Spring 2017

Traditional and Nontraditional Nursing Students: Piloting a BSN Mentor Program

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Traditional and Nontraditional Nursing Students: Piloting a BSN Mentor Program

A Thesis Submitted to

the Faculty of the University of North Georgia

In Partial Fulfillment

Of the Requirements for the Degree

Bachelor of Science in Nursing
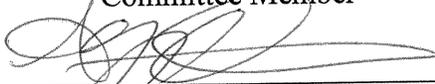
With Honors

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Spring 2017

Accepted by the Honors Faculty

of the University of North Georgia

in partial fulfillment of the requirements for the title of

Honors Program Graduate

Thesis Committee:
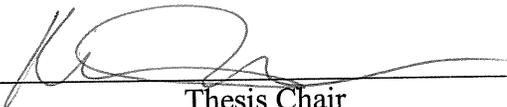
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Introduction

In looking at a current BSN class today, one will find many different types of students. There are those coming back to school, having realized their current career was not for them, there are those freshly out of high school that know they want to become nurses, and there is a plethora of those in between. The beauty of these differences though, is the way in which the student with the previous career, and the student with no career experience at all can teach each other extremely valuable lessons. These lessons can be regarding study habits, time management, social support, or most any other factor. And these lessons are needed. Due to the difficulty of the nursing curriculum at any university, there are many students that, despite past academic successes, struggle to get their footing. Oftentimes, however, the group that seems to have an overall steady footing is that of the nontraditional student.

Nontraditional students have been defined in many different ways, but many of them share the similar characteristics of being older, having families, or previous schooling and work. Whereas traditional students are typically considered straight out of high school, not having career experience or a previous degree, and not completely self-supportive. The differences tend to continue in regards to grades and school outcomes. The nontraditional students seem to do better despite their many responsibilities of family and work, and the traditional students do not do as well. The traditional students oftentimes need to learn time management and responsibility, and the nontraditional students need to learn how to get back into the schedule of going to school and how to juggle previously acquired responsibilities with school.

This project sought to look at the students behind the grades and determine factors as to why certain students do better. It also sought to address the need for support. There is research that points to the correlation of support from friends and faculty with better grades. Looking at these two ideas, this project attempted to take students from the traditional and nontraditional groups and put them into mentor-mentee relationships with each other to improve grades, study habits, and provide support and advice while in a Bachelor degree nursing program.

Background

This mentorship was implemented specifically for the University of North Georgia BSN program. This spring will have the university's second wave of students graduating with their Bachelor's degree instead of their Associate's degree. Because of the newness of the Bachelor program, both the faculty and the students have been forced to maneuver a difficult path. With the first BSN cohort, there was no opportunity for them to get assistance regarding this new program from the students above them, due to the fact that these students had a different curriculum and different difficulties. It was a "trial by fire" for those teaching and for those learning.

Despite these difficulties, the first BSN class excelled and was willing to provide mentors for the class following them. This mentor program was provided to the BSN class of 2017 at the start of their first semester of the nursing program. It consisted of a sign-up process where those Juniors that were interested could sign up and be given a willing mentor from the Senior class. There were no regulations or criteria to who one was matched up with or who could be a mentor. The mentor and mentee could structure their time and resources as they saw fit.

In the spring of 2016 UNG began the Gainesville cohort of nursing, causing the concurrent education of four nursing classes across the Dahlonega and Gainesville campuses in this current spring semester. With all of these nursing students and instructors still learning the ropes of such an expanding program, naturally there are kinks. It can be difficult for students and teachers to communicate, and, at times, there is a lot of frustration from each group. For these reasons and with this background, it has become important to have a way in which senior students can provide advice and information on how to navigate the program to those junior students that have yet to be in their shoes.

It was noted at the University of North Georgia, that many nontraditional students seemed to be more motivated and successful than other students. As this was considered and researched more, recommendations were made to help each student by using a mentorship program. This option beautifully combined the benefits and knowledge of each type of student, the need for support from other students, and the need for study help among students. Because of that, the route of a mentorship program was taken and implemented in the nursing program at UNG Dahlonega and Gainesville.

This mentorship program expanded on the ideas of the original program. It was provided to help the students in these four nursing cohorts teach each other new ways to study, have more experienced students help less experienced students navigate their new responsibilities and assignments, have older and more nontraditional students teach younger and more traditional students study strategies, have traditional students do the same for nontraditional students, and finally, to have students provide support to each other during a strenuous curriculum.

Literature Review

There have been multiple studies done to determine the significance of a student's nontraditional status and how it relates to their educational outcome. This project looks to use that information to provide better outcomes for nursing students as they go through their nursing curriculum. Its aim is to accomplish this by providing a network that will provide support for both Junior and Senior students alike and will assist both traditional and nontraditional nursing students in learning ways to be successful in school.

Challenges

Challenges for nontraditional students. Various studies have attempted to define what makes a nontraditional and a traditional student. The recurrent parameters involve age during college education, familial responsibility, job positions, and experience of common life situations. Sedlak (1999) defines the nontraditional student as "a part-time or full-time non-RN student, older than 25, with or without a college degree." She noted that these nontraditionals were more confident, approached their instructor less, had more life experiences to share with patients, perceived their strengths well, and were more comfortable and flexible with patients (Sedlak, 1999).

