

# Healthcare Learning Community and Student Retention

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*Teaching, learning, and retention processes have evolved historically to include multifaceted techniques beyond the traditional lecture. This article presents related results of a study using a healthcare learning community in a southwest Georgia university. The value of novel techniques and tools in promoting student learning and retention remains under review. This study includes a healthcare learning community as a cutting-edge teaching and learning modality. The results of an introspective survey of 22 students in a learning community explore strategies to enhance culturally relevant teaching, learning, and retention. Although learning and retention studies have been conducted at numerous universities, few have included feedback from students in a healthcare learning community. Frequencies from student responses were tabulated using five thematic factors: social support, career knowledge/opportunities, academic support, networking and faculty rapport/relationship building. Of the five theme areas, social support was identified most frequently by students as a means to support their learning and retention in the university setting.*

An emerging trend in higher education is the formation of learning communities. Learning communities came to the forefront in the late eighties and early nineties (Browne & Minnick, 2005). Learning communities in their most basic form begin with block scheduling that enables students to take courses together. In some cases, learning communities link students by tying two or three courses together (Tinto, 2000). Such was the case with a healthcare learning community at a four-year southwest Georgia university. Three courses were linked together using a healthcare theme. The courses were Healthcare Administration Practicum, Human Resources Management, and Quality Management in Healthcare. Each course was taught by a faculty member in their area of specialty. Two faculty members had a specialty in health administration, and one faculty member had a specialty in human resources management. Each faculty member hoped to resolve a dilemma in the teaching and learning process during the learning community, while promoting student retention. The dilemmas were as follows: to minimize the lecture teaching format and thereby encourage critical thinking among the students; to modify the teaching pace and delivery methods so as to enhance student comprehension; and to successfully transition from industry to academia with positive student responses and adaptation.

The learning community was specifically designed to provide healthcare management students with an overview of human resources and quality functions in the healthcare setting. Another goal of the healthcare learning community was to increase interdisciplinary learning by reinforcing communication in all three of the linked courses. To facilitate the activities in the learning community, group sessions were held on a monthly basis for one semester. The group sessions are used to present guest speakers, facilitate group activities, and to obtain feedback from student participants. All members of the healthcare learning community were assigned to a community healthcare agency and a student project team. Each student and project team assisted a local healthcare agency in the resolution of a quality management problem. This article focused on the value of the learning community to support learning and student retention.

The healthcare learning community merged varied faculty backgrounds to integrate creative teaching methodologies. As a result of the healthcare learning community, faculty members united to strengthen the students' writing, critical thinking, professional skills, and adaptation. Due to the networking and interaction between students and faculty, long-term effects of the healthcare learning

community were envisioned – especially in relation to the learning and retention of students at the university.

To date, much research has been done on measures to increase student learning and retention. However, there is not a common set of tools that has been adopted in either two- or four-year universities to adequately address the areas of learning and retention collectively. A few years ago, ACT, a nonprofit organization offering educational and workplace measurement services, conducted a nationwide study on retention and determined factors related to increased student retention in public four-year colleges and universities. Responses were received from 258 (of 598) public four-year colleges and universities. The median first- and second-year retention rate was identified as 75%, with a median degree completion (learning) rate of 49% for the group (ACT, 2010).

Even so, the extent to which these factors have been consistently implemented and assessed in the improvement of learning and retention is unclear. The top ten factors identified for improving retention were: internships, tutoring, faculty use of technology in teaching, summer orientation, individual career counseling, student leadership development, college-sponsored social activities, writing center/lab, career exploration workshops or courses, and advising interventions with selected student populations. The three practices making the greatest contribution to learning/retention were: freshman seminar / university 101 (credit), supplemental instruction, tutoring, and living/learning communities (ACT, 2010).

Likewise, studies on student engagement and satisfaction have been conducted by several organizations and universities. An example of a survey of student engagement and satisfaction that is commonly conducted in four-year colleges is NSSE (National Survey of Student Engagement). Even so, few retention studies have included the viewpoints and feedback of actual students in a learning community, relative to their beliefs and perspectives on student learning and retention. Since the national rate of student persistence and graduation has shown little change over the past decade, there is a need to translate research into practice. However, many bodies of research have supported the benefits of student involvement during the critical first year in college (Tinto, 2001; Upcraft, Gardner & Barefoot, 2005). Accordingly, Lev Vygotsky, a highly regarded theorist, viewed societal and individual development as benefits of the teaching and learning process (Vygotsky, 1978).

