# THE NEW DEGREE PROGRAM IS SUCCESSFUL NOW WHAT? OPTIMIZING PROGRAM GROWTH THROUGH RETENTION

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## ABSTRACT

*This paper examines a startup healthcare administration program that has surpassed the five year projection for enrollment in under years. To retain momentum, encourage students' educational engagement, and ensure program retention, an online survey was conducted to characterize College of Business healthcare majors at a regional, comprehensive Mid-Western university with approximately 11,500 students. The survey design obtained data about student experiences with the healthcare sector, attitudes about healthcare delivery, preferred learning styles, and self-assessment of values and soft-skill capabilities. Results will be used to influence curriculum delivery, improve the program, define future direction, and formulate strategies to enhance retention. This process may be applicable across disciplines and impact other program implementation and evaluation.*

**Keywords:** Retention, Program Development, Recruitment.

## INTRODUCTION

Universities and community colleges across the United States have been experience enrollment declines for eight years. Of course, not all universities are equally affected, but all universities are aware of the trend (Fain, 2019). Those universities that have fallen victim to the trend are trying to determine how to adjust from missed tuition revenue, while those unaffected are taking pre-emptive steps to soften the blow if they fall prey to the trend. Declines may have various causes. For example, stronger economic conditions tend to result in lower enrollment, particularly in Master's programs. Additionally, schools that have relied heavily on international students may be suffering from the political climate. However, all universities know they are under scrutiny and are taking heat about high costs and limited access to low-income students. In a time when the value of higher education is disparaged, state funding is declining, and vulnerable groups feel unsafe on campuses, universities are compelled to work harder to demonstrate value, show support for students, and reexamine programing (Rudgers & Peterson, 2017).

This paper provides a case study of the growth of a start-up healthcare administration program at a regional, comprehensive university located in the Mid-West with approximately 11,500 students. Located in a community of 40,000 which serves a 50-mile region of more than 300,000 people, it is the largest center for retail, medical, manufacturing, communications, and cultural activities between two large metropolitan areas. The authors of this paper provide introspection on their views on optimizing growth through retention strategies.

The university's College of Business, like most colleges of business, has a commitment to promoting student learning and student success. One dimension of the college's vision statement is to offer *"a relevant curriculum that connects theory with practice and a personal environment that passionately engages students."* True to that spirit, combined with strong market demand and increased student interest, the college explored the opportunity to develop a business-based healthcare degree program, which was launched in the fall semester of 2015. The approved program resulted in three degrees: a bachelor of science (BS) in Healthcare Management (designed to serve associate degree clinicians and traditional undergrads unable to get into a clinical bachelors program earn their BS), a bachelor of science in business administration (BSBA) in Healthcare Administration (designed as a traditional business degree set within the context of the healthcare industry), and a master of science (MS) in Healthcare Management (designed to allow individuals working in the industry to continue their education while maintaining a full-time position). In order to attract working professionals, the program was designed to be delivered online.

The enrollment projection (required by the state for approval) indicate 55 undergraduate students (30 for BS and 25 for BSBA) and 20 masters' students at the end of the five years. This number is used as a benchmark by the state at the five-year program review as a measure of programmatic success. As of the spring 2019 official census (i.e., end of year four), enrollment in the undergraduate programs is 117 (52 for BS and 65 for BSBA). Enrollment for the graduate programs is 35 (xxx University, 2015). With a year left before state review, the MS stands at 175% of the five-year projection, the BS at 173% over projection, and the BSBA at 260% over projection. However, surpassing expectations for student interest and enrollment is only part of the success formula. The ultimate success of this program requires the institution and faculty to put forward the best possible effort toward supporting students to achieve their goals in the learning process through degree completion.

Student retention can be defined in numerous ways. This program uses *"persistence to degree completion"* as the measure for retention. A focus on retention exists not only because of an obligation to students, but also an obligation to the university's strategic goals. From the university's perspective finances must always be considered. Logically, it is more efficient and less costly to retain students than it is to recruit students. Another financial consideration is that, in some areas, university funding is being tied to performance indicators. Several aspects of student retention are significance beyond the student and the university. The Bureau of Labor and Statistics confirms that college graduates can earn significantly more, up to 70% more, than those with only a high school diploma. Higher earnings contribute to economic growth. It follows, that a strong economy along with human capital helps sustain the US' position among other nations. Focusing on retention is not only the right thing to do but it is also very pragmatic (Moorer, 2014). In perusing knowledge about students and with the intent of enhancing retention, the general modus operandi was to assume Professor Edward Anderson correct in 2006 when he said,

*"Student who needs services the most refers themselves the least. Effective retention services take the initiative in outreach and timely intervention with those students"* as cited in (Simpson, 2017).