In their own literature review Grabowski and other researchers (2016) have a wealth of information on nontraditionals and traditionals alike. They state, "Because nontraditional students associate school with a higher quality of life, they tend to be more conscientious about the quality of their education." They also refer to the fact that nontraditional students have higher motivations because they recognize the need to provide for their family (Samuels, Beach & Palmer, 2011). Their article cites research stating that being older in age can predict better goal outcomes (including academic

goals), better coping skills, and more motivation (Bye, Pushkar, & Conway, 2007; Lovell, 2014).

      Bowl (2001) uses the stories of nontraditional women going back to school to find that, in regards to students like them, "a picture emerges of people struggling against financial poverty, lack of time, tutor indifference and institutional marginalization." She frequently mentions the idea of the "frustrated participant" (Bowl, 2001). She states that these students felt that their only feasible option was vocational training. "Careers advice was described as short-term, negative and based on existing qualifications, rather than an assessment of future potential or ambitions" (Bowl, 2001). They had a lack of family support due to various reasons such as a lack of understanding of the system or a different view that school was the proper choice. The women described feeling different from the rest of the students they were with, deeply struggling with finances, struggling with time, and not seeing their accomplishments. She states that those she interviewed were not necessarily worried about the course work ahead of them, but the practical issues they had ahead.

      Research identified in Grabowski's article says that stress can be a deciding factor in finishing schooling, and those with children going to school part time are at a disadvantage and could possibly not finish their degree (Taniguchi & Kaufman, 2005). However, despite all of this, Grabowski writes that nontraditional females have stated that they are more satisfied in life when compared to traditionals (Carney-Crompton & Tan, 2002).

      Challenges for traditional students. In a study done by Trenz, Ecklund-Flores and Rapoza (2015), they found that traditional students had less "life stress, anxiety, and

depression" than nontraditional students. Sedlak also speaks of traditional students. She

found that those who are considered traditional have a harder time putting aside their

emotions during patient care, speaking of difficult and personal situations, perceiving

their own strengths, and wanting to be perfect. She says, "Because they placed

tremendous pressure on themselves to be perfect, they often felt vulnerable and

inadequate. In contrast, nontraditional students focused on their strengths and on the

positive outcomes of their patient care" (Sedlak, 1999). She does not specifically state the

reasons for these differences, but she does refer to the fact that nontraditional students

usually were better at using their experiences from the past (1999).

NCLEX Success Predictors

In a study intended to find accurate determiners of passing the NCLEX, Felts

found the following. She noted a correlation between ACT scores, biological and social

science performance, and humanities performance with NCLEX results. She found that

college performance gives a more accurate depiction of NCLEX success than high

school. And lastly, she noted that nursing courses, age, and status as an LPN did not

correlate with NCLEX results (Felts, 1986).

Academic Success Predictors

Grade point average. In a study conducted to look at "differences in academic

success due to age…marital status, and nursing experience" Frerichs found that older

students had better GPAs than younger, married students had better GPAs than single

students, and those with experience had about the same GPAs as those with no

experience (Frerichs, n.d.). The author attributes the results to the commitment of older

and married women. She states that they have had a chance to form their identity, which

helps to strengthen their decision to commit to school completely. They also have families and lives to think about, which could make them more motivated, whereas younger students do not have quite the strain of responsibility to uphold while going to school nor the complete identity formulation.

Studying the two main factors of GPA and career decidedness, Spitzer saw that the best predictor of a good GPA was the student's academic self-efficacy. She defines this as, "one's confidence to succeed at the academic tasks rather than one's actual ability" (Spitzer, 2000). In this study, GPA was also positively affected by support from others and the student's own self-regulation. It noted that having a traditional student status, a positive view of oneself, and good social acceptance affected one's GPA negatively (Spitzer, 2000). The author suggests that students with more social acceptance had a lower GPA due to the fact that they could not decide between social activities and studying. This is consistent with the data that nontraditional students (those that are older and perhaps not living on campus) had higher GPAs.

Persistence. A study done by Elisabeth Shelton looked to determine what factors helped nursing students stay and finish a degree, what factors were associated with failing out of their nursing program, and what factors attributed to students leaving their program of their own accord. Her results found that those nursing students that stayed in their program had more monetary access and had done better in high school and college courses than those that failed or withdrew. She found that having experience did not affect whether or not one failed or succeeded in the program and that, "There were no significant differences among persistence groups in age, dependent family members, hours of employment per week, and parental education" (Shelton, 2012). Also, a very

important contributing factor that she found was faculty support. "There was a significant difference in perceived faculty support between students who persisted and those who either withdrew voluntarily or failed academically, with students who persisted having significantly higher perceived faculty support than students in either of the other two groups" (Shelton, 2012).

Knowledge. Still yet another study looked at the different knowledge results of nontraditional students and traditional students while studying pharmacology. It found that knowledge in anatomy and physiology, was a good predictor of how well a student would do in a pharmacology course (Strayer & Beitz, 2010). It also found that those "with substantial family responsibilities and those working to support themselves do not perform as well academically, which validates previous and more recent studies examining similar nonacademic variables such as employment hours, emotional supports, family dependence, and personal academic effort, which contribute to academic attrition" (Braxton, et. al., 1988; Jeffreys, 2007; Metzner & Bean, 1987).

