Can You Keep Them? Strategies to Attract and Retain Nursing Students From Diverse Populations: Best Practices in Nursing Education
Kathleen L. Gilchrist and Cherie Rector
J Transcult Nurs 2007 18: 277
DOI: 10.1177/1043659607301305

The online version of this article can be found at:
http://tcn.sagepub.com/content/18/3/277
There have been a number of articles addressing diversity in nursing programs and the nursing workforce. However, few of the programs have reviewed the best practices to attract and retain nursing students. This article delineates a number of programs and then makes suggestions for the best practices for nursing schools.

Keywords: disadvantaged students; education pipeline; English second language studies; improving retention and success; Hispanic

Any economist will tell you that diversification is the key to a secure portfolio. Any geneticist will tell you that diversification is key to maintaining hardy species of plants and animals. But somehow, when it comes to racial politics, the virtues of diversity are lost. Diversity in health care is not about fair representation—it is about saving lives.

—Commissioner George Strait, associate vice chancellor for public affairs, University of California, Berkeley (cited in Sullivan Commission, 2004)

Many hospitals in this country are having difficulty recruiting and retaining registered nurses (RNs; Duchscher & Cowin, 2004; Kucher, 2000). Although applications to nursing schools have been increasing over the past few years, colleges and universities indicate that hundreds, sometimes thousands, of applicants to nursing programs are turned away every year due to lack of resources (Coffman, Spetz, Seago, Rosenoff, & O’Neil, 2001). To make matters worse, attrition rates in nursing schools continue to be high, especially for ethnically diverse students—ranging from 15% to 85% (Crow, Smith, & Hartman, 2005; Higgins, 2005; Peter, 2005; Sadler, 2003; White, 2003). In addition, there is mounting evidence for the increasing need for a culturally representative nursing workforce in the United States, especially as our population continues to become more diverse. Between 2000 and 2020, the number of non-White Americans is expected to rise by 50% (U.S. Census Bureau, 2000). Presently, there are 35.5 million Hispanics in the United States and many more that are undocumented. By the year 2050, it is estimated that 25% of the U.S. population will be Hispanic. The Asian population is also growing at a rapid rate—since 1990, their number has increased by more than 48% (Guhde, 2003). To better serve the diverse U.S. population, RNs should mirror that population. According to the Sullivan Commission (2004), almost 25% of the U.S. population is Hispanic American, African American, and American Indian. However, only 9% of the nursing workforce falls within these ethnic or racial groups. The American Association of Colleges of Nursing’s (2003) report, 2002-2003 Enrollments and Graduation in Baccalaureate and Graduate Programs in Nursing, affirms that 21.6% of nursing students are from minority groups, a figure similar to the 2001 statistics. However, attrition rates continue to be problematic. For instance, the graduation rates for African American nursing students remain low when compared with other ethnic groups (Childs, Jones, Nugent, & Cook, 2004).

Why is it important to have a nursing workforce that is more reflective of our national and regional ethnic and racial mix? We live in a country that has numerous health care disparities. These disparities occur along ethnic and racial lines, as well as socioeconomic levels (Aday, 2001; Byrd & Clayton, 2002; Cooper & Roter, 2002; Smedley, Stith, & Nelson, 2003). Ethnically and racially diverse populations are more likely to seek care from health care practitioners who are from similar groups (Smedley et al., 2003; Stone, 2002). When diverse providers are available, patients are more likely to use health care services more appropriately and costs are better maintained (Byrd & Clayton, 2002, 2003).

The Sullivan Commission (2004) examined the number of ethnically and racially diverse students in health care education programs and concluded that “increased diversity will improve the overall health of the nation” (p. 3). The quality of patient care can improve with a greater proportion of nurses from different cultures. Research has demonstrated
that patient outcomes and compliance rates are better when communication is not only effective but in the patient’s own language (Simpson, 2004). A diverse nursing population can help overcome language barriers and provide culturally competent nursing care. In addition, nursing students who study and practice with a diverse student population are more likely to comprehend the other person’s perspectives and provide more culturally competent care to patients (Etow, Foster, Vukic, Wittstock, & Youden, 2005). Given the difficulties facing nursing schools today (e.g., faculty shortages, applicant pools that are often unprepared for the rigors of nursing education, high attrition rates), it is important to review some of the best practices concerning disadvantaged and diverse nursing student populations so that we can maximize our outcomes.

