THE ROLE OF SOCIAL SUPPORT IN THE SUCCESS AND RETENTION OF UNDERGRADUATE NURSING STUDENTS

By

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THE ROLE OF SOCIAL SUPPORT IN THE SUCCESS AND RETENTION
OF UNDERGRADUATE NURSING STUDENTS

Abstract

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There is a shortage in the overall number of nurses in the United States. Additionally, there is a need to increase the diversity of the nursing workforce to improve the delivery of culturally competent care. As one method of minimizing this shortage and increasing the number of nurses from diverse backgrounds, efforts need to be made to improve the retention of nursing students in their program of study. The presence of quality social support has been identified as a buffer to the stresses of attending college while the lack of social support has been linked to voluntary withdrawal and academic failure. There is very little nursing research that addresses the interrelation of social support, program interventions and student success and retention. Additionally the concept of social support as it pertains to the nursing student is not well defined. This paper presents a review of the current and classic literature, an exploration of the concept of social support as it pertains to nursing students and recommendations for research and for nurse educators.
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Dedication

This paper is dedicated to the many nursing students who have inspired me to take a deeper look into what really helps and hinders their success.
CHAPTER ONE
INTRODUCTION

The United States is currently experiencing a nursing shortage. The need for nurses continues to grow due to technological advancements leading to long term treatment of a greater number of health problems, an increased emphasis on preventive care, and the large, aging baby boomer population who will require increased levels of health care (Bureau of Labor Statistics, 2012). The Bureau of Labor Statistics (2012) reports that registered nurses will be the top occupation for job growth through 2020. The number of registered nursing positions is expected to grow by 26% between 2010 and 2020. One in five new jobs created in 2011 were registered nursing positions. In addition to the creation of new nursing positions, there is projected to be a great need to replace the large number of retiring nurses. The baby-boomer generation is at or near retirement age. The percentage of the nursing workforce age 55 and over is projected to be 25.2% in 2020. This is almost double the percentage in this age group in 2000 (Bureau of Labor Statistics, 2012).

While the 2008 National Sample Survey of Registered Nurses (Health Resources and Services Administration) indicates that the diversity of the nursing workforce is increasing, there is still much progress to be made. In the U.S. population, 65.5% is White/non-Hispanic, yet the nursing workforce is 83.2% White/non-Hispanic. Black/African-Americans represent 12.2% of the U.S. population, yet make up only 5.4% of nurses. Hispanics are also greatly underrepresented in the nursing workforce. While they represent 15.4% of the U.S. population they comprise only 3.6% of nurses (HRSA, 2008). The U.S. Department of Health and Human Services, through the Healthy People 2020 initiative, describes the need for high-quality,
proactive, non-disparate health care for all Americans (U.S. Department of Health and Human Services, 2013). The vision of the Transcultural Nursing Society states that “Human care/caring is defined within the context of culture. Culturally competent care can only occur when culture care values are known and serve as the foundation for meaningful care” (n.d. para. 3). Increasing the diversity of the nursing workforce is one measure that can help nursing to meet the varied healthcare needs of a culturally diverse patient population. There are two basic options available to increase the number of practicing nurses in the U.S. Nursing schools can recruit and educate more students and/or efforts can be increased to recruit international nurses. It is proposed by Health Resources and Services Administration (HRSA) that successful recruitment of international nurses has helped to increase the number of Asian and Indian nurses and has contributed to the increased diversity of American nurses noted since the previous survey in 2004 (HRSA, 2010).

Retention of nursing students can be a challenge (Benn & Pacquiao, 2010; DeLapp, Hautman, & Anderson, 2008; Gilchrist & Rector, 2007; McEnroe-Pettite, 2010; Sutherland, Hamilton, & Goodman, 2007). Student attrition can be simply defined as the exit from or the delay in completion of the program requirements (Ascend Learning, 2012). Attrition adds costs for the students, the nursing programs and tuition funding sources such as financial aid, grants and scholarships. When a student withdraws from a program, whether voluntarily or due to academic failure, his/her seat in the program often remains empty for the duration of the program. This contributes to fewer nurse graduates entering the workforce (Ascend Learning, 2012). To identify interventions to help reduce attrition, it would be beneficial to identify the factors that contribute to students leaving the nursing program. However, measuring attrition is difficult due to lack of consensus regarding the definition of attrition. It is also difficult to
capture the necessary data regarding the reason(s) for student’s departure from the program.

Students may withdraw voluntarily due to financial concerns, change in life circumstances, a move out of the area, a decision that nursing is not a good fit, or numerous other possibilities. Other students may fail to meet the academic requirements of the program. Due to these factors, attrition rates reported in the literature can vary from 9-21% (Alvy, 2010; Scott, 2012; Washington Department of Health, 2012).

Many factors associated with a student’s ultimate success, failure or withdrawal from a nursing program have been identified in the literature (Benn & Pacquiao, 2010; DeLapp, Hautman, & Anderson, 2008; Gilchrist & Rector, 2007; McEnroe-Pettite, 2010; Sutherland, Hamilton, & Goodman, 2007). The presence of social support has been reported as an important factor associated with student success in general and specifically in nursing students (Dao, Lee & Chang, 2007; Gonzalez, Barr, & Wanat, 2010; Laurence, Williams, & Eiland, 2009; Metz, Cech, Babcock & Smith, 2011; Moceri 2010; Montes-Gerges & Agusto, 2007; Shelton, 2012). However, the concept of social support is not clearly defined. Moreover, the available research does not adequately address what nursing faculty can do to identify students who lack adequate social support or to assist these students. The primary purpose of this paper is to explore the concept of social support as it relates to the success and retention of nursing students. The secondary purpose is to identify gaps in the literature and suggestions for future research and possible tools for measuring social support. Additionally, recommendations are offered regarding methods to identify students at risk and program interventions to assist such students to be successful in their nursing education.

