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Running head: EXPERIENCES AFFECTING ASSOCIATE

EXPERIENCES AFFECTING ASSOCIATE DEGREE IN NURSING PROGRAM  
GRADUATES' DECISIONS TO PURSUE A BACHELOR OF SCIENCE IN NURSING  
DEGREE

By

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A Dissertation Submitted to the Faculty of  
Old Dominion University in Partial fulfillment of the  
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

COMMUNITY COLLEGE LEADERSHIP

OLD DOMINION UNIVERSITY

December 2015

Approved by:

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Dana D. Burnett (Chair)

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**ABSTRACT**

EXPERIENCES AFFECTING ASSOCIATE DEGREE IN NURSING GRADUATES'  
DECISIONS TO PURSUE A BACHELOR OF SCIENCE IN NURSING DEGREE

David P. Bartos  
Old Dominion University, 2015  
Chair: Dr. Dana D. Burnett

This qualitative research study explored those experiences that influenced associate degree in nursing (ADN) graduates' decisions to pursue a bachelor of science in nursing degree (BSN) after they had graduated from a two year nursing program at a state community college in a Southeast region state. The research design used was phenomenological research tradition, using semi-structured interviews to identify participants' experiences, and Moustakas' phenomenal data analysis to analyze the collected narrative data to determine themes from the acquired experiences. ADN registered nurses (RN) who had graduated from a specific state community college nursing program participated in this study. Life experiences involving long term interactions with family, work and academic peers, academic institutions, and workplace were significant in leading the participants to successfully enroll in an RN to BSN program. The cumulative effect of the experiences of family, from parents in childhood to raising children in adulthood was found to have most significant influence on ADN graduates' decisions to pursue a BSN.

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This dissertation is dedicated to Marena. Her belief in me has always been more than I have ever expected of myself. Her faith in me has led me to believe I can move mountains, and one step beyond, defending a dissertation. I could not have made it through this program without her time proofing my work, listening to my arguments, and patience in helping me through all the anxieties and frustrations that come with completing a PHD program.

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This little engine would like to acknowledge that it took more than my believing that I could defend this dissertation. First and foremost, I would like to acknowledge and thank my chair, Dr Dana Burnett, in believing that I could succeed and guiding me throughout my classes and defense. Your leadership, mentoring, exceptional patience, and wealth of knowledge and experience were essential to my success. It is my fondest desire to guide a future doctoral candidate as well as you have guided me.

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Dr Mitchell Williams has influenced my whole journey from my first PHD program course to defending my dissertation. It was through taking his course on community college governance and polices that I first found a passion in community college leadership. Dr. Williams’s course led me to apply to the PHD for community college leadership program. His mentoring guided me in developing my dissertation’s purpose and research questions. As a member of my committee, his reviews helped me connect my purpose to how it applied to the

community college mission. Dr. Williams thank you for all that you have given me thought out this journey, I intend to return your help to me through helping others in their lifelong learning.

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## Chapter 1

### Introduction

#### Overview

In 1965, the American Nurses Association (ANA) recommended the establishment of the Bachelor of Science in Nursing Degree (BSN) as the minimum entry level for professional nursing practice. ANA (1965) defines three levels of nursing education: a vocational level to work as healthcare assistants, an Associate Degree in Nursing (ADN) level for entry as technical nurses, and a BSN level for entry as professional nurses. In 1996, the National Advisory Council on Nurse Education and Practice set a goal of 66% of all RNs to obtain a BSN or higher by 2010 (Aiken, 2009). In 2010, only 50% of RN's had obtained a BSN (Altmann, 2011). A Committee of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, in partnership with the Institute of Medicine (IOM, 2011) recommended an increase in the total number of RNs with a BSN from 50% in 2008 to 80% by 2020.

Health care in the U.S. confronts an annual shortage of RNs with a BSN degree or higher to meet the needs of the nursing workforce (Aiken, 2010). The complexity of the nursing practice has been increasing with the complexity of healthcare (Lane & Kohlenberg, 2010). During the 1960's, organ transplant procedures were developed and intensive care units established (Ellenbecker, 2010). Through the end of the 20<sup>th</sup> century, specialization in healthcare increased and became the norm: The rise of healthcare maintenance organizations (HMO), which network the specializations in healthcare have become increasingly complex (Zismer, 2013). Professional nurses have been required to provide interdisciplinary, patient centered, and evidence-based care: Professional nurses must employ improvement techniques, and demonstrate

proficiency in the use of electronic technology: They must strive for higher levels of academic education to succeed (Fleeger, & Connelly, 2012).

The American Association of Colleges of Nursing (AACN, 2005) recognized a BSN as the minimum educational requirement for entry into current professional nursing. The National Advisory Council on Nurse Education and Practice (NACNEP, 1996), the American Organization of Nurse Executives (AONE, 2005), and the IOM (2011) have both encouraged and recommended an increase in BSN RNs in the workforce. The BSN has been determined to be the right degree to provide entry-level professional nurses with the critical skills required to effectively practice nursing in the 21<sup>st</sup> century (DeBrew, 2010).

The BSN degree provides the liberal education outcomes expected for professional nurses (DeBrew, 2010). The skills provided by a BSN expand the liberal education of ADN graduates to include in-depth knowledge of: effective communication, critical thinking, cultural and diversity understanding and sensitivity, collaboration, and the knowledge from science and the social sciences for solving complex problems (DeBrew, 2010). Nurses in the 21<sup>st</sup> century must understand the political, social, and economic issues involved in patient care and healthcare, and have the liberal educational background to confront situations which may arise from these issues (DeBrew, 2010).

Increasing ADN graduates' rates of enrollment in RN to BSN programs is considered to be critical for meeting healthcare requirements for the percentage of nurses who have a BSN (IOM, 2011). In 2008, only 50% of RNs held a BSN or higher (Health Resources and Services Administration [HRSA], 2010). In 2008, 65% of RNs holding less than a BSN were ADN graduates (IOM, 2011).

Only 12.1% of all RNs who graduated with an ADN in 2000-2008 received a BSN (HRSA, 2010). Increasing the number of ADN graduates enrolling in BSN programs is the easiest means of increasing the percentage of BSN graduates in the nursing workforce (Altmann, 2011). ADN graduates who enrolled in RN to BSN college programs needed less faculty monitoring and oversight than pre-licensure students or diploma graduates (IOM, 2011). ADN graduates, who continued on to RN to BSN programs, required only online or classroom courses (IOM, 2011).

### **Significance of a Bachelor of Science in Nursing**

A BSN has become the recommended degree requirement for professional nursing (AACN, 2005; AONE, 2005; IOM, 2011; NACNEP, 1996). As recommended by The IOM, to meet the goal of 80% of all nurses in healthcare holding a BSN by 2020, the rate of ADN graduates transitioning into RN to BSN programs must increase (IOM, 2011). Licensed RNs holding only an ADN have been the largest nursing group in healthcare, they are the most significant source of qualified nursing candidates for RN to BSN programs (HRSA, 2010; IOM, 2011). In order to increase the number of ADN graduates successfully enrolling in RN to BSN programs, nursing, academic, management, and practice leaders need to identify what experiences influence ADN graduates to pursue a BSN (IOM, 2011; Megginson 2008).

In 2001, 76.6% of hospitals and healthcare organizations preferred to hire BSN graduates (Aiken, 2010; American Association of Colleges of Nursing, 2011). Approximately 30.1% required new nursing graduates to have a BSN (AACN, 2011). All military services require active duty nurses to have a BSN (IOM, 2011). Nurses employed by the Veteran's Administration must obtain a BSN before they can be considered for promotion (IOM, 2011).

The AACN has determined that an increase in the number of nurses holding a BSN will be critical to delivering more effective and safer healthcare (AACN, 2010).

The country's magnet hospitals established an accreditation requirement in 2013 that all nurse leaders and nurse managers must have a BSN (AACN, 2010). The National Advisory Council on Nursing Education and Practice (NACEP, 2010) found that a BSN, with its greater in-depth and broader scientific base than an ADN, provided the best foundation for nurses working in today's complex healthcare environment. The NACEP determined that present day RNs must work in interdisciplinary teams as peers, along a continuum in managing care, and integrate community resources knowledge with clinical expertise (AACN, 2010).

### **Problem Statement**

In order to reach the goal of 80% of RNs attaining a BSN by 2020 nursing education, practice, and management leaders will need to increase the number of ADN graduates who continue on to a BSN (IOM, 2011; Megginson 2008). To increase this number, nursing leaders must determine what life experiences influence ADN graduates to enroll in RN to BSN programs. To determine these influences, nursing leaders must have data-driven information that describes the experiences which influence ADN graduates' decisions to enroll in RN to BSN programs.

### **Purpose**

The purpose of this qualitative research study was to discover what experiences influenced the decisions of female ADN nursing graduates', who have graduated from a selected state community college nursing program, to decide to pursue a BSN. I believe that it is important to note here that this purpose does not include discoveries concerning gender, ethnic, or social-economic status. The intent of this study was limited to those influences affecting the

decisions of female ADN graduates regardless of ethnic, racial origin, social-economic status to pursue a BSN.

### **Research Questions**

In attempting to discover what experiences influenced female ADN graduate nursing student's decisions to pursue a BSN, this study was guided by the following research questions:

- What ADN nursing program experiences influenced female ADN graduates' decisions to enroll in a BSN program?
- What experiences prior to enrolling in an ADN program influenced female ADN graduates' decisions to pursue a BSN?
- Who were the individuals who influenced female ADN graduates' decisions to pursue a BSN?
- How did female ADN graduates' workplace environment influence their decisions to pursue a BSN?

### **Overview of the Methodology**

This qualitative research study used phenomenology as the design strategy. According to Husserl (1962) phenomenology is the best design for discovering meaning, or the essence of, lived experiences of interviewed participants. In this study the researcher's goal was to discover and understand the lived experiences influencing female ADN graduates', who attended a community college located in the Southeastern U.S., decisions to pursue a BSN. In addition, part of this goal was to determine whether female ADN graduates perceived each lived experience as a positive or negative experience when deciding to pursue a BSN.



This qualitative study consisted of a population-sampling of participants selected through homogeneous and criterion sampling (Patton, 2002). The sample group consisted of female ADN graduates of a nursing program offered by a specific state community college located in the Southeastern United States (Patton, 2002). The method used to elicit female ADN graduate experiences was two semi-structured interviews (Hoffmann, 2007). Sampling continued until saturation was obtained, which occurred after 10 interviews. (Hayes & Singh, 2012).

Moustakas' modification of Van Kaam's phenomenology data analysis approach was used for collecting data and data analysis (Moustakas, 1994). The approach helped in identifying and describing themes within the collected data through two steps called horizontalization and textual description (Moustakas, 1994). Bracketing was used as a process to minimize researcher bias (Tufford & Newman, 2012).

### **Definition of Key Terms**

*Associate Degree Nursing Program* - One of three educational pathways, whereupon successful completion permit graduates to sit for nursing boards. The length of study is two years or four semesters. Associate degree nursing programs produce most of the registered nurses licensed as registered nurses (Bureau of Labor Statistics, 2010).

*Cultural (and linguistic) Competence* - A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs,

behaviors, and needs presented by consumers and their communities (Cross, Bazron, Dennis, & Isaacs, 1989).

*Diploma Nursing Program* - One of three educational pathways, upon successful completion, permit graduates to sit for nursing boards. Length of study is three years. These programs are being phased out in favor of programs located at degree granting institutions (Bureau of Labor Statistics, 2010).

*Experiences* - Conscious experience as experienced from the first-person point of view, along with relevant conditions of experience. The central structure of an experience is its intentionality, the way it is directed through its content or meaning toward a certain object in the world (Stanford Encyclopedia of Philosophy, 2008, “2. The Discipline of Phenomenology,” para 1).

