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The Personal Background and Preparation Survey Early Identifies Nursing Students at Risk for Attrition

Craig W. Johnson PhD
UT School of Health Information Sciences at Houston

Ronald Johnson DDS

John C. McKee PhD

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The Personal Background and Preparation Survey Early Identifies Nursing Students at Risk for Attrition, Craig W Johnson, PhD. UTHSC-H School of Health Information Sciences, Houston, TX, 77030. Ronald Johnson, DDS. Others, Houston, TX, 77030. John C Mckee, PhD. Others, Houston, TX,

Introduction

Nursing student attrition continues to negatively impact the supply of nurses and nursing workforce diversity. Little research has addressed student attributes affecting nursing student attrition today. Research with college undergraduates has indicated that noncognitive attributes influence academic achievement and retention as much as academic attributes. Early identification of such attributes can help students to timely access appropriate services, providing improved opportunities for success. However, convenient, valid, quantitative, reliable assessment instruments appropriate for nursing students have been lacking. The Personal Background and Preparation Survey (PBPS) addresses the need for such a tool.

Purpose

The present research assessed the validity of PBPS for predicting recent nursing student matriculates' first or second year adverse academic status events (AASEs).

Methods

In August of 2004 and 2005, respectively, 188 and 187 new matriculates in two nursing schools in southwestern United States completed the PBPS during first year orientations. Logistic regression assessed the degree to which PBPS risk count, nursing school environment and underrepresented minority student (URMS) status predicted these students' first and second year AASEs.

Results

PBPS risk counts significantly ($p < .05$) and consistently predicted nursing students' first and second year AASEs controlling for schools and URMS status. The three factors together achieved correct AASE classification for 70% to 75% of students. AASE odds for students 1SD above the mean were up to 250% (2.5 times) those of students 1SD below the mean ($p < .05$). AASE odds for URMS with risk counts 1SD above the mean were up to 766% (7.66 times) those of nonURMS 1SD below the mean.

Conclusion

The PBPS provides data for individualized nursing student reports that, with students' authorization, may be forwarded to advisor(s) or mentor(s) as part of a prevention strategy to timely target specific risks for amelioration and avert adverse academic events.