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Carri Shaw

Western Michigan University, ca\_shaw2@yahoo.com

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Student Nurse Behaviors and Barriers to Successful Completion of the Traditional Bachelors in

Science (BSN) program

Carri Shaw

Western Michigan University

Bronson School of Nursing

### **Background**

According to Urwin et al. (2010) “Retention is evidence of a successful relationship between student and institution and by inference attrition is evidence of a failed relationship” (p. 5). Failure along some aspect of this relationship within a school of nursing can lead to students departing from school. There are many reasons for the failure of this relationship, whether it be voluntary or involuntary; but the same outcome results in losing a future nurse. This paper will explore the presence of factors that contribute to attrition in a BSN program at a Midwestern university.

The nursing program at this university accepts approximately forty five students into a new cohort. By the time that cohort graduates it typically will have lost several future nurses. The entire traditional BSN program is comprised of six semesters, graduating and admitting a new cohort each fall and spring. It takes three years to complete the six semesters because classes are offered only in fall and spring semesters. A student may fail once and repeat that class, joining a different cohort without moving on to the next level courses until successfully completing the previously failed course. A second failure, even in a different nursing course, will result in dismissal from the program. Some attrition is due to life circumstances, some to failing a class, and sometimes the former causes the latter. Consequently, the student loses his or her future life plans, and society loses a future nurse while there is an ongoing nursing shortage. Additionally, the university loses tuition money, and as the rate of relationship failure, or attrition rate, increases it can deter future applicants.

The passage of the Affordable Care Act (ACA) resulted in access to health care for people who were previously not receiving care (Harris, Rosenberg, & O’Rourke, 2013). In addition to an increasingly ethnically diverse patient population, there is also a massive “baby

boomer” population that is increasing health care demands as they age, has comorbidities, and are living longer. These issues are compounded by the fact that the nursing population is also aging. In 2013, over half the U.S. RN workforce was older than 50 (American Association of Colleges of Nursing). It is projected that by the year 2030, there will be 868,000 more nurses needed in order to just meet the current nurse to patient demands that the 3.1 million RNs in the US are facing now (Harrington & Heidkamp, 2013; Kaiser Family Foundation, 2016). From an economic stand point, the expansion of demand for nurses should create an expansion of supply of nurses (Harris et al., 2013). This cannot be accomplished if nursing student attrition is high due to students’ behavioral barriers or their meeting other insurmountable obstacles and not getting the support they need to be successful in graduating.

The rate of failure to complete on time or at all at this Midwestern University for the graduating cohorts from fall 2012 to spring 2014 is 12.67% (A. Brown, personal communication, March 20, 2015). This rate of failure translates to 23 students, over four semesters, who had a failure in some aspect of their relationship with the institution. The range was from 11.11% to 13.5%, with both the cohorts with the higher failure rates having entered nursing school in the fall.

### **Risk Factors**

Barriers to success that can cause a failure in a student’s relationship with nursing school include financial stress, family responsibilities, inadequate academic preparation, cultural insensitivity, isolation, unsupportive faculty and/or institution, and language barriers (Harris et al., 2013; Nugent, Childs, Jones, Cook, 2004). Some demographical and personal aspects about students cannot be changed, but institutions can change how they react to them. Although each student is an individual, non-academic risk factors have been identified in relation to gender,

ethnicity, age, finances, and personal problems such as family commitments. Males experience a higher rate of breakdown in their relationship with institutions leading to a higher rate of failure, than their female counterparts (Urwin et al., 2010). Male nursing students experience role strain, stereotyping, more isolation, less mentoring, and problems with acceptable ways to express caring (Kouta & Katie, 2011). A benchmark goal set by the Institute of Medicine (IOM) and the American Assembly for Men in Nursing (American Journal of Nursing, 2013) is to have male students be 20% of the nursing student body by the year 2020. According to the Census Bureau, in 2011 male students represented only 9.6% and in 2012 male students represented 13% of BSN nursing programs (National League of Nursing, 2013. Appendix figure 1). This shows an increase in male nursing students, but there is still room for improvement.