*Evidence-Based Practice* - “A problem-solving approach to clinical decision-making within a healthcare organization that integrates the best available scientific evidence with the best available experiential (patient and practitioner) evidence. EBP considers internal and external influences on practice and encourages critical thinking in the judicious application of evidence to the care of the individual patient, patient population, or a system” (Newhouse, Dearholt, Poe, Pugh, & White, 2007, pp. 3-4).

*National Council Licensure Examination for Registered Nurses (NCLEX-RN)* – Nation-wide Examination that is required for licensing of graduates from a state approved nursing program. The examination measures the basic competencies required to practice as a registered nurse (National Council of State Boards of Nursing, 2012).

*Registered Nurse to Bachelor of Science in Nursing (RN-BSN)* - RN to Baccalaureate (BSN, BS or Bachelor of Science in Nursing) programs provide an efficient bridge for diploma and ADN-

prepared nurses who wish to develop stronger clinical reasoning and analytical skills to advance their careers. RN to BSN programs build on initial nursing preparation with course work to enhance professional development, prepare for a broader scope of practice, and provide a better understanding of the cultural, political, economic, and social issues that affect patients and influence care delivery. These programs are growing in importance since many professional practice settings, including Magnet hospitals and academic health centers, now require or prefer the baccalaureate degree for specific nursing roles. (ACCN, 2012) (Para, 7)

## Chapter II

### Review of the Literature

#### Overview

The recommendation that registered nurses (RNs) should complete a baccalaureate degree in nursing (BSN) is not new. The Goldmark Report of 1923, funded by the Rockefeller Foundation, recommended that nurses should be educated with the equivalent of a BSN to improve the professional status of nurses, and better prepare them for the needs of society (Ellis & Hartly, 2008). Since 1965, the American Nurses' Association (ANA) has recommended that all levels of nurses should complete at least a BSN (ANA, 1965; ANA, 2008).

In the 1950's, associate nursing degree (ADN) programs were proposed in an effort to solve continuing nursing shortages (Ellenbecker, 2010). ADN nurses have since constituted the largest proportion of nursing graduates averaging an increase in ADN enrollment of 8% per year during the 2002 to 2007 period (National League for Nursing, 2009). This shorter path to becoming a registered nurse has helped to alleviate the continuing shortage in the number of nurses at the cost of creating a disincentive for nurses to pursue a BSN, and restricting nurses from functioning as equal partners in patient healthcare (Altmann, 2012).

The purpose of this qualitative study is to determine what experiences affected female ADN graduates who graduated from a selected public community college to pursue a selected state university online education RN to BSN program. Understanding what influences their decisions will help raise enrollment in RN to BSN programs. A BSN is considered the first step in easing the nursing faculty shortage through preparing RNs to continue on to a master of science in nursing, the first graduate education level for nursing faculty. Understanding these influences on nurses' decisions to pursue a BSN will also assist nursing program developers as

well as healthcare and nursing organizations, build incentives into nursing programs to help fulfill the college missions of lifelong learning and transfer degrees through female ADN graduates' continuing on to a BSN.

### **Method of Literature Review**

Electronic retrieval was used to search for research supporting this dissertation. The electronic retrieval drew from 300 subscribed databases. Searches in the database included the following keywords: "ADN to BSN", "nursing education", "nursing shortage", and "nursing projections." Databases "Medline" and "Health Source: Nursing/Academic Edition: A Sage Full-Text Collection", as well as educational databases such as "ERIC" and "EBSCO" provided peer review articles and the background information required to develop a quality overview of the current literature related to this topic.

### **Institute of Medicine Nursing Goals for 2020**

The National Academy of Science (NAS, 2013) was created by an Act of Congress in 1863 with the mission of providing, to the nation, independent advice in the fields of science and technology. In 1970, The IOM was created as a separate branch within the NAS to provide unbiased and independent advice to the government in its making informed decisions on healthcare. In 2008, the IOM partnered with the Robert Woods Johnson Foundation to assess what was needed to transform the nursing workforce to meet the needs of healthcare and public health system reforms (IOM, 2011).

The 2011 Committee on the Robert Woods Johnson Foundation Initiative on the Future of Nursing has recommended that by 2020, 80% of registered nurses will have completed a BSN (IOM, 2011). The committee further recommended a doubling of the number of nurses completing a doctorate (Institute of Medicine, 2011). The committee recommended that all

institutions and healthcare organizations involved in nursing education ensure that nurses continue to engage in the process of lifelong learning (IOM, 2011). These Institute of Medicine (2011) recommendations were three of seven recommendations intended to transform nursing practice, transform nursing education, transform nursing leadership, and improve the quality of data on the health care workforce.

Requiring registered nurses to complete a BSN is crucial to transforming practice, education, and leadership (IOM, 2011). A BSN introduces nurses to leadership, quality control, health care finance, systems thinking, and health policy not taught at the ADN program level (IOM, 2011). Because of advances in technology, the rise of more complex health care organizations such as the health maintenance, the increasing complexity of outside hospital care, as well as the greater cultural diversity in the population, the BSN has become the recommended minimum degree level possessing the skill sets needed by current professional nurses (AACN, 2005; AONE, 2005; IOM, 2011; NACNEP, 1996).

### **Nursing Shortage**

In an examination of national surveys of registered nurses, Cohen (2006), revealed a 6% nursing shortage in the United States in 2005. The projected demand for RNs from 2008 to 2018 is expected to increase by 22% (Bureau of Labor Statistics, 2010). By 2020 the estimated shortage of nurses is expected to surpass more than one million (Buerhaus, Auerback, & Staiger, 2009). The predicted average age of the nursing workforce in 2010 was 46.8; and approximately 40% were over 50 years of age (Eaton-Spiva et al., 2010). In 1983, the average age was less than 35 years (Cohen, 2006). The increase in the average age has been due to the ongoing retirement of a generation of nurses who started practice in the 1960's and 1970's when the recruitment of younger nurses, and the nursing faculty necessary to train them, did not kept pace with

replacement demands (Mcbride, Delaney, & Tietze, 2012). Cohen (2006) determined that nurses make up the largest percentage of the workforce within healthcare organizations. Not enough nurses are being prepared to meet the U.S. demand (Elgie, 2007). Due to the accelerating shortage of nurses, healthcare organizations have become more competitive in the recruitment of qualified registered nurses (Elgie, 2007).

An inadequate number of nurses trained in the necessary skills needed to meet the increasing complexity of the healthcare system have added to the increasing shortage of nurses capable of working in today's modern health information technology environment (Department of Health and Human Services (HHS), 2011; Mcbride, Delaney, & Tietze, 2012). Since the conception of the associate degree in nursing in the 1950's, the required knowledge base in medicine and healthcare has rapidly increased (Ellenbecker, 2010). Intensive care units, developed in the 1960's, required nurses to learn skill sets not taught in a traditional ADN program (Ellenbecker, 2010). Organ transplants as well as new therapeutic fields have required nurses to learn more skills that are complex, and to understand complex abstract concepts (Ellenbecker, 2010). The increase in the discharge of patients to home and community care units has required a greater need for nurses with different knowledge skill sets to work outside traditional hospital settings (IOM, 2011; Sensmeier, 2011).

The need for qualified nurses to meet the needs of an increasingly complex healthcare environment will require more changes than simply adding diploma and ADN RNs to the nursing workforce. An increase in BSN degreed RNs to fill health maintenance organizations are needed; as a gateway degree to increase the number of graduate level nurses; and as a way to increase the number of nurses qualified to enroll in nursing faculty programs is essential to national healthcare needs (IOM, 2011; Sensmeier, 2011). How the national need for nurses is

satisfied will be determined by the way government, healthcare, and higher education leaders conceptualize and measure the shortages in nursing (Goldfarb, Goldfarb, & Long, 2008).

### **The different concepts of nursing shortages**

The nursing shortage is more than a lack of nurses in numbers. Goldfarb, Goldfarb, and Long (2008) distinguished four shortage concepts which quantified nursing shortages: projected future shortages, static economic shortages, dynamic economic shortages, and professional standards shortages. A **projected future nursing shortage** creates a perceived future change in the nursing market that will affect the projected shortage of nurses ((HHS, 2002). A **static economic shortage** is defined as the demand for nurses being greater than the supply of nurses when nursing positions in hospitals become vacant due to a shortage of nurses (Goldfarb et al., 2008). A **dynamic nursing shortage** involves the measure of actual budgeted vacancies and the wage mechanism where a shift in the changes in wages and interplay with the lag in supply causes a shortage (Feldstein, 2003). A **professional nursing standards shortage** is the measure of the expected skill level of nurses minus the actual supply of nurses for that level (Goldfarb et al., 2008).

Understanding the four different concepts of nursing shortage and the effects of turnover, contract, and temporary nurses on the challenge of filling vacant positions, assists the researcher in realizing there are rarely static shortages of nurses (Goldfarb et al., 2008). Dynamic changes in nursing shortage are normal, with the rise and fall of the economy as a significant factor in changing nursing shortage numbers (Feldstein, 2003). The speed of realization of what nursing shortage concept is occurring in a rising or falling economy, moderates the severity of the actions causing changes in shortages (Feldstein, 2003). An example is a health care organization realizing that nursing wages are too low to attract new nurses to fill a shortage



during a rising economy. There is a lag in the time required to agree to an increase in wages to attract nurses, increase the supply of nurses to recruit, hire the nurses from the supply of nurses, and fill new vacancies of leaving nurses. A quicker awareness of the above dynamics shortens the length of nursing shortage. An awareness that such a shortage may occur before it happens allows for the nursing organization to anticipate the shortage, establish a supply of nurses before the shortage occurs, and prepare wage increases to attract new nurses at the onset of the shortage. (Feldstein, 2003).

In some instances, nursing turnover shortages do not fall into any category (Goldfarb et al., 2008). Individual hospitals may experience turnover, turnover cost and a nursing shortage: The nursing market does not experience a shortage unless nurses actually leave the workforce instead of transferring to another hospital (Goldfarb et al., 2008).

Another difficulty in measuring nursing shortage is the use of temporary or contract nurses (Goldfarb et al., 2008). Healthcare institutions may neglect to report contract or temporary nurses to the Bureau of Labor Statistics (BLS): BLS labor market data is the common data source used to measure and project nursing shortages (May, Bazzoli, & Gerland, 2006). When considering the effects of turnovers as well as the use of temporary and contract nurses on nursing shortage numbers, experts should use caution in determining nursing shortages (Goldfarb et al., 2008).

### **An Aging Nursing Population**

During the last two decades, RNs over 50 years of age have been the fastest growing nursing age group, representing 34% of the total nursing workforce (U.S. Department of Labor, Bureau of Labor Statistics, 2011). The average age of the RN workforce in 2010 averaged was 47 years (U.S. Department of Health & Human Services, HRSA, 2010). Due to fewer new

nursing recruits entering healthcare as compared with the number exiting from the nursing profession, the average age of the nursing workforce has increased by more than 6 years from 2002 to the last available measurement in 2010 (HRSA, 2010; Staiger, Auerbach, & Buerhaus, 2012).

The recent economic downturn has slowed the retirement of many RNs who are over 50 years old: A third of the RN nurse workforce employed is 50 to 64 years of age (Buerhaus et al., 2013). The spouses of many older RNs either feared losing their jobs or the possibility of being laid-off: This fear resulted in many RNs delaying retirement or returning to work (Buerhaus et al., 2011). An increase in employment of more than 100,000 RNs over 50 years of age did occur from 2006-2008 (Buerhaus et al., 2011). Past and current recessions only delay the impending shortage of RNs to meet future nursing workforce requirements (Buerhaus et al., 2011).

A shortage of 260,000 RN nurses by 2025 is anticipated (Buerhaus et al., 2009). The nursing workforce will require strong leadership to address this problem. The current leaders in nursing are aging with up to 75% expected to retire by 2020 (Wendler et al., 2009).

