Comprehensive Predictor, half of the low-scoring group also failed the NCLEX-RN. Jacobs and Koehn (2006) noted that the ATI RN Comprehensive Predictor examination was helpful in the identification of students at risk for failing the NCLEX-RN on their first attempt.

Many nursing programs use, as part of the selective admission process, the scores received on two other college-specific entrance examinations. First, the American College Testing (ACT) entrance exam is used to assess a high school students' general educational development and their ability to complete college-level work. This multiple choice exam covers four skill areas; English, mathematics, reading, and science (ACT, 2011). The second college entrance examination, the Scholastic Aptitude Test (SAT), is defined as a reliable, effective measure of a student's college readiness. The SAT tests the subject matter learned by students in high school and how well they apply that knowledge, the critical thinking skills necessary to succeed in college (College Board, 2011).

The age of the student influences the score results received on the ACT. Two cohorts of baccalaureate students were assessed and the students that were successful on

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the NCLEX-RN were older, had a higher prerequisite GPA, and scored significantly

higher on the ACT (Daley, Kirkpatrick, Frazier, Chung, & Moser, 2003). Data reveals

that completers of an associate degree nursing program had a higher mean ACT Reading

and English subscores, than those of students who were unsuccessful in the nursing

programs (Gilmore, 2008). The ACT scores are significantly relational to the ability of

the applicant to be successful in the nursing program and on the NCLEX-RN (Muecke,

2008; Sayles, Shelton, & Powell, 2003). The SAT score also demonstrated a significant

correlation with those students who would be successful in a nursing program and future

NCLEX-RN performance (Hopkins, 2008; Uyehara, Magnussen, Itano, & Zhang, 2007).

Grade point average. Statistical analyses reveals that the student's grade point

average (GPA) in the prerequisite courses is positively related to student success in the

nursing program and on the NCLEX-RN. For example, in a sample of 325 associate

degree graduates the group that passed the NCLEX-RN examination had a GPA of 3.20

and the group that failed had a GPA of 2.99 (Yin & Burger, 2003). A characteristic of

the students that pass the NCLEX-RN versus the students that fail the NCLEX-RN

overwhelming include a higher undergraduate GPA (Haas, Nugent, & Rule, 2004; Lufi,

Parish-Plass, & Cohen, 2003; Ukpabi, 2008; Beeson & Kissling, 2001; Sayles, Shelton,

& Powell, 2003; Lamm & McDaniel, 2000; Phillips, Spurling, & Armstrong, 2002;

Wong & Wong, 1999). The use of GPA, as a predictive factor of student success, has

been used alone or in combination with other selective admission criteria. Stuenkel

(2006) established the reliability of using GPA and other admission criteria as a useful

predictor of passing or failing NCLEX-RN.

Health care work experience. Minimal research has been conducted on the

relationship between health care work experience and success in the nursing program and

on the NCLEX-RN. Though, two non-cognitive factors have been identified as

predictive of retention in the nursing program: previous nursing experience and having

known a nurse (Wilson, Chur-Hansen, Marshall, & Air, 2011). A research study also

documented the relationship between participation in community service and success in

nursing school. Fredericksen (2000) examined the characteristics of students engaged in

service learning and there was a positive correlation with service learning participation

and academic performance.

The safety of patients depends on the ability of nursing students to use critical

thinking skills and take appropriate action. A major influence in critical thinking skills

traces back to the work of John Dewey (1916). From a philosophical perspective, Dewey

proposes that critical thinking involves the suspension of judgment and healthy

skepticism. Theorists of modern times view critical thinking as being more than a

specific set of cognitive skills; critical thinking is also a composite of skills, knowledge

and attitudes (Facione, 1990; Siegel, 1991; Boostrum, 1994).

Professional nursing programs prepare students to use critical thinking and

problem-solving skills to analyze situations and make decisions applicable to patient care.

Based on the ever-increasing complexity of the health care environment, nursing

programs are being urged to increase the critical thinking activities in their nursing

curriculum. A research study of a Nursing II course at a Midwestern US college of

nursing aimed to test whether exposing nursing students to three additional simulation

scenarios, in addition to the curriculum's usual two scenarios, would lead to

incrementally increased critical-thinking scores. Results of this study clearly

demonstrated the expected increase in critical thinking skills after increased exposure to

patient care scenarios (Sullivan-Mann, Perron, & Fellner, 2009). It can be speculated that

previous health care work experience would increase the nursing student's critical

thinking skills, but actual research documenting this increase in critical thinking skills

was not retrievable.

  Admission essays. The use of admission essays as a predictive factor of nursing

student success has received a minimum amount of recent inquiry. Sadler (2003)

conducted a retrospective longitudinal sample of 236 students from one baccalaureate

nursing program and they were analyzed for the differences between students who

completed the program and those that dropped out. While there was no statistical

difference between the groups, there was a difference between the thematic content of the

essays. Non-completers tended to write about nursing as external to themselves, in

contrast to the completers who described an internalization of the role. Recognizing the

reason the student has entered the profession of nursing, may be a significant factor that

provides the motivation for the student to persist and succeed in the nursing program.

  Ferguson, James, O'Hehir, Sanders, & McManus (2003) found that, over the five

years of a medical degree, admission GPA was predictive of academic success, whereas a

personal statement focusing on motivation was more strongly predictive of clinical

performance, and recommended a mixed method of assessing medical school applicants.

There is a need for further investigation of the reliability of admission essays and the

dependability to highlight successful students. The effectiveness of admission essays in

predicting attrition in undergraduate nursing education has not been reported in the literature (Sadler, 2003).

Interviews. The interview process is based on the assumption that nonacademic and personal factors are influential in student success. The traditional panel admission interview process is usually conducted in a controlled environment between multiple skilled interviewers and the nursing program applicant. The research literature on the use of admission interviews for selecting nursing applicants is debatable. The highest concern with admission interviews is the bias imposed on the applicants during the interview process. The research studies have conflicting results on the use of admission interviews and the impact on student diversity or attrition.

Trice and Foster (2008) reported that the addition of admission interviews to the admission process in their baccalaureate program helped increase the diversity of their students without adversely affecting attrition or NCLEX pass rate. Ethnic diversity increased from a low 2% before interviews were included (prior to 1993) to as high as 25% in 2003 (Trice & Foster, 2008). Trice and Foster (2008) also reported that the nature of attrition has changed from a lack of understanding of what constitutes nursing to academic reasons, such as failing a course.

Ehrenfeld & Tabak (2000) found that interviews reduced the attrition that stems from personal reasons; however, the dropout rate was still almost 30%, proving that interviews are not the only admission criteria in the selection of successful students. Rosenberg, Perraud, and Willis (2007) concluded that the addition of an interview as part of the admission to their accelerated nursing program resulted an average attrition rate of

10% to 15%, whereas the traditional BSN program, that does not include an interview, averaged 20% to 30% attrition.

While the use of the traditional panel interview process is usually used to screen nursing program applicants, the innovative use of multiple mini interviews has shown to be promising. McBurney and Carty (2009) reported that in the University of British Columbia School of Nursing multiple mini interviews were implemented in spring 2008 as a part of the admission process for the two-year baccalaureate nursing program. During a multiple mini interview, the applicant rotates through a series of rooms and responds to a case scenario with a single interviewer. The candidate responds to a scenario designed to test for competencies and specific attributes that are considered necessary for success in the education program and in the profession (McBurney & Carty, 2009). Whether this type of interviewing process is successful has not been established, but this type of interview process did receive positive feedback on the scenarios from both the faculty and the applicants. Ehrenfeld & Tabak (2000) did corroborate that one-on-one interviews were associated with a lower attrition rate than interviews conducted with groups of five students.

Because admission interviews are so labor intensive and require a great deal of time to prepare and administer, further research on the reliability of admission interviews to feature those students who will likely be more successful in the nursing program is imperative. The interview process can have an impact on diversity of the nursing student cohort, and can at times reduce attrition. McNelis et al., (2010) also mentioned that student comments indicated that the students felt empowered by the interview, noting that this allowed them to have a more direct role in determining their admission.

Effort needs to be afforded to maintain the objectivity and consistency of the interview process (Ehrenfeld & Tabak, 2000). Research reveals that admission interviews may have some reliability to determine successful nursing students, but only in combination with other admission factors (McNelis et al., 2010; Ehrenfeld & Tabak, 2000; Schmidt & MacWilliams, 2011; Timer & Clauson, 2010).

Dosage calculation examination. Math proficiency is considered one of the critical skills necessary for a nurse to possess in order to provide safe patient care. Being proficient in math skills is a basic requirement for both the Registered Nurse and Licensed Practical Nurse. Being able to calculate and convert drug dosages and adjust intravenous medications are considered basic competencies for a nurse. Inaccurate medication calculations are a serious problem in health care.

Studies have shown that 30-40% of medication administration errors are due to drug calculation errors (Schulmeister, 1999) and these figures may under represent the extent of the problem (Weeks et al., 2000). A direct correlation between grades on the dosage calculation examination and the grades received in prior mathematic courses has been established (Roykenes & Larsen, 2011). The importance of including a dosage calculation examination, as part of the selective admission criteria, stems from data that has revealed a startlingly poor level of accuracy when nurses perform mathematical calculations (Wright, 2005; Wright, 2004; Brown, 2002; Sander & Cleary, 2004; Wilson, 2003). Mathematical calculations of nurses have been found to be deficient, leading to errors in drug calculations (Department of Health, 2004). To prevent medication errors and ensure patient safety, nurses should regularly practice and refresh all types of drug calculations with self-testing (McMullan, 2010).

The importance of providing safe patient care is further exemplified by the overall goal for the Quality and Safety Education for Nurses (QSEN) project. One of the goals of the QSEN is to prepare future nurses who will have the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems within which they work. One of the nursing competencies established by this project is to minimize the risk of harm to patients and providers through both system effectiveness and individual performance (QSEN, 2011). The importance of nurses providing safe patient care is also emphasized in the Missouri State Board of Nursing Minimum Standards for Practical Nursing that states that "nurses need to be able to calculate the flow of intravenous parenteral fluid infusions (MSBN, 2008)."

Newton (2008) examined prerequisites for nursing at community colleges and found that math deficits were strong predictors of attrition. Establishing a minimum competency dosage calculation examination, as one of the selective admission criteria, can decrease student attrition and implement a gate-keeper for the introduction of nurses into the nursing profession that demonstrate the ability to provide safe, competent medication calculation.

Adult student responsibilities influencing success. Adult students are coming to college and pursuing their first postsecondary program for numerous reasons. Most adults who pursue postsecondary programs do so in an effort to resolve life's issues that usually center on making career changes or increasing their earning potential (Compton, Cox, & Laanan, 2006; Brookfield, 1986; Aslanian, 2001). Many of these students will choose to enroll in community colleges for their first postsecondary experience, as community colleges provide the access, affordability, and convenience adults require. As

a result, more than half of community college students are adult students (Frey, 2007). Approximately one third of undergraduate students are also working adults and are considered nontraditional students that bring with them unique needs (Berker & Horn, 2003).

The unique needs of the adult nontraditional student frequently include family commitments, employment, children, and limited financial resources (Taniguchi & Kaufman, 2005; Evans, 2008; Bean & Metzner, 2005; McGivney, 2004). The nontraditional student possesses work experience and often they depend on this work experience for their livelihood (Jinkens, 2009). The need to continue employment while pursuing their education results in challenges for both the nursing faculty and student. The conflict that adult students have between completing course assignments and meeting the demands of the family responsibilities, necessitate nursing faculty to include assignments that are related to course objectives and are flexible in the date that they are due. It has been reported that adult students who work and who began their postsecondary studies in 1996 and completed six years after in 2001, only 38% completed their intended programs (Berker & Horn, 2003). Studies conducted on nontraditional-aged college students, who attended a two year community college, demonstrate that adult students' persistence toward their educational goals is complex and mostly related to situational and non-cognitive factors (Bean, 2005; Hensley & Kinser, 2001; Kasworm, 2003; Taniguchi & Kaufman, 2005).

These unique responsibilities and challenges limit the time the nontraditional student has available for school and requires distinctive learning strategies to be implemented by the nursing faculty and program.

Psychosocial factors influencing success. It was noted that previous negative educational experiences have an intense effect on the nontraditional adult students' self-efficacy and raises self-doubts about their ability to be succeed (Cross, 1981). Ogle's (2007) and Pappas' (2006) studies also found that the greatest source of strength to succeed in school by nursing students was from their own self-efficacy, self-determination, and self-motivation. The adult student also requires a strong support system to provide social, emotional and personal support and encouragement to complete their educational goals. Social support refers to relationships with significant others who can make available a social fund from which one can draw support (Thoits, 1995).

The importance of personal support from spouses or significant others was identified as the single strongest factor influencing the nontraditional nursing students' ability to stay in college (Rudel, 2006). Jefferys (1998) also found that among nontraditional students family discord and strife can adversely affect student success and retention. Other forms of support that the students benefit from are the extended family, peer support, church family, older children, nursing faculty (Dapremont, 2011).

Commitment of educational institution. Several studies conducted primarily on nonnursing students have provided evidence of the relationship between faculty support and student retention (Palladino, 2004; Powers, 2004; Taylor, 2004; Rogers, 2010; Gardner, 2005). There is a significant association among orientation programs, student completion of degree, student retention, and student enrollment and persistence (Derby & Smith, 2004). Tinto (1987, 1994, 2006) consistently emphasized the importance of quality education and positive interactions between students and college staff, especially faculty, for students to remain at the college through graduation. Faculty have the ability

to influence student success through behaviors that are psychologically supportive, such as caring, encouraging, demonstrating interest, and listening, or through functionally supportive behaviors such as problem solving, planning, communicating expectations, providing feedback, and modeling behavior (Shelton, 2000).

Faculty support and encouragement was highlighted as a major factor that affected student success. Many students shared feelings of discouragement when faculty support and recognition did not occur and voiced how deflated and unwelcome they felt when faculty did not acknowledge their presence (Dapremont, 2011). In the absence of supportive comments and encouraging words, participants viewed faculty as not wanting them to do well (Dapremont, 2011). Faculty must provide students with both functional and psychological support. Functional support provides direct help and facilitates learning, and psychological support provides the caring atmosphere of a mentoring relationship (Ramsburg, 2007; Shelton, 2003). Rudel (2007) suggested that with nontraditional students, faculty characteristics, such as, caring, trust, and mutual respect, as well as, the use of adult learning theory, affected student empowerment and retention.

The number of quantitative student success studies found in the literature review demonstrates a plethora of the research is conducted with baccalaureate nursing programs (Byrd, Garza, & Neiswiadomy, 1999; Donaldson, McCallum, & Lafferty, 2010; (Rooyen, Dixon, Dixon, & Wells, 2006; Sadler, 2003; Wharrad, Chapple, & Price, 2003), and with Associate Degree Nursing programs (Gilmore, 2008; Hopkins, 2008; Rogers, 2010; Tipton et al., 2008). When compared to the research accomplished on both of these levels of nursing education, there were scant qualitative research studies conducted

with LPN to ADN programs to determine which factors indicate the level of success for a

student in this type of nursing program (McKenzie, 2008).

CHAPTER THREE: METHODOLOGY

Introduction

The purpose of this qualitative, case study is to describe the factors that promote success for the LPN to ADN student in a nursing program, and the factors they encounter throughout their experience as a student that can promote or impede their success in the nursing program. The results of this study will provide options for LPN to ADN programs regarding the policies that may increase the potential of student success in both the nursing program and on the national nursing licensure examination.

The survey completed by graduates, graduate student focus group interviews, nursing faculty focus group interview, observation of classroom and clinical activities, and document analysis was conducted to reveal an in-depth understanding of a bounded system; a new Licensed Practical Nurse to Associate Degree in Nursing Program that has demonstrated student success in both program completion and on the national nursing licensure examination.

Research Design

The ultimate measure of nursing program success, defined by the program identified in this inquiry, includes a higher than national average pass rate on the national nursing licensure examination. These exceptional examination results were received by both the first, second, and third cohort of students. The program of inquiry produced a 100% national licensure examination pass rate of the first graduating cohort, 90% examination success rate of the second graduating cohort, and 100% licensure examination pass rate of the third cohort. The pass rate is higher than the 87.5% national

mean recorded on the September national statistics for graduates taking the national licensure examination for the first time (National Council of State Boards of Nursing, 2010). Given the outstanding success rate on the national nursing licensure examination from the graduates of this LPN to ADN program, it is appropriate to study the students of this program and formulate an understanding of which factors contribute to student success, in the nursing program and on the national nursing licensure examination.

In the spirit of qualitative inquiry, a qualitative research method was selected for this study. Qualitative inquiry seeks to understand human and social behavior not from the outsider's perspective, but from the insider's perspective, that is, as it is lived by participants in a particular social setting (Ary et al., 2006). In this study, a case study approach was selected to explore the LPN to ADN graduate's successful completion of the nursing program and inquire, from their perspective, the factors that contribute to their successful progression through the nursing program and passage of the national nursing licensure examination. A case study attempts to describe the subject's entire range of behaviors and the relationship of these behaviors to the subject's history and environment (Ary et al., 2006). This research study provided a holistic exploration of the nontraditional adult student's relationship to their environment, within the nursing program, and how this environment contributed to their success or made it more challenging. The student's environment included the nursing program, nursing faculty, classroom and clinical environment, peer group, and the college support services.

The researcher of the case study tries to determine why an individual behaves as he or she does and does not merely to record behavior (Ary et al., 2006). In this research, it is not thorough enough to just record how often nursing students are successful in the

nursing program, but more comprehensive to understand why they are successful and what factors contribute to this success. The case study also permits an in-depth examination of factors that explain present status and that influence change overtime (Ary et al., 2006). It is the goal of this case study for the results to influence nursing program change, promote student accomplishment in a nursing program and on the national nursing licensure examination, and influence nursing program policies and procedures.

Case studies may employ multiple methods of data collection and do not rely on a single technique (Ary et al., 2006). Testing, interviewing, observation, review of documents and artifacts, and other methods may be used (Ary et al., 2006). The distinction is that whatever techniques are used, all are focused on a single phenomenon or entity and attempt to collect information that can help understand or interpret the focus of the study (Ary et al., 2006). In order to provide a more comprehensive view of which factors influence the nursing student success, multiple methods of data collections were selected for this research; focus group interviews with graduates, focus group interview with nursing faculty, observation of classroom and clinical activities, survey of graduated students, and academic document analysis. Each of these data collection methods were selected to help understand or interpret the focus of the study.

The primary instrument used for data collection in qualitative research is the researcher him or herself, often collecting data through direct observation or interviews (Ary et al., 2006). These two methods of data collection were both used in this research study through direct observation of classroom and clinical settings, and the focus group interviews with nursing graduates and nursing faculty. The purpose of direct observation

is to determine the extent to which a particular behavior(s) is present (Ary et al., 2006). The nursing students were directly observed in both the classroom and clinical settings for the presence of themes noted in the survey and focus group interviews. Each observation included a different set of students and a different nursing faculty.

Interviews are used to gather data on subjects' opinions, beliefs, and feelings about the situation in their own words (Ary et al., 2006). The focus groups are helpful when a researcher is studying a topic that is new or one for which little information is available (Ary et al., 2006). Nursing graduates were asked to participate in a focus group interview and as a basis for comparison and contrast, the full-time and part-time faculty of the nursing program, were also asked to participate in a focus group interview. The topic of LPN to ADN student success and student satisfaction has been minimally studied and the use of interviews is appropriate for this research topic. The preconceptions of an investigator can determine which behaviors are observed and which are ignored (Ary et al., 2006). To eliminate the preconception, the themes from the focus group interviews dictated the behaviors observed in the direct observation of students and nursing faculty.

There were two other research methods used in this case study; student satisfaction survey and document analysis. Survey research uses instruments, such as questionnaires and interviews to gather information from groups of subjects (Ary et al., 2006). The Undergraduate Nursing Students' Academic Satisfaction Survey (UNSASS) was used to assess the graduate's satisfaction with their nursing program, based on their experience as a student in the program (Dennison, 2010). A mailed questionnaire has the advantage of guaranteeing confidentiality or anonymity, thus perhaps eliciting more truthful responses that would be obtained with a personal interview (Ary et al., 2006).

Qualitative inquiry relies on fieldwork methods (interviewing, nonstructured observation, and document analysis) as the principal means of collecting data (Ary et al., 2006). Content or document analysis is a research method applied to written or visual materials for the purpose of identifying specified characteristics of the material (Ary et al., 2006). Finally, based on the results of the focus group interviews, direct observation of the classroom and clinical settings, and the written survey, then the student academic files were reviewed for evidence to corroborate the graduates views and feelings toward factors that influenced their success, as a nursing student.

The document analysis reviewed documents that were all written by the nursing faculty; clinical evaluations, letters of recommendation, faculty consultation forms, and attendance records. This lack of documents that were written by the student may be seen as a limitation. Despite limitations, documents are a good source of data. They can provide good descriptive information, are stable sources of data, and can help ground a study in its context (Ary et al., 2006).

Participants were selected based on purposive sampling and had graduated from the nursing program during the 2008-2011 academic years. I invited all students, which had graduated from the nursing program since the program's beginning in 2008, to complete a survey. The invitation to complete the survey was sent via email or postal mail to the graduated students twice as a reminder, with a one week interval in between invitations. Those graduated students that did not have a valid email address were invited to complete the survey in a paper format by postal mail. A survey has the advantage of guaranteeing confidentiality or anonymity, thus perhaps eliciting more truthful responses than would be obtained with a personal interview (Ary, et. al., 2006). I used the

information, obtained from the survey, to familiarize myself with the overall ideas of the participants prior to the focus group interviews. The data received from this survey was further explored by the focus group interviews that were conducted with six graduated students in each of the two focus groups and two graduate students in another focus group. Data was also explored with the focus group interview with the five nursing faculty. The purpose of the focus group interviews will be to clarify various themes regarding the students' beliefs, opinions, and perceptions of learning in an accelerated LPN to ADN program.

The focus group participants will be asked to commit to a maximum timeframe of two hours as a focus group participant. A reminder was sent to each participant two weeks prior and then one week prior to the focus group session, by email or by postal mail, if an email address was not available. In this reminder, informed consent was reviewed for clarity, to ensure that the participants were aware that the interview will be audiotaped. A standardized open-ended interview format was utilized to conduct the focus group interview. The recorded audiotape was transcribed and the narrated stories of each participant were examined for patterns and themes. The transcription was coded using the themes developed from the literature review and conceptual framework.

Observation of classroom and clinical activities was performed after the focus group interviews. The coded themes of the focus group interview were assessed and expanded upon by observing current nursing student interaction with nursing faculty in both the classroom and clinical setting. I was an observer as participant in each setting by "interacting with subjects enough to establish rapport, but not really become involved in the behaviors and activities of the group" (Ary, et. al., 2006, p. 475). The observation

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was conducted between current LPN to ADN students and the full and part-time nursing faculty, in the program being researched. I periodically conduct reviews and observations of both the clinical and classroom settings, as part of the college requirements, so during this specific observation, the students and faculty were expected to conduct themselves as if they were not being directly observed.

Students, in this selected nursing program, are admitted based on various admission criteria; grade point averages received in selected prerequisite courses, entrance examination scores, math entrance examination score, professional references, and number of general education courses completed before applying to the nursing program. Document analysis of student files will be conducted after appropriate approval. Document analysis of student files was conducted to gather specific data on each student. This data included admission essays, faculty consultation forms, attendance records, and clinical evaluations. A comparison between the themes reported by graduates and the data in their academic files was conducted. For example, a theme emerged where the participants verbalized that they did not feel that they receive the appropriate amount of faculty feedback during the clinical experience. The academic files were reviewed for evidence of faculty feedback to students regarding clinical progress. This compilation of evidence gives further validity to the graduate's voice.

A qualitative approach is appropriate for this study because the nature of the research involves an understanding of which factors students and faculty perceive as contributing to their success in the nursing program. Methods triangulation uses more than one method in the study. When these different procedures are in agreement, one has evidence of credibility (Ary, et. al., 2006). The triangulation of research methods will

attempt to collect information that can help understand and interpret the focus of the study; the factors that lead to student success in an accelerated Licensed Practical Nurse to Associate Degree Nursing Program.

Research Question 1*: Which program factors, reported by graduates and nursing faculty may help students be successful in the LPN to ADN program?*

Research Question 2: *Which personal factors, reported by graduates and nursing faculty may help students be successful in the LPN to ADN program?*

Research Question 3: *What recommendations do graduate and nursing faculty have for impacting students' chances of success in the LPN to ADN program?*

Research Question 4: *What differences or similarities are evident between what the graduates and nursing faculty believe contribute to success in the LPN to ADN program, in relationship to the selective admission criteria?*

Participants

The selected LPN to ADN program has been in existence since 2008 and graduated their third cohort the spring of 2011. The 86 participants selected to complete the survey were comprised of all of the students that have successfully graduated from the nursing program in those three cohorts. There have only been four students that did not successfully complete the nursing program in the last three cohorts. The students that did not successfully complete the nursing program were eliminated from the group of research participants. In this comprehensive sampling, every graduate was included in the sample. Comprehensive sampling is used when the number of units is small (Ary, et. al., 2006). While 86 participants may not seem like a small sampling, the use of internet surveys decrease the amount of time needed to analyze and compile the results. Web-

based surveys can significantly reduce the amount of time and effort and the costs associate with getting the data into a system for analysis (Ary, et. al., 2006). Qualitative researchers select purposive samples believed to be sufficient to provide maximum insight and understanding of what they are studying (Ary, et. al., 2006). By including all of the graduates of the program, a more accurate representation of data will be received.

In purposive sampling, sample elements judged to be typical, or representative, are chosen from the population (Ary, et. al., 2006). For the focus group interviews, purposive sampling was used and attempted to provide an equal representation of graduated nursing students from each of the three cohorts. The purposefully selected sample for the focus groups included students who graduated from the nursing program in the years of 2008-2011. Every effort was made to select graduates who could provide a variety of information concerning their experiences in the nursing program, thus utilizing intensity sampling, which allows different levels of the research topic to be studied (Ary, et. al., 2006). The goal of the research method was to have participants in each of the three graduate focus groups that represented the various ethnicities, age groups, when applicable.

Classroom observation of current students and faculty was conducted during a 50 minute classroom lecture period for one of the full-time lecture nursing faculty. There were 34 students in the classroom lecture period. Clinical observation was conducted with a part-time clinical nursing faculty and a student clinical group consisting of six students. The clinical observation was in an acute care health care setting. The clinical nursing faculty supervises five to seven students in each clinical group. The students

participating in the classroom lecture were also some of the same students observed in the clinical setting.

The demographics of the nursing graduates, examined in this case study, included the race, gender, and age. The nursing graduates, of the selected nursing program, were comprised of mainly Caucasian, a smaller percentage of African American, and an even smaller percentage of Asian and American Indians. The students that were admitted to the nursing program were required to be a Licensed Practical Nurse, before being admitted into the LPN to ADN program. It can be proposed that previous completion of a Licensed Practical Nurse program, the average age of the past student cohorts of this nursing program being 33 years of age, and many students have work and/or family responsibilities, has resulted in these nursing students being considered as "nontraditional students", by the definition provided by the Institute of Education Science (2002).

Setting/Site

The boundary for exploration in this case study included a LPN to ADN program in an urban city in Missouri. The nursing education program was in the third year of existence and comprised the population from which the sample was drawn. The primary reason for selecting an LPN to ADN program is that the research of this level of nursing education is extremely limited. Despite the fact that a majority of nursing graduates are educated at the Associate Degree Nursing level, there are few research studies conducted that pertain to specifically the LPN to ADN education avenue. The process of site selection was derived by examining the current LPN to ADN programs in the state of Missouri and of the five programs examined, only one program had not fallen below the required national nursing licensure examination rate for first time test-takers. It is this

consistent student success of the national nursing licensure examination that promoted

further exploration of the components that the students feel have attributed to their

success.

The level of success desired on the licensure examination is measured in

accordance to the mandatory Missouri State Board of Nursing regulations and compared

to other nursing programs designated as LPN to ADN programs in the state of Missouri.

The required level of success on the national licensure examination for first-time

candidates from each professional nursing program, as designated by the Missouri State

Board of Nursing, shall be no less than 80% for each calendar year (January 1 through

December 31) (MSBN, 2007). Nursing programs that fail to produce a national licensure

examination pass rate of at least 80% for one year must provide the board with a report

analyzing all aspects of the education program, identifying areas contributing to the

unacceptable pass rate and plan of action to resolve low pass rate (MSBN, 2007). The

second consecutive year that a nursing program fails to achieve the required level of

passage on the national licensure examination will result in the nursing program being

placed on a conditional approval status. The nursing program administrator will also be

required to appear before and present to the Missouri State Board of Nursing an analysis

of program effectiveness, problems identified, and plans of correction (MSBN, 2007).

Nursing program performance of graduates on the national nursing licensure

examination is referred to in Table 1 for selected LPN to ADN programs located in the

state of inquiry, and is considered a matter of public record and can be retrieved on the

Missouri State Board of Nursing website or by contacting the Missouri State Board of

Nursing in writing (MSBN, 2009). It should be noted that four of these LPN to ADN

programs have issues with consistently achieving the required national nursing licensure

examination passage rate of 80%. The inconsistency in national nursing licensure

examination passage rates further provides a foundation for this qualitative study to

identify factors that encourage student success in the nursing programs.

Table 1

Summary of National Nursing Licensure Examination Pass Rates for Various LPN to ADN Programs

LPN to ADN nursing program	7/05-6/06	7/06-6/07	1/08-12/08	1/09-12/09	1/10-12/10
City College	N/A	N/A	N/A	100%	90.00%
Jefferson College	91.11%	86.62%	81.97%	84.06%	70.37%
State Fair College	86.67%	83.33%	71.64%	80.65%	98.00%
Texas County	N/A	N/A	N/A	72.73%	N/A
Three Rivers	60.00%	80.00%	73.91%	73.91%	90.00%

To protect the anonymity of the participants in the study, the participating nursing

program was called the City Community College. City Community College is a public

education institution located in an urban community of 150,000 residents. City

Community College admits over 12,000 students per semester and graduates 500 students

per year. The college began its existence in April 1990, when residents of the community

and 13 surrounding public school districts voted to establish a "community technical

college." As a comprehensive community college, City Community College provides an

open-admission policy with a focus on technical education. The college's responsiveness

to student needs and its commitment to accessibility and innovation quickly led to the

status of being the state's third-largest community college district. By the end of 2001,

City Community College was recognized as the fastest-growing community college in the United States with an enrollment range of 5,000 to 9,000 students.

The nursing program at City Community College is comprised of two full-time and three part-time nursing faculty, in addition to the program director. The nursing program accepted their first cohort of students the fall of 2008 with a class of 24 students (22 females and 2 males). The second cohort of 30 students began nursing classes the fall of 2009 (29 females and 1 male). The third cohort of 36 students began nursing classes the fall of 2010 (27 females and 9 males). Eighty-six of the ninety accepted students completed the nursing curriculum in the prescribed nine month time frame. The four students, that did not complete the program, exited the program voluntarily, citing "personal reasons". The national licensure examination pass rate for the first cohort was 100%, the second cohort excelled at 90.0%, and the third cohort again surpassed the minimum standards at a 100% licensure pass rate, which is far superior to the other comparable nursing programs in the state. The drop in the national nursing licensure examination pass rate of the second cohort is thought to be attributed primarily to the increase in difficulty of the test plan of the examination that was implemented after the first cohort and prior to the second cohort taking their licensure examination. The lowering of the national nursing licensure examination average pass rates across the nation has been reported on the last three episodes of changing the examination. During the last two episodes of increasing the examination intensity, the overall national rate of successfully passing the examination dropped as much as 2.9% (National Council of State Boards of Nursing, 2010).

Researcher's Role / Personal Biography

I have been a nursing program director, for the nursing program being reviewed, for the entire four years of its existence. The students that were interviewed are past graduates of the nursing program. To eliminate the potential for skewed results received on the focus group interviews, a member of the college that is not employed directly with the LPN to ADN program conducted the interview process. My 26 years of experience as a nurse and 19 years of experience in nursing education, provides an insider's perspective into a nursing program and the role of nursing faculty and students. My close involvement with the selected nursing program may have the potential to shadow the results of the research. To overcome any bias, I elicited the assistance of experienced educators to discuss research findings and establish themes. My experience as a nurse, nurse educator, and a nursing program director affords me the intensity to conduct research that will be credible, valid, and productive for the nursing education profession.

Data Collection

Data collection for this case study occurred during December of 2011. Data collection and access to participants and documents did not commence until permission had been granted from the Institutional Review Board, college administration, and participants. Appendix A outlines the consent form that each participant was required to sign before the data collection process. In addition, completion of the survey also served as the participant's further consent to participate in the research process. The participant was required to designate if they would also agree to also participate in the focus group process and whether they agreed or not to be audiotaped, if necessary. Eighteen purposively selected graduated nursing students, from those that complete the online

survey or complete the focus group consent form, was contacted personally by myself, either by phone, email, Facebook or any form of communication that was listed in their student file, to schedule a focus group interview date. If they declined the invitation to participate, another participant was selected to fill this vacancy, until there were 18 focus group participants. The two full-time and three part-time nursing faculty will be invited, through their work email, to participate in a focus group interview (Appendix A). The nursing faculty were sent a meeting reminder email a week before the focus group interview date. Sandwiches and refreshments were provided for nursing graduates and faculty during the focus group interview.

