

A Program Evaluation of Nursing School Clinicals: Creating Partnerships for Success

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Abstract— Aim: In this assessment, to attract the students to remain in the local area, the local hospital partnered with the local university and established clinical experiences and training opportunities for students in the nursing program. **Background:** The Hospital created opportunities for students to experience multiple modalities of healthcare in clinical and start the training for residency opportunities before graduation. **Method:** This evaluative study utilized a mixed methodological approach to analyze the academic partnership program of the University and the Hospital (referred to as the Partnership). To explore this relationship, a retrospective study was conducted. The study triangulated information from questionnaires and student reflections of clinical experiences. **Results:** The culture of the Partnership helped build strong relationships and fill the gap of satisfaction. Organic teaching, mission orientation, and positive communication created an environment of primarily positive relationships. **Conclusion:** Personality was the primary contributor to creating positive links between students and staff.

I. INTRODUCTION

A program evaluation of nursing school clinicals: Creating partnerships for success Nursing shortages have plagued many rural areas in the United States. Rural facilities struggle to gain recruitment and retention over their urban counterparts. As a response, the nursing community has suggested the solution of satisfaction and academic partnerships to create a pipeline in increasing recruitment and retention to facilities (AACN, 2008; Ackerson & Stiles, 2018; Enders et al., 2016; Haddad et al., 2020; Steele-Moses, 2018). The American Association of Colleges of Nursing (AACN) has promoted partnerships and residencies that help struggling hospitals recruit baccalaureate-prepared (BSN) nurses and supporting nurse education (Enders et al., 2016; Jones et al., 2017; LaSala, 2017; Titzer et al., 2014). Using the framework suggested by the AACN, universities and healthcare facilities have been able to partner to create goals for satisfaction to generate recruitment and retention outcomes in their local areas (AACN, 2008; Ackerson & Stiles, 2018; Enders et al., 2016; Haddad et al., 2020; LaSala, 2017; Steele-Moses, 2018).

II. SIGNIFICANCE OF THE STUDY

The AACN has set the foundation that successful partnerships and residencies are the pathways to alleviating local nursing shortages and expanding nurse training (Dobalian et al., 2014; Enders et al., 2016; Garrison et al., 2017; Jones et al., 2017; Pearson et al., 2015; Titzer et al., 2017). The hospital continually sought to modify leadership training that leads to higher healthcare worker retention among hospitals in its system, while the university aimed to find ways to promote community retention of its graduates. The organizational impacts of this evaluation not only measured progression towards university and hospital goals and mission, but also provided evidence to inform the partnership program of strategies to recruit and retain nurses early in their careers. Thus, informing best practices.

III. RESEARCH DESIGN AND METHOD

This evaluative study utilized a mixed methodological approach to maintain an effective, efficient, and sustainable partnership.

This study aimed to evaluate the effectiveness of the partnership. Using the insight from student perceptions of the partnership, this study's goal was to enable the partnership to reflect and consider changes that might help recruit and retain new nurses at the hospital, rural.

Sample

A total of 29 alumni completed and returned the questionnaires, representing a 78% response rate. The demographic summary is provided in Table 1. The sample consisted of 25 (86%) female and four (14%) male alumni. Of the alumni, 26 (90%) were White/Caucasian participants and three (10%) non-White/Caucasian. The non-White alumni identified as African American/Black (1), Middle Eastern/North African (1), and Asian/Pacific Islander (1). Due to the small sample and limited diversity for gender and ethnicity, all analyses were conducted on the total sample.

Two cohorts were recruited, 7 (24%) alumni representing the 2018 cohort, and 22 (76%) in the 2019 cohort. The age distribution included 17 (59%) alumni age 18-28, and 12 (41%) alumni were 29 or older.

TABLE 1. Demographic Summary

	Sample n (%)	TICUA n (%)	z-test	p-value
Gender				
Female	25 (86)	4,039 (87)	-0.09	.93
Male	4 (14)	615 (13)		
Race/ethnicity ^a				
Caucasian	26 (90)	3,422 (73)	2.06	.04
Not Caucasian	3 (10)	1,296 (27)		
Age (in years)				
18-28 ^b	17 (59)	3,530 (76)	-2.21	.03
29+ ^c	12 (41)	1,104 (24)		

Note. Nursing data taken from the Tennessee Independent Colleges and Universities Association (TICUA), 2020. Counts are based on graduate numbers.