Who is at Risk?
Students who speak English as a Non-Native Language (ENNL) have been identified as being at risk for academic failure or voluntary withdrawal from nursing programs (Malecha, Tart, & Junious, 2012; Olson, 2012; Suliman & Tadros, 2011). These students are sometimes classified as ESL or English as a Second Language student or ELL, English as a Learned Language student. The current label preferred by most is ENNL students. Language deficiency in either reading, writing, listening or speaking can present challenges for the ENNL student (Gilchrist & Rector, 2007; Salamonson, Koch, Weaver, Everett & Jackson, 2009). Language has also been identified as a factor in the ENNL student’s ability to successfully manage multiple choice tests (Bosher & Bowles, 2008). This is noteworthy in nursing as the nursing licensure exam (NCELX-RN) is a multiple choice test. Additionally, conflicts between the student’s culture and the culture of nursing school, and the health care environment can create barriers to success. This can be related to different teaching/learning styles, overt or covert racism from faculty and peers, lack of ethnic role models, and/or differing values from the student’s native culture (Olson, 2012). Personal concerns such as lack of family, peer, faculty and/or financial support also have been found to contribute to the ENNL student being at higher risk for academic failure or voluntary withdrawal Sanner & Wilson, 2008; Scheele, Pruitt, Johnson, & Xu, 2011.

Non-traditional students have also been identified as an at-risk group (Gigliotti, 2007; Jeffreys, 2007; Kenny, Kidd, Nankervis, & Connell, 2011; Montgomery, Tansey, & Roe, 2009). The definition of this group is somewhat dependent upon the geographical area and specific program, but broadly defined they are students age 21-26 or older at the time of entry into a college program. Their paths are varied and may include previous college or work experience. It has been suggested that environmental factors are more significant in determining success or
failure of the non-traditional student than academic factors (Jeffreys, 2007). These may include role conflict (Gigliotti, 2007), financial status, family responsibilities, child care arrangements, employment responsibilities, living arrangements, and transportation concerns (Jeffreys, 2007). With multiple competing priorities and stressors, these students may struggle to find the necessary time to attend to school work.

Many minority groups have been identified in the literature as being at risk for poor outcomes in a nursing program (Sutherland, Hamilton, & Goodman, 2007). These include, but are not limited to, African Americans (Coleman, 2008; Loftus & Duty, 2010), Hispanics (Moceri, 2010; Velez-McEvoy, 2010), Native Americans (DeLapp, Hautman, & Anderson, 2008; Metz, Cech, Babcock, & Smith, 2011) and men (Lou, Chen, Yu, Li, Yang, & Eng, 2010; Stott, 2007). Like the ENNL students, the minority students may struggle due to overt or covert discrimination, lack of role models similar to themselves, role conflict, differing teaching/learning styles, graduation from a disadvantaged high school, and conflicts between the student’s culture and the culture of nursing school and the health care environment.

While the above groups have been identified as being at risk for academic failure or voluntary withdrawal, the reality is that identifying individuals who are at risk is extremely difficult. It has been found to be easier to predict who will be successful than who is likely to fail (McGann & Thompson, 2008). Nursing education, whether a diploma, Associate’s Degree or Bachelor’s Degree program, demands a major investment of time, money, intellect, emotion and energy. The increased pressure and financial concerns associated with professional programs can lead to stress and depressive symptoms (Laurence, Williams, & Eiland, 2009). Additionally, the transformative nature of nursing education contributes to the potential stress felt by students (Clark & Pelicci, 2011).
Benner and Wrubel (1989) discuss the phenomenological view of stress and coping. Each person is shaped and defined by their past experiences. It is through the context of these unique life experiences that a person interprets their world. As nursing students obtain new knowledge and new experiences occur, they must reinterpret past knowledge and experiences using their new perspective. This may create a change in how students view and understand their world, themselves and others. As students progress through their nursing education and grow into the role of the professional nurse, the ontological changes that they undergo may create stress. Stress results not only from the situation encountered but also from the meaning that a person assigns to it. Stress can thus be defined as the “person’s grasp that life is awry” (Benner & Wrubel, 1989, p. 60). Due to their constantly evolving perspective, students may feel awry as old patterns of thinking and knowing that were previously taken for granted become irrelevant, and long held beliefs are challenged.

Perhaps it is the degree of difficulty with which the student makes this ontological shift or their interpretation of the meaning or significance of this shift that indicates whether they will struggle and fail or ultimately succeed. If this is the case, then it would explain why measuring a standardized test score, a grade point average, the student’s age, gender, race or marital status has not proven a successful determination in predicting which students will progress and which will fail. Due to the complexity of the transformational journey to becoming a caring and ethical professional, the student facing this challenge requires both academic and non-academic support from family, peers and faculty (Clark & Pelicci, 2011; Hopkins, 2008; Shelton, 2012).
CHAPTER TWO

LITERATURE REVIEW

Multiple literature databases were searched to explore the concept of social support and identify interventions for students. The Cumulative Index to Nursing and Allied Health (CINAHL), PubMed, Academic Search Complete and Education Resources Information Center (ERIC) databases were searched using a variety of terms. The terms included social support, academic persistence, attrition, retention, student, college students, and nursing students. The search was limited to the years 2007-2013, research articles and those that were peer reviewed, and published in English. During the review of the current literature, some classic works were noted. Those were also reviewed and discussed, but were not included in the table of current research.

Fifty-six articles were reviewed for possible inclusion. Articles that were not research studies or only peripherally addressed social support were excluded. Ultimately 21 articles were included in the table. These include eleven nursing and ten non-nursing studies. Two of the nursing studies were done outside the United States. The non-nursing literature included general post-secondary education, dental students, and pre-med students. The studies were primarily either survey style quantitative studies or descriptive qualitative studies. See Table 1 in Appendix A for summaries of the current available research. Results of the current literature will be further discussed in the “Concept of Social Support” section of this paper.

Social support can take many forms. This will be discussed in detail below. The definition and specific forms of social support addressed in each study were variable. Despite this variation, the research reviewed did contain some common themes related to social support in post-secondary students. The most salient of these was the buffering effect of social support
against the stresses of higher education which generally include time, financial, family, and academic stressors. The converse to this was also noted. There were negative effects associated with low levels of social support in the populations studied. These included depressive symptoms, academic failure, higher levels of perceived stress, increased alcohol consumption and persistence in the program of choice. An additional commonality noted in the research was that women had a greater reported need for social support than men and were more likely to experience depressive symptoms in the absence of social support. Some studies also noted that the perception of the amount and availability of social support was more significant in predicting outcomes than the objective measures of social support.