While the authors are confident in the academic content of the program, the rapid growth of the program has raised concerns that a full understanding the backgrounds of the students in the program is missing, thus resulting in a possible disconnect between academic content and application to the student's lived experience. This awareness of a potential disconnect prompted

the faculty-authors to be proactive in reaching out to students to offer them support both academically and socially (Moorer, 2014). Gore et al. (2019) maintain that assessments based on noncognitive factors, such as those in this study, allow for *"early, aggressive, targeted, and coordinated outreach efforts"* that increase student engagement of retention. A survey was designed to obtain information about the students' experiences with the healthcare sector, to determine preferred learning styles, ascertain attitudes about healthcare delivery, and establish self-assessment questions relating to values and soft-skills. The objective was to utilize survey results in deciding how best to deliver and refine curriculum. Results will be used in developing programmatic changes and defining future direction of the programs. Understanding that an engaged student is more likely to complete a degree program, reliance on these survey findings to direct us in formulating practical strategies to engage students and enhance retention in healthcare majors (Alexson & Flick, 2011).

## METHODOLOGY

It was determined the best way to reach students was to send an online survey asking them questions not only about their education experience, but also about their individual backgrounds. Written by the authors, the survey addressed experiences in employment (in and out of healthcare), learning styles, whether the respondent or family member has received medical services, and general impressions of the healthcare industry. Before administering, the survey proposal was sent to IRB, where an exemption was granted since no identifying information was collected, and the survey data present minimal risk if disclosed. Anonymity was maintained by sending a general survey link to the healthcare student email listserv, consisting of the 133 majors. Seventy (70) students acknowledged consent to participate in the survey, however, only 62 completed the survey, resulting in a 46.62% completion rate.

## DEMOGRAPHICS

Undergraduate students represented the majority of respondents (73%), with the bulk of those (44%) self-reporting as BSBA students. Eighty-seven percent of the respondents were female. Concerning respondent age, 31% were 20 or younger, 39% were between 21 and 29, 15% between 30 and 39, and 16% were over the age of 40. The majority (42%) of undergraduate students were in their first year of the program (less than 30 completed hours). An additional 40% of respondents reported a sophomore (31-60 completed hours) or junior (61-90 completed hours) status at 20% each. Finally, 18% of undergraduates reported a senior-level status (90 or more completed hours). These results are not surprising considering the program is entering its third full year.

The overwhelming majority of students reported paid employment (98%), with 35% reporting 5-10 years and 27% reporting over ten years of employment. Of those employed, 35% have never worked in a healthcare setting, 10% have volunteered in a healthcare setting, 16% have previously worked in healthcare, and 39% percent are currently working in healthcare, with 18% in patient care and 21% in administration. Additionally, 81% reported having close friends or family employed in the industry. Finally, 48% of students reported they chose to study at the university because of the availability of healthcare administration programs. These demographics reflect program enrollment by traditional and non-traditional students, suggesting that students

who are pursuing degrees to advance in their workplace are being reached, which is a primary goal of the program.

## RESULTS

Students were asked a set of questions pertaining to the beliefs they hold about healthcare. Specifically, students were asked their belief about how healthcare organizations should be classified, i.e., healthcare is a traditional business, healthcare is a special category of business, healthcare is not a business. Overwhelmingly, 89% of respondents indicated that healthcare is a special category of business, with a mere 2% indicating that healthcare should not be considered a business. Additionally, eighty-five (85) percent of respondents believe that healthcare is a right and should be provided to all regardless of ability to pay, with the remainder indicating that healthcare is a privilege that should be extended only to those with the ability to pay.

While the previously discussed questions provide background into the beliefs of the students, of considerable importance to the program was why students chose to major in business-based healthcare programs. As mentioned in the demographic section, 48% of students chose to study at the university because of the availability of healthcare programs, but Table 1 illustrates the primary reason why they chose to study healthcare administration at all. Students were asked to review a list of values and rank them for importance to themselves Table 2. This question was chosen because an understanding of values influences the educational process, but also is reflective of the values that students have, or will bring, into organizations. As shown in Table 3 and Table 4, students were asked to provide a self-assessment of their abilities relating to ten soft skills. The response rankings give a glimpse of how students view themselves, personally and in working with others. In the survey the term *"soft skills"* was never used. This was intentional due to the belief that students will need command of these skills in the healthcare workplace. Finally, the survey asked for each student to assess their preferred learning style. Students were given phrases describing each learning style and asked to select the one that best describes them. Not surprising for this group of students, the majority of students (51%) indicated a preference in learning by words and reasoning; while a mere 2% indicated an auditory style in learning.

| Table 1 REASONS FOR STUDYING HEALTHCARE ADMINISTRATION | |
| --- | --- |
| I want to improve the way that healthcare is delivered and/or the quality of healthcare provided | 46% |
| I think there will be lots of employment opportunities | 25% |
| I chose because it is a growing sector of economy | 19% |
| I think that I will make a higher salary than I would in other areas | 5% |
| I was advised to choose Healthcare Administration by a university recruiter, advisor, or another faculty member | 3% |
| I was advised to choose Healthcare Administration by a family member or friend | 2% |

| Table 2 RESPONDENT VALUE MATRIX | | | | | |
| --- | --- | --- | --- | --- | --- |
| | Not Important | Somewhat Important | Important | Very Important | Never thought about it |

| | | | | | |
|---|---|---|---|---|---|
| Integrity | 0% (0) | 2% (1) | 11% (7) | 87% (54) | 0% (0) |
| Authenticity | 0% (0) | 5% (3) | 23% (14) | 72% (45) | 0% (0) |
| Courage | 0% (0) | 2% (1) | 37% (23) | 61% (38) | 0% (0) |
| Service | 0% (0) | 0% (0) | 15% (9) | 85% (53) | 0% (0) |
| Humility | 6% (4) | 5% (3) | 37% (23) | 50% (31) | 2% (1) |
| Wisdom | 0% (0) | 7% (4) | 39% (24) | 54% (33) | 0% (0) |
| Trust | 0% (0) | 2% (1) | 9% (6) | 89% (54) | 0% (0) |
| Accountability | 0% (0) | 0% (0) | 11% (7) | 89% (54) | 0% (0) |
| Honesty | 0% (0) | 0% (0) | 9% 96) | 91% (55) | 0% (0) |
| Self-Improvement | 0% (0) | 0% (0) | 33% (20) | 67% (41) | 0% (0) |

**Table 3**
**RESPONDENT SOFT-SKILL MATRIX**

| | Not Capable | Needs Improvement | Somewhat Capable | Very Capable | Don't Know |
|---|---|---|---|---|---|
| Communication | 0% (0) | 8% (5) | 8% (5) | 84% (52) | 0% (0) |
| Collaboration | 0% (0) | 3% (3) | 23% (14) | 74% (46) | 0% (0) |
| Time Management | 0% (0) | 3% (3) | 26% (16) | 71% (44) | 0% (0) |
| Critical Thinking | 0% (0) | 6% (4) | 21% (13) | 73% (45) | 0% (0) |
| Reliability | 0% (0) | 0% (0) | 2% (1) | 98% (61) | 0% (0) |
| Adaptability | 0% (0) | 2% (1) | 19% (12) | 79% (49) | 0% (0) |
| Positive Attitude | 0% (0) | 0% (0) | 19% (12) | 81% (51) | 0% (0) |
| Self-reliance | 0% (0) | 0% (0) | 16% (10) | 84% (52) | 0% (0) |
| Emotional Mastery | 0% (0) | 5% (3) | 37% (23) | 56% (35) | 2% (1) |
| Respect | 0% (0) | 0% (0) | 3% (2) | 97% (60) | 0% (0) |