Recommendations

Traditional recommendations. Fettig and Friesen, in their article written on the socialization of nursing nontraditionals found that students with clinical work experience stated it helped them in school (Fettig & Friesen, 2014). They encourage using these students and their knowledge to help other students without previous experience. They also recommended promoting trust among students of the same class that are from different backgrounds, which can easily be accomplished by having experienced students share.

Many researchers and authors recommended student networking. Smith (2006) suggests in his study on male nontraditionals, "study groups or informal networks consisting of linking first-year male students with male students in their second through fourth years could provide support." Sedlak (1999) suggests having "a clinical bulletin board for students to post their clinical 'survival tips'" and a mentor program for older to younger students.

Nontraditional recommendations. The other major trend found was the need for supportive, knowledgeable faculty (Smith, 2006; Frerichs, n.d.). Fettig and Friesen (2014) suggest facilitating diversity and making the learning place inclusive. Grabowski and other researchers stated the need for instructors that were technologically sound, in order to facilitate more hybrid classes (Elliott, Rhoades, Jackson & Mandernach, 2015; Adams & Dority, 2005). Felts (1986) recommends more study by educators into the humanities, physical, biological, and social sciences in order to better understand the correlation of those classes and NCLEX success. Many sources also recommended having more accessible times for those students who can't make traditional office hours, class hours, or various campus service hours due to working (Smith, 2006; Grabowski, et. al., 2016; Trenz et al., 2015).

One source noted an idea from the Council for Adults and Experiential Learning that included giving credit for the student that can prove they are already knowledgeable in a certain area (Grabowski, et. al., 2016). Weekly clinical journal writings to facilitate emotional expression, the idea of a peer leader each week, and laboratory and simulation time were also recommended (Sedlak, 1999). Spitzer (2000) mentions teaching new or

returning students the idea of self-regulation to help those falling behind catch up to their counterparts. She suggests facilitating this through group work.

From the literature, it is easy to see trends abounding. The recurring themes are social support from others (including family, faculty, and friends) and a good academic history. Based on these factors, the method was aimed at specifically using these two to benefit nursing students of all levels at the University of North Georgia. As quite a few resources also included a mentoring relationship as part of their recommendations, this program combined the two ideas of different types of students and successful students and provided a mentorship. It sought to use the two types of student, traditional and nontraditional, have them mentor one another and therefore provide encouragement, preparedness, and academic contentment to each other. It was provided with the goals of teaching these students how to better prepare academically and supplying a support system for them while they prepare for the nursing field.

Plan

The initial intent of this project was to implement a quality improvement effort in the nursing department of UNG Dahlonega and Gainesville. Surveys were sent out to be able to quantitatively assess the efficacy of the program. IRB approval was acquired in order to protect the rights of those that would participate.

Goal

To explore the utility of a mentorship program in the BSN program at the University of North Georgia

Evaluation Question 1. Does participation in the mentorship program result in improvements in student perceptions of academic success and social support?

Evaluation Question 2. Are there differences in perceived academic success and perceived social support among students who choose to participate in a mentorship program and students who do not?

Sample

The sample consisted of BSN students from the UNG Dahlonega and Gainesville Nursing Programs.

Implementation

An announcement was made in early February to all of the students in UNG's BSN program via a nursing department email regarding the mentorship program. The announcement provided the overall information on the data being gathered and the study's purposes. It stated the purpose of the mentor program, the purpose of the data students would provide, listed the instructions, and asked for volunteers and those in need of a mentor.

Students were notified that if they participated they would be entered into a random drawing to receive one of four $25 gift cards for their participation. An email was sent out to all current undergraduate students in the nursing program on both campuses. The instructions and links were provided to the nursing department, and were distributed to the BSN cohorts on each campus by the department. This email included reiterated instructions on how the program would work, the link to the pre-mentorship survey, and a statement notifying students that the study was completely voluntary and would not affect their academic standing. Those interested in participating were notified before taking the survey that by continuing they were agreeing to consent to the study. The informed consent statement can be found in Appendix A.

To sign up, mentor and mentee volunteers were instructed to take the brief pre-mentorship survey, via Qualtrics, describing as little or as much of their academic life as they liked. The survey was for both mentors and mentees. It consisted of questions that assessed how supported the student felt, how well they were doing academically, and how prepared they felt for the NCLEX. A participation reminder email containing the survey links was sent out for both the pre-survey and the later post/non-participant-survey. The pre-survey can be found in Appendix B.

Once the pre-survey had been taken by students willing to participate, students were paired with a mentor or mentee. Mentors and mentees were paired with each other based on their answers provided in the survey. It was the aim of this study to pair nontraditional students with traditional ones and vice versa. Traditional students were defined as those with the following attributes: starting their nursing degree directly out of high school, having no previous career, having no previous degree, having no children or spouse, or having a part-time job or no job. Nontraditional students were defined as having these attributes: starting their nursing degree after the age of 23, having a previous career, having a previous degree, having children or a spouse, or having a full-time job. They were paired based on their differences, in order to assess if these differences had an effect on academic outcomes and support systems. Due to the category of each participant and the number of participants, there were also similar pairs made: traditional with traditional, and nontraditional with nontraditional.