Technology has been considered as an alternative replacement for retiring nurses. Advances in robotics in healthcare have resulted in technology assisting nurses in providing higher quality care. Current and immediate future advances in robotics do not appear to raise the sophistication of healthcare to the level of replacing nurses (Parks, 2010).

The impending retirement of the large group of RNs of more than 50 years of age, will present a significant problem in maintaining the supply of nurses in the long term unless there is an increase in the entry of younger nurses (HHS, 2010). In addition to delaying the recruitment of younger nurses as result of their own delayed retirement in reaction to the economic downturn, older RNs are significantly more reluctant to continue their professional nursing

education than younger nurses (Altmann, 2012). The aging of the nursing force has resulted in fewer nurses pursuing the level of nursing education needed to fill future specialized nursing roles and required for entry into critically nursing faculty programs (Altmann, 2012), increasing the professional nursing standards shortage (Goldfarb, Goldfarb, & Long, 2008). The magnitude of this professional nursing shortage may be understated due to the failure of health organizations to document critical permanent positions filled by temporary or part time nurses (Goldfarb et al., 2008).

For specialized and general nursing roles, where there are not enough younger nurses entering to sustain required nursing employment levels, strategies should be developed to incentivize older nurses to delay their retirement (Keller, & Burns, 2010). Older nurses exhibit characteristics which are advantages to retaining them within the workforce. These advantages include developed communication skills, professional competence, less willingness to relocate, loyalty to their employer, taking fewer sick days, and proven work ethics (Mangino, 2000; Storey, Cheater, Ford, & Leese, 2009). Significant challenges to retaining aging nurses are poor working hours and schedule practices, bullying, greater incidence of health issues that result in lost productivity and higher pain, and retraining to keep up with changing technology and work practices (Armstrong-Stassen, Cameron, Rajacich, & Freeman, 2014; Cohen, 2006; Longo, 2013; Sherman, Chiang-Hanisko, & Koszalinski, 2013; Storey et al., 2009).

### **Nursing Faculty**

Higher education and healthcare need qualified nursing faculty to conduct research and teach student nurses (Kelly, 2010). To meet future nursing workforce needs an adequate number of nurses must prepare to enter the nursing professoriate. A BSN is a required degree for those intending to enter the graduate programs to obtain the advanced graduate degrees that will enable

them to teach in schools of nursing. (Altmann, 2012; Fleeger, & Connelly, 2012). Due to faculty shortages, in 2008 approximately 50,000 potential BSN program applicants were denied entry into nursing programs (AACN, 2009). An estimated 90% of nursing schools reported difficulty in hiring qualified faculty due to either a lack of qualified candidates or noncompetitive faculty salaries (AACN, 2007).

As with the general nursing population, nursing faculty is aging (HRSA, 2010). In 2004, the average age of nursing faculty with a doctorate degree was 50 to 54 years (Institute of Medicine, 2011). Of the older faculty, 19% were over 60 (HRSA, 2010). Faculty younger than 34 years of age comprised only 12% of the total nursing faculty (HRSA, 2010). As the age of nursing faculty rises, the number of productive years of teaching lessens (HRSA, 2010). The average nursing retirement age is 62.5 (HRSA, 2010). The rising age of faculty nurses will lead to an impending mass retirement of faculty over the next decade (Institute of Medicine, 2011).

The tightened institutional budgets, caused by recent economic recession have negatively affected both nursing schools and nursing faculty (Buerhaus, 2009; Terry & Whitman, 2011). In spite of an increase in both undergraduate and graduate applications to nursing programs, the downturn has resulted in no change in nursing faculty applicants (Bureau of Labor Statistics 2009; Terry & Whitman, 2011). Factors contributing to the consistent lack of faculty applicants are: nursing graduates with graduate degrees find it difficult to gain employment as faculty, and a decrease in employer recruitment efforts as a result of the tightening of institutional budgets (Terry & Whitman, 2011).

Without more aggressive recruitment of new nursing faculty, many nursing programs may be in jeopardy of maintaining too few teaching staff to satisfy program student recruitment and accreditation demands (Terry & Whitman, 2011). The nursing faculty shortage prior to the

recession was not a result of an elimination of faculty positions but the inability to graduate enough nursing faculty to fill expanding nursing programs and new nursing programs created to meet the nursing workforce demand (Lotas et al., 2008). This is the case again when the economy is rebounding. During the 2014-2015 academic year 68,936 qualified applications to professional nursing programs, to include more than 15,288 to graduate programs, were turned away: One of the major reasons for this was a lack of qualified faculty and preceptors (AACN, 2015a).

Nursing program administrators must become more competitive in marketing their programs to recruit new faculty (Terry & Whitman, 2011). Important to recruitment is salary. In New Mexico, nursing faculty with a master's degree earn \$10,000 dollars less than a practicing nurse with a master's degree (Elgie, 2007). Over the long term, the only way to reduce the nursing faculty shortage will be to offer-new faculty a fair market price competitive with other nursing jobs (Elgie, 2007).

Nursing education has used subsidies, including grants, to reduce the cost of employing nursing faculty: Subsidies do not improve faculty compensation (Elgie, 2007). Reducing the cost of faculty compensation through subsidies perpetuates the faculty shortage and leads to more subsidies to keep compensation at its low level (Elgie, 2007; Weinstein, 2006). The primary remedy for reducing the nursing shortage should be a fair and competitive compensation for new nursing faculty without subsidies. A fair and competitive, nonsubsidized compensation will entice more graduate nurses to pursue teaching as a career (Campbell, 2006; Elgie, 2007).

### **The Role of Community Colleges**

The goal of 80% of RNs to have a BSN by 2020 has placed increasing pressure on community colleges to establish seamless articulation agreements with BSN granting institutions

(IOM, 2011). Community colleges must work closely with four year institutions to ensure that technical support, facilities, campus access, as well as orientation programs, and a financial aid structure, are in place and consistent with best practice models (Ropelewski-Ryan, Hess, & Bartow, 2008; IOM, 2011).

One of the most important goals of community colleges has been to develop and enhance nursing program articulation agreements for ADN student transfer to BSN programs offered at colleges and universities (Ropelewski-Ryan, Hess, & Bartow, 2008). Articulation agreements are an essential tool for community colleges in fulfilling their lifelong learning and transfer degree missions (Cohen, & Brawer, 2003). This relationship is especially necessary for isolated rural community colleges serving a nursing student group with no ready access to postsecondary BSN granting institutions. The community college may be the only accessible educational institution for rural students. Rural community college collaboration with four-year institutions, and the recent addition of community college four year applied BSN programs, have been critical for ADN nursing students to persist in obtaining a BSN (Ropelewski-Ryan et al., 2008).

In fulfilling the community college missions of lifelong learning and transfer degree programs, community college leaders have been aware of the continuing shortage of nurses and the limited educational capacity to satisfy current and future nursing needs (Friedel, 2012). For the 15 state community colleges in Iowa, 1013 students who met nursing program standards could not enroll in fall 2007 due to limited capacity of nursing programs (Vance, 2008). Iowa is an example of where the expansion of community college and four year nursing programs has not kept pace with state, private, and national efforts to recruit more nurses (Friedel, 2012; Vance, 2008). In 2014 the state of Iowa had a nursing workforce with 45.6% older than 50, compared with 42.1% nationally: Iowa's percentage of RNs with a baccalaureate degree or

higher was 45.1%, the national average was 61.0% (Iowa Center for Nursing Workforce, 2015). Enrollment in RN to BSN programs was 39.2%, 9.7% higher than national average, a reflection of the state's attempts to implement policies to increase the number on RN's who have a BSN (Iowa Center for Nursing Workforce, 2015).

Significantly affecting the education nursing program capacity of both community colleges and four-year schools has been the influence of external organizations, which regulate the nursing profession (Friedel, 2012). The more restrictive requirements of external organizations such as accrediting agencies, medical facilities, nursing associations, state nursing boards, and government agencies can impede a significant number of academically unprepared community college nursing students from completing their degrees (Friedel, 2012; Perin, 2006). Outdated insurance agency regulations have often limited medical services coverage to physicians when services could have been provided by an advance practice registered nurse (APRN) or nurse practitioner (NP) (Craven & Ober, 2009; IOM, 2011). Limiting many medical services which APRNs and NPs are capable of providing to physicians only decreases the pay incentives and professional job openings that are the incentives for nurses to pursue a BSN and a post graduate level education (IOM, 2011).

Accrediting agencies, nursing boards, and healthcare organizations' English proficiency requirements has been a barrier to increasing the successful enrollment and graduation of English as a second language minorities and immigrant nursing students needed to address the nations' diverse population (Perin, 2006). Healthcare organizations and academic institutions noncompetitive wages for BSN and above RN graduates and nursing faculty respectively have been a disincentive for increasing the number of nursing students seeking BSN and above

degrees needed for 21st century nurses, and for increasing the number of nursing faculty required to meet the teacher quotas needed to fill projected nursing program vacancies. (Friedel, 2012).

External organizations impede nursing students in the completion of their degrees, through policies that fail to address diverse cultural needs and financial rewards for educational advancement. These failures negatively influence the college in carrying out its mission of effectively preparing nursing students for transfer to four year colleges and universities, lifelong learning, and pursuing the education required by 21<sup>st</sup> century professional nurses to practice in an increasingly complex healthcare environment (Friedel, 2012). Especially affected groups are first generation, racial minority, low-income, and immigrant students, for whom there are often a large number of persons in need of developmental education (McCabe, 2003; National Center for Educational Statistics (NCES), 2011). These minority groups are significant in developing a more diverse and a culturally competent nursing workforce (Sullivan Alliance, 2007; Zajac, 2011).

External organizations have concentrated on recruitment of nursing students with little or no consideration for the capacity of nursing programs to absorb the increase in enrollment (Friedel, 2012). As state and medical organizations drive to increase the number of nursing students, important factors external organizations should consider are: financial incentives, workplace conditions, the addition of more clinical sites, increase use of technology, identifying nursing specialties that are needed, and more incentives to increase and retain nursing faculty (Friedel, 2012).

Both a lack of available nursing faculty and a shortage of clinical space have limited community colleges' nursing program expansion (AACN, 2010). An aging nursing workforce, along with nursing workforce attrition caused by retirements with no replacements and burnout,



has increased the pressure on community colleges to expand nursing programs to their limits (Daun-Barnett, 2011). The recent economic recession had helped ease the nursing shortage by slowing the retirement of older nurses and nursing faculty, and decreasing creation of new nurse positions (Staiger, Auerbach, & Buerhaus, 2012). The recession was only a temporary respite that may result in a greater number of nurses leaving the workforce when the recession ends (Parry et al., 2102; Staiger et al., 2012).

There are five models identified as best practices by community colleges for ADN to BSN transition (Ropelewski-Ryan et al., 2008). The five models are traditional mode, distance programs, combination programs, shared curriculum programs, and shared facilities programs (Ropelewski-Ryan et al., 2008). Shared facilities programs, where four-year colleges teach upper level BSN courses at the community college campus, are essential in rural areas (Ropelewski-Ryan et al., 2008). Technical support agreements between the community college and four year institutions ensures the technical equipment and support are on hand for a successful class environment (Ropelewski-Ryan et al., 2008).

Each best practice model has its advantage for the college and the student (Zimmermann et al., 2010). Distance programs allow students to do their classes online and their clinical experiences at authorized sites, normally on the nursing hospital campuses (Ropelewski-Ryan et al., 2008). With shared curriculum programs, community colleges and four-year institutions share the same curriculum except in the last year of the BSN program (Ropelewski-Ryan et al., 2008). A combination program offers the nursing student the option of taking courses on campus or online (Ropelewski-Ryan et al., 2008). In the traditional program students take all courses on site at the campus with the exception of clinicals (Ropelewski-Ryan et al., 2008).