**Limitations of Current Research**

There were some common limitations noted in the studies reviewed. The quantitative studies reviewed were primarily questionnaire format. Due to self-reporting, there was a potential bias associated with this study type as respondents may have answered in a way that they felt was expected or desired. Most of the studies were done at a single institution. The studies that involved more than one institution were in the same geographical area. None of the studies covered a wide geographical area. Only a few of the studies involved a control or comparison group for data analysis (Brittian, Sy, & Stokes, 2009; Shelton, 2012) and only two studies (Brittian, Sy, & Stokes, 2009; Metz, Cech, Babcock, & Smith, 2011) evaluated the effect(s) of interventions on social support and/or student retention. While many of the studies identified correlations between variables, a reliable method for identifying students at risk for attrition has not been identified. While Hopkins’s model (2008) was accurate in predicting which students will be successful 99% of the time, it was only able to identify the at-risk student 82.5% of the time.
What the Literature Lacks

Although social support has been identified as a factor that influences retention/attrition, the concept of social support itself was rarely well defined. While it may seem that the definition of the concept can be safely assumed, an in depth exploration of the topic of social support reveals that there are many factors that can be included or excluded when addressing social support. These factors will be discussed below.

The literature was devoid of studies that evaluated the effect of interventions on the perceived degree of social support and how this relates to nursing program persistence and success. While many authors provided recommendations for practice, they were primarily based on correlational data and inferences of what was likely to be of benefit to the at-risk or struggling student. Interventions that have been studied and shown to be effective in improving outcomes for academically at-risk students only peripherally addressed how social support fits into the overall picture.
CHAPTER THREE
CONCEPT OF SOCIAL SUPPORT

The concept of social support is well described and researched in the field of Psychology. A search in the American Psychological Association’s PsycINFO database for the term social support returned nearly 133,000 results. In the field of Sociology, the term is also well utilized. A search of the term social support in the Sociological Abstracts database returned over 63,000 results. The range of subjects addressed in relation to social support is quite varied and includes topics such as response to natural disasters, stress at work, military veterans, intimate relationships and mental health.

The nursing literature also contained an abundance of research related to the concept of social support. Most of the studies, however, were clinical and addressed the social support needs of and interventions for a wide range of patient populations. As noted in the literature review above, however, the topic of social support as it relates to success or failure of nursing students was lacking. Some possible reasons for this dearth of research can be considered. While it is likely that nurse educators are aware of the possible effects of a student’s social support on their academic performance, they may not have yet determined how to adequately research these effects. It is also possible that researchers may feel that the students’ social support system is outside the realm of faculty responsibility. A better understanding of the concept of social support itself will hopefully lead to recommendations for future research and interventions.

Robert Weiss, a sociologist, is frequently discussed in context with the topic of social support. Weiss (1974) described the six Provisions of Social Relationships which are the social functions or provisions which result from relationships with others. Weiss contends that while
different provisions are more or less important at different life states, all six provisions are needed for a person to feel adequately supported. These six provisions are attachment, social integration, reassurance of worth, reliable alliance, guidance and opportunity for nurturance.

In 1976, Sidney Cobb increased awareness of the concept of social support and its effect on health when he discussed his research of displaced workers. He stated that social support contains one of three types of information. This information leads the subject to believe that he/she is cared for and loved, is esteemed and valued and belongs to a network of communication and mutual obligation. He discussed the available research at the time regarding the positive effects of social support on various life events such as bereavement, life stress, hospitalization and recovery from illness.

Vincent Tinto (1975) began researching the concept of student retention/attrition over forty years ago. His model addresses the importance of peer support and social integration in the retention of college students. He noted that the higher the level of social integration, the more likely the student was to remain enrolled. He generally did not use the term social support and therefore did not make an effort to define the concept.

Cohen, Gordon and Gottlieb defined social support as “the social resources that persons perceive to be available or that are actually provided to them by non-professionals in the context of both formal support groups and informal helping” (2000, p.4). This includes emotional, informational and/or instrumental resources. This definition does not directly address the effects of the social support, whereas Albrecht and Goldsmith defined social support as “verbal and non-verbal communication between recipients and providers that helps manage uncertainty about the situation, the self, the other or the relationship and functions to enhance perception of the personal control in one’s life experience” (2003, p. 264). Floyd further explained that
supportive interactions do not necessarily require exchange of words, but rather, support can be conveyed through physical assistance (Floyd, 2006). Much of the discussion of the issue of social support in the literature was of its importance in times of crisis. Yet it is useful to remember that social support is a part of daily life and is developed over time even during times of low stress.

Like other scientists, nurse researchers do not seem to universally agree upon a definition of the concept of social support. While studies that address the role of social support in various populations or situations are quite common (deBrito & Pavarini, 2012, Leahy-Warren, McCarthy, & Corcoran, 2012), it is not as common for the term social support to be defined. When it is defined as a concept, Weiss’ definition is often used. There were similarities noted in the nursing studies that define social support. For the purposes of their study, Leahy-Warren et al. (2012, p.389) chose to define social support as “the combination of social structures and social functions, where social structures demonstrate cohesiveness and there is a flow of emotional concern, instrumental aid, information and appraisal between people.” Coyle, for her 2011 study related to maternal concern, social support and health-related quality of life, defined social support as “interpersonal relationships that provide emotional support, information, affection, tangible aid, or positive social connections” (p.298). Coyle directly addressed the positive connections and affection that occur in social support while these were implied in Leahy-Warren’s definition by the use of the word “cohesiveness”. Leahy-Warren addressed the issue of appraisal between people while this was not included in Coyle’s definition.

In studies where social support is not defined outright, the definition may be alluded to by the tool used by the study designers. There are many tools available to assess social support. These include, but are not limited to: Norbeck Social Support Questionnaire (Brittian, Sy, &
Stokes, 2009), the PRQ-85 Part 2 (Aktan, 2012), Multidimensional Scale of Perceived Social Support (MSPSS) (Laurence, Williams, & Eiland, 2009), Interpersonal Support Evaluation List (ISEL) (Pauley & Hesse, 2009) and the Medical Outcome Study Social Support Scale (MOS-SSS) (Lui, Lee, Greenwood, & Ross, 2012). There are plentiful studies that utilize researcher developed tools or questionnaires (Grav, Hellzén, Romild, & Stordal, 2012 and Leahy-Warren, McCarthy, & Corcoran, 2012). Though there is no common definition, there are commonalities in the understanding of the concept. Social support may consist of human or structural resources and it leads to positive results for the recipient. The social support provided by other individuals may be emotional or instrumental, such as child care or cooking meals. Additionally, according to research findings (Baker & Robnett, 2012; Gonzalez, Barr, & Wanat, 2010; Montes-Berges & Augusto, 2007) the perception, by the recipient, of the availability and quality of resources is more significant than the actual number and quality of available resources.

