Past Event: 2026 NCSBN Scientific Symposium - Navigating Academic Support: A Thematic Analysis of Nursing Educators Responses to CCNE Standard II-C Video Transcript

Event
2026 NCSBN Scientific Symposium

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Presenter
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- [Kate Turpin] Hi there. My name is Kate Turpin, pronouns she/her/hers, and I'm a fourth-year PhD student at the Betty Irene Moore School of Nursing at University of California, Davis, where I also serve as the accreditation and integration program director with the school.

Today, I'm sharing my findings from my dissertation research, which was generously funded through the National Council State Boards of Nursing Doctoral Student Grant. My study examines how nursing programs structure, deliver, and evaluate academic support, and what would it mean if we align accreditation requirements with actual student impact. Here's how we'll move through the next few minutes.

I'll start with the problem, talk about the gap that's between academic support and kind of how we operationalize it. Then I'll briefly walk through my conceptual framework and the methods I used for this study. From there, I'll share the four themes that emerged from the data. And in close, I'll talk about the implications for programs, accreditors, NCSBN, and really a call towards intentional design.

So the context of this study sits really at the intersection of three realities. First, we know there is a workforce shortage in nursing. One in five RNs plan to leave the workforce by 2027. And one of the biggest pipelines to help backfill that gap is graduates from nursing programs. However, post-COVID, we saw a lot of drop in nursing program enrollment.

Now, it has kind of steadied a little bit since post-COVID or since 2024, but it still has not come back up since what it was pre-COVID. Now, the great news is that in a landmark study by NCSBN, there was some evidence-based quality indicators that came together that really talked about discrete student-facing resources.

These are things like formal remediation, disability support, services for non-English speakers. Now, the work that was done was really valuable and important, but the indicators were designed more as quality program measures, but they don't prescribe really how the resources are structured together, coordinated across roles, or evaluated as a unified support system.

Then we bring in accreditation with CCNE Standard 2D, which requires academic support services to be sufficient and regularly evaluated, but they really do not provide operational guidance on what those services look like. So with this workforce shortage, kind of getting into the backlog of the pipeline, making sure we have enough students so they can stay in school, so they can kind of address the workforce nursing shortage, and then knowing that we already have these quality indicators, we have to kind of ask, how do these nursing programs operationalize these academic support services when they're responding to accreditation standards?

Because there's that gap in that operational framework, that's what this study was designed to address. Now, two frameworks really informed the literature review and conceptual grounding of this study, but I really want to make it clear that there was no a priori coding or framework around these particular ones. First, Tinto's model of student departure is kind of a tried and true method when it comes to the lens of academic integration.

We really talk about that students persist when they're academically and socially connected. This has been widely adapted for nursing student retention. However, there's a really big kind of gap and shortage when it comes to applying this directly to nursing education because clinical placement, it varies across different regions. Also, there's a lot of our professional identity, not just personal identity, when it goes through, and the curriculum and the rigor of nursing education is just so much higher than how Tinto's model was specifically designed for.

This model also doesn't really talk about the clinical development that a student needs to go through. So I also then took Perry's scheme of intellectual development, so we could add that developmental layer. Students move from dependence on kind of external factors towards self-directed learning and independent judgment. This trajectory matters enormously because even when they pass the exam and become nurses, whether that is a pre-licensure, becoming a registered nurse, or post-licensure for advanced practice, we know in the profession continual learning and advocacy is part of what they need to do in the profession.

So really, these two frameworks together kind of help me ask not just what services exist, but what those services should be building within students while they're in school. This study used a qualitative inductive thematic analysis design guided by Braun-Clark six-phase approach.

Orientation was critical realist, which means I understand academic support, that it's shaped by institutions and accreditation requirements, but honestly, it's really about the lived experience of those that are putting these academic support systems in place. So, 23 nurse educators, coaches, deans, support staffs from all over the nine U.S.

census regions participated. They all came from CCNE accredited programs, mainly pre-licensure, but we absolutely had post-licensure, advanced practice, master's degrees, graduate, and even one NP residency program participated. The interviews ran about 45 to 60 minutes.

Remote video conference. I recorded all the good stuff that you need to make sure it's a nice, rigorous design. I did reach saturation at about the 12th interview. However, I did still analyze the remaining

transcripts just to make sure that the codes and themes were stable and to make sure I had regional representation. Now, before we dive into the results, I want to note a few things about the participants in this study.

So first, they spanned faculty, academic support staff, academic nurse coaches, deans, other academic leaders, course coordinators, clinical faculty, the whole gamut of those who would have interacted with students. And again, lots of different program contexts were represented. I had no prior relationship with participants before this. And I want to really talk about, though, that I intentionally did not require participants to hold an RN license because a lot of academic support professionals are employed by schools of nursing that are not nurses.