Students from underrepresented ethnic groups are also at a higher risk for attrition due to isolation, lack of cultural awareness, language barriers, perceived discrimination, less peer and faculty support (Harris et al., 2013. Nugent et al., 2004). Eick et al. (2012) concluded from their systematic review that “being from a non-white ethnic group” is associated with leaving a nursing program. Whether it is intentional or unintentional, when teaching about a health disparity it is perceived that professors usually look at, point to, or ask the opinion of a student whom they have categorized to fit that demographic to elicit a response for discussion. The same thing also happens when males are asked about overall male perspectives (American Journal of nursing, 2013). This can make the student very uncomfortable, leading to increased feelings of alienation.

Age is a risk factor that is not as straightforward as gender because the implications of being a traditional college age or above are associated with other risk factors. However, age can also be beneficial. For example, an older student has a higher likelihood of having dependents in

the form of children, or elderly parents that need help. Family commitments act as barriers to success and put students at a higher risk for not graduating (Dante, Valoppi, Saiani, & Palese, 2011). Banks, Kane, Rae, and Atkinson (2012) discovered that nursing students with dependents had higher anxiety than those who don't. They also found that depression rates in nursing students increased with age. In contrast, Urwin et al. (2010) found older students without dependents to be more likely to succeed than the traditional college aged students. Urwin et al. concluded that being 21 years old or younger significantly increased the risk of not graduating in comparison to these older students without dependents. This may be due to older students having more preparation from prior education, increased ability to approach faculty, and increased likelihood of prior work experience in health care.

Work experience in a health care role can certainly be a benefit, but multiple studies have shown that students who work more than 16 to 20 hours a week are more at risk of failure regardless of the setting (Dante et al., 2011; Harris et al. 2013; Nugent, Childs, Jones, Cook, 2004). Again age can play a role with the necessity to work as older students are more likely to have dependents, a mortgage, health insurance only through work, and other commitments. Not only can older students be stressed over money for such situations, but financial issues are a barrier to success for many students overall (Banks et al., 2012; Childs et al, 2004; Dante et al., 2011; Harris et al., 2013; Nugent et al., 2004; Urwin et al., 2010; Wells, 2003).

Some risk factors that are more closely related to academic aspects, and are somewhat more modifiable, are discrepancies in expectations versus the reality of nursing courses, a lack of prior preparedness, performance failures, placement issues, and being a first generation college student. These often intermingle and also are not stand alone reasons why students leave school. For example a first generation college student may have unrealistic expectations of how

demanding a nursing program will be and may commit too many hours to working and not enough to studying (Banks et al., 2012; Wells, 2003). First generation college students are also at risk for other reasons such as they may not receive as much support from family as a student whose parents know how stressful college can be. This may possibly even lead to strife due to family members not understanding the student's demands and need to prioritize study time over some family commitments (Childs et al., 2004; Harris et al., 2013; Nugent et al., 2004).

A lack of preparedness can result from previously attending a school or institution that was not as rigorous as nursing school. Poorer pre-requisite grades can be an indicator of a student that would struggle in nursing courses. In contrast, students who did not need to study much to achieve good grades in pre-requisites can be just as much at risk for failing nursing classes as students with poorer pre-requisite grades. Those students may not have previously developed good study skills so they may struggle early or throughout nursing programs to learn better study skills.

Teaching in the clinical setting is a crucial aspect of nursing, but not all nurses have the ability or desire to teach and mentor a student during their work. Eick et al. (2011) found that 91% of students agreed clinical nurses can be bad mentors. Feelings of alienation can occur at placement sites when a group of students are on a unit and hospital staff acts as if there are "too many students" (Eick et al, 2011, p. 1304). It is vital that students feel they have the support they need to be successful. Support will not always come in the form of a preceptor, but faculty, peers, and family all play a role in a student's support system.