- a. Ethnicity was reduced to Caucasian and not Caucasian in subsequent analyses because of the small sample size of varying ethnic backgrounds is small.
- b. TICUA ages are 18-24
- c. TICUA ages are 25 and older

Ethical Considerations

The IRB approval for the study was through the Abilene Christian University (ACU) Office of Research and Sponsored Programs (ORSP) Institutional Review Board (IRB) Committee. The research site, the university, accepted the IRB approval of an ACU exempt study with review from the provost of the university. Consenting individuals in this study participated through selective sampling.

Success of the Partnership is in Developing and Training Nurses

The hospital had a goal of training students in the partnership to perform in their environment to maintain students' pipeline from the students at the university into employees at the hospital.

The questionnaire's following results analyzed alumni perceptions of the partnership's contributions to their training and development gains as a nurse. The summary of experience perceptions is located in Table 2.

TABLE 2. Summary of the Perceptions of Alum Experiences Contributing to Becoming a Skilled Professional (N=29)

Participation in	Yes	No
	n (%)	n (%)
Specialty experiences	27 (93)	2 (8)
Leadership and management activities	22 (76)	7 (24)
Community events	19 (60)	10 (40)
Collaborative efforts ^a :		
Acuity	26 (90)	3 (10)
Bedside	23 (79)	6 (21)
Patient education	23 (79)	6 (21)
Patient conferencing	20 (69)	9 (31)
Communication with the following hospital leadership ^b :		
Nurses	28 (97)	1 (3)
CNO/Nurse managers	23 (79)	6 (21)
Other professions	16 (55)	13 (45)
Physicians	12 (41)	7 (59)

Note. Included in the questionnaire was a non-specific "other" category for collaborative events and communication. Alumni responded 17% and 10% yes, respectively, and not included in subsequent analyses.

- a. 17% of alumni responded that "other" collaborative efforts helped them become skilled professionals.
- b. 10% of alumni responded that "other" communication with hospital leadership helped them become skilled professionals.

Strengths

Examining what contributed to the partnership's strengths, 90% agreed that the organizations' leaders within the partnership contributed most to the strengths of the partnership. A little more than half of the alumni perceived the confidence in staff (55%), and a job offer (52%) contributed to the strength of the partnership. Few (34%) indicated that local support was perceived as a lesser contributor as found in Table 3.

TABLE 3. Summary of Student Perceptions of Strengths (N=29)

People I worked with	26 (90)	3 (10)
Leadership	17 (59)	12 (41)
Clinical opportunities	17 (59)	12 (41)
Recruitment efforts	7 (24)	22 (76)

Strengths

Collaboration with professionals	28 (97)	1 (3)
Provided a job	19 (66)	10 (34)
Trust	18 (62)	11 (38)
Respect in the community	16 (55)	13 (45)
Contributors of Strengths ^c		
Organizations' leadership	26 (90)	3 (10)
Staff confidence in student	16 (55)	13 (45)
Job Offer	15 (52)	14 (48)
Local support	10 (34)	19 (66)

Note. a. 0% of alumni responded that "other" aspects of the partnership were most liked.

b. 7% of alumni responded that there were "other" strengths in the partnership.

c. 10% of alumni responded that there were "other" contributors to partnership strengths.

Team. Team was defined by including the student or the student recognizing staff work together with each other or patients. One common thread among participant responses was that the belief in a team mentality (working together) was the most effective aspect of the partnership. Alumni relayed in both the questionnaire and student reflections that team that works well together and professionals helping each other positively impacted their views of the partnership. In Appendix H, the occurrences of team mentality by code and subcode are seen. Inclusion, being looked out for, and being a part of a team all influenced how students perceived their experiences in the student reflections.

Communication. Communication was defined by approachability, teaching, understanding, and seeing the hospital mission at work and lack of activities, which means the preceptor may not use the time well. Students indicated that communication was a positive force or a problem factor in the partnership.