Myself, I am not a nurse. And so I wanted to make sure that everybody who had experience or had the opportunity to work and support students academically were going to be able to be represented in this study. After I analyzed the data, four really clear themes emerged. First, themes one and two were kind of structural realities about academic support systems, and then the third and fourth themes describe the conditions under what makes the support more meaningful.

Now, I'll go ahead and walk through each of these just a little bit. So theme one, services are widely present but vary in structure and institutional priority. So every participant described having some sort of academic support, whether it's advising or tutoring, remediation, accommodations, mental health referrals. The existence of services was not really what's in question.

However, what did come up about this was it depended on how these services were operationalized. Some of them had embedded systems that meant like early alerts, structured check-ins, exam follow-up, so it was built in. Other ones were more reactive, so students didn't have access to academic support until they failed an exam, until there was a risk where they weren't meeting a certain program threshold.

And even within those systems, sometimes it was the faculty that were filling the gap and really kind of putting it all on them to be able to help those students. So Participant 3 really talked about how the School of Nursing has a team of people specifically there to support students, so that would be an example of an embedded system.

However, Participant 1 makes it really clear that when a structure doesn't exist, faculty really absorb that gap, and most of the time it's without compensation or even recognition. So the takeaway from this theme is not really that having services is the problem, it's that having services is not the same as having a system.

The second theme talks about the gaps in institutional structures and engagement that limit the effectiveness of these services. So even when you have programs that do have formal services, there are still some gaps that really impact how they reach students or how students engage with academic services. So you may have inconsistent implementation across the institution, right?

One department in student affairs may ask for a different handoff than what the nursing program does between faculty, or once the nursing program hands off, it may get lost in student services, and then there's no follow-up or wraparound services. Or you don't have enough people in student affairs or academic support or maybe no people in there that are dedicated for nursing students.

Second, we have faculty gaps. So faculty varied a lot in their comfort with providing academic coaching. As we know, with the workforce gap, we also have a professor instructor gap, so sometimes

they don't feel comfortable knowing how to address and talk to students. Also, you had some faculty that were just like, "I dealt with it without extra support. They're going to have to figure it out on their own."

They also didn't know how much they could help or how little they could help. Then the ones that did help, that was really a gap that was filled by their individual enthusiasm, not because it was a structured part of their role. And then the third gap was really with students. You know, in health professions, there's kind of this stigma that if you're asking for help, you may be inadequate.

And so part of that professional identity development was, "I don't want to seek out information because I don't want them to think that I can't do this or I'm not good enough." So you can tell by some of the participants, they talked a lot about that institution and faculty friction. And then also when it comes to the student, they kind of burrow in instead of reaching out.

There's like this stigma. In fact, one of them pretty much said that only 10% to 20% of students really utilize the services that are available. So really the part is having service is great, but if you don't address the gaps in institutional structure and engagement, it doesn't matter how many services that you have unless they're going to be able to be utilized.

Now, going into theme three really talks about how are we going to make these academic support structures meaningful. So across every program, type, context, participants describe effective support as relational. So the most meaningful interactions weren't defined by the services. It was really defined on being able to make sure that there was trust, accessibility, and having an individualized conversation rather than, "Here's a list of things that you can go do."

It's more of, "Hey, I noticed this. You revealed this to me. How about this? Let's walk over together and talk to them." So that student feels seen. They're not just a number in the system. And that also means addressing the student holistically.

So there was a lot of things outside of school. School's hard enough, but you have the financial stress, mental health, family responsibilities, non-native English speakers, very separate from academic support, and that's mainly why some of the students are struggling. You know, as Participant 3 put it, "It's always Maslow's before Bloom. You can't teach someone to think like a nurse if their basic stability is unmet."

And then really Participant 15 talks a lot about if students don't trust the system, it doesn't matter how many services that you have in place. So it's the precondition of having this relational and holistic approach that is for any service to actually function and support students.

And then the fourth theme really talks about fostering self-sufficiency, resilience, and self-awareness. It kind of reframes what meaningful support is actually building towards. Yes, participants talked about the need for in-class pass rates and course progression and attrition, but the strongest descriptions of success went further.

Participants really described the goal of helping students understand how they learn, why they struggle, and how to advocate for themselves. So making sure that they are self-aware of what they need help with. How are they going to be able to shift and adapt when things do change? Knowing that it's okay if you want to seek help, that is completely fine.

Nursing is a team. But really, what is their resilience? How do they recover? How do they persist? And how do they carry capacity straight into the workforce? You know, Participant 2 defines success as growth and self-awareness, introspection of professional values. And Participant 2 talked about it as graduates have the confidence to figure out how to learn something new, that's the mark of real preparation, right?