Every student has a unique situation, with varying coping skills and behaviors. There are a seemingly infinite amount of combinations that these behaviors and barriers can blend to create an at risk situation for a student. With most traditional BSN programs being 3 years long, there is

not time to wait to modify behavior and barriers. The current healthcare demand means more nurses are needed immediately, therefore change needs to happen immediately to benefit students, schools, and the workforce to provide for a better future.

### **Purpose**

The purpose of this research is to describe the prevalence of barriers, as identified by the literature, to a timely completion of a BSN program. A secondary purpose is to determine if a significant relationship exists between these barriers and the demographic characteristics of the students. The results of the study may contribute to awareness and augmentation of aspects of the institution, to better support the relationship it holds with the students.

### **Method**

The student researcher spoke to two nursing cohorts at the University's College of Health and Human Services (CHHS) building on a predetermined day approved by both lecture professors. The student researcher asked that the lecture faculty be absent from the room while the students were completing the surveys. These precautions were taken to minimize the potential for feelings of coercion. Completion and submission of the survey constituted consent. Names and other identifying information were not collected on the survey nor recorded in any fashion. There was a cover page informing students that participation was voluntary and that returning the completed survey would constitute consent to use responses in research. Students were informed they should keep a copy of the form with contact information for researchers and the Human Subjects Institutional Review Board (HSIRB) in case participants had queries. Approval was granted for the study by the HSIRB.

A thirty nine item instrument was developed based on the literature on factors and experiences associated with undergraduate nursing student attrition. Two cohorts were surveyed

allowing more variability in student experiences compared to using just one cohort. Studying the cohort in its second semester provided insight to barriers that the fifth semester students might have already overcome, as they are nearing completion of the program. Having a fifth semester cohort's answers may show insight into trends in demographics and perseverance behaviors. About half the items consisted of circling demographic type of indicators. There were also options for students to write in an answer if the provided options were not something they identified with. Only two items asked students to specifically write an answer, both of which were in numerical form. The other half of the items consisted of a series of statements with a four point likert type scale from 1= Strongly Disagree to 4= Strongly Agree (See Appendix Figure 2). The last item was open for students to write any suggestions they might have to better support nursing students. Quantitative data were analyzed using Statistical Package for the Social Sciences (SPSS) using descriptive and inferential statistics.

### **Results**

The survey yielded an 87.2% response rate. The sophomore class accounted for a majority of the respondents (57.3%) while the seniors were a minority (42.7%). Females were also a majority of respondents. Most students were within the "traditional" college age range, with the next older age range being the second most common. All of the students were nursing majors, while some (10.7%) chose to pursue a minor as well, which is not a requirement for the university. Not surprisingly, all grade point averages (GPAs) were above a 3.0. Most students fell within the 3.5-4.0 range. Five students (6.7%) are taking classes in English, but English is not their first language. Most students identified themselves as Caucasian, with only 1-2 students identifying themselves in each other cultural background selection. Most students live with friends or acquaintances, while living with family was the second most common answer. About a

quarter (21.3%) of the participants were first generation students. Most students work 0-5 hours a week while in school. A majority of students spend 16-20 hours a week studying. A vast majority of students that are involved with any organized activity outside of nursing school, such as sports teams, Honors College, volunteering, other student clubs, and religious/spiritual commitments, are engaged with just one activity, but some students were involved with up to six. The mean time spent engaged in these types of activities was 4 hours a week, but some spent up to 20 hours a week.

The means from the Likert type scale showed that most students agreed they had faculty support, peer support, and family support. Most students also agreed they feel comfortable asking for help from peers and faculty, but agreed to a stronger degree about asking peers. Additionally, the majority of students disagreed to feeling isolated from their peers (see table 1 below).