**REVIEW OF THE LITERATURE**

**The Case for Diversity in Nursing**

The literature is replete with both qualitative and quantitative evidence of the need for a more culturally diverse nursing workforce. According to the Pew Commission, “culturally appropriate care is quality care” (cited in Davidhizar, Dowd, & Giger, 1998, p. 38). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2006) has incorporated culturally competent care into its guidelines. Davidhizar et al. (1998) assert that future nurses need to “know how to respond to those from other cultures and this requires a critical mass of practitioners from that culture” (p. 38).

Whereas the literature often emphasizes the need for African American nurses, many states, including California, have an overwhelming shortage of Hispanic nurses. Hispanic nursing students may be disadvantaged in several different areas, including problems with English reading and writing skills, poor educational preparation, low graduation rates from high schools, and low socioeconomic status. Taxis (2002) articulates that one of the goals of Healthy People 2010 is for nursing to provide culturally competent care, noting that the Pew Commission also advocates increasing the numbers of ethnically diverse nursing students in BSN programs. However, the reality is that RNs in the United States do not reflect the ethnic diversity of our population, and graduates from nursing schools continue to be predominately White women (American Association of Colleges of Nursing, 2003).

**Diverse and Disadvantaged Students**

*Educational pipeline.* To have the diverse, well-educated nurses of tomorrow, an educational pipeline must be established today. That means that nursing must begin to develop potential nursing students not only in high schools but also in middle schools and elementary schools. The Bureau of Health Professions, housed within the Health Resources and Services Administration (HRSA), understands this need and has developed the Kids Into Health Careers Initiative. Noting that second grade is when children begin to dream about the professions they might want to enter, the Kids Into Health Careers Initiative encourages informational sessions for students and their parents in Spanish and other languages to encourage students to become nurses or other health care workers. Nurse educators can use the HRSA curriculum at schools or community-based organizations to provide school officials, students, and parents with an opportunity to discuss health careers and provide them with information about the high school and postsecondary school preparation required (HRSA, 2005).

Despite recent enrollment increases, nursing must continue to attract students. One of the most successful recruitment campaigns is Johnson and Johnson’s Campaign for Nursing’s Future. Along with the television public service announcements (PSAs), videotapes, pins, brochures, and coloring books with multiethnic representations of nurses are available in both English and Spanish. Although promotional items are helpful, person-to-person contact is thought to be most effective. Buerhaus, Donelan, Norman, and Dittus (2005) found “advice and information provided by friends, family, and other family members exerts [sic] a positive influence on the decision to pursue a career in nursing, particularly among younger-age students” (p. 26). Moreover, information or advice from a practicing nurse is the most positive factor in influencing a student’s decision to become a nurse. Therefore, practicing nurses should be encouraged to positively affect students; what they say to students and how they treat them makes a difference! In addition, researchers found that fathers were less likely to support nursing as a career for their sons. Buerhaus et al. (2005) suggest that information about nursing careers be provided to fathers in a method that focuses on the potential earnings, job stability, and career opportunities for men.

A program through the Boy Scouts of America, RN Explorers, began in the 1980s in response to studies revealing that adolescents were interested in learning more about health careers. At this time, young women, as well as men, became eligible to participate in RN Explorers (Mercy Medical Center, 2006). RN Explorer Posts provide opportunities for 14- to 21-year-olds to learn more about nursing by providing hospital tours, hands-on experience, job shadowing, and field trips. RN Explorers is another method of giving young men and women an opportunity to learn more about nursing from working nurses.

**Understanding the unique needs of culturally diverse nursing students.** Despite innovative recruitment programs, nursing school attrition rates for minority students have been noted to range from 15% to 85% (Taxis, 2002). The question remains, how do we not only attract students to nursing but retain minority students and assist them to graduate, pass the National Council Licensure Examination (NCLEX), and
become successful nurses? More students entering nursing school today represent diversity (e.g., minority, ethnic, cultural, gender) and/or socioeconomically or educationally disadvantaged populations. Older nursing students may have a perceived lack of power, as their roles shift from breadwinner to student. The educational experience for these students may become a negative one. Students may feel marginalized, isolated, alienated, and note a lack of support from faculty and the university (Taxis, 2002; Villarruel, Canales, & Torres, 2001). The Eurocentric curriculum of many nursing programs may be detrimental to the education of minority nursing students. A diversified nursing curriculum has been shown to improve student satisfaction and learning (Humphreys, 2002; Taxis, 2002). Cultural awareness, threaded throughout the nursing curriculum, needs to be nonbiased and incorporate a mix of cultural practices and beliefs (Childs et al., 2004). Faculty may be perceived as unwelcoming, and racism, although often covert, is still present in many settings (Yoder, 1996). Nursing students from diverse backgrounds may feel powerless and many believe, like the “dominant culture, that they lack the ability to succeed” (Davidhizar et al., 1998, p. 39). Nursing educators must empower students from diverse backgrounds and provide encouragement for all students to succeed.

Hassouneh-Phillips and Beckett (2003) researched nine women of color in a doctoral nursing program. Findings indicated that colleges and universities wear masks by paying “lip service to the importance of diversity in nursing, while upholding policies and establishing priorities that served to maintain the status quo of Euro-American dominance in academia” (p. 262). In another study, Labun (2002) describes a program that increased access to college for disenfranchised groups in Canada, noting that this has worked well for associate degree nursing students of varying backgrounds. Their one-semester physiology course was increased to two semesters for these students. It adds an additional year to the student’s program and allows English-as-a-second-language (ESL) students time to learn and adapt to both the English language and the role of student.

In response to the needs of diverse and disadvantaged students, Bagnardi and Perkel (2005) developed the Learning Achievement Program. Phase 1 was held approximately 4 weeks prior to the initiation of classes and included testing using the College Student Inventory, Nelson Denny Assessment Tool, and a mathematics examination. Based on the results of the testing, interventions were designed to assist the students, including remediation. Phase 2 occurred in the sophomore year and was made up of weekly review sessions with a learning coach and counseling sessions with a counselor. Phase 3 included study support sessions and counseling on an as-needed basis, as well as NCLEX preparation. Bagnardi and Perkel reported that students had difficulty adapting to the program when they entered the second phase, noting problems such as coming late to classes, poor time management skills, missing meetings, and not communicating well with faculty. These concerns were relayed to the student counselors, and improvement was noted after the counselors worked with the students during group and individual sessions. Student focus group feedback included emphasizing time management, study skills, and test-taking strategies. Bagnardi and Perkel have not yet evaluated phase 3. It will be interesting to note if NCLEX scores are comparable with the rest of the student population when the project is completed.

**Educationally disadvantaged students.** Definitions of the educationally disadvantaged may include students who are the first in their family to enter college (e.g., their parents have no college degree) or have come from backgrounds that were educationally deprived (e.g., frequent moves during elementary and/or secondary education, graduation from high schools with low achievement test scores, or living a great distance from institutions of higher education). In addition, having inadequate high school preparation, using ESL, being recipients of welfare or vocational rehabilitation programs, living in public housing, or having a cultural heritage may also be considered disadvantaged (Zuzelo, 2005).