**Table 4**
**PREFERRED LEARNING STYLES**

| | |
|---|---|
| Verbal-Linguistic<br>(I prefer learning using words, both in speech and writing) | 28% |
| Logical-Mathematical<br>(I prefer learning using reasoning, logical thinking, and logical systems) | 23% |
| Visual-Spatial<br>(I prefer learning using pictures, images, and three- or four-dimensional tools) | 17% |
| Social-Interpersonal<br>(I prefer learning in groups or with other people) | 12% |
| Solitary-Intrapersonal<br>(I prefer learning by working alone or in self-study) | 12% |
| Physical-Kinesthetic<br>(I prefer learning using the sense of touch with hands or body) | 6% |
| Aural-Auditory-Musical<br>(I prefer learning when listening, using sounds and music) | 2% |

## DISCUSSION

The survey results have allowed the authors to have a greater understanding of the students enrolled in the program, including belief structures, environmental influences on their educational choice, and learning preferences. Interestingly, students raised a strong voice in declaring their belief that healthcare is a right and should be provided to all regardless of the ability to pay. Likewise, when students were asked the primary reason they chose to study the non-clinical side of healthcare the largest category of response was that they want to improve

both delivery and quality of healthcare. This kind of rich survey results strengthened the authors' resolve to focus on student retention at a program level.

In keeping with Astin's (1999) student involvement theory, the researchers were motivated to conduct the survey to gain insight into how students can best be engaged in the educational process. The concept that student engagement cultivates student retention is broadly accepted. Further, there no shortage in the literature on student retention that supports that hypothesis. Having that concept confirmed was the starting point. Initially, the intent of the survey was to determine student attributes beyond administrative information (e.g., SAT/ACT scores, GPA) routinely collected by the university. The authors believed that more than a superficial acquaintance with students is necessary to retain them in a program that will result in their graduation and send well prepared leaders to the workplace (Gore et al., 2019; Powell & Powell, 2011). The time, effort and energy students invested in completing the survey is considered a step in providing students a link to program commitment (Astin, 1999).

Because an engagement continuum exists, and the fact that all students will not respond favorably to all retention and engagement efforts, the authors believe that efforts must begin the progress with smaller, targeted interventions (Coley et al., 2016; Astin, 1999) Examination of the survey results has led us to formulate five strategies for engagement at the program level. These strategies seek to improve retention and augment learning in business healthcare programs. These strategies will give multiple access points to engage students both academically and socially. Even though these strategies are budget neutral and localized at the program level, enacting these strategies takes commitment from faculty in the healthcare programs, the department chair and the dean of the college as well as students. The attempt to impact retention at a program level will not interfere with funded retention efforts that are university wide.

First, a healthcare student online network will be formed (Coley et al., 2016). Most classes are delivered online; therefore, some less motivated students are at risk of isolation, putting them in jeopardy of dropping out of the program (Simpson, 2017). Evidence from the survey revealed that a body of information relating to the subjective experiences the students have had with the healthcare industry can be optimized. One of the targeted questioning areas sought information related to healthcare work experience. While the majority of students are currently or have worked in the healthcare industry, a significant percentage (35%) have no experience in the industry. Creating this network will connect these unexperienced students with the experienced students in an attempt to motivate both groups. As an informal mentoring program, experienced students will be encouraged to present a realistic picture of the workplace sharing both challenges and fulfillments. Building a *"shared culture"* through the online student network can provide significant increases to student retention and success (Little et al., 2018).

Second, bridges will be built between the instructional setting and the local healthcare community. Faculty will secure occasions for students to take part in short term projects in a healthcare facility near the student's physical location. Unlike traditional internships, these learning experiences will be focused on contributing to a single project. These projects may involve a variety of needed tasks such as, updating an employee handbook, researching and writing a policy for keeping the board of directors updated on regulatory changes, or writing step-by-step directions for a new process in the organization. The survey result tells us that students recognize healthcare as a business, but in a special category. This chance to interact within a healthcare facility, to meld classroom content with what is happening in the workplace, will reinforce students' commitment to the non-clinical side of healthcare (Coley et al., 2016). This learning experience will highlight the need for students to develop themselves in areas

where a personal short-coming may exist. For example, a student who prefers a solitary learning style will quickly grasp that working in healthcare is not a solitary endeavor. Faculty will be ready to point to concentrated learning activities for the student when needed. Further, this experience will give students a point of commonality and cohesion with family and friends that are already working in healthcare.