After about a month of having the program available, an email was sent out containing the second survey with two branches: one branch for those who had participated in the program, and one for those who had not. Students who had

participated (both mentors and mentees) were asked to voluntarily take the post-mentorship branch to see if there had been progress among those using the program, and what their recommendations were. Students who had not participated were asked to voluntarily take the non-participant branch of this survey to determine how well students did without using the mentorship program. They were asked to provide their reasoning behind not using the program and some background on their academics. These surveys can be found in Appendices C and D.

After the post-mentorship surveys had been taken, they were matched against the pre-mentorship surveys to determine their effectiveness. The non-participant surveys were assessed to find if not participating was helpful or hurtful. The pre- and post-surveys were analyzed at the end of the month-long mentorship period using a Wilcoxon Signed-Rank Test and simple mean, median and range calculations. Benefits were measured by a numerical score of how supported a student felt before and after participating, how happy they were with their grades and GPA, and how prepared they felt for the NCLEX. These tests proved the data received as not significant, partially due to the size of the sample. Analysis was done with the help of Dr. Adam Jordan from the UNG School of Education, working with de-identified data. The surveys were deleted from Qualtrics after the study was finished.

Analysis of Evaluation Questions

The overall sample in this study was 58 students from the University of North Georgia's nursing program, both Dahlonega and Gainesville campuses. From this group there were eight Gainesville seniors, 19 Gainesville juniors, 18 Dahlonega seniors, and 13 Dahlonega juniors. Among the group were both traditional and nontraditional students

alike, but due to inconclusive descriptors regarding what type of student each participant was, it was unable to be determined exactly how many of each category there were.

Analysis of Data

Regarding Evaluation Question 1, a Wilcoxon Signed-Rank Test was used to analyze the data received from the participant pre- and post-surveys. The results were non-significant, due to the small sample size of those that took the post-mentorship survey and due to an overall lack of change in the answers of those that took both the pre- and post-surveys. Regarding Evaluation Question 2, comparing participants and nonparticipants was problematic, due to the lack of responses in the post-mentorship group. A statistical analysis was not able to be done, but basic observations using the mean were made.

Exploration of Data

Evaluation Question 1. At the beginning of this project, pre- and post-surveys were sent out to the entirety of UNG's nursing program. There were 29 students that originally took the pre-survey looking either to be a mentor or a mentee. Twenty-two of those students were paired with one another, while the other seven were unable to participate due to various reasons. These included: confusion about what the program was, a greater amount of willing mentors than mentees, a lack of participants on a desired campus, or a failure to respond to my reaching out to them. When the post-survey was sent out, eight of the original 22 paired participants responded. Of these eight, three of them were traditional students, four were nontraditional, and one was undeterminable from the information given. The following analyzed data was taken from the responses given by those eight.

Before these surveys were sent out, this question was asked: "Does participation in the mentorship program result in improvements in student perceptions of academic success and social support?" In each survey taken by participants, there were four questions, each containing a Likert scale that asked students to rate their social support while in nursing school, NCLEX preparedness, contentment with their current grades, and contentment with their current GPA. In this project, social support was relative to the survey-taker, however, it specifically referred to those within the nursing program, be that other students or faculty, that provided them with support. NCLEX preparedness primarily referred to how academically prepared each student felt for the RN licensing exam. Contentment with current grades and GPA simply referred to the student's happiness with his or her academic successes. A zero on any of these scales indicated "Not at all" and a ten indicated "Completely" or "Extremely."

A Wilcoxon Signed-Rank Test analyzed these scales for the first question. This test assumes that the two groups being studied will not be different from one another. This assumption could be "proven wrong" by p-values below 0.05. All of the p-values reported for this study were over the value of 0.05, implying that there was no statistically significant difference between the pre- and post- groups. Regardless of this implication, because the post-survey had only eight responders, no definitive conclusions could be drawn from the data. Therefore, in analyzing the data by a different calculation, the mean, the following was found. The mean number given indicating social support before the program was an 8.25, while the mean number after the program was a 7.75. In regards to NCLEX preparation, the mean increased from 4.38 to 5.25. Grade satisfaction

increased from 6.5 to 6.75, and GPA satisfaction fell from 8.38 to 6.13. These values,

along with the median and range can be seen in Figures 1-4.
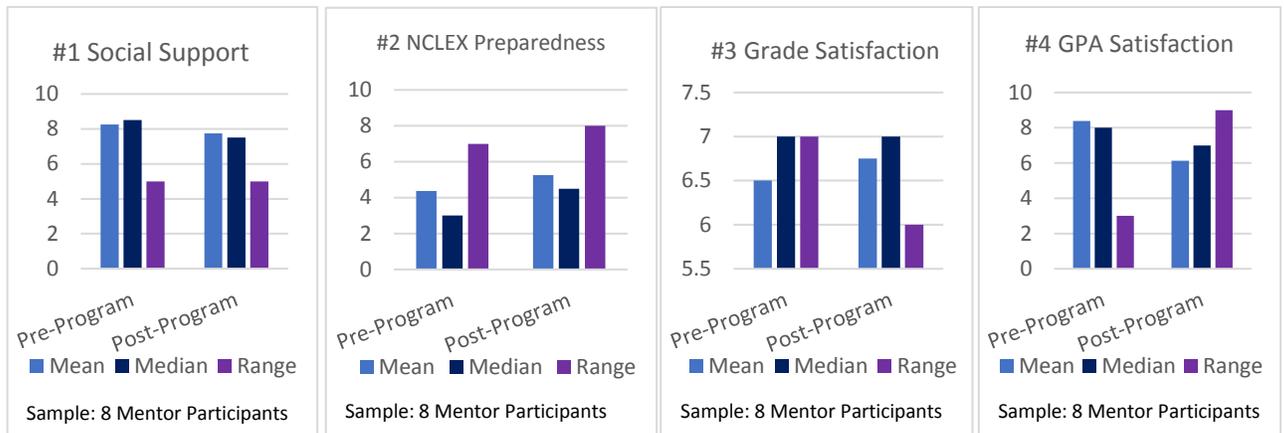
Social Support. To learn from the data received and to help make it useful for