Parent involvement in students’ education and expression of high aspirations for their children have been found to be highly predictive of university enrollment. Because parents may be unable to serve as pathfinders, children from disadvantaged backgrounds often rely heavily on school counselors for recommendations of vocations and professions. Swail (2000) emphasizes that “achieving a bachelor’s degree or higher has the potential to lift people from one social stratum to another and for individuals from disadvantaged backgrounds, [it] provides a future that is much different from the history they leave behind” (p. 85). Grade point averages and standardized test scores favor more affluent nursing student applicants. As nurse educators, we have a duty to help support and promote disadvantaged students. Many of these students may not have the same opportunities as other nursing students, and many times, their learning styles and classroom needs are very different. Researchers have noted that sometimes students from disadvantaged backgrounds may be aggressive, verbally and nonverbally, because they may feel vulnerable and are trying to fit in with other students (Zuzelo, 2005). Working with these students to help them feel accepted can decrease their anxiety and aggression.

**ESL students.** One of the major reasons to have a diverse nursing workforce is improved communication with patients. JCAHO recently passed a requirement that patients’ language and communication needs should be documented in the patient record (JCAHO, 2005). In the 2004 National Healthcare Disparities Report by the Agency for Healthcare Research and Quality (2005), health disparities remain constant for all ethnic minority groups, and the need for interpreters in all health care areas continues. Thus, having
nurses who speak more than one language is imperative. This is a difficult feat, as ESL students report having more difficulty in clinical courses than non-ESL students, making it more difficult for them to successfully complete nursing programs (Guhde, 2003; Guttman, 2004). Many times, this is because of the sheer amount of communication, both verbal and written, that is required of ESL students (Guhde, 2003). Many ESL students have problems passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Only 33% to 47% pass the NCLEX-RN the first time, compared with non-ESL students, who have a 67% to 95% pass rate. It may be necessary to include a special course or additional tutoring that incorporates reading, speaking, listening, and writing skills. Encouraging students to speak in clinical conferences, listening to shift reports while taking notes, and having the notes reviewed by instructors are all helpful strategies for students. Correct pronunciation, spelling, and phraseology in written and spoken language need to be encouraged and corrected by an instructor (Guhde, 2003).

A program called the Integrated Skills Reinforcement Model (ISR) was developed for RNs who came from foreign countries. Strategies used in the ISR program included completing an assessment of the nurse’s abilities and then providing reading, speaking, listening, and writing skills appropriate to their needs. Such a program may also work with ESL students in colleges and universities (Guttman, 2004).

A qualitative study conducted with ESL students identified development of academic language proficiency as a key factor in ESL student success or nonsuccess in nursing programs. The study revealed that beginning ESL nursing students might need assistance during exams and should be allowed to bring in bilingual dictionaries and have additional time to complete their tests. They also believe that ESL nursing students need to immerse themselves in the English language and only speak English during school activities (Malu & Figlear, 2001).

Cunningham, Stacciarini, and Towle (2004) depict several successful strategies for ESL students. They suggest that ESL students have problems with understanding medical and non-medical terminology, especially the details of English grammar and sentence construction. They go on to describe the problems ESL students have with time management when taking tests. Even the NCLEX-RN bases the majority of the exam questions concerning patient needs on the predominant Western culture. It is often difficult for ESL students to take such tests, because they are interpreting the questions and answers from their cultural viewpoint. Early identification that an ESL student is having problems is essential. Determining difficulty with language comprehension is primary to assisting the student. Encouraging students to use multiple sources of questions and answers, dictionaries, a thesaurus, and other books while practicing for the NCLEX is imperative for ESL students. An NCLEX review that allows students to highlight a word to determine its meaning has been found to be helpful for ESL students (Cunningham et al., 2004). Psychosocial support, not only during course work but even after the student graduates, is important, as is continued encouragement for students to pursue further education.

To better meet the needs of entering ESL students, Labun (2002) advocates using a separate English course for 2 to 3 hours per week, with an emphasis on listening and speaking. In addition, students who may have difficulty speaking English during conversations are referred to the course, even those students who may be considered English speakers. Students are allowed to take time out of the program and to retake a course without any penalties. In another program, storytelling was used as a teaching technique with a diverse population of student nurses in an effort to assist with learning. Many students who are having problems with nursing concepts may learn better and identify more closely with both nurses and patients by learning through the use of stories (Koenig & Zorn, 2002).