In 2013, there were 2.8 million RNs, with 55% holding a bachelor or higher degree: The percentage of RNs holding a BSN or higher in 2013 is only 5 percent more than 2000 (Health Resources and Services Administration, 2013). For those ADN RNs who complete a BSN, the average time for their RN to BSN program was 7.5 years Health (Resources and Services Administration, 2010). Ropelewski-Ryan et al (2008) suggest seamless articulation agreements, together with 24-hour technical support; formal orientation programs targeting ADN to BSN transfer students; and the right combination of program models as a means for increasing the number of ADN students willing to pursue a BSN.

Community college support is essential for achieving the quality and quantity of ADN to BSN programs (Zimmermann et al., 2010). Not all community college stakeholders have supported the ADN to BSN as a pathway for improving the professional nursing standards shortage. New York community college presidents have argued that nurses for both the ADN and BSN perform equally well on the same national licensing examination (NCLEX-RN) (Zimmermann et al., 2010). The NCLEX-RN measures the minimum competencies required to practice nursing (Zimmermann et al., 2010). The exam is not designed to test for the skill acquired through a BSN to include: healthcare policy, information management, evidence-based practice, population health, inter-professional communication and collaboration, and organizational and systems leadership (Zimmermann et al., 2010). Informing college presidents who argue against the need for an ADN to BSN path of the differences in curriculum between an ADN and BSN may be important for obtaining their support to change community college nursing programs to better promote transition to ADN to BSN programs (Zimmermann et al., 2010).

State and community college support for standardization of college prerequisites, development of entry-level competencies, and a statewide articulation agreement are essential to a quality ADN to BSN program. Students should experience a seamless transition from an ADN to a BSN. Community college admission criteria, curricula, and prerequisites should be standardized to meet the requirements accepted by RN to BSN and four college programs to enhance a seamless transition (Zimmermann et al., 2010).

In a number of states, two plus two programs supported by the community colleges, make a BSN more affordable (Tanner, Gubrud-Howe, & Shores, 2008; Zimmermann et al., 2010). New York has implemented a two plus two program based on programs in Oregon (Zimmermann et al., 2010). Two plus two program students are simultaneously admitted to the ADN and BSN programs (Zimmermann et al., 2010). Hawaii has also followed the Oregon model and developed a two plus two program. For small states with limited resources, the two plus two model eliminates unneeded duplication and allows for an efficient use of limited educational resources (Lewis, 2010).

The Oregon Consortium for Nursing Education (OCNE) developed a model for nursing programs which has been used as a guide for other states (Tanner, Gubrud-Howe, & Shores, 2008). The Oregon model was designed for the best use of limited clinical training resources, classrooms, and faculty in delivering a standard nursing curriculum to eight community colleges and five Oregon Health & Science University (OHSU) School of Nursing campuses (Tanner et al., 2008). A partnership was created between all community colleges as well as all public and private four-year programs. The partnership goals were to double nursing program enrollment by 2004 and to align state nursing education with present and future Oregon citizens' healthcare needs (Tanner et al., 2008). With the exception of 2009, Oregon nursing programs have

experienced a faculty shortage since 2005: This shortage has negatively affected Oregon's nursing goals (AACN 2015). Oregon is projected to have shortage of 6000 nurses by 2025 (Health Resources and Services Administration, 2014).

The OCNE recognized the importance of community colleges in preparing nurses for practice (Tanner et al., 2008). A shared curriculum capitalized on the strengths of both the ADN and BSN programs. The OCNE did not propose changing degree requirements, it focused on developing new competencies required for professional nursing and the partnerships necessary to teach them (Tanner et al., 2008).

Based on the new refined competencies, the OCNE outlined a four-year curriculum, which required arts, sciences, electives, a year of prerequisites, and three years of nursing courses (Tanner et al., 2008). Identical across all educational institutions, the initial five academic quarters led to an associate of applied science (AAS) in nursing degree. Enrolled students were offered the option to complete with an AAS in nursing, or continue for four more quarters for the Bachelor of Science degree (Tanner et al., 2008).

The state of Oregon was one of the first states to use a high level of collaboration among institutions, nursing programs, and faculty to achieve consensus on sharing curriculum, nursing competencies, and academic standards (Tanner et al., 2008). This collaboration led to increased capacity for nursing student enrollment and a reduction of burden on staff nurses (Tanner et al., 2008). The result was the potential to reduce the nursing shortage in Oregon and to improve the quality of care in rural and underserved areas (Tanner et al., 2008). As partners in this effort, the community colleges of Oregon provide a vital educational asset to nursing students in ADN to BSN completion. The Oregon model has become one of the guiding models for the community college role in nursing education in the United States (Tanner et al., 2008).

Only 21% of nursing students who graduated from Oregon community colleges decided to pursue a BSN during the OCNE's first year of implementation: The expected level was 70% (Oregon Consortium for Nursing Education [OCNE], 2012). During the second year, after the implementation of a transition advisor role, the rate increased to 30% (OCNE, 2012). In 2011 the rate of community college ADN's continuing on to a BSN was 37% (OCNE, 2012). The 2011 rate was three times the national average, but still significantly below the IOM 80% goal adopted by the OCNE in 2011 (OCNE, 2012). A study by the OCNE concluded that the primary reason for most Oregon community college ADN graduates not continuing on to a BSN was a lack of financial incentives for ADN nursing graduates to do so (Munkvold, Tanner, & Herinckx (2012). The OCNE is currently working with clinical partners, hospitals and other nurse employers to better understand what incentives will increase the rate of ADN graduates to continue on to a BSN (Oregon Consortium for Nursing Education, 2012).

North Dakota, New York, and New Jersey each proposed state legislation requiring RNs to obtain a BSN within ten years after earning registered licensure (Lane & Kohlenberg, 2010). The proposals did not pass in New York or New Jersey's legislatures, and the requirement that passed North Dakota's legislature and approved by the governor was later overturned by a majority vote in the state's legislature (Lane & Kohlenberg, 2010). One of the major concerns voiced by critics of these three legislative proposals was that requiring nurses to have a BSN discriminated against nurses who held a community college associate's degree in nursing (Lane & Kohlenberg, 2010). The critics were concerned that the legislative proposals attempted by these three states did not recognize the importance of community colleges in the path to a BSN (Lane & Kohlenberg, 2010).

The Oregon model accepted the ADN as a valued entry-level preparation towards a BSN (Lane & Kohlenberg, 2010; Tanner et al., 2008). The ADN was still considered a necessary degree in reducing the nursing shortage and as a more affordable path for many students to obtain registered nursing licensure (Lane & Kohlenberg, 2010; Tanner et al., 2008).

### **Community College Mission Expansion: BSN Programs**

Nearly all states have established, as a priority, the goal of increasing the number of qualified nurses (Daun-Barnett, 2011). Community colleges produce the majority of RNs with only 37% of newly trained RNs obtaining a four-year degree in 2000, a high point for four-year degrees up to 2007 (Daun-Barnett, 2011). The push by nursing organizations to make the BSN the required degree to become an RN has resulted in a number of community colleges offering BSN programs (Daun-Barnett, 2011; Ruud, et al 2009).

States that have adopted community college BSN programs have graduated a greater number of RNs than states which have not adopted such programs (Daun-Barnett, 2011; Ruud, et al 2009). Community college BSN programs allow states to increase the number of BSN programs and BSN RN students without having to build new academic four year academic buildings or classes: Community college BSN programs use established community college classrooms and supporting technology (Ruud, et al 2009). Community college BSN programs do not appear to compete with state four year institutions or private colleges (Daun-Barnett, 2011; Ruud, et al 2009). In 2008, of 28 community colleges in Michigan, 17 were interested in establishing a BSN program (Muffo, Voorhees & Hyslop, 2008).

Approximately 50% of undergraduate students attend two-year colleges (NCES, 2013). Community colleges offer underrepresented minorities, low-income and older students' access to education not readily offered to them by four-year schools (John & Stage, 2014; Krogstad & Fry,

2014; NCES, 2013). Considering the drive to make the BSN the entry degree for RNs, along with the current and predicted shortage of nurses, community college access to nontraditional student populations may help increase the number of BSN degreed RNs through offering applied BSN programs (Community College Baccalaureate Association, 2008).

Two arguments against community colleges offering BSN programs are: adopting a BSN program will result in an institutional identity conflict (Levin, 2005); and, due to inadequate funding, a community college BSN degree will not be perceived as having the same quality as that of four-year school BSN degrees (Wattenbarger, 2000). The opponents in Florida were concerned about competition between community colleges and four-year schools, the threat to the open access mission of community colleges through mission creep, and the quality and integrity of four-year degrees offered by community colleges (Ruud, Bragg, & Townsend, 2009).

The main argument in favor of Florida community colleges offering BSN programs was the limited capacity of Florida's four-year schools to meet the state's needs for BSN degreed nurses (Ruud, et al 2009). Even with Florida's implementation of a two plus two nursing program, Florida did not have the capacity to increase the number of BSN degreed nurses through the available four-year institutions (Ruud, et al 2009). The state found it easier to use the existing two-year college institutions to increase the number of BSN and educational programs than build more four-year institutions (Ruud, et al 2009). For many scholars of nursing education, Florida was the precedent state for the success of community colleges awarding a BSN (Floyd & Walker, 2009).

The state of Washington was another state which determined that the community college applied BSN degree was a means to satisfy its BSN degreed nursing needs (Seppanen, Bloomer, & Thompson, 2005). Washington considered expanding its two-year branch campuses into four-

year institutions and establishing applied BSN degree pilot programs at four community and technical colleges (Ruud, et al 2009). The enabling legislation places greater emphasis on the higher education transfer mission as the main means for nursing students to obtain a BSN (Ruud, et al 2009). ADN to BSN transfer programs and two-year school applied BSN degrees together were seen as a means to satisfy the state's need for BSN degreed nurses (Ruud, et al 2009).

The political will of the higher education boards and state legislature, along with strong lobbying, and support of the advocate groups and medical organizations, came together in both Florida and Washington to make the community college applied BSN degree possible (Kingdon, 1995; Ruud, et al 2009; Zahariadis, 2007). By 2010 there were 18 states with at least one community college offering an approved four-year applied degree in nursing (American Association of State Colleges and Universities, 2010). For those states that have not chosen this route, the main opposition has come from state universities' concern regarding competition with community college applied four-year programs (Skolnik, 2011). The state of this study's selected community college was an example of a state where the flagship universities have successfully held to the traditional division between two and four-year schools, and the university model, for conferring BSN degrees (Ruud et al., 2009). The state utilized two-year transfer degrees as part of joint transfer programs with four-year schools to provide an associates-to-baccalaureate degree pathway (Ruud et al., 2009). There has been no political will or strong enough interest group advocacy for an applied BSN degree at the community college level (Ruud et al., 2009).

Without a state or national requirement for all practicing nurses to hold a BSN; or the economic reality of a significant differential in income between ADN and BSN degreed RNs, there has been little incentive for ADN graduate nurses to pursue a BSN (Daun-Barnett, 2011). Population growth in states with community college applied BSN degrees has not seemed to



stimulate an increase in BSN degreed nurse production (Daun-Barnett, 2011). Declines in state funding and limited nursing faculty are considered contributory factors towards this lack of increase, and has resulted in an increase in the nursing shortage (Daun-Barnett, 2011).

An exception was found when the growth of the Hispanic population was considered as a separate population (Daun-Barnett, 2011). When the Hispanic population was included in total population measures there was a significant increase in BSN degrees: When the Hispanic population was not included in total populations, there was no significant increase in BSN production (Daun-Barnett, 2011). These two measures suggest that the increase in the growth of the Hispanic population may place a greater demand on community college applied BSN degrees through more open education access to higher education for Hispanic students (Daun-Barnett, 2011). Hispanics were underrepresented in higher education except in community colleges, where they were overrepresented: More Hispanic students apply for community college academic programs than for four-year higher education institutional academic programs (Pew Hispanic Center, 2004).