Proposed Conceptual Definition of Social Support

To accurately and adequately research social support in nursing students including the effects of interventions to enhance social support, it is important for nursing education researchers to agree upon a definition of the concept of social support. The author has synthesized the various definitions and components of the above concepts to develop her own working definition of this concept as it applies to the nursing student.

Social support is provided by individuals or groups and consists of words, actions, and/or tangible aid that is/are perceived by the recipient as being positive. The result is the provision of guidance and/or that the recipient’s perception of him/herself, the problem, the provider of support, his/her sense of control or belonging is altered positively.
The providers of social support may include anyone with whom the nursing student interacts. Generally, emotional support is provided by family members, significant others, friends, school or work peers, and nursing faculty. Emotional support is intended to encourage and promote a sense of self-worth or contribute to feelings of love, fulfillment, affection, attachment or acceptance. This support may take the form of encouraging words received from a heartfelt conversation with a close confidant, a casual conversation with an acquaintance or from a chance encounter with a stranger.

Other types of support may be provided by a variety of individuals. In addition to the above named people, functional support may be given by a baby-sitter, a housekeeper, a tutor, carpool members, a financial aid counselor, or an employer. These are examples of people who can assist the student in feeling more in control of his/her time, finances or responsibilities.

Informational support may be provided by a wide variety of individuals in addition to those discussed above. Information provided may be trivial, but helpful and provided by a stranger or somewhat more meaningful and important and provided by a trusted advisor such as an instructor, a librarian or one’s boss. Information can also be significant and enlightening and be provided by a dear friend or mentor.

The overall result of the support is positive and acts as a buffer to counteract the many stressors in the life of the nursing student. Social support does not necessarily eliminate problem(s), but it aides the student in his/her ability or perception of ability to manage uncertainty and challenges.
CHAPTER FOUR
RECOMMENDATIONS

Recommendations for Research

Tinto (2006) calls for a move away from theory into action. He promotes the development of a model of institutional measures that can be implemented to enhance student retention at both two-year and four-year colleges. To do this, it is necessary to identify all of the various research supported institutional measures that have been found to enhance student retention. Some of these interventions may involve adjustments in teaching and assessment methods, training of faculty in various teaching methodologies, and/or investment of resources from the state and/or institutional level to ensure a true commitment to retention efforts (Tinto, 2006).

A key step in moving toward action as suggested by Tinto, is having a clear understanding and definition of social support as proposed above. Despite the current lack of consensus regarding the definition of social support, it has been demonstrated in the research that social support and social integration are perceived by students to be important. The positive effects of social support and the negative effects of a lack of social support are also clearly documented. Additionally, there are many strategies that have been studied as they relate to retention of college students and nursing students. These will be discussed below. What remains unclear is how the variables of social support, existing retention strategies and actual retention rates are interrelated. In other words, the following research questions have not been well addressed. What can institutions do to improve the structure and perception of social support in nursing students and what effect this will have on retention of these students? What effect do current retention strategies being utilized have on the structure and perception of social support in nursing students?
There are numerous instruments available to aid in the identification of social support as it exists and as it is perceived from different sources. A sample of these instruments can be found in Table 2. Some of these instruments should be considered for use in future studies as they have established validity and reliability rates. At present, the value of these instruments in identifying the at-risk student is currently not well established in the nursing literature, but further research may reveal a valuable tool.

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<th>Table 2 Instruments used to evaluate social support</th>
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<td><strong>Name of Instrument</strong></td>
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<td>Inventory of Socially Supportive Behaviors (ISSB)</td>
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<td>Multidimensional Scale of Perceived Social Support (MSPSS)</td>
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<td>Norbeck Social Support Questionnaire (NSSQ)</td>
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<td>Student Adaptation to College Questionnaire (SACQ)</td>
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<td>Social Support Questionnaire</td>
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There is very little information currently available regarding the students who are lost to attrition. Longitudinal multisite studies that include students that persisted and those that voluntarily withdrew or failed academically would contribute greatly to the body of knowledge regarding factors that contribute to and may predict at risk students. It is important to include race/ethnicity and ENNL status along with many demographic variables as the risk factors continue to be analyzed. Hopkins’s (2008) study indicated there may be value in using the Nursing Entrance Test (NET) to predict which students are at risk for non-completion. Further studies related to the predictive ability of the NET are needed.

**Recommendations for Nursing Programs**

Review of nursing student retention literature provides numerous strategies that have been shown to be successful in aiding the struggling or at risk student. Some of these strategies either directly or indirectly address social support. Mentorship programs are one of these strategies. These programs can involve peer mentors or faculty mentors and have been found to improve retention, increase a sense of belonging, aid with study strategies, aid with time...
management, improve interpersonal skills, improve English communication skills for the ENNL student and improve critical thinking skills (Brittian, Sy & Stokes, 2009; DeLapp, Hautman, & Anderson, 2008; Loke & Chow, 2007; McGann & Thompson, 2008; Sutherland, Hamilton & Goodman, 2007). Studying with a peer group has also been found to improve academic outcomes for nursing and college students (Coleman, 2008; Mamiseishvilli, 2011). Faculty should encourage and support the formation of study groups among nursing students. Physical space on campus should also be made available for these study groups to meet (Dapremont, 2010).

Meeting with faculty advisors and having degree/career plans during the first year of college has been correlated with academic success (DeLapp, Hautman, & Anderson, 2008; Mamiseishvilli, 2011; Shelton, 2012). Nursing programs may wish to consider mandatory advising for students at particular times throughout their education. Discussion of ultimate educational goals and clinical area of interest should be addressed. It is also important for faculty to demonstrate the nursing tenets of caring and holism by being supportive of their students in an open and non-judgmental way (McEnroe-Petitte, 2011; Poorman, Mastorvich & Webb, 2008). Faculty must also model and promote accepting, non-discriminatory behaviors toward all students (Coleman, 2008; Dapremont, 2010).

Self-efficacy has also been correlated with academic success (Gibbons, 2010; McLaughlin, Moutray, & Muldoon, 2008). Some methods of improving self-efficacy include, validating students verbally and in writing, promoting Problem Based Learning, and assistance with development of adaptive coping mechanisms. Self-efficacy may be enhanced by student involvement in campus organizations (Baker & Robnett, 2012). Student involvement has also been found to assist with adjustment to the college experience and attachment to the institution,
both of which improve retention (Baker & Robnett, 2012; Credé & Niehorster, 2012). Opportunities for student involvement should be clearly advertised and involvement encouraged by faculty. The efforts by faculty to promote self-efficacy and student involvement may be interpreted by students as supportive and therefore have positive effects similar to the provision of other types of social support.

