

## EXPERIENCE EXCHANGE

# Creation of a holistic admissions review process: A promising change designed to promote diversity and inclusion in nursing education

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## ABSTRACT

**Objective:** The holistic admissions process employs a review strategy designed to assess an applicant's unique life experiences together with traditional measures of academic achievement. This process considers a broad range of factors that reflect an applicant's potential for professional success in the nursing field. The purpose of this initiative was to introduce a holistic admissions process at a nursing program that has historically utilized an academic metrics-based approach.

**Methods:** The nursing program identified goals and targets for holistic admissions as a means to evaluate the process and to make informed decisions that support the aim of increased student diversity.

**Results:** A team-based approach was used to develop criteria for holistic admissions. Shared values for characteristics of ideal nursing applicants were discussed first, and a literature review was conducted, focusing on predictors of success in nursing school and on the nursing licensure examination. Criteria were developed aimed at capturing the shared values, predictors of success, while also allowing applicants to 'tell their stories' during the application process. A student-facing application and applicant faculty review process were created. Benchmarks for monitoring diversity of the student population were identified.

**Conclusions:** Our faculty task force developed and implemented a holistic admissions review process and generated plans designed to monitor the improved diversity of the student population. Faculty reflections highlight the value of pursuing this change and moving forward with holistic admissions in our nursing program.

**Key Words:** Holistic nursing, Admission criteria, School nursing education, Cultural diversity

## 1. INTRODUCTION

The holistic admissions process features a review strategy that is designed to assess an applicant's unique life experiences together with traditional measures of academic success and achievements, including grades and test scores. This process has been designed to consider a broad range of factors related to an individual's background and to determine how

those factors might reflect the applicant's academic readiness, preparedness, and potential for academic and professional success. Historically, the admissions process used by most nursing schools considers academic achievement, e.g., grade point average and grades awarded for science classes as primary determinants for acceptance into a nursing program. This process does not contribute to the desired goal of in-

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creasing the diversity of the nursing workforce.

Approximately 50% of nursing programs use academic metrics exclusively as criteria for nursing school admission. Furthermore, most of the programs that also use holistic admissions criteria still focus heavily on academic metrics, despite evidence suggesting that this practice places otherwise qualified applicants from underrepresented communities at a distinct disadvantage.<sup>[1]</sup> For example, many otherwise superior candidates may not have had the opportunity to attend a high school with a curriculum that focused heavily on college preparatory and advanced placement courses. Many of these same applicants will be unable to afford the workshops that might prepare them for the standardized college entrance exams. Applicants who are educationally and/or financially disadvantaged with a strong desire to become nurses might be reviewed using a more holistic approach that considers factors other than academic metrics in the admission process.<sup>[2]</sup>

### 1.1 Evidence supporting the need for holistic admissions

The nursing profession is faced with the need for change. This was at least in part the result of the Coronavirus disease 2019 (COVID-19) pandemic, which highlighted many of the long-standing health disparities experienced by minorities and people of color. Nurse educators are strategically positioned to improve current efforts to increase the diversity of the nursing workforce and thus provide better care for a growing diverse population. While institutes of higher education may not make admissions decisions on the basis of race pursuant to the 2023 Supreme Court decision, one way to achieve this goal is to create more inclusive admissions policies that will attract a more diverse student body and ultimately graduate more diverse nurses. According to the American Association of Colleges of Nursing (AACN),<sup>[3]</sup> there is a strong connection between employing a culturally diverse nursing workforce and providing high-quality and culturally competent care. Therefore, one of the top priorities of our profession is to find ways to attract members of underrepresented groups to the nursing field as this will have a profound impact on the health disparities experienced by marginalized populations.

In 2020, the National Council of State Boards of Nursing (NCSBN) surveyed the nursing workforce in the United States (U.S.). Among their findings, the NCSBN reported that 80.6% of the registered nurses (RNs) identified themselves as white/Caucasian; others included 7.2% Asian, 6.7% African American, 5.6% Hispanic, 2.1% of two or more races, 0.5% American Indian/Alaskan Native, and 0.4% Hawaiian/Pacific Islander. Of note, the 2020 U.S. Census Bureau reported that more than 40% of the U.S. population

identified as a person of color and projected that this minority population will become the majority by the year 2045.<sup>3</sup> Racial minorities are significantly underrepresented in nursing, despite evidence that patients often seek providers of similar cultural and ethnic backgrounds. Research findings support the need to enhance diversity in collegiate health-related programs in order to increase the number of culturally competent, qualified providers to levels representative of the U.S. population as a whole. Toward this end, holistic admissions processes promote diversity among nursing students and thus future nurse providers.<sup>[4]</sup>

According to the University of Nevada School of Medicine (UNSOM) Health Policy Report,<sup>[5]</sup> the RN workforce in Nevada at that time included 72.2% Whites, 17% Asians, 3.7% Hispanics, 3.1% Blacks, and 1.7% Pacific Islanders. Interestingly, except for those who were White (72.2%) or Black (3.1%), the percentages of RNs representing each ethnic group were higher than those found in the U.S. population as a whole. However, when comparing the ethnicities of the RN population to Nevada as a whole, the Asian RN population is approximately three times higher than the national average and overrepresents the percentage of Asians who were living in the State. By contrast, while the percentage of Hispanic RNs in Nevada is also higher than that reported among RNs in the U.S. overall, the state's Hispanic population remains underrepresented. Nevada's population is about 30% Hispanic/Latinx and is not proportionately represented in the state's RN Hispanic/Latinx population, at 3.7%.<sup>[6]</sup> Finally, while the Black community in Nevada represents 6.8% of the total population, only 2% of RNs are members of this minority group and are thus underrepresented in this population.

Nursing program student demographics are shown in Table 1. These data reflect the current diversity of the nursing program at UNSOM compared to that of the state and can be used to identify targets and benchmarks for monitoring and evaluating the success of the initiative.

## 2. METHODS

### 2.1 Purpose of our initiative

The purpose of this initiative was to create a holistic admissions process within a nursing program that has historically utilized a solely academic metrics-based approach. The current approach is based on a points system that focuses on the applicant's grade point average (GPA), scores on standardized admissions tests, and grades achieved in specific academic courses. While the student population currently enrolled in our nursing program is considered diverse, the nursing faculty aims to ensure that all candidates applying to the school have equitable access to admission. As the insti-

tution provides services for a large minority population, all students must have an appropriate opportunity for admission to the nursing program.

**2.2 Holistic admissions: A promising change designed to improve diversity and inclusion**

To create an effective holistic admissions process, the program must first define an applicable concept of diversity and ensure that the criteria to be utilized do not unintentionally exclude certain eligible candidates.

**2.3 Holistic Admissions: A promising change designed to improve diversity and inclusion**

The nursing program is committed to improving diversity and inclusion. A diverse nursing staff will help to reduce health disparities and will provide critical culturally competent care. To create an effective holistic admissions process, the program must first define an applicable concept of diversity and ensure that the criteria to be utilized do not unintentionally exclude certain eligible candidates.

**Table 1.** Nursing program demographics

BSN Admissions	Nursing Program Trends (%)
African or Afro-Caribbean	0.5
American Indian or Alaskan Native	0.5
Arabic	0.9
Asian (not Hispanic or Latino)	43.5
Black or African American (not Hispanic or Latino)	4.2
Hispanic or Latino	19.4
Indian Middle Eastern	0.0
Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	0.5
Other	1.4
Two or more races (not Hispanic or Latino)	8.8
Unspecified	1.4
White (not Hispanic or Latino)	19.0

**2.3.1 Using data to inform decisions to promote diversity**

The nursing program used school, university, and census data to identify goals and targets for holistic admissions. This information was also used to evaluate the process and make informed decisions to support its aim of increased diversity not only within the school but also within the RN workforce. These mechanisms were put in place to monitor the progress of our endeavors while simultaneously ensuring that students were equipped to matriculate and proceed successfully to graduation, pass the NCLEX-RN examination, and subsequently earn licensure. These goals were designed to evaluate the effectiveness of holistic admissions strategies while maintaining the highest quality of nursing education. The targets were informed by accreditation and state board of nursing requirements, school trends, and the ideals put forth by proponents of holistic admissions policies. As the nursing program implemented holistic admissions strategies and assessed student achievement and the sustainability of these goals over three academic years, the school intended to establish formal benchmarks for long-term integration and evaluation of holistic admissions in the nursing program. Additionally, the task force recommended the adoption of a Holistic Admissions Review (HAR) process for nursing programs at all levels, including those providing graduate-level education. The nursing program at the University of Nevada

Las Vegas is part of an urban school in the heart of one of the most diverse cities in the U.S. Many nursing students are from the local community and many of the school’s graduates work as RNs in the immediate area. While the nursing faculty considered increased representation of Black/African American and Hispanic students as an appropriate target goal, we also reviewed current enrollment trends and local demographic data and focused on efforts to increase the representation of all minority groups within the school of nursing and the RN workforce so that the student population might reflect the community and the people they will serve. According to recent census data,<sup>[6]</sup> the percentages of Black/African Americans and Hispanics in the immediate area were 11.5% and 34.1%, respectively. Thus, these initial targets will permit the nursing program to establish achievable, short-term goals while tracking and evaluating the actual outcomes.

**2.3.2 Overview of previous admissions practices**

The admission criteria used before the holistic admissions process was adopted were based entirely on previous academic performance. Applicants were evaluated by a scoring system in which points were awarded based on their academic performance in anatomy and physiology, microbiology, nutrition and human development, chemistry, and math

courses together with standardized admissions test scores in reading and comprehension, grammar, anatomy and physiology, and math. All successful applicants were required to earn a grade of B or higher within two attempts for all courses; depending on the grade earned, the applicant would also be scored on the number of times they repeated a course. For example, applicants would have a point deducted if they needed to repeat a course for a better grade and would earn more points if a higher grade was achieved. An applicant would need to earn a minimum score of 88 points (of a total possible 100) to be eligible to apply and could apply to the program only four times.

Among the goals for developing new admissions criteria, the

nursing faculty hoped to identify and ultimately remove systemic factors that created barriers to otherwise high-quality applicants who might not be considered based on the current academic metric-based point structure. The team also recognized that reliance on standardized exam scores and other practices, such as awarding extra points for applicants who only had to take a course once to earn a high grade (versus needing to repeat a course to improve a grade), did not align with holistic admissions because of the heavy emphasis on academic achievement requires access to specific resources. The task force recognized that the points-based system did not allow applicants to tell their stories or discuss any of the personal attributes that we value in the nursing profession (see Table 2).

**Table 2.** Identified outcome goals and targets for holistic admissions

Outcome Goals for Holistic Admissions	Three-year Targets
Increase the number of historically underrepresented minority groups admitted who will better represent the communities that they will serve.	Black or African American—7.5% Hispanic—22.4% As a local program with a majority of local students; set and adjust targets informed by regional population data ( <a href="#">2022 Census Data</a> ).
Maintain/Increase representation of first-generation students admitted.	45% Based on analytics data, the nursing program has a headcount average of 45% first-generation students each fall over the past 6 years (range 43%-48%).
Program completion rates will continue to demonstrate program effectiveness.	95% Accreditors require a minimum benchmark of 70%. The nursing program has averaged a 96.5% completion rate over the past 3 academic years.
Licensure (NCLEX-RN) pass rates will continue to demonstrate program effectiveness.	90% (first-time pass rate) Accreditors require a minimum benchmark of 80%. The nursing program has averaged an 88.3% pass rate over the past three years (range, 87.3%-93.2%)
Graduates will report satisfaction with the quality of their education.	90% Nursing program benchmarks for reports have typically been 85%
Graduates will report satisfaction in meeting the expected program learning outcomes.	90% Nursing program benchmarks for reports have typically been 80–85%.

### 3. RESULTS

#### 3.1 Team process and shared values

A faculty task force was comprised of 10 faculty members and 1 staff member with interest in improving diversity and holistic admissions. Task force members were selected based on their written expressed interest and experience as nurse educators at the prelicensure level. At the first task force meeting, all members had the opportunity to state why they were part of this group and to discuss the qualities that they felt contributed to a successful nurse and nursing student. Eleven attributes emerged as important to our nursing program and prospective applicants. The task force agreed on the following shared values and attributes: passion for healthcare; previous healthcare background/experience; adaptability and flexibility, honesty and ethically sound decision-making, compassion and empathy; social responsibility; resilience and

perseverance; and an outstanding work ethic. This list of shared values and attributes created a foundation that was used to develop the process. The task force wanted to be clear about shared values before reviewing the literature so that the values could be fully incorporated.

