The Dilemma of Failing Nursing Students: How Faculty Can Help

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Abstract

For nursing educators to explore factors surrounding student failure in the classroom, identify the best way to assess or predict students at risk of failure and implement the best strategies to intervene for optimal student outcomes.

Introduction: Faculty evaluation and intervention is a crucial key toward preventing student failure in a course. With the current nursing shortage, it is imperative for nursing schools to continue to produce competent nurses to enter into the workforce. Through faculty implementing frequent evaluation, prompt identification, and intervention through student-centered remediation, this can aid student retention and decrease student attrition.

Background: There is discomfort among nursing educators in assessing how unsafe students are in regard to passing or failing students. There was hesitancy among faculty to award failing grades, despite that being what was earned by the student because faculty often give the benefit of the doubt to students and feel that they felt unprepared to assess failing students. So, students not meeting the standards of the university are still passed through the program.

Purpose of the Study: To promote faculty evaluation strategies continually throughout the duration of a course and encourage faculty to implement remedial strategies to support the development of professional nurses.

Method: A literature review was conducted utilizing the Blackmore Library database, Google Scholar and Pubmed to obtain resources. Exclusion criteria included articles that were older than 2011, articles not in full text, and non-English languages.

Results: Nursing literature identifies two strategies faculty can implement to prevent student attrition within a course and faculty from being faced with the difficult decision of fail them. These would include: early identification of "at risk" students and implementing strategies to remediate students. Evaluating student success should start with surface-level assessments of triggers leading to poor academic performance such as poor attendance, different cultural practices from the majority of students and faculty, lack of time management and/or poor financial and social support. Successful remediation strategies involve early intervention, building student "buy-in" to the program and remediation must emphasize critical thinking, reasoning, analyzing, organizing, problem solving and application of the course content.

Conclusion: This "failing to fail" phenomenon cannot continue when there are practical strategies that can be implemented to support students and safeguard patients. When faculty notice a student failing to keep up with the rigors of the nursing curriculum, remediation can be an effective strategy to implement to support students in the development of their nursing knowledge. Understanding what defines remediation is a helpful aspect to consider when designing a remedial program for student support.

Keywords: Dilemma; Nursing Educators; Classroom

Introduction

Nursing educators are tasked with taking individuals and turning them into compassionate, competent and safe healthcare providers; however, what does that educator do when a student fails to meet those standards? This can often be an insecurity among newer educators as they feel a level of responsibility for that failing student. With this insecurity, comes a "failing to fail" attitude within nursing education. Educators are often found giving the benefit of the doubt that the student will get better as they mature through the program. Or educators have been uncomfortable failing students due to unclear standards and protocol surrounding failing behaviors or the fear of student retaliation [1]. Within nursing school, there are several ways that a student can fail or not meet the recommended standard, apart from providing unsafe patient care, including life circumstances, shortcomings of faculty, and student mental health, or lack of skills related to studying and time management. Should educators do more to intervene to prevent the failure in the first place?

Student failure is a multifactorial and complicated problem within classrooms; however, it remains an important aspect of the job-to provide students with the necessary tools to learn and grow with very specific parameters to assess if this growth is occurring. Through an educator frequently evaluating student progression for the duration of the course, this gives the educator ample time to intervene in student learning. The educator can assess learning barriers and develop learning plans to provide the student with the best chance of success. This paper will explore failure in the classroom, the best way to assess or predict students at risk of failure, and how best to intervene for optimal student outcomes.

The idea around instructors failing to fail was initially presented in a study by Duffy [2] highlighting that there was hesitancy among faculty to award failing grades, despite that being what was earned by the student, because faculty often would give the benefit of the doubt to the students and feel that they were not "bad enough to fail". There was discomfort amongst educators in assessing how unsafe students were in regard to failure. Duffy found that so long as students weren't harmful to patients, this led to them being passed through courses [2]. Docherty and Dieckmann also conducted a cross-sectional survey where 84 educators had responded, and they found that fifty-three percent of the educators had taught a student that they personally felt shouldn't have been passed until that point, thirty-four percent of those educators had awarded a grade higher than what was deserved, and fourteen percent of educators had allowed a student to pass a written exam that they shouldn't have [3]. Through this study, researchers also found little correlation between faculty nursing education experience and qualification related to the failure to fail phenomenon [3]. While there is no ill-intent behind the actions, it presents a large concern to patient safety for educators to inflate grades and pass students they know are not meeting expectations considering the WHO identifies patient harm to be the fourteenth leading cause of death [4]. With the current nursing shortage, it is imperative for nursing schools to continue to produce competent nurses to enter into the workforce. Through faculty implementing frequent evaluation, prompt identification, and intervention through student-centered remediation, this can aid student retention and decrease student attrition.

Students require early and frequent feedback within the constructs of a course so they can succeed and meet the expectations of the facilitator. Faculty evaluation and intervention is a crucial key toward preventing student failure in a course. Evaluating student success should start with surface-level assessments of triggers leading to poor academic performance such as poor attendance, different cultural practices from the majority of students and faculty, lack of time management and/or poor financial and social support [5,6]. Identifying these students early allows the faculty to be proactive in reaching out to those students for support. One tool that has proven helpful in this identification process is the Student Success Survey [5]. This survey assesses everything from student time management, study environment/habits, reading and reasoning skills to test anxiety and student self-care behaviors [5]. Such a tool easily points faculty toward the problem and gives them a basis for implementing meaningful intervention for student success. When such problems are observed by the faculty, it is best for the faculty to invite that student to participate in a conference to discuss the issues relating to clinical or performance and this will allow the faculty to develop a personalized plan for remediation [7]. Through early detection of student struggle,

the faculty member is able to allow the maximum amount of time to provide student remediation and support to assist the student with successful completion of the course. Through student success surveys, this provides a bridge of communication between the student's needs to the educator facilitating learning.