students and faculty, basic observations were noted that could be looked at more deeply

and expanded upon in future mentoring programs. In regards to perceived social support,

the data received suggests that, overall, those who participated in the mentorship program

actually felt less supported after going through it. This could be due to various factors,

including a failure of the mentor to reach out to the mentee or a failure of the mentee to

respond back to the mentor. Of the eight, two participants recorded that their partner

never emailed them back after they initially reached out to them. Perhaps this decrease in

perceived support could also be due to a clashing of personalities between mentor or

mentee, or even the shortness of the relationship before the post-survey was sent out.

Because their time together was so limited, students potentially could have not had

enough time to form a bond to increase their support. These observations were not aptly

supported by this study's data, but merely observed by the researcher.

From the seven participants that were able to be categorized as traditional and nontraditional, it is gathered that the traditional students felt more supported, prepared, and satisfied both before and after the mentorship program took place. While the nontraditional students felt less supported, prepared, and satisfied both before and after. These values can be seen in figures 5-8.
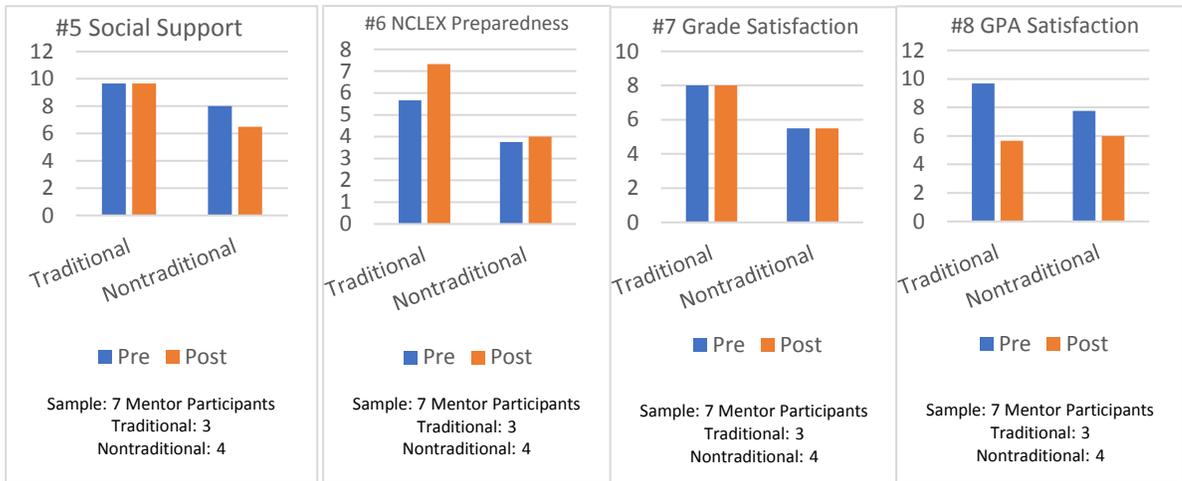
Looking at it more specifically, the traditional students in this sample felt equally supported both before and after the program, while the nontraditional students felt somewhat less. In this sample of responders, because of the shift in regards to those that signed up, more of the nontraditional students were paired with those opposite of themselves, while the traditional students were paired more with those like themselves. Perhaps this difference in results came from nontraditional students feeling misunderstood by their traditional counterparts (Bowl, 2001). Many nontraditional students have families and jobs to juggle, whereas traditional students are able to focus more on school (Taniguchi, & Kaufman, 2005; Giancola, Grawitch, & Borchert, 2009; Kinghorn, & Smith, 2013; Smith, 2006). This stress load difference could have caused
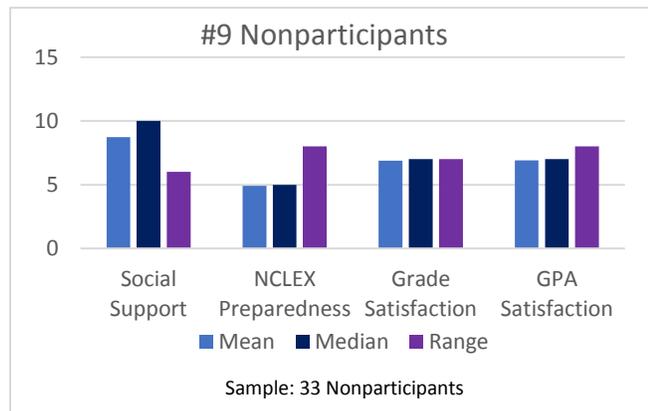
frustration for those handling multiple items. Again, this interpretation of the data was not fully backed up by the research done, due to the number of survey responders.