#### 3.2 Literature review

The task force reviewed the relevant literature, including the AACN<sup>[7]</sup> White Paper on holistic admissions processes and the AACN Holistic Admissions Toolkit.<sup>[3]</sup> We also reviewed holistic admissions processes implemented at other similar schools of nursing. We performed a literature search that focused on academic factors, personal attributes, and experiences that were predictive of success in nursing school.

The AACN defined a holistic admissions review (HAR) as

“a flexible, individualized way of assessing an applicant’s capabilities by which balanced consideration is given to experiences, attributes, and academic metrics.<sup>[7]</sup>” There are compelling benefits that emerge from implementing a HAR of health care systems that result from the diversification of the nursing workforce through nursing education. Benefits include enhanced cultural competence, the ability to address health inequities in medically underserved communities, and enhanced cultural competence.<sup>[7]</sup> The AACN also noted that diversity has been associated with improved access to care by racial and ethnic minority patients, greater patient choice and satisfaction, and superior educational experiences for students training for careers in health professions.<sup>[7]</sup> Implementation of a HAR will permit schools to move away from the need to attract large numbers of students with high GPAs, superior standardized test scores, and strong grades in advanced placement courses and focus more on other experiences and attributes that the candidates can bring to the profession. Having diverse cohorts benefits all students; exposure to others will expand their worldviews and permit them to learn from one another’s varying experiences and perspectives.<sup>[7]</sup>

### 3.3 Academic factors as predictors of success

The task force reviewed the literature that discussed standardized admissions exams, which was one of the previous requirements for admission into the nursing program. The literature on this topic was mixed and did not fully support the continued reliance on this exam as a predictor of success. For example, Underwood et al.<sup>[8]</sup> published the results of a single-center study that was designed to evaluate the Elsevier HESI® Admission Assessment (A2) as a predictor of student success. The authors examined the relationship between A2 scores and final grades in first-semester nursing courses. The participants’ A2 English, math, and anatomy and physiology scores were considered in this study. The faculty concluded that the A2 scores provided a valuable measure of the student’s ability to succeed in the nursing program, and, as such, they provided the faculty with critical information needed for evidence-based decisions on applicant selection.

By contrast, Al-Alawi et al.<sup>[9]</sup> published the results of a systematic review designed to identify preadmission variables and selection criteria that predicted student success in four-year baccalaureate nursing programs in the U.S. The authors reported that the literature was mixed regarding the use of GPAs and pre-admission examination performance as factors contributing to the successful completion of nursing programs. The authors note that efforts to isolate a single variable that best predicts student success were challenging.<sup>[9]</sup>

### 3.4 Personal attributes as predictors of success

Personal attributes that predict success in nursing school include emotional intelligence, stress tolerance, self-control, and resilience. Jones-Schenk and Harper<sup>[10]</sup> introduced a descriptive correlational design that was used to evaluate the emotional intelligence of 116 potential nursing students and 42 successful staff nurses using the Emotional Quotient Inventory (EQ-i). Results from this study revealed that students with higher levels of emotional intelligence, particularly those with high intrapersonal capacity and stress tolerance were more likely to be successful in baccalaureate nursing programs than students who scored lower on tests of these attributes.

Mthimunya and Daniels<sup>[11]</sup> published the results of a systematic review that evaluated the available evidence on predictors of academic performance, success, and retention among undergraduate nursing students. The results of the review, which included seven studies from five countries, revealed the following significant predictors of academic success: older age; female gender; English-language proficiency; ethnic majority; high overall pre-admission GPA; high supplemental application score; high pre-admission science GPA; selection of nursing as a first choice for study; participation in organized music programs; homework completion; lecture attendance; kinesthetic learning approach; strong performance in psychology modules; emotional intelligence; self-control; and resilience.

Finally, Walker and Rossi<sup>[12]</sup> reported the results of a descriptive study that included 421 bachelors of student nursing students in Australia. A questionnaire was administered to identify the personal qualities needed by undergraduate students to achieve success in a work-integrated learning program. The researchers found six personal qualities as important for success, including enthusiasm to succeed, commitment to learning, self-motivation, confidence, effective communication skills, and compassion.