### **Transforming Nursing Leadership**

Hader, Saver, and Steltzer (2006) predicted that by 2020 up to 50% of active nurse leaders may retire. Nurse leadership Succession planning has been described as the prudent long term strategic business strategy to implement in nursing to ensure that nursing leader candidates are identified and developed to fill future nursing leader vacancies (Sherman, Patterson, Avitable, & Dahle, 2014). Succession planning to ensure continuous nurse leadership in the nursing workforce has been found to be the exception: Hospital leadership has determined other issues to be more urgent, a fact which critically delays addressing essential leadership succession planning (Kim, 2012; Sverdlik, 2012). Hospital nursing leadership positions have declined by 30% over a

16 year period (Westphal, 2012). Structural changes in hospital management eliminated significant middle-management positions where nurses developed and refined necessary leadership skills (Westphal, 2012). The result was a smaller pool of nurse leaders to draw from for future leadership positions (Westphal, 2012).

Without succession planning adverse economic conditions may force a downsizing in critical nurse leadership to reduce business costs, and the impending retirement of the baby boomer generation nurses with the increasing shortage of experienced replacements will affect the number of available candidates to replace outgoing nurse leaders (Chavez 2011; Grove, 201). These two challenges alone will affect succession planning and management.

Continuous research and evaluation of current and future nurse leadership needs is critical to a quality leadership succession (Westphal, 2012).

Huston (2008) concluded that healthcare and nursing education must begin preparing nurses now for future leadership. Huston found eight leader competencies required by new nurse leaders.

- Technology skills needed for portability of relationships and to facilitate mobility
- A mindset which promotes a global perspective towards nursing issues and healthcare
- Decision making skills based on empirical science
- Well-developed skills in team building and collaboration
- An understanding of political processes and when to intervene in them
- The ability to create organizational cultures, ones which are embedded in quality healthcare, as well as both patient and worker safety
- The ability to proactively adapt to, and envision a healthcare system where change is chaotic

- An aptitude for balancing performance expectations and authenticity

. Appropriate attitude development, along with training and a formal education as found in management development programs, will be needed (Huston, 2008). Succession planning, which is proactive, will be critical for nurse leaders to meet the opportunities and challenges expected within healthcare by 2020 (Huston, 2008). It will take years of succession planning and an understanding of skillset needs of future nurses leaders to ensure a successful leadership transition (Hewitt 2009).

### **Nursing Role and Level of Education**

The nursing role has been changing continuously and dramatically. The level of education expected of nurses has not (AACN, 2005) thus resulting in a professional nursing standards shortage. When compared to other professional healthcare disciplines, nurses in the United States were the least educated (Nelson, 2002). While other countries, such as Denmark, Finland, Norway, Sweden, most provinces in Canada, Belgium, and the UK (Cumming, 2010; IOM 2011; Råholm et al., 2010; Zabalegui, 2006), have implemented requirements that include requiring nurses to obtain a baccalaureate, the United States has not done so (AACN, 2005; ACCN, 2008). As previously noted, legislation to require nurses to obtain a BSN in order to practice nursing has been consistently rejected or overturned even though the inadequacy of nursing education to meet the standards of healthcare professionalism has been documented as far back as 1923, beginning with the Goldmark report (ACCN, 2008; Goodrich, Nutting, & Wald, 1923).

Nelson (2002) concluded that RN's have not understood how acquiring specific knowledge and skills is central to professional nursing development. Added to this lack of understanding has been the turning away of approximately 50,000 qualified applicants to BSN

and graduate nursing programs, mainly due to a dynamic shortage of nursing faculty (AACN, 2009). The increasing faculty shortage should create demand for RN nurses to continue their education past acquiring an ADN (Altmann, 2012).

The transition from acute care to community based nursing establishes a path for nursing to take a leading role in advance healthcare (IOM, 2011). In order to do so, nursing leaders must develop a more in depth understanding of the fundamental responsibility of nursing within the changing health care environment. Without insight into the changing role of nursing in healthcare, developing the necessary nursing education programs and recruiting the right nursing faculty and staff will be ineffective (Wyatt, 2013).

Specialty areas in nursing, specifically intensive care unit and operating room nurses, are particularly vulnerable to a shortage of nurses. A lack of understanding and insufficient information in the laws of supply and demand and workforce planning by healthcare executives, policy makers, and nursing educators are the primary contributors to specialty area shortages. Without better workforce planning and information shortages of nurses in nursing specialty areas will become more acute (Wyatt, 2013).

How each caregiver is involved in and effects total patient care is becoming more important to how healthcare organizations must address patient encounters in hospitalization (Wyatt, 2013). The expansion of nursing roles in healthcare makes understanding how nurses interact in healthcare settings significantly more important to hospitalization reimbursement and collection of nursing workforce data needed to assess nursing needs (Wyatt, 2013). Nurses should have greater involvement in assisting in the assessment of work relationships as well as encouraging professional associations, nursing schools, and state licensing boards to coordinate in the planning for future nursing workforce (IOM, 2011; Wyatt, 2013).

### **Current Findings on What Influences an ADN Graduate to Pursue a BSN**

Using a qualitative phenomenological study design, Megginson (2008) found six incentives and five barriers which influenced an RN's decision to pursue a BSN. The incentives were: a) RN-BSN programs were user friendly, b) BSN as a personal goal, c) outside encouragement from peers and mentors, d) professional identity provided by obtaining a BSN, e) starting an RN-BSN program at the right time in life, and f) having options to work with in pursuing a BSN. The barriers were: a) fear, b) little or no recognition for previous life or educational achievements, c) time management, d) negative experience in previous nursing education, and e) little or no distinction between ADN RNs and BSN RNs (Megginson, 2008). The barrier of little or no distinction between ADN RNs and BSN RNs is based on little or no financial incentive for an ADN RN to advance to a BSN: With little or no difference in job classifications between an ADN and BSN RN in the nursing workforce, there is no significant benefit in pay to compensate for the time and cost of completing a BSN (Megginson, 2008).

The attitudes of academic faculty and administrators at the ADN degree level toward RN to BSN programs were found to be significant to ADN degreed RNs pursuit of advanced degrees (Altmann, 2011). Faculty and administrators' projection of negative attitudes about BSN programs significantly affected ADN RNs' desire to continue on to a BSN (Altmann, 2011; Megginson, 2008). A positive academic environment, that promoted a positive attitude towards education, learning as a valued asset, faculty and administrators advocating for continuing on to a BSN, and a view that adult education is important, was found to positively correlate with the hours of education accumulated by nursing students (Altmann, 2011; Megginson, 2008). Motivation to pursue advance education through mentoring was essential in a nurse's decision to finish the RN program and continue on to the BSN (Altmann, 2011).

Delaney and Piscopo (2004) determined that the shorter number of semesters required for an ADN degree meant ADN RNs had less incentive to return to school to pursue a BSN. Delaney and Piscopo found younger nurses were more likely to return to pursue a BSN if they earned higher incomes, were part of a two income family resulting in less financial burden, and were more inclined in attitude to return to college (Delaney & Piscopo, 2004). Nurses who had been employed for long periods, or were working in a management position, were less likely to return to school (Delaney and Piscopo, 2004).

Kesaitis (1997) found that when the children of ADN RNs increase in age, those RNs were more likely to return to school. ADN RNs with no children were the most likely to return to college for a degree (Davey and Robinson, 2002). The most significant combination of disincentives for returning to school was single nurses who worked a full-time position and had dependents, and who were between the ages of 30 and 59 (Penz et al., 2007).

According to HRSA (2010) only 13.1% of ADN and diploma nurses complete a higher level degree: This is not a high enough rate to achieve a nursing workforce with 80% holding a BSN or higher by 2020 A significant number of nursing faculty and leaders have reached retirement age with an inadequate number of younger qualified nurses to replace them: This affects increasing the number of motivated students enrolling in programs due to a lack of qualified instructors needed for required nursing courses. (Lavizzo-Mourey, 2012). Patient outcomes improve with increased RN educational levels: This should be an incentive for healthcare organizations and nursing program administrators to address barriers affecting RN's continuing on to an RN to BSN program (Aiken et al., 2003).

Influencing RNs to pursue an RN to BSN program includes enrolling into a program and experiencing a positive program orientation: RNs who experienced a face to face RN-BSN

orientation program prior to starting a nursing program had significantly higher retention rates than RNs who did not attend an orientation (Gilmore & Lyons, 2012). In one southeastern state, student attrition for the first six weeks of a RN-BSN program decreased to 1% from 20% after the implementation of an orientation program that included course navigation and support services (Gilmore & Lyons, 2012). Student satisfaction for this program increased from 77.6% to 98.2% (Gilmore & Lyons, 2012). Face to face orientation programs promote greater student to student and student to faculty interaction, increasing student and faculty support (Gilmore & Lyons, 2012). Orientations increase student sense of belonging (Gilmore & Lyons, 2012; Yorke, 2004), and allow students to experience critical technologies before attempting assignments (Miller, 2008). A positive orientation helped students gain the encouragement and mentoring essential to countering the negative effects of isolation many students experience at the start of an academic program (Billings et al., 2001; Geer et al., 1998; Gilmore & Lyons, 2012).

### **Cultural Competence**

The increase in nonwhite populations in the United States, has increased the importance of teaching cultural competence in nursing programs (National League for Nursing Accrediting Commission, 2008; National League for Nursing, 2010). The National League for Nursing Accrediting Commission (NALNAC) mandates the inclusion of cultural, social, and ethical concepts in nursing program curricula. Due to the time and credit limits incorporated into ADN programs, BSN programs are considered the ideal academic programs to integrate cultural competence concepts (Jeffreys & Dogan, 2012): ADN graduates and other perspective students pursuing a BSN will need to understand importance of cultural competence pre-requisites and program courses requirements in BSN program curriculum (Jeffreys & Dogan, 2012; NALNAC, 2008).

**Diversity drives cultural competence**

United States Census Bureau (2009) has projected that by 2050 the U. S. minority population will be 50%, or equal to the white population. Individuals who report their race or ethnicity in the decennial census as Hispanic, or non- Hispanic and non-White, are considered a member of the minority population (U.S. Census Bureau, 2008). The diverse cultures of the growing numbers of minorities have had a significant effect on healthcare and the education of nurses (Riley, Smyer, & York, (2012). There has been a lack of cultural representation within healthcare to properly serve these growing minorities (Capell et al., 2007). The significance of the relationship of cultural competence to healthcare was first noted by Leininger (1978).

**Cultural competent nurse and cultural focus measures**

“The culturally competent nurse is described as one who has the ability to assess and plan effectively for patients of varying cultures” (Riley, Smyer, & York, 2012, p. 381).

Definitions of cultural competence have included a specific focus on understanding sexual orientation, race, culture, gender, language, cultural communities, and culturally diverse groups through specific knowledge, refined skills, and detailed awareness for respect for unique cultural concepts (American Academy of Nursing, 1992; Capell et al., 2007; Suh, 2004). Education, religion, economics, and worldviews, are some of the broad range of cultural concepts which affect caring in the nursing profession (Fawcett, 2002; Leininger, 1991). Desirable attributes found in healthcare professionals include cultural awareness, skill, knowledge, desire, and encounters (Campinha-Bacote, 1999). Most cultural competence measurements have been based on these healthcare professional attributes instead of client/patient outcomes within the various minority cultures (Capell et al., 2007). Capell et al (2007) concluded that there was a need for



cultural competence models which measure healthcare professionals' responsiveness to the culturally diverse healthcare climate (Capell et al., 2007).