NCLEX Preparedness. Regarding perceived NCLEX preparedness, the data suggests that students felt more prepared for the test after completing the mentorship program, both traditional students and nontraditional students alike. This could be due to students meeting up with their mentor or mentee to study. It could also be due to the fact that students took the post-survey later in the semester, therefore having learned more material and gotten more comfortable with UNG's nursing curriculum.

Grade and GPA Satisfaction. Overall, the students who participated said they felt more satisfied with their grades after the mentorship program. But, for GPA satisfaction, both the traditional and nontraditional students felt worse after the mentorship program. Perhaps this difference is due to the learning of academic material by both the mentor and mentee through the mentor program and then the subsequent comparing of students' own GPAs to those with higher ones in the program. It could also be related to impatience on the student's part for their GPA to reflect the changes that their grades have shown. When all compiled, however, this data reflects that a mentorship program has an overall positive effect on grade satisfaction and perceived NCLEX preparedness, but a negative effect on social support and GPA satisfaction. The data did not give definitive support to these results, but these conclusions were discussed in the preceding research articles and drawn from what was observed.

Evaluation Question 2. The second question asked was, **"**Are there differences in perceived academic success and perceived social support among students who choose to participate in a mentorship program and students who do not?**"** In this next sample there were 33 students that did not participate in the mentorship program. Two from this sample volunteered to be part of the program, but were unable to be paired due to the high number of potential mentors and low number of potential mentees. They were willing to take the nonparticipant survey after being unable to participate. Overall, the mean number given for the feeling of social support was an 8.7. For the NCLEX, these students ranked their preparedness as a 4.9. In regards to grades, students ranked their satisfaction as a 6.9. Finally, in regards to GPA, students ranked their satisfaction as a 6.9

(Figure 9). These numbers are all higher than their counterparts that participated in the mentor program, in every category except for GPA satisfaction. For those eight participants that took both the pre-

and post-survey, their answers from each survey were averaged together to get an overall score. The mentor program participants averaged a score of 7.25 for GPA satisfaction, while nonparticipants averaged a 6.9. A comparison of these participant and nonparticipant values can be seen in Figure 10.

Those answers from the nonparticipant survey that could be categorized as traditional or nontraditional from the information provided were sorted and provided the following information. There were seven identifiable traditional students and 10

identifiable nontraditional students. In all areas the traditional students ranked higher

except in the category of grade satisfaction (Figure 11).

#10 Comparison

Sample: 41, Nonparticipants: 33, Participants: 8

#11 Nonparticipants

Sample: 17 Nonparticipants, Traditional: 7, Nontraditional: 10
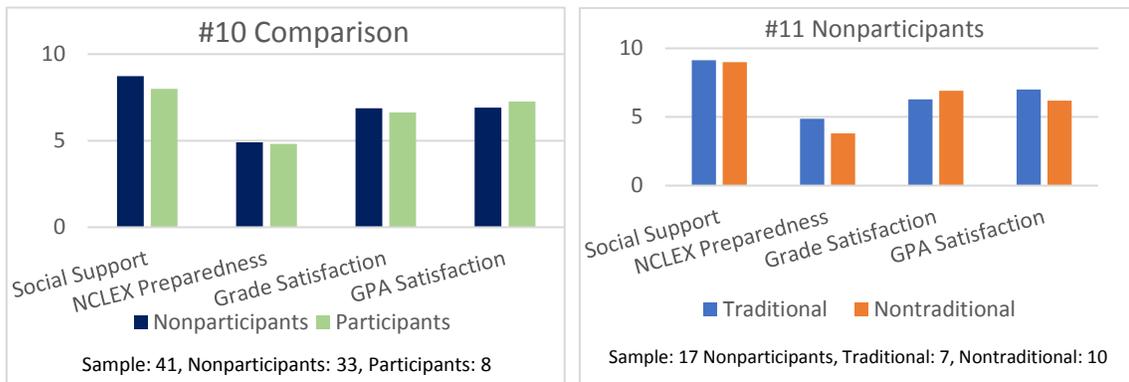
Most students that responded to the nonparticipant survey stated that their

reasoning behind not participating was due to a lack of time to do it. Other reasons

students included were forgetting about the program or already having people that they

mentored or were mentored by. From the data it could be gathered that there are very

minor differences between those that do participate in a mentorship program and those

that do not. Those that do not participate score as having more social support, more

perceived NCLEX preparedness, and more satisfaction with their grades. This could be

due to students having informal study groups not considered in this study, more free time

for personal academics, fewer distractions from others, or the preference and confidence

to study by themselves.

The traditional students may have scored their scales higher because of access to

more study services (Grabowski, 2016). Many students live on or close to campus and are

able to go to the library when they need to and see other students that are also studying

(Kinghorn, & Smith, 2013). Many traditional students also have friend circles in college

that are all walking the same road at the same time. Nontraditional students do not always

have that, which could be why they scored their scales lower. This factor also has a hand

in why traditional students are less satisfied with their grades. They have multiple distractions around campus and are not always as focused or driven as nontraditional students (Samuels, Beach & Palmer, 2011; Spitzer, 2000, Torrecne, 1971). As stated before, the data received did not give ample support to these results, but these conclusions were proposed in research articles and also drawn as observations.