Men in nursing. In the United States, nursing’s image remains largely a feminine one (e.g., “women’s work”), with many men believing that it is “unmanly or not macho” to be a nurse (Armor, 2003; Hilton, 2001; Yurkovich, 2006). Less than 6% of the U.S. nursing profession is male, despite a 226% increase over the past two decades (Trossman, 2003). Whereas there is a better proportion of male to female nurses in some fields, specifically the military (more than 30%), we are still struggling to achieve a better gender balance overall (Boivin, 2002; Yurkovich, 2006). This is not the case in other countries, however. In the Middle East, for instance, the proportion of male nurses has increased dramatically in response to the nursing shortage. As salaries have risen, more men have entered the profession. Israel reports a “steady influx of men” in nursing (Romem & Anson, 2005, p. 173). There is a 1:1 ratio for male and female nurses in Palestine, and 40% of the nursing workforce in Jordan is male (Shukri, 2005).

Nursing school has not always been a good experience for male students, but as nurse educators, we would like to think that this is changing. Early results from Male Nurse Magazine’s survey (“Preliminary Survey Results,” 2006), however, indicate that many male nursing students felt unwelcome in nursing school, with some being told by instructors that they “don’t belong there” and that “nursing was for women.” A recent study reported by Yurkovich (2006) noted that 7.5% of new male nurses, compared with 4.1% of new female nurses, leave nursing within 4 years of graduation. For those men who do persist in the nursing profession, many times they are able to scale the ladder faster than their female counterparts and achieve higher ranks, such as charge nurse, manager, or director of a unit or a hospital (Whittock & Leonard, 2003).

Whittock and Leonard (2003) interviewed 42 male nurses in the United Kingdom. They discovered that many of the men found it was difficult to find career advice in nursing and that there was a lack of advisors knowledgeable about the
career pathways in nursing for men. Men can be as caring as women; however, there are some cultural differences, according to Whitlock and Leonard. Black men in their interviews expressed concern with women giving them “orders” (p. 247). Interviewees also commented that they received inquiries about gender-specific areas of care, yet wondered why physicians were not questioned the same way. In addition, they perceived that they were selected to care for aggressive patients or to perform manual heavy work just because they were men. Many of the participants felt that it was necessary to reveal that they were heterosexual. It is interesting that even though male participants felt that they were not influenced by their parents to go into nursing, the majority of the male nurses came from families where the mother was a nurse. The researchers suggest that practicing nurses should have a “Bring Your Sons to Work” day, so that sons could see what nursing is all about. In addition, gender awareness training for women was suggested, so that women can be more sensitive to male nurses’ needs (Whitlock & Leonard, 2003).

O’Lynn (2004) supports the above recommendations. Male participants from his research identified seven barriers that were important to men from all regions of the United States. Some of the important barriers included, “did not feel welcome as a male student,” “no mentorship program,” “no history of men in nursing presented,” “no guidance on the appropriate use of touch,” and “no content on the difference in communication styles between men and women” (p. 233), as well as numerous other barriers. O’Lynn determined that nursing education has failed to provide an environment conducive to attracting and retaining male nurses. With greater awareness and sensitivity to the needs of male nursing students, this can be reversed. But, we must keep in mind that male students also report difficulty with balancing school, work, and family—a commonly voiced concern among all nursing students (Smith, 2006).

Recruitment of men into nursing can be enhanced when high school guidance counselors are better educated about nursing as a career choice for men as well as women. The Oregon Center for Nursing met with guidance counselors throughout their state and took their advice about targeting recruitment materials to young men. They created a recruitment campaign—Are You Man Enough to be a Nurse?—producing a poster highlighting the “diversity of men in nursing” that was mailed to middle schools and high schools, as well as schools of nursing and health care facilities (Trossman, 2003, p. 9). Another feature of the campaign is the Men in Scrubs program that places middle and high school students with male nurses in their work settings.