It's the values that align with nursing. So again, this is the developmental argument really at the heart of this study is academic support that only helps students pass the next exam systematically underestimates the potential contribution to the workforce.

We need to make sure it's not just getting through the program. Participants really stress that it's to prepare graduates who can keep learning in clinical practice. So these findings point to implications across all kinds of areas. You know, specifically for nursing programs, instead of offering these are the list of services, you need to have an intentionally designed system with really defined roles, so that includes workload as needed or separate roles and proactive outreach.

So not only are we evaluating support through the outcomes, exam pass rates, but also the process, making sure that happens. For accreditation, yes, CCNE Standard 2D should ask how support is operationalized, not how it exists.

And really, how are you measuring the impact of these things? For NCSBN and other state boards, again, great quality indicators that name these discrete resources. But partnering with this study, we could offer a framework of how these resources can be operationalized, coordinated, and evaluated. This really allows us to connect support structures explicitly into NCLEX readiness and the workforce pipeline.

And lastly, for equity purposes, we also need to make sure that our services examine whether it reaches our online students, our accelerated programs, or those that are clinically dispersed. Make sure these are equally available to them. Also, structures shouldn't necessarily depend on which faculty member a student happens to have, so making sure this is a system not reliant on the person's enthusiasm.

To close, presence alone does not ensure accessibility, consistency, or student impact. Meaningfulness depends on proactive design, relational delivery, and institutional accountability. The standard should shift from asking what services exist to what those services build in students. Academic support should be elevated from a required service to an intentionally designed system centered on measurable student impact.

Thank you. I look forward to answering any of your questions, especially the ones that maybe came up during the conversation.

- [Jen Kohl] Hi, Kate. Thank you for your research, for your presentation, and for joining us this afternoon.

So I wanted to kick things off with the first question. What do you think it would take to move from a person-dependent support to system-driven support?

- Wonderful, and thank you, Jen. Thank you everyone who came and was able to enjoy the presentation. So I think a change that you have to think about is when you take a step back and you look at your

existing systems and you say, "Is this a structural problem, or is this a process problem?" Because I think you first have to identify what exactly is...

What is the process? If it's just a person, that's not a process, right? But is it an institutional thing that is blocking something? Is it a structural gap? So I think you just need to first do an assessment on what is happening, and if it is person-dependent, then build the structures and the process that go forward. I'm highly aware, not only based on my personal experience but through the responses from many of my participants was sometimes those structural gaps are very difficult to get around, whether it's workload, whether it's budget.

So if you are able to address it in a process way, that could help move it away from a person-dependent to an actual structured system.

- Thank you. And how would you suggest reframing the CCNE Standard 2D to make it a stronger system and to make sure that it ensures academic support?

- I think the question itself is great. I think one way in which we could hope to see is better evidence from every institution if they can show measurable impact that is defined by the institution, right? One thing I love about nursing accreditation is because it is an art form of the art of nursing, it isn't so descriptive in certain things.

But I think for accreditation, it would be great instead of showing a list of services that we do have academic support, but we also then show this is the impact that it is making. We saw that six people after this course went into remediation, and we had an 80% success rate from that remediation that led to passing the course.

So seeing what that impact actually was, I think would be really important when it comes to the evidence that could be shown for accreditation. And any other ways, whether it's part of exit surveys, whether it's part of pre and post efficacy for students and how well they feel prepared and could they advocate for themselves on a clinical site. So I think there's many ways that we just need to define a bit more evidence of impact rather than a list of services.

- Wonderful, thank you. And then I do have one more question for you, and it's how do you think perspectives from students might change your findings?

- That's a great question because I'm hoping in a follow-up study I will do a student perspective for this because as an educator, we have great insight, but we are not the ones actually living and experiencing what those services are. I think it'd be very interesting to see if the relationship piece is the linchpin that the nurse educators that I interviewed experienced.

I would also love to see the stigma that was brought up a lot. I'd be curious to see if that remains true. Is it really a stigma against seeking academic services, or is it a time management or capacity? Are we asking them to do too much, or is life asking them to do too much while they still go to nursing school?

So I really think I would... In a way, I would love to find perspective from students. That could be an easy fix for programs to understand more rather than just assume it's a stigma or it's a time thing. It could be something completely different that we never considered or thought about. Could be generational. We don't know. So I look forward to getting that perspective with students to hopefully inform us more on what a sustainable system could be for academic support for them.

- Thank you so very much. And so that does conclude our questions for today. I'd like to thank you again for your time, your research, and for sharing your findings this afternoon during the symposium. For now, we'll take a short break and resume at 2:15 p.m. Central Time, at which point, when you come back from the break, please then return to the lobby and select which of the two sessions you would like to join next.

Thank you.