Financial stress has been shown to lead to attrition (Shelton, 2012). While some students are able to continue to work 20 hours or more per week during a full-time nursing education, most are not. Continuing to work many hours often increases academic stress while reducing work hours may increase financial stress. This is a reality that may not be understood by many students until they are already in the nursing program (Freitas & Leonard, 2011; Gilchrist & Rector, 2007). Perhaps it would be beneficial for advisors to work with students before they enter the nursing program to address their financial plan and resources both including the financial benefit of work and in the absence of employment.

Many of the retention strategies discussed could have potentially greater impact if implemented prior to the beginning of the rigors of the nursing program. A one credit pre-nursing course based on Clark and Pelicci’s model (2011) could aid the students and assist the institution in identifying the at risk student. The course would include the use of numerous self-assessments that may include content such as social support, self-efficacy, financial resources, and learning style. Instructor or self-identified students could then be connected with the appropriate resources. The students would also benefit from provision of information related to self-care, study, test-taking and organizational strategies. Additionally, the course would offer an opportunity for peer socialization and the establishment of study groups and a connection to the institution.
CHAPTER FIVE

CONCLUSION

Social support acts as a buffer against the many stressors in the lives of nursing students. Research done primarily in the field of higher education and psychology has found a positive correlation between social support and academic achievement and persistence. Many attempts have been made to create a model that reliably predicts the at risk nursing student. These attempts have met with varying degrees of success, but overall it has been found to be easier to predict academic success than it is to predict risk for non-persistence. It seems that an effective plan for improved retention among nursing students must include an assessment of social support and strategies to bolster social support when needed. Various tools to measure perceived social support were identified. It is suggested that one or more of these tools be utilized along with other assessments in a pre-nursing course. This course would seek to identify areas in which the students are at risk and provide students with a variety of tools and resources to prepare them for the rigors of a nursing program. By being offered before the stresses of the program, this would provide the time for the students to develop supportive peer groups, establish links with the program, institution and appropriate resources and implement any necessary life changes. Because of the reported role of social support in helping the student in his/her ability to manage uncertainty and challenges, this pre-emptive intervention may be effective in reducing the attrition rates for nursing programs.
References


February 5, 2013.


Table 1 Current available research studies related to social support for post-secondary students

<table>
<thead>
<tr>
<th>Article</th>
<th>Purpose/Design</th>
<th>Subjects</th>
<th>Instruments used</th>
<th>Results</th>
<th>Limitations</th>
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<tr>
<td>Baker, C.N. &amp; Robnett, B.</td>
<td>Purpose: To examine experiences and characteristics of a cohort of minority college students as they relate to student retention. Design: Quantitative analysis of longitudinal data from a previous survey.</td>
<td>Total subjects = 1502 first year minority students at a large public western U.S. University. 54.4% Asian American, 23.8% White, 11/1% Chicano/Latino, 2.2% Black. Closely representative of university population. Followed through five semesters.</td>
<td>Longitudinal University-wide undergraduate survey. Data included: type of high school, high school GPA, combined SAT score, family income. Questions addressed: group study, club involvement, off-campus ties, hours worked, time spent fulfilling family responsibilities, perception of college experience.</td>
<td>Blacks had highest retention rate, followed by Asian Americans, Whites and Latinos. Latinos with more off-campus ties, family and job responsibilities. Also less likely to study with a group. Factors leading to retention: Latino: 1st year cumulative GPA, participation in a student club. Asian American: English as first language and first year cumulative GPA. White: study with a group. Unexpected finding: Latino students who did not study with a group were 7 times more likely to persist.</td>
<td>Study of a single cohort at a single U.S. university. May not be generalizable to all minority college students. Age and living arrangements of students not addressed. Small sample size of Black students did not allow adequate data analysis. No comparison with majority students.</td>
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<tr>
<td>Brittian, A.S., Sy, S.R., and Stokes, J.E. (2009) Mentoring: Implications for African American College Students.</td>
<td>Purpose: To explore the effects of a mentorship program on African American college students’ mental health and various academic</td>
<td>183 African American students at a large state university in So. California. 36 in mentorship programs, 147 not.</td>
<td>Measures included Student Life Events survey; self-reported GPA, leadership positions held, participation in 91% report mentorship programs helpful. Response categories: opportunity for personal growth, motivation for success, social support, emotional support, negative experiences, positive.</td>
<td>Potential bias associated with survey type studies. Sample fairly homogenous by design within a single university. May not be generalizable to other</td>
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<td><strong>The Western Journal of Black Studies 33(2), 87-97</strong></td>
<td>outcomes. Design: Mixed methods. On-line survey including likert scale and open ended questions</td>
<td>Male 30%, female 70%. Mean age 22.5 yrs. Majority self identified as African American/Black. 11% id’d as biracial or multi-ethnic. Undergraduates 155, graduate students 28</td>
<td>organizations or clubs, mentorship experiences, demographics; Norbeck Social Support Questionnaire; General Well Being Scale; Acculturative Stress Scale</td>
<td>feedback and academic resources. Mentored students reported lower GPA than non-mentored students. Perhaps students who are struggling academically seek mentorship experiences. Two groups did not differ in experience of common student life events, social support or well being. Supports previous findings that social support is a buffer against the negative effects of stress.</td>
<td>schools, geographical areas or student demographics.</td>
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<td><strong>Credé, M. &amp; Niehorster, S.</strong> Purpose: To bring clarity to literature addressing college adjustment that has utilized the Student Adaptation to College Questionnaire (SACQ) Design: Meta-analysis of studies that utilized the SACQ. Strict inclusion/exclusion criteria were followed. Initial pool reviewed was 744.</td>
<td>237 samples which included 44,668 undergraduate college students. Most from U.S. or Canada. Female 58%, Caucasian 72%, mean age 19.08 years</td>
<td>Student Adaptation to College Questionnaire (SACQ) and demographic data.</td>
<td>Adjustment to college is multidimensional. Substantial relationship between adjustment to college, retention and GPA. Institutional attachment strong predictor of retention. Positive relationship between all types of social support and college adjustment, but highest for support from the institution and faculty. Demographics and prior achievements do not predict adjustment.</td>
<td>The nature of the SACQ creates artificial inflation of some of the correlations. Findings in this study are limited by the quality of the initial studies. Meta-analyses are prone to the “file drawer effect” in which null results are unavailable for inclusion as they were not published.</td>
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<td><strong>Dao, T.K., Lee, D.</strong> Purpose: to examine Sample of 112 Self-Reported</td>
<td>Depression scores greater for</td>
<td>Limited only to</td>
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and Chang, H.L. (2007)  
Acculturation level, perceived English fluency, perceived social support level, and depression among Taiwanese International Students.  
*College Student Journal* 41 (2), 287-295.