Therefore, this case study of 22 students in a healthcare learning community attempts to add some insight into this area of student learning and retention from the students' perspectives. The ultimate goal is to find what works, develop models, and put them into practice. While learning communities had positive effects on student achievement and satisfaction, researchers have found it difficult to discern which part of the learning community (e.g., integrated courses and assignments, study skills training, or mentoring) actually affected the students most positively (Andrade, 2007).

### **Background on Student Learning, Retention, and Learning Communities**

"The concept of a community of learners originated from a democratic, student-centered, inquiry-based philosophical perspective grounded in the works of Dewey, Vygotsky, and Bruner" (Mintrop, 2001). Vygotsky's work on knowledge construction through social interactions greatly supports learning communities that engage students in critical thinking, and peer and teacher interaction (Vygotsky, 1978).

Student learning and retention have also been related to: (1) students' background; (2) goals and commitment to education; (3) experiences at the institution related to interactions with academics, faculty, and peers; (4) external commitments while in college, and (5) integration both academically and socially (Tinto, 1973). Numerous studies have suggested that learning communities

enhance retention, increase student grade point averages, and increase student satisfaction (Baker & Pomerantz, 2000; Brickman, 2010; Selix & Willen, 2010).

In a study of a learning community that linked three courses in a nonthemed learning environment, participants were matched with a nonlearning community control group (Baker & Pomerantz, 2000). The findings from the study revealed that the students in the learning community demonstrated increases in their grade points averages and levels of satisfaction (Baker & Pomerantz, 2000). Students at LaGuardia Community College in New York City who participated in a learning community were also more satisfied with their educational experiences, as indicated by their persistence rates (Tinto, 1998).

Learning communities help to build peer networks, which improve student retention when courses are blocked together (Brickman, 2010). Shared educational experiences encourage excellence in the classroom and provide assistance outside of the classroom in the form of study groups and support networks (Brickman, 2010). Therefore, learning community students feel a sense of belonging; they feel supported.

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Students in learning communities tended to form their own self-supporting groups, which extended beyond the classroom (Tinto, 2000). Learning community students also became more actively involved in classroom learning than other students, even after class. Participation in the learning community seemed to enhance the quality of student learning. More importantly, as students learned more and saw themselves as more engaged both academically and socially, they persisted at a substantially higher rate than did comparable students in the traditional curriculum (Tinto, 2000).

A wide range of studies, in a variety of settings and with a range of students, have confirmed that academic and social involvement enhances student development, improves student learning, and increases student persistence (Tinto & Engstrom, 2002). Students who are involved with people and activities of learning communities are significantly more likely than their less involved peers to show growth in intellectual interests and values, and apparently more likely to get more out of their college education (Cross, 1998).

### **Theoretical Framework**

Collaborative learning represents a significant shift away from the typical teacher-centered lecture in the college classroom. Teachers tend more to be expert designers of intellectual experiences for students as opposed to being expert transmitters of knowledge in learning communities (Smith & McGregor, 1992). Reflective interviews with learning community teaching teams have also been known to strengthen dialogue about teaching and learning.

Collaborative learning represents a "re-vision" of the higher education classroom. It is grounded, however, in the fundamental goals of higher education: critical thinking and analysis, ability to work with others, appreciation for diverse perspectives, connection-making, and integration of learning and involvement in one's own learning process (Moore, 2010). The collaborative experience also provides intellectual coherence and offers a concrete approach to core values of liberal education. Through linked courses, students acquire a multidimensional view of select disciplines that can be placed in a critical framework for learning (Mendelson, 2006).

Collaborative learning has been labeled as a tool for professional development and problem solving (Nayan, Shafie, Mansor, Maesin & Osman, 2010). In addition to the classroom collaborative component of learning communities, learning communities serve a social function related to community needs in current medical education (Ferguson, Wolter, Yarbrough, Carline & Krupat, 2009). Other

goals of learning communities in Canadian and U.S. medical schools are fostering communication among students and faculty, promoting caring trust, teamwork, and helping students establish social support networks. Curricular purposes included professionalism training, leadership training, and service learning (Ferguson et al., 2009).