Third, student introductions will be merged with a *"statement of expectations."* Each student will be asked to write a statement of expectation about expected learning in the class. The student may have a curiosity about a healthcare topic that needs to be satisfied or may need clarification on a concept that has surfaced in other course work. This exercise will help the student become conscious of program continuity. Further, writing a statement of expectation enhances the students' communication and critical thinking skills and, over time, should level out some of the notable differences found in the self-assessed survey data relating to soft-skills development. The students' expectations statements will be followed up on by faculty around the middle point of the course and at the end of the course or more often if possible. Faculty will initiate frequent and meaningful feedback to the student. This direct one-on-one communication with faculty will instill a sense of confidence in the student that their success is important to faculty. That contact may influence the student to stay in school and continue being an active learner (Moorer, 2014). Likewise, faculty will present clear and consistent expectations for students to achieve success in the class (Tinto, 2010).

Fourth, a new approach to advising will be developed so that the pathway to a successful university experience will be clear for healthcare majors (Tinto, 2010). Evidence from the survey demonstrates that students are at all stages in credit hour accumulation, therefore, it is plausible to assume they are at various stages of degree completion. A visually appealing checklist, in addition to the institution's program degree map, listing the requirements for each degree will be prepared. Groups will be formed with students that are at similar stages of credit hour completion and in the same degree program. Groups will be set up for advising sessions that will be conducted both in person and using video conferencing. These sessions will design a blueprint for successful degree completion. Survey data validates that in large part that students have persons with whom they have a close relationship working in healthcare. No doubt these personal connections with the healthcare industry have made students knowledgeable of the job growth in healthcare. However, these relationships may offer a limited perspective about the possibilities for employment. Faculty can confirm this suspicion from experience with students who repeatedly inquire about the kind of job they can get with a healthcare administration degree. This consideration necessitates that students are informed about the breadth of employment available to them after degree competition. These advising efforts, designed to interpret course requirements and broaden knowledge of employment prospects, will minimize student frustration during the educational process. This effort will motivate students to be well prepared for the future and it will likely lessen the risk of students falling through the cracks or even avoid the disaster of students getting to the point of graduation only to discover they have not completed all university graduation requirements.

Finally, a real-world problem-solving forum online for healthcare majors will be developed. Each week a scenario centering on a different kind of problem will be posted. Faculty will develop and post the weekly scenario. McLeod (2019) found that program-specific assignments, such as this forum, in online courses were among the most beneficial predictors of retention for students. Students, especially those working in healthcare, will be invited to submit scenarios but all postings of the weekly problem will initially be posted by faculty to ensure that

no privacy regulations are violated. Students will post possible solutions to the issue at hand. Proposals will be offered for dealing with the situation, with solutions quickly begins to emerging. After solutions are considered, students will be asked to describe what leadership values were reflected in making decisions and what soft-skill attributes were applied in resolving the problem or issue. For example, a situation could be described where technology is being used to fill a void in organizational efficiency (Webber, 2013).

## CONCLUSION

Universities are compelled to work harder in the current environment of declining enrollments. This case study of the university's healthcare administration degree programs indicates that in order to provide the best possible learning experience for students, student engagement is needed along with a solid curriculum. Collecting and analyzing data on students' attitudes, values, soft-skills and learning styles can provide strategic guidance to program administrators. Survey results can guide programmatic changes, help define future direction of the programs, and assist in formulating strategies to keep students engaged thereby improving retention in healthcare majors.

The set of student engagement strategies discussed in this paper fit university's online program in practical and meaningful ways. These engagement strategies will enrich the learning experience of students throughout their program completion by connecting them more closely with their peers, healthcare faculty, and the healthcare community. Most importantly, these strategies will aid in producing graduates ready to make a positive contribution in the healthcare industry.

While this study focused on an online healthcare program in a college of business, many of the strategies proposed could be used for in any traditional or online-delivery degree program. All of the strategies proposed can be used in any degree program with relatively minor content adjustments. Additionally, while a face-to-face degree program would have unique opportunities for student engagement that an online program would not have; students today rely on social interactions through technology. Creating an online network that supplements a traditional program provides another level of connection with students. With increasing scrutiny on resources and the value of a college degree, we must go beyond simply helping students *"get a degree"* to helping them get skills that will take them on a career path that will last a lifetime.

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