Best Practices in Nursing Education

Although nursing programs are bombarded with stressors, there are numerous reports of programs that have successfully addressed the needs of diverse and disadvantaged students, increased faculty awareness, and improved teaching-learning strategies. These reports also reflect the universality of the problems (Bessent & Fleming, 2003; Bucher, Klemm, & Adepoju, 1996; duRand & Viljoen, 1999; Evans, 2004; Gardner, 2005a, 2005b, 2005c; Klisch, 2000; Yoder, 1996).

A program developed at the University of Akron used nurse tutors who worked with groups of nursing students to form study groups and also tutored individual ESL students (Guha, 2003). Faculty referrals were made for students having problems in class, and study sessions incorporated exercises in reading, writing, listening, and speaking. First, students listen to taped patient reports and then write an appropriate nursing note. Medical terminology tapes are also used, along with written word lists, to bolster their comprehension of salient terms. Then, students meet with the tutor and read their nursing note while the tutor monitors correct pronunciation. Written corrections to the nursing note are then made, and students are asked to read from their medical terminology word lists. The student then listens to a taped report of two patients and records this information on a standardized form—much like a change of shift report. Tutor and student then compare the student’s written form with the taped report to ensure accuracy and completeness, while also sifting through the less critical information. Students and faculty have reported the tutoring sessions to be effective in assuring student comprehension of complex material.

Klisch (2000) reported on retention strategies for ESL nursing students in a review of the literature over the past decade. The main categories noted included the following: (a) financial, social, language, and academic student support, (b) recognition of cultural and language issues with students resulting in adaptation of teaching methods, (c) assessment and testing policy changes, (d) development of faculty cultural competence, (e) curricular changes incorporating cultural content and application, and (f) strategic management and institutional commitment. In providing support for ESL students, one school designated an ESL advisor for individual and group advising and support. Testing for English language proficiency and ongoing tutoring were also provided. Other methods of support included assertiveness training, pairing ESL students with first-language English students, and decreasing test bias by providing extended time on tests along with a quiet testing location. Faculty development workshops were critical, and the author found that a photo composite of ESL students with phonetic pronunciations of each name assisted faculty to more easily engage students. Social support included potlucks, luncheons, and other group activities. Transcultural nursing was incorporated into the curriculum. Retention improved after these strategies were implemented—to almost 75%. Of those lost to attrition, only 12% were reported to be due to academic failure. Student participants liked the strategies and felt that they were effective.

Gardner (2005a) implemented strategies to integrate “minority students into a supportive learning environment,
assist them in using the available resources, and help them feel connected and supported by their peers and faculty” (p. 566). All participating students were retained through the first year of the program, which continues at this time.

Merrill (1998) identified beliefs and behaviors in multiple cultural and ethnic groups that differ from the dominant model and delineated how these can influence student performance. Institutional barriers to student success may include racial prejudice, faculty attitudes and inadequacies in meeting the learning needs of culturally diverse students, and a lack of support services (e.g., study skills, test taking, financial aid counseling, peer support groups, and child care). Student factors that may influence success range from inadequate academic preparation, to communication skills (e.g., poor verbal, written, and critical analysis), to family and work conflicts. Merrill notes that because many culturally diverse students are often group oriented, forming campus group sessions is an especially effective way to supply needed support. Formally structured peer support groups, provided in a comfortable and convenient space, are suggested as one method to help solve this problem.

Yoder (1996), citing ethnic student reports of prejudice or discrimination, noted that student needs should be met, including personal needs (i.e., financial support, child care), academic needs (i.e., tutoring, study groups, ESL, and Linguistically Limited English Persons [LEP]), and cultural needs. Students may need assistance with learning facts and understanding concepts, abstractions, and academic and medical language. Racial and ethnic role models are needed, as well as a greater understanding by all faculty members of the challenges and conflicts these students face.

Parkes and Kirkpatrick (1996) and Hesser, Pond, Lewis, and Abbott (1996) described academically focused programs to improve retention rates of high-risk students. Extra services included study and reading skills assessment and referral, a careful orientation to the program, augmented advising, a quarterly newsletter, and a summer program for high-risk students. One course included time management, test and note taking, and intensive NCLEX review. The results of both programs were encouraging; improved retention and graduation as well as improved pass rates on the NCLEX were achieved for diverse groups of students.

Nursing programs can address both student and faculty roles in improving student success. A faculty development program, employed by Hammond, Davis, Jordan, and Warfield (1997), depicts methods used to increase sensitivity to student needs and concerns. This program focused on enhancing faculty expertise in understanding the effect of diverse backgrounds on student behaviors and learning. Specific student retention strategies were also included as a part of this program (e.g., career planning, financial planning, academic and personal advisement, mentoring). Rew (1996) also described implementation of a conceptual model in a nursing program that emphasized professionalization through learning. The Pathways Model encompassed an ecological perspective of personal evolvement, noting that the family and sociocultural environments shape a learner’s cognitive development. A mentoring relationship between faculty and students is central to this model, as is the relationship between more experienced students and beginning students. Rew suggests that it is vital for faculty to become aware of their own biases and beliefs. It is also necessary for them to become familiar with the nuances of other cultures and to develop skills in adapting teaching strategies for diverse populations of students.

Supportive Environments in Nursing Education

First-generation college students do not always understand the challenges and seriousness of nursing school. The lack of academic preparation perpetuates poor study habits and inadequate test-taking skills. Many students are not used to participating in classes through verbal and written language, and they may feel uncomfortable speaking in front of the class. Many times, students have family commitments, including financially supporting their families. Many of them work full-time to do this, while continuing to provide for the ever-increasing amounts of money needed for tuition and books. Financial problems have shown to increase dropout rates. Students may expect that they can work and go to school full-time and still be successful; however, rarely is this true (Childs et al., 2004). In many ethnic groups, celebrations are very important; therefore, having a celebration at the end of a successful semester may help inspire and encourage nursing students for another semester of studying.

An institutional commitment to incorporate all students into the milieu of campus life is imperative and plays an important part in a minority student’s success. Tinto (1993) developed a theoretical framework of student retention that cites campus climate as strongly affecting students’ decisions to continue their education or drop out of college. Tinto found that students who feel a part of the campus and are accepted by their peers and by faculty are most likely to succeed. Faculty commitment to student achievement is an important factor in ethnically and racially diverse student success rates (Childs et al., 2004). In addition, Zuzelo (2005) posits that faculty need to develop and nurture more individualized relationships with disadvantaged students and notes the importance of faculty mentors. Therefore, recruiting and retaining faculty from diverse populations is vitally important, as these faculty members often serve as role models and mentors (Childs et al., 2004).

Strategies and support systems to improve retention and success. The literature includes a number of reports of programs and activities that have been implemented in schools of nursing to enhance the success of high-risk students, as determined by academic history, ethnicity/culture, or socio-economic status. Sikteberg and Dillard (2001) describe their
program to improve NCLEX passing scores. Multiple strategies were implemented, including course changes that were based on risk identification as well as changes in program continuation following a course failure. Emphasis was placed on NCLEX review strategies in the senior year of the program, using multiple tools and activities for review and testing drills. Although the effort may have been didactic, it is interesting to note that the authors reported that the students were made to “feel comfortable and confident” (p. 152) when they actually took the NCLEX-RN exam. It is uncertain whether the improvement in NCLEX passing rates was based on the coursework or resulted from a change in environment and interaction between faculty and students.

Similarly, Hesser et al. (1996) reported an increase in retention and graduation rates in African American students who had been enrolled in a program with targeted advising, mentoring, and tutoring by peers and faculty throughout the students’ nursing education. The authors note that the advising for these students was not limited to academics but included personal and social advising as well.

Martin-Holland, Bello-Jones, Shuman, Rutledge, and Sechrist (2003), in their survey of deans and directors of RN and licensed vocational nurse programs in California, found that mentoring programs incorporating techniques such as tutoring, one-on-one faculty support of students, support from ethnic faculty (as role models from similar ethnic backgrounds), peer mentoring programs, and a “scholars in service program with students involved in community projects” (p. 246) were most successful. Other strategies included counseling, individual meetings for ESL students, ethnically diverse counselors, encouragement by faculty, faculty following up with students, classes on test-taking strategies, and evaluation for learning disabilities. In addition, they learned that the barriers to success included inadequacy of financial resources in 79% of BSN program respondents. Educational barriers commonly cited by nursing students included using ESL or having inadequate high school and grammar school preparation.

Wells (2003) echoes similar strategies, including more public awareness concerning the rigors of nursing school because many nursing students leave the program once the realities of nursing school set in. Continuing education for faculty incorporating not only cultural competence but also information on learning strategies and successful methods to retain nursing students is essential. Wells advocates the use of student satisfaction surveys, prompt identification of students at risk, audits of facilitators and barriers to student success, and an analysis of the students who drop out. A further suggestion is formulation of a think tank on student retention.

A project by Valencia-Go (2005) focused on presnur and included early socialization of nursing students. This successful project incorporated faculty advisement, peer tutoring, mentoring, and increasing faculty development. Other suggestions included offering stipends and identifying potential barriers commonly cited by nursing students included using ESL or having inadequate high school and grammar school preparation.

Summary

Nursing programs need to begin to attract ethnically and culturally diverse students into a nursing career in elementary school and keep the focus on nursing throughout high school. Programs such as the Kids Into Health Careers Initiative, Johnson and Johnson’s Campaign for Nursing’s Future, and RN Explorers programs are the seeds that need to be planted and maintained for nursing to be successful (Buerhaus et al., 2005; HRSA, 2005; Registered Nurse Explorer Post 711, 2001). Encouraging high school students by sponsoring tours and providing clear information about the requirements for entry into nursing programs and the benefits of nursing as a career are essential elements. Strategic partnerships between school districts, hospitals, health care agencies, universities, and colleges are necessary.

Universities and colleges need to make formal commitments to assist students when they are accepted into nursing programs (Tinto, 1993). Once students have entered the university or college, it is important to support students through tutoring, stipends, and the early identification of problems (e.g., ESL, learning disabilities, disadvantaged status; Cunningham et al., 2004; Hesser et al., 1996; Martin-Holland et al., 2003; Valencia-Go, 2005). Support groups and peer mentors that address special problems and facilitate students’ entry into the nursing student role are indispensable (Hesser et al., 1996; Martin-Holland et al., 2003; Valencia-Go, 2005; Wells, 2003). Diversified curricula have proven to be successful in increasing student satisfaction and improving learning outcomes (Humphreys, 2002; Taxis, 2002). ESL students may require extra assistance and tutoring, guidance in time management, and reading, writing, and speaking courses to be
more successful. Students often mention that they found that a caring faculty member who is willing to listen is an important benefit (Cunningham et al., 2004; Guhde, 2003; Labun, 2002).

In addition, more qualified men are required in nursing. Yet, nursing has not made a concerted effort to attract and retain men. Talking with both fathers and mothers about nursing as a career goal for young male students and delineating the rewards (e.g., pay and career stability) have been shown to be most helpful (Buerhaus et al., 2005; O’Lynn, 2004; Whittock & Leonard, 2003), and providing accurate information to guidance counselors in high schools is also effective (Trossman, 2003). To have a truly diversified nursing workforce, men and women from all different backgrounds and ethnicities are required.

In summary, the evidence from the literature review is clear. Nursing’s quest for a diverse workforce is achievable, but the effort has just begun. Nursing programs must recruit, retain, and graduate nurses from diverse populations. There is a “need for effective role models, targeted recruitment efforts, mentoring of both faculty and students regarding educational preparation and financial support, and active recognition of the viability of a career in nursing” (Androws, 2003, p. 291). Promoting a positive image of nursing, support of students through the application process, and launching a coordinated recruitment campaign and retention efforts are required to achieve this goal (Amaro, Abram-Yago, & Yoder, 2006; Andrews, 2003).

REFERENCES