Personality. Personality was defined by differing student interests, negative staff comments, preceptor strengths, and staff demonstrating care towards students and one another. Students indicated that personality, whether the students' or the staffs, were influential in shaping student views of the partnership.

Table 4 shows the effectiveness of different recruitment strategies. Of the effective recruitment strategies, 90% of the alumni perceived that hospital leadership and the work environment was the greatest recruitment tool.

TABLE 4. Summary of the Effectiveness of Recruitment Strategies (N=29)

	Yes	No
	n (%)	n (%)
Hospital leadership and work environment	26 (90)	3 (10)
Staff encouragement	23 (79)	6 (21)
Mission and values	16 (55)	13 (45)
Recruitment conversations	12 (41)	17 (59)
Recruitment events	8 (28)	21 (72)

Culture

The culture of the partnership helped build strong relationships and fill the gap of satisfaction. Organic teaching, mission orientation, and positive communication especially that experienced with nurses (97%) and the CNO/nurse managers (79%) created an environment of primarily positive relationships. Personality was the primary contributor to creating positive links between students and staff. Students mentioned their admiration for hospital staff and leaders 93 times within the student reflection papers. The partnership strengths were also described in relational terms and confirm how personality plays a key role in relational satisfaction with 90% of alumni agreeing they liked the people they worked with the most, 97% agreeing that collaborating with professional was the greatest strengths, and 90% agreeing the organizations' leaders were the greatest contributor to the partnership strengths. There was evidence for good relationships that create satisfaction in the partnership, however, there was no evidence in this improving retention at this point in the partnership.

Implications

Collaboration filled the need for high satisfaction. Students mentioned collaborative efforts they either participated in or witnessed 96 times within the student reflection papers in RQ4. These collaborations included participating in meetings, participating in procedures, performing a task with staff, witnessing teamwork, and witnessing interdisciplinary collaboration. Alumni confirmed the importance of collaboration with satisfaction by agreeing that collaborative efforts helped them become skilled professionals (acuity 90%, bedside 79%, patient education 79%, and patient conferencing 69%) in RQ1. While there is no evidence of assimilation leading to retention within the partnership, the data pointed to high satisfaction.

Since the partnership was only four years old, the long-term effect of satisfaction on retention may change over time to reflect the literature. There was evidence for culture creating satisfaction in the partnership and that hospital leadership and the work environment was viewed as an effective recruitment strategy (90%), however, there is no evidence in this improving retention at this point in the partnership.

Partnership synergy did not equate to recruitment and retention. While there was high satisfaction within the partnership, there is no evidence of recruitment shift at this point. The majority of students still preferred to work (55%) in urban environments. However, only 38% preferred to live in urban environments. While there was no evidence that lack of satisfaction was pushing new graduates away from the rural area, new graduates still wanted to work at larger hospitals in urban areas. However, the shift within the small sample size may indicate potentially larger shift in future cohorts.

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relationships. Personality was the primary contributor to creating positive links between students and staff. Students mentioned their admiration for hospital staff and leaders 93 times within the student reflection papers in RQ4. The partnership strengths in RQ3 were also described in relational terms and confirm how personality plays a key role in relational satisfaction with 90% of alumni agreeing they liked the people they worked with the most, 97% agreeing that collaborating with professional was the greatest strengths, and 90% agreeing the organizations' leaders were the greatest contributor to the partnership strengths. There was evidence for good relationships that create satisfaction in the partnership, however, there was no evidence in this improving retention at this point in the partnership.

Teaching that was organic fostered the collaboration and engagement aspects of the partnership synergy model. The hospital staff-initiated teaching and engaging with students even though it was not required, and taught with the mission, goals, and objectives of the hospital in mind. This organic teaching can develop into mentoring, which enhances the student's career and lead to further satisfaction.

Although there was not a preceptorship model within the partnership, only in residency at the hospital, the partnership staff organically teaches from a preceptorship model, but not just a preceptorship model, also a mentoring model helping enhance the student by promoting sponsorship, visibility, protection, and encouragement. Staff taking time to teach a student without any prompting was mentioned 36 times within the student reflection papers. There was evidence for teaching creating satisfaction in the partnership, however, there is no evidence in this improving retention at this point in the partnership.

Alumni valued their experiences despite some negative commentary. Specialty experiences (93%), as addressed in RQ1, contributed to becoming a skilled profession, even though 36% of alumni expressed they would like better clinical opportunities in RQ3. Also, while there were 22 mentions of student disdain for their experiences in leadership and management experiences (case/quality, shift supervisor, and nurse management) in RQ4, 76% of alumni agreed that leadership and management activities helped them become a skilled professional in RQ1.

Trust, collaboration, and engagement established synergy. Within this partnership, communication, teaching, culture, and relationships created these facets of synergy which reflected the satisfaction of the alumni. These synergistic relationships, in theory, should have produced the outcomes of sustainability, effectiveness, and retention or the recruitment and retention that mitigate the nursing shortage problem. In this study, however, there was minimal evidence of a shift in recruitment and retention from urban areas to rural areas. This result indicated not being able to directly attribute rural practice as more cohorts need to be evaluated. However, this evaluation provided a baseline for future evaluations.

The partnership goals were effective in being met; however, the partnership should consider critiquing the recruitment and retention goals to improve outcomes. Hospital leadership and work environment were influential in

recruitment, but new recruitment strategies were still in need of further targeted goals.

Limitations

This study was designed to provide a program evaluation of a rural academic nursing program in hopes to support programs considering implementing a similar partnership. Given the following limitations, generalizations should be interpreted carefully. First, the study provided findings from a partnership in one rural town in Tennessee. Second, the findings were based on the perceptions of a small number of rural nursing graduates from a particular university program. Although the number of alumni was small, it still represented 78% of the potential alumni. To help reduce this limitation, archival data in the form of student reflection papers were used to help triangulate the data from the questionnaire.

IV. RECOMMENDATIONS

This initial evaluation has helped define positive outcomes and potential needs within the partnership. The recommendations below were made for others interested in conducting similar research to determine further benefits of rural academic nursing partnerships.

1. It is recommended future researchers evaluate other rural academic nursing partnerships because rural nurses are unique because they are generalist more than specialist who meet the needs of many different areas but thrive on positive work relationships and work independence (Drahota et al., 2016; Sellers et al., 2019; Wildermuth et al., 2019).
2. It is recommended that future researchers conduct focus studies on why alumni choose rural or urban areas, why student choose the university, and human resource recruitment strategies to further explore specific recruitment topics (Dwyer et al., 2019; Ross et al., 2017; Wildermuth et al., 2019).
3. It is recommended future researchers include the perception of others especially students as it relates to the relationship between their perceptions of rural academic nursing partnership and recruitment and retention of nurses to rural areas. By including the perceptions of more stakeholders, a partnership could more accurately draw conclusions about the effectiveness of the partnership synergy model (Drahota et al, 2016; Dwyer et al., 2019; Ross et al., 2017).
4. It is recommended that the partnership reevaluate in three years to examine actual changes implemented in conjunction with the findings of this study. This would allow the partnership to further evaluate the effectiveness of the partnership synergy model and incurred changes (Hallock, 2019; Hensel, 2014; Stout et al., 2015).
5. It is recommended that the partnership consider including the tools in this study in the university's student exit follow-up postgraduation. This would allow the partnership to have a consistent model for evaluation (Hallock, 2019; Moneke & Umeh, 2015; Sellers et al., 2019).
6. It is recommended that the partnership investigate the

areas that produced significance and/or concern within the evaluation to make appropriate changes (Moneke & Umeh, 2015; Stout et al., 2015).

V. CONCLUSIONS

The purpose of this mixed- methods study was to evaluate a rural academic nursing partnership including (a) how students perceive how successful the partnership is in developing and training them as nurses, (b) how students' preferences of rural versus urban work and living environments change after participation in the partnership, (c) student perceptions of the strengths and weaknesses of the partnership, (d) how students describe their experiences in the partnership through reflection during their time in the partnership, and (e) the effectiveness of the partnership goals. In conclusion, this study proved to be a useful tool for both the hospital and university to use as a baseline for future studies in finding ways to increase retention in rural areas

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