### **Cultural competence incorporation into academic programs**

The credit and time constraints of a community college nursing degree do not allow for the opportunity to offer all the courses which may be required to provide an adequate foundation in cultural competence for RNs (Jeffreys & Dogan, 2012). Most undergraduate degree programs have not offered adequate course material related to cultural competence (Lampley, Little, Beck-Little & Yu, 2008). With the continuing cultural diversification of the U. S. population and the need to administer healthcare to many different minorities, cultural competence has become a significant challenge for nursing education (Jeffreys & Dogan, 2012). The master's degree in nursing (MSN) was found to offer adequate course material to prepare nurses to be cultural competent (Lampley et al., 2008). If ADN programs do not have the credits and time to add cultural competence education, BSN programs will need to address this issue in the drive to have 80% of RNs with a BSN (IOM, 2011; Jeffreys & Dogan, 2012). As the requirement for cultural competent RNs in leadership and management roles increase, more ADN RNs will need to continue on to a BSN to adequately fill these roles (Jeffreys & Dogan, 2012).

### **Cultural competence, healthcare, and social justice**

Healthcare is affected by cultural barriers, which decrease the quality of care, increasing the probability of medical errors (Flores et al., 2003). The improvement of the quality of care is in direct relationship to meeting the cultural and linguistic needs of client/patients (Wilson-Stronks, & Mutha, 2010). With the increasing diversification of the population, one way to improve care is through providing culturally competent care (Wilson-Stronks, & Mutha, 2010).

The requirement for cultural competence in nursing practice was derived from a standard of social justice which all professional nurses should promote (Douglas et al., 2011; International Council of Nurses, 2006). Social justice in healthcare is the belief that fair and equal participation in healthcare opportunities is the right of every individual and group (Douglas et al., 2011). The practice of this belief is “acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation” (AACN, 2008, p. 29). The incorporation of cultural competence into the policies and procedures of healthcare organizations, with an emphasis on the optimal care of the culturally diverse populations served, is the responsibility of healthcare organization leaders (Wilson-Stronks, Lee, Cordero, Kopp, & Galvez, 2008).

Healthcare leaders have realized how important cultural competence is in understanding and communicating with patients (Wilson-Stronks, & Mutha, 2010). Healthcare leaders have considered understanding patient’s perceptions of care as essential to improving patient outcomes (Wilson-Stronks, & Mutha, 2010). Healthcare leaders have learned to incorporate cultural competence into daily practice as a means to increase the quality care of the culturally diverse patient populations they serve respective to their healthcare organization’s mission of equally providing care to all clients (Wilson-Stronks, & Mutha, 2010).

### **Cultural competence and matching the nursing workforce to patient population**

Although attempting to match the nursing workforce to the cultural background of the patient population may be the most effective strategy for healthcare leaders to follow, with the current nursing population of predominantly Caucasian nurses, and given the projected static economic shortage of nurses, this cannot be a realistic solution (Douglas et al., 2011; Jackson & Lopez, 1999). Cultural competence in healthcare will require diversifying the nursing workforce:

This diversification can only occur through the recruitment and retention of nursing students and graduates from cultures indigenous to the area in which the health care is provided. (Douglas et al., 2011).

The recruitment of nursing students from diverse cultures will require changing the culture of professional nursing schools and programs (Sullivan Commission, 2004).

The private sector and government must promote change. The development of new, and the strengthening of current, nontraditional pathways to professional RN nursing positions will be required by all level of nursing leadership to promote change (Sullivan Commission, 2004). The commitment by private sector and government leadership, along with the increased emphasis on nontraditional educational pathways to becoming an RN, will increase the opportunities for the nursing profession to increase the number of culturally competent nurses required to serve a continually expanding culturally diverse population (Douglas et al., 2011).

A barrier to increasing culturally competent nursing student graduates has been the lack of minority nursing faculty (Zajac, 2011). Minority nurses have been a significant catalyst in increasing cultural competence in nursing through becoming mentors and role models for minority nursing students (Sullivan Alliance, 2007). A lack of minority nursing faculty limits the faculty role models essential for minority students to succeed in nursing programs (Zajac, 2011). Minority faculty and minority nursing students often must confront the stress of working and studying within a bicultural setting of living in one culture while working in another: Minority faculty role models and mentors offer nursing students the guidance needed to work through the stress of being a minority student (Zajac, 2011).

In the bicultural settings of minority faculty and students, both groups experience the stress of not feeling accepted in a predominately Caucasian school and work environment.

(Davis & Davis, 1998). When compared to traditional postsecondary institutions, African American female nursing faculty who taught at historically black postsecondary institutions had higher salaries and was faculty who had a higher rate of tenure (McNeal, 2003). The current nursing faculty shortage offers the nursing community a way to increase nursing diversity, and nursing cultural competence, through developing new recruitment and institutional strategies that focus on recruiting minority faculty and minority students in graduate nursing teacher programs (Stanley, Capers, & Berlin, 2007).

New institutional and minority recruitment strategies must include commitment and planning for increasing the number of minority nursing students in nursing undergraduate and graduate programs (AACN, 2007). Of critical importance is increasing the number of BSN graduates prepared to go on to graduate nursing faculty programs (AACN, 2007). The burden of mentoring an increasing number of minority nursing students will increase the burdens already placed on the low numbers of minority faculty. This burden will be alleviated by more minority students graduating from graduate nursing teaching programs, thus increasing the number of minority nursing faculty who may mentor students (Stanley et al., 2007).

### **What Nurses expected from Employers and Educational Institutions**

Employer involvement in the education of staff was found to be significant to nurses continuing their education (Cheung and Aiken, 2006; Kesaitis, 1997). Employer willingness to help nurses with nursing work schedules, job constraints, and other conflicts to attending nursing classes significantly affect RNs' willingness to pursue four-year degrees (Parry et al., 2011). Shift work decreases motivation and also results in an increase in fatigue. Both of these negative shift work factors affect an RN's choice of whether to complete a BSN (Hughes, 2005).

### **Nurses preferences for choosing a particular pre-licensure program**

Seago and Spetz (2002) determined that nursing students chose their pre-licensure programs based on distance to campus, financial resources, and time commitment. Nursing students preferred to attend courses near their place of work or home, and chose programs with flexible hours, which included the use of online courses (Delaney & Piscopo, 2004). The recent increased use of online class formats has helped lessen the academic barriers of location, distance, and class times (Jukkal, Henly & Lindeke, 2008).

### **Nurses expectation of employer recognition**

Nursing students seek recognition from employers for continuing their education; they want the value of their BSN recognized (Reilley, 2003). Forms of employer recognition include flexible work hours for fitting in class times (Davey & Robinson, 2002), increase in salaries (Joyce & Cowman, 2007), positive mentorship promoting advanced education (Megginson, 2008), and managers who encourage the application of new concepts and knowledge (Hughes, 2005). Tuition reinvestment, stipends, and scholarship awards for progress in completing a degree were found to increase RN participation in advance degree programs (Cheung & Aiken, 2006).

### **Nurses' expectations of employer financial assistance**

Of significant importance to ADN RNs' decisions to continue on to a BSN is accessibility to information on how to gain employer funding, and information about the application process for financial aid. In 2006, only 8.2% of those RNs who were enrolled in a BSN program were reimbursed for the costs of tuition by their employer. (Health Resources and Services Administration, 2006). The small percentage of RNs obtaining employer financial assistance has led Health Resources and Services Administration (2006) to conclude that more information about employer financial assistance needs to be provided to RNs who are

considering continuing on to an advance degree, and that employers themselves need to be educated on how to provide this information to their nursing workforce.

### **Nurses' expectations of healthcare and educational institutions cooperation**

Hospitals forming partnerships with colleges and universities can be an important nursing expectation effecting nurses' decisions to pursue a BSN and more advanced degrees (Cheung & Aiken, 2006). The expectation of partnerships between community colleges, and universities or colleges, was found to be important in providing effective advisement, ensuring the right prerequisite courses were taken at the two-year level, and that a comprehensive education plan was in place to assist ADN graduates in transitioning into BSN programs (Jacobs, 2006). ADN graduates found both forms of partnerships essential for financial support, time management and planning decisions towards completion of a BSN.

### **Attitudes Toward and Perceptions of Nurses**

RN's public opinion poll ratings are significantly high for honesty, ethical standards, and as a trusted profession (Donelan et al., 2008). The high public opinion for these traits has not resulted in an adequate supply of nursing students to fill the growing shortage of nurses (Donelan et al., 2008). This is due to the conclusion that, although nurse public rating is high for these three traits, the overall media and general public image of nursing is significantly low when compared other professions, to include other professions in healthcare (Somers, Finch, & Birnbaum, 2010).

Research related to college students' perceptions of nurses found that nursing was perceived as a profession of lower status and one which offered only limited workplace independence (Seago et al., 2006). Somers, Finch, and Birnbaum (2010) concluded that nursing was not properly marketed in a way which significantly raises the public image of nursing and

increases the supply of RNs. The lack of the use of proper marketing concepts in promoting nursing as a profession has made it significantly difficult for researchers to determine what is missing in marketing nursing to prospective nursing candidates (Somers et al., 2010). A majority of the marketing promoting nursing as a profession rely on imaging nurse as maternal and angelic instead of focusing on the professional side of nursing, which affect patient outcomes and saves patient lives (Somers et al., 2010).

There has been limited research to determine how to correct the poor public image of nursing (Seago et al., 2006). Beyond promoting nursing as a helping profession, little has been done to establish marketing guidance in portraying the extrinsic and intrinsic rewards of nursing (Donelan et al., 2005). Whether there is some combination of extrinsic or intrinsic rewards, or if one form of reward is more important when compared to the other, is not yet clear in determining what significantly attracts new nursing students (Donelan et al., 2005).

Nursing program administrators will need to determine how to connect the public's opinion ratings to increasing the number of students willing to enroll into and successfully complete a nursing program (Donelan et al., 2008). Increasing both the number of minority and male students by connecting public opinion to recruitment has become especially important: Non-Hispanic White nurses make up 79% of the nursing workforce in the U.S. and only 9% of the total nursing workforce is comprised of male nurses: Recruiting more minority nurses and male nurses will significantly help alleviate the nursing shortage (Donelan et al., 2008). Research findings by Larsen, McGill, and Palmer (2003) indicated that most nurses decided to enter the nursing profession while in high school or during their first two years of post-secondary education, a good time to begin recruiting minority and male nursing students.

Sustained direct contact with healthcare providers, as well as with nurses, help prospective nurses develop insight into the role of nurses and interest in the nursing profession (Larsen, McGill, & Palmer, 2003). The direct contact gives prospective nursing students first person information about nursing (Somers et al., 2010). What has not been properly researched is how relationships through direct contact develop (Larsen et al., 2003). In addition, there is little research on how direct contact relationships with healthcare providers affect nursing expectations, the empowerment of others in these relationships, and the decision to pursue a nursing career (Boughn & Lentini, 1999).

Research findings indicated that critical to the decision to enter the nursing field is the expectation of caring for people (Boughn & Lentini, 1999): Caring for patients offered nursing professionals the opportunity to affect people's lives in a tangible way (Somers et al., 2010). Another appeal of nursing, which complements the opportunity to help others, is its tangible rewards (Seago et al., 2006). A comparison of the perceptions of nursing students to other students' revealed that nursing students perceived their field as: having more prestige, providing more interesting work, having good job security, and providing the potential to earn a good income (Seago et al., 2006).

A qualitative study by Boughn and Lentini concluded that the more important factor in determining the choice to pursue a nursing career was self-empowerment and the empowerment of others (Boughn & Lentini, 1999). This was expressed through nurses' perception of their empowerment of patients with knowledge, and by nurses having more control over their own lives (Boughn & Lentini, 1999). The author of another qualitative study concluded that self-empowerment and empowerment of others were more important than tangible rewards in choosing to become a nurse (Somers et al., 2010).