Collaborative learning also reflects changes in how learners view and understand knowledge and learning, changes in how learners view themselves and their peers, and changes in how learners view the role of the teacher. The student moves into the role of active agent and the creator of “new knowledge.” The student’s tolerance for diversity and openness to teamwork increases as peers are seen as sources of knowledge. Additionally, the teacher is seen less as an expert and more as one who is willing to share knowledge in a mutual learning process (Moore, 2010). Collaborative learning also sends dynamic messages about the awareness of students regarding their responsibility for both their own learning and the learning of others (Moore, 2010).

The closely related concept of collaborative transformative practice was popularized by Vygotsky, who laid the foundation for the theory of this practice in teaching. Learning can be conceptualized as the transformation of socially shared and contextualized activities into internalized processes to support internal and external social and individual continuity (Miller, 2011). “Vygotsky’s project was constructed on the grounds of the notion that collaborative purposeful transformation of the world occurs through principled grounding for teaching learning and development” (Miller, 2011). Also, learning gains meaning with a purposeful life agenda aimed at contributing to society or societal practices. Accordingly, knowledge and facts gain meaning through active pursuit, efforts, and inquiry, as well as activities significant to students and their identities (Miller, 2011).

Phrases commonly associated with Vygotsky’s legacy are higher mental/psychic functions, cultural–historical theory, or cultural–historical psychology (Stetsenko, 2010). Vygotsky’s project was developed during a time of radical social change. He promoted a psychology for a socialist society—individual freedom through societal contribution—as a collaborative endeavor. Cultural tools bridge the gap between the person and environment in a mutual reciprocal fashion (Gibson, 1979).

### **Project Description/Methods**

Students from the healthcare learning community were asked to complete a learning/retention survey during the first group meeting of the learning community. The initial group meeting was held about one month into the healthcare learning community activities. Twenty-two students in the healthcare learning community completed the survey, allowing for results representative of a case study. Enrollment in all three of the healthcare learning community courses represented approximately 52 students.

The 11-item survey requested demographic information on each student, along with their viewpoints on the connection between their learning, retention, and the healthcare learning community. Students who felt that their learning and retention would be supported by the healthcare learning community were asked to provide up to three factors supporting their response. The responses of the healthcare learning community students were compiled and grouped thematically, as follows: (Personal) Support, Career Knowledge and Opportunities, Academic Support, Faculty Rapport/Relationship Building, and Networking. Responses were counted in a maximum of three theme categories for each respondent.

### **Results – Evaluation Effectiveness**

Of the 22 student survey respondents, 20 (90.9%) were female and 2 (9.1%) were male. Thirty two percent (7) of the students were ages 17 – 21; 36% (8) were ages 22 –26. Seven (32%) of the students were older than age 27. One

hundred percent of the students listed their major as healthcare management. Other majors in the Business College which were not included in the study were: Accounting, Business Information Systems, Logistics, Marketing and Supply Chain Management, and Management.

The majority (68%, or 15) of the respondents were enrolled in the Healthcare Administration Practicum course, 14% (3) were enrolled in the Human Resources Management course, and 18% (4) of the students were enrolled in the Quality Management in Healthcare course. Overwhelmingly, the students were juniors and seniors (98%, or 21).

The majority of the healthcare learning community students had been enrolled at the university for four years (8, or 36.4%). Seven (31.8%) of the students had been enrolled for more than four years and approximately 7 (32%) of the students had been enrolled for two to three years. One hundred percent (22) of the students reported their enrollment status as full-time. Ten students (45%) reported part-time employment, and 7 (32%) reported full-time employment. Five (43%) of the students reported their employment status as "not employed." When asked if a learning community will help to "retain and support you as a student," 20 (90.9%) of the students responded favorably, and 2 students (9.1%) responded "no."

**...80% of the students viewed the healthcare learning community as a source of personal and social support and as a major factor for their learning and retention.**

The results of students' viewpoints on their learning and retention are presented in themed categories in order of response frequency:

### **Social Support**

Sixteen or 80% of the students viewed the healthcare learning community as a source of personal and social support and as a major factor for their learning and retention. Their responses in the support theme area were consistent with historical and current literature. Many scholars have purported that social support or a sense of belonging positively supports student learning and retention. Some of the phrases used by students to describe social support were: experience working with others, help staying focused and oriented, fellowship, bringing healthcare students together as a whole, support, decreased stress, and sharing of ideas.