| Relationship between acculturation, perceived English fluency, social support and depression. Design: Descriptive quantitative study utilizing convenience criterion-group sampling. Multiple questionnaires used. Cooperation of the Chinese Student Association was enlisted. | International Taiwanese graduate students at a Division I university in the southeastern US. Age range 19-46, 57% male and average length of stay in the US was 29.18 months. 78 married, 30 single, 4 divorced. | English Fluency Scale (SRFES), Social Support Questionnaire-Short Form (SSQSR), Suinn-Lew Asian Self-Identity Acculturation Scale (SL-Asia) and The Center for Epidemiologic Studies Depression Scale (CES-D) | Females. Perceived English fluency lower for females. No gender differences for perceived social support or acculturation level. Males: lower perceived English fluency associated with higher levels of depression. Females: perceived social support level significantly associated with depression. Both genders, associations found: acculturation and depression; acculturation and English fluency; and English fluency and depression |

| DeBerard, M.S., Spielmans, G.I., & Julka, D.L. | Purpose: to investigate possible risk factors for low academic achievement and attrition Design: Survey administered to volunteers during a course required for all students. | N=204 undergraduate freshmen at a private west coast university. Women 72.1%, Mean age 18.9 years with a range 17.8-26.3. Caucasian 84.3%, Asian 7.8%, Hispanic 2.0%, African American 1.0%, Other 5.5% | Demographic data. Multidimensional Perceived Social Support Scale (MPSS), Ways Coping Checklist-Revised (WOC), Short Form Health Survey-36 (SF-36), individual questions regarding smoking and alcohol consumption | Model very good at predicting end of first year GPA, not good at predicting retention. GPA positively correlated with female gender, high school GPA, SAT score, social support, both types of coping, physical and psychosocial health. GPA negatively associated with binge drinking and smoking. Social support significant independent predictor of academic achievement. High |

Graduate students of one cultural background at one US University. There is also potential bias associated with survey type studies.
<table>
<thead>
<tr>
<th>Source</th>
<th>Purpose</th>
<th>Participants</th>
<th>Methodology</th>
<th>Findings</th>
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<tr>
<td>Gigliotti, E. (2007) Improving External and Internal Validity of a Model of Midlife Women’s Maternal-Student Role Stress. &lt;br&gt;Nursing Science Quarterly, 20(2), 161-170</td>
<td>Purpose: To determine the best linear combination of student role involvement with particular types of children’s support to predict maternal student stress variance for midlife undergraduate women. &lt;br&gt;Design: Large public university in the northeastern US. Questionnaires distributed to all students who met study criteria. Questionnaires completed at home. &lt;br&gt;N=69 undergrad women, any major with 3-19 credits. Mothers age 35-51 with 1-6 children, youngest of whom was 6-18 years old and presently living at home. 28.9% nursing or pre-nursing. 11.8% African American, 75% Caucasian, 11.8% Hispanic, 1.5% other. Work status 20.3% not employed, 26.1% &lt;20 hrs/wk, 53.6% &gt;20 hrs/wk</td>
<td>Conceptual framework was a combination of Neuman’s model and Meleis, Sawyer, Im, Messias, and Schumacher’s transition framework. Tools used: Norbeck Social Support Questionnaire, Perceived Multiple Role Stress Scale and Student Role Involvement Questionnaire.</td>
<td>Internal and external validity both improved. Children’s Situation-Specific (CSS) Aid was the best predictor of decreased MSRS, more than children support in general, CSS-Affect, CSS-Affirmation, or all types combined. Found that support from children can offset additional stress that occurs due to student role involvement (SRI). SRI is thought to be beneficial to the transition process.</td>
<td>Potential bias associated with survey studies. Done at one university. No comparison groups e.g. similar age women without children, younger women with children. Limited sample size: unable to analyze data separately by cultural group, major, number of children, number of credits etc. Unable to control for other types of transitional stress.</td>
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<td>Gonzalez, M., Barr, D.A., and Wanat, S.F. (2010) Attrition From Premedical Studies Among Latinas: Case Studies. &lt;br&gt;Hispanic Journal of</td>
<td>Purpose: Explore why certain students are at increased risk of losing interest in medicine as a career. &lt;br&gt;Design: Qualitative interview design The students included in sample of 2 female Latina students in the early part of their freshman year. Chosen from larger group as they had similar</td>
<td>Recorded semi-structured interviews by phone or in person using primarily open ended questions. Used underrepresented</td>
<td>Both students faced difficulties and discouragements. Interviewees id’d by authors as “Upbeat” and “Dejected”. Upbeat was linked into the college and medical communities, regularly saw</td>
<td>Limited scope and sample size. May not be generalizable to other majors, schools, or student demographics.</td>
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<td><strong>Behavioral Sciences 32(4), 571-585.</strong></td>
<td>this study were part of a larger study conducted at Stanford University with a major in premedical studies experiences but displayed different outlooks. minorities-concordant dyads. Holistic analysis of transcripts for common and divergent themes self as doctor. Dejected somewhat isolated, had difficulty seeing herself as doctor. Importance of linking pre-med students to organizations and other students to help them rebound from discouragement.</td>
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<td>Laurence, B., Williams, C. and Eiland, D. (2009) Depressive Symptoms, Stress and Social Support Among Dental Students at a Historically Black College and University. <em>Journal of American College Health</em> 58(1), 56-63.</td>
<td>Purpose: Measure prevalence of depressive symptoms and how those relate to stress and social support. Design: Descriptive quantitative study using questionnaire format. Sample of students recruited from all four years of dental program at a historically black college in the northeastern US. 126 dental students. Mean age 25.9 yrs, 51% men, 62.9% African/African American, 17.5% Asian/Pacific Islander, 11.2% Caucasian, 4.9% Hispanic, 2.1% Middle Eastern, 1.4% Other, 76.2% never married, 22.4% married, 1.4% separated/divorced</td>
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<td>Mamiseishvili, K.</td>
<td>Purpose: To observe characteristics of international college students and examine factors that influence persistence in college. 200 foreign or international students mostly representative of the overall population of Data set: BPS: 04/06 - Beginning Postsecondary Students Longitudinal Study. Data</td>
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Design: Quantitative analysis of data from existing data set. Study which was drawn from 1,360 postsecondary institutions and over 23,000 students in 2003-04.