### 3.5 Experiences as predictors of success

Several studies were reviewed in an effort to determine what types of experiences might predict success for nursing students. Capponi and Barber<sup>[13]</sup> performed a scoping review of the nursing literature and found that the students who ultimately completed the training programs wrote about being a nurse (i.e., an internalized view); by contrast, students who did not complete the training program wrote about “doing” nursing (i.e., an externalized view). Additionally, a review of students’ motivations for entering a nursing program revealed that those who wanted to help others, cared for relatives, or had a history of a personal experience with a nurse were most likely to be successful in the program. The authors also noted

that there are no studies published within the previous ten years that explored prior healthcare experience as a predictor of success.

Jung et al.<sup>[2]</sup> conducted a five-year study on the use of holistic admissions strategies in a second baccalaureate degree nursing program. The researchers concluded that the implementation of a HAR increased student diversity and that the community service component, the number of volunteer hours, student dispositions, and individual life circumstances contribute to students' persistence in handling both classroom and clinical experiences. Additionally, Morrow<sup>[14]</sup> added that life experiences, leadership roles, healthcare experience, volunteerism, geographic exposure, study abroad, community experience, research experience, culture/diversity, and previous healthcare experience should all be considered valuable experiences in a HAR.

Finally, Scott and Zerwic<sup>[15]</sup> reported that life experiences, leadership roles, healthcare experience, volunteerism, geographic exposure, study abroad, community experience, research experience, and culture/diversity should be included as critical attributes in the HAR. Wros and Noone<sup>[16]</sup> noted that experience with adversity and the health care system should be included in the HAR and that retention rates of disadvantaged students have risen steadily to over 90% since the implementation of this process.

### 3.6 Developing review criteria for holistic admissions

Upon its recognition of a set of shared values and attributes, the task force determined that the next step would be to develop review criteria for holistic admissions that included non-academic factors known to contribute to success in a nursing program in the consideration for admission. After a careful examination of the holistic admissions models adopted by other nursing programs and medical schools as well as evidence from the published literature, the task force identified the review criteria that included academic metrics, experiences, and attributes. For each criterion, the task force discussed multiple methods that might be used by the applicants to showcase their capabilities, including résumés or curricula vitae, essays, and interviews.

#### 3.6.1 Academic metrics

The task force considered awarding points for an applicant's GPA after all other criteria were considered. Among the various scoring systems that might be used, they considered awarding a set number of points for a GPA that was at or above 3.8 or a sliding scale of points for an incremental range of GPAs starting at 3.5. Upon review, the task force opted to require a minimum GPA at the previously mentioned threshold rather than awarding points on a sliding

scale. This decision was based on the recognition that this type of practice does not align with holistic admission principles and likely presents a barrier to some students. The task force discussed the pros and cons of establishing a minimum threshold GPA of 3.0 for nursing prerequisite courses and permitting all applicants who meet this criterion to continue through the application process. Because performance in science-based courses has been established in the literature as a predictor of success in nursing school,<sup>[11]</sup> applicants must have a minimum 3.0 GPA in science-based courses and a minimum 2.5 overall GPA in all other prerequisite courses. All courses need to be completed at the start of the nursing program.

#### 3.6.2 Experiences

The task force acknowledged that students' lived experiences often prepare them both academically and personally for the rigors of the nursing profession. The following were identified as examples of relevant experiences that might meet this criterion:

- 1) Current or previous employment in health care;
- 2) Service to others;
- 3) Responsibilities such as employment, parenting, caring for other family members, or babysitting;
- 4) Participation in activities that require time management and/or organizational skills such as student government, clubs, committees, and/or sports.

This list was not intended to be prescriptive but rather to provide examples for applicants and the admission committee that might be used to consider an applicant's potential. This criterion was measured through a faculty review of the applicant's résumé or curriculum vitae.

#### 3.6.3 Attributes

The qualities that fulfill this criterion were derived from the list of shared values and attributes identified by the task force when they initiated this endeavor. These include (but are not limited to) adaptability; flexibility; passion for health care; resilience; perseverance; strong work ethic; social responsibility; compassion; empathy; honesty; and ethical behavior. These intrinsic qualities align with the mission and vision of the school and are critical for success as a nursing student within our program. These attributes were assessed as part of a faculty review of applicant interviews. Interview questions and rubrics were developed by the task force and reviewed and adopted by program committee members and faculty.

### 3.7 Finalizing the admissions criteria

The task force used multiple methods to collect faculty feedback on the proposed admission criteria. The first draft of the proposed criteria was initially presented and discussed

at program meetings. The task force reviewed and considered initial feedback before presenting the criteria in draft form to the entire faculty at a formal meeting with the entire organization. In addition to faculty feedback, the task force engaged in conversations with the admissions director and the health sciences representative at the disability resource center of the university.

Based on feedback from all stakeholders, the task force refined the criteria and created a final proposal for holistic admissions that was presented to the undergraduate nursing program committee. The admissions criteria proposed included additional scoring metrics that could be considered during the implementation process or sometime in the future after an initial evaluation of the data that have been collected. These metrics include professional references and additional academic achievements. Table 3 presents the proposed criteria and highlights additional scoring metrics for future consideration.

### **3.8 Developing the process for implementation**

A modified version of the new holistic admissions process is currently being piloted in our small prelicensure program that admits 96 students each year. A phased implementation has also been planned for our larger prelicensure program, which admits 300 students each year. We plan to monitor the process and the data collected from the smaller program and use the information obtained to modify the larger program over time.

#### **3.8.1 Phased implementation**

Moving to holistic admissions is a major shift; phased implementation allows for ongoing evaluation of targets and success measures. The current method is to assess academic metrics only. The future goal is to include academic metrics, attributes, and experiences in the admissions assessment for all prelicensure programs.

#### **3.8.2 Phase 1**

In the first phase (year 1), the focus placed on academic metrics will be changed and points will no longer be subtracted because the applicant needs to take a course multiple times. The requirement for standardized admissions testing will also be eliminated. Points will continue to be allocated based on an applicant's GPA. Quality points (i.e., points scored based on the applicant's grade in a given course) will continue to be awarded.

Given the current practice of subtracting "attempt" points, students could lose as many as 5 of a total of 100 points because they are trying to be more competitive. There is no literature available that supports the use of attempt points in admissions scoring. Of note, this practice creates an unfair

bias against applicants who are willing to work hard and repeat a course to improve their chances of admission. Similarly, the literature is mixed on whether standardized tests predict success in nursing programs or on the NCLEX.<sup>[9]</sup> Standardized tests have certainly not been successful in contributing to one of the most important initiatives in nursing education, which is promoting diversity among nursing students.<sup>[9]</sup> Of note, admission assessment scores have no significant impact on graduation rates and first-time NCLEX pass rates.<sup>[17]</sup>

#### **3.8.3 Phase 2**

In the second phase (year 2), in addition to the academic metrics, an applicant's life experiences will be considered. Examples of interest include health care experience, service, responsibilities such as work hours or parenting, and organizational skills. Any life experience can be reported on the application and will be given due consideration. Scoring rubrics have been developed. An existing agreement between the university and a holistic admissions vendor platform that was previously in place can be used to support operationalizing the review process (see Table 4).

#### **3.8.4 Phase 3**

In the third phase (year 3), the applicant's attributes will also be considered. Among these attributes, we will assess adaptability, flexibility, passion for health care, resilience, perseverance, work ethic, social responsibility, compassion, empathy, honesty, and ethically sound decision-making. Based on the results of the pilot of the smaller prelicensure program, we will continue to refine the process used for applicant assessment. All faculty reviewers will undergo implicit bias training. At least two independent faculty members will review each application to minimize the chance of implicit bias. An essay and interview will be used, and scoring rubrics and a review process have been developed based on the results of the pilot performed with the smaller prelicensure program.

### **3.9 Launching the application and faculty review process**

The team responsible for operationalizing these changes included the college admissions group, the enrollment coordinator, and a contracted third-party vendor that specialized in applicant interviewing and assessment rubrics. The review process took place within the third-party vendor site to which students submitted all application materials, essays, and recorded interviews. The enrollment coordinator recruited and worked with prospective students to determine their eligibility before submitting official applications. Faculty were nominated by others or by themselves to serve on the applicant review team.

**Table 3.** Draft of a phased approach for implementation of holistic admissions

Proposed Criteria	Change from Current Practices	Weight	Rationale	Questions
<b>Phase 1: Threshold</b>				
<b>Academic Metrics (Part 1)</b> <ul style="list-style-type: none"> <li>Prerequisite will be completed by start of program</li> <li>3.0 GPA (Health Sciences?)</li> </ul>	Becomes only one portion of what is considered	0%	<ul style="list-style-type: none"> <li>Remove thresholds that may put applicants at a disadvantage when they do not have very high scores due to a variety of reasons.</li> <li>All who move on are eligible for admission.</li> </ul>	<ul style="list-style-type: none"> <li>Minimum threshold for acceptance?</li> <li>Academic metrics readdressed in later phases?</li> </ul>
<b>Phase 2: Essay and Reference(s)</b>				
<b>Experiences</b> <ul style="list-style-type: none"> <li>Health Care</li> <li>Service to others</li> <li>Responsibilities (employment, parenting, caring for siblings, babysitting, etc.)</li> <li>Participation in activities requiring time management/organizational skills (e.g., student government, clubs, committee involvement, sports, and others)</li> </ul>	Not currently considered	30%		<ul style="list-style-type: none"> <li>Any additional experiences?</li> <li>Scoring rubric would need to be created</li> <li>Demonstrated on application via essay, video interviews, etc. (identifiers removed and prompts included)</li> </ul>
<b>Attributes</b> <ul style="list-style-type: none"> <li>Adaptability/Flexibility</li> <li>Passion for health care</li> <li>Resilience/perseverance</li> <li>Work ethic</li> <li>Social Responsibility</li> <li>Compassionate/Empathetic</li> <li>Honesty/Ethical behaviors</li> </ul>	Not currently considered.	40%		<ul style="list-style-type: none"> <li>Any additional attributes?</li> <li>Scoring rubric would need to be created</li> <li>Demonstrated on application via essay, video interviews, etc. (identifiers removed and prompts included)</li> </ul>
<b>Professional References</b> 1–2 references (Examples: past/current teachers, instructors, guidance Counselor, employer, coach, volunteer organization director, spiritual leader, etc.) <ul style="list-style-type: none"> <li>Minimum of 2 points earned?</li> </ul>	Not currently considered	5%		<ul style="list-style-type: none"> <li>References speak to experiences or attributes?</li> <li>Promote truthful responses/provide a measure of validity?</li> <li>Scoring rubric would need to be created</li> </ul>
<b>Phase 3: Interview</b>				
<b>Interviews</b> <ul style="list-style-type: none"> <li>Two independent faculty reviewers to minimize implicit bias</li> </ul>	Not currently used	20%	Allows reviewers to hear the “story” of the applicants	<ul style="list-style-type: none"> <li>How many progress to this phase?</li> <li>Those who pass to 3rd phase: Both phase 2 and phase 3 points are calculated for admission?</li> <li>Typically we have ~200 applicants with 72 accepted 3x per year</li> <li>Rubric needed for scoring</li> </ul>
<b>Academic Metrics (Part 2)</b> <ul style="list-style-type: none"> <li>GPA 3.8+ = 5 pts</li> </ul> OR <ul style="list-style-type: none"> <li>GPA 3.50–3.69 = 1 pt</li> <li>GPA 3.70–3.80= 2 pts.</li> <li>GPA 3.81–3.9= 4 pts.</li> <li>GPA 3.91–4.0 = 5 pts.</li> </ul>	A smaller portion of current practices	5%	<ul style="list-style-type: none"> <li>Allows all who meet basic admissions requirements to move on to final phase</li> <li>Minimal points for GPA in final decision-making phase</li> </ul>	<ul style="list-style-type: none"> <li>Should GPA for high academic achievers be considered in final phase?</li> <li>If so, what should that GPA metrics be?</li> </ul>



**Table 4.** Developing the scoring process

Step 1	Meeting with the vendor to discuss holistic admissions criteria Enabled vendor to find statements/prompts aligned with the criteria
Step 2	Review and select prompts for all steps of application (résumé/curriculum vitae, essay, interview)
Step 3	Review and select vendor-developed interview competency categories aligned with holistic admissions criteria Innovation, critical thinking, curiosity, professionalism, leadership, and vision
Step 4	Program committee members reviewed and ranked a pool of interview questions for each competency category
Step 5	Final interview questions were selected based on rankings
Step 6	Review and select vendor-developed rubrics based on interview competency categories
Step 7	Program committee members reviewed and provided feedback on proposed rubrics
Step 8	Rubrics updated and tailored to school/program needs

### *Lessons learned and future plans*

We debriefed after the first round of admissions that featured the new modified holistic admissions process. Faculty reviewers described it as a smooth and seamless process compared to their previous experience with other review processes. They commented that it was simple, fast, and easy to manage. Faculty members were typically able to complete their reviews in 1–2 days. The use of an integrated platform for reviewing all parts of the application saved time and made the process more efficient. The questions asked during the interviews and the rubrics used to evaluate interview responses were easily discerned. Review teams were assigned; each applicant was assigned three faculty reviewers and each faculty member was assigned 12–18 applicants to review. All applicants were assigned final rubric-based scores after their résumés/curriculum vitae, essay responses, and interviews were reviewed.

The average overall scores were ranked, and the top 32 candidates were offered admission. In the case of a tie, a fourth faculty member reviewed the application without the previous knowledge of the applicant or other reviewers. The program director and enrollment coordinator facilitated the process and ensured that faculty reviewers did not discuss or collaborate which might influence the final scoring. Individual reviewers were not able to see scores entered by other reviewers; this served to reduce the chance of bias and influence that might mar an otherwise independent and anonymous review. Of the 11 reviewers, only one reviewer's scores were routinely inconsistent with those of the other 10 reviewers. The average rating for all applicants was 4.0 out of 5.0; a score of 1.0 was poor and a score of 5.0 was exceptional.

The task force also discussed the importance of developing criteria for a diverse group of faculty reviewers that could be applied during each application cycle. We also recognized that the faculty reviewers might benefit from formalized im-

PLICIT bias training; this program is now offered to faculty reviewers on an ongoing basis. We also discussed that, in the future, we would provide the applicants with the scoring rubrics before they complete the application. We intend to monitor data, specifically academic metrics, clinical performance, and licensure examination pass rates, with each application cycle and each phase. This will enable us to make adjustments to the process to achieve our desired outcomes of increasing diversity while maintaining rigor and quality.

### **3.10 Sustaining the change**

The holistic admission strategy is a new process for our nursing program. There was some initial discussion focused on amending the nursing bylaws to include a standing admissions committee that would review 700–1000 applications during each academic year. The current bylaws use an ad-hoc committee for this process, i.e., a one-time task-specific committee that has a defined timeline for the completion of the intended work. Because each program uses an established ad-hoc committee process, we made no changes at this time and decided to reevaluate the standing committee option for future admissions at a later date.

We also discussed the need to have support resources in place as a more diverse nursing student body is admitted, with varying levels of academic preparation. Our student affairs team, comprised of 7 staff positions whose primary duties focus on student support, will collaborate with students and faculty to offer wrap-around support focused on academic and non-academic barriers to success in nursing education.

## **4. DISCUSSION**

The admissions process traditionally used by nursing schools examines academic achievement, for example, the applicant's GPA and science grades, as primary determinants for acceptance into the nursing program. Applicants who may be educationally or financially disadvantaged but have a strong desire to become nurses need to be assessed using a holistic

approach that considers factors other than those associated with academic achievement. Our faculty task force used an iterative process to develop and implement an HAR protocol and plans to continue to monitor the effectiveness of this process toward our goal of improving the diversity of the student population. Faculty reflections highlight the value of this method for pursuing change and moving towards holistic admissions in nursing.

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### AUTHORS CONTRIBUTIONS

Dr. Angela Silvestri-Elmore was responsible for leading the project and identifying information used to construct all sections of the article. She also wrote the sections on lessons learned and the phased approach of implementation. Dr. Kayla Sullivan was responsible for writing the background and evidence sections. Dr. Clark focused on the purpose statement and literature review. Dr. Pfannes and Ms. Spittler wrote the sections on developing the review criteria and the process for developing essay and interview questions. Dr. Leland wrote the sections on bylaws and standing admissions committees. Dr. Thimsen wrote the sections on the comparison of institutional data to state and national data. Ms. Willis wrote the section on team process and shared values. Dr. Colosimo was our proofreader and also suggested edits for cohesiveness. All team members read the article for grammar and formatting.

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Obtained.

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No additional data are available.

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