Table 1

	N	Minimum	Maximum	Mean	Std. Deviation
FacSupport	75	1.00	4.00	3.2400	.83569
PeerSupport	75	2.00	4.00	3.5333	.52847
Isolated	75	1.00	4.00	2.2267	.86326
FamSupport	74	1.00	4.00	3.7027	.56689
AskForHelpPeer	75	1.00	4.00	3.4667	.62240
AskForHelpFac	75	1.00	4.00	3.2133	.72211

A number of significant negative correlations were found related to isolation. Peer support had a strong negative correlation to isolation. Both faculty support and family support had negative correlations to isolation as well. A student's comfort asking for help from peers had

a negative correlation to isolation. There was a negative correlation between isolation and having at least one faculty/staff the student could go to if they are having a difficult time.

The cultural items also had a number of significant correlations. There was a negative correlation between cultural group and comfortability approaching authority figures such as faculty. There was a negative correlation between cultural group and asking help from peers. Feeling that cultural needs are supported by faculty and feeling uncomfortable being identified as “at risk” even if it made it easier to receive help had a negative correlation as well. There was a negative correlation between cultural group and having a positive experience in the nursing program. Additionally, there was a negative correlation between cultural group and the student’s feelings on having the ability to complete the program on time.

### **Discussion**

As peer support, faculty support, and family support decreases, feelings of isolation increase. The students who feel isolation are less likely to seek help, which can become cyclical. If they don’t ask for help, they can feel further isolated, again decreasing the likelihood of an isolated student to ask for help. This cycle needs to be broken by offering better resources and support. Students who don’t feel they have at least one staff or faculty member to go to if they are having a difficult time, also have increased feelings of isolation. Students do not feel comfortable being labeled “at risk” even if it made it easier for them to receive help. Since it was stated in the literature, there was an expectation to find that males feel more isolated, but that was not found. Instead, there was no gender difference in relation to feelings of isolation. Caucasian students are less likely to feel isolated, but there are too many interacting risk factors to use a demographical checklist to determine who exactly the “at risk” students are.

### **Recommendations**

Some attrition is unavoidable, and in the interest of producing only graduates that meet nursing's high educational standards, attrition is a necessary aspect of any program. However, attrition that can be avoided by breaking down barriers and changing behaviors should be addressed. Multifaceted issues can be met with interventions aimed at multifaceted solutions. A few actions dealing with clinical placement, peer tutoring, institutional culture and student success programs can alleviate attrition rates.

An intervention that can help with multiple barriers including isolation is implementing peer tutoring and mentoring programs. Tutoring can help more with grades while mentoring can help with the social aspect, but there is a possibility of overlapping. Students that struggle with acceptance in the workplace may be younger and experiencing their first professional role. Others may not have any experience in healthcare roles. Another reason students may have difficulty is due to lack of overall support which can lead to feelings of isolation. The AJN article "Men in Nursing" (2013) stated that "Male nursing students frequently experience loneliness and isolation, which they associate with being men in a predominantly female environment, and they express a desire to interact more often with male role models" (41). The issue of isolation is not localized to just men, all students can feel alienated at times, especially towards the beginning of the program before they have built up a peer support network. The mentoring process allows students to share more than academic problems they are having. Although in case the mentee shares something that is out of the scope of the mentor to handle, the mentor needs to have training on knowing when and how to involve additional help. In addition to advancing their content knowledge the mentee can better build their social and peer support system without necessarily engaging in other activities that are more distracting

from school work. Mentors can share how they coped with the same or similar barriers the mentee is faced with, all while modeling behaviors that the mentee can learn and adopt (McKenna & French, 2010). McKenna and French (2010) found that “Junior students reported feeling less isolated and better able to cope with challenges arising, while senior students demonstrated enhanced reflection on, and confidence in their practice” (p.142). Other remarkable benefits were stated by Yuen Loke and Chow (2007) who concluded that:

It is evident that the use of the peer tutoring program enhanced students learning skills, critical-thinking and problem-solving abilities, and communication skills, and enabled them to gain a stronger motivation to learn and to gain a sense of responsibility (p.243).

Not only does peer tutoring factor in to solving issues involving academia, workplace acceptance, isolation, peer and social support for the tutee, it has great benefits for the tutor as well. In their study with 105 third year students who engaged in peer teaching of 112 first year students, McKenna and French (2010) identified “Overall, they rated the experience highly, reporting perceived benefits for their graduate practice, sense of personal reward, and development of knowledge and skills in teaching and learning” (P. 143). Having increased contact with the curriculum from the beginning of their nursing program can significantly increase the new graduate’s ability to perform on the NCLEX examination. This is because in order to help a tutee with content material tutors must first reflect on their own knowledge, organize or clarify that knowledge, and be able to communicate it to another person (Yuen Loke & Chow, 2007).

Mentees gain leadership skills, self-confidence, time management and interpersonal skills which are all transferable to the workplace to enhance their performance pre and post-graduation. The entire nursing profession, and subsequently anyone nurses come in contact with

could benefit by a widespread adoption of peer mentoring. McKenna and French (2010) point out “Providing students with opportunities to teach others may promote a sense of the importance of facilitating learning for more junior nurses, encouraging a professional culture that promotes the development of upcoming, future registered nurses” (p.142).

To further build on the necessity of culture change there must be a realization that current strategies and processes are imperfect. The national body of nurses is mainly comprised of Caucasian females. It is widely acknowledged that in order to achieve optimal patient care, the nursing population must be more of a mirror image of the patient population (Harris et al., 2013; American Journal of Nursing (AJN), 2013). The AJN article “Men in Nursing,” (2013) brings attention to this issue by stating “If the nursing workforce is going to reflect the characteristics of the general population, academia must recruit and retain students of both sexes, as well as those from various cultural, ethnic, and socioeconomic backgrounds” (p.38). A more diverse student body becomes a more diverse population of nurses that can feed the cycle of culture change by mentoring, teaching, and being preceptors to a diverse population of students again. The students who receive support are also more likely to engage in peer tutoring to further support other up and coming students. This cycle will increase perceived support by students who might otherwise fail or leave the program without it. To improve situations like this, professors can be offered continuing education courses in cultural competencies. Another suggestion is to have cultural workshops for faculty that include some options to modify teaching styles for different types of learners and generational differences.

Sometimes it can be hard to implement changes on a smaller scale if the large scale goals don't necessarily make it a priority. For example, if fostering and obtaining cultural diversity is a goal for a university, it should be listed in the mission statement. Similarly, if nursing programs

want to increase the variety of their students, an aspect of recruiting and retaining them is having a diverse faculty. If that is not a priority, a step in the right direction to change the mentality is to get the mission statement to be calibrated to what the program needs.

Making large changes takes time, but that does not mean small steps cannot be started immediately. Faculty may feel like they want to help students, but may feel unsure of where to start. Being more alert to students who may be exhibiting signs of isolation can help faculty members recognize instances where they could reach out. If a student is coming late to class, leaving early, sitting in the periphery of class or groups and not interacting with peers, they may be harboring feelings of isolation. Faculty should take the initiative to make sure these students know they have the faculty member as a resource, especially if the student is struggling.

### **Limitations**

Some limitations include the survey data being self-reported, by only two cohorts out of the program's six cohorts. The ability to generalize the results to other nursing schools is limited by only surveying students from one school. The senior class might have been more concerned with being identified due to the student researcher being among that cohort. This concern could have led to the lower response rate from the senior cohort. Also, the survey was not validated, and did not ask about support felt from other possible areas besides family, nursing peers, and nursing faculty.

### **Conclusion**

Nursing is a profession that is constantly changing. One must always be learning and adapting to the changes to provide for the best outcomes. With the same mindset, nursing schools need to also be adapting and making changes to provide for the ideal outcome of students successfully graduating on time. Nugent et al. reports "However, success in higher

education is ultimately dependent upon the student's perception of his/her ability to achieve success and his/her development as a professional and a leader" (2004). A student's perception is built upon their environment, so creating change leading to a more supportive environment and overcoming isolation can have a great impact on a student's success. The most crucial part of yielding a positive change, is the intentional decision to begin.

