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HealthStart: An Innovative Pilot Model Promoting Diversity in Nursing Education

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Abstract

Aim—To describe a pilot model for promoting diversity in prelicensure nursing education.

Background—The National League for Nursing (2016) calls on nursing education leadership for the recruitment, retention, and graduation of diverse students to promote nursing diversity and decrease health disparities.

Method—Scaffolding contextualized learning through a learning community and “The Puente Project” bicultural and bilingual outreach guidelines were combined to create HealthStart.

Results—Retention rates increased by 23.5% in a predominately lower socioeconomic, racially and ethnically diverse population.

Conclusion—Multiple modalities promote student success and diversity in prelicensure nursing education.

Researchers and national organizations clearly identify the need for a diverse nursing workforce to reduce health disparities. As summarized in the 2016 living document entitled, “Achieving Diversity and Meaningful Inclusion in Nursing Education” by the National League for Nursing (NLN), the lack of racial and ethnic diversity in the nursing workforce educational faculty along with a lack of institutional efforts to recruit and retain students from different backgrounds, unwelcoming environments, and insufficient academic supports impedes diversity in nursing. The Agency for Healthcare Research and Quality and the 2010 Institutes of Medicine Future of Nursing also recommend a diverse nurse workforce for improvements in the quality of healthcare for diverse populations (NLN, 2016). Diverse nurses possess a shared cultural experience with their patients which promotes communication, trust, and nursing care (NLN, 2016). The national calls for a diverse nursing workforce encourage colleges to enact innovative programs to promote educational diversity. One high impact program that promotes diverse student success and is adaptable to nursing programs is “The Puente Project.” “The Puente Project” strategically targets the outreach, learning, and career goal attainment of disadvantaged students through counseling and academic support (The Puente Project, n.d.). Academic preparation in high school and

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continuing into prelicensure programs is also necessary to support success in nursing programs (Torregosa, Ynalvez, Schiffman, & Morin, 2015).

Background

HealthStart, an innovative pilot model, utilizes lessons from educational literature on contextualized learning, “The Puente Project” outreach methods (e.g. bicultural advisors recruit and counsel at risk prelicensure students), and learning communities to provide at-risk, racially and ethnically diverse prelicensure students the skills necessary to succeed in a nursing program. Contextualized teaching and learning integrate theoretical and occupational skills in a real-world context providing experiences students may immediately use (Ambrose, Davis, & Ziegler, 2014). For example, for students scoring low in reading, writing, and critical thinking skills, class discussions and essays on ethical medical dilemmas promote active learning and engagement, leading to positive perceptions, student empowerment, and retention.

Specialized outreach methods of “The Puente Project” and learning communities also promote the academic success of at-risk students. In “The Puente Project,” at-risk Hispanic students take two consecutive introductory writing classes, English 50 and 100. Students work with counselors, develop an academic educational plan, and increase writing skills utilizing a Mexican American/Latino curriculum. Specific outreach methods include identification and recruitment of at-risk students by a bilingual and bicultural program coordinator during the last year of high school. Students demonstrate project commitment by completing an application and summer orientations (The Puente Project, n.d.). In addition, learning communities support students’ integration into college life and build a strong academic cohort in a mutual area of interest by incorporating contextualized curriculum. This model utilizes cohort faculty/peer collaboration and integrates a range of college support services such as tutoring, counseling, and career planning to build a community and promote retention (Lorch, 2014). The aim of this article is to describe an innovative pilot model for promoting diversity in prelicensure nursing education utilizing 1) scaffolding contextualized learning, 2) “The Puente Project” outreach methods, and 3) learning community strategies to ultimately promote diversity in nursing programs.

Method

The setting is a large community college in Southern California with a diverse student population. The nursing and allied health department graduate approximately 200 students each year. Less than half of the students in this department are Caucasian (44%), while the other ethnicities include Hispanic (22%), Asian/Pacific Islander (13%), Multi-Ethnic (12%), African-American (5%), and other (4%). Approximately 25 – 30% of the racially and ethnically diverse nursing students struggle with the English language (reading comprehension and grammar), basic math skills to include medication calculations, and science (data interpretation and retention) which is identified on the Test of Essential Academic Skills entrance examination.