Discussion

The initial assumption going into this project was that there would be a plethora of students wanting mentors and very few mentors to fill those slots. However, as responses came in, it was clear that more students wanted to help than be helped. This could be due in part to the difficulty of UNG's nursing program. Because of the rigor required to go through it, students are required to get their footing quickly. There are two results from this. For most, it involves getting a core group of friends to study with, and then completing their time in the program with those friends. As these groups form, students are more unlikely to have the time or the desire to reach out to those outside of their group to give help or ask for better help. On the other hand, however, the curriculum's difficulty gives more senior students the desire to instruct those after them and help them get their footing. With this combination of help being given but a lack of wanting it, it was easy for this program to not be utilized to its full extent.

Recommendations

To combat this problem, future mentoring programs would benefit from offering services sooner to incoming nursing students, giving more structure to the mentor/mentee relationship, and having a more accepted existing mentor program. This could be accomplished through faculty publicizing of a mentor program, perhaps even offering

extra credit or academic incentives to participate in it, and setting aside small portions of class time for students to meet with each other to discuss academic difficulties. The mingling of both juniors and seniors on each campus would have a great impact on students as they exchange information and study techniques, find other students that have walked the road in similar shoes, and learn from one another (Fettig & Friesen, 2014; Sedlak, 1999; Smith, 2006). By offering the option of a mentor sooner, it would be easier to capture the attention of the new nursing students, and allow them the opportunity to take advantage of the program.

Another impression received from this project was the perceived workload of collegiate nursing students. The number one hindrance to help other students was perceived personal time constraints. It would be beneficial for future programs to have times set apart where juniors and seniors could meet with each other and receive credit for it, so that they would not feel that it was a "waste of time."

For the future, this program would need to be run over a longer period of time, perhaps over the span of one semester, or even one school year. There would need to also be strict time limits for students to sign up for the program, in order for every participant to have an equal amount of time with their mentor or mentee, and therefore, more consistent data.

Limitations

This project looked to assess the effects of social and academic support on the academic success of BSN nursing students. There were various factors that inhibited the study. One of those factors included the possible misinterpretation of the phrasing of the sentence "I started the program directly out of high school." After getting feedback from

some participants, it became clear that this phrase should have read, "I started college directly out of high school." Some students could have misinterpreted it as meaning they skipped their nursing program prerequisites. This misinterpretation could have contributed to ambiguous data received from participants, and therefore, impaired pairing of mentors with mentees and impaired data analysis. Many students were not able to be grouped in a traditional or nontraditional student category due to their listing few identifiers in the surveys they took. While their data was able to be analyzed for program effectiveness, it was not able to be studied in regards to efficacy for each type of student, traditional or nontraditional.

Another issue found was the lack of time that the program was available before the second survey was sent out. Some students did not have enough time to meet with their mentee or mentor. Most were assigned their partners on February 15th and 27th. The second survey was sent out on March 20th. Those that had been paired on the 27th were requested to take the survey as close to the deadline as possible, in order to maximize the time the program was available. It led to poor results and not enough information to provide conclusive data. The sample size also contributed to the limitations. If the program had reached more nursing students and they had ample time, the results could have been much more influential and significant.

And the final issue found was the participation of the students that were mentors or mentees. Some reported not reaching out to their mentee and others reported not having their mentee respond to their initial email. This produced inconclusive results due to the lack of participation. So, the results acquired could have been less accurate due to the lack of participation.

Conclusion

Traditional and nontraditional students can still benefit from programs such as this. Students that have come directly from high school can learn so much from busy parents or full time job holders that are also students. From the data collected in this study, traditional students overall felt more support and more prepared for the NCLEX. Also, they are typically the majority in a college classroom (Spitzer, 2000; Trenz, Ecklund-Flores & Rapoza, 2015). So, nontraditional students cannot avoid spending time with traditional students and should embrace help from them as well. Both groups can give and take from one another in preparing for the NCLEX, achieving positive academic outcomes, and gaining social support. Despite the difficulties this study might have come across, there are still valuable lessons to be learned and ideas to be taken from this research.

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Appendix A

Informed Consent

Introduction. You are being asked to participate in a research study being conducted by Katie McGinty for a thesis project under the supervision of Kasey Jordan in the Department of Nursing at the University of North Georgia.

Purpose. The goal of this project is to explore the utility of a mentorship program in the BSN program at the University of North Georgia.

     -Specific Aim 1: Does participation in the mentorship program result in improvements in student perceptions of academic success and social support?

     -Specific Aim 2: Are there differences in perceived academic success and perceived social support among students who choose to participate in a mentorship program and students who do not?

Procedures

The study will take approximately one month. During the study you will be asked to complete either one or two surveys to assess the efficacy of the program put into place. Each survey consists of about 10 questions and will take approximately 5 minutes or less to complete. Questions are designed to obtain data on student's academic background and participation in the aforementioned mentorship program. This questionnaire will be conducted with an online Qualtrics-created survey.

Risks/Discomforts

Risks are minimal for involvement in this study and are not expected to be greater than those of everyday life. Negative emotions may arise depending on personal experiences and the questions asked.

Benefits

The benefits of this study can include: -For UNG nursing faculty: greater knowledge of

the benefits of a mentorship program -For UNG nursing students: a potential for

increased knowledge of class materials and a potential for an increased social support

system.

Confidentiality

All data obtained from participants will be kept confidential and will only be reported in

an aggregate format (by reporting only combined results and never reporting individual

ones). All efforts, within reason, will be made to keep your personal information

confidential but total confidentiality cannot be guaranteed. Those students participating

in the program will receive only the email address of their mentor or mentee counterpart.

Any other information shared between the two will be the responsibility of the

students. Your information may be shared with the University of North Georgia

Institutional Review Board, the Federal Government Office for Human Research, or the

nursing department if you or someone else is in danger or if we are required to do so by

law.

Compensation

There is no direct compensation or academic extra credit offered to participants, however,

those who either complete the one-month long mentorship program and its surveys or

complete the non-participant survey will be entered into a drawing to receive one of four

$25 gift cards.

Participation

Participation in this research study is completely voluntary. You have the right to

withdraw at any time or refuse to participate entirely without jeopardy to your academic

status, GPA or standing with the university. If you desire to withdraw, please close your

Internet browser and notify the principal investigator at this email:

(KJMCGI7760@ung.edu).

Questions about the Research

If you have questions regarding this study, you may contact Katherine McGinty at

KJMCGI7760@ung.edu.

Questions about your Rights as Research Participants

If you have questions you do not feel comfortable asking the researcher, you may contact

Dr. Stephen M. Smith (Stephen.Smith@ung.edu) or Professor Kasey Jordan

(Kasey.Jordan@ung.edu). By clicking "next" you are consenting to be a part of this

study.

Appendix B

Pre-Survey

What is your school email address?

What is your reason for using this mentorship program? Be as specific as possible.

(Examples: need help in Pharmacology, need advice on working while in the program,

need more social support, want to tutor others, etc.)

Which cohort are you a part of?

○ Dahlonega Senior (1)

○ Dahlonega Junior (2)

○ Gainesville Senior (3)

○ Gainesville Junior (4)

Which of the following attributes best describe you? (Select all that apply)

❑ I have children (1)

❑ I am married (2)

❑ I am single (3)

❑ I have a previous degree (4)

❑ I had a previous career (5)

❑ I work a full-time job (6)

❑ I work a part-time job (7)

❑ I don't work (8)

❑ I started the nursing program after the age of 23 (9)

❑ I started the program directly out of high school (10)

❑ Prefer not to answer (11)

❑ Other (12) _____

How adequate is your current level of social support for your nursing education?

_____ With 0 being not at all adequate and 10 being completely adequate (1)

How would you rate your preparedness for the NCLEX?

_____ With 0 being not prepared at all and 10 being extremely prepared (1)

How happy are you with your current grades?

_____ With 0 being not happy at all and 10 being extremely happy (1)

How happy are you with your current GPA?

_____ With 0 being not happy at all and 10 being extremely happy (1)

Additional comments or questions

Appendix C

Post-Survey

What is your school email address?

Are you a mentor or a mentee?
- ⭘ Mentor (1)
- ⭘ Mentee (2)

Which cohort are you a part of?
- ⭘ Dahlonega Seniors (1)
- ⭘ Dahlonega Juniors (2)
- ⭘ Gainesville Seniors (3)
- ⭘ Gainesville Juniors (4)

How adequate is your current level of social support for your nursing education?
_____ With 0 being not at all adequate and 10 being completely adequate (1)

How would you rate your preparedness for the NCLEX?
_____ With 0 being not prepared at all and 10 being extremely prepared (1)

How happy are you with your current grades?
_____ With 0 being not happy at all and 10 being extremely happy (1)

How happy are you with your current GPA?
_____ With 0 being not happy at all and 10 being extremely happy (1)

What are your recommendations for this program?

Additional Comments

Appendix D

Non-Participant Survey

What is your school email address?

Which cohort are you a part of?
○ Dahlonega Seniors (1)
○ Dahlonega Juniors (2)
○ Gainesville Seniors (3)
○ Gainesville Juniors (4)

Do you have any of the following attributes?
❑ I have children (1)
❑ I am married (2)
❑ I am single (3)
❑ I have a previous degree (4)
❑ I had a previous career (5)
❑ I work a full-time job (6)
❑ I work a part-time job (7)
❑ I don't work (8)
❑ I started the nursing program after the age of 23 (9)
❑ I started the program directly out of high school (10)
❑ Prefer not to answer (11)
❑ Other (12) _____

How adequate is your current level of social support for your nursing education?
_____ With 0 being not at all adequate and 10 being completely adequate (1)

How prepared do you feel for the NCLEX?
_____ With 0 being not prepared at all and 10 being extremely prepared (1)

How happy are you with your current grades?
_____ With 0 being not happy at all and 10 being extremely happy (1)

How happy are you with your current GPA?
_____ With 0 being not happy at all and 10 being extremely happy (1)

Why did you not use the mentorship program? Please explain.

Do you regret not participating in the mentorship program? Why or why not?

❍ Yes (1) _____

❍ No (2) _____

Additional Comments and Suggestions