### **Career Knowledge/Opportunities**

Eleven, or 55%, of the healthcare learning community students indicated that career knowledge/opportunities would support their learning and retention at the university. Some of the phrases that the students used to express their viewpoints on learning, retention, and career knowledge/opportunities were: goals/opportunities, knowledge of changes in the field, innovations, gaining experience and training in healthcare, and the ability to obtain information in the healthcare field.

### **Academic Success**

Academic support was indicated as a learning, retention factor by 30% (6) of the students. Although academic success has been shown to be a byproduct of learning communities, academic success generally stems from the social and academic support/bonding that occurs in learning communities. Some of the phrases used to reflect the academic support were: help with courses, study groups, increased pass rate, and more interesting studies.

## Networking

Networking was identified as important to personal retention by 25% (5) of the healthcare learning community students. Networking was primarily related to contact with guest speakers and other community partners. Some of the theme phrases used by students relative to the value of networking on learning and retention were: having speakers, knowledge of people, and beneficial information from the community.

## Faculty Rapport / Relationship Building

Approximately 20% (4) of the healthcare learning community students identified faculty rapport/relationship building as important to their learning and retention at the university. Some of the phrases used by the students for the faculty rapport/relationship building theme were: communication with faculty, student/faculty relationships, and building relationships with faculty.

## Discussion

The range of themed areas reflected the realization of the healthcare learning community students that multiple factors are needed to enhance learning and student retention. However, the greatest emphasis was placed on social support. Students appeared to value opportunities for collaborative exchanges, especially with other students in the healthcare learning community. One student even mentioned the reduction of stress due to involvement with other students in the learning community. It appears that the feeling of belonging and support was central to all of the multidimensional theme areas for student retention. The concept of social involvement to enhance learning and retention has been widely studied and corroborated in the literature (Astin, 1975; Pascarella & Terenzini, 1980). Vygotsky also believed that learning was a social activity (Horton, 2008).

**The learning community...seems to be an important link in the ever-growing student learning and retention puzzle.**

Several other factors were related to learning and retention by the healthcare learning community students. The theme factors, in descending frequency were as follows: career knowledge/opportunities, academic support, networking and finally faculty rapport/relationship building. Faculty rapport/relationship building may have been viewed and mentioned in less frequency as peer interaction and problem-solving were a major component of the healthcare learning community. The role of faculty, while important, seemed to take a background role relative to the overall teaching and learning process. The dynamics of learning and retention seemed to have been reflected in the students' need for social supports; career knowledge/ opportunities; academic support, networking and faculty rapport/relationship building. Selected literature has shown that students who participate in learning communities have higher grades and are more satisfied with their educational experience, feel deep academic connections to faculty and peers, and make healthier educational choices than students in traditional courses (Gabelnick, MacGregor, Matthews & Smith, 1990).

Though more of a case study yielding personal perspectives, students in the healthcare learning community were candid about factors that they personally value and need to remain and persist in an academic university. The challenge, however, remains for institutions of higher learning to implement models of social interaction and related student success factors into the curriculum. The traditional lecture format has left retention statistics virtually unchanged for decades. Thus, the door is open for new models of teaching and learning, with an aim to facilitate student understanding and to retain students. The learning community, despite its multivariate design and functions, seems to be an important link in the ever-

growing student learning and retention puzzle. The camaraderie of co-enrollment may help students stay in school longer, and learning communities can offer more curricular coherence, integrative high quality learning, and collaborative knowledge relevant to living in a complex and diverse world (Lardner & Malnarich, 2008).

Additional assessments, including formative and process evaluations, were conducted throughout the 10-month duration of the healthcare learning community. Other data was also collected and analyzed relative to student learning, retention, program benefits, effective teaching methodologies, professional development, teamwork, and quality healthcare management. The results will also be compared to this preliminary case study in the future. Likewise, Vygotsky's theory of cognitive development serves as a mechanism to rethink current classroom practices and align the teaching and learning process with collaborative transformative practices.

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