The survey given to the graduates was the Undergraduate Nursing Student Academic Satisfaction Scale (UNSASS) (Appendix D). The survey items were developed through a review of existing literature and in consultation with experience nursing faculty members (Dennison, 2010). Through the review of the literature and consultation with experts, the survey explores the following five domains:

1. Satisfaction with clinical teaching.

2. Satisfaction with in-class teaching.

3. Satisfaction with the program.

4. Satisfaction with the organizational culture.

5. Satisfaction with the support and resources available for students in the program.

After face and content validity measures were implemented, the survey was reduced from 99 to the current 62 items (Appendix D). A five-point Likert scale is used with options ranging from strongly agree to strongly disagree (Dennison, 2010). I

incorporated a demographic data sheet into the survey to capture the demographics of the survey participants (Appendix E). The demographic data sheet will include three questions related to age, ethnicity, and gender. I added a final question to the survey, to have participants rate the factors that influence their ability to be successful in the nursing program and/or on the NCLEX-RN. The specific factors that the participant may rate are factors that were uncovered in the literature review, as being factors that affect nursing program and/or NCLEX-RN success.

Validity refers to the degree to which an instrument "measured what it claimed to measure" (Ary, Jacobs, Razavieh, & Sorensen, 2006, p. 243). Face validity states that the survey should "appear valid for its intended purpose" (Ary, Jacobs, Razavieh, & Sorensen, 2006, p. 439). Dennison (2010) completed a face validity of the survey instrument with twenty-two undergraduate nursing students who were enrolled in one of the four levels of the nursing program. These students volunteered to review the initial 99-item survey for clarity, relevance, and structure of the statements.

Content validity describes if the survey instrument "is appropriate for measuring what they are supposed to measure and whether they are a representative sample of the behavior or domain under investigation " (Ary, Jacobs, Razavieh, & Sorensen, 2006, p. 240). The content validity of the revised 62-item survey was performed by four nursing students (Dennison, 2010). Predictive validity is the relationship between "scores on the meausre and criterion scores available at a future time" (Ary, Jacobs, Razavieh, & Sorensen, 2006, p. 247). The predictive value of UNSASS was examined by exploring the ability to identify the predictors of satisfaction levels (Dennison, 2010). To further strengthen the reliability of the survey instrument, the survey was administered to the

same individuals on two separate occasions. The survey was completed by graduates either in an online or paper format and the estimated time for the participant to complete the survey was 20-30 minutes. For those graduates that were found to not have internet access, a paper survey was mailed to them with a self-addressed envelope for easy return.

Once all of the required participants had given their permission to participate in this study, by completing the online or paper survey or by completing the consent form, they were purposefully selected to form three focus groups of six participants each, and interviewed concerning their perceptions of which components, during their time as a student in the nursing program, that they felt contributed to their success in the program and national nursing licensure examination. The focus groups were conducted in a relaxed setting on the college campus and refreshments were provided for the participants. I purchased small monetary gift cards, for a local business, for those participating in the focus group interview process.

The interview questions were reviewed, prior to administration, by a panel of three nurse educators for validity compared to the research questions addressed. The nurse educators on this review panel were required to have a minimum of a Master's of Science in Nursing Degree and be currently teaching in an Associate Degree Nursing program or higher nursing degree program. The requirements for the degree attained and current teaching experience allowed for credibility to the interview questions and ther application to the current research setting.

A member of the college Allied Health office staff, not directly related in the nursing program, was utilized to administer the questions to the focus group participants in a face-to-face setting and the answers was recorded by audiotape. The interviewer was

be provided the questions to review and given an opportunity to ask questions about the interview process. The expectations of the interviewer were also reviewed through communication, before the date the interviews commenced. A practice interview will be conducted, with nonparticipants of the study, to give the interviewer an opportunity to ask questions related to the interview process.

Data collection during the classroom and clinical observations was compiled through the use of field notes. I made brief notes during the observation, but then later expanded my account of the observation as field notes. These notes may supplement information from other sources, including documents and interviews (Ary, et. al., 2006, p. 477). The field notes will have two components; the descriptive and a reflective part. The descriptive part provides a complete description of the setting, and the reflective part includes the observer's personal feelings or impressions about the events (Ary, et. al., 2006, p. 477).

Evaluation of graduate student academic files was conducted, once approval had been granted by appropriate agencies. The documents that were reviewed included information in the graduate student's academic file; admission essays, faculty consultation forms, attendance records, clinical evaluations, and successful passage of the NCLEX-RN. These documents also reflected qualitative evidence of program and faculty encouragement, given to the students once accepted into the LPN to ADN program. Documents are a good source of data, can provide good descriptive information, are stable sources of data, and can help ground a study in its context (Ary, et. al., 2006, p. 477).

Data Analysis

The first stage in analyzing qualitative data involves familiarization and organization so, that the data can be easily retrieved (Ary, et. al., 2006, p. 490). The use of Survey Monkey for the online survey allowed the data received from the participants to be easily analyzed, graphed, and studied for themes and patterns. Any surveys, received by postal mail, were manually tabulated into online survey results and themes and patterns were reviewed. The results of the audiotaped interviews, of the focus groups, were transcribed by a professional transcription service. The transcriptions were analyzed for themes and were open coded for reoccurring themes and participant responses.

The coding and recoding process is the core of qualitative analysis and includes the identification of categories and themes for their refinement (Ary, et al., 2006). The first step of the coding process will be to break down and categorize data into manageable segments (Ary, et al., 2006). The most common approach is to read and reread all the data and sort them by looking for units of meaning; words phrases, sentences, subjects' ways of thinking, behavior patterns, and events that seem to appear regularly and that seem important (Ary, et. al., 2006). Then the researcher will put the data back together again making connections between and across categories; axial coding (Ary et al., 2006). The number of tiers used for the coding was decided as the data analysis was conducted and themes emerged from the data. During the coding process there were patterns recognized for the graduates thought and felt about various topics; program communication, effectiveness of faculty support, benefit of a strong support group, and importance of internal motivation.

Field notes are the most common data collection strategy used in action research to provide a record of what is going on during an observation (Ary, et. al., 2006). The field notes from the observation of the classroom and clinical settings were analyzed to provide an understanding of the research setting and the behavior of the people within the setting. The field notes included many of the same themes from the interviews and surveys; faculty support, student motivation, and communication challenges. An Excel spreadsheet was created to assist in organizing the similarities and differences of the survey data, transcripts of focus groups, field notes from observations, and data collected from document analysis.

Multiple methods of data collection were used to acquire credible data. The triangulation of data included six different sources; data received from the survey completed by graduates, interviews from graduate student focus groups, interviews of nursing faculty, observation of current students and nursing faculty in classroom and clinical setting, and document analysis of graduate academic files. Memoing was used throughout the data collection process to ensure that the researcher was not focusing on the participants or data unfairly. The participants were asked to read and verify that the responses that they gave in the interview process were transcribed correctly. The interviews were transcribed by a professional transcription service to prevent any delays or biases in transcription. An audit trail was written, categorized, and compiled to monitor how the study was conducted. The information gathered during the interviews, and what, when, and why decisions were implemented during the research process were recorded.

Before giving the research questions to the participants of the research study, three nursing education faculty, from nursing programs in the community, were asked to view the survey and interview questions for clarity and understanding in relationship to the research questions. Each nursing faculty was given a brief description of the research study, the research questions were presented, and the faculty were asked to decide if these interview questions would illicit the desired information required to obtain credible and valid research data. Suggestions for additional questions or changes of current questions were accepted from the review faculty. The feedback was assessed for applicability to the goal of the research study and the percentage of faculty submitting the same input was given more weight for change or implementation. Appendix B details the specific focus group interview questions for graduated students. The right to schedule follow-up interviews was reserved, if the need arose to clarify a developing theme.

Trustworthiness

To provide for trustworthiness of the data received, input and review from other credible sources was used. The interview questions were reviewed, by nurse educators, before being given to participants. Transcription of focus group interviews was completed by a third party that was not associated with the research study. The use of multiple sources of data, multiple observations, and/or multiple methods is referred to as triangulation (Ary, et. al., 2006). Triangulation of data was also conducted to provide a depth of data from various perspectives. Procedures which established trustworthiness included maintaining participant confidentiality, transcribing interview notes immediately following the interviews, member checking, and triangulation.

Member checks as the question "Do the people that were studied agree with what you have said about them (Ary, et. al., 2006)?" Member-checking was accomplished with the participants, at least two weeks after the focus group interview. Member-checking helps to establish validity of the data by determining if the participants believe the researcher's perceptions are accurate. The data received in this case study can be transferred to the LPN to ADN programs, in both the local, state and national area. The need to increase student retention and enhance student success on the national nursing licensure examination, are the challenges being faced by numerous nursing programs at all nursing education levels; LPN to ADN, ADN, Diploma, and BSN.

Ethical Issues

The maintenance of ethical considerations was assured by using pseudonyms for the name of the nursing program, college, and the participants being interviewed. The interview data, document data, and participant input was maintained in a locked filing cabinet in a locked office, and the electronic information was secured on a lap top that is used by myself only.

My role to the participants was not be an issue since my only contact with the participants was to extend an invitation to complete survey and set up the focus group interview. I did not personally be conduct the focus group interviews. Approval to conduct the research was obtained from the appropriate administrative personnel and Institutional Review Board prior to conducting the research. Appendix C outlines the timeline for the research process and takes into consideration the ethical and time constraints.

The results from this study are articulated in chapter 4, followed by interpretation of findings, implications for change, and recommendations in chapter 5.

CHAPTER 4: PRESENTATION OF THE DATA

This chapter will present the collected research data in this case study. The purpose of this case study was to discover and understand the program and personal factors that graduated nursing students of a selected Associate Degree in Nursing program report that assist them to persist to graduation and succeed on the national nursing licensure examination. An evaluation of the perceived factors of student success, that nursing faculty believe to contribute to student success, was also compared to the graduate responses.

The data were collected by multiple methods: survey, interviews, observations, and document analysis. A student satisfaction survey was administered either by an online or paper method depending on what method was convenient for the graduate. Focus group interviews were conducted separately with graduated nursing students divided into three focus groups and the nursing faculty in a fourth focus group. Observations of classroom and clinical interactions between faculty and students were conducted after analysis and coding of focus group transcriptions were completed. The coding results of the transcription guided the emphasis areas of the observation in the classroom and clinical areas. Document analysis of student files was conducted to gather curriculum and program data on each student. The curriculum and program data of interest included areas identified in either the survey or the focus group interviews, where applicable: areas of student and faculty interaction, inclusion of adult learning theory in assessment measures, attendance records, admission essays, faculty consultation forms, and clinical

evaluations. This case study involved an examination and evaluation of noncognitive contributing factors of success based on adult learning principles, and program and student outcomes.

The results of this study will be used to make recommendations for institution and program changes, such as, curriculum improvements, nursing program remediation, and additional support services to students through improved advising, counseling, or tutoring.

This study was guided by the following research questions:

1. Which program factors, reported by graduates and nursing faculty may help students be successful in the LPN to ADN program?

2. Which personal factors, reported by graduates and nursing faculty may help students be successful in the LPN to ADN program?

3. What recommendations do graduates and nursing faculty have for impacting students' chances of success in the LPN to ADN program?

4. What differences or similarities are evident between what the graduates and nursing faculty each believe contribute to success in the LPN to ADN program?

This chapter presents qualitative findings obtained from the survey, focus group interviews, observation of classroom and clinical experiences, and student academic file document analysis. The responses to the survey questions regarding demographic characteristics are presented first, followed by the answers to survey questions concerning program factors and personal factors, and recommendations to increase student's success in the LPN to ADN program. Finally, the responses for each focus

group question are presented in relationship to the coordinating responses on the survey, observation experiences, and document analysis.

Initially, eighteen participants had volunteered for the focus group interviews. At the second graduate focus group, only two of the six participants arrived. These two participants were both male nursing graduates. I received a phone call or email from the graduates that were absent to apologize for not attending the interview session. The absences were attributed to the busy schedules of the participants, which were already filled to capacity due to the busy holiday season. This resulted in 14 focus group participants instead of 18, as originally planned. One part-time nursing faculty member was unable to attend the focus group session, due to her previous work schedule. The focus groups consisted of two groups of six graduates, one group of two graduates, and one group of four nursing faculty. Excerpts of the experiences of graduates, and thoughts of the nursing faculty were tape-recorded and transcribed verbatim, by a professional transcription service.

Demographic Factors

All 86 graduates of the nursing program were invited to complete the survey through an online or paper format. Twenty-three graduates successfully completed the survey, for a response rate of 27%. The survey included the components of the Undergraduate Nursing Students' Academic Satisfaction Survey (UNSASS) and demographic factors. This chapter begins by presenting demographic factors concerning the 23 participants of this survey. These demographic characteristics are presented in Tables 2-4, and each table is followed by a brief description of the demographic data addressed in that table.

Table 2

Demographic Data - Gender

Participant type	Male	Female
Graduated students completing survey (n = 23)	4	19
Graduates students completing interview (n = 14)	3	11
Total number of graduates from nursing program (n = 86)	11	75
Nursing faculty completing interview (n = 4)	N/A	4

Table 2 shows that the majority of participants completing the survey were female (83%), and the number of graduates completing the focus group interview was also largely composed of female graduates (83%). The gender ratio follows the similar percentage of total female student graduates for this LPN to ADN program (87%). There are only female nursing faculty employed in this nursing program.

Table 3

Demographic Data - Ethnic Background

Participant type	Caucasian	African American	Asian	Hispanic	American Indian
Graduated students completing survey (n = 23)	20	2	1	0	0
Graduates students completing interview	13	1	0	0	0

(n = 14)

Total number of graduates from nursing program (n = 86)	81	3	2	0	0
Nursing faculty completing interview (n = 4)	4	0	0	0	0

Table 3 demonstrates that 87% graduates competing the survey reported they were Caucasian, which reflects the same high percentage of total graduates that were Caucasian (94%). One hundred percent of the nursing faculty that teach for this LPN to ADN program belong to the majority ethnicity group as Caucasians. The minority groups were marginally represented in both the survey and focus group results. Five percent of the total graduates represented a minority ethnicity. This percentage is similar to the numbers of minority graduates participating in both the survey and focus group interview combined (9%).

Table 4

Student Age at the Time Entered the Nursing Program

Participant Type	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56+
Graduates (n = 86)	11	15	21	29	3	3	4	0
Completed Survey (n = 23)	7	4	3	3	1	1	4	0

Table 4 shows that 55% of the total nursing graduates were in the 19-35 year-old age category. The 19-35 year-old age group proportionately represented 61% of the participants that completed the survey. There are two other significant statistics to note,

first, while the 36-40 year-old age group reflected the larger percentage of the age groups

of graduates (34%), this age group had the lowest percentage of any age group

represented in the survey. Second, the 51-55 year-old age group received the greatest

number of graduates in an age group that participated in the survey process (100%).

Survey Results

A total of 62 statements on the Undergraduate Nursing Students' Academic

Satisfaction Survey (UNSASS) sought information concerning satisfaction in numerous

program areas; clinical teaching, in-class teaching, the overall program, the

organizational culture, and the support and resources available for students in the

program. I added one last survey statement to have the graduates select which personal

and program factors that they feel were an influence in their success in the nursing

program and on the national nursing licensure examination. The specific personal and

program factors, on the last survey statement, were selected from the literature review.

Each of the 62 statements, from the UNSASS, and the graduates' ranking of the personal

and program factors that influence success, are presented in tables, following each

statement.

Tables 5-67 present the percentages of survey participant responses for each

category. Each table illustrates the graduate responses to one survey statement completed

by either the online or paper format. Following each table is a brief discussion

concerning the findings specific to the table.

Table 5

*Statement 1: CLINICAL TEACHING: Clinical instructors give me clear ideas of what is
expected of me in a clinical rotation.*

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	47.4%	--	--	--

Graduates overwhelmingly agree that the clinical instructors provide a clear

expectation of what the expectations are for the clinical experience. The clinical

instructors are required to provide a written clinical syllabus to each student, which

outlines the requirements and objectives of the clinical rotation. The clinical instructor

also provides the clinical group with a walking tour of the facility and a review of the

facility policies and procedures.

Table 6

Statement 2: CLINICAL TEACHING: Instructions are consistent among clinical and lab instructors.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	31.6%	57.9%	5.3%	5.3%	--

The graduates expressed some discontent with the lack of consistency between

the clinical and lab instructors. While the majority of the graduates were content with the

level of consistency, there were a small percentage of students that expressed

dissatisfaction with instructor consistency in the clinical and lab setting.

Table 7

Statement 3: CLINICAL TEACHING: Clinical instructors provide enough opportunities for independent practice in the lab or clinical sites.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree

| Completed Survey (n=23) | 31.6% | 63.2% | 5.3% | -- | -- |

The majority of graduates expressed satisfaction with the level of independent

practice afforded to them in the clinical and laboratory settings.

Table 8

Statement 4: CLINICAL TEACHING: Clinical instructors are available when needed.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	47.4%	5.3%	--	--

The majority of graduates expressed that the clinical instructors are available,

when needed, in the clinical and laboratory settings.

Table 9

Statement 5: CLINICAL TEACHING: Clinical instructors assign me to patients that are appropriate to my level of competence.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	42.1%	5.3%	--	--

The majority of graduates view that the patient assigned to their care, in the

clinical and laboratory settings, are appropriate to their level of competence.

Table 10

Statement 6: CLINICAL TEACHING: Clinical instructors encourage me to link theory to practice.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	42.1%	--	--	--

All of the graduates expressed that the clinical instructors encouraged the use of

prior nursing knowledge when providing nursing care to patients.

Table 11

Statement 7: CLINICAL TEACHING: Clinical instructors make sure that I am prepared before I care for my assigned patients.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	52.6%	--	--	--

All of the graduates were satisfied with the level of preparedness for clinical

setting, provided by their clinical instructors.

Table 12

Statement 8: CLINICAL TEACHING: Clinical instructors facilitate my ability to critically assess my client needs.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	42.1%	--	--	--

The ability of clinical instructors to facilitate critical thinking in the clinical

setting was rated overwhelming positive by the graduates.

Table 13

Statement 9: CLINICAL TEACHING: Clinical instructors give me sufficient guidance

before I perform technical skills.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	47.4%	5.3%	--	--

The majority of graduates expressed that the clinical instructors give sufficient

guidance before performing technical skills, in the clinical and laboratory settings.

Table 14

Statement 10: CLINICAL TEACHING: Clinical instructors are approachable and make students feel comfortable about asking questions.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	50.0%	44.4%	5.6%	--	--

The majority of graduates expressed that the clinical instructors are approachable

and make students feel comfortable when asking questions.

Table 15

Statement 11: CLINICAL TEACHING: Clinical instructors give me verbal and written feedback concerning my clinical experience.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	52.6%	--	--	--

The graduates expressed that the clinical instructors provide students with a both

verbal and written feedback concerning the clinical experience.

Table 16

Statement 12: CLINICAL TEACHING: Clinical instructors view my mistakes as part of my learning.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	44.4%	55.6%	--	--	--

The graduates felt that the clinical instructors view the student's mistakes as part

of the learning process.

Table 17

Statement 13: CLINICAL TEACHING: Clinical instructors demonstrate a high level knowledge and clinical expertise.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	36.8%	5.3%	--	--

The majority of graduates expressed that the clinical instructors demonstrate a

high level of knowledge and clinical expertise.

Table 18

Statement 14: CLINICAL TEACHING: Clinical instructors provide feedback at appropriate times, and do not embarrass me in front of others (classmates, staff, patients, and family members).

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	42.1%	5.3%	--	--

The majority of graduates expressed that the clinical instructors provide feedback

at appropriate times and do not embarrass the students in the clinical or laboratory

setting.

Table 19

Statement 15: CLINICAL TEACHING: Clinical instructors are open to discussions and difference of opinions.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	31.6%	10.5%	--	--

The majority of graduates expressed that the clinical instructors are open to

discussions and differences of opinions.

Table 20

Statement 16: CLINICAL TEACHING: Clinical placements are well thought and provide excellent learning experiences.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	31.6%	10.5%	--	--

The majority of graduates expressed that the clinical placements are well thought

and provide excellent learning experiences.

Table 21

Statement 17: IN-CLASS TEACHING: Going to class helps me better understand the material.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed	63.2%	31.6%	5.3%	--	--

Survey
(n=23)

The majority of graduates expressed that going to class benefits them in

understanding the nursing lecture material.

Table 22

Statement 18: IN-CLASS TEACHING: The quality of instruction I receive in my classes is good and helpful.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	47.4%	5.3%	--	--

The majority of graduates expressed that the quality of instruction that they

receive in the nursing classroom is good and helpful.

Table 23

Statement 19: IN-CLASS TEACHING: I receive detailed feedback from faculty members of my work and written assignments.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	36.8%	10.5%	--	--

The majority of graduates expressed that they receive detailed feedback from

faculty members of the student's work and written assignments.

Table 24

Statement 20: IN-CLASS TEACHING: Faculty members are easily approachable.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree

| Completed Survey (n=23) | 57.9% | 42.1% | 10.5% | -- | -- |

The majority of graduates view the faculty members are approachable during the classroom setting.

Table 25

Statement 21: IN-CLASS TEACHING: Faculty are fair and unbiased in their treatment of individual students.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	36.8%	15.8%	--	--

The majority of graduates conveyed that faculty are fair and unbiased in their treatment of individual students.

Table 26

Statement 22: IN-CLASS TEACHING: Faculty members demonstrate a high level of knowledge in their subject area.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	36.8%	5.3%	--	--

The majority of graduates expressed that faculty demonstrate a high level of knowledge in the areas that they are responsible for teaching.

Table 27

Statement 23: IN-CLASS TEACHING: Faculty members make appropriate use of modern technology and audio-visual aids to enhance my learning.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	31.6%	15.8%	--	--

The majority of graduates expressed that faculty members use appropriate modern technology and audio-visual aids to enhance student learning.

Table 28

Statement 24: IN-CLASS TEACHING: Faculty members provide adequate feedback about student progress in a course.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	36.8%	5.3%	--	--

The majority of graduates declared that the faculty members provide adequate feedback about student course progress.

Table 29

Statement 25: IN-CLASS TEACHING: Faculty members are usually available after class and during office hours.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	47.4%	--	--	--

All of the graduates expressed that faculty are usually available after class and during office hours.

Table 30

Statement 26: IN-CLASS TEACHING: Faculty members make every effort to assist

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students when asked.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	68.4%	26.3%	5.3%	--	--

The majority of graduates affirmed that faculty members make every effort to

assist students when students ask for assistance.

Table 31

Statement 27: IN-CLASS TEACHING: I can freely express my academic and other concerns to faculty members.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	36.8%	10.5%	--	--

The majority of graduates declared that they can freely express their academic and

any other concerns to faculty members.

Table 32

Statement 28: IN-CLASS TEACHING: As a result of my courses, I feel confident about dealing with clinical nursing problems.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	47.4%	--	--	--

The majority of graduates declared that as a result of the nursing curriculum they

feel prepared to deal with clinical nursing problems.

Table 33

Statement 29: IN-CLASS TEACHING: I am generally given enough time to understand the things I have to learn.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	36.8%	47.4%	15.8%	--	--

The majority of graduates expressed that they generally have enough time to understand the required nursing lecture content.

Table 34

Statement 30: IN-CLASS TEACHING: Faculty members are very good at explaining things.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	31.6%	42.1%	26.3%	--	--

The graduates seemed to have a varying degree of satisfaction when rating the ability of faculty members to explain items. Graduates rated their level of satisfaction, with the faculty's ability to explain things, ranging from somewhat agree to strongly agree.

Table 35

Statement 31: IN-CLASS TEACHING: Faculty members make an effort to understand difficulties I might be having with my coursework.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	47.4%	5.3%	--	--

The majority of graduates expressed that faculty members make an effort to understand the difficulties that the students may be having in their coursework.

Table 36

Statement 32: IN-CLASS TEACHING: Faculty members try to make their subject interesting.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	47.4%	--	--	--

Graduates overwhelmingly agreed that faculty members try to make their subject interesting.

Table 37

Statement 33: THE PROGRAM: There is a commitment to academic excellence in this program.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	78.9%	21.1%	--	--	--

The graduates greatly expressed that the program has a high commitment to academic excellence.

Table 38

Statement 34: THE PROGRAM: The program enhances my analytical skills.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	63.2%	36.8%	--	--	--

The majority of graduates agrees or strongly agrees that the program enhances

their analytical skills.

Table 39

Statement 35: THE PROGRAM: The program is designed to facilitate teamwork among students.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	42.1%	47.4%	10.5%	--	--

The majority of graduates expressed that the program is designed to facilitate

teamwork among students. There was a small percentage of graduates that somewhat

agree that the program facilitates teamwork among students.

Table 40

Statement 36: THE PROGRAM: The program and faculty members create a positive environment for cultural diversity and cultural tolerance.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	42.1%	--	--	--

The graduates expressed that the program and faculty members create a positive

environment for cultural diversity and cultural tolerance.

Table 41

Statement 37: THE PROGRAM: The program enhances my problem solving or critical thinking skills.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed	63.2%	36.8%	--	--	--

Survey
(n=23)

The graduates concur that the program enhances their problem solving or critical

thinking skills.

Table 42

Statement 38: THE PROGRAM: I usually have a clear idea of what is expected of me in this program.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	47.4%	5.3%	--	--

The majority of graduates expressed that they have a clear idea of what is

expected of them in the program.

Table 43

Statement 39: THE PROGRAM: The program provides a variety of good and relevant courses.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	42.1%	--	--	--

The majority of graduates expressed that the program provides a variety of good

and relevant courses.

Table 44

Statement 40: THE PROGRAM: Most courses in this program are beneficial and contribute to my overall professional development.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	42.1%	--	--	--

The majority of graduates revealed that most courses in the program are beneficial

and strongly contribute to their overall professional development.

Table 45

Statement 41: THE PROGRAM: The program has a zero tolerance policy regarding cheating and plagiarism.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	68.4%	26.3%	5.3%	--	--

The majority of graduates agree that the program has a zero tolerance policy

regarding cheating and plagiarism.

Table 46

Statement 42: THE PROGRAM: I am able to experience intellectual growth in the program.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	47.4%	--	--	--

The majority of graduates expressed that the program encourages their ability to

experience intellectual growth in the program.

Table 47

Statement 43: THE PROGRAM: Faculty members and clinical instructors are caring and helpful.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	42.1%	5.3%	--	--

The majority of graduates agree that the faculty members and clinical instructors are caring and helpful.

Table 48

Statement 44: THE PROGRAM: Overall, the program requirements are reasonable and achievable.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	73.7%	26.3%	--	--	--

The graduates overwhelmingly approve that the program requirements are reasonable and achievable.

Table 49

Statement 45: CULTURE: Faculty members create a good overall impression.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	73.7%	26.3%	--	--	--

The graduates expressed that the culture of the faculty members create a good overall impression.

Table 50

Statement 46: CULTURE: Faculty members behave professionally.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	73.7%	26.3%	--	--	--

The graduates highly agree that the faculty behave in a professional manner.

Table 51

Statement 47: CULTURE: The secretaries behave professionally.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	73.7%	26.3%	--	--	--

The graduates highly agree that the secretaries behave in a professional manner.

Table 52

Statement 48: CULTURE: Faculty members greet/acknowledge me when they see me.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	68.4%	31.6%	--	--	--

The graduates highly agree that the faculty members greet/acknowledge the

student when they see them.

Table 53

Statement 49: CULTURE: I can freely express my academic and other concerns to the administration.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed	57.9%	36.8%	5.3%	--	--

Survey
(n=23)

The majority of the graduates highly agree that they can freely express their

academic or any other concerns to administration.

Table 54

Statement 50: CULTURE: Faculty speak positively of the program in front of students.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	73.7%	26.3%	--	--	--

The graduates overwhelmingly agree that the faculty speak positively of the

program in front of the students.

Table 55

Statement 51: CULTURE: I feel a sense of belonging here.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	52.6%	42.1%	5.3%	--	--

The majority of the graduates expressed that they felt a sense of belonging as a

student in the nursing program.

Table 56

Statement 52: CULTURE: Faculty members are good role models and motivate me to do my best.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed	68.4%	31.6%	--	--	--

Survey
(n=23)

The graduates expressed that the faculty members are good role models and

motivate the students to do their best.

Table 57

Statement 53: CULTURE: Student disciplinary procedures are fair.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	36.8%	5.3%	--	--

The majority of graduates expressed that they believed that the student

disciplinary procedures are fair to all students.

Table 58

Statement 54: SUPPORT AND RESOURCES: The facilities (classroom, clinical and computer labs) facilitate my learning.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	50.0%	50.0%	--	--	--

The graduates expressed that the classroom, clinical, and computer labs are

adequate to facilitate their learning.

Table 59

Statement 55: SUPPORT AND RESOURCES: Faculty members take the time to listen/discuss issues that may impact my academic performance.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	57.9%	42.1%	--	--	--

The graduates expressed that the faculty members take time to listen and discuss issues that may impact their academic performance.

Table 60

Statement 56: SUPPORT AND RESOURCES: Library resources and services are adequate for my learning needs.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	42.1%	36.8%	21.1%	--	--

The graduates have varied feelings about whether the library resources and services are adequate for their learning needs. While a majority of the graduates stated that they strongly agree regarding the adequacy of the library resources, there were still a small percentage of students that only somewhat agreed to the adequacy of the library resources and their ability to meet their learning needs.

Table 61

Statement 57: SUPPORT AND RESOURCES: Required textbooks and other learning materials are readily available with reasonable prices at the university bookstore.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	5.3%	26.3%	68.4%	--	--

The graduates were not satisfied with the adequacy of the university bookstore to

be able to have available the required textbooks and learning materials with reasonable

prices.

Table 62

Statement 58: SUPPORT AND RESOURCES: Channels for expressing student complaints are readily available.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	31.6%	52.6%	15.8%	--	--

The majority of the graduates were satisfied with the channels for expressing their

complaints and felt that the channels were readily available to them.

Table 63

Statement 59: SUPPORT AND RESOURCES: The secretaries are caring and helpful.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	36.8%	63.2%	--	--	--

The graduates approve that the secretaries are both caring and helpful.

Table 64

Statement 60: SUPPORT AND RESOURCES: Support at the clinical and computer labs is readily available.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	21.1%	68.4%	10.5%	--	--

The majority of the graduates expressed that the support in the clinical and computer labs was readily available.

Table 65

Statement 61: SUPPORT AND RESOURCES: The administration shows concern for students as individuals.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	31.6%	68.4%	--	--	--

The graduates overwhelmingly agree that the administration shows concern for students as individuals.

Table 66

Statement 62: SUPPORT AND RESOURCES: Computer and clinical labs are well equipped, adequately staffed, and are readily accessible to meet my learning needs.

Participant Type	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Completed Survey (n=23)	47.4%	42.1%	5.3%	5.3%	--

The graduates expressed displeasure regarding the computer and clinical labs and the level of staffing and accessibility of these labs to meet the student learning needs. There are only nursing faculty that operate the computer and clinical labs. There is no designated staff with the responsibility to oversee the computer and clinical labs. There is a specific computer lab designated for use by only the allied health students.

Table 67

Statement 63: Personal and Program Factors Influencing NCLEX-RN Success - Select which "personal" and/or "program" factors influenced your ability to be successful on

the NCLEX-RN?

Participant Type	Specific Program or Personal Factors	Percentage
Completed Survey (n=23)	Nursing faculty support and encouragement	84.2%
	Spouse or significant other support and encouragement	78.9%
	Peer support and encouragement	78.9%
	Family support and encouragement	73.7%
	Strength of nursing program academics	73.7%
	HESI Subject-specific examinations	63.2%
	HESI Comprehensive examination	63.2%
	Previous health care work experience	63.2%
	Current health care work experience	57.9%
	Positive self-esteem and self-determination	57.9%
	Financial support was available	26.3%
	Completion of prerequisite General Education courses	26.3%
	Church family support	21.1%
	College student support services	0.0%

The graduates rank the personal and program factors that influence their success on the national nursing licensure examination. The graduates rank the factors that are the most important to their success as faculty support, spouse and family support, peer support and the strength of the academics. The factors that the graduates consider the least important to their success are the financial support, completion of general education courses, church family, and college student support services.

Focus Group Interviews

In this case study, 14 graduate nurses, in two groups of six persons per group, one group of two graduates, and one group of four nursing faculty participated in face-to-face open-ended interviews. The purpose of the interviews was for the graduates to verbalize their unique stories of challenges and success in the nursing program and on the NCLEX-RN, and to compare the thoughts of the graduates with the ideas of the nursing faculty.

Ten interview questions were presented to the focus groups. The interview questions allowed the participants to reflect and recall memories from various exposures, interactions, and lived experiences that they perceived as leading to success in the nursing program and on the NCLEX-RN. All interviews were conducted with due consideration of the privacy and convenience of participants. The interview questions addressed the various areas of exploration of student success or challenges; program factors, personal factors, personal barriers, program barriers, and recommendations for increasing student success.

The conceptual framework of the current research was guided by the principles of Andragogy. The components of the Andragogy were applied to the last four interview questions; reinforcing the need to learn, opportunities to learn, opportunities to problem solve, immediate rewards of gratification, and internal factors that are most influential in motivating to learn.

The transcriptions of the three focus group interviews of the graduates were reviewed and common themes were noted and coded, for each interview question, and across each focus group. A focus group of the nursing faculty was reviewed and a comparison of the graduate responses and the responses received from the faculty were appraised. Each interview question will be presented below and the excerpts from the graduate and faculty responses to the question are presented verbatim, with very little editing. The reader will find the entire transcript verbatim in Appendix E. Any clinical or classroom observations that are noted, any trends in the document analysis, or any tendencies noted on the survey that correspond and validate the graduate and/or the faculty thoughts are also presented following each interview question.

Two of the graduate focus groups consisted of six participants each, a third graduate focus group initially had six participants but, ended up with just two participants attending, and the faculty focus group included four faculty. Each participant arrived, at the designated time of their focus group interview, to the same conference room on the college campus. Participants sat in a u-shape around the conference table with the interviewer being at the head of the table. Before beginning the interview, I welcomed and greeted the participants and interviewer. Each focus group was scheduled around the lunch or dinner timeframe, and all were provided with a boxed meal, delivered by a nationally known caterer of gourmet sandwiches. I introduced the participants to the interviewer, and thanked all participants for their time and effort toward the research process. The interviewer and participants were left alone to discuss the questions in privacy and confidentiality. After I had left the room, the interviewer assigned each participant a number to identify themselves, during the recording of the interview process.