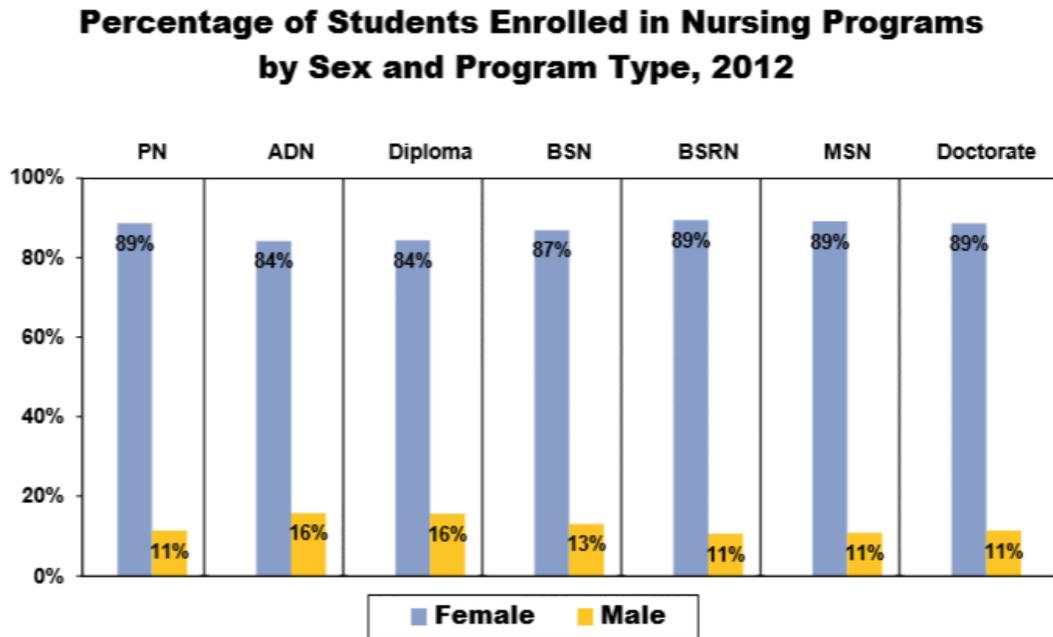
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Appendix

Figure 1



Source: National League for Nursing. 2013. Annual Survey of Schools of Nursing, Fall 2012. [www.nln.org/research/slides/index.htm](http://www.nln.org/research/slides/index.htm).



Figure 2

1) Gender: M / F

2) Living arrangements (please circle all that apply):

- 1- Alone
- 2- Cohabiting with:
  - 1- Significant other
  - 2- Spouse
  - 3- Parent/s
  - 4- Other family
  - 5- Friend/s
  - 6- Other\_\_\_\_\_

3) Marital status (Please circle all that apply):

- 1- Single
- 2- Long Term relationship
- 3- Married
- 4- Separated
- 5- Divorced
- 6- Widowed

4) What racial or ethnic groups do you identify with? (Please circle all that apply):

- 1- Caucasian
- 2- African
- 3- African American
- 4- Hispanic
- 5- Asian
- 6- Pacific Islander
- 7- Native American
- 8- Other: \_\_\_\_\_

5) What was your first language?

- 1- English
- 2- Spanish
- 3- Other: \_\_\_\_\_

6) Where was the high school from which you graduated?

- 1- North America
- 2- Africa
- 3- Central America
- 4- South America
- 5- Asia
- 6- Australia
- 7- Europe
- 8- Other: \_\_\_\_\_

7) Age:

- 1- 18-22 years old
- 2- 23-27
- 3- 28- 32
- 4- 33-37
- 5- 38-42
- 6- 43-47
- 7- 48-52
- 8- 53-57

9- 58-62

10- 63-67

8) How many semesters did it take to complete the pre-requisites for the nursing program?