To meet the academic challenges of diverse students, the nursing department, supported by college administration, participated in a California Linked Learning Pathways (LLPB) two-year grant to first address deficient English skills. The LLPB grant funded \$25,000 set forth a purposeful mission for a global Allied Health pathway: to increase access and academic success specifically in reading, writing, and critical thinking skills for at-risk students in their transition from high school to community college to a transfer institution. After the funding was exhausted, a Basic Skills Initiative (BSI) grant provided additional funds to continue HealthStart.

HealthStart currently encompasses two consecutively introductory composition courses, English 50 and English 100, bolstering reading, writing, and critical thinking skills for at-risk students interested in a baccalaureate health degree. HealthStart also incorporated student support services of career advisors, tutoring, and counseling. A Latina bilingual membership coordinator conducted high school recruitment efforts as previously described in the “The Puente Project.” The outreach provided students vital opportunities to connect with educational (course planning) and career counselors, the English instructor, program coordinator, and their cohort. One hundred percent success in outreach, recruitment, and enrollment was experienced: 26 students who declared as Allied Health majors were recruited, oriented, and enrolled in HealthStart ENGL 50 for Fall 2015. The English instructor developed contextualized curriculum that maximized student engagement, relevance, and critical thinking. Students were prepared for nursing reading/writing challenges incorporating American Psychiatric Association formatting and readings from nursing journal articles, text books, and memoirs, such as *Critical Care*.

Results

There were 30 students total who completed the English 50 and English 100 courses. Fifty-seven percent were Hispanic, 20% Caucasian, 10% African-American, 7% Asian, and 7% of two or more races. The sample was predominately female 25 (83%), of lower socioeconomic status (73%), and earned a cumulative GPA of 80.6% (2.56 of a 4.0 scale.) Retention rates in the English 50 course increased from 72% college wide to 93% in the HealthStart section. For the English 100 course, the retention rates increased from 66% to 96% respectively. This is a 21 – 24% increase in retention in a predominately lower socioeconomic, racially and ethnically diverse population with deficient academic skills.

The counseling support maximized students’ transitions to college and their fulfillment of personal, academic, and career goals. All students met with the counselor over their first semester and completed individualized, comprehensive education plans. Students utilized their career counseling resources and completed research assignments and action plans. The cohort model maximized peer connection, support, and the formation of college identities. Students participated in weekly study groups and experienced the best of academic/personal support.

Students composed a range of essays which was assessed by a rubric created by both English and Nursing Instructors. Due to the solid college composition skills established in English 50, the instructor increased the rigor in the English 100 class: students constructed

organized expository texts; researched and evaluated academic data bases; meaningfully integrated and documented sources using APA; and correctly applied grammatical conventions. Reflective survey feedback revealed students actively utilizing college support services and social networks in other classes. Additionally, all but one student passed the classes.

Although the LLPB grant is completed, many of the start-up costs (web site development; recruitment, orientation, application, referral, and promotional materials) are no longer needed. Currently, \$15,000 is the total annual budget for the entire program, which funds a coordinator, counselor, materials, and two orientations in summer. HealthStart is currently sustained through Basic Skills grants and funding from the nursing and counseling departments.

Conclusion

HealthStart is the first step toward initiating systematic pathways for diverse academically at-risk students to be prepared for rigorous nursing programs. Limitations to HealthStart include financial resources, sample size, and cross-sectional data. Additional outcome measures on college retention rates and baccalaureate degree completion will not be known for another four years as the students complete their degrees. However, dramatic increases in retention rates and fulfillment of program outcomes outweigh these limitations. Funding for HealthStart is sustainable as it aligns with other Basic Skill and Achieving the Dream (or nationally recognized High Impact practices for 2 and 4-year institutions) initiatives. Most importantly, diverse at-risk students well-supported in a strong peer and academic community along with stronger language comprehension, grammar, and critical thinking skills are better prepared in meeting the challenges of nursing school. Currently, HealthStart is being evaluated to incorporate other prelicensure math and science courses. Recommendations for future research include longitudinal studies on nursing program retention and academic success.

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