Circumstances leading to nursing student failure are often multifactorial making it more difficult for faculty, with already heavy workloads and full classes, to individually assess each student. Oftentimes, nursing students all have similar struggles as it relates to progressing through the curriculum. When compared to other undergraduate students of a similar age. Brown., *et al.* found that the majority of nursing students reported higher levels of stress and anxiety related to test-taking, working in unfamiliar environments or with unfamiliar equipment, faculty incivility, a perceived gap between theory and clinical practice, and communication between peers, patients and staff [8]. In order for educators to set students up for success, it is important for educators to support students in alleviating anxiety in each of these areas. Brown., *et al.* suggests educators provide students with support services to assist with feelings of stress and anxiety [8]. Additionally, faculty should limit the frequency and intensity of stressors within the curriculum by promoting consistency within course framework and assessments [8]. As a means of alleviating anxiety toward unfamiliar environments or situations, simulation can be utilized as a tool for reducing student anxiety and increase their comprehension in applying the course content. Consideration surrounding the learning process and transfer of knowledge is an important factor for facilitators to consider when developing a course. Limiting the incidence of preventable anxiety-producing situations is imperative for the success of those students in progressing through a course.

After identifying students that, perhaps, might or are struggling in a course, faculty should implement a targeted and individualized plan to support students to avoid failure of the course. Failure to do so could result in student failure or attrition, poor success rates of the program, poor passing rate on the NCLEX, and down the line, could lead to poor patient outcomes. Remediation in nursing academia can serve as a bridge between faculty and underperforming students in an effort to support academic progression through the program; however, practical steps for implementing a remedial program within nursing courses are vague as there is limited research in this area. In order to build a successful remediation program, one must start by simple definition. Custer defined remediation as, "timely, supplemental, individualized instruction provided after identification of a deficit, academic, or otherwise, which benefits the student in some way" [9]. In order for remediation to be successful, the first priority needs to be timely assessment of student progress or knowledge gaps followed by implementation of a performance improvement plan with the student. Custer suggests that at the start of each course, that faculty assign a nongraded preassessment to draw on basic knowledge that should have been learned in previous courses, anatomy, physiology, pathophysiology, or other nursing courses, to address what knowledge gaps could exist from students not having mastered content from previous courses [10]. With faculty already burdened with high workloads, it can be difficult for someone to individually assess each student for risk of failure throughout the duration of a course or program. By implementing non-graded knowledge checks of the students, this gives faculty concrete objective information to support their evaluation of student progress.

For the second part of Custer's definition, the remediation must provide individualized instruction to the student in order for there to be "buy-in" of the student to participate in remediation. Custer points out that the student accepting the remediation is just as important as the individualization of the program [9]. To produce "buy-in", emphasis should be placed on the student's goals for the remediation process in order for them to take ownership and find meaning in it. There are several strategies the literature points to as far as individualization is concerned. Custer notes that one customizable aspect of remediation can be adapting to the student learning style [10]. This allows the educator is tailor remedial instruction toward the preferred learning method of the student. The type of feedback provided within this remediation can also make a difference. Wiles noted that, "Providing only correct answer feedback has not been shown to increase student test scores and ultimately student success. However, when provided with explanation feedback, students were able to apply knowledge, make inferences, and improve scores" [11]. Finally, when creating content for the remediation process, Custer highlights that this content cannot simply be a reteaching of content from a previous lecture. The remediation must emphasize critical thinking,

reasoning, analyzing, organizing, problem solving, and application using the details from the subject and applying them in these circumstances [10]. The remediation process provides educators the opportunity to build into students and instill confidence of their clinical and practical nursing knowledge. Activities during the remediation process, should highlight areas for improvement and guide students toward engaging with the material in a more critical way.

Following the implementation of this remedial education, faculty must continually reevaluate the student performance following implementation of remedial strategies. This process involves following student formative and summative assessment scores and completion for accuracy. Custer even suggests that educators evaluate students by administering a nongraded post-test in the same fashion to assess for student growth through the duration of their remediation. In order to have success with student program progression to make an impact on the current and growing nursing shortage, it is important for faculty to support current students throughout the duration of their program to increase retention and success amongst students and decrease the rates of attrition in the nursing program. The quality of the students coming from individual programs is also an important aspect to consider. This "failing to fail" phenomenon cannot continue when there are practical strategies that can be implemented to support students and safeguard patients. When faculty notice a student failing to keep up with then rigors of the nursing curriculum, remediation can be an effective strategy to implement to support students in the development of their nursing knowledge. Understanding what defines remediation is a helpful aspect to consider when designing a remedial program for student support.

Conclusion

This "failing to fail" phenomenon cannot continue when there are practical strategies that can be implemented to support students and safeguard patients. When faculty notice a student failing to keep up with the rigors of the nursing curriculum, remediation can be an effective strategy to implement to support students in the development of their nursing knowledge. Understanding what defines remediation is a helpful aspect to consider when designing a remedial program for student support.

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