Please circle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

9) What is your approximate GPA?

1- <2.1

2- 2.1-2.5

3- 2.6-3.0

4- 3.1-3.5

5- 3.5-4.0

10) Do you have a minor?

1- Yes If so, what program? \_\_\_\_\_

2- No

11) How many hours a week do you participate in organized activities outside of work and nursing school?

\_\_\_\_\_

12) Please circle the organized activities in which you take part:

1- University athletic practice/games/commitments

2- Intramural/club athletic commitments

3- ROTC commitments

4- Church commitments

5- Other student clubs at the university

6- Honors College commitments:

1- Honors classes

2- Cultural events

3- Volunteering

4- Honors thesis work

5- Other honors college events

13) How many hours a week do you work during the nursing semester?

1- 0-5

2- 6-10

3- 11-15

4- 16-20

5- 21-25

6- 26-30

7- 31-35

8- Other: \_\_\_\_\_

14) Please circle the reason or reasons you work during the semester:

1- To pay for living expenses

2- To pay for education

3- Health care experience

4- Extra money

5- Other: \_\_\_\_\_

15) Please circle the ways you pay for your current education:

1- Student loans

2- Scholarships

- 3- Family
- 4- GI Bill
- 5- Other \_\_\_\_\_

16) Will you be the first in your immediate family to earn a bachelor's degree? Yes No

17) On average, how many hours a week do you put into homework and studying outside of class?

- 1- 0-5
- 2- 6-10
- 3- 11-15
- 4- 16-20
- 5- 21-25
- 6- 26-30
- 7- 31-35
- 8- 36-40
- 9- Other: \_\_\_\_\_

Please answer the following statements based on this scale:

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

18) If I receive a passing grade on an assignment or test but I am unhappy with my grade, I would go to the professor's office to talk about it.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

19) If I receive a failing grade on an assignment or test, I would go to the professor's office to talk about it.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

20) If a faculty member asked me to meet them regarding my performance, I would make an appointment as soon as possible.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

21) I am comfortable approaching authority figures, such as faculty.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

22) I feel that there is at least one faculty or staff member I can go to for support if I am having a difficult time in life and/or school.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

23) I feel that I have support from my student nursing peers/classmates.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

24) I sometimes feel isolated from my student nursing peers/classmates.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

25) I feel supported by my family in pursuing my nursing education.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

26) I feel comfortable asking for help from other nursing students.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

27) I feel comfortable asking for help from nursing faculty.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

28) I would feel uncomfortable if I was identified as an at risk student, even if this made it easier for me to receive help.

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

29) **A lack of sleep keeps me from being fully alert in lecture and/or clinical.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

30) **I have been having a positive experience in nursing school.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

31) **My cultural needs are supported by nursing faculty and staff.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

32) **I think of my long term nursing goals when I find myself struggling with stress.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

33) **I believe I have the ability to be successful in this program.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

34) **I feel that I will complete my program in the traditional 6 semester's time.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

35) **My prior education (high school and other) prepared me well for being successful in this nursing program.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

36) **If there was a nursing tutoring program available run by students, I would make an appointment for assistance.**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

37) **If there was a nursing tutoring program available run by students, I would volunteer to help other students (for example, in lower cohorts).**

1- Strongly Disagree, 2- Disagree, 3- Agree, 4- Strongly Agree

38) **If you participate in the mentor/mentee relationship, how often are you in contact with your mentor for advice or support each semester? \_\_\_\_\_**

39) **Do you have any suggestions for ways to better support nursing students? \_\_\_\_\_**

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Thank you for your time!! If you would like to explain any of your answers or there is something that impacts your behavior or ability to cope with pressures of school that was not covered in this survey, please leave a comment below!