The following is a summary of the interview responses received by the graduates and faculty, observations in the classroom and clinical setting, evidence of document analysis, pertinent demographics, and survey results presented for each interview question.

Program factors that contribute to success. The graduated participants reported program factors that helped them be successful in the LPN to ADN nursing program. Two program factors emerged as themes, in contributing to their success in the nursing program: student and faculty interaction, and peer group work interaction.

Graduates repeatedly stated that they would not have been able to complete the program without the interaction and support of the faculty, both in the classroom and clinical setting. The theme of faculty support resonated across all three graduate focus groups. One graduate, who English is his second language, stated, "We can always whenever we're struggling they encourage us to retry and go and sit and they can help us and whatever errors we have." One graduate commented, "I think the class time was beneficial to me along with the clinical time – the student faculty interaction and then the clinical time." One graduate further elaborated that, "I would say faculty support, extra study time going over my exams with the faculty has contributed immensely to my success." Another graduate defined the best method for learning the nursing curriculum as, "Different faculty providing experiences that they have gone through, that's probably one of my best learning tools." A graduate also reflected that the faculty-to-student interactions also allowed her to connect the classroom concepts with the real-life health care patient scenarios, "I liked how the instructors were really questioning me during the clinical experiences and say "ok why is this happening to this patient" so, it brings that pathophysiology and kind of makes it, I don't know, kind of all link together."

One graduate described a situation where the extra guidance and encouragement from a faculty member gave her the strength to continue in the program,

My start in the nursing program was very stressful due to many personal and financial issues and I had considered quitting the program early on. I went to one of the faculty and expressed my concerns and challenges that I was facing. She went above and beyond and called the college counseling services to see how they could best benefit me. I have been attending counseling services to learn how to

handle my stress outside of school and how to be successful in the nursing program. She gave me hope and encouragement that I really could be successful and meet my dreams of being a nurse.

Though faculty and student interaction was noted as the most frequently cited answer as the program factor that increases student success, there was another area that several students mentioned, that also contributes to success. Having the opportunity to work as a group or the occasions to review lecture material with peer support, was also noted to promote success. A graduate reinforced their personal benefit from group support, "Having the chance to study with my classmates and have noticed that my exam grades are higher when I attend group study sessions."

This benefit of group study time was also reiterated by the other participants of the focus group. One graduate mentioned, "Groups that the school or the faculty that have incorporated in the program also helps because it also teaches us how we can learn a group concept." The benefit of group support was also highlighted by another graduate, "I look forward to the study groups at the library but, when I couldn't come to the group because my daughter was sick, some of my friends came to my house to help me study." Encouraging students to participate in peer groups is a philosophy that is not always shared by all educational departments. This philosophy difference between the nursing program and the general education department is revealed by a graduate comment, "Peer interaction, because in previous courses I've taken I've kind of done it on my own and I really needed help from other students just reminding me "oh this is when this is due", "I didn't know that was when that was due."

The nursing faculty adamantly verbalized agreement of their thoughts of the main

reason that contributes to student success in the nursing program. The nursing faculty

overwhelmingly agrees that the amount of faculty to student interaction definitely

contributes to student success. One faculty member describes, "Right now we have very

good faculty and the student interaction. We have right now low faculty to student ratio

so we're able to spend more time with them." Another faculty member states, "As a

clinical instructor, I really think that it is great that we only have to watch and monitor 5

to 6 patients. That is significantly different than other programs where I've been offered

jobs." The third and fourth faculty members also concur with the thoughts of the first

two faculty members. A faculty member also further agrees by stating, "In my

perspective with being a clinical instructor the smaller groups are much easier to work

with. You can spot things quicker." And finally the last faculty member reinforced this

idea, "For example, friending them on Facebook and having interaction on an on-going

basis, but I think that's been helpful." The faculty perceived the positive faculty to

student interaction as being the most prominent program factor to student success. The

exceptional faculty to student interaction is also reinforced through the graduate

interviews.

The graduates also mentioned that the group activities and peer support, provided

through group interactions, as being a secondary program factor to student success. The

faculty members did not verbalize or recognize the benefit of the group interaction

between peers, as being a program factor promoting student success.

The thoughts of the graduates were reinforced by my observations between the

nursing faculty and the current nursing students. I witnessed the quality of faculty to

student interaction during the observation of both the classroom and clinical experiences. There were numerous instances before, during, and after the selected class lecture period where the faculty sought out one-on-one interactions with students. During the minutes preceding the beginning of the lecture, the faculty member was present in the classroom and was informally conversing with students about a variety of items; happenings of the prior weekend, highlights of local news, family celebrations, and children happenings.

During the class lecture, the faculty member called a student by their first name when requesting an answer to a lecture question. As the faculty lectured on the diseases and disorders of the gastrointestinal system, there were frequent instances where the faculty offered opportunities for the students to give their input from things that they might have seen in the clinical setting or healthcare environment. After the 50 minute lecture period was completed, the faculty member did not immediately leave the classroom. The faculty member remained in the classroom for approximately 15 minutes after class and conversed casually with students about questions regarding lecture content.

A different group of students and a different faculty member were observed by in the clinical setting, at a local acute health care facility. I arrived at the clinical setting early in the morning to be able to witness the interaction of the nursing faculty and students as they prepare for the clinical day. The clinical group consisted of six senior level nursing students and one part-time clinical adjunct faculty member. The clinical group began their day by individually receiving their patient assignments from the nursing faculty. Throughout the clinical day there were other numerous instances witnessed where the nursing faculty provided one on one attention to the students.

Initially, each student was given one on one attention by the faculty member during the morning nursing report, where they received the health care details of their selected patient for the clinical day. The faculty also offered students the individual attention during the daily medication passes, where the faculty would quiz and critique areas of learning for each student. Before and during the implementation of procedures on patients, any invasive patient care, or documentation on patient care records, the student was given undivided attention from the nursing faculty, to complete the task successfully and in a professional manner. There was also an instance witnessed where the nursing faculty and a student were seated in the conference room discussing the pathophysiology of the patient's diagnosis. The faculty presented the student with critical thinking questions to enhance and further the student's level of nursing knowledge.

During the lunch break, the nursing faculty member went to lunch in the cafeteria with three of the nursing students. During this lunch time, the faculty addressed students by their first names, conversed with the students about their families, children, and national happenings. The clinical day concluded with a postconference where the students and nursing faculty discussed learning strategies in a small group setting. During the postconference, each student was given the opportunity to summarize the nursing care that they provided for their patient that day. Nursing students were also allowed to direct specific questions of interest to the nursing faculty. After the students were dismissed for the day, the nursing faculty remained in the conference room and spoke individually to a nursing student, at the student's request. I remained at a distance but, could over hear that the student had further questions about the lecture material that

might be on the examination on the next class day. The nursing faculty spent

approximately 10 minutes with this student explaining the medication classifications that

are appropriate for a patient with a medical diagnosis of Congestive Heart Failure. The

nursing faculty member and this remaining student concluded the clinical day by exiting

the hospital together.

In the document analysis, of student academic files, there were numerous students

that had documentation of personal consultations with nursing faculty. Of the 86

graduated nursing students, 36 students had faculty consultation forms in their files. A

student can receive a faculty consultation form for several reasons; low course grades, a

trending increase in absences, clinical safety issues, behavioral problems, or any concern

that the faculty may have about the student's ability to be successful in the nursing

program or on the national nursing licensure examination. It is the policy of the program

to assign each nursing student a nursing faculty advisor to monitor the student's progress

throughout the program. The faculty advisor will be one of the full-time nursing faculty

employed in the LPN to ADN program. The individualized attention, that the nursing

faculty display toward students, was evidenced with the number of faculty consultation

forms that were identified in the document analysis of student academic files.

The survey was completed by 23 of the 86 nursing graduates. Some of the

graduates completing the survey may have also participated in the focus group interview

process or may have just completed the survey alone. The responses on the survey,

regarding the program factors that contribute to student success, also reflected the

thoughts verbalized by the graduates in the focus group interviews. Graduates

overwhelmingly selected "strongly agree" or "agree" to numerous survey areas that

pertain to faculty support; clinical and classroom instructors are available when needed, faculty are approachable, and guidance is given by clinical instructors before performing technical skills.

Personal factors that contribute to success. The internal motivation to receive a college degree and begin employment as a Registered Nurse, and a strong support system were factors mentioned most by graduates, as the personal factors that contributed to student success. Motivation is the internal drive which allows each of us to ascend to something we have yet to achieve. This internal motivation was mentioned by several graduates as a factor to program success. One graduate mentioned, "I was really committed to finish the program and no matter what if I took for me to make sure I finish it." Another graduate expressed, "I have more self determination to help me get through this." One graduate had an epiphany during the interview, "I'm probably one of the oldest ones in class and I just realized that it is probably my own determination that has played a great factor to my success, just to do it."

One of the graduate competencies, of the selected LPN to ADN program, is to have graduates assume responsibility for lifelong learning, personal, and professional growth. Evidence of meeting this graduate competency is manifested in a response of a graduate, "In the beginning of the program I was barely passing. And then I began succeeding and did very well and the difference was that I had to learn how to manage my time. I kind of had to take it into my own hands. I mean you can be at a great school with a great program and fail and it is up to you really." Having the determination to succeed is a great motivator for one graduate,

I have more self determination to help me get through this. I have some support, family, but not a lot and I am also determine to prove those wrong that think I might not make it and succeed. And I want, I want to be the first one in my family to get a college degree.

The people who surround you, your support system, will determine how well you will build and maintain the self-confidence necessary for success. This relationship between the support system and student success is repeatedly reinforced in the communications with the graduates. One graduate expressed,

I think something that has helped me deal with the frustration and which some of it is just being able to vent and scream and kick and cuss to our family and loved ones. We're going to have stress wherever we work but, nursing school is extra stressful.

Some graduates express the extreme gratitude of the assistance received to manage the diverse responsibilities while in nursing school. One graduate conveyed, "My family support is the main reason that I am even successful, because I have a small child and they jump in and take care of everything, clean my house, do everything so all I have to do is focus on school."

A spouse's support is also reflected in many of the responses received,

My husband is very supportive and I wouldn't say pushy is pushing me to do it, but I could reason, I could have a hundred reasons why it would be better for me to work more hours and support the family, even though he works salaried, but he's like you can finish, you know, at least get your RN and he does laundry and dishes and takes care of the kids and just very good.

A graduate identified this same extraordinary level of encouragement that she received from her spouse and support system, "I have extreme support from my husband and my mother in law. She is a retired RN so I have a lot of family support and just something I've always wanted to do." Again, the importance of a strong support system is revealed by another graduate, "I have an amazing boyfriend that says to me "school first, school first" I see him about once every night from 12 to 8, so he is amazing and very understanding. He's also a nurse so he understands. I have a great family support as well."

While the internal motivation and a strong support system were noted to be the most reported personal factors that contributed to student success, three other graduates exposed personal factors that were essential for their individual success; previous work experience, or time management and organization skills. One graduate reported,

I have had a very good work experience in about everything. I see many different people, many different diagnosis and deal with medications and things so I've really got more out of the LPN program by working and seeing that which I contribute to more success here because I have been out in the working world and you know have seen things and stuff like that so I feel a little bit more prepared in the clinical type setting because I work in it.

Two graduates attribute their success to time management and organization skills. One graduate replied, "I try to stay as prepared as possible which all of us know that is very difficult the first several weeks, but we all worked together for the most part and tried to keep everything straight." A graduate also articulated the growth of their time management skills, "If you don't have them you will have them before this is over

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because learning how to deal with procrastination and time management are the, were my downfalls in the beginning, but I am getting better at now."

Internal motivation and a strong support system were also overwhelmingly recognized, by nursing faculty as personal factors for student success. All four nursing faculty reiterated a version of this statement, "A lot of it for our students is motivation to better themselves." A faculty member felt that the motivation must be internal and not driven by the goals of others,

> Now there are some that mom or dad are pushing them in to it and those, they're, they may be successful, but less successful than those who are really self-motivated. So it's an, I think it is a motivation to really better themselves is really where that comes from.

A nursing faculty member expresses the importance of internal motivation in the creation of an exemplary nurse,

> I would say 75% or greater of our students so far are adult, non-traditional learners and so that in and of itself is one of the biggest personal driving factors of our students and that probably can be, attributes to our success rate as well. We can help them. We can encourage them and show them that there is light at the end of the tunnel, but number 1 is right that they kind of got to have it in them. Or they're not going to make good nurses, frankly, either if they are not motivated to graduate from nursing school, we shouldn't have to motivate them because we wouldn't want them taking care of our grandparents so that's really it.

While the nursing faculty overwhelming agreed that internal motivation was a critical component to student success, one nursing faculty member mentioned her view of the importance of a strong support system, despite the level of internal motivation,

> The biggest factor is with our group of students is you have all kinds of age factors and if you don't have a good support system, because a lot of the students whether they are younger or older, they work out side school. They have to work all this in together and in doing so, if they don't have that family support to help them get through the time that they have to put forth in their studies, then it's going to be difficult. And no matter how much motivation you have, if you don't have the help to help you get through these times then you're not going to make it.

Witnessing a student's internal motivation during the classroom and clinical experiences can be challenging. A student's internal motivation was measured by diverse factors; student's level of participation witnessed, opportunities taken by students to increase their level of nursing knowledge, and classroom and clinical attendance.

Many students demonstrated an extraordinary level of initiative during the classroom observation of the current nursing students. During the classroom lecture period, many students enhanced the lecture discussion by commenting on items that they had seen in the clinical setting or in employment as a Licensed Practical Nurse, and students also freely addressed lecture content questions to the nursing faculty member. Other opportunities where the students were further increasing their nursing knowledge were also demonstrated during the classroom observation.

A specific instance of furthering nursing knowledge was noted, when the nursing faculty was discussing the treatment of gastrointestinal malignancies. The students were using their internet phones or laptop computers to search for clinical updates on the treatment of gastrointestinal malignancies. Several students included these clinical updates in the classroom discussion. The classroom lecture period was considered interactive and included significant student initiative in the classroom discussion.

The attendance policy of the selected LPN to ADN program is stringent and requires that students maintain an absence no more than 40 hours of classroom and/or clinical hours during the length of the program. Document analysis revealed that the highest number of absence hours, for the past program graduates, totaled no more than 35 hours. No students exceeded the maximum amount of absence hours allowed. This low level of absences may be attributed to the student's level of internal motivation to attend lecture and succeed in the nursing program.

The results of the survey also corresponded with personal factors of success that were revealed in the interviews, observation, and document analysis. On the survey, 57.9% to 63.2% of the graduates exposed that previous and current health care work experience, and positive self-esteem and self-determination contributed to their success in the nursing program.

Personal barriers to success. The focus group interview produced numerous responses for which personal barriers made being a successful student a challenge; being "burned out", family responsibilities, lack of time management, need to work full-time, and being a nontraditional student. The most common challenge that graduates felt they had to overcome, in order to be successful, was simply feeling "burned out" and stressed.

Many of the students enter into this LPN to ADN program directly upon completion of the Practical Nursing program. The limited amount of time between completing one nursing program and beginning the next level of nursing education results in the student being involved in an intense nursing education program continuously for one year and nine months. By the time the student enters this LPN to ADN program, their stress level is already extremely elevated and then additional demands of learning, in an LPN to ADN program, are now added to these students.

One graduate described their stress level and how it was increased with the additional demands of other classes,

> For me, burn out is a huge issue and I can't imagine, well I do imagine what it's like for people to go straight through from LPN because I had to take other courses in between so I haven't had a break going through either. It's just, it's tough, but there's, you have a day in mind and all you have to do is live until that day and stay in. And I think that's all any of us are trying to do at this point is survive.

Some graduates simply describe their personal barriers, "I would say a lot of it is exhaustion", "I get easily distracted and I get burned out", and "I think burnout."

The next most frequently cited personal barrier to success, described by the graduates, was the other personal responsibilities that the students are responsible for while in the program. These personal responsibilities include the time needed for family and children commitments, and the need to be employed while being a student. A graduate summarizes both of these barriers,

I feel my biggest problem is other things taking more priority than this program. You know, I know school should come first, and everybody wants school to come first, but it just comes to a point that other things have to be done. I have to work. I do have family things and stuff like that that have to be done and I feel like that is probably my biggest barrier is that I don't stick to school as much as what school should be.

Another graduate states, "Probably the five kids that's a big barrier. That takes priority over everything else that's going on in life." Other graduates also reinforced the added responsibilities and the need to fulfill a commitment to their family and children. A graduate expressed, "I think you feel that you miss out on having kids and being married. I think you go through a little bit of guilt and that you're missing out on them growing up."

A couple male graduates verbalized their individual personal barriers to success. One graduate expressed their lack of time management, "Time management, I just try to keep my schedule and stay on schedule and make sure that I have a lot of time to study and I try to stick to that." The African American male graduate that participated in the focus group interview articulated his barrier,

I'm like the only black student, African American. So and not to mention that English is not my best language and that can also that also is my personal barrier, because every time before I say something I have to really think about it.

Being an older male student was also identified as a personal barrier for one graduate,

Well, I also felt a little different in class since I was 20 to 30 years older than any of the other students in class other than maybe one. So, I'm not sure that was a

barrier in all cases. The other thing is being a male in a predominantly female profession so, I felt like I was kind of a double non-traditional student. I was the older of the students and a male. Even though we had a lot of males in the class, on occasion when we would go to clinicals, I could perceive that both of those factors were recognized by some of the nurses that we worked with on the floors and some of them were pretty blatant about it, but for the most part I had good experiences. But, yeah, there's... regardless of whatever factors that make you different and it is a barrier.

The student personal barriers to success, identified by the nursing faculty, also reflected two of the most frequently cited personal barriers verbalized by the graduates; family commitments, and the need to be employed full-time. One faculty member acknowledged, "I think what their personal barrier is not only that, but the multiple personal issues they have, their family, their kids, their outside responsibilities that sometime intrude on study time and time that they need to be more." The remaining three nursing faculty agreed that family commitments can overwhelmingly be a barrier to student success.

Nursing faculty also recognized the need to be employed while being a student in the nursing program as a major barrier to student success. One nursing faculty exclaimed, "Having to work or want to attempt to work full-time. It's virtually impossible to be really successful, work full time and do this program." Another faculty member also affirmed,

The shifts they have to work in order to accommodate to school are not conducive to studying afterwards, or trying to come to class afterwards and we've had,

believe it, all those students coming in working 12 hour shifts until 2 a.m. and

then trying to come in at clinical at 6. It's just not, it's not conducive to learning

in a successful program.

Another nursing faculty identified an additional barrier to student success, "Think

it's going to be a piece of cake and you can do it all and within a matter of a few weeks

it's just all overwhelming because if you don't stay on top of your studies." Finally, a

faculty member summed up another student personal barrier to success as, "Not having a

financial plan in place is a detriment to the students."

The current nursing students were observed at the end of the first semester, in

both the classroom and clinical setting. There were no signs of frustration or evidence of

personal barriers verbalized or heard in student communication before, during or after the

classroom lecture period. Evidence of personal barriers to success was easily noted in the

communication between students, in the clinical setting. The students verbalized to each

other, in the break room, their level of stress and exhaustion that they were feeling due to

the copious amount of assignments, exams, studying, and reading required in this LPN to

ADN program.

The students who went directly from completing the Practical Nursing program to

beginning the LPN to ADN program, have been experiencing the additional stress and

responsibility of being a nursing student for the past 16 months. It should be noted that I

observed the students, in the clinical setting, a week before the end of the first semester

and these students had to arrive in the clinical setting very early in the morning. Both the

timing of the clinical observation in relationship to the semester and the early clinical day

can both be attributed to the student's increased level of stress.

The pressure of additional commitments was also noted in communications between the students. One student in particular expressed frustration with having a sick child that was up all night with a fever. She also acknowledged that having her husband in the military left all of the parental responsibilities up to her. An additional student conveyed the challenge of having to miss her child's holiday party at school due to the clinical requirements of the nursing program.

Evidence of personal barriers for the students is challenging to locate in the analysis of the graduate's academic student files. The academic files located in the Allied Health office do not contain the graduate's financial aid status, whether they are employed full or part-time, number of dependents, or marital status. It was noted on the attendance records that the graduates met the required program attendance policy; having no more than 40 hours of absences during the nine month LPN to ADN program. While the graduates and students identify many stressors that they encounter while being a nursing student, their attendance is within the required program guidelines. There were no successful or unsuccessful students that totaled an excess of absence hours over the program policy. A research study found that showing up for class was a stronger predictor of high marks in college than were many other commonly used predictors, including study habits, study skills, high-school grade-point averages, and scores on the SAT and other standardized tests (Credé, Roch, & Kieszczynka, 2010).

The survey did not address the specific characteristics of the students that might reflect their personal barriers. Their marital status, number of dependents, or the number of hours worked per week was not questioned. The 23 graduates that completed the

survey did rate their spouse as significant to their success (78.9%). The students rated

their family support as critical to their success as a nursing student (73.7%).

Program barriers to success. In the focus group interviews, two consistent

themes appeared to contribute to student frustration and were possible program barriers.

The most verbalized frustration from the graduates was their perception of the lack of

organization between instructors and with individual instructors. A graduate reflected,

> Initially, when we first started this program everything was up in the air. Nothing
>
> seemed organized. Everything was chaotic. Nobody knew which end was up.
>
> Everybody was frankly just really pissed off and not happy with the fact that they
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> chose OTC's program, but I am happy to say that changed. I think people were
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> happy that they were in this program. They understood the direction that we were
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> going and for the most part we understood the direction that the instructors were
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> going... for the most part. There were still times when it seemed confusing and it
>
> seemed like there was not a consistency between the instructors.

The graduates also declared frustration with some nursing faculty and that the

lack of connection between the lecture material and what was actually covered on the

examination. A graduate presented an example, "We had a study guide given to us for

that test by the instructor that wrote the test. Most of the test was not covered on the

study guide. The study guide directed us in one direction, the test tested us over other

things." A similar frustration was verbalized by another graduate, "I do feel that the

disorganization of schedules per instructors was very hindering to me at the very

beginning." A graduate also expressed a comparison between their Practical Nursing

program and this LPN to ADN program, "You know, you knew when your test was.

There was no question about when an assignment was due or what exactly was due or what the test was going to cover because that was what's on the test."

There was also concern for the number of nursing faculty teaching in the LPN to ADN program. A graduate expressed concern, "We only had the two instructors like Sherry and Tena, Tena and Beth and I don't want to speak for them, but I think for the whole program the way it is built, I think for just them two, I think it is too much for them." Another graduate conveyed this same concern for the clinical setting, "I did notice in the clinical setting that the ratio of students to instructors sometimes seemed a little big."

The nursing faculty identified a program barrier that was different to what the graduates had mentioned. The nursing faculty identified that they felt the students thought there was too much work given to the students. A faculty defended the need to give the selected assignments, "I believe they think that we give them way too much work. Um, they call it, they think it's busy work. They don't realize that repetition helps them to learn." Another nursing faculty member gave an opposite opinion of the required homework, "The care plans and the databases that they fill out kind of weigh on their soul and their fear with them processing about that patient they're taking care of this morning." A nursing faculty defends the need to incorporate specific assignments as part of the learning process, despite the student objection,

> I try to tell them that someday, believe it or not, they'll do this entire database and this entire care plan in their head and a thirty second shift report, end of shift report. That we're working on getting to that process. And they don't believe me and some of them will look back and say "yeah they're right, I am doing a

morning care plan report" and "I am, I do need to know all of that information."
But it's just that they can't see that.

A final faculty member was consistent with the graduates and described her concern about the number of faculty that teach in a program of this size and the influence on student personalities,

The other thing I'd say that might be a detriment in our program is that there are two of us faculty members who are primarily in the classroom, a third who does her fair share of lecture time, but it boils down to primarily two of us who are doing the majority of the lecture hours with the students, face to face time with students. That may not be enough faculty members to, because of personality and types, that sort of things to really turn on some students. If there were more faculty members, there might be more personality characteristics that would engage some students.

The classroom observation displayed a level of confusion during the class period about when certain assignments were due. The students directed their questions to the nursing faculty at the beginning of the class period. The nursing faculty member, for this course, attempted to clarify the due dates for the assignments. Though there was continued confusion, even for myself, regarding which assignments were optional and which were mandatory, and what method of submission was preferred. The due dates for the assignments for this course were only given verbally to the students and not included in the course syllabus.

Confusion was also noted in components of the lecture presentation. The nursing faculty member had a tendency to discuss concepts that were not listed on the PowerPoint

presentation. I suspect that the nursing faculty is sharing her specialized knowledge with the students and might view this as broadening the students' knowledge. Though from what I overheard in the past from students and what was verbalized in the focus group interviews, students feel a sense of confusion and not sure if what is discussed in class, though not included on the PowerPoint presentation, is also testable material.

There were no outward signs of confusion presented from students during the observation of the clinical rotation. The appreciation for the clinical experience was verbalized by a graduate, "Clinically, I learned more here, but as far as classroom experience, some days I felt like it was a waste of my time." Further appreciation for the clinical instruction, as compared to the classroom instruction, was given, "Another teacher, the disorganization, huge issue. Love her as a human being. I would hang out with her and talk to her... in clinicals, absolutely one of the best experiences I ever had was with her, classroom not so much."

The document analysis of student academic files revealed a discrepancy between the amounts of feedback that each clinical instructor would give to each student on their final clinical evaluation. This may be perceived by students as disorganization when each instructor did not follow the same clinical feedback guidelines. The clinical instructors are permitted to either just mark the final rating for each competency for the student, or the clinical instructor may elaborate further on the clinical evaluation forms. This variation in clinical faculty feedback may be viewed, by the student, as disorganization and an inconsistency.

The survey results reveal that graduates overwhelmingly believe that nursing faculty were available and approachable in both the classroom and in the clinical settings.

Also surprisingly, the graduates believed, on the survey, that they received clear ideas of what was expected of them, while a student in the program. Though, the graduate responses on the survey were varied on rating the consistency between the instructors in the clinical and classroom setting. Graduates rated the consistency between instructors in the clinical setting as essentially a positive experience.

Recommendations for increasing student success. The graduate's recommendations for improving student success were related to improving the communication between instructors and with the students, decreasing the amount of "busy work" for students, and assisting further with the transition between the levels of nursing knowledge. Initially, the graduates wanted to preface their recommendations with a compliment to the program and the instructors,

> I have a couple of friends that are currently in nursing programs in other places in Springfield and whenever we get together and discuss like workload, expectations, the, it's definitely much higher here and I don't see, I don't think that's not actually a complaint because I see it as, you know, like you said the success rate is higher by percentage and I mean the, you know, have higher expectations, put more on us, I'm okay with that, it's just, it's, make it clear. The biggest thing is the disorganization so... oh number six. Thank you.

> Again, while the graduates vented numerous constructive complaints and recommendations, a graduate was exceedingly appreciative of the strict program requirements,

> And I'm going to side with the teachers a little bit on this because the whole point is teaching you what you need to learn to pass the NCLEX and I understand that.

They have their own things that they want you to learn. They wanted us to learn to be able to reach out on our own and find answers. Now that we are out as RNs, there are many times that I use the research skills that they taught us to either give credit to what I am thinking or to provide documentation that a certain change needs to be considered. We know the real world isn't the same. They will say in class "okay, you know this is what you would really do, but you know" I've heard them say that and you know I don't think we should be totally against understanding that the instructors have a purpose for what they are doing, even though at times it seems unorganized. It has been successful and the NCLEX pass rate proves it. It is much higher than other nursing programs in the town.

The graduates mentioned the need to improve communication and increase organization, but did not offer any thoughts for the best possible methods to make these improvements. The graduates requested that the amount of assignments be decreased significantly, though in another statement admitted that the assignments may have had a purpose. One graduate stated,

Taking out some of the unnecessary busy work. And are the care plans really beneficial? Really? Really? Because when we got out there on the floor, we now use electronic care plans. These care plans took eight, nine, some people are telling me twenty hours or more...Though I guess they were trying to get us to think like a nurse by doing these care plans and databases.

There was a recommendation to replace some of the databases and care plans with critical thinking case studies instead. A graduate recommended, "If we could get rid of

the care plans, but give us more of the case studies because I actually learn a lot from the case studies."

The transition from the Practical Nursing level of education to the LPN to ADN program can be challenging for students. A method to assist in this transition, which was recommended by graduates, was to make the program expectations clear during the first course of the program. A graduate recommended, "Take those two weeks to really prepare us for what's coming." A graduate, that was having difficulties during the program, also didn't appreciate being told by the nursing faculty that they "might want to just quit the program." The graduate verbalized, "All it did was manage to make me mad and maybe I might work harder."

Another variation between levels of nursing education can be the additional requirement to take standardized computer examinations, such as, the various HESI examinations. A graduate suggested, "The folks that have difficulty with the computerized testing, I can see some benefit to having a practice work or maybe a skill building session for that." While a graduate didn't like the requirement to successfully pass the standardized computerized HESI examinations, he noted that it was beneficial for his situation. He noted, "For me, it kind of worked to my benefit because it made me to make sure I worked so hard on my next HESI."

The nursing faculty expressed their satisfaction with the exemplar national licensure pass rate and the minimal rate of attrition for the program. A faculty member expressed, "A little hard to come up with something that increases success when we are constantly changing things to try to increase success and our success rate is 100% and attrition rate is low." The faculty did not verbalize any new strategies or

recommendations for student success, but instead selected to continue some strategies already in use. Faculty articulated their diligence to provide continued program improvement and added this as a program recommendation. A faculty member added, "We're looking at things constantly that they're weak in to try to fix that… and so it is just a constant assessment and evaluation of their success."

Faculty also identified the need to provide opportunities for the nursing students to enhance and demonstrate critical thinking skills. A faculty member reminded, "The one thing we hear from our advisory board is teaching to critical think." A faculty member also added, "The questions that we don't give them the answers, we make them find the answers, teaches them to critically think." Faculty would also like to continue the use of the simulation laboratory to enhance critical thinking skills. A faculty highlighted her positive experience of the simulation laboratory,

> Critical reasoning can be fostered in the simulation lab and I that that is really something we are very blessed with at OTC as far as the simulation lab is awesome and we have that most high fidelity mannequins we could get and so I have had nothing but 120% positive feedback from taking those students to the clinical, to the situation lab.

In addition to continuing some of the processes and assessments that are currently in place by the program, one of the faculty members has noticed a dramatic increase in student success in relation to the program's new policy to forbid students to work the night before a clinical rotation. She conveyed, "The students aren't allowed to work the day before they come to clinical and I've seen a difference in that."

The nursing faculty also preferred to have enhanced student services provided for

the nursing students, in particular services provided by the financial aid department. A nursing faculty vented, "I would really like to see an improvement in the support services to the nursing program so, financial aid would respond to us in a very timely manner, student services would be available to students without having to put the student on hold or not return phone calls."

During the observation of the classroom lecture, it was noted that some of the directions for assignments were confusing and unclear. Improving the communication between what is expected for the course and by the instructor, needs to be one of the goals for program improvement. While the instructor verbally attempted to provide direction and guidance for the students, regarding the course assignments, it was clear by the low rumbling of the students and the nonverbal body language, the directions remained confusing. The students exhibited some low mumbling, to their peers sitting next to them, about the course assignments. It was also noted that many students displayed a look of confusion and frustration on their faces as the instructor was attempting to explain the course requirements. There was a description of the course requirements listed in the course syllabus, but the instructor was verbally delivering additional requirements for the assignments, that were not listed in the syllabus.

During the clinical observation, it was noted that two of the students were standing at the nurse's desk while reading the patient's chart, before completing introductions with their patient. The clinical instructor advised the students to go to their patient's room and begin the daily patient care and that the clinical paperwork can be completed after that time. The clinical instructor mentioned to me that she felt "the clinical databases and concept maps, that were required for the clinical assignments, were

the student's major focus instead of providing the best patient care possible. Students view the clinical assignments as being too time consuming."

During the faculty focus groups, the faculty recommended to continue to provide opportunities for students to apply their critical thinking skills. During the clinical setting, it was witnessed on numerous occasions where the students were given critical thinking scenarios or questions from the clinical nursing instructor. An example of a student applying their critical thinking skills occurred during the morning medication pass for their designated patient. I overheard the clinical nursing instructor and the student discussing the patient's diagnosis and medical history. The patient exhibited with numerous medical diagnoses; hypertension, diabetes mellitus, osteoarthritis, and chronic heart failure. The nursing student was explaining to the nursing faculty the purpose and classification of each of the patient's medications and how each medication is related to the patient's medical diagnoses. To further allow the student to use their critical thinking skills, the nursing faculty required the student to explain how the medical diagnoses might influence each other and the specific nursing care required for the patient.

During the clinical post conference with all of the students, the clinical instructor assigned each of the students to present a summary of their patient's diagnosis and health status. After all of the students had reported to the group on their patient's status, the clinical nursing instructor required the students to work as a group and rank each patient according to the priority of order, in which the patient needed to be seen by the nurse. This group work required the students to function effectively as a team, practice managing and delegating patient care, and also apply their critical thinking skills.

The document analysis did not reveal any evidence that any of the

recommendations, made by the graduates or faculty in the focus group interviews, had

already being enacted by the faculty or the LPN to ADN program.

The results of the survey give credibility to the recommendations verbalized by

both the graduates and the faculty. One of the recommendations of the graduates was to

improve communication between the instructors and the students. On the survey, the

graduates gave mixed ratings on several survey items that measure communication;

"instructors are consistent among clinical and lab instructors", "faculty are good at

explaining things", and "clear idea of what is expected of me in this program." The

faculty recommended continuing to provide opportunities for students to enhance their

critical thinking skills. On the survey, the graduates rated highly some factors related to

developing critical thinking skills; "instructors encourage me to link theory to practice",

facilitate ability to critically assess client's needs", and "program enhances my problem

solving or critical thinking skills." The results of the survey establish that graduates feel

like the instructors and the program enhance their "thinking" skills.

In the focus group interviews, the graduates did not mention any complaints about

the college student services department, but on the document analysis the End of Program

Student Satisfaction survey was reviewed. The previous LPN to ADN graduates gave the

Student Services department a 3.22 out of 5 rating and the Financial Aid department a

3.26 out of 5 rating. The nursing faculty recommended the need for more responsive

student services for students, and the document analysis also identifies this need.

Program/faculty reinforce need to learn a nursing topic. The nursing program

and curriculum follows the conceptual framework of Andragogy, to assist the adult

student to learn the new nursing concepts. Andragogy is the term that describes the

education of adults and means that the instruction for adults needs to focus more on the process and less on the content being taught (Knowles, 1980). Andragogy makes the following assumptions about the design of learning: (1) Adults need to know why they need to learn something, (2) Adults need to learn experientially, (3) Adults approach learning as problem-solving, and (4) Adults learn best when the topic is of immediate value (Knowles, 1980). A fifth assumption about the adult learner was later added; as a person matures, the motivation to learn is internal (Knowles, 1984). The last five questions of the focus group interview relate directly to these assumptions of the adult learner.

The first component of Andragogy is that the adult student needs to "know why there is a need to learn something." The graduates stated that they learn new topics by relating topics to the clinical setting or to their own life to understand the importance of learning the topic. A graduate described how relating a nursing topic to the clinical setting may have even saved a patient's life,

> I think learning these topics have been very beneficial and in some cases potentially save some of our clients' or patients' lives. Just as one example, I don't work very much, but I did work the other day and when I was reviewing a client's lab results I noticed that the client could have been having some issues with some kidney failure and when I brought it to the physician's attention he agreed and decided to run more tests and I never found out what happened, but it was very clear from the things I read, learned, experienced in clinicals all translated into a work experience that really tied it all together.

> A graduate also associated the program content to their personal situation, "There

are so many things that they told me in class that I can look back on even in experiences in my own life, I'm like oh that's what was going on." There are times when the graduates are unsure of their new responsibilities in the role as a Registered Nurse. A graduate explains the purpose of the objectives and assignments of the nursing program as, "It's teaching me that I'm going to have a lot of responsibility and I need to be ready for when I get out of school." A graduate complimented a nursing instructor for her ability to correlate mental health topics to actual real life events,

It really helped me and she had brought from her teaching this psych topic, she brought in like from like previous questions and from different kind of, different kind of case and those to me kind of helped me to go through the questions itself and kind of know how to answer some of the psych questions.

The faculty reported that they reinforce the need to learn a nursing topic by relating the topic to experiences that the faculty might have had throughout their nursing career. A faculty member stated her teaching strategy as, "I provide case studies frequently in the classroom in teaching a topic or disease process. I talk about a case that I actually worked with." By conveying the relationship between health care concepts and the nursing care required, the students understand the importance of learning the nursing topic. The importance of relating the lecture material to real-life issues, to emphasize the significance of learning the material, is also reiterated by another faculty member, "Each one of the things that I try to emphasize along with the case studies and personal experiences that we use when we're teaching."

The classroom observation revealed instances where the nursing faculty would emphasize, as part of the lecture, the importance of a topic and how knowledge of these

topics can assist students to be a competent nurse and be successful on the national nursing licensure examination. The nursing faculty was lecturing on the disorders of the gastrointestinal system and highlighted the need to be able to delegate and manage patient care issues, in their new role as a Registered Nurse. The nursing faculty stressed that being able to learn the role of delegation and management is one of the major role differences when transitioning from a Licensed Practical Nurse to a Registered Nurse. The nursing faculty made sure the students understood that they would be expected to function under new role expectations after graduation and tested on these new expectations on the national nursing licensure examination.

The clinical observation revealed the nursing students practicing the nursing skills and applying the nursing knowledge that they had learned in the classroom setting. The students were applying the principles of delegation and management with their selected patient for the clinical day. I witnessed a specific student being able to delegate appropriate tasks to the Nursing Assistant after their patient returned from a radiology procedure. This student was also noted to successfully manage the nursing care for this patient and complete all nursing interventions at the appropriate times.

Document analysis, of student academic files, revealed that each student had a clinical evaluation that was completed by the clinical nursing faculty. As part of the clinical evaluation, the students were evaluated for their ability to apply concepts related to "The role of the Associate Degree Nurse as provider of care, manager of care, and member within the discipline of nursing for clients with basic and complex care." The student clinical evaluation called attention to the importance of acquiring the nursing knowledge and applying it to their new nursing role.

On the survey, the graduates rated their "ability for intellectual growth in the program" and "if going to class helped them understand the material." Graduates overwhelmingly rated both of these areas with a "strongly agree". Based on the survey results from the graduates, it appears that the program and the faculty reinforce the importance and the need to learn nursing topics.

Program/faculty provide opportunities to learn nursing process. The second assumption of adult learners is that adults learn best when learning experientially. Being able to relate the concepts presented in lecture to the clinical setting, enhances the graduate's desire to learn a new topic. The use of the simulation laboratory also provides the students with opportunities to apply nursing knowledge to the clinical setting. The use of the simulation laboratory received positive feedback from graduates. A graduate expressed, "I guess the clinical experience and the sim lab experience both give you opportunities to run through assessment, diagnosis, interventions and putting those into practice and then seeing if they're effective and I think that's beneficial from a nursing student's perspective."

Having the opportunity to practice hands-on activities in the simulation laboratory continued to receive numerous compliments from graduates. Another graduate exclaimed, "I really liked the one we did with the pancreatitis. That was a great experience and I would love to see that used more to get you an opportunity to work on a patient that's in really bad condition that we would not necessarily have the opportunity to work on in clinical experience." Having the opportunity to learn the nursing process at a more advanced nursing level received a raving review from a graduate,

When I graduated in the RN program I think I have more critical thinking skills

than I did, than I did in the LPN. Even after hand on skills, I think I am far way much better off. I don't know if that its self is actually attributed to the program or it's also attributed to the, to the, to the learning experience for the whole program like working and the program, but most of it I think I attribute to the program.

The nursing faculty also addressed the benefits of using the simulation laboratory as a productive opportunity to learn the nursing process in a timely manner, "One of the advantages I'm finding of sim lab is that I can do a particular case in sim lab related to lecture topic so timing is a real advantage with sim lab." While the clinical experience in the hospital setting provides a variety of patient disorders, the simulation laboratory is a controlled learning environment where hands-on activities provide the students with learning challenges and immediate feedback from the nursing instructor. The availability for the nursing faculty to give the student immediate feedback is of benefit to the learning process. Nursing faculty exclaim, "They kind of pull all of that together because we're getting the best of both and what they're learning in the classroom we get to utilize with actually hands-on."

The classroom observation witnessed an opportunity for students to reinforce the lecture content with a hands-on activity. The nursing faculty had a review activity planned for the students that reviewed the prior lecture content. The review activity included a case study, where the class was divided up into small groups of three to four students each. Each student group was allowed to relocate, either in the classroom or a quiet study area within the building, and complete the case study as a group. The nursing faculty mentioned to the students that the purpose of completion of the case study was to allow each group of students to discuss and actively apply the lecture content to a given

patient scenario.

During the clinical observation the students were also noticed to be actively applying the nursing process in the care of their selected patient. The nursing process includes a systematic plan to deliver patient-focused care; assessment, diagnosis, planning, implementation, and evaluation (ANA, 2012). The students were observed completing a head-to-toe physical assessment on their patient at the beginning of their clinical day. Based on the physical assessment and the chart review, the students were to select a nursing diagnosis for each alteration of the patient assessment. A nursing student was observed discussing with their nursing instructor an appropriate nursing diagnosis for their patient, who had an insufficient cardiac output. Based on the selected nursing diagnosis, the nursing student will then select nursing interventions for this patient to improve or maintain health status.

Every clinical day allows each student the opportunity to complete all five components of the nursing process in direct hands-on care with their selected patient. A student reinforced the increased learning potential in the clinical setting, "Clinicals, just the exposure to multiple different patients, was very beneficial. "

During the document analysis of student academic files, each student file contained clinical evaluations for the student for each clinical rotation. As part of the clinical evaluation, the nursing student is evaluated for use of the nursing process, "Integrate the nursing process to provide comprehensive care for select clients, families, and groups within the community."

In the survey, the graduates were asked to rate if they were given the occasion to apply the nursing process in their clinical activities. The graduates overwhelmingly

agreed that the clinical instructors provided enough opportunities for independent practice in the lab or clinical sites.

Program/faculty provide opportunities to problem solve. The third assumption of adult learners is that adults approach learning as problem solving. The graduates previously verbalized that they felt they learned the lecture material more completely by using case studies. The students did not make a designation between the case studies that came with the textbook or the case studies that the nursing faculty create to complement their lecture material. The benefit of case studies was also flaunted by other graduates, "I actually love the case studies that that we do. The case studies give a lot of problem solving." Another graduate exclaimed, "I was going to say was those case studies because you work on it together in class to bounce things off." Other graduates expressed their concurrent opinion regarding the case studies, "I do agree on the case studies" and "I've had real opportunities to problem solve especially the case studies."

A graduate verbalized his appreciation of the chance to broaden his problem solving skills from one level of nursing responsibility to the next. The graduate complimented,

> I think in the LPN program, just to contrast the two, it was more information was just given to us and we really kind of remembered it or studied it or whatever and then this program they gave you just enough information and then expected you to find the rest of it. So that in its self is kind of a problem solving.

Another graduate concurred, "I think several people in our clinical group had this experience as well, going over the lab values and she specifically asked questions on what lab values makes you think, critically think."

The opportunity to problem solve, using case studies, was also mentioned by the nursing faculty as a productive method for the nursing students to learn to problem solve. A nursing faculty mentioned the benefits of using case studies, "They kind of pull all of that together because we're getting the best of both and what they're learning in the classroom we get to utilize with actually hands-on." A nursing faculty expressed how the case studies enhanced the student's problem solving skills throughout their nursing education,

> They're allowed to problem solve through those case studies and because they're so afraid when we give them their first case study. They just freak out because they're trying to give us what we want. And by the, as they evolve through the program, they realize that we don't want to know, want them to give us what we want. We literally want to know what they think and which is a new thing for these students because as LPNs they're taught to think a certain way which is exactly the way their charge nurse or their instructors want them to think. And that's, and they have to do that because that's going to be their job once they get out. They are task based nurses. Now they have to think.

> A nursing faculty commented on the additional benefits of using the case studies to prepare the student for the clinical setting, "I think so too in the case studies… but the majority of it is using your head and thinking what could happen. If this is going up or down, what could that lead to? And the concept for each one I think is good in that they can broaden."

> During the classroom observation, the nursing faculty provided multiple opportunities for students to use their critical thinking skills and problem solve. The

nursing faculty had included in the PowerPoint lecture numerous questions for review that correlated to that lecture material. The review questions originated from the course textbook and were focused on providing problem solving skills to prepare the student for the national nursing licensure examination. To make the review questions more interactive, each student had a response clicker and was able to select their individual answer for each review question. The percentage of overall student responses and the correct answer was displayed up on the projector screen.

In addition to the review questions included in the PowerPoint lecture, the nursing faculty integrated thought-provoking questions throughout the lecture presentation. These questions would be presented to the entire class and then asked for a class response. There were a few times that she would direct a question to an individual student for a response. These review questions would usually evoke a group discussion in class about that topic and how it related to a patient that they had seen in the clinical environment or in their health care employment setting.

In the clinical observation, the students were given instances for problem solving when delegating, coordinating, and planning the patient care required for that day. The nursing students must plan the needed patient care around required nursing tasks, patient care procedures, new Physician's orders that need to be completed, and the activity level of their patient. Allowing the students to apply what they have learned in the classroom, to a real-life patient, requires the student to take the "textbook knowledge" and transform into an active plan of care. Making this leap of knowledge up to a higher level is a product of problem solving. An example, of using the problem solving skills, occurred when a student was observed planning the patient care activities for the morning. The

student had to accomplish the daily grooming for the patient, administration of morning medications, transporting to a radiology procedure, and complete their charting of the care provided for the patient. Being able to complete all of these tasks in a timely manner, required the student to use their problem solving skills.

In the document analysis of the graduate academic files, the clinical evaluation tools completed by the nursing faculty were noted. As a part of the clinical evaluation tool, there were various clinical objectives that measured the student's level of problem solving skills; analyze complex health alterations, differentiate that each client is an individual, discriminates theory-guided evidenced based practice, and analyze concepts related to the associate degree nurse. Each student must successfully pass each of these clinical objectives, in order to progress to the next level of clinical placement.

The survey of the graduates revealed that a majority of the graduates felt that the clinical instructors viewed the student's mistakes as part of the learning process. The graduates also overwhelmingly agreed that the clinical instructors facilitated their ability to critically assess their client needs. For the students to have the chance to make mistakes in a safe environment and have the clinical instructors to facilitate their ability to assess the patients, the growth of problem solving skills escalates.

Program/faculty provide immediate rewards of gratification. The fourth assumption of adult learners is that **a**dults learn best when the topic is of immediate value**.** The graduates were asked in the focus group interviews if they were offered immediate rewards of gratification during the learning process. The graduates overwhelmingly agreed that their rewards came from the patient care that they provided and the college degree that they earned. Graduates did not view providing immediate

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rewards as a faculty responsibility. A graduate exclaimed, "Whenever you're in the clinical setting and your helping those clients, I think the immediate feedback from the client whenever you see the benefit of what you're doing, that's, that is affirmative." Another graduate repeats, "I don't think that our teachers need to provide rewards, our diploma, our degree is going to be our reward for what we do in school. It's what we do with our patients that gets, that gets you the warm fuzzy and that's the reward to me."

Even though many of the graduates stated that they did not immediate rewards from the instructors, when the positive encouragement from instructors was received by a student, several other graduates also agreed that there was an encouraging influence that this reward had on their motivation to learn. A graduate remembers, "One of the instructors that just stopped me in the hallway and personally and looked at me and said you are doing a great job, keep up the good work and woooo that just boosted my confidence." Another graduate presented the benefit of instructor encouragement, "I've actually experienced, I've experienced positive affirmation from at least two out of three instructors so that has been huge for me." The benefit of encouragement is again stressed by another graduate, "Yes, the teachers have been very quick to give praise if, if you're on the right track. And if you are even attempting to critically think, they will give you a pat on the back so I do have to say that it is encouraging."

The first nursing faculty expressed that they felt the patients offered the students the immediate gratification that is needed for an incentive, "When my patients tell the students that they really enjoyed having them take care of them. I think that is one of the best rewards. I mean that is beyond anything that faculty can do." The nursing faculty also conveyed methods where they provide the students with encouragement. A nursing

faculty encouraged, "So we keep them informed that they're doing well. On the flip side, we tell them when they need to improve and that's handled in a positive manner as well." One of the nursing instructors always provides reinforcement in the clinical setting, "I never leave a clinical setting without giving every student feedback about how they performed that day and generally that can be done in group." Another nursing faculty commented that she attempts to give each student "personalized feedback" instead of "broad sweeping generalizations."

Observation of the classroom setting witnessed the nursing faculty providing students with encouragement and informal incentives to learn the lecture material. When a student would answer a question correctly during lecture, the nursing faculty would complement their level of knowledge and initiative. If a student would answer the question incorrectly, the faculty would complement the student for attempting the answer and delicately guide the student toward the correct answer. The question and answer session would be a positive learning experience for all students. The faculty appeared to provide reassurance to the student and encourage further answering of proposed questions. In particular, a student incorrectly answered a question, but the nursing faculty complimented the student on the "direction that the answer was going" and asked other students to assist this student with the answer. The nursing faculty proposed that teamwork be used to answer the critical thinking questions.

Both of the positive reinforcement methods, patient and faculty feedback, were witnessed in observation of the clinical setting. A student reported that her patient did not have family that lived in the area and that the patient expressed at how much it was appreciated to have a student there with her when she went to radiology to get a

procedure completed. The student reported that the patient called the student, "her" student.

I also witnessed several instances where positive feedback on clinical performance was received in both an individual and group setting. The nursing faculty was able to provide students with positive feedback on the patient care performed. One of the last statements made by nursing faculty member to the group of students was what a "wonderful job they all did in clinicals that day."

Document analysis revealed multiple evidence of written feedback given from the nursing faculty to the student on the clinical evaluation forms, faculty consultation forms, and letters of recommendation. Each student had clinical evaluation forms for each clinical rotation located in their academic file. Students, who required individual counseling with their faculty advisor, would also have a faculty consultation form in their academic file. Some students, who had requested a letter of recommendation from a nursing faculty for a future employer, would also have a copy of this letter of recommendation in their academic file. Nursing faculty provide the students with written progress, feedback, and positive encouragement.

The responses received on the survey, from the graduates, revealed a high level of satisfaction from graduates regarding the amount of feedback that they receive. The graduates reported that they received sufficient guidance before performing technical skills, faculty make students feel comfortable about asking questions, faculty provide verbal and written feedback concerning their clinical experience, faculty provide feedback at appropriate times, and students receive detailed feedback from faculty members for their work and written assignments.

Internal factors that are most influential in giving motivation to learn. The final assumption of adult learners is that the motivation to learn is internal. The most reported internal factor, that prompted the graduates to learn as a nursing student, was the ability to provide safe, competent patient care. A graduate stated, "I don't even want to hurt someone out of ignorance so I want to know that I, everything that I can so that I don't hurt someone." Another graduate agrees, "The more I've learned and totally agree with number two, she said that it's kind of a fear not wanting to hurt the patient." Again, the ability to provide the best patient care possible was noted as an internal motivator, "My internal motivation is I want to know what I am doing and I want to give that patient the best care."

In addition to providing competent nursing care, graduates cited their "love" for the nursing profession as their internal motivating factor. A graduate commented, "I have figured out that I love nursing and I love taking care of clients." A graduate expressed their need to find a career that they enjoyed doing,

> I was once told that you can pick your career and do what you would do anyway. Pick something that you would love and don't do it for the money and I really do love nursing and the more I do clinicals the more I love having that one on one relationship with the patients and figuring, being able to really focus on them and figuring out what they need and taking care of them. I really do love it and that's my motivation.

The "love" for nursing is also an internal motivator for another graduate, "I love being a nurse, I'm not doing it for the sole purpose of doing anything for my kids, I like, I love being a nurse, I love being a caregiver in general."

In contrast, obtaining a career that is both rewarding and financially steady is a powerful internal motivator. As a nontraditional male student, this graduate's internal motivator was to find job security,

It was very, very difficult to find employment after I left a previous position. And what motivated me was to not ever be in that position again and so that was an internal driver for me to complete the RN program as successful as I could so that I would never have to worry about providing or being in a situation where I was not employable and workable and so that was the internal driver for me.

Another graduate was thrilled at the monetary potential, "I was ready to make decent money. Be proud of a career." The ability to provide resources for their family is reiterated by another graduate, "To be able to provide more for my family. Get a raise for all this torture I've been through."

The nursing faculty recognized that the students who are successful in the nursing program must have internal motivation. A faculty reported, "Either they have it internally themselves or not and there is nothing I can do to turn them on or turn them off." A faculty member expressed their reasoning why health care needs more motivated nurses,

We don't want nurses in the practice that aren't internally motivated to be good nurses. We don't want to have to motivate and push people because there is enough of nurses on the floor right now that didn't have that motivation and they are just there because nursing is a job and not a career.

In the classroom observation, there were multiple methods to evaluate the student's motivation; classroom attendance, class participation, and level of engagement

between the students and the faculty during the lecture. During the day of the classroom observation, all 34 students were in attendance during the 50 minute classroom lecture. The students demonstrated a high level of classroom participation by asking questions, answering questions, highlighting lecture notes, and following lecture material in their textbook. The students were noted to have a high level of engagement with the faculty. The amount of engagement was measured by the level of eye contact students had with the faculty, no students falling asleep in class, and the students verbalizing input into lecture. The classroom lecture period revealed students that displayed a tremendous amount of engagement during the lecture and an extreme level of motivation to learn the nursing topic.

Similar methods, to evaluate student motivation, was used in the clinical observation; clinical attendance, clinical participation, and level of engagement between the students and their patient. During the observed clinical day, all students were present in the clinical setting and arrived on or before the scheduled time. Each student was noted to be actively participating in the care of their patient. Each student was noted to be in their patient's room frequently and was not noticed to be standing repeatedly in the hall or in the break room.

Document analysis, for program and clinical attendance, was completed to evaluate the level of student motivation. There were no students that had excessive absences on their attendance record. All graduated students had less than the allowed 40 hours of absence, for the entire length of the program.

On the last question of the survey, the graduates were asked to select which personal or program factors influenced their ability to be successful on the NCLEX-RN.

The graduates ranked the external factors higher than internal factors, as being important for their success. There were several external factors that the graduates identified as being responsible for and encouraging their success; nursing faculty support, family and peer support, and strength of the program academics. The internal motivator, positive self-esteem and self-determination, was only selected moderately by graduates as a factor attributing to student success (57.9%). While graduates verbalize in the focus group interviews that their own internal motivation is an extreme factor in their success, on the survey the graduates rate the faculty, family, and peers as their primary reason for success in the nursing program and on the national nursing licensure examination.

Chapter 5 will present an overview of this case study and the answers to the research questions. A discussion of the findings, recommendations and suggestions for further research will also be presented.

CHAPTER FIVE: DISCUSSION

The purpose of this case study was to discover and understand the program and personal factors that graduated nursing students, of a selected Associate Degree in Nursing program, report as beneficial for them to persist to graduation and be successful on the national nursing licensure examination. By understanding an in-depth description of the factors that contribute to success as a student in an LPN to ADN program, strategies can be enacted to enhance graduation rates, increase success on the national nursing licensure examination, and create policies and requirements that relieve the anticipated stressors of being a nursing student.

Summary of the Findings

Research question # 1. Which program factors, reported by graduates and nursing faculty, may help students be successful in the LPN to ADN program? The findings in this research show that faculty-student relationships, and support from peer nursing students are important factors in students' being successful. Graduates said that the encouragement they received from faculty, both in the classroom and clinical setting, gave them the confidence needed to continue in the program. Students noted that having peer groups for support during the beginning of the program was very effective at knowing when assignments were due. Many of the students knew each other from previous classes. Those students that didn't know other members in the class, forming peer groups made a difference to be able to make connections with people that they could collaborate with. The graduates also echoed the importance of faculty support on the results of the survey.

Nursing faculty overwhelmingly applauded the low faculty to student ratio in the classroom and clinical setting. The low faculty to student ratio was noted to be responsible for the faculty being able to identify student or academic issues early in the academic year. Faculty believe the intensity in which they care about the student's success contributes to the low program attrition rate. The faculty were observed giving the students both small group and one-on-one guidance and instruction in the classroom and clinical settings. The faculty call the students by their first names, friend the students on Facebook, and spend quality instruction time with students before and after the designated classroom and clinical experiences. When each student begins the nursing program, they are assigned a nursing faculty advisor, who is responsible for monitoring the student's success throughout the program. Review of the student academic files, revealed faculty consultation forms that are completed by the faculty advisor for students when any academic issue is noted.

On the survey, the graduates overwhelmingly agree that they received faculty support during the classroom and clinical experiences. The graduates also are in agreement that the faculty are available and approachable, when needed.

Research question # 2. Which personal factors, reported by graduates and nursing faculty may help students be successful in the LPN to ADN program? The graduates recognized that their own internal motivation to obtain a college degree and having a strong support system were the two main personal factors that contributed to their success. Graduates mentioned their sense of pride at being the first in their family to graduate from college and to advance their education. Graduates desired to receive the applause of their family and friends for their commitment to further their education. In

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addition to their own internal motivation, having a strong support system was also influential in their success. Graduates identified members of their family and their spouse as key components of their support system.

While the internal motivation and support system were the most common personal factors given for student success, various other factors did receive minimal mention. Random students verbalized that their previous and current work experience and/or time management skills attributed to their success in the nursing program.

The nursing faculty identified both the student's internal motivation and a strong support system, as personal factors that contribute to student success. The faculty mentioned that the motivation to succeed must come from within the student and that the faculty cannot command a student to want to succeed in the nursing program.

During the observation of the classroom and clinical experiences, the student's level of motivation was measured by their initiative to increase their nursing knowledge, and the student's percentage of attendance in lecture and clinical rotations. The students were seen to be actively participating in classroom discussions, broadening their knowledge by looking up content items online for further information, and replying to critical thinking questions posed by the nursing faculty. The graduates also agreed, on the survey, that it was beneficial for their learning to attend classroom lectures. The document analysis revealed that current students and graduates had absences that remained well below the established program limit.

Research question # 3. What recommendations do graduates and nursing faculty have for impacting students' chances of success in the LPN to ADN program? The graduates were prepared to offer recommendations for program improvement. The first

recommendation primarily dealt with improving the communication between the students and faculty. The improved communication was related to the increased confusion that graduates felt when they began the program. The graduates expressed extreme confusion at the assignments that were given in the beginning of the nursing program. The graduates verbalized a frustration at the difference in scheduling and routine between the Practical Nursing program and the LPN to ADN program. The graduates conveyed an interest in using the first course of the LPN to ADN program to assist the student to transition more effectively to the new LPN to ADN role expectations. The graduates did not give specific examples of how the first course could be modified to better meet their educational needs, instead only broad generalizations were verbalized.

The graduates also recommended the benefit of replacing some of the required clinical assignments with case studies. Graduates verbalized that they enjoyed completing case studies and that case studies provided additional opportunities to review lecture content and enhance their critical thinking skills. Graduates felt that they had completed numerous patient databases and concept maps, as part of their Practical Nursing education. The graduates felt that they did not need to complete as many additional patient databases and concept maps to achieve the course objectives in the LPN to ADN program.

The nursing faculty were complimentary of the extremely high program passage rate on the national nursing licensure examination and the low program attrition rate, that had been achieved in the first three cohorts of the LPN to ADN program. The nursing faculty recommended continuing the use of critical thinking activities in the classroom and clinical setting to enhance the higher level of expected nursing knowledge. The

nursing faculty also requested to increase the amount of student services available, specifically for the nursing students. The nursing faculty verbalized that there was a tremendous need for a more timely response from the Financial Aid department to the nursing students' concerns. The nursing faculty would like to see the Financial Aid office respond to student concerns within 24 hours of receiving an email or voice message.

Research question #4. What differences or similarities are evident between what the graduates and nursing faculty each believe contribute to success in the LPN to ADN program? The nursing faculty and graduates had many similarities in their thoughts regarding student success. Both demographics identified the higher level of student to faculty interaction as being significant to student success. The importance of a dedicated spouse and family support system, on the success of the student, was also identified by both the nursing faculty and the graduates. The graduates also pinpointed peer relationships as beneficial in encouraging students to be successful, stay organized, and provide an acceptable means to verbalize frustrations. The nursing faculty did not identify the significant importance between student success and the establishment of peer groups, even though the use of teamwork and group activities is widely used in the classroom and clinical settings.

Both the nursing faculty and graduates concurred that the motivation to succeed in the nursing program must come from the student's own internal motivating factors. The graduates verbalized that the faculty were not responsible for providing the internal motivators. The faculty did recognize that if the student did not have their own internal motivators to succeed, the chance of student success in the nursing program was severely

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decreased.

Both the nursing faculty and the graduates recognized that the role of a nursing student includes many facets. A nursing student may have many personal and professional responsibilities; spouse, dependents, need for employment, and the pressures of being successful in the nursing program. Due to the many responsibilities of the nursing students, time management may be a challenge. The many responsibilities, feeling overwhelmed, and the challenge to manage their time, are all issues that affect the adult student.

The use of case studies as an effective learning tool was mentioned by both the nursing faculty and the graduates. The nursing faculty appreciated case studies because they felt that the level of critical thinking was encouraged. The graduates also felt that the use of case studies was beneficial in the learning process. The graduates even recommended replacing some of the current clinical assignments with case studies.

The small number of faculty teaching in the nursing program was of concern to both the nursing faculty and the graduates. The nursing faculty were concerned about the limited number of faculty. The nursing faculty felt that if there were more nursing faculty then the various personality needs of the students might be better met. The graduates verbalized that they felt having such a small number of faculty provided an increased workload for the nursing faculty.

The nursing faculty recognized a need to increase the availability of student services, specifically for nursing students. One area of student service increase that the nursing faculty detected was in the financial aid department. While the graduates did not mention in the focus group interview about the need for expanded student services, the

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responses to the survey items distinguished a need in a couple of other student service areas; library resources, bookstore, and the computer laboratory.

Finally, the differences between the thoughts of the nursing faculty and the graduates were minimal but, the one area was noted to be significant. The graduates verbalized extreme frustration at what they perceived as "lack of communication and organization between students and faculty." The graduates vented frustration at what they viewed as disorganization on the requirements for certain course assignments, inconsistencies between clinical and laboratory instructors, and frustration at the varying routines between the Practical Nursing program and the LPN to ADN program. The graduates provided varying reviews on the survey of items relating to program and faculty communication and organization. While the graduates exhibited extreme frustration at the lack of communication and organization, the nursing faculty did not recognize either of these issues, as areas for concern.

Discussion of the Findings and the Implications Related to Relevant Literature

Measurement of student success. The ultimate measure for nursing student success, for the nursing program and the nursing student, is completion of the nursing program and passage of the national nursing licensure examination. Successful completion of a nursing program is the first step in becoming a Registered Nurse. However, nursing graduates are then required to successfully pass a licensure examination termed the National Council Licensure Examination for Registered Nursing (NCLEX-RN) to be licensed and employed as a Registered Nurse (NCSBN, 2010). Every state board of nursing requires each approved program of nursing to maintain a certain minimum percentage of success for licensure examination performance, for all

first-time applicants. The percentage of successful students on the licensure exam is traditionally considered the ultimate measurement of the nursing program's achievements and nursing student success.

The LPN to ADN program, in this research study, has had exemplary results on the NCLEX-RN for all three cohorts of students that have completed the nursing program. The first and third cohorts have had 100% successful passage of the licensure examination. The second cohort had a 90% successful passage of the licensure examination. All three cohorts have surpassed the state board of nursing minimum passage percentage rate of 80%, which is considered the minimum measurement of the nursing program's achievements and nursing student success. While every nursing program has areas for continued improvement, this LPN to ADN program is doing many items correctly, which results in an exceptional passage rate for student completion of the program and the licensure examination.

Demographics attributing to student success. Research investigating the role of specific demographic characteristics of the nursing students in relation to program completion and NCLEX-RN performance has yielded varied results. The student demographic factors that impact student success that are mentioned most often in the literature review include age, race, and gender.

Age. The predictability of using a student's age to predict their success in the community college setting was also established. Kostecki and Bers (2008) cited that in the community college setting, older students had higher course success rates and were more likely to return in spring than younger students.

In this selected LPN to ADN program, 53% of the total nursing graduates were in

the 19-35 year-old age category. The oldest age group of students in this LPN to ADN

program is the 51-55 year old age category. The program attrition rate in this LPN to

ADN program was low at 4.5%, with only four students not completing the program in

the last three cohorts. Of these four students, all were in the 26-35 year old age group.

There were three graduates that did not pass the NCLEX-RN on their first attempt. These

three graduates were also included in the 26-35 year old age group. In comparison to the

literature review, the older students, over the age of 35 years, did prove to be more

successful than the younger students in this nursing program and on the NCLEX-RN.

The use of age as a predictor of academic success is evident in this research and can be a

predictor of program success and first-time NCLEX-RN pass rate success.

   Race. Studies have also shown that the ethnic background of the student may

also impact student persistence and success. Minority students were reported to be less

likely to succeed in the nursing program and on the NCLEX-RN. The failure rates for

African American and Asian students are significantly higher than for Caucasian

students. There are many obstacles that many ethnically diverse college students

identify; lack of finances, insufficient time to do what needed to be done to complete the

academic program, family responsibilities, and language difficulties.

   In the focus group interviews, there was one minority graduate that participated.

This graduate was an African American male graduate and was a member of the focus

group that included two members, both who were male. This graduate verbalized that his

lack of skill at the English language was a personal barrier for him. He identified that the

personal barrier was due to his requirement that he had to "before I say something I have

to really think about it."

While all of the minority students in this program have demonstrated achievement and success in the nursing program and on the NCLEX-RN, the African American male student, in the focus group interview, commented that he had his own struggles throughout the program. The graduate remarked that he had challenges on the computerized standardized examinations, had to spend a great deal of time studying for exams, and sometimes internally felt "different" than the other students in class.

In the selected LPN to ADN program, the students who were not successful in the nursing program or not successful on the NCLEX-RN, were all Caucasian and were not considered of a minority ethnicity.

Gender. Using gender as a predictive factor for student success in a nursing program and on the NCLEX-RN has also received mixed results. Research revealed that female students had a higher grade point average and higher rates of course success than male students. Several other studies also indicate that gender is not significantly different in students passing or failing the NCLEX-RN examination.

In the selected LPN to ADN program, the number of female students admitted into the program is significantly higher than the male students. The number of female graduates, from this nursing program, represents 87% of the graduates. In comparison, the male graduates represent 13% of the total graduates. Of the students that were not successful in this nursing program, only 25% were male. Regarding the graduates that did not successfully pass the NCLEX-RN on the first attempt, all three of those graduates were female. There has also been no correlation between student success and their gender.

Biological sciences. The relationship of science courses and successful

completion of nursing school has been cited in multiple literature findings. It was also noted that the majority of successful students had taken at least two courses in anatomy and physiology prior to admission into the nursing program. There was also a significant correlation between the grades received in the prerequisite biological science courses, student retention in the nursing program, and success on the national nursing licensure examination.

The applicants of the selected LPN to ADN program are selected based on weighted points-based system. The completion of both the Anatomy and Physiology prerequisite courses are required for all applicants. The grades received for the biological science courses are weighted and the applicants who receive higher grades are given more admission points, than those who are awarded a lower course grade. In review of the academic files for the biological science course grades of the graduates of the nursing program, there are overwhelmingly more graduates that achieve course grades of an "A", and less graduates that receive course grades of a "B".   There were no applicants admitted into the nursing program that had received a grade of a "C" in the biological science prerequisite courses. While the literature review discloses that there is a significant correlation between the grades received in biological sciences prerequisite courses and success in the nursing program, it must be noted that the four students that were not successful in the selected nursing program or the three graduates that were not successful on the first attempt on the NCLEX-RN, all had exceptional biological science course grades.

Completion of other general education courses. The literature review sites that there are other academic prerequisite courses that have demonstrated the ability to predict

student success in the nursing program. The English and Psychology course grades have been found to predict the nursing fundamentals course grade. The selected LPN to ADN program requires the applicant to complete specifically selected general education course requirements; English, Psychology, Nutrition, Microbiology, and American Government and Politics. As part of the application process, each applicant is awarded more admission points for more of these courses that they have completed, when applying to the nursing program. The applicant is required to have a grade of "C" or better in each of these courses and are awarded admission points only for successful completion of the courses and not based on the ranking of their course grade.

Grades in individual nursing courses. Another possible approach to identify the prediction of NCLEX-RN success or failure would be to examine the grades earned in the nursing courses. Studies have also identified a compelling relationship between a higher number of "Cs" in nursing courses and NCLEX-RN failure. When comparing this research finding to the selected LPN to ADN program, it was noted that all students voluntarily decided to withdraw from the nursing program during the first eight weeks of the program. The students verbalize "personal" reasons for their decision to withdraw from the nursing program. Of the three graduates that failed the NCLEX-RN on their first attempt, two of the three graduates were noted to have faculty consultation forms in their academic file. The faculty had consulted with the students and noted that each of these students had difficulties in the nursing coursework and each had episodes where they were not making the minimum 75% course grade requirement in various nursing courses.

Each student met the stringent admission requirements to be accepted into the

nursing program. Though the students who barely met the course grade requirements, were noted to also have challenges on the NCLEX-RN.

Selective admission criteria. There are many types of standards used for selective admission criteria and these standards can fluctuate between the ADN programs and other levels of nursing education. Not all selective admission criteria have been found to be predictive of student success. Conflicting research data may reflect inconsistencies between methodologies and definitions, which can also vary between nursing programs.

The selected LPN to ADN program has chosen their selective admission criteria based on both the literature research and previous professional experience of the program director. The applicants are required to complete various prerequisite courses, before applying to the nursing program, and are awarded admission points for the grades received for these courses; Human Anatomy, Human Physiology, Intermediate Algebra, and Introductory Chemistry. The literature review substantiates the requirement to have these courses completed prior to being admitted into the nursing program. The literature review identified that nursing students who were highly successful in these prerequisite courses had a significant advantage in nursing program completion and/or success on the NCLEX-RN, over students with lower grades.

Once the applicant is accepted into the nursing program, they are required to successfully complete other general education courses prior to graduating from the LPN to ADN program; Introduction to English, Human Nutrition, Introduction to Psychology, and Microbiology. The applicant is awarded admission points for the number of these prerequisite courses that they have completed, prior to being admitted into the nursing

program. The use of other academic prerequisite courses, as predictors of success, has met with diverse results. The literature review reveals that English and Psychology scores show the highest correlation with the outcome criteria for nursing programs, and Microbiology was a significant predictor of graduation only.

The applicants to this LPN to ADN program are also required to complete a standardized nursing admission examination created by Health Education Systems, Inc. (HESI). The standardized specialty exam, used for one of the admission criteria, was included to assess the applicant's knowledge of Practical Nursing concepts. The HESI admission examination also measures the applicant's ability to apply these Practical Nursing concepts within specific content areas. The literature review indicates that the HESI examination was established to identify predictive success in nursing programs, and to predict the applicant's ability to pass the NCLEX-RN on the first attempt.

In addition to the requiring applicants to complete the HESI admission examination, the students must complete the HESI Exit Examination prior to graduating from the LPN to ADN program. Most of the literature review has focused on the predictability of the HESI Exit Examination on the NCLEX-RN pass rate. Based on the predictability of the HESI Exit Examination to forecast a student's success on the NCLEX-RN examination, the LPN to ADN program has implemented a program policy that requires the students to obtain a HESI Exit Examination score of at least 850 or greater before graduating from the LPN to ADN program.

If a student fails to obtain a HESI Examination score of at least 850, the student will follow a three step process. The first step would be for the student to self-remediate on the areas needing improvement and retake the HESI Exit Examination a second time.

If the student fails to obtain the required score with the second examination attempt, the student is required to participate, at their own expense, in a formal NCLEX-RN review course. Upon completion of this formal NCLEX-RN review course, the student will then take the HESI Exit Examination for a third attempt. After the third attempt, the student will be allowed to successfully meet the LPN to ADN program requirements and take the national nursing licensure examination, no matter what their score is on the examination. It should be noted that the past three graduates of the LPN to ADN program, that were not successful on the first attempt of the NCLEX-RN, were successful on the HESI Exit Examination.

Literature research reveals that the student's grade point average (GPA) in the prerequisite courses is positively related to student success in the nursing program and on the NCLEX-RN. The overall GPA was also noted to be reflective of the student's potential success in the nursing program. For the selected LPN to ADN program, the students overall GPA is not included in the admission process. Though, the LPN to ADN program does apply admission points to the prerequisite grades received for the biological sciences, chemistry, and math courses. The grades received, by the students in the LPN to ADN program, for these prerequisite courses, were overwhelmingly "A's", with minimal applicants achieved a "B", and no applicants had biological course grades of a "C" grade in any of the prerequisite courses.

Minimal research has been conducted on the relationship between health care work experience and success in the nursing program and on the NCLEX-RN. The LPN to ADN program does not award admission points for years of experience in health care. The length of time, employed as an LPN, is only considered when there is a tie in

admission points for applicants. The research of the predictability of health care experience, to produce a successful nurse, is inconclusive and the LPN to ADN program has selected to not adopt a mandatory health care work experience requirement.

The use of admission essays as a predictive factor of nursing student success has received a minimum amount of recent inquiry. In the literature review there was a difference between the thematic content of the essays between those students that were successful and those that were not. Non-completers tended to write about nursing as external to themselves, in contrast to the completers who described an internalization of the role. Recognizing the reason the student has entered the profession of nursing, may be a significant factor that provides the motivation for the student to persist and succeed in the nursing program. The LPN to ADN program requires the applicant to complete an admission essay, as part of the admission process. The admission essay is used in place of the interview process and strives to get a "feel" of how dedicated the applicant is at succeeding in the LPN to ADN program. Currently the applicant is give admission points for completion of the essay, and displaying correct grammar, spelling, and punctuation. Further analysis of the admission essay process, of the LPN to ADN program, needs to be conducted to provide further predictability of student motivation for succeeding in the nursing program.

The research literature on the use of admission interviews for selecting nursing applicants is debatable. While the interviews may increase diversity or highlight those students with personal concerns, the highest concern with admission interviews is the bias imposed on the applicants during the interview process. The selected LPN to ADN program does not use the interview process to select students. The admission interviews

are labor intensive and require a great deal of time to prepare and administer. Due to the additional time required to conduct interviews, the LPN to ADN program has no plans to incorporate the interview process into their admission requirements.

Being proficient in math skills is a basic requirement for both the Registered Nurse and Licensed Practical Nurse. The ability to calculate and convert drug dosages, and adjust intravenous medications are considered basic competencies for a nurse. The importance of including a dosage calculation examination, as part of the selective admission criteria, stems from data that has revealed a startlingly poor level of accuracy when nurses perform mathematical calculations. Drug dosage calculation competency, for the student nurse, is required in the admission process, standardized nursing examinations, and also included on the NCLEX-RN. It is a program admission requirement that the students, in this LPN to ADN program, have a dosage calculation proficiency of at least 80%.

The adult student has many responsibilities that influence their success in the postsecondary education. The literature review disclosed that the unique needs of the adult nontraditional student frequently include family commitments, employment, children, and limited financial resources. In the research data collected, the graduates of this research study listed their additional responsibilities in the decreasing order of commitment; family, children, and employment. The graduates verbalized that their need to spend time with family and children, and to be employed while going to schools were their main causes of exhaustion. One graduate even expressed, "I think you feel that you miss out on having kids and being married. I think you go through a little bit of guilt and that you're missing out on them growing up." The pressures and exhaustion that the

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graduates felt, when they were in nursing school, were verbalized similarly between all three graduate focus groups.

The literature review of psychosocial factors of success found that the greatest source of strength to succeed in school by nursing students was their own self-efficacy, self-determination, and self-motivation. The adult student also requires a strong support system to provide social, emotional and personal support and encouragement to complete their educational goals. Both a strong support system and having their own self-determination are sources of great strength that were verbalized by the graduates during the focus group interviews. The graduates declared that their strongest support system members were the nursing faculty, spouses, and family members.

A consensus among the graduates was the need to have self-motivation throughout the nursing program in order to be successful. Graduates proclaimed that as nontraditional students and/or minority students (age, race or gender), the need to be self-motivated and focused to reach their personal goal was beneficial for their success. One graduate exclaimed that when she was doing poorly in the program a nursing faculty recommended for her to quit the program. The graduated stated that she used her self-motivation to be successful in the program and "All it did was manage to make me mad and maybe I might work harder."

The literature review revealed a significant relationship between faculty encouragement and student success. Faculty have the ability to influence student success through behaviors that are psychologically supportive. The graduates expressed that they benefitted when nursing faculty took the time to individually review examination questions with them, and provide them direction and guidance in the clinical setting. The

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survey and the focus group interviews also revealed the extreme influence that faculty have over the success of the nursing student. Graduates mentioned that they received beneficial interaction with the nursing faculty in both the clinical and the classroom settings. A graduate also identified how the encouragement from a nursing faculty member resulted in her remaining in the nursing program and being successful on the NCLEX-RN.

Study Limitations

The limitations of this research study are focused in three main areas. First, the student subjects in the research are those that agreed to participate voluntarily. This volunteer participation may have eliminated graduates that have low self-esteem, introverted, or just did not want share their experiences in front of other graduates. The number of graduates was low and it would be recommended to replicate the study when there are a larger number of graduated nursing students. The current sample may not be representative of the graduate population. With the survey, the personal contact is missing and people are more likely to refuse to cooperate (Ary et al., 2006).

The second limitation of the research study also pertains to the demographic composition of the participants. The participants of the interview were composed of only 14% ethnic minorities and included 5% men. The minorities were also not equally represented on the survey; 8% ethnic minorities and 6% men were represented. While these small percentages of minorities and male students were reflective of this selected community college setting, this may affect the ability to generalize the results to other community colleges or schools offering other nursing degrees.

Finally, the third limitation is that only the graduates of the program were queried.

There could be significant differences in those students that were successful in the program and those that do not progress to program completion. Some of the factors that contribute to the lack of success could have been overlooked due to the sample population being explored.

Recommendations for Program Improvement

Based on the findings of this study, the following recommendations are made:

1. Analyze the admission essays of the past graduates and question the effectiveness in predicting students that will be successful in the nursing program.

2. Discuss with nursing faculty methods to improve communication between nursing faculty and students.

3. Discuss with nursing faculty the effectiveness of the clinical assignments and if the substitution of case studies can be meet course goals.

4. Include part-time clinical nursing faculty in the monthly faculty meetings to encourage communication and consistency between all faculty nursing members.

5. Discuss with nursing faculty the origin of the graduate's perceptions that there is a need for more nursing faculty.

6. Verbalize to the appropriate persons the findings regarding the need for improvement with library resources, and the computer and clinical laboratory staffing.

7. Discuss with nursing faculty the perceived stressors encountered by the nursing students, and implement program changes to alleviate stressors of the

nursing student, where applicable.

Recommendations for Future Research

Based on the findings of this study, the following recommendations are made:

1. The survey response rate was low. Determinants of the reason for the low level of response among this population should be identified and considered in the design of future studies of this population.

2. The LPN to ADN population has not been widely studied. Further investigation of this population with emphasis of the factors that contribute to success for ethnic minorities and male students would be relevant.

3. Further inquiry with graduates about the details of the number of hours they work each week, number of dependents, and marital status, and compare this data with the level of student success.

4. This research was focused on the factors of success for the graduates of the LPN to ADN program, it would be of interest to consider the students that are not successful in a nursing program and the personal and program factors that they felt contributed to their failure in the nursing program.

5. Replication of this study, in other programs of nursing, would provide opportunities to compare program and personal characteristics that contribute to success with other groups, as described in this research study.

Conclusion

The results of this research study suggest that gaining a broader understanding of the noncognitive factors, which attribute to student success in the nursing program and on the NCLEX-RN, may have implications for increasing nursing student success. The

findings of this study assist to understand student persistent to graduation, by including the voices of the graduates and compare those voices with the thoughts of the nursing faculty. These results provide an insight for understanding student behavior and how they perceive the nursing education environment. The input received from the graduates can also give nursing faculty and administration a glimpse into the responsibilities of the nursing students and how they manage the world around them to achieve success. It can be concluded that the nursing student is a determined variable in the equation of the nursing program and NCLEX-RN success. By researching the characteristics that promote success for the nursing student, it will ultimately promote an increase in nursing student accomplishment, nursing program effectiveness, and an increase in nurses entering the profession to alleviate the current and future nursing shortage.

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APPENDIX A

Consent Form for Nursing Graduates

A CASE STUDY OF FACTORS LEADING TO STUDENT SUCCESS IN AN ACCELERATED LICENSED PRACTICAL NURSE TO ASSOCIATE DEGREE NURSING PROGRAM

I am conducting a research study to determine the personal and program factors that promote nursing student success in an LPN to ADN program. I would like to understand from the "student's view" which factors in a nursing program encourage a student's success, so, that I can assist students in the LPN to ADN program to graduate the program and successfully pass the national nursing licensure examination on the first attempt.

This study will consist of completion of a brief online survey and/or a focus group discussion with graduated students. If you would like to offer your input on what policies an LPN to ADN program can implement to make a student more successful, I welcome your responses on the online survey. *Each participant completing the online survey will have their name placed in a drawing for a complimentary gift.* Please click on the following link to begin the survey *http://www.surveymonkey.com/s/S5KJWN6*

If you are willing to also participate in a focus group discussion with past graduates of the LPN to ADN program, please sign your name at the end of this consent form and return within a week from the date of receipt, either by postal mail (return stamped envelope included) or by email at taylorst@otc.edu.

Thank you for your consideration. If you have any questions concerning this research project, please contact me at 417-447-8852. Your participation is voluntary, and you can decline to answer any questions you do not wish to answer or withdraw your participation in this study at any time without penalty.

If you have any questions or concerns about your rights as a research participant, please feel free to contact _____, Liberty University at _____. *(the identifying data for the correct office will be added once the research project has been given clearance to proceed)*

Please check one statement below:
_____ I would like to complete the online survey only.
_____ I would like to complete the online survey and to participate in a group
discussion and I *give consent* that the interview can be audiotaped. At any time, I
may ask that the tape recorder be stopped.

_____ I would like to complete the online survey and to participate in a group discussion, but I *do not give consent* for the interview to be audiotaped.

_____ I do not wish to participate in the research project.

_____   _____
PARTICIPANT NAME   DATE

_____   _____
RESEARCHER NAME   DATE

Researcher: Sherry Taylor, Doctoral, P.O. Box 159, Willard, MO 65781, taylorst@otc.edu

Consent Form for Nursing Faculty

A CASE STUDY OF FACTORS LEADING TO STUDENT SUCCESS IN AN ACCELERATED LICENSED PRACTICAL NURSE TO ASSOCIATE DEGREE NURSING PROGRAM

I am conducting a research study to determine the personal and program factors that promote nursing student success in an LPN to ADN program. I would like to understand which factors in a nursing program encourage a student's success, so, that I can assist students in the LPN to ADN program to graduate the program and successfully pass the national nursing licensure examination on the first attempt.

This study will consist of completion of a focus group discussion with nursing faculty. If you would like to offer your input on what policies an LPN to ADN program can implement to make a student more successful, I welcome your thoughts and views in a focus group interview.

If you are willing to also participate in a focus group discussion with both full-time and part-time nursing faculty of the LPN to ADN program, please sign your name at the end of this consent form and return within a week from the date of receipt, either by postal mail (return stamped envelope included) or by email at taylorst@otc.edu.

Thank you for your consideration. If you have any questions concerning this research project, please contact me at 417-447-8852. Your participation is voluntary, and you can decline to answer any questions you do not wish to answer or withdraw your participation in this study at any time without penalty.

If you have any questions or concerns about your rights as a research participant, please feel free to contact _____, Liberty University at _____. *(the identifying data for the correct office will be added once the research project has been given clearance to proceed)*

Please check one statement below:
_____ I would like to participate in a group discussion and I *give consent* that the interview can be audiotaped. At any time, I may ask that the tape recorder be stopped.
_____ I would like to participate in a group discussion, but I *do not give consent* for the interview to be audiotaped.
_____ I do not wish to participate in the research project.

_____   _____
PARTICIPANT NAME   DATE
_____   _____
RESEARCHER NAME   DATE

Researcher: Sherry Taylor, Doctoral, P.O. Box 159, Willard, MO 65781, taylorst@otc.edu

APPENDIX B

Interview Questions for Graduates of the LPN to ADN Program

1. Which program factors contribute to your success in the nursing program? (e.g., amount and type of faculty-student interaction, peer support, satisfaction with courses, satisfaction with out-of-classroom assignments, enjoyment of clinical experiences, financial aid)

2. What personal factors/characteristics do you have that are contributing to your success in the nursing program? (e.g., attendance at all classes, time management, stress management and coping skills, study skills, enjoyment of the college experience, motivation, self-efficacy, family support, commitment to receiving a nursing degree, previous experience in educational settings)

3. What were the personal barriers to success while in the nursing program?

4. What were the program barriers to success while in the nursing program?

5. What are your recommendations for increasing the success of the nursing students attending this nursing program?

ANDRAGOGY CONCEPTUAL FRAMEWORK QUESTIONS:
6. Did the program/faculty reinforce the importance of the need to learn a nursing topic? If yes, give an example of the how the importance of learning nursing concepts was most influential in your learning process.

7. Did the program/faculty provide opportunities to learn the nursing process through hands-on activities? If yes, which hands-on activities do you feel benefitted your learning process the most?

8. Were you given opportunities to problem solve in the learning process? If yes, which problem solving activities do you feel benefitted you the most in the learning process?

9. Were you offered immediate rewards of gratification during the learning process? If yes, which rewards provided you with the most incentive to learn?

10. What internal factors do you feel were the most influential in giving you motivation to learn?

Interview Questions for Nursing Faculty of the LPN to ADN Program

1. Which program factors do you believe contribute to the students' success in the nursing program? (e.g., amount and type of faculty-student interaction, peer support, satisfaction with courses, satisfaction with out-of-classroom assignments, enjoyment of clinical experiences, financial aid)

2. What personal factors/characteristics do you believe contribute to the students' success in the nursing program? (e.g., attendance at all classes, time management, stress management and coping skills, study skills, enjoyment of the college experience, motivation, self-efficacy, family support, commitment to receiving a nursing degree, previous experience in educational settings)

3. What do you believe are the personal barriers to success for the students while in the nursing program?

4. What do you believe are the program barriers to success for the students while in the nursing program?

5. What are your recommendations for increasing the success of the nursing students attending this nursing program?

ANDRAGOGY CONCEPTUAL FRAMEWORK QUESTIONS:

6. Do the program/faculty reinforce the importance of the need to learn a nursing topic? If yes, give an example of the how the importance of learning nursing concepts was presented in the students' learning process.

7. Do the program/faculty provide opportunities to learn the nursing process through hands-on activities? If yes, which hands-on activities do you feel benefit the students' learning process the most?

8. Are the students given opportunities to problem solve in the learning process? If yes, which problem solving activities do you feel benefit the student the most in the learning process?

9. Are the students offered immediate rewards of gratification during the learning process? If yes, which rewards are provided to give the students the most incentive to learn?

10. What internal factors do you feel are the most influential in giving students motivation to learn?

APPENDIX C

Research Timeline

Proposed month to complete this activity	Steps of dissertation process
July 2011	Complete prospectus.
July 2011	Make revisions on dissertation proposal.
September 2011	Defend research proposal
October 2011	Apply for IRB approval.
October 2011	Develop, submit, and revise Chapter Two.
November 2011	Develop, submit, and revise Chapter Three.
December 2011	Conduct research, i.e., gather data.
December 2011	Analyze data.
January-February 2012	Submit and revise Chapter Four.
January-February 2012	Submit and revise Chapter Five.
March 2012	Oral defense.

APPENDIX D

Undergraduate Nursing Students' Academic Satisfaction Survey (UNSASS)

Directions: This survey is intended to assess your satisfaction with your nursing program based on your experience as a student in the program. To best answer each question, we ask that you relate each question to your cumulative personal experience in the program. Please rate how strongly you agree or disagree with each statement by marking the appropriate box.

Item #	Items	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
	Clinical Teaching					
1	Clinical instructors give me clear ideas of what is expected of me in a clinical rotation.					
2	Instructions are consistent among clinical and lab instructors.					
3	Clinical instructors provide enough opportunities for independent practice in the lab or clinical sites.					
4	Clinical instructors are available when needed.					
5	Clinical instructors assign me to patients that are appropriate to my level of competence.					
6	Clinical instructors encourage me to link theory to practice.					
7	Clinical instructors make sure that I am prepared before I care for my assigned patients.					
8	Clinical instructors facilitate my ability to critically assess my					

	client needs.					
9	Clinical instructors give me sufficient guidance before I perform technical skills.					
10	Clinical instructors are approachable and make students feel comfortable about asking questions.					
11	Clinical instructors give me verbal and written feedback concerning my clinical experience.					
12	Clinical instructors view my mistakes as part of my learning.					
13	Clinical instructors demonstrate a high level knowledge and clinical expertise.					
14	Clinical instructors provide feedback at appropriate times, and do not embarrass me in front of others (classmates, staff, patients, and family members).					
15	Clinical instructors are open to discussions and difference of opinions.					
16	Clinical placements are well thought and provide excellent learning experiences.					
	In-Class Teaching					
17	Going to class helps me better understand the material.					
18	The quality of instruction I receive in my classes is good and helpful.					

19	I receive detailed feedback from faculty members of my work and written assignments.					
20	Faculty members are easily approachable.					
21	Faculty are fair and unbiased in their treatment of individual students.					
22	Faculty members demonstrate a high level of knowledge in their subject area.					
23	Faculty members make appropriate use of modern technology and audio-visual aids to enhance my learning.					
24	Faculty members provide adequate feedback about student progress in a course.					
25	Faculty members are usually available after class and during office hours.					
26	Faculty members make every effort to assist students when asked.					
27	I can freely express my academic and other concerns to faculty members.					
28	As a result of my courses, I feel confident about dealing with clinical nursing problems.					
29	I am generally given enough time to understand the things I have to learn.					
30	Faculty members are very good at explaining					

	things.					
31	Faculty members make an effort to understand difficulties I might be having with my coursework.					
32	Faculty members try to make their subject interesting.					
	The Program					
33	There is a commitment to academic excellence in this program.					
34	The program enhances my analytical skills.					
35	The program is designed to facilitate teamwork among students.					
36	The program and faculty members create a positive environment for cultural diversity and cultural tolerance.					
37	The program enhances my problem solving or critical thinking skills.					
38	I usually have a clear idea of what is expected of me in this program.					
39	The program provides a variety of good and relevant courses.					
40	Most courses in this program are beneficial and contribute to my overall professional development.					
41	The program has a zero tolerance policy regarding cheating and plagiarism.					
42	I am able to experience intellectual growth in the program.					

43	Faculty members and clinical instructors are caring and helpful.					
44	Overall, the program requirements are reasonable and achievable.					
	Culture					
45	Faculty members create a good overall impression.					
46	Faculty members behave professionally.					
47	The secretaries behave professionally.					
48	Faculty members greet/acknowledge me when they see me.					
49	I can freely express my academic and other concerns to the administration.					
50	Faculty speak positively of the program in front of students.					
51	I feel a sense of belonging here.					
52	Faculty members are good role models and motivate me to do my best.					
53	Student disciplinary procedures are fair.					
	Support and Resources					
54	The facilities (classroom, clinical and computer labs) facilitate my learning.					
55	Faculty members take the time to listen/discuss issues that may impact my academic performance.					
56	Library resources and					

	services are adequate for my learning needs.					
57	Required textbooks and other learning materials are readily available with reasonable prices at the university bookstore.					
58	Channels for expressing student complaints are readily available.					
59	The secretaries are caring and helpful.					
60	Support at the clinical and computer labs is readily available.					
61	The administration shows concern for students as individuals.					
62	Computer and clinical labs are well equipped, adequately staffed, and are readily accessible to meet my learning needs.					

Demographic Data

Gender - __ Male __ Female

Ethnic background - __ Caucasian __ African American __ Asian __ Hispanic __

American Indian   __ Other – Please explain _____

Age - __ 19-25 yrs __26-30 yrs __31-35 yrs __36-40 yrs __41-45 yrs __46-50 yrs

51-55 yrs __ 56+ yrs

Personal and Program Factors Influencing NCLEX-RN Success

Select which "personal" and/or "program" factors influenced your ability to be successful on the NCLEX-RN?

__Spouse or significant other support and encouragement

__Family support and encouragement

__Peer support and encouragement

__Nursing faculty support and encouragement

__Church family support

__College student support services

__Financial support was available

__Strength of nursing program academics

__Completion of prerequisite General Education courses

__Previous health care work experience

__Current health care work experience

__HESI Subject-specific examinations

__HESI Comprehensive examination

__Positive self-esteem and self-determination

__ Other (please specify)

APPENDIX E

Faculty and Graduate Focus Group Interview Transcription

Faculty Focus Group Interview

I: Okay. Which program factors do you believe contribute to the student success in the nursing program. For example, amount and type of student interaction, peer support, satisfaction with course, satisfaction with out of classroom assignments, enjoyment of clinical experiences or financial aid. So I'll let you think about that for a second and I'll ask you again. Number one.

#1:   Uh the reason I think, I think honestly that it is a lot of the fact that right now we have very good faculty and the student interaction. We have right now low faculty to student ratio so we're able to spend more time with them. Um, and it does contribute to our success. We can recognize problems early and work on them. And see if we can help them. If we can't help them then they're usually not successful. But we do work with it so I think that is what does contribute to the success.

I: Number 2.

#2:   Um, I agree with number one. And I think that it is really beneficial that our student factually ratio is so low. As a clinical instructor, I really think that it is great that we only have to watch and monitor 5 to 6 patients. That is significantly different than other programs where I've been offered jobs. I also think that it's nice that we have our in-classroom faculty teaching clinicals. They may disagree, but that is, it decreased on the fragmentation of the nursing education which is a big deal and not a lot of programs are able to offer that.

I: Number 3.

#3:   I think, of course agreeable with 1 and 2, but I think that all of those factors have a part in it and certainly in my perspective with being a clinical instructor the smaller groups are much easier to work with. You can spot things quicker, help them interact better I think with a smaller group and with all of those combined I think it adds to the success.

#4:   The only thing that I would add to that, number four, would be that I think there is a unique characteristic at OTC ASN program in the intensity in which the faculty care about the student's success. Additionally, I would say we have probably one of the lowest attrition rates of any ASN program in the country that I have any familiarity with. It probably won't stay as low as it is currently, but one of the factors is related to the amount of caring and also the degree in which we become involved in their lives. For example, friending them on Facebook and having interaction on an on-going basis, but I think that's been helpful.

I: Okay. Those were program factors and number 2 addresses personal factors. It says, what personal factors or characteristics do you believe contribute to the students success in the nursing program. For example, and I believe it's talking about them and not the teachers because it says attendance at all class, time management, stress management and coping, study skills, enjoyment of the college experience, motivation, self advocacy, family support, commitment to receiving a nursing degree, previous experience in educational

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settings. So what do you all think? Do you want to hear that list again? So in other words, what personal things contribute to the student's success in your program? Number one.

#1:   My opinion on this is a lot of it for our students is motivation to better themselves. They want better jobs. They want a better future not only for themselves, but for their families. It's, I don't think that we, with most of these students, can motivate these students. They have to be self-motivated or they're not successfully, so my key thing for all of these students is self-motivation. If, if they don't have that intrinsic motivation to be successful they're not going to be. So that's one of the main motivations that I see the most and in the majority of our students. Now there are some that mom or dad are pushing them in to it and those, they're, they may be successful, but less successful than those who are really self-motivated. So it's an, I think it is a motivation to really better themselves is really where that comes from.

#2:   Number two. I'd have to say that the students are self-driven and self-motivated and we have the, I would say 75% or greater of our students so far are adult, non-traditional learners and so that in and of itself is one of the biggest personal driving factors of our students and that probably can be, attributes to our success rate as well. We can help them. We can encourage them and show them that there is light at the end of the tunnel, but number 1 is right that they kind of got to have it in them. Or they're not going to make good nurses, frankly, either if they are not motivated to graduate from nursing school, we shouldn't have to motivate them because we wouldn't want them taking care of our grandparents so that's really it.

#3:   Number three. I agree. You have to have it before you even start, but the biggest factor is with our group of students is you have all kinds of age factors and if you don't have a good support system, because a lot of the students whether they are younger or older, they work out side school. They have to work all this in together and in doing so, if they don't have that family support to help them get through the time that they have to put forth in their studies, then it's going to be difficult. And no matter how much motivation you have, if you don't have the help to help you get through these times then you're not going to make it.

#4:   The only thing that I would add to that would be, many are motivated right now by the economy. There are so many layoffs and lack of opportunities elsewhere, nursing is very attractive from an economic standpoint and I think that that is a big motivator. One thing I have found effective is students who are not doing well is in our classes to go ahead and encourage them to drop out while they have to opportunity and often times that will make them mad enough that they will buckle down and be able to be successful then.

I: Number three. What do you believe are the personal barriers to success for the students while in the nursing program? Their personal barriers.

#1:   The biggest personal barrier that we see in this group, well in all groups, is those that have to work or want to attempt to work full-time or you know in order to get through the program. It's virtually impossible to be really successful, work full time and do this program. When we first started the program, they thought maybe this was a part-time program because we were only here three days a week. They didn't realize that it was actually a full-time program. So I think what their personal barrier is not only that, but the multiple personal issues they have, their family, their kids, their outside responsibilities that sometime intrude on study time and time that they need to be more, because this is a very fast paced program. They don't have time to say "okay, well I'll put off studying for

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that test until next week." They have to study as we go or it really hampers their success. I think it's more like their outside personal issues, working, families, those types of things.

#2:   I think it's kind of interesting because we just talked about the motivational things that drive our students and those motivational things can also become huge barriers for our groups. So just backing up what number one said about family, about work, outside responsibilities, and the shifts they have to work in order to accommodate to school are not conducive to studying afterwards, or trying to come to class afterwards and we've had, believe it, all those students coming in working 12 hour shifts until 2 a.m. and then trying to come in at clinical at 6. It's just not, it's not conducive to learning in a successful program. So that's all I have to say about that.

#3:   I agree totally in the, in that you have to set priorities and it just comes down to that because again as number one, it's so fast-paced and I think when you go into the program and think it's going to be a piece of cake and you can do it all and within a matter of a few weeks it's just all overwhelming because if you don't stay on top of your studies, you're going to get behind and you're not going to make it anyway so they have to stay focused and they have to put their priorities there.

#4:   I totally agree. Not having a financial plan in place is a detriment to the students. If they could calculate money saved over a ten month bridge program versus a long drawn out BSN program and the difference in the tuition costs, I, it would become very black and white, an easy decision for them, but they don't always have that plan in place.

I: Number four. What do you believe are the program barriers to success for the students while in the program? So maybe not negative, but program barriers in the eyes of the students.

#1:   If I'm doing it from the, this is number one again. If I'm doing it from the student's perspective, I believe they think that we give them way too much work. Um, they call it, they think it's busy work. They don't realize that repetition helps them to learn. So they view it as being way too much homework, way too much prep work, way too much studting, way too many tests, we're too hard on the tests. Our questions are too hard. Those are the barriers that I think they see more than anything. As far as the times, I think they like the schedules because they're not here a tremendous amount of time. The clinicals… they tend to like the hours that the clinicals go. I've not heard complaints about that. It's mainly about what they quote call busy work. Now to them though, things like care plans are busy work. Drawing different inferences from care plans to them is busy work. Filling out the lab work on their patients and defining it is busy work, but it's repetition and they don't realize that is, to them I believe that it's that they have too much work. We're doing way too much.

I?:   To twist that around, I'm probably going to have to make you guys say what you think are program barriers so you might have to say something negative about the program. (small talk)

#2:   I can actually probably agree with a lot of what the students complain about in that

I: Okay.

#2:   I'm number two and I don't work in the classroom, so I hear a lot about what the students don't like and I feel like sometimes the care plans and the databases that they fill out kind of weigh on their soul and their fear with them processing about that patient they're taking care of this morning. They're more worried or concerned about getting the database completed and I try to set it out and just claim it in the beginning that I promise

you'll have plenty of time, but then when I come in, I've been rotating around the patient, or I mean the hospital and I see two students standing at the nurses' station with the chart open but they haven't gone in a got a set of vital signs yet, you know you can kind of see where their priorities, and I don't, I don't know what the remedy to that is, because I do at the end value what they say on the care plans and I think it's interesting to find out about what they think, but at the same time that whole like care plan/database weighs on their soul and it interferes with my ability to help them take care of patients and on their clinical reasoning skills that we could be working on rather than them standing at the nurses' station staring at the patient's chart. And no matter, I literally tell them "step away from the chart. Let's close that. We don't need, unless you need that for something you're getting ready to go do for the patient. You need to step away from the chart, because I promise I'll designate time for when we are going to be working on these databases." And that's what I do. I say, "We're going to go back from lunch and we're going to spend 45 minutes on the charts and you're not going to be taking care of patients anymore." But for some of them 6:30 to noon or 12:30, we're taking care of patients.

I?:   So the whole database thing, is that sort of a program requirement or hospital requirement?

#2:   Oh, it's a program requirement and I, and there has to be some forms of evaluate, evaluation tool is what it's called, but um, there has to be that so if there's a situation where we could make it less or weigh on their soul less.

I: That sounds like more probably what she's wanting, just things that need to be tweaked.

#3:   I too totally agree with that and it does seem like that it's not effective for every patient because every patient is different. And what one you look in the books where you have care plans. One care plan written does not apply to every person. So, I'm like number two in that I think if you can put that aside, stay away from thinking, you have to write all of this down to get through and just look at your patient and just start putting those things together all in your own mind, it's going to come.

#2:   I'm going to interject to about the care plan, because I think you're gonna say the same, that you're thinking the same thing and have been exposed to the same things I have.

#3:   Right.

#2:   In that I try to tell them and I support the care plan and everything my program does, so I try to tell them that someday, believe it or not, they'll do this entire database and this entire care plan in their head and a thirty second shift report, end of shift report. That we're working on getting to that process. And they don't believe me and some of them will look back and say "yeah they're right, I am doing a morning care plan report" and "I am, I do need to know all of that information." But it's just that they can't see that.

#3:   It is overwhelming at first and every patient does or every clinical you do have to do the care plans and every single patient is going to be different. And, myself, when I went to work, it was like "oh this isn't what it was like in the book." Well it's never going to be and I want them to know that up front so if they think about their patient they're going to start putting those things together in their head.

#4:   This is number four. Since we're talking about care plan expectations, I'll just say this about that, that in my clinical groups I will tell them that a care plan database should not take more than a couple of hours period. Because it should reflect what's happening in the real world and I articulate that and demonstrate it and it is a pass/fail not a graded document for a grade that goes into blackboard for example. The other thing I'd say that might be a detriment in our program is that there are two of us faculty members who are

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primarily in the classroom, a third who does her fair share of lecture time, but it boils down to primarily two of us who are doing the majority of the lecture hours with the students, face to face time with students. That may not be enough faculty members to, because of personality and types, that sort of things to really turn on some students. If there were more faculty members, there might be more personality characteristics that would engage some students.

I: Number five. What are your recommendations this, I guess sorta goes along with that, what are your recommendations for increasing the success of the nursing students attending the program? Your recommendations for increasing their success.

#1:   I don't understand that question. Can you repeat that?

I: Yes. I'll read it one more time. What are your recommendations for increasing the success of the nursing students attending the nursing program? So that seems a little bit more like an open question.

#1:   It's a little hard to come up with something that increases success when we are constantly changing things to try to increase success and our success rate is 100% and attrition rate is low. So it's a little bit difficult to decide how you increase the success on 100%, you know.

#2:   I guess... oh go ahead, sorry.

#1:   Every year we change things because we find things that are not successful, things that do not work and we're getting it now to where it's a little bit more fine home, fine tuned and we're finding what they need more, not only because so many of them go on beyond us. They don't just do us, they don't stop with the associate degree, they go on the the bachelors degree so we also try to give them the skills they need to be successful in the bachelors program as well. We come up with things that we feel that they need in order to do that. We're looking at things constantly that they're weak in to try to fix that. We found they're extremely low in pathophysiology or we seen they seem to be low on pathophysiology....(inaudible) We try to increase that not only in the classroom, but in other ways of getting that for those that have not taken patho. We found things, as far as testing, that helped them with test scores. We've done different test taking techniques, working with them, we bring them in, we assess them one-on-one to help their test taking technique because boards are not based on knowledge they're based on critical thinking, so to teach them to think through a State Board question we have done different things like that. So I really, just ongoing assessment and evaluation is the best thing that we can do to enhance our success. Looking at different student types, looking at different demographics, we look at the different demographics of each class that come in to see if we can anticipate what they may need. And so it is just a constant assessment and evaluation of their success.

#2?:   Just to add to number one, I totally agree. It's hard to improve on 100%, but at the same time the flip side of that is just because they passed the boards, doesn't mean that they go out and are like the world's best nurse and so if there is some way that we could make those two things occur that would be, and then like she said they're constantly evaluating. You can just tell by the students that they are being accommodated in every way they can be and that's a good thing. I guess, yah, I can't think of anything else besides just continuously monitoring.

#3?:   Back to what she said, because she is talking about the critical thinking, she was talking about making sure they're successful as graduates. The one thing we hear from our advisory board is teaching to critical think. They say don't worry about the foley

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catheters, don't worry about the IVs, we can help them get better at that. You teach them how to think. Teach them how to go in there with that patient and think. And I think by the questions that we ask not only in clinicals, excuse me, not only in the classroom on tests, but in clinics. The questions that, you know, the questions that we don't give them the answers, we make them find the answers, teaches them to critically think.

#4?: I've had really good success too, this is just another thing that we could, you know, fixing perfect, right, but I've been using the simulation lab in my clinical and I think that there is a trend to actually kind of get away from the work critical think and more of the clinical reasoning which encompasses critical thinking, but critical thinking kind of sometimes takes out the scientific, that nursing has an art and science component to it. So we are trying this critical reasoning thing and a lot of critical reasoning can be fostered in the simulation lab and I that that is really something we are very blessed with at OTC as far as the simulation lab is awesome and we have that most high fidelity mannequins we could get and so I have had nothing but 120% positive feedback from taking those students to the clinical, to the situation lab. I mean they just love it. They say, "We want to do this every single day." And that is where you get to tell them they are doing something wrong in front of the patient without embarrassing them in front of the patient.

#__: Well I agree with both recommendations and I can't really add to that except that being an instructor and not in the classroom everyday like the others is one thing that I've noticed just in the short time this year is that the students aren't allowed to work the day before they come to clinical and I've seen a difference in that. You know that a lot of them do have to work through their time here, but I think that that will make a really big improvement, help them, because that's that's our main goal is to give each individual what they need to get to where they want to go and that's it.

#4: I guess the only thing, number four, would add to that would be I would really like to see an improvement in the support services to the nursing program so financial aid would respond to us in a very timely manner, student services would be available to students without having to put the student on hold or not return phone calls. I hear continual complaints from students about those support services and if those, and I understand the complications of providing those services, believe me, I am not criticizing any one person, but if they had the same dedication to student success that I see in nursing faculty those phone calls would at least be returned on a daily basis or emails picked up on a daily basis without sounding overly critical.

I: Okay. These kind of shift gears, conceptual framework questions. Do the program and faculty reinforce the important of the need to learn a nursing topic? If yes, give an example of how the importance of learning nursing concepts was presented in the student's learning process. So does the program and faculty reinforce the importance of the need to learn a topic and if ye how do you reinforce the learning of a concept.

#4: I guess we can get out of order. Number four will go first on this one. I think if I understand the question correctly an example of that would be that I provide case studies frequently in the classroom in teaching a topic or disease process, for example, one that I used recently would be lupus europhemitus**(sic)** in teaching autoimmune disease. I talk about a case that I actually worked with and was very complicating and very frustrating from a nursing standpoint. So case studies would be an example.

#3: I'm not sure if I understand totally either, number three, but I think to make them aware that each individual patient is going to bring different psych issues, financial issues,

everything is going to be different with each patient and they have to be attuned to that individual.

#2: I, um, number two, so being in the clinical setting I try to, I kind of emphasize that a part of nursing is knowing when to freak out and when not to freak out and actually I saw that written in a more nice way recently in another book I read, but anyway that's what I tell them and they think, "Oh she's being silly", but I'm really not. That's really part of it so I try to help them take care of their patients in a calm collected manner, you know, even when there is something to freak out about, you don't do it at the bedside. So I think that that is something that is a nursing concept that is personal to me that I try to exemplify that when we are taking care of patients. And I try to make sure that the language that I use and the way I talk to my patients is, is professional. I think that there is a professional aspect sometimes missing from your nursing education and I try to present that as well.

#1: I don't know how, this is number one, I don't know if I am taking this correctly or not, but concept based, if your looking at, if she's talking along the lines of conceptual framework, the conceptual framework of this program is built into each and every aspect of this program all the way down to what we are teaching in the classroom and to go along with that, to, because individuality is one of those issues with what number three said, each one of the things that I try to emphasize along with the case studies and personal experiences that we use when we're teaching. We also try to emphasize that each case, no matter what the textbook says, each person is different and normals are just that, they're averages. So your average may be higher than mine, mine may be lower, you know, so that they look at each patient and individual no matter what concept we're teaching. So...

I: Okay. Do the program and faculty members provide opportunities to learn the nursing process through hands-on activities? If yes, which hand-on activities do you feel benefit the students' learning process the most.

#2: I can start that. Number two. Sim lab, the simulation lab has just been, I would do three or four days there of my clinicals if I could. They're just that, just that beneficial.

#1: This is number one, and I agree to a certain extent that some of the sim labs. The sims that I have done are great, but I think it's not only sim lab, you can't just do it in sim lab, it has to be more than sim lab. It has to be what you are telling the classroom and a lot of what we do in the class, or what I do in the classroom, is when we do the case studies and there are some processes brought in to how they do it and in management and leadership. We tie the nursing process to decision making process to prioritization to using it for every step of what they're doing in their practice because it's basically nursing process is a problem solving process. So, you know, many different activities that we do to try to bring it in.

___: That's a big one to, prioritization.

#4: This is number four and I agree completely. One of the advantages I'm finding of sim lab is that I can do a particular case in sim lab related to lecture topic so timing is a real advantage with sim lab. I've really been blessed with great clinical areas to work in though and don't have a lot of difficulty with that in real life situations. Hands-on, I think being tied to the real world is always going to be very, very important. Really all I have to say about that.

#3: I agree. The only thing that I can add to, to these answers is that making a priority has got to be an individual concept of what's going on with that patient and I have asked them in a group setting what would be each one, tell me exactly what would your first priority be

and how they would address whatever the disease process or whatever is going on with the patient at that time and you get a lot of different view points from the student's perspective.

___: And you get to see that evolve.

#3: Exactly.

___: A lot of different in September than it is in March.

#3: Definitely. And they kind of pull all of that together because we're getting the best of both and what they're learning in the classroom we get to utilize with actually hands-on.

I: Might be fun to follow you guys around.

(Whispers.... maybe we can do that)

I: Are the students given opportunities, which I think _____, number one, already talked about. Sorry I just blew the anonymity, but anyway...

___: I think she probably knows.

I: You can erase that.

___: That's pretty awesome!

I: Okay. Are the students given opportunities to problem solve in the learning process? If yes, which problem solving activities do you feel benefit the student most. Which to me sounds like the whole critical thinking thing.

#1: Number one. I'm going to tell you, the biggest pop, they like the sim labs, but they also love the case studies, because they love those case studies because they can take those case studies and they're allowed to problem solve through those case studies and because they're so afraid when we give them their first case study. They just freak out because they're trying to give us what we want. And by the, as they evolve through the program, they realize that we don't want to know, want them to give us what we want. We literally want to know what they think and which is a new thing for these students because as LPNs they're taught to think a certain way which is exactly the way their charge nurse or their instructors want them to think. And that's, and they have to do that because that's going to be their job once they get out. They are task based nurses. Now they have to think. And we're trying to teach them to think so we give them these case studies and give them the opportunity to make mistakes on paper, or not necessarily mistakes, they may only get so far and then we get the opportunity to come back and say, "But what about..." and force them to think even deeper and further and, well not force, excuse me, encourage them to think deeper, and more deeper and broader and then instead bring it all back to focus. Okay, now, now that you have got all of this in the picture, what's the most important thing? So I think those case studies are really, really, they get to think because then they're not put on the spot. They get the chance to develop their thinking before the go in to the sim lab and have to think quickly because they have to learn the stuff before they can apply it. So I think those case studies are a real big deal and even the students will say, "God, when I figured out you were going to kill me for doing it, I like it, I love this, I love this," because it lets them learn.

#4: This is number four. I just want to add to that conversation that with the case studies, one of the first questions typically with the case study is what is the differential diagnosis at this point. Once you get just a short blush what is going on with the patient and the differential typically will end up being three or four diagnoses at best. And then you start pulling more and more what potential diagnosis could be covered here and you'll start to see all the little light bulbs going on, "on my goodness, it could be 25, 30, 45 different

diagnoses" and that is a really go provoking exercise with students so I think those have really been beneficial.

#3:   I think so too in the case studies. The good thing is we look at it like, "Okay, this patient has primary and secondary diagnosis", but once they start thinking of possible issues that could happen with whatever the diagnosis is. Then they can start preparing to watch for those things. Be aware of those things. And I always try to tell them there are some things that you're going to have to know. You have to know lab values and various things like that, but the majority of it is using your head and thinking what could happen. If this is going up or down, what could that lead to? And the concept for each one I think is good in that they can broaden.

#2:   There is an element too of being, oh number two, there is an element of...

#3:   Number three.

I: We have number three and now we're going to number two.

#2:   There is an element of being proactive rather than reactive which I think comes from the case studies and stems from processing it before they actually get to the clinical setting and then I know, personally, I don't really rarely tell them the answer. I make them find it and so you just... I had a geometry teacher in high school that I could not absolutely stand because she would always answer my question with questions, but now I find myself doing that and I understand why she did it because she made me stronger in math. And so hopefully I am making these students stronger in nursing. I rarely answer a question. I always say "well what do you think" or "what could it be" or "why, why are you going to do that next", "really you're going to do that next." You know, I'll lead them, but I very rarely do I find myself answering questions. Yesterday, I had a patient eating and his data on his peg tube and I just came to the room and said are we going to check residual on that peg tube. And they just stood there and looked at me. I was like, "wasn't he just eating like ten Oreos?" I was like you're going to get Oreos in your tube. Of course not, we're not going to check residuals, right.

___: So next question is why is a patient who is getting peg feeding eating Oreos.

#2:   It's supplement.

(inaudible discussion regarding Oreos as supplement and Peg tubes)

I: Okay. We're almost finished. Are the students offered immediate rewards of gratification during the learning process? If yes, which rewards are provided to give the students the most incentive to learn.

#3:   You go girl!

#2:   I think from my patients...

__: Number two.

#2:   Oh sorry. When my patients tell the students that they really enjoyed having them take care of them. I think that is one of the best rewards. I mean that is beyond anything that faculty can do.

#1:   I think, yes, I think that rewards important too, but a lot of it comes from the background that they've come and their LPN education because it is so restricted and so very structured that the students are rewarded by, we do have to tell them that they are doing well. They need that from us because they're so afraid that they're going to fail out. When we get these students, I had a student actually tell me the other day that she actually can breathe now because she doesn't get out of bed every morning worried if today is the day she's going to get kicked out of the program. They're not a worried about getting kicked out of the program. They're just... So we keep them informed that they're

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doing well. On the flip side, we tell them when they need to improve and that's handled in a positive manner as well. Instead of going "you are so bad, you shouldn't do this", "Oh my God, that's stupid", we bring them in and we say okay well what can we do to make this better. We want them to identify things that they can do to make it better. Not just us, them. We want them to help come up with a plan to make things better. So I think making it a positive thing like we want you in this program. We want you to succeed. We want you to do well and letting them know that we actually want them here. We are invested in their success. I think that helps them.

#2:   That goes back to making them answer their own questions.

#3:   It does and I do the same thing. You know we do, even their plans that we do, we have an improvement plan. Our improvement plans are set up to be filled out by both of us. I don't have it filled out when they come in. We discuss it and then I type it up. So that's the way we do those so that that way they can get that immediate feedback and if they... positive thinking, even if it's...

#2:   Techinically kind of negative.

#4:   Bingo! Exactly.

__: You can still be constructive.

__: Good word!

#2:   Good job.

__: Good job, number three.

#4:   Number four and I just say that I never leave a clinical setting without giving every student feedback about how they performed that day and generally that can be done in group. They all did wonderful and there were no problems and they were all super wonderful nurses for the day. In classroom, I try to give feedback within eight hours or so of a test date so they know exactly what their score was on the test. Let them know up front their blackboard average is never correct and that they need to keep an ongoing record of what their averages are and often will send them their midterm grade without waiting on OTC to send it. I'm letting them know along the way where they are in the course with lecture score.

#1:   Back to what she was talking about. I do the same thing in the classroom too. I send them all out regular updates. I let them know that I have their grades tallied. If we have somebody that's making a C, I know that sounds not bad, but if they're making below an 80 average at any point in time, I send emails directly to that student and to their advisor so that the advisory knows where this student stands. I try to let them know that everyone is doing well, if you want to know your exact grade come to me. If you're not able to, if you want to make sure mine and yours match, come to me. I keep a running tally of those grades. Their tests, they get immediate feedback. That is one thing that I have heard from some of the students. This group particularly likes the online testing because they get immediate feedback, they get immediate rationale for their answers so it's, it's a really immediate feedback. I know that the other instructor in the program gives, opens her door as soon as she gets a test graded. You can come in and look over your exam. She also gives them the rationale for the questions they can go over and find out why they missed certain questions. So it's a pretty immediate feedback type of thing.

#2:   I give feedback in the clinical setting to we do journal questions in the end. They actually write them out and then I take them home and if I am seeing something or I'd like it changed or tweaked, that's I take the opportunity to write it out to them in response to one of their questions. So if I see somebody that's kind of talking to the patient like their

a child, that happens a lot, and you take care of an 80 year old lady and you want to call them 'sweet pea' or something, but if I see that going on then I'll just write "hey let's pay attention to the way that we're talking in that patient's room. Yes you're doing a really good job, but..." I write out my feedback to them so that they're not called out in front of everybody or I don't have to make these broad sweeping generalizations too. Because I've had professors of my own do broad sweeping generalizations and I have tell if they are talking to me or not. So personalized feedback on .....

I: Okay, ladies. Last one. What internal factors do you feel are the most influential in giving students motivation to learn? What internal factors do you feel are the most influential in giving students motivation to learn?

#4:   Well number four and I'll just take that question, there are no internal factors that motivate students to learn. Either they have it internally themselves or not and there is nothing I can do to turn them on or turn them off. Now I do have a few tricks up my sleeve to get them rolling occasionally, but its got to come with them or their not going to be here.

#1:   Number one. Having, this is the fourth class and I tell, I whole heartedly agree, if they don't have that intrinsic motivation to be here, to learn. I've watched us do it, attempt to do it with students who don't have that intrinsic motivation, and if they don't have that intrinsic motivation to do well, they skirt. And those are the ones that really worry us when it comes to board times because if they have just skated through the program, are they, because we've done everything we can. We've brought them in. We've talked to them. We give them clinical schedules, not necessarily clinical schedules, but clinical assignments that we think might motivate them because of some of their interests and if it doesn't, there is nothing we can do. It has to be intrinsic.

#2:   And number two. I think, I can't remember what I was going to say.... We don't want those... I know what it was. We don't want nurses in the practice that aren't internally motivated to be good nurses and to be, learn nursing as an art and science. We don't want to have to motivate and push people because there is enough of nurses on the floor right now that didn't have that motivation and they are just there because nursing is a job and not a career. So we don't, we shouldn't have to coax or coddle anyone into wanting to become a nurse because we don't need those people in practice. There is already enough.

#3:   Number three. That was going to be my exact comment and we see that every day. Even with, during clinical, the students are working with various nurses and after a while when you've been in the profession for a while you can see who really cares about what they are doing and how they're addressing the issues with the students and just standing back and watching I think that is really important in that how you can respond to the students.

I: Is that it?

ALL: Yep.

I: Okay. We're going to stop.

Graduate Focus Group #1 Interview

I: Okay. Now recording. Okay, question number one and we'll just start with number one and go around the table. I'll read the question and you can think about it for a second and I'll read it again and then you can start answering. Which program factors contributed to your success in the nursing program? For example, amount and type of faculty student interaction, peer support, satisfaction with courses, satisfaction with out of classroom assignments, enjoyment of clinical experience or financial aid. Or it could be a combination of that. Which program factors contribute to your success in this program? So faculty student interaction, peer support, satisfaction with courses, satisfaction with out of classroom assignments, enjoyment of clinical experience or financial aid. Whenever you're ready to start, you may.

__: Do we need to go in order?

I: It might be easier.

#1:   Okay. Number one. Definitely the interaction with the instructors. That seems to really help. Just because you get a lot of feedback from the instructors especially when you have questions. The clinical experience I think really ties in the lecture to what you're actually going to see and you still have the chance to communicate with your instructors or the floor nurses to really get a better understanding of what you might be learning in the classroom experience. Financial aid certainly doesn't hurt. Thank you.

#2:   Me? I think for me, I think faculty support has been probably the biggest thing because it's getting better now, but for the longest time we were all really confused about what they actually wanted us to do and it took a village to figure out what they were asking us for. The clinicals... I've had good clinical experiences and honestly to me the student instructor interaction varies with the instructor. Some of it has been really good and some of it has been really frustrating.

I: Number three.

#3:   Number three. I agree with all of the above, the peer to instructor and the clinical experience. I agree with everything that is said previously and I can't really think of anything else that I would change of what they have said.

#4:   Number four. I, I agree with all of that too. I especially like the peer interaction because in previous courses I've taken, I've kind of done it on my own and I really needed help from other students just reminding me "oh this is when this is due", "I didn't know that was when that was due" so it did take a while to figure out the system of each instructor and then I really loved the clinical experience. That's been really great. I got to go to CMH and I really loved that hospital in Bolivar. That was, they did let us see a lot and do a lot and it wasn't like the patients there were a lot of them weren't super sick or super ill, but they just allowed us to do a lot _____ and they looked for us when we were there. If they had something to do they said oh if there is a student that wants to do this and I really enjoyed that experience. That helped me to be able to really tie in what I am learning in class and I liked how the instructors were really questioning me during the clinical experiences and say "ok why is this happening to this patient" so it brings that pathophysiology and kind of makes it, I don't know, kind of all link together.

#5:   Number five. Definitely in agreement with the peer help, yeah like she said. There's, I don't know that I would have made it through the first eight weeks without my friends. I think a lot has strangely enough social media has helped. We remind each other when assignments are due and things of that nature. It's just kind of a way to keep in contact

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that's easier than having a log book of everyone's email address and phone numbers. Clinical experiences have been pretty, pretty good overall. There's been a couple of times there hasn't been a lot to do. I think there is a small issue with Select because of their policy you're limited on what you can do. You're more with the CNA, LPN thing that you do there and not so much RN. So there is a little bit of an issue with that just on staying busy and having things to do. I have noticed that one particular instructor, if you ask a question and she does not know the answer, she will email you the answer or tell you in another class. She's been really good about follow up and that has helped a lot.

I: And that's an instructor here...

#5:   Yes an instructor in class. Yes.

#6:   Number six. I too agree with my peers, but I, from my success and the factors that have been most important to me because when I started out I did not know anybody else in the class and some of the students seemed to know each other from previous programs and so at first it was kind of hard for me. I noticed a difference when I was able to start making connections with people because if you have a question about something you can collaborate with each other. I found that to be really important. I found it to be really important for the instructors to be available to you because I have also experienced the frustration of an instructor being hard to reach or not feeling like that instructor is not available to you. And then I have also had the flip side of that, some of the instructors that are available to you and it makes a big difference. As far as the financial aid, I find that to be an important factor because as a working student on my own without any kind of outside support, the financial stress, not having to worry about that is very important. And the clinicals just tie everything together like number one said. That, that the stuff you hear in lecture sometimes you read it in a book or see it on paper, but once you see it in real life it makes it, you know, that's when the learning begins.

I: Excellent. Okay, number two. Okay. That was more based towards the program factors and number two is what personal factors do you have that contributed to your success? For instance, attendance at class, time management, stress management, coping skills, study skills, enjoyment of the experience, motivation, self-advocacy, family support, commitment to receiving a degree or previous experience in educational settings. So this questions is more what things are you bringing and what do you have around you that are contributing to your success in this program?

#1:   Okay. Number one. That's a lot to take in. I'd say primarily one of the things that contributed to my success is family support. I know I don't have to work as much as many of my peers so that theoretically my grades should have reflected that better, but they don't, but I think what it does give me the time to do is I don't have the stress level that some of my peers do, but family support, stress level. It gives me plenty of time to study and I think that makes a big difference. I've had good experiences with OTC and the programs here so I think knowing the environment, knowing the computer system. I didn't have to relearn that. I think those are what contributed to my success.

I: Number two.

#2:   Number two. I personally feel like a big part of it for me is the amount of family support that I received.

#1:   Number one agrees with that.

#2:   I think something that has helped me deal with the frustration and which some of it is just being able to vent and scream and kick and cuss to our family and loved ones. We're going to have stress wherever we work but, nursing school is extra stressful. I've never

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worked in health care. I feel like this is my only regret about this program is that I didn't do it out of high school instead of as a third career. But that, that's it for me... number two.

#3:   Number three. My biggest success that I think that has helped me, me through this program is that I have been out of the LPN program for several years and that I have had a very good work experience in about everything. I see many different people, many different diagnosis and deal with medications and things so I've really got more out of the LPN program by working and seeing that which I contribute to more success here because I have been out in the working world and you know have seen things and stuff like that so I feel a little bit more prepared in the clinical type setting because I work in it. I also, you know, you know, have always been a very hard, dedicated worker in everything and I feel that that helps, you know, try to stay as prepared as possible which all of us know that is very difficult the first several weeks, but we all worked together for the most part and tried to keep everything straight. And there is just, you know, it's really awesome. So I think that has helped me quite a bit.

#4:   I think a good part of mine has been family support. My husband has been great about watching the kids and even those times that I'm not necessarily in school he will just, you know, if I just study he will just take the kids and go do something. That's been huge. And personally I think coping skills would help keep the stress down. I know how to balance my life and say, you know what I'm getting too stressed out I'm going to take a B on this test instead of spend all night up studying and try for an A because sometimes it's not worth it and I understand that for myself and so it's helping me get through this.

#5:   Number five. Absolutely family support. I wouldn't be able to do any of this without my husband and my children are extraordinarily understanding for the ages that they are. I think that once again the peer support is really immeasurable. I mean I couldn't do it without having someone to vent to that knows what I'm going through. I'm kind of a workaholic anyway so I think just the fact that I don't slow down anyway, I'm the type of person I don't, even when I don't have anything to do I make up something, has been beneficial for me. I, it's, I'm a procrastinator, but I stay busy so I think that is one thing that I actually worked on a lot during the program. Time management skills... if you don't have them you will have them before this is over because learning how to deal with procrastination and time management are the, were my downfalls in the beginning, but I am getting better at now and that's where a lot of the venting came in with when I had to vent. So I think I only worked for a year before I started the program. I think it would have helped had I had some more experience in a clinical setting, but I don't really feel like it has hindered me that much either. It would have been nice to have the comfort level, but as far as being able to do it, it was the nerves. It would have been nice to not have the nerves, but other than that I think it has been pretty good.

#6:   Number six. For me, the key has been more about knowing myself. For example, what I mean by that is I am kind of weak when it comes to self discipline and in the beginning of the program I was barely passing. And then I began succeeding and did very well and the difference was that I had to learn how to manage my time. I kind of had to take it into my own hands. I mean you can be at a great school with a great program and fail and it is up to you really. You kind of have to come to a point where you realize what works for me. And so what I found that worked for me was making time to be able to relax and do some of the things that I enjoy without overdoing it and letting my school work go and so

time management was a big thing in, in kicking up the self discipline a little bit and you know, so...

I: Very good. Number three is a nice short little question. What are your personal barriers to success while in the program?

#1: Um, number one. Time management. And I still struggled with that. It's just something that I work on. I just tried to keep my schedule and stay on schedule and make sure that I had a lot of time to study and I tried to stick to that.

#2: Um, number two. For me, it's, financial is one thing because I did not getting any financial aid and having to be the sole supporter of the family. The other thing, I think we all ___, is just plain old burn out. You know, there are a lot of times I know I should be studying and I turn on the tv and then the next day I am kicking myself because I've wasted all that time because you know if you take five minutes for yourself to just relax and chill out you end up kicking yourself for 20 minutes the next day having done it.

#4: Number fours agrees with that.

#2: Yes. For me, burn out is a huge issue and I can't imagine, well I do imagine what its like for people to go straight through from LPN because I had to take other courses in between so I haven't had a break going through either. It's just, it's tough, but there's, you have a day in mind and all you have to do is live until that day and stay in. And I think that's all any of us were trying to do at that point was survive.

#3: Number three. I feel my biggest problem is other things taking more priority than this program. You know, I know school should come first, and everybody wants school to come first, but it just comes to a point that other things have to be done. I had to work. I do have family things and stuff like that that have to be done and I feel like that is probably my biggest barrier is that I didn't stick to school as much as what school should be.

#4: Number four. I, I agree with what everyone else has said, but for me it's probably the five kids that's a big barrier. That takes priority over everything else that's going on in life and I get easily distracted and I get burned out. I get to the point where I'm like uhh, I didn't really want to do homework, where I would rather do laundry than do homework or anything else that comes to mind, so, but I don't know, I think the other thing that I had noticed is in the clinical setting, I feel a little bit of confidence. I am not as comfortable in some of the clinical stuff and so for me to go in a do an IV, I get really, really nervous doing that and I know that's a matter of practice and getting over it, but that is something that does holds me back a little bit. I had to push myself in that area.

#5: My mouth would be my biggest personal barrier. I am very opinionated. I am painfully honest and when I have any issue with anybody ever, they know it. And biting your tongue had been very difficult for me to learn. Um, I figured out everything else... anger management classes would have helped.

#6: Um, number six. I tend to get discouraged really easily and I do also have a little bit of a temper and I have found my attitude and the things I tell myself makes a big difference. I think burnout, as number two said, plays a big factor in all of that, but I tend to, especially in clinical setting, I found myself becoming insecure and discouraged and feeling like I can't do it. And so I see that as one of my biggest barriers.

I: Well those are personal barriers. Now the next question and she'll want honesty with this, be glad she's not listening to the tapes, what are the program barriers to your success in this program? What do you see as program barriers that possibly to your success in this program?

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__: Organization, _____, or lack thereof.

#1:   Yes okay. Number one. Yes. Organization. Initially, when we first started this program everything was up in the air. Nothing seemed organized. Everything was chaotic. Nobody knew which end was up. Everybody was frankly just really pissed off and not happy with the fact that they chose OTC's program, but I am happy to say that changed. I think people were happy that they were in this program. They understood the direction that we were going and for the most part we understood the direction that the instructors were going... for the most part. There were still times when it seemed confusing and it seemed like there was not a consistency between the instructors. And that is nothing that they can't overcome, it's just frustration and when you're talking about frustration in getting through the program, being frustrated trying to understand the instructors for an individual assignment is, or class work, is not always fun. I think those are the primary issues that I had.

#2:   I totally agree with number one. As an example for frustration with instruction and preparation that you get, we had a study guide given to us for a test by the instructor that wrote the test. Most of the test was not covered on the study guide. The study guide directed us in one direction, the test tested us over other things. The study guide took hours and hours and hours to do. Had we known it was going to be useless, we could have used that time studying everything that wasn't on the study guide because that's what is on the test. And I know I'm not the only one that felt that way because there was a lot of discussion about it and that happens with a particular instructor a lot. We were maybe spoiled in the LPN program and I hate to look at it that way because I feel like you should get as much ____ your instructor should point out that these are the things that you really need to focus on learning. Yes you've got a great big book and it would be great if you knew everything in the book, but these are the highlights and this is what's important. I didn't feel like we got that most of the time. We get either a very broad outline with a lot of personal antidotes and no, no real clear direction on, we don't know what's really going to be on especially this one particular instructor's tests. Another one is also in that you go, you go listen to those power point, the take your note, you learn more about what is covered in that lecture and you are covered. You know, I get really frustrated when I sitting, I gotten up early, I driven in the cold to get to school for someone to stand up and talk in front of the class and then say, "well you can read all about that in your book." Well I could have stayed home in my pajamas and done that. I didn't have to go to school for that. But like I said there is a particular instructor and _____.

#3:   Number three. I agree with number one and number two. I do feel that the disorganization of schedules per instructors was very hindering to me at the very beginning. It really made me want to quit multiple times because I felt like I did not have a handle or would ever figure out what was happening one way to the next, my anxiety level was 10 plus five hundred million. You know, and I just felt very overwhelmed that if this is how the whole program is going to go, I'm going to be in the psych ward before Christmas. You know, it was just very, it was very terrible and you know I don't know, it's been many years since I was in the LPN program, but I did go here and I really don't remember much of it because it has been a while. But I don't remember it being as crazy and you know, it was pretty much before computers and everything so everything was done on paper and stuff like that. But the instructors at least seemed to know what they were doing at different times and I don't ever remember feeling disorganized.

#1:   Can I interject one thing?

I: Yes. Go for it.

#1:   I think it's absolutely essential that you have to read those books, text, simply because some of the things that are covered in the tests are not always covered in the lecture notes, but what frustrates me is that sometimes the things that are in the book was, or text lecture notes, is not exactly what is on the test because it came from a totally different text which is not required or even suggested for the program and when that happens you are at the mercy of either logic or luck and that's not cool.

#3:   And I don't think it's a bad thing that we need to read our books to study. I'm not trying to say to say ___(inaudible – multiple people talking), I'm just saying that I think that it would be really nice to say these are the important things that we want to make sure you really understand.

#4:   I agree.

#3:   Maybe not necessarily for a test, but this is important stuff for you to know.

#4:   With the understanding that we can't learn it all. It's just too much information and that we need a little bit of direction of, not necessarily for the test, but as nurses this is the highlight.

#1:   Right.

I: So are you all saying that confusion and everything was among the all three or just ... Don't tell me which ones, but I mean because when you say confused and whatever that's hard for me to know what you're talking about.

#4:   It was in the very first, probably, three weeks of class. They handed us a schedule and it had the tests and what we were going to do...

I: For all of them?

#4:   For all three classes. And then they each instructor handed us so we had two syllabuses for two different classes that we were taking and all three instructors taught one class and one instructor taught another class. The one instructor that taught that other class, she was actually pretty good about we knew when things were due and on time, but the thing we had to figure out is her due dates were not on the mass schedule that had all the classes on it. So we had to figure out, we have to put her syllabus due dates on the class schedule that we assumed had everything on it and then the other two instructors had other assignments besides just tests and one of them would give us the assignments through email sometimes and there'd just be a random "oh by the way, do this" and we didn't know if it was extra credit or required and some were extra credit and some were required and it wasn't real clear as to which was which and then it was a whole lot of assignments in that first probably four weeks of class and they really could have spread that out a little bit better to make it, especially knowing that we are getting used to them still. If they had just, there was no reason to have all that due within the first month of class. They really could have spread it out among the semester, but it was just, it was very difficult to get, it was difficult to know here's the mass schedule and oh I have to take this syllabus and this syllabus and put on it. We assumed it was on the mass schedule and it wasn't. So I think a lot of people missed assignments and or were late on assignments, and that's where most of my frustration was. Because in LPN school we got the mass schedule and everything was on it...

#1:   And they stuck to it.

#4:   And they absolutely stuck to it and if they didn't they made sure that an email, blackboard and lecture and everything was changed, it wasn't just like one or the other.

So I think it was especially hard for the students that weren't comfortable with the computer. Or maybe didn't check their email every day like you have to.

#5: Um, number five. Yes when we walked in, you get a mass schedule and you think okay they would not give me a mass schedule if this was not the schedule. Here's two syllabuses, more dates, here's a clinical schedule, more dates, go buy yourself a really big thick calendar and sit down, because that's one thing they... if they're going to be given this way it should be an assignment to spend two hours writing your own calendar and it should be explained. Frustration is a huge key, I mean you can't learn when you're mad. You can't learn when you're frustrated. And you can talk to me for six hours or whatever you want me to know and all I'm going to be able to tell you when I come off the other side of that is what I'm still mad about. As the good learning environment, not just curriculum. I have been told from the beginning that, I mean personally, that I was expected to fail because I worked and that I would surprise people if I were still here at midterm. That's not a good learning environment. Yes, I have a lot on my plate, but I deserve just as much support and encouragement as anybody else. My kids need to eat and if I could work have my schedule, believe me, I'd be all over it. My kids need to eat. They and they say well your school needs to come first. Nothing will ever come first over my kids. The reason why I'm here is to give my kids a better life. So don't ever tell me to put school first.

#4: Can I say something real quick on that? I agree with you and I think that if the entire class of students, oh I'm number four, if they had a hard time getting in to the program, I mean this is not an easy program to get in to. You have to make good grades. We all had to get passed that LPN program. And you have to be motivated. The whole class was mad about the schedule.

#5: Another teacher, the disorganization, huge issue. Love her as a human being. I would hang out with her and talk to her... in clinicals, absolutely one of the best experiences I ever had was with her, classroom not so much. The typos on the powerpoints, if I held myself to the same standard, like if my papers were turned in looking like the powerpoints, I would fail. I expected my teachers to hold themselves to the same standards that I have to hold myself. It's only fair. I don't want to use last year's regurgitated stuff. I understand that the information may be the same, but the syllabus should not be. The dates should not be. If I'm expected to use it as a guideline then it should be either for 2011 or 2011-12.

#4: I had forgotten about that. On one syllabus there was two different dates, two sections that had different due dates for assignments. Same assignment, two spots, different dates. That was very confusing.

#5: I think that the online material there needs to be very specific... before you even get into the program they should let you know that this is going to be a very big portion. And, I know they did to an extent as hinted on, but the exact requirements on what your computer can do, the browser you have to have, how often you're going to have to be on that website, if you don't have a computer can you plan to come here, are you going to need to take out a student loan to buy a computer that can support these functions, because I don't think some people understood that coming in. My computer at first would not handle some of the stuff that I was having to do.

#2: This is number two. I think in fairness to the program, that was covered in our initial handout.

#5: It may have been and people probably just didn't read that part.

#2:   But that was covered.

I: You mean about the computer?

(inaudible)

#2:   I think it is also included in each one of our syllabus that we get every time, these are the minimum requirements for your computer.

#6:   Number six. I mean, I don't want to repeat you because I do agree with what I am hearing here, but I wanted to add that I feel like it seems, I agree with the disorganization, but I think part of it it feels like there is a lack of collaboration among the instructors themselves. Like they each have their section they teach and that's it. But like you said this is a group effort, you know, you have several instructors teaching on different topics and there's just, it just turns into chaos. It didn't feel, it felt like complete chaos. And whenever I expressed a concern to one of the instructors, this is what I was told that this is a higher level class and we're not, you're not supposed to be spoon fed. And the problem I have with that is that I don't expect to be spoon fed, I am very self-motivated, but make it clear what you want. It was very unclear and also we've have experienced several comments within the class that previous classes have done better than us like as a whole and for me that's frustrating because I don't think we should be compared to other classes and if the entire classroom is struggling, you shouldn't look at it and say well you as a class are not doing as well as the other classes, you should look and say what are we doing as instructors or within the program that could make a difference so... But anything else I would have to say has already been said so I won't repeat.

I: Very good. Interesting. Okay, number five.

(inaudible)

I: This, you've, I think you've pretty well sort of already answered this with some recommendations, but in addition to what you've just said, what are your recommendations for increasing the success of students in the program? So what are your recommendations to the program itself, the teachers, the director for increasing the nursing students' success? And so, we've hit on being more organized, no comparisons to former classes and maybe better communication, but is there anything else specific you can think of?

#1:   How about, this is number one, how about just taking out some of the unnecessary busy work. And are the care plans really beneficial? Really? Really? Because when we got out there on the floor, we now use electronic care plans. These care plans took eight, nine, some people are telling me twenty hours or more...Though I guess they were trying to get us to think like a nurse by doing these care plans and databases.

#4:   By this point we've done so many through LPN school, we don't need to do more. At this point we all know it, we can get through it, it takes us forever because we're having to do it electronically and change the font color or whatever or things like that. The one instructor doesn't require that, but still, by the time you cut and paste and I've gone to one pretty quickly and I'm getting it done in six hours and that's going through as quick as I can and not spending a lot of time on it.

#1:   If, number one, speaking from experience, if a nurse doesn't have a care plan done within about the first hour to two hours then that's a problem because basically you have certain patients on a floor, it's very specific, a lot of the care plans look identical, and there's different parameters that are appropriate to the variations of each patient.

#1:   I understand the special interviews, those make sense to me because in a lot of cases those apply to patients in the real world environment. These 20 – 30 page databases and care plans, no. They're a waste of time.

__: I agree on the care plan. I think if the actual care plan part of it, the identifying the major problems, the nursing intervention, all that, I don't mind getting extra practice with that. I think that part is good. The database which is largely information that the nurse isn't going to gather anyway, it's going to then come through the records, through the computer.

I: Recommendation for improvement...

__:

#2:   All that said, this program still has the highest pass rate of any of the nursing schools in town.

__: Yes. We're saying all these bad things, it's really good. All the instructors are knowledgeable.

__: Every time I got, started feeling so frustrated and thought "oh my God, why did I do this here" I go back to the fact that last year every single graduate passed their NCLEX on the first try and...

__: And I don't know, you know, I don't know if every single one of those people last year would have passed whatever program they went to, I don't know. I just know that, that's how I rake myself back in by reminding myself that when we graduated this program, there was a darn good chance we were going to pass the NCLEX on the first try and be working as a nurse and not paying to go to Kaplan or somewhere else to get a review and paying to take the test again. It's, that was my coping mechanism.

#6:   I have a couple of friends that are currently in nursing programs in other places in Springfield and whenever we get together and discuss like workload, expectations, the, it's definitely much higher here and I don't see, I don't think that's not actually a complaint because I see it as, you know, like you said the success rate is higher by percentage and I mean the, you know, have higher expectations, put more on us, I'm okay with that, it's just, it's, make it clear. The biggest thing is the disorganization so... oh number six. Thank you.

#1:   I have another suggestion, number one. If we could get rid of the care plans, but give us more of the case studies because I actually learn a lot from the case studies.

__: Yes, the case studies are good.

__: Let us do like the last five pages of the database where you have your nursing diagnosis, making your cultural assessment, information like that. Give us that and a case study. I could do one of those a week.

#1:   Sure.

__: And learn so much more than, learn so much more than twenty hours on a database. Let me get the nursing diagnosis down and the intervention that goes with the diagnosis. I don't need a database.

#1:   Because that's what's going to translate into better care.

#4:   And that would help get rid of... this is number four. That would help get rid of some of the busy work that the databases required.

I: You give me a recommendation and then we'll switch gears.

#3:   Number three. My recommendation would be for, you know, I know they're talking a lot about busy work and things like that, but I think if I was prepared for the busy work it wouldn't have been so bad. Like I really feel that if a former student or if they would

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have even just given us a little bit of a hint of what they kind of expect, it would have gone over much better for myself. I don't know if everybody else would have felt the same say.

#3: Well I knew absolutely nobody from the previous classes so I came in here totally blind. The couple of people that I did know, like totally like would not tell me anything about the program. And I'm like, well that's like really rude because oh my gosh I will spill my beans to anybody if they want to know. I won't lie. I will tell them the exact truth of what to expect because that's what I feel they should have done. You know like the people that had been in the program previously. I felt like they should have offered a little bit more instead of being so quiet which then it makes me wonder why are you so quite. I'm like I don't understand, so, but I think if I would have had a more one on one base that you know get together of more of someone who has been through the program who has been blatantly honest about what they experienced I felt like I could have handled it maybe a little bit better.

#6: I know we're moving on, but can I just add one more thing. This is number six. You make a good point, but in the very beginning of the program we have two weeks that's transitional nursing. That's supposed to prepare us

__: I didn't think it transitioned us at all

#6: No. The focus was more on these things that didn't help at all. Take those two weeks to really prepare us for what's coming and that would have been a good time to have maybe a former student come in and I think if they really focused on those two weeks in the beginning in a different way that really helped you for the transition, whatever we did during that two weeks, I'm just saying for whatever reason it did not help me. So...

__: It wasn't a transition.

I: That's a good suggestion.

#1: I learned a lot about APA papers.

All: yes

I: Now, did the program and the faculty reinforce the importance of the need to learn a nursing topic? If yes, give an example of how the importance of learning nursing concepts was most influential in your learning process.

#1: Okay, number one. Yes. I think learning these topics was very beneficial and in some cases potentially save some of our clients' or patients' lives. Just as one example, I don't work very much, but I did work the other day and when I was reviewing a client's lab results I noticed that the client could have been having some issues with some kidney failure and when I brought it to the physician's attention he agreed and decided to run more tests and I never found out what happened, but it was very clear from the things I read, learned, experienced in clinicals all translated into a work experience that really tied it all together.

__: Oh that's awesome.

#2: I don't really know how to answer this. I guess from your example is making me, I'm working also and there have been a lot of times that I had either looked at something going on with one of my clients and really been able to apply or at least know that I needed to go look something up because I knew something was wrong. I, I just don't have anything.

I: And that's okay.

#2: I'm sorry.

I: That's good enough.

#3:   Number three. The concepts that are taught to us I really can relate them to experiences out in the clinical setting. With them freshly being put into my head whenever I am at work and you know, someone, a patient comes in with a similar type problem that we either are into now or previously gone into, you know, it definitely I feel that I am more aware and try to figure out myself, you know, the right direction of what is going on with them. The one thing that I can say is that the practitioner that I work for for over six years now expects a lot out of me even as an LPN. Let me tell you, she had me thinking like a doctor. She wanted me to pretty much have the patient diagnosed before she went in the room. She really wants me very, very educated and you know, very knowledgeable about what is going on so I feel that's a plus advantage to me because I kind of have been, like that before this program so I feel a little bit more prepared for that. I have an example that I have is when we were going through renal one of my patients that was coming in with CHF symptoms and I really think that going through her symptomology and everything and looking at her kidney functions and stuff which wasn't horrible, but she may have had like an acute nephroguatamarelia nephritis going on which she absolutely refuses to go to the nephrologist so I can't prove, but it was a really interesting concept of going "okay we looked each direction and everything but we haven't looked this direction." So it was really kind of interesting. So it's been wonderful to be able to apply and really look into things more as we go along.

#4:   One thing I liked is that question is now that you know what, this is number four, now that you know what it is, what do you do with it as a nurse. And so a lot of times I can, I love the pathophysiology of figuring out diseases and figuring out what's going on, but it's the next step as a nurse, where do you take it now? And something I can specifically remember actually in clinical and sim lab, we had a patient that our mannequin had pancreatitis and we were happy to figure out what to do and I was kind of surprised how my the nurse was responsible for doing even before calling the doctor. That kind of helped me, I don't know, make that transition into being an RN as opposed to an LPN, or even LPNs do that just you can do as a nurse a lot and I think they really taught us that in this program how to be so self-reliant with these patients and in what we do and it's really a great thing that we are, we still do, we know when we're supposed to call the doctor, but we do a lot for those patients and I think that has really been a great, great learning experience for that.

#5:   Number five. I'd have to agree with what everyone is saying, because there has always been something, it may not, I may learn something in a class and I may have not run into it again since then, but there are so many things that they told me in class that I can look back on even in experiences in my own life, I'm like oh that's what was going on. Family members, myself, my kids, there's just a gastro thing they were talking about. My son is going through the exact same thing with some of the gastros, so I think that has really, it's just nice to have that knowledge and to have that light flicker on whenever they bring something up. But I think one of the things and it's really brought up a lot in class, it's a lot of times it'll be on a test, but the delegation. I think that they're not difficult questions, but I think it's interesting because when we go out, when we get our license and we go do this, we have to be bosses and I didn't, when I came into this program, I mean it was in the back of my head, but you don't really think about it that you're going to pretty much run the show. You'll see the doctor maybe twice a day for thirty minutes, but being an RN you've got doctors above you, you're running everything. You call the lab. You call the pharmacy. You take care of everything. You tell the CNAs to do things. You tell the...

I mean you are the boss and I think that them throwing in a question here and there and discussing that with "well what would you do in that situation" and how the answer is never notify the physician. That's never the answer. So it, it makes me, I just, I'm liking that part. It's teaching me that I'm going to have a lot of responsibility and I need to be ready for when I get out of school.

#6:   Number six. This is kind of a hard question for me to answer because it's, so far in my experience, I definitely learned nursing concepts and being able to apply them in clinical settings, but it's been in more subtle minor things like I had a patient that had come out of surgery and he was having some discomfort with breathing and I was after assessing him on my own I was able to come up with an intervention on my own, contacting respiratory, getting him a spirometer in his bedroom or hospital room and things like that. I had another patient that was having some other symptoms and I was able to look at his symptoms and come up with the intervention on my own. He was retaining urine and you know just things like that happen, but I'm still learning and the big thing I agree with number five is like just realizing how much responsibility we do have.

I: Did the program or faculty provide opportunities to learn the nursing process through hands on activities? Are you doing any hands on activities that you feel benefit your learning? If yes, which hands on activities do you feel are benefitting you learning process the most?

#1:   Sure. Number one. I guess the clinical experience and the sim lab experience both give you opportunities to run through assessment, diagnosis, interventions and putting those into practice and then seeing if they're effective and I think that's beneficial from a nursing student's perspective.

I: Sim lab...

#1:   Sim lab and clinical.

I: Okay.

#2:   But you know the clinicals, the med surg clinicals have been the best because we're there enough days for the staff to get used to us and actually let us do some things.

#3:   Number three. Yes, I do believe that the sim lab was good. We did labor and delivery and then we also had an acute sim lab that we did and I think that it would be beneficial for, and I don't know if the LPN students get to go in the sim lab and do stuff like that too, okay, that since I had never been in a sim lab before to kind of maybe go in in that transition period and do a sim lab, you know. Let everybody listen to the different heart sounds, lung sounds, play out a couple little small scenarios. Kind of get you mind thinking in that aspect.

#4:   I would like, I liked the clinical experiences. This is number four. And I love the clinical experience, the med surg experience has been really good. Better than the psych and the OB have been more observational, some things are just okay. I did like the sim lab experience, especially the acute, not so much the OB one, because the mannequin wasn't working that day, but I really liked it, but it could have been good. I really liked the one we did with the pancreatitis. That was a great experience and I would love to see that used more to get you an opportunity to work on a patient that's in really bad condition that we would not necessarily have the opportunity to work on in clinical experience.

#5:   Number five. Yes I think the hands on was fantastic for me, you know, like number four said, yes number four said, the psych and OB were a little iffy. I personally liked the OB sim lab. We got to do hands on intubating and bagging and to me I learned a lot doing that. I think a great way to do the care plans is to do the meat of the care plan from a sim

lab experience so that way when you are doing clinicals you are in clinical mode, you are taking, you're not "I need to get to a computer because I need four hours to get all this information." If you could do your care plan based on the sim lab, you could do your clinicals and really just do your clinicals without having that on the back of your head.

__: That's a great idea.

(inaudible)

#6:   Number six. I, in the clinical setting, yes the instructors were really good about finding opportunities for you. However, it's kind of dependent on what's there that day and so the sim lab is really where I got to apply the nursing process and it was where you really have to put it to, you know, you're tested on what you know and I agree with number four, with what number four said about the sim lab.

I: Okay. Were you given, are you given opportunities to problem solve in the learning process? If yes, which problem solving activities do you feel benefitted you the most during the program? So that's, are you given opportunities to problem solve?

#4:   I can start that one.

#1:   Yes, please.

#4:   Number four. I actually love the case studies, but not the care plans, the case studies that that we do. The case studies give a lot of problem solving. A lot of great opportunities. And even the ones, we did go over like seven case studies in that first two weeks and I really liked that because that really allowed me to apply whatever it was that I knew at the time. It was just, that was good problem solving.

#1:   Yes, okay. Number one. I agree with that.

#2:   Number two. That's what I was going to say was those case studies because you're, you're supposed to work just on your own on those for the most part. Then you work on it together in class to bounce things off and it gave you, if you were able to pull on your own personal experiences, we've all have family and friends that have had different illnesses that pop into our heads when we see a certain symptom and made me do a little more research than I would have just for a normal homework thing.

#3:   I do agree on the case studies. The only thing that I, I don't feel what the case studies were is those were a lot of our homework type assignments for those chapters that we did and the tests were nothing like that at all. They were good learning, but case studies were real world, their tests weren't real world. We're living in the real world.

I: Okay, five.

#5:   I don't have anything else to add. They pretty much covered everything.

I: Okay.

#6:   Number six. I've had real opportunities to problem solve especially the case studies.

I: Okay. Two part. Are you offered immediate rewards of gratification during the learning process and so you can think about that. Are you offered immediate rewards of gratification during your learning process and if yes, which rewards provide you with the most incentive to learn.

#1:   Number one. Yes, whenever you're in the clinical setting and your helping those clients, I think the immediate feedback from the client whenever you see the benefit of what you're doing, that's, that is affirmative.

#2:   I agree with that. I don't, I don't think that our teachers needto provide rewards, our diploma, our degree is going to be our reward for what we do in school. It's what we do with our patients that gets, that gets you the warm fuzzy and that's the reward to me.

#3:   Number three. I agree the patient is the reward.

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#4:   Number four. I agree with what's said. I also like the online tests where you get immediate results of the test. Not that it's always a reward, but sometimes it's not, but I like that. And then I like the encouragement that I have gotten in clinical settings when I have to go to the instructors. They have been great at saying "nice job, you did good." I like that. I do, I'm one of those that kind of needs that as I go along.

#6:   I was actually going to say that. This is number six. I had an, one of the instructors that just stopped me in the hallway and personally and looked at me and said "you are doing a great job, keep up the good work" and woooo that just boosted my confidence and it did a lot for me and also, of course, the patient. That's obvious.

I: Was that one of these teachers or one of the hospital teachers?

#6:   No one of our teachers. And, I've actually experienced, I've experienced positive affirmation from at least two out of three instructors so that has been huge for me.

#5:   And number five. Just real quick. Yes, the teachers have been very quick to give praise if, if you're on the right track. And if you are even attempting to critically think, they will give you a pat on the back so I do have to say that it is encouraging me at all the times that I didn't really feel like even showing up.

#6:   Can I say one more thing? Number six. That I thought, I thought was also beneficial was when one of the instructors sees that we're putting the effort forth, sometimes she gives opportunities for extra credit and that's a nice incentive because it would be different if we weren't working, but when she sees that we're working hard and struggling, she's like okay well if you really want to put in the extra work and you do this, I'll give you a few extra points and that's also a good incentive.

__: Yes that is.

I: Now. Our finale. What internal factors do you feel are most influential in giving you motivation to learn. What internal factors are motivating you?

#2:   I can start. Number two. Internally, number one, I don't even want to hurt someone out of ignorance so I want to know that I, everything that I can so that I don't hurt someone. So that I can actually help people because that's why I want to be a nurse. I also had personal goals of making some money, being able to support myself and have some of the fun things in life that I want and, and I think that I chose to do what I was meant to do, so that all feels good.

#1:   I just love the process. I have figured out that I love nursing and I love taking care of clients, but I've also found that I enjoy showing up because my classmates are fun to be around. I love going to clinicals because it's just a great learning experience, even when it's a hard day, you always learn something. And you know what, it's just the people, that you enjoy working around people because you wouldn't be a nurse if you weren't.

I: You shouldn't be.

__: Yes. True.

#3:   It's just that same stuff, accomplishment, that I have felt and been burnt out as an LPN. It was not a fun feeling. I ended up taking many trips deciding what I really wanted to do with life and got to the point where really nursing wasn't very fun. It just was a miserable time and so I came up to the conclusion was that I was either going to have to stay where I was or I was going to have to do something about it. So my chose was to stay where I was, but to go back to school and further my education which is wonderful and which I will not continue after I finish this program. I'm done until I get burnt out again and then I may decide another way, but it's just that some stuff, accomplishments, as a not 4.0

student, it's really wonderful because you can do it and you do not have to be an A student. You just have to be a good practitioner.

#1:   Do we have any 4.0 students here in this program?

__: Not many. (inaudible)

#4:   Okay. Number four. I was once told that you can pick your career and do what you would do anyway. Pick something that you would love and don't do it for the money and I really do love nursing and the more I do clinicals the more I love having that one on one relationship with the patients and figuring, being able to really focus on them and figuring out what they need and taking care of them. I really do love it and that's my motivation. And the more I've learned and totally agree with number two, she said that it's kind of a fear not wanting to hurt the patient. Not wanting to hurt them because of ignorance and that is where the school and education is coming in because I want to do what is best for them and it really the more I learn the more I realize I have to learn.

#5:   Number five. I've always had a love of learning, even when I wasn't in school regardless of what I was doing, I always would change positions or whatever just so I could learn something new. I am also doing it to prove to my kids that I, I love being a nurse, I'm not doing it for the sole purpose of doing anything for my kids, I like, I love being a nurse, I love being a caregiver in general. I think we have a really neat maternal or paternal instinct. Nursing is a good, is a good choice. But I want to prove to my children that regardless of where you come from and regardless of which you've been through in your life, that you can always turn things around and you can always move forward and you can always do something better and it doesn't matter what age you are if you put in the work and you put in the effort, good things are going to come from it, so that's been one of my driving forces.

#6:   My internal___ motivation and this is number six, is my mother was in ICU and I saw her receive good care and I saw her receive bad care and when she was receiving good care, she improved, I guess the, the doctor said she wouldn't make it and not only did she make it, she was thriving and it was because of the good care she received and so I agree with number two, like my internal motivation is I want to know what I am doing and I want to give that patient the best care and the best chance at thriving that they have and that they could have and you know, so.. yes that's all.

#5:   One thing that brought up something for me, number five, one of the biggest reasons why I decided to become a nurse was because of a bad nurse.

__: When I receive bad care from a bad nurse, I thought if I could do this job, if I could get into this and be the good nurse, maybe someone wouldn't have to go through what I just went through so that... so that's

__: I've seen cases where doctors say there's no hope and because of good care it, it completely turned the other way, so miracles can happen when you're a good nurse, so

I: That's a good sentence to end on.

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Graduate Focus Group # 2 Interview

I: Okay. We're on. Question one. Which program factors contributed to your success in the program? For example, the amount and type of faculty student interaction, peer support, satisfaction with the classes, satisfaction with out-of-classroom assignments, enjoyment of the clinicals or financial aid. So which actual program factors contributed to your success in the program? Whenever you're ready.

#1:   For me, enjoyment of the classmates and the interaction with the students and the instructors and the instructors also make it so easy for us to get access to them and that there _____ or through email or during class times we can always whenever we're struggling they encourage us to retry and go and sit and they can help us and whatever errors we have and also they have groups that the school or the faculty that have incorporated in the program also helps because it also teaches us how we can learn a group concept or work on a group concept. So that also kind of helped me out. Financial aid didn't really do much. It was okay for me, but I didn't really get much money because I was, my program was ___ for my work so my work pretty much paid for much of my expenses, but I did have some financial aid help to just kind of supplement my, so I didn't have to wait so much.

#2:   I think the student faculty interaction helped a lot. They, I think the class time was beneficial to me along with the clinical time. And I think the clinical time just kind of brought the whole concepts together sometimes, so I think those are the main things – the student faculty interaction and then the clinical time.

I: Now we're going to switch a little bit and ask what personal factors do you think contributed to your success? For instance, your attendance in class, time management, stress management, coping skills, study skills, enjoyment of the college experience, motivation, self-advocacy, family support, commitment to receiving a nursing degree and/or previous experience in educational settings. So what did you bring from yourself that contributed to your success?

#1:   This is a kind of, a good question for because I mean my accent may be really, really different with a lot of people. Because I guess I can say from what you mention, I guess I could say commitment by, I was really committed to finish the program and no matter what if I took for me to make sure I finish it. I mean I struggled in the program at times, especially with the tests, but every time I had to retake the test I make sure I passed it and not to mention the reason why I say this is going to be interesting for me way, I was on a scholarship from my work so it's either I finish the program or else if I don't finish the program I pay back their money. So I had to, I was committed in the long haul that I had to fix the problems so I can move forward or so pay back the money. But that kind of seconds my motivation because I really wanted to work hard and finish the program. So another thing that I think generally I like learning. I like to study a lot. The feeling that I am a student. That I am learning something from someone. I enjoy it. So, I've been in school since 2000. I went to school at Drury. I graduated at Drury then I transferred to here to do nursing _____. So I personally just like being a student. I like the learning from everyone, my fellow students and also instructors. And from your earlier question, from clinical setting, we learned so much from clinical settings, from our clinical instructors so personally that kind of motivated me. I have _____ that group work. The work was hard, I had to get up in the morning and go to clinicals. But I much missing the interaction with the, something different. Different clinical setting was

different kind of patients and different clinical groups. So that kind of interaction I'm really missing and personally that _____ I finished the program so with that_____.

#2:   Um, that was really good. Probably a couple things that come to mind are and talked about study skills, I think that was critical for me. I've also been a kind of lifelong student and developed a discipline to study effectively and really go through the materials before classroom time. And the other than and that was probably the next biggest factor was time management, because there's so many demands and so many deadlines that have to be met and then if you combine that with having to work and have a life outside of school and work, then you really have to organize your time and manage it with whatever system works.

I: Okay. Shorter question, what were the personal barriers to success while you were in the nursing program if any. Do you see that you had any personal barriers? And we'll just start with number one.

#1:   Okay. For me I guess its also gonna be harder for me. _____ Correct question. I guess for me being the only different student in the class, you can that in itself is a personal barrier and I guess you know what I mean when I say that. I'm like the only black student, African American. So and not to mention that English is not my best language and that can also that also is my personal barrier, because every time before I say something I have to really think about it _____ so I'm going to do that along the way so that also the language is a personal barrier for me and then at times, you know, sometimes you just have to those kind of barriers are kind of hard, not really hard because of you know I've kind of learn to incorporated from my previous school experience. It's something here. So, but those two are the main barriers. Sometimes maybe the groups, because sometimes you don't know how comfortable other people, other people don't want to ____ in groups. The groups I'm in to enhance when you go in to the skills setting and when you go in the actual real world then because you are going to work with groups and work patients in our industry and you're going to have to work with a team like, you know, the shift like maybe work in shifts. Your shift is a team. Like I work night shift so the whole night shift right now are helping supervising the whole night shift. That's a whole team. If you're working with a group at school that kind of helps you with the team concept and I know how a lot of people don't work, they like to work individually, but sometimes that's where the team concept comes to help.

I: Do you think that the color barrier is something that was around or just something that you were concerned about?

#1:   It didn't really show, I mean people didn't really, I was I think to _____ have the problem in the class and I enjoyed everyone else in the class interacting with every student, but just yourself inside feeling differently. You feel like maybe I don't fit in or maybe, sometimes it's something that you know I guess, I myself, I can't speak for... _____ I've seen several other students that have came before me and like me. I can't speak for them, but me personally I thought maybe you know sometimes that can also think I don't think it like people kind of deserted me or you know not want to talk to me, but that in itself I think it can, and maybe the language barrier, so maybe being coming from ____ can also be a personal barrier because I mean I'm still learning English. I wasn't born speaking English, but I have to learn to speak English. So I hope I articulate myself very well, but sometimes I have to say something to get my point across two or three times to make sure.

I: As do people born and raised here. Number two.

#2:   Well I also felt a little different in class since I was 20 to 30 years older than any of the other students in class other than maybe one. So I'm not sure that was a barrier in all cases. The other thing is being a male in a predominantly female profession so I felt like I was kind of a double non-traditional student. I was the older of the students and a male. Even though we had a lot of males in the class, on occasion when we would go to clinicals I could perceive that both of those factors were recognized by some of the nurses that we worked with on the floors and some of them were pretty blatant about it, but for the most part I had good experiences. But, yeah, there's... regardless of whatever factors that make you different and it is a barrier.

I: I think you're right. Well now we can get more comfortable. Were there any program barriers to success while you were in the program? And these are probably the type things that will help Sherry's research as well so if you saw anything that was actually, and you may not, but if you perceive anything as a barrier with the program that would be a barrier to your success.

#1:   I don't know if you can characterize it as a barrier or not. It could be, I really think, I don't know if it's a good thing to only have really, because Sherry, she also does help, but she's really mostly like demonstrating part of it. But, the coordinator, but predominately we only had the two instructors like Sherry, Tena, Tena and Beth and I don't want to speak for them, but I think for the whole program the way it is built, I think for just them two, I think it is too much for them and I, I don't know if, you know how in the LPN program, I know this, I don't want to ____ the LPN program. The LPN program is totally different. We have like three instructors and some with the coordinator coming in and them having four instructors, so for us only have two, I think that it is, that it was, something that they should look at it and maybe try to have that's for me. And I mean they may not want to change it and they may just only keep two instructors, but I think if they could add maybe a third instructor to do something else maybe that might relieve some stress from the two instructors. I do like the, that kind of ____, for the program.

I: That's a valid comment.

#2:   That's a good point. I was just thinking about it, but I don't know about the classroom part of it, how much of that was burden on them. I did notice in the clinical setting that the ratio of students to instructors sometimes seemed a little big. Because when it was time to pass meds, it sometimes it was difficult to find an instructor so that you could go ahead and do it even though you were probably more than capable to do it ourselves, but that was probably the main time they could have used a little bit more help.

I: Okay. What are your recommendations for increasing the success of the nursing students going to the program? So what are your recommendations for, and I guess this would be recommendations not for the students, but probably for the program, something maybe they could do or need to do to increase the success of their students.

#1:   I don't really think of something right away off the top of my head, but I can recommend the program to be, are you talking about in terms of attracting new students to come in to the program or just the students that are already in the program?

I: I think the ones who are in, maybe, the way I'm reading it is to help them be more successful.

#1:   I, they already have to be there and already have chosen a place to make them be successful, but if I, but if anything I have to add would be that's only for me and I don't want to speak for someone else, I hate to see a student lose in a position because of you know throughout the program have to do the ___, I had saved ____ at the beginning that

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they use the ___ two as a measuring of success. I, for me, I don't know if that's really, I mean it's a good thing to do it, and I mean for the people that lacks___, it adds confidence that "hey if I'm really doing this, if I'm struggling I have got to study hard so I can, so I can, so I can pass the next exit." For the one that I doing good, maybe more better than, but "hey I'm doing really good. Let me keep my___, so maybe I'm most likely, I'm the most success, but I'd had to see a student that's already in the program that's passing the grades okay, but struggling with the <u>HESI</u>, you have to lose the position because they are not making the <u>HESI</u>, because you know when you meet the <u>HESI</u> you are, you have to retake it, you have to pass to go to the next show. And, I mean, if they do like all, if you don't pass the <u>HESI</u> you gonna lose the position and that its it kinda, I don't know if they maybe have to relax that position a little bit so that if I don't make it I'm going to lose the position. Or maybe that will make other students not work to hard at it. I'm no, either ways I'm not going to pass, maybe they should leave it the way it is, but to me it was kind of like it added a lot of pressure to me and I was more stressed out and wanted to make sure I passed the next. I think they could maybe relax that just a little bit. Not too much, I think the way it is is okay, but just relax it a little bit so the students don't have to feel "Hey I have to have it to pass this or else I'm going to lose my position." Because that can also in itself can't be a demoralizing factor to someone. For me, it kind of worked to my benefit because it made me to make sure I worked so hard on my next <u>HESI</u> but you not gonna, you don't want to know how it's going to affect another student, because we are all different.

#2:   I can't really think of anything to help students be more successful. I think their selection process kind of sets this up to be a successful program because it's so stringent. So they kind of stacked it back a little bit as far as their pass rates there. The folks that have difficulty with the computerized testing, I can see some benefit to having a practice work or maybe a skill building session for that. I understand that their reasoning is that they are preparing us to take the NCLEX and that is valid, but I did see a lot of people that really struggled with the computerized testing. So there may be some value to something in probably, I, I don't know, it's something to think about I guess, so...

#1:   Maybe also I think, if I may add to it, maybe adding, which I don't think that should come really from the instructor, maybe also encourage the instructors to. I mean they already do it, and maybe for me there was times that I have sleepless nights, I have to stay up to one o'clock in the morning to study and that if they can also encourage that, I don't know if that is something they can really encourage, but I think that it is something that people individually can do themselves. Because for me I know the more time I study the more successful I was. And if I tend to relax a little bit, it actually reflected in my next grade in my next test. So if I relax a little bit it reflected it. So studying... a lot of people tell me _____ it does help, because if you don't study it will reflect on your grade. That's just me, but many other students may be different because other students may just learn in class and they just get it and pass the next test, but I don't. I have to learn, I'm the one that you have to, you know whenever we were studying in the program they teach you that they do like a ___ test way, they kind of determine how you learn ___, because some people just have to learn from just in class and some people just won't study and some people are just visual like us. I am more (inaudible) I have to learn in class, I have to get fed by the instructors and then I have to study at home and then I have to use visual ways, some pictures and then I'm kind of a hands on person and so that way the clinical part also kind of helps, so...

I: Me too. I've always had to work really hard for every grade. This, these next questions sort of switch gears a little bit and it says did the program and the faculty reinforce the importance of the need to learn a nursing topic. If yes, give an example of how the importance of learning nursing concepts was most influential in your learning process. Did the program and faculty reinforce the importance of the need to learn a nursing topic? If yes, give an example of how the importance of learning nursing concepts was the most influential in your learning process. That's kind of a circular question.

#1: Just _____. I kind of get the point of where they're going with the question, but go ahead and kind of repeat the question.

I: Did the program and the faculty reinforce the importance of the need to learn a nursing topic? If they did, give an example of how the importance of learning a nursing concepts was most influential in your learning process.

#1: I can tell you that, I don't know if we are to mention names, I can tell you that she did for me since I kind of struggle at learning with psych. I'm not really a good psych person and she did actually say that her experience, from being, from being a psych nurse for so long and being a psych nurse and a psych instructor, she figured that most foreign students kind of have a problem with learning psych and so I could say that she kind of really enforced that in me which I kind of was surprised I got a grade that I thought I wasn't going to get from her and from her help. She really, the way she introduced the topic and everything the way she taught to me and the way she helped me to ___ and the way she started me and the way she prepares everything in that topic, in that psych topic, everything, it really helped me and she had brought from her teaching this psych topic, she brought in like from like previous questions and from different kind of, different kind of case and those to me kind of helped me to go through the questions itself and kind of know how to answer some of the psych questions. And even when I go back to study, when I study a topic, I would study knowing from what kind of question I'll expect from this topic so that it's... I don't know if that really answers the question...

I: I think it's a good answer.

#1: It kind of helped me.

I: Sounds like a good answer to me.

#2: Better than I can come up with. I guess I thought they really emphasized the importance of each topic they brought up. I don't think they gave me an impression that any of them weren't important and that each one of them was different and important in its own way, so I'm not sure exactly what that question was going after, but so I thought they took it all seriously and communicated that to the students so.

I: Did the program and faculty provide opportunities to learn the nursing process through hands on activities? And if yes, which hands on activities do you feel benefited you the most?

#1: Well they do emphasize, they do emphasize hands on activity because in 200 ___ which is the introductory class of the program they do also some sort of hands on they do sim lab stuff and where students go through really natural, like physical assessment like head to toe assessment and then ____ if we are lucky in other areas coming from the LPN or transferring from the LPN, transferring to the, I don't know for lack of a better way, transferring up or transitioning to the RN critical thinking. They teach us some of the critical ___, some other critical thinking areas that when we are doing the head to toe assessment as an LPN we didn't really think of it. You know, like sometimes as an LPN when you're just looking at someone and you just well you can do the EOMs, when I say

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the EOMs most of the nurses don't know what it is, you can just do the EOMs and but don't do the look at the other things where as in the RN it's more forecasted and you, you want to check the time, you want to check the area, you want to check if they have any other scars in the area and how are their eyes doing, are they responding, are they all having a consensual response and then you kind of go, you work your way down head to toe assessment which they also emphasize that in the introductory class and some other critical thinking areas. Which I really think I do a lot of, I really think I do a lot of better critical thinking now than I did as, I did think a lot as the ____ coming in, I was, I was kind of I was one of the, I would be like upset, like I was one of the ones that was kind of like hesitant saying how would it be any different if you are as an LPN. How would you skill setting? How are you're thinkings ____, how would you be different, but it does tend to be different. When I graduated in the RN program I think I have more critical thinking skills than I did, than I did in the LPN. Even after hand on skills, I think I am far way much better off. I don't know if that its self is actually attributed to the program or its also attributed to the, to the, to the learning experience for the whole program like working and the program, but most of it I think I attribute to the program. That I learn a lot from friends, that I learn a lot from clinicals, clinical instructors and I learn a lot from the faculty. And I'm sorry if I am making him, like if you have to repeat the question again so...

(inaudible)

#1:   I don't want to make him, make him question, make him forget the question.

#2:   No I'm just really listening to what you are saying so yes I actually do need the question repeated. Yes.

I: That's okay. Did the program and the faculty provide opportunities to learn the nursing process through hands on activities? And if so, which hands on activities do you feel benefited you the most? Did we have the sim lab when you were here?

#2:   Well...

I: It was just kind of...

#1:   It was stunning. Very good. I wish I'd had that, introduced _____.

I: Oh it's been.

#2:   Um, there was some hands on activity. I think kind of like he was saying it was more focused on getting away from the task oriented world of an LPN and moving more to the thinking reasoning world of an RN so I think they really pushed us more in that direction. It's kind of taken for granted you should be able to do the basic skills and it should be more between the ears than in the hands I think so.

I: Well, we'll just switch it up now.

#1:   Yes I figured that because some of my questions, my answers are very long and making him more like forget the question.

I: That's ok. It's going to make him look bad.

#1:   No, no, no. I'm not making him look bad, but forgetting the question.

I: Ah, we're good. Here we go. Number two. Were you given opportunities to problem solve in the learning process? If yes, which problem solving activities do you feel benefited you the most? Just sounds like that's what you guys have been talking about really.

#2:   Yes. I meant the whole thing was, I mean that's kind of to me what critical thinking is is problem solving and so I think in the LPN program, just to contrast the two, it was more information was just given to us and we really kind of remembered it or studied it or

whatever and then this program they gave you just enough information and then expected you to find the rest of it. So that in its self is kind of a problem solving. And if frustrated a lot of people to start with until they kind of figured out what was going on and the it was like "oh okay, you're not going to spoon feed me like they did in the LPN program." And so it made it more challenging and it also prepared us for the real world a little better.

#1:   I for me I would say also I really think that the critical thinking part of it is also the problem solving and wish that the instructors did it, did have a lot of topics or a lot of questions to give us to say "hey, go ahead and move on this done by such and such a time and it has to be due by ____." So they gave us a lot of research stuff to go and research to make sure that we find ourself why like you have to come up _____ and you have to come up the ____ and you have to come up with the conclusion why something and why did this ___ and how did it help. And you know, how would you contrast yourself if you _____. So it kind of teach us, that itself gives us a problem solving ____ and not to mention the way the program is built for me I think it also helps us to develop as RNs, its because we're not going to ask the LPNs we're usually given when we find something and then we're going to go tell a ____an RN and say "Hey this is how, this is the situation" and so the RN try to figure out what's going ____. At this level, we're the RNs so we gonna have to come alive and solve the problem or else if we can't do it we have to turn it in to the physicians or something like that. So that itself it teaches you to be prepared and at least have most of the process and before you don't have it, I mean before assessment, assessment, assessment, before you can turn in something to the physician, let's say before you call a physician for something, did you assess it? So what was your assessment and findings, because those are the things that the physicians are going to ask before they can give you a response or ___ advise. So you make sure you get all your vital signs done and what are the signs and symptoms before you turn it in. So those, I think to me, it's a part of the problem solving that the program taught us.

I: Very good. I'm just going to let you guys decide who goes first on these other ones. We only have two more. Were you offered immediate rewards of gratification during the learning process? If yes, which rewards provide you with the most incentive to learn? Were you offered immediate rewards of gratification?

#1:   Oh okay. I'll for first. I, I think like a, and I hate to metion names of the instructors, but like one of the instructors, there are some people that like to do once they have taken like a test and they want to know the results right away and that's...

I: You probably shouldn't say the name.

#1:   Uh huh. And that's for other students, if you are doing really good that's an immediate gratification and you want to know how you've done and that kind of help. It kind of motivates you. There's a lot of students that want to know how have I done. Like they don't want to wait two or three days before they know what their grade is. They want to, once you do something you want to know right away and to me that is an immediate gratification. I think that is was the question is about, but maybe she's looking for something different, but sometimes the that also comes in the acknowledgement when she, some of the, some of the instructors like _____ in the class and I think all of this did and someone if you do really good and maybe acknowledging that point to other students, but if she says _____ so much on this, but other students don't want to get mentioned, but other people thought that it's a motivation factor. They get motivated and they don't, they want to be on top or they want to be the best five in the group that has the

top most score and that actually I think it does help to motivate other students. May not be helpful ____ student _____ immediate gratification and that's done ____ and that's I think its immediate itself. I don't know how.

I: And these questions are open enough, I think she made them open enough that there's, any kind of answer will work. And that's a good answer.

#2:   Yes. I think getting test results back quickly was important. I'd really like to see, you know, how I did. I think some other things that were good is if someone did something particularly well in the clinical setting and got immediate feedback there, that was good. Particularly if that was pointed out in like the meetings, you know, the closing meetings of the day that have a chance to talk about the things you did and kind of celebrate those successes as you move along, so those were important too.

I: Well we all need that.

#1:   And then some _____, some would bring it to class and say, share it with the whole because they know, we share, we go to different clinical some go to Bolivar and some go to Skaggs in Branson and some scattered here in Springfield and then whatever you've done in your clinical setting and bringing to class and class is so excited. "Oh I had to do this" or "I started ___ an IV line" or those kind of things. Or I save someone's life and that was the best person to seek ____ or something like that. Those kind of things, you know.

I: Sounds good. Last one. What internal factors were the most influential in giving you motivation to learn. So it's not even about the program. It's about you. What internal factors were the most influential, which this has kind of been covered before in giving you motivation to learn.

#1:   (inaudible) And I hate to say it again, it's the same question I think that I answered and I'm going to answer it the same way, I think the motivation. Me, myself being liking learning, I just like to learn stuff all the time. Even after I graduated from the program, I find myself sometimes really like missing out so sometimes I go online to sites like medscape. I use, I have medscape downloaded on my phone. Like it constantly gives us updates on new medications or you know things that changes in like the research stuff and I like constantly reading those and I think just personal motivation of yourself wanting to learn all the time. With this, with our industry, it's dynamic. Things are changing all the time, medications are being discontinued. Medications are being taken off the market and you have to, you have to want to learn because you don't want to give someone something that's been stopped or something like that. I think and that's for instance... I can give an example, for instance when I started like LPN class and when I studied even in RN school, a recommended dose for Tylenol in a 24 hour period was 4 grams, but it's been reduced to 3 grams and they like for some other people... and I know that some other physicians still giving that 4 grams for the 24 hour period, but from the manufacturers recommendation they change it to 3 grams. That's 3 grams, and that's all you get in that 24 hour period although it's been really lax and physicians still don't follow that new grams, but it's been changed to 3 grams. Other people don't _____, if you don't, if you don't keep yourself like updated, constantly updated, you would ignore that, unless, because its not something, for instance for myself _____. It's not something that people ___ and gonna come up and say "hey guess what. They changed this and we have to follow this guidelines." And in some instances they do when we do the in-services and stuff and say "hey, we gonna change this and this and this", but in those kind

of stuff if the physicians don't know it changing you not gonna know unless if you keep yourself updated.

#2:   Okay. Internal motivation, is that... (inaudible) I think mine was a little different. I think it was coming from an employment situation that was very difficult and primarily based on age. It was very, very difficult to find employment after I left a previous position. And what motivated me was to not ever be in that position again and so that was an internal driver for me to complete the RN program as successful as I could so that I would never have to worry about providing or being in a situation where I was not employable and workable and so that was the internal driver for me.

#1:   To add on to the _____ questions, I'm glad he mentioned about having not worry about, for me too. I think being in the health industry, although I have been in the industry for a while, unlike _____

#2:   Just a couple of years.

#1:   To just add on to what he said, I think when you were in the health industry especially if you are working as a nurse you are more comfortable. You have like job security. You are more, you, I think quit today I could get a job tomorrow. If you open every single paper you find all health nursing jobs and I, so that itself is an internal motivation I had. I've got to stay in this field because I'm going to get paid. It's what I call recession proof, kinda industry, so and it was also part of my motivation. I've got to stay in the, I've got to stay in the industry. And also liking to work with patients. I've enjoy liking, I like working with patients. I like to work with elderly. I work with the elderly. I've dealt with them since I was a CNA and since I did my, because I kind of worked my way up. I started as a certified nurse assistant and then I made _____ technician which I did also make patient technician here on that, on that other side and then I came to do my license practical nurse and then come back to doing. So I think that also to me, having being in this field and the interaction you get from the patient and everything and you help someone. If I work in the rehab part you help someone and you meet them somewhere someday and they recognize you. "How are you? I'm a nurse" and I think that it's a personal motivation.

I: I think you're right. I think we're finished.

Graduate Focus Group # 3 Interview

I: Okay. Question one. Which program factors do you believe contributed to the student success in the nursing program. For example, amount and type of student interaction, peer support, satisfaction with course, satisfaction with out of classroom assignments, enjoyment of clinical experiences or financial aid. Any of those or all of those. Which program factors contribute to your success in this nursing program? Just whenever you're ready, say your number and ...

#3:   Number three. I always have something to say. Financial aid of course has contributed to my success, but I would say faculty support, extra study time going over my exams with the faculty has contributed immensely to my success and previous classes taken before I came into the RN program has probably been what has contributed most. I also benefitted from having the chance to study with my classmates and noticed that my exam grades were higher when I attend group study sessions.

#4:   Number four agrees too.

#6:   Number six. My start in the nursing program was very stressful due to many personal and financial issues and I had considered quitting the program early on. I went to one of the faculty and expressed my concerns and challenges that I was facing. She went above and beyond and called the college counseling services to see how they could best benefit me. I have been attending counseling services to learn how to handle my stress outside of school and how to be successful in the nursing program. She gave me hope and encouragement that I really could be successful and meet my dreams of being a nurse.

#3:   Um, well... number six or number three, rather. To some degree, yah, you know, I mean, we're given guidelines as to what we need to know, very narrow guidelines, but guidelines nonetheless. And different faculty providing experiences that they have gone through, that's probably one of my best learning tools is when they give us experiences that you can actually picture and think about as opposed to standing in front of the class and reading powerpoints.

#2:   In addition to faculty support throughout the program, I too enjoy the time that we spent in our planned group sessions. It was great that some of our classmates took the lead and scheduled times for us to study at the library as a group. Not only do we learn some topics better with help from our friends, it is also to know that we were all in this stress together. I look forward to the study groups at the library but, when I couldn't come to the group because my daughter was sick, some of my friends came to my house to help me study.

I: The second one I think you can all answer something on because this is more personal thing. That was program factors that contribute to your success and this one is a list of maybe some personal factors that you have that contributed to your success. For instance, your attendance in class, time management, stress management, coping skills, study skills, enjoyment of the college experience, personal motivation, self advocacy, family support, commitment to receiving a nursing degree, or, and/or previous experience in educational settings. So it's really asking what your, what personal things about you in your life are helped you be successful.

#4:   Number four. I can tell you that my family support is the main reason that I am even successful because I have a small child and they jump in and take care of everything, clean my house, do everything so all I have to do is focus on school and my co-workers are excellent resources for me to go to and are good about helping me study and then it's just personal motivation to prove to myself and prove to the instructors that I could do it.

#1:   Number one. I have more self determination to help me get through this. I have some support, family, but not a lot and I am also determine to prove those wrong that think I might not make it and succeed. And I want, I want to be the first one in my family to get a college degree.

#2:   Number two. My husband is very supportive and I wouldn't say pushy is pushing me to do it, but I could reason, I could have a hundred reasons why it would be better for me to work more hours and support the family, even though he works salaried, but he's like you can finish, you know, at least get your RN and he does laundry and dishes and takes care of the kids and just very good.

#3:   Number three. I have extreme support from my husband and my mother in law. She is a retired RN so I have a lot of family support and just something I've always wanted to do. I'm probably one of the oldest ones in class and I just realized that it is probably my own determination that has played a great factor to my success, just to do it.

(inaudible)

#5:   Number five. I have tremendous support from my husband and my parents. I just, I just wanted to be proud of what I do. So, I know I can get back and say I'm a nurse, I can be proud of to people that I know and that is really important to me.

#6:   Number six. I do not have children and I think that has helped me succeed. My hat is off to the people that have kids, that work, that have families. I can clock out of my job, they cannot clock out of their families so I think that helps me. My study groups and my time my peers is huge. That really helps me succeed. I have an amazing boyfriend that says to me "school first, school first" I see him about once every night from 12 to 8, so he is amazing and very understanding. He's also a nurse so he understands. I have a great family support as well.

I: Very good. Number, question number three. What are some personal barriers to success while you're in the program? And these are personal things again. What do you see as some personal barriers to your success?

#5:   Um, number five. I am a procrastinator so just motivating myself to get my homework done ahead of time instead of waiting for, until the last minute has been a personal barrier. And being tired. Going right from the LPN program straight into the RN program with two days off was very difficult and I was just tired. So, that's has been a very big barrier for me, is kind of needing a break and not getting one.

#6:   Number six. Working full time and going to school full time, though I have no children, it was exhausting. I had no days off. If I did have days off, it was doing homework nonstop, only sleeping five hours. I've gained weight. I had no time to have any kind of a life. I have started my pre-recs and went from program to program. I've gone to school non-stop for four years and I still don't have my associates degree yet. There is a light at the end of the tunnel, but it is exhausting. And like number five, I was mentally exhausted. I just feel like I had no life. I wasted four years in school.

#4:   Number four. I would say a lot of it is exhaustion also. I worked full time and like I said I have a family, so a lot of times even though they are a great support system I put them first before school. If I had the day off, I didn't tend to automatically study. I wanted to spend time with them because I missed them.

#2:   Number two. I think you feel that you miss out on having kids and being married. I think you go through a little bit of guilt and that you're missing out on them growing up. And you know, you know it's only two years, but I don't know, you just get sad about it. And then you get angry about it too, because you get jealous that your husband gets to take the

kids to the park, you know, ___ times per week or picks them up after work and you're still at school.

__: I also had something else to add too. A lot of personal barriers too are just self-esteem issues and depression over how stressed you are.

__: Are you going to make it?

__: Yes are you going to make it? You know, am I smart enough to do this? And it doesn't always help that in class we are constantly compared to the class before us. You're test grades aren't as good, you're assessment skills aren't as good. Clinically, we were way better which I think is awesome because a C nurse can be the best nurse out there. You don't have to be an A nurse to be a good nurse, but it doesn't help your self-esteem when you know that the class before you ___ better.

#3:   Three agrees with that strongly. I think, I think being compared to people is really counterproductive.

__: It's a hindrance.

(inaudible)

#1:   Number one. I have some time management problems which hinder me personally because when I get home I had three little ones that I had to deal with by myself and school unfortunately for me unless I'm here, it's kind of put on the back burner until my family is taken care of. Then by then I'm exhausted as well. Another personal barrier I find is at times in the classroom I feel like I'm being treated like a kindergartener. I have had assigned seats which I don't appreciate. You know, I just think that if we are in this program, we're responsible enough, we're smart enough to sit where we want and to not be told on the first day we're evaluating everything you do and we, you know, ...

__: And don't cheat

#1:   And don't cheat and, you know, don't talk to your peers and get... You know and just different stuff like that. I find that irritating which them just makes me mad and hinders my success in a way, personally.

#3:   Number three concurs totally.

#4:   So does number four.

#6:   So does number six.

#5:   And number five.

#2:   It's exhausting when you come in one day and a policy has changed. You know, it's instructor to instructor. You know so then you get accused of needing your hand held. I'm like that's not, it's called organization, not I need my hand held. I don't need you to walk me down... you know, I don't know.

I: No it's good. Just a switch. Sort of the same topic. But what... and I think you have already, this sort of go in to that questions, things that you are already saying. What do you see at program barriers to success and so what you've mentioned about the disorganization, policy changes and such, I would categorize that as program barriers.

#2:   We're not naïve, number two here. We're not naïve to think that it was a new program, you've got to work out your bugs. You know, you've got kinks in it and you know baby steps, okay.

I: That's okay to say that because it's been said before if you want to say it.

#5:   Yeah, number five. Like it, the transition from the LPN program into the RN program, having just graduated in July and then going immediately into the RN program and seeing the organization and fluidity of the LPN program and they are at the same school and some of the instructors taught in the LPN program and there is a lack of

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communication, and the fluidity is not there. It was a very, it was a tremendous shock and a disappointment.

#2: And they say, this is number two again, and they say, you know because they've heard students make comments about how it was so organized before in the LPN, and we have. We feel like it's so organized. You know, you knew when your test was. There was no question about when an assignment was due or what exactly was due or what the test was going to cover because that was what's on the test. What you lectured on is what you tested on, not the twenty chapters in the book that you might have had a powerpoint slide, but you skipped past it and said this _____ is nursing crap.

__: Right, so I mean, but I mean, why isn't it okay to compare it to the program that's at the same school. You know obviously it's more geared towards what RNs can do as far as management and that sort of thing.

__: Delegating.

__: We understand that, but it's still you're taking care of patient. You're still looking at the body system and figuring out what's wrong. You know, assessing.

#5: Very, yeah, they should be much more cohesive and applaud what you learned in LPN school and build on it instead of putting, putting you down for, you know, the basics that you learned. You have to learn the basics in order to improve.

__: Right.

#5: And...

#1: Number one. Clinically, I learned more here, but as far as classroom experience, some days I felt like it was a waste of my time. "So...

#6: Number six agrees.

__: And so the group would concur.

#3: Number three concurs.

#4: And number four, I do have some fails to add. I also feel like I had to do a lot of self-teaching which I understand I am going to be an RN. I'm going to be more independent than an LPN, but I don't know how to be an RN. That's why I am here. And I feel like I need somebody to show me the ropes a little bit better and not be like "oh well you can read that on your own", "oh you can figure that out", I need somebody to show me. That's what I am paying to be here for.

__: Building blocks.

#4: Yes.

#5: I have one more thing.

I: Okay.

I: Good. I think we're covering the questions with our previous answers, but that's okay. That's a good thing. We can just keep rolling.

I: I think you've already mentioned some things to answer number five, but if you think of anything else, what are recommendations for increasing success of the nursing students in the program? So I'm going to think maybe the extra pharmacology, teaching, can you think of anything else that you would recommend for increasing student success in the program?

#1: Number one. Don't advise students to quit. When, if you could just support them and encourage them, you know you offer them one week any support they need, but then maybe they don't do so good the next week in class and then you turn around and tell them "well you should quit before you fail." That is not productive at all. All it did was manage to make me mad and maybe I might work harder, but I don't feel like you know

me well enough to know if that type of psychology is going to work on me or if I am just going to give up and say "oh well, I give up. I'm too dumb. They told me to quit." It does create insecurity and if you are willing to help me stick your neck out there further and show me how you're going to help me.

#1: Number one thinks communication is a huge problem in this program. Certain instructors are fantastic and certain instructors won't give you the time of day and when they do respond it is so vague it leaves you with more questions so really you have no idea what direction you need to go in, so I think that's maybe... maybe the instructors need to get together and communicate about communication.

#2: This is number two. And I'm going to side with the teachers a little bit on this because the whole point is teaching you what you need to learn to pass the NCLEX and I understand that. They have their own things that they want you to learn. They wanted us to learn to be able to reach out on our own and find answers. Now that we are out as RNs, there are many times that I use the research skills that they taught us to either give credit to what I am thinking or to provide documentation that a certain change needs to be considered. We know the real world isn't the same. They will say in class "okay, you know this is what you would really do, but you know" I've heard them say that and you know I don't think we should be totally against understanding that the instructors have a purpose for what they are doing, even though at times it seems unorganized. It has been successful and the NCLEX pass rate proves it. It is much higher than other nursing programs in the town.

I: Okay. Does the program and do the faculty reinforce the importance of the need to learn a certain nursing topic? If yes, give an example of how the importance of learning nursing concepts was most influential to you. So does the program and do the faculty reinforce the importance of the need to learn a nursing topic and if yes, give an example of how the importance of learning nursing concepts was influential in your learning process.

__: Like what specifically, like what kind of topics. Just in general?

__: That sounds like a test question.

__: I don't fully understand what they're asking.

#3: Number three doesn't understand. I'll pass.

(inaudible)

#6: Number six is also confused but wonders if it means something as simple as hand washing and how it can decrease infection rates in simple procedures as well as sterile procedures etc. etc.

__: Group is confused.

I: What about your clinical experiences?

#3: Number three would say that there have been good clinical experiences.

I: Anything here? Is the sim lab beneficial?

__: The sim lab has been... the parts of it that worked were beneficial I think. You know, it gives you a different perspective I guess.

(Inaudible)

#3: Just being able to see it as real life as possible, but you're not in that stressful situation of real life so I think that is probably ___ very beneficial especially really getting it in full, full swing. I think it was great.

I: And you said clincials... is there any certain clinical thing that you've had that has really benefited your learning process?

#6:   Number six. Clinicals on three east, just the exposure to multiple different patients, yes three east at Cox, sorry, was very beneficial.

#1:   Number one agrees..

#2:   Number two. I had Select. I like the instructor fine, but I felt that we were so limited on what we could do, but and this is the only time I'm going to say this because I know that... we did in the LPN program we learned how to do a bed bath. I don't feel that it is beneficial to me whenever you only have three days of clinical rotation at a facility to follow a CNA for a whole day and learn how to do a bed bath and do their vitals. I understand you need to be aware of your patient and have to assess them and sometimes doing a bed bath is a good way to assess if you are doing like a full head to toe and they've got skin problems and things, but you're learning what you did not learn in LPN. In pushing IV meds, you can't do any of that at Select. But you cannot do anything. They won't let you do anything except what a CNA can do. It's a wasted, it's a wasted rotation. When you can go somewhere else on three east or wherever and be able to do what an RN can do.

#1:   Number one agrees with number 6 in that the clinical experience on three east at Cox was great. I think it also depends the majority on your clinical instructor, also the facility you're at. I mean there are many different factors. I personally had a great experience in labor and delivery. It just depends, however, whether there are no really hands on experience on the class days so if you have no clinicals for a couple of weeks at a time during the transition from one eight week block to the next, you pretty much are stuck in a book reading, teaching yourself with no experience and then you're just waiting for clinicals to come back around so you can do something...

I: That's good.

#4:   Number four. I think it's when they can get the sim lab in more full swing I think that will be really beneficial especially if they can spend time with, you know, small groups of students or one on one to help you hone your assessment skills. You know, program the manikin for this certain murmur or this certain breath sound and you know, help you learn them better than you did in LPN school. Because I've been out of school for quite a while and there is still stuff that I'm not positive when I hear it, but I don't necessarily get to ask during clinical or you know, even get much of a chance past doing a bed bath and having to hurry through an assessment. So I think the sim lab would be really beneficial to be more time.

#2:   Well, number two, the only other negative thing I could say about, I mean partially negative, whenever, like we have a lot of your OB exams or neonatal or whatever exams here recently and a bunch of us had not done OB or L&D or NICU yet so all the people that had already done the rotation and it was said by the instructors "oh you're going to have a way big advantage on the next test because you've already done this and you've already done this and I've already showed you how to do this" because everybody knows hands on you remember it a lot better when you're actually doing it right there in front of you. You're like "oh that's what she was talking about" so it just clicks, but then if you haven't done this rotation, yes of course you're at a disadvantage for the test and you're not going to do as well as somebody that got to read up on a patient that has some disorder that there is twenty questions about.

I: That was hands-on. Where you given opportunities, were you given opportunities to problem solve in the learning process? If yes, which problem solving activities do you feel benefited you the most? So are you given opportunities to problem solve?

#1:   Number one. I was given the opportunity during the clinical experience when the clinical instructor, I think several people in our clinical group had this experience as well, going over the lab values and she specifically asked questions on what lab values makes you think, critically think, and she didn't make me feel stupid, but I will always remember the criteria for certain lab values, why they were up, why they were down. I think that problem solving really helps, however, I do not feel that there is a lot of that in the classroom setting.

#6:   Number six agrees.

#5:   Number five agrees. And wishes there were more experiences like that where you're not standing in front of a patient and you know, their meds don't count on it. You know there is no negative recourse.

#3:   Number three. I feel like that there's a lot of our potential learning experiences become not very conducive to learning because of the attitude of the instructor making people feel less than adequate instead of turning every situation into a potential learning possibility that a lot of them are negated because of being made to feel stupid.

I: Are you offered immediate rewards of gratification during the learning process? And this can be in any form. If yes, which rewards provide you with the most incentive to learn? Are you offered immediate rewards of gratification? If yes, which rewards provide you with the most incentive to learn?

#3:   My incentive to learn is internal.

#1:   Number one. I don't expect a reward. I am not, once again, a kindergartner. My reward was getting through this program, passing and becoming a nurse. I don't need an actual physical reward. You know, you're doing great occasionally would be nice and which you get sometimes so that's nice so it doesn't have to be immediate gratification. I don't necessarily need that. My gratification was not being looked at like I'm an idiot or feeling stupid for attempting to answer a question when I'm wrong. That's my gratification.

(inaudible)

#5:   Number five. I agree with number three. My ___ gratification from, you know, doing well on a test and just feeling personally happy with how I performed and just from my family saying "oh you're doing a good job" or just their own encouragement. I don't appreciate it when instructors, when you're in a group, maybe a clinical group or in a classroom, point out a student that is doing exceptionally well and then they don't say anything about you and you don't know how to take that. It's well, does that mean that I suck or they're just so amazing that no one else could possibly live up to them. I don't know that's kind of, it gets old. So I mean, I don't that if you're doing a good job that you should be put down for that, I just, you know, I think we all try to do our best and some of us have more experience in maybe the ER than others.

#1:   And life happens so you're not always going to do great. This is number one. So you know you might be having a really good day and you might be having a really off day and you've got to take what you're given and get past it. And you might have done really poor on a test, but that doesn't mean you can't turn around and do better the next time.

I: Alright ladies, this is the last one. And some of you have touched on this as well, what internal factors do you feel are the most influential in giving you motivation to learn? So what from yourself is most influential in giving you motivation to learn?

#6:   Number six. A means to an end. I was ready to make decent money. Be proud of a career. The four years that I spent going to school was for something because it felt very monotonous and disheartening and lack of life. So it was a light at the end of the tunnel

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and I think that pushes you as well as family and friends and just being able to be proud of what you've done.

#4: Number four. I would say it's just, for me, it's just the internal drive to do it. To not ever have to hear again "oh you're just an LPN." I want my family to be able to be proud and say you know "she's an RN" and not have people snarl their nose down at it.

__: That's true.

#4: And to be able to provide more for my family. Get a raise for all this torture I've been through.

#3: Number three agrees. Just mostly, well, to be the first one in my family to get a college degree and just my own internal gratification of knowing that I did this with no help. This is something that I accomplished with help from my friends.

#1: Number one. I, you know, am going through this process and I want to feel proud of myself. My goal is to help people and that's why we all do this. I think that is the main goal if I can, you know, save someone else's life or touch theirs or give them a good experience then, you know, have something to pass on, to pay it forward.

#3: Shut up, number three.

__: The money is always nice too.

__: Maybe I can pay off those student loans.

I: It's just obvious for me that a person who even hates to go to the hospital just to visit people, I don't know why anyone would want to work there, but if you have a good nurse and you're the family member and you've never been, no one's ever had surgery in your whole life and you know they can really make or break the family's experience plus the patient. So and I am not even supposed to be commenting but since it's the last one. It's like if you guys didn't, you'd have to have some kind of intrinsic motivation or you wouldn't put yourself through this. So, anyway, that's pretty obvious, so if anyone has any final comment you are welcome to make it, if not, we'll turn off the machine.

#3: Number three would just like to add, not to have this entire thing be a complete gripe session, you know, I mean my experience as a whole at OTC has been good, but things can always be made better and I feel like if you don't put it out there and if somebody doesn't know what's wrong then they're not going to change it.

APPENDIX F

Approval by Dean of Allied Health to Conduct Research

Dr. Steven Bishop
Dean of Allied Health
Interim Dean of General Education
Ozarks Technical Community College
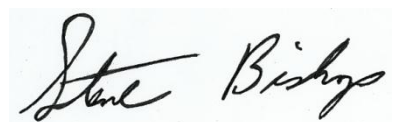1001 E. Chestnut Expressway
Springfield, MO 65802

To Whom it May Concern:

This letter is to verify permission for the Principal Investigator, Sherry T. Taylor, to access the academic files of the students who have graduated from the Ozarks Technical Community College - Associate of Science in Nursing program from the date range, May 2009 – May 2011.

Access to student academic information will be in compliance with the Family Educational Rights and Privacy Act (FERPA) and will be used only for legitimate purposes and only when absolutely necessary. The information received through access to student academic files will be used in a confidential manner, as related to the research process for the designated study:

A CASE STUDY OF FACTORS LEADING TO STUDENT SUCCESS IN AN
ACCELERATED LICENSED PRACTICAL NURSE TO ASSOCIATE DEGREE NURSING
PROGRAM

Sincerely,

Dr. Steven Bishop

APPENDIX G

Institutional Review Board Approval

November 10, 2011

Sherry Taylor

IRB Approval 1182.111011: A Case Study of Factors Leading to Student Success in an Accelerated Licensed Practical Nurse to Associate Degree Nursing Program

Dear Sherry,

We are pleased to inform you that your above study has been approved by the Liberty IRB. This approval is extended to you for one year. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB and we wish you well with your research project.

Sincerely,

Fernando Garzon, Psy.D.
IRB Chair, Associate Professor
Center for Counseling & Family Studies
(434) 592-5054

40 Years of Training Champions for Christ: 1971-2011