- international college students: Asian 50.3%, White 20.1%, Black 13.1%, Hispanic/Latino 12.1%, Other 4.4%, Male 54.7%, 74.3% received financial help from parents. 41.9% at 2 year schools

Correction for oversampling. Students who required remedial English in first year less likely to persist. Academic integration positively correlated with persistence, social integration negatively correlated with persistence.

Other moderate positive influences: meeting with academic advisor, meeting with study group. Moderate negative influences: living off campus, part time attendance.

- control group of American students.

Cross-sectional design not as informative as longitudinal. Unable to evaluate persistence in program.


Purpose: to investigate relationships between social support and college students’ stress, depression and alcohol use. Design: Descriptive quantitative study, questionnaire format. Convenience sample, students enrolled in communications course at large university in southwestern US. Received extra course

Sample size =54 students. Average age 21.47. Males =26, females =27. 81.5% Caucasian, 9.3% Latino, 5.6% African American, 5.6% Asian (Could indicate more than one ethnicity)

Interpersonal Support Evaluation List, Beck Depression Inventory II, Perceived Stress Scale, and single item asking how many alcoholic beverages are consumed weekly.

Inverse relationship between stress and social support. Direct association between stress and depression. Depression and amount of alcohol consumed positively correlated. Social support and amount of alcohol consumed inversely correlated. With higher depression scores with high levels of social support, alcohol consumption lower than those with lower levels of social support. No correlation between stress and increased alcohol

Potential bias associated with survey type studies. Small sample for a questionnaire study. Sample fairly homogenous group within one course at one university. Cross-sectional, correlational data does not indicate causation.
| Nursing Studies | Coleman, L.D. (2008) Experiences of African American Students in a Predominantly White Two-Year Nursing Program. *The ABNF Journal* 19(1), 8-13. | Purpose: Better understand the experiences of African American nursing students in a predominantly white program and how their experiences affected their academic and social engagement. Design: Qualitative exploratory study. | 14 students (13 female, 1 male) in a two year nursing program associated with a predominantly white community college in suburban Chicago, IL. | Audio-taped individual face to face interviews which were semi-structured and used open ended questions. | Core theme was saliency of race. Four primary themes were identified: difference, coping and survival, support systems and the institutional context of a predominantly white nursing program and institution. In general, students felt alienated and unsupported. Strong support systems, especially students and faculty were pivotal to academic and social engagement. Numerous recommendations suggested. | Study was conducted at a single nursing program with subjects (by design) are of a single racial group. Results may not be generalizeable to other geographical areas or student populations. Ages, marital status and other demographic data not addressed. |
| Dapremont, J.A. | Purpose: Examine perceptions and experiences contributing to success of Black students in a primarily White nursing school. Design: Descriptive, qualitative study. | Black nurses ages 18-50 who graduated from a predominantly White associate or baccalaureate nursing program 2000-2006 in the mid-southern U.S. N=18, Female 16, | Eighteen question semi-structured interview guide. Questions developed using Patton’s (2002) interview guide which gives the interviewer the freedom to explore, probe and ask further questions to | Overarching theme: “It takes a community to create a nurse”. Within this community were peer support, interaction with White student study groups, family support and faculty encouragement and support. | One researcher did the majority of the coding and theme identification. Limited to Black students in a single predominantly White nursing program. May not be generalizeable to other programs, other geographical areas or |
| Freitas, F.A. and Leonard, L.J. | Purpose: To identify factors related to nursing student success  
Design: Survey of entry level nursing students in Associate degree program on different regional campuses of a state university. | Sample size = 190. Average age 28.7 years. Women: 86.8%  
Had a job: 71%  
Had student loans: 84.1% | Author designed survey based on Maslow’s hierarchy of needs, basic student needs and student attributes id’d as important for successful academic performance. Two sections: 15 items in an Importance section and the same 15 items in an Ability section | Female students found to have higher psychosocial needs than men. Positive correlations found between: age and ability to meet needs; age and possession of attributes; work and confidence in ability to meet needs. Meeting physical and psychosocial needs is moderately to highly important. There was no GPA correlation found. | Potential bias associated with survey type studies. Cross-sectional design does of one cohort in one geographical area. May not be generalizeable. Survey tool with unknown validity and reliability. Unknown race/ethnicity of participants. |
| --- | --- | --- | --- | --- | --- |
Design: Logistic regression model | 383 students enrolled in an ADN program 2001-2004 in a private college of health sciences in the southeastern US. Female = 89.6%, White= 62.1%, Age range 18-59 with mean | Nursing Entrance Test (NET), SAT total score, high school GPA, college GPA, and demographic data from the Registrar’s Office. | Model accurately predicted at risk students 82.5% of the time, successful students 99% of the time. Risk for failure most often associated with race and/or low level of commitment. Family and financial stress correlated with lower levels of commitment. | Low variance accounted for in predicting success. Other variables previously identified as affecting success not addressed. NET has not been validated as a tool for predicting success. Study at one school, results may not |
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<tr>
<th>Source</th>
<th>Purpose</th>
<th>Design</th>
<th>Instruments</th>
<th>Variables perceived to be greatly supportive of retention: Family emotional support, friends in and outside of class. Moderately supportive: faculty advisement and helpfulness, nursing skills lab, academic performance, college library service, college computer lab service.</th>
<th>Study sites were primarily associate degree programs at commuter campuses, results may not be generalizeable. Potential bias associated with survey type studies.</th>
</tr>
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<tbody>
<tr>
<td>Jeffreys, M.R. (2007). Nontraditional Students’ Perceptions of Variables Influencing Retention. <em>Nurse Educator</em> 32(4), 161-167</td>
<td>Purpose: To gain further insight into students’ perceptions concerning factors that support or restrict retention. Design: Anonymous questionnaire. Descriptive and inferential statistical analysis of data to identify correlation.</td>
<td>1,156 students in 7 nursing programs in northeastern US public university system. Associate degree(5) and baccalaureate degree (5). Women 84%, White 32%, African American 29%, Asian/Pacific Islander 17%, Other 10%, Hispanic 6%, Puerto Rican 5%, Alaskan Native/American Indian 1%. Age range 25-49+, 49% Single, 51% with dependent children, 65% enrolled part time, 60% English as a first language.</td>
<td>Nursing Undergraduate Retention and Success (NURS) model, Student Perception Appraisal-Revised (SPA-R), Demographic data sheet.</td>
<td>No student demographics consistently predictive of student’s reported perceptions.</td>
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<td>Lou, J.H., Chen, S.H., Yu, H.Y., Li, R.H., Yang, C.I, and Eng, C.J. (2010). The</td>
<td>Purpose: To understand to personality traits, life stresses and</td>
<td>Convenience sample of 145 male nursing students enrolled</td>
<td>Demographic data, Personality traits scale based on the Global Personality</td>
<td>Students with mother and/or father having higher levels of formal education report higher levels of stress than</td>
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<td>Title</td>
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<td>Sample and Method</td>
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<td>Influence of Personality Traits and Social Support on Male Nursing Student Life Stress: A Cross-Sectional Research Design. <em>Journal of Nursing Research</em> 18(2), 108-115.</td>
<td>Social support of male nursing students. Design: Cross-sectional design including structured questionnaires. In a 5 year junior college program at a medical college in Central Taiwan. Inventory, Social support scale based on the Child and Adolescent Social Support Scale, Life stress scale based on the Perceived Stress Questionnaire. Peers. Higher degrees of conscientiousness associated with lower stress levels. Lower levels of family support were associated with higher levels of stress. Group. Results may not be generalizeable. Potential bias associated with survey type studies. Tools used based on validated tools, but themselves not validated.</td>
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<td>Metz, A.M., Cech, E.A., Babcock, T. and Smith, J.L. (2011). Effects of Formal and Informal Support Structures on the Motivation of Native American Students in Nursing. <em>Journal of Nursing Education</em> 50(7), 388-394.</td>
<td>Purpose: To determine which social support factors influence success of Native American students. Design: likert style survey. Descriptive and inferential statistical analysis to determine predictive association. N=19 Native American female nursing students with mean age 26 years enrolled in Montana State University’s formal academic support program (CO-OP) for Native American students pursuing a BSN. Interpersonal Support Evaluation List, Social Network Questionnaire, Modified Domain Identification Measure, and Nursing Interest Survey. Factors that had a positive effect on all measured academic outcomes: “CO-OP support” and “total perceived support”. “Home social support network” had a positive effect on “current interest in nursing”. “Perceptions of unfairness in the nursing program” had a negative effect on “perceived value of nursing career” and “motivation to pursue nursing as a career”. Small sample size and limited to one geographical location. By design, sample lacks diversity. Not all tools utilized have been well validated. Potential bias associated with survey type studies.</td>
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<td>Moceri, J.T. (2010). Being Cabezona: Success Strategies of Hispanic Nursing Students. <em>International Journal of Nursing</em></td>
<td>Purpose: To explore strategies used by students to overcome obstacles. Design: Descriptive Convenience and snowball sampling. N=13, 6 students, 7 RN’s. One male. Mexican-American = 9, Focus groups for interviewing. Themes identified: “Facing Obstacles” and “Achieving Success”. Obstacles were divided into “Institutional Obstacles” and “Cultural Obstacles” which included lack of role models within Predominantly associate degree nurses/nursing students with only one male participant. May not be generalizeable to other groups.</td>
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<td>Scholarship 7(1). 1-15</td>
<td>interpretive qualitative study using focus groups and individual interviews of Hispanic nursing students and nurses in the Pacific Northwest.</td>
<td>Cuban =1, Central American = 2, Puerto Rican = 1. 4 ESL. 11 born in the US. 2 born in Mexico. Age early 20s to 40. Full time school and working 11-35 hrs/week.</td>
<td>their culture and role conflict between expected female roles and student/professional. “Achieving success” included “personal strategies”, “Social assets” and “cultural assets”. Among these is the concept of being cabezona which is to be stubborn.</td>
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<td>Montes-Berges, B. and Augusto, J.M. (2007). Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. Journal of Psychiatric and Mental Health Nursing 14, 163-171.</td>
<td>Purpose: To examine the relationship between perceived emotional intelligence, and coping, social support and mental health of nursing students. Design: Questionnaire style quantitative study using multiple tools.</td>
<td>119 students in the first grade of Nursing Studies at the University of Jaén in Spain. 93 women, 23 men. Age range 18-42 with mean 20.33.</td>
<td>Trait Meta Mood Scale, COPE (Coping scale), Vaux’s subjective Social Support Scale (translated into Spanish), Objective Social Support based on scale developed by Health Department of California, Mental Health 5 based on Health Questionnaire SF-36 and translated into Spanish. Most common coping strategy was active coping followed by a strategy based on social support search, then cognitive avoiding and behavioral avoiding strategies. Students were found to have wide social networks. Women sought social support more than men. Higher levels of emotional clarity and regulation were associated with more objective and subjective social support and mental health.</td>
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<tr>
<td>Shelton, E.N. (2012). A Model of Nursing Student Retention.</td>
<td>Purpose: To gain a better understanding of</td>
<td>N=458 from nine associate degree programs in PA</td>
<td>Students who persisted and were academically successful had greater</td>
<td>Limited to nursing students in their first year at a nursing school in Spain. Not necessarily generalizable to other populations in other locations. Potential bias associated with survey type studies. Tools used were based on validated tools, but themselves were not validated.</td>
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<td>International Journal of Nursing Scholarship 9(1), 1-16</td>
<td>the interaction of student background, internal psychological processes and external supports as they influence student retention. Design: Quantitative study utilizing anonymous questionnaires. and NY. All in final semester or had withdrawn from the program within previous 9 months. 300 currently enrolled (mean age 30.8), 83 voluntarily withdrawn (mean age 29.1), 75 withdrew in failing status (mean age 29.8).</td>
<td>Tinto’s theory of student retention. Demographic data, Self-Efficacy for Self-Regulated Learning Scale, Outcomes Expectations Questionnaire-Associate Degree Nursing and Perceived Faculty Support Scale</td>
<td>financial resources and higher high school and college GPAs than those who failed academically. No significant differences between groups based on age, dependent family members, hours of employment per week and parental education. Students who fail academically or voluntarily withdrew more likely to report lower perceived levels of faculty support.</td>
<td>generalizeable to bachelor’s degree programs or programs in other geographical regions.</td>
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