Narrative pedagogy amidst program accountability: Helping nontraditional nursing students who must repeat a course

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KEYWORDS:
Associate degree;
Attrition;
Narrative pedagogy;
Nursing;
Nursing education;
Progression policy

Abstract
This article advocates for expanding the use of narrative pedagogy in associate degree nursing programs to better meet the needs of nontraditional nursing students in an educational setting shaped by the philosophy of behaviorism and focused on outcomes. We draw upon examples from a qualitative study of students who are repeating a nursing course to suggest that faculty heighten their attention to practicing concernfully in relationships with students and regarding administration of progression policies.
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American nursing programs are struggling to meet the rising demand for registered nurses (RNs) while baby boomers age and the health care environment becomes increasingly complex. This demand presents both practical and philosophical implications. In December 2013, The Bureau of Labor Statistics projected that the total number of job openings for nurses because of job growth and replacements would reach 1.05 million by 2022 (Bureau of Labor Statistics, 2013). The National League for Nursing reported in the most recent annual survey that the nation's basic nursing programs turned away 28% of qualified applicants (NLN, 2013a) because of lack of faculty, lack of clinical placements, lack of classroom space, and other constraints (NLN, 2013b)—all factors challenging the present capacity of nursing education programs to mitigate the projected nursing shortage. Another significant factor contributing to the nursing shortage is nursing program student attrition.

The average yield rate, 87% (NLN, 2013c), for prelicensure nursing programs has hardly budged over the last decade despite instituting competitive entry requirements and structured student retention programs, adding utilization of commercial assessment and remediation products and changing both curricular paradigms and delivery methods. Associate degree nursing programs, which produced 60% of RN candidates in 2011 (Health Resources and Services Administration, Bureau of Health Professions, & National Center for Health Workforce Analysis, 2013), can contribute to mitigating the nursing shortage by decreasing attrition while reducing the psychological and financial consequences suffered by students who fail.

The philosophy of behaviorism underlying nursing program pedagogies is evident in both course structure and progression requirements. Typically, students must demonstrate competence, based primarily on the grades earned on multiple-choice examinations (Giddens, 2009), to progress through their courses to program completion. The National League for Nursing *Fair Testing Guidelines for Nursing Education* includes the assertion that nursing faculty are

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responsible for "assessing students' abilities and assuring that they are competent to practice nursing, while recognizing that current approaches to learning assessment are limited and imperfect" (NLN, 2012, p. 3). At the same time, nursing faculty must balance the goal of reducing student attrition with the expectations of accrediting agencies, state boards of nursing, and administrators of their institutions to produce graduates able to pass the National Council Licensure Examination (NCLEX-RN) on the first attempt—a primary indicator of program quality. A low pass rate can threaten program accreditation, state board approval, reputation and recruitment of students, and grants and government funding (Giddens, 2009; Taylor, Loftin, and Reyes (2014). Pressure to reach the first-time pass rate benchmark contributes to restrictive progression policies, and many students are involuntarily withdrawn from their programs if, for a second time, they withdraw from or fail a nursing course or fail to meet the benchmark on a commercially prepared high-stakes test (Santo, Frander, & Hawkins, 2013; Taylor et al., 2014). The stakes of failing are high to students, nursing programs and their sponsoring institutions, and the nation's health care system. Many students who fail and repeat a course experience depression and anxiety, financial hardship, and family discord because, along with their significant others, they invested years of financial, psychological, and social resources toward reaching their goals of becoming nurses. Moreover, nursing program "seats" are wasted, and the looming nursing shortage marches on.

As part of a larger, ongoing, qualitative study (Crow, September) focused on nursing students' experiences of failing and repeating a course, the first author, a nurse educator, interviewed five nontraditional students in the final course of an associate degree nursing program. Three of the students had failed and were repeating the final course in the program, and two of the students had failed and successfully repeated a previous course in the program—all of the students facing involuntary withdrawal from their program if not successful during the current course enrollment. The authors received approval from the institutional review board for the research study and followed informed consent procedures. One of the students describes some of the consequences she experienced after failing the final course of the program.

> …I had a job lined up. Expectations were made. Our finances were so tight! I had a job. I knew X amount of dollars I was going to start bringing in, and my life situation is difficult and that set me back even farther in…being able to deliver myself from a bad situation….

Other students shared that they faced angry spouses, embarrassment when telling employers that they could not fill RN positions for which they were hired, and disappointed children who were ready to have their mothers available again to read bedtime stories. They also talked of the loss of self-esteem, hopelessness, and the social and financial consequences of not graduating with their peers and unexpectedly extending their time in the nursing program and questioning their competence as nurses.

Failing a nursing course can have particular consequences for some nontraditional students, precisely because the stakes are higher given their economic viability and marital and/or parental status. In 2012, the percentage of students over 30 years old in associate degree programs was 50%, in contrast to only 16% of students over 30 years old in baccalaureate degree programs (NLN, 2013d). Other characteristics nontraditional, undergraduate nursing students bring with them include part-time enrollment, commuting to campus, male gender, membership in ethnic and/or racial minority groups, speaks English as a second (other) language, has dependent children, has a general equivalency diploma, requires remedial classes, has prior work experience and gaps between educational experiences, and are first-generation college students (Jeffreys, 2012). Nontraditional nursing students rank family responsibilities and family crises as having the greatest impact on successful completion of their nursing programs (Jeffreys, 1998). In light of the prominence of nontraditional nursing students in associate degree nursing programs, this article advocates an approach to reflection and dialogue about nursing program progression policies and how faculty relate to students who face the consequences of those policies. This approach, mindful of Concernful Practices of Schooling Learning Teaching (Diekelmann, 2001, p. 57) and consistent with the values of narrative pedagogy, places faculty and students together in the experience of course failure or withdrawal and returning to repeat a course during an age of accountability and accreditation.

1. The Evidence and Progression Policies

Nursing faculty in associate degree nursing programs must make evidence-based decisions about program progression policies and teaching practices. Doing so is difficult when only a few nurse researchers have investigated and published findings about the relation between repeating courses and passing the NCLEX-RN on the first attempt. Nurse faculty may also base decisions about student progression, after failure, on accumulated program data, the number of seats available in courses, and their opinions about which students merit exception to progression policies when they fail or withdraw a second time. Moreover, most of the studies published regarding the relation between nursing course grades, nursing program grade point average, number of courses repeated, and the NCLEX-RN first-time pass rate are sparse, inconclusive, and draw from the much more traditional, baccalaureate degree student population (Sewell, Culpa-Bondal, & Colvin, 2008; Trofino, 2013).

Jeffreys (2007) and Trofino (2013) have explored the relation between repeating and/or withdrawing from nursing courses and NCLEX-RN success or failure in associate degree program student populations. Using a sample of 77 nurse graduates, Jeffreys (2007) found that 94% of students