The media has become, and will continue to be, an important venue in exposing the general population to nursing and the consideration of nursing as a career (Donelan et al. 2008). The public perception of nursing is that it is a profession which combines professionalism, skill, and knowledge with caring (Donelan et al. 2008): Regardless, nursing is still seen as a profession of lower work status within healthcare professions (Seago et al., 2006). Research findings show that the public is significantly more likely to recommend nursing as a career than are the majority of healthcare professionals (Donelan et al. 2008). Nursing researchers and nurses have perceived the media's image of nursing as negative (Summers, 2006). Donelan et al (2008) concluded that the media's image is more positive than that held by nurses or nursing researchers. Nurses and nursing researchers understand the causes of nursing shortages, the nursing labor market, and the problems in nursing education: These understandings do result in a more negative nursing image held by nurses and nursing researchers (Donelan et al. 2008).

News stories about the importance of nurses in the caring for patients during disasters and their importance in patient safety have a positive public impact (Donelan et al. 2008). The public perception of nursing does appear to affect how men have perceived this career path as more female oriented and not as a male profession (Donelan et al. 2008). Females significantly perceive nursing as an underpaid profession and as difficult work (Donelan et al. 2008). Although personal experience is the greatest influence in promoting consideration for nursing careers, the media, through advertising and television, does play a significant role in influencing prospective students to consider nursing as a career (Donelan et al. 2008). Advertisement and television are media venues which are more likely to reach minority and younger audiences (Donelan et al. 2005).

Research by Somers et al (2010), using in-depth interviews, found three broad themes affecting the choice to pursue a nursing career: the nursing profession's perceived costs and benefits, underlying motivations, and perceived image of a nurse. Less than one-third of BSN students conducted any formal inquiry into nursing: the majority learned about nursing while in high school through contact with practicing nurses or through nurses who were family members (Somers et al., 2010). Nursing students consider nursing as a means to connect their future career activities to positive patient outcomes (Somers et al., 2010). Prospective nurses who have become nursing students were significantly aware of the job security, economic reward, and career mobility of nursing: These three tangible incentives were important in student considerations to enroll in nursing programs (Somers et al., 2010).

Nurses have struggled continuously with self-image, and have not maintained a positive view of their profession (Fletcher, 2007). Negative stereotypical views by the public and by nurses have persisted since the 1800's with each influencing the others' perceived image of nursing (Fletcher, 2007). Changing how nurses think of themselves may facilitate a more positive image of nursing: How nurses view themselves affects how they value their social role (Downs, 1987; Fletcher, 2007). Physicians and healthcare administrators rated the prestige and authority of nurses higher than nurses rated themselves (Martin, 1988).

In one study, nursing students maintained a consistent image of themselves while completing a three year baccalaureate program (Sivberg & Petersson, 1997). In another, nursing students found the academic standards for nursing were higher than expected (Brodie et al., 2004). Their perceptions changed significantly in the negative direction after employment. The negative change was due to their undervaluing the role of nurses in the workplace and the unequal power relationships with other healthcare professions (Brodie et al., 2004).

How nurses see themselves does not come directly from nursing literature: The literature about nurses is mostly written from the viewpoint of the public, the media and other healthcare professionals (Fletcher, 2007). The self-image of nurses in literature is inferred from text written by a majority of nurses on how to improve the nursing image (Fletcher, 2007). Nurses' documented strategies to improve nursing image help researchers infer current nursing self-image (Fletcher, 2007).

Nurses have suggested many needs exist that must be met if the image of nursing is to improve (Fletcher, 2007). There is the need to validate nurses as professionals by viewing their work as a career and not just a job (Huston & Marquis 2000). How nurses dress (Buresh & Gordon, 2006; LaSala & Nelson, 2005) and how they are introduced in the workplace are important to self-image (Barker, 2001). It has been suggested that nurses should be titled in the same format as physicians with the title of Nurse followed by their last name (Buresh & Gordon, 2006). There is also the suggestion that nurses should portray themselves as a profession centered on clinical knowledge and professional competence (Buresh & Gordon, 2006). Both professional competence and a profession based on clinical knowledge coincide with the nursing profession's commitment to make the BSN the required degree for registered nursing (Huston & Marquis, 2000).

### **Gender**

The status of women in any cultural or national setting influences the status of nursing: Nursing image is significantly affected by the broader status of gender (Lynaugh, 1980). Nursing has developed on a gender based culture, one that marginalized women and the healthcare work they carry out (Davies, 1995). Healthcare has exhibited a gender biased professional culture that has valued male professionals and tended to trivialize the roles traditionally held by females.

(Acker, 1990; Davies, 1995, Romano, 2015). The Joint Commission on Accreditation of Healthcare Organizations (2009) found that 40% of practicing clinicians do not report abusive physician conduct that involved intimidating or disruptive behaviors towards nurses: The silence was the result of many physicians themselves being abusive and hospitals losing physicians who are reported.

Research has found Western culture, and the healthcare organizations within it, to be patriarchal (Acker, 1990; Davies, 1995). This cultural model has not supported the professional growth of females (Lovell, 1981). In a patriarchal culture, oppression of women and those who become nurses is found to be normal (Lovell, 1981). In this context oppression exists when specific groups, females and female nurses, are controlled by outside influences, to include healthcare organizations, the public served, and other medical professions (Roberts, 1983). The outside influences tend to be more valued and the oppressed, females and female nurses, take on the outside influences' values (Roberts, 1983; Romano, 2015).

Within western culture there is a stereotypical association between gender and caring careers, such as nursing (Loughrey, 2008). Nursing associated as stereotypically female has influenced males to pursue other career choices (Loughrey, 2008). This has led one or more researchers to assert that caring and masculinity were mutually exclusive (MacDougall, 1997). Research has found that males who choose a nursing career were often stereotyped as gay or needed to justify their masculinity and career choice (Meadus & Twomey, 2007). Regardless of these stereotypes, male nurses are satisfied with their profession and readily recommend nursing as a career choice to other males (Twomey & Meadus, 2008).

Gender bias has impeded both recruitment and retention of males into nursing (Meadus & Twomey, 2011). In Ireland 5% of nurses are male; 3% of males who graduated from

secondary schools In the United Kingdom pursued a career in healthcare (Davis, 2001; Loughrey, 2008). Only 5.8 percent of Canadian nurses were male (Canadian Nurses Association, 2009). In 2006, 6% of U.S. RNs and only 10% of nursing students were male. Females have made steady increases into predominately male professions of pharmacy and dentistry (Burton, 2004). The number of males pursuing a nursing career has not increased, and the attrition rate of male students has been consistently greater than that of females (McLaughlin, Muldoon, & Moutray, 2009).

Nursing education must be more proactive in the evaluation of teaching strategies used to instruct male nursing students (Meadus, & Twomey, 2011). Many of the gender differences found by students in nursing programs have been attributed to outdated social constructs which continued to reinforce the perception of nursing as feminine (Meadus, & Twomey, 2011). Research conducted on male perceptions of gender barriers in nursing programs found a lack of; male mentoring programs, male faculty, history of males in nursing, opportunity to work with other males, mentoring on male touch (Keogh & O'Lynn, 2007; O'Lynn, 2004).

Negative gender bias affecting male nurses reinforces the negative perceptions that nursing is feminine and a subordinate role in healthcare exclusive to females (Meadus, & Twomey, 2011; Perin, 2006). This in turn dissuades prospective female nursing students who look for equality in a chosen profession from pursuing a nursing degree (Romano, 2011). In certain situations male nurses reported gender bias in clinical settings where physical strength was required: Men were consistently asked for assistance in tasks involving physical strength (Meadus, & Twomey, 2011). Of greater male concerns in clinical settings have been the sexualization of male physical contact and the resultant misinterpretation of the male expressions of caring (Harding, North, & Perkins, 2008). In obstetrical nursing, nursing educators and

clinical nurse specialists held a significantly greater negative perception of males working in this clinical area (McRae, 2003).

The nursing profession needs to proactively recruit male nurses (Twomey & Meadus, 2008). Nursing must create a learning and clinical environment that will be environmentally attractive to males and conducive to their retention (O'Lynn, 2004). Nursing organizations need to challenge the standing male and female stereotypes prevalent in nursing, and develop a gender neutral academic and working environment, which will counteract bias and aid in addressing the disproportionate ratio of female to male nurses (Meadus, & Twomey, 2007).

### **Chapter Summary**

By understanding what has influenced an ADN graduate registered nurse to pursue a BSN program, community college nursing program administrators, as well as healthcare and nursing organizations, will more fully understand the incentives significant in influencing ADN graduates to enroll in and complete RN to BSN and four year BSN programs. There is an urgent demand for BSN degreed professional nurses to fill the increasing nursing shortages in healthcare. Major nursing organization reports and initiatives, such as the Goldmark Report of 1923 (Hamric, Spross, Hanson & Hamric, 2009), the ANA Position Paper of 1965, and the Committee on the Robert Wood Johnson Foundation initiative on the future of nursing, at the IOM (2011) have advocated higher levels of education for RNs.

The degree path to a four year BSN degree takes an average of 6 years: The completion of both an ADN and RN to BSN program adds extra steps which will result in a greater average time to complete a BSN (NCES, 2011). Considering the effect of the current recession on slowing the replacement of current working senior nurses, and that there are only five years until 2020, the goal of reaching 80% of RNs having a BSN may not be realistic (IOM, 2011: Altman,

2012). Regardless of whether this goal is attainable, the need for RNs with a BSN to fill more complex nursing leadership, management, specialty, and faculty roles still makes the need to influence ADN and new nursing students to pursue a BSN an urgent matter. In order to meet this demand, nursing program leaders and administrators at both the two-year and four-year college levels will need to work together to enhance incentives, which will influence more ADN graduate registered nurses, to pursue a BSN.

As stakeholders in the community college mission, community college nursing program administrators will need to understand what influences ADN graduates to pursue a BSN in order to promote liberal arts, transfer degrees and lifelong learning for ADN program students. All postsecondary education level nursing administrators should promote continuance to a BSN as the minimum degree level for the professional nurse: A BSN will help nurses work as equal partners, on an equal academic level, with other healthcare specialists. Individual community colleges will need to determine what incentives and disincentives affect their respective ADN nursing graduates' determination to pursue a BSN.

### **Chapter III: Methodology**

#### **Overview**

The purpose of this chapter is to identify the methodology, research design, and procedures used to conduct this qualitative study. The researcher will utilize each procedure to review the study's purpose, as well as restate the research questions proposed to support the study's purpose. A detailed description of the research design chosen precedes a description of the sampling method population studied. Following the sampling method is a description of the collection procedures and a section on trustworthiness of data methods. The next section explains the data analysis procedures. The last three sections describe the research design limitations, ethical and moral considerations, and a closing with a chapter summary.

#### **Purpose**

The purpose of this qualitative research study was to determine what experiences influence the decisions of female ADN nursing graduates', who graduated from a state community colleges nursing program located in the Southeastern U.S., and pursued a BSN through an RN to BSN program at a selected state university. This qualitative study inquired into the perceived incentives affecting the decisions of female ADN graduates, who have graduated from the selected community college, to pursue a BSN. The results may help nursing program administrators determine what recruitment incentives incorporated into community college nursing associate degree programs influenced female ADN graduates' persistence to pursue a BSN at a four-year postsecondary institution. This study's research questions were:

#### **Research Questions**

1. What ADN nursing program experiences influenced female ADN graduates' decisions to enroll in a BSN program?



2. What experiences prior to enrolling in an ADN program influenced female ADN graduates' decisions to pursue a BSN?
3. Who influenced female ADN graduates' decisions to pursue a BSN?
4. How did female ADN graduates' workplace environment influence their decisions to pursue a BSN?

### **Confidentiality of Participants, Their Families, and Significant Other Persons**

Protecting the participants' and their families' privacy was essential to carrying out this study. All proper names of persons, academic institutions, health organizations, and general locations have been omitted. I have replaced all proper names of persons and institutions with generic names. The small student size of ADN nursing programs may lead to the identification of participants who volunteered for this study. The protection of the participants' privacy and their safety is the first priority of this study.

### **Research Design**

Hays and Singh (2012) defined qualitative research as "The study of phenomena or research topic in context" (p. 4). Qualitative research addresses the need to explore little known problems or a need for detailed understanding of a phenomenon (Plano & Creswell, 2010). In qualitative research, the researcher investigates topics never examined, or researches a topic from a different viewpoint (Patton, 2002). The research involved in a qualitative study explores the what, or the how, aspects of a phenomena's process (Hays & Singh, 2012). How the researcher explores the aspects of a phenomena's process, depends on the qualitative research design used (Patton, 2002).

A qualitative research design is a set of procedures used to collect, analyze, and report through image and text data, which explore participants' views of research questions (Plano &

Creswell, 2009). Qualitative research design enables the researcher to collect data on the narrative interpretation of a phenomenological process (Patton, 2002). Various types of research designs allow the researcher to first explore, and then understand phenomena. Qualitative research designs provide the researcher with the narrative data about the phenomena explored in a study (Plano & Creswell, 2010). Some of the most common qualitative research design traditions used in education are case study, grounded theory, ethnology, narrative research, life history, narratology, symbolic interaction, and phenomenology (Hays & Singh, 2012). Phenomenology was selected as the qualitative research tradition for this study.

The phenomenology research design evolved during the 20<sup>th</sup> century as a means to investigate lived experiences. Husserl (1962), one of the developers of phenomenology, found that by capturing the participant's first hand conscious views or personal realities about phenomena the researcher could understand the absolute truth of phenomena. From an ontological view, Husserl believed phenomenology centered on eliciting narrative data based on phenomena's facts and essence derived from pure consciousness. Husserl argued that participants had the capacity to understand their own consciousness. In participants grasping their own consciousness, Husserl concluded that the researcher will comprehend the structure narrated by participants with intentionality and bracketing. The philosophical assumptions of Husserl initiated an awareness of the importance of the exploration and description of the essence of participants' lived experiences in qualitative research design (Creswell, 2009).

Phenomenology does not attempt to compare one process to another by comparing numbers, phenomenology attempts to understand the meaning and the depth of lived experiences (Husserl, 1962). A narrative interpretation satisfies the goal of phenomenology to capture underlying meaning found in the description of the lived experiences of a study's participants

(Moustakas, 1994). This phenomenology research design uses semi-structured individual interviews to collect the lived experiences of participants (Hays & Singh, 2012).

### **Interviews**

Interviews provide a data collection venue, which allows the researcher to ask participants the study's research questions (Moustakas, 1994). Interviews have continued to be the preferred qualitative tool for investigating underexplored and unexplored educational phenomena (Nunokoosing, 2005). Nunokoosing (2005) found that interviews were the most widely used method of data collection in qualitative research. There are three types of interviews: structured, semi-structured, and unstructured (Creswell, 2009). The semi-structured interview, the one used in this study, is also identified as in-depth interview (Hays & Singh, 2012).

The semi-structured interview usually consists of a protocol for establishing a starting point and guide for the interview experience (Berg, 2004). Once a semi-structured interview has been initiated, the researcher can choose to not follow the interview protocol, or initiates a semi-structured interview (Esterberg, 2002). In a structured interview, the researcher must rigidly follow a sequence of set questions at a pre-established pace (Esterberg, 2002). In the third type of interview, the unstructured interview, the researcher can adapt the sequence of research questions and the interview pace to the different surroundings at the time of each interview (Esterberg, 2002).

The phenomenological research design enables researchers to collect individual phenomenological experiences, and transcribe them into common descriptions of lived experiences of several participants (Creswell, 2009). Face to face interviews, such as the semi-structured interview used in this research, allow the researcher to ask specific research questions which guide participants to the lived experiences to be explored (Esterberg, 2002). By using

face-to-face interviews, the researcher acknowledges that participants possess a conscious mind, and convey in their narration intentional meaning of the reality consciously experienced (Martin, Sadlo, & Stew, 2006). The semi-structured interview offers the researcher the advantage of asking additional probing and non-probing questions to supplement pre-established questions (Esterberg, 2002; Berg, 2004) (see appendix A, B, & C).

According to Moustakas (1994), in illuminating participants lived experiences through detailed interview narration, researchers must strive to eliminate preconceived notions, which will lead to bias in the research process and findings. Lavery (2003) agreed with Heidegger's finding that all participants' personal perspectives, including those of the researcher, influence the research: Researchers must reflect and understand how their own experiences, beliefs, and positions relate to the phenomena researched.

The use of a semi-structured interview format for this phenomenological study allowed the researcher to explore the subjective meaning of experiences affecting an ADN graduate's decision to pursue a BSN. Semi-structured interviews offered the researcher the flexibility to ask participants questions other than pre-established ones (Patton, 2002). Questions that supplement the original research questions allowed the researcher to gain insight into the participants' lived experiences not first elicited by pre-established questions (Patton, 2002).

### **Sampling Method**

The researcher must always take the time to consider how to choose the sampling method (Miles & Huberman, 1994), determine whom the informants are (Manning, 1992), and decide what relationships to form with stakeholders and gatekeepers (Stoecker, 2005). I used purposeful sampling methods to select the study's participants and sites to explore and understand Phenomena (Plano & Creswell, 2010). The criteria I decided on through purposeful sampling

determined what selection of participants and sites led to the richest collection of information (Plano & Creswell, 2010). The use of purposeful sampling methods is evidence that the researcher selected the ideal participants and sites for exploring and understanding phenomena (Plano & Creswell, 2010).

There are 16 types of purposeful sampling methods used in qualitative research (Miles & Huberman, 1994). Hays and Singh separated these 16 methods into three categories labeled representatives of sample, description/presentation of phenomena, and theory development and verification. I selected a member of the representativeness of sample category, homogenous sampling, as cited in Hays and Singh (2012) for this study. The representativeness of sample category goal is used to select participants who represent themselves (Hays & Singh, 2012). Homogenous sampling is a selection of participants who share important similarities (Miles & Huberman, 1994), and is the best purposeful sampling method for collecting narrative data from one specific subgroup (Miles & Huberman, 1994).

The subgroup explored for this study was ADN graduates from a specific community college who graduated more than one year and less than five years after the time of the sampling (Miles & Huberman, 1994). The ADN graduate subgroup was homogenous as they shared the following criteria: Each member shared the same ADN degree status, each member attended the same public community college to obtain their ADN, and each member graduated with an ADN within the past five years (Miles & Huberman, 1994). These three criteria satisfied the requirements of a homogenous sample population (Miles & Huberman, 1994). This population sample was critical to the researcher in providing participants required to have experienced the phenomena explored and narrate on their lived experience (Plano & Creswell, 2010).

The community college sites selected satisfied an opportunity to fill the need of its nursing program leadership to determine what experiences influenced female ADN graduates' decisions to pursue a BSN. Two of the traditional missions of a community college are to offer transfer degrees in support of the higher education path to a four-year postsecondary degree, and to promote lifelong learning (Anonymous, 2012). The community college selected for this study is one of 20 plus two-year community colleges comprising the state community college system (Anonymous, 2012). The researcher considered the study's selected community college as representative of the state's public two-year colleges for its nursing programs and female ADN graduates (Plano & Creswell, 2010).

The recruitment process consisted of a letter to the selected public community colleges' designated state university distance education site directors describing the study and requesting their participation in selecting participants from the sample population. The researcher used criterion sampling to determine the participants from the homogenous population sample for the study (Patton, 2002). Criterion sampling is the selection of participants who satisfy a predetermined criterion (Miles & Huberman, 1994). With notice emailed to designated state university head of distance education RN to BSN program, ADN graduate students from the selected community college ADN program were solicited to participate in this study. Participants included newly enrolled, current, and BSN program graduates. Initially the sample population was to consist only of newly enrolled students; the sample population was too small to ensure an adequate sampling to saturation.

The researcher had randomly chosen participants from a list of female ADN graduates from the selected state community college who had enrolled in the state university distance education RN to BSN program (Patton, 2002). The researcher contacted selected participants by

email and telephone with an offer to be a participant in the study (see appendix D). Participants received an incentive of \$25 per interview. One interview group with a minimum of 5 participants was selected to participate in this study to determine what experiences affected their decisions to pursue a BSN (Hays & Singh, 2012). The total of 5 participants satisfies the requirement of at least 5 participants for this phenomenological study (Hays & Singh, 2012). Each participant was interviewed twice (Hays & Singh, 2012).

### **Sampling**

This study required access to RN to BSN Program students currently enrolled in the designated state university distance learning RN to BSN Program, or have graduated from the program, had graduated from a selected state Community College ADN program, and were registered at one of two state university distance learning sites. Access to the selected student population was through the two designated state university distance learning site directors and through the university's RN to BSN Program Head.

All correspondence between students, the department head, and site directors was accomplished through email, in person, meetings, text messaging, and phone. A detailed email message was sent to the site directors and the RN to BSN Program Head to forward to selected students (Appendix D).

The state university RN to BSN Program Head and Site Directors volunteered to screen their student rosters for students who met the participant criteria for this study. Once they had identified the participants who met all the study criteria each forwarded the original requesting email to each perspective participant with the researcher contact phone number and email. This protected perspective participants' privacy and offered each student the opportunity to decide or not decide to participate in this study.

The research protocol, describing the rights of participants as human subjects, as well as the cooperation of participants, state university long distance education site directors, and Nursing Program Head, was reviewed and approved by the Darden College of Education's Human Subjects Research Committee under Approved Application Number 201401027 (Appendix E).

### **Participants**

This qualitative phenomenological study incorporated purposeful sampling of State University RN to BSN Program students who graduated from one specific state community college and applied to one of two of the selected four year university's distance education state community college sites. The selected four year university's distance education site directors determined that there was a total of 13 newly enrolled and registered RN to BSN Program students who had graduated from the specific state community college ADN program selected for this study. There were 12 students registered at the university site, the primary site, located at the community college, selected for the ADN program. One student was registered at the university site, adjoining site, located at the other selected community college. All the students in the population sample were female. The age of the students ranged from their mid-twenties to mid-forties. Five students participated and eight declined participation.

All participants live within the service areas of the two community colleges selected for this study. The Primary university site's community college service area consisted of two campuses, six counties, three cities, and a student population of approximately 15,000 full and part time students. The adjoining university site's community college service area consisted of three campuses, a large city, five counties, and a student population of approximately 20,000.

### **Data Collection Procedures**



This study required the use of confidential files and first person interaction with participants: The researcher complied with all IRB procedures as required by Old Dominion University Office of Research (2005). Prior to interviewing participants I developed a plan for a qualitative approach to data recording, developed and used interview protocols for recording narrative data, and developed and implemented an interview protocol providing for the interview questions and for the recording of a participant's answers (Creswell, 2009). The interview procedure established a standard for multi-interviews including the date and place of the interview, standard instructions for the interviewer to follow, the questions to ask the interviewees, follow-up probing questions, an area after each question to record the interviewee's responses, and a statement of thanks to the interviewee as an appreciation for his involvement in the study (Creswell, 2009) (See appendix A, B, & C)

Prior to scheduling face to face interviews, the purpose and nature of the study, ethical issues, eligibility, and informed consent was discussed with each participant (Old Dominion University Office of Research, 2005). Mutually agreed upon locations, with the emphasis on comfort for the participant and the researcher were determined for each interviewee (Old Dominion University Office of Research, 2005). Before each interview the researcher briefed each participant on interview recording and transcription procedures, and read the consent form out loud to the interviewees at the same time the participant read it to themselves (Hays & Singh, 2012) (see appendix F). At the completion of reviewing the consent form, the interviewer asked participants to sign the consent form confirming that they understood the consent form and agreed with the text (Old Dominion University Office of Research, 2005).

During the explanation of transcription and recording procedures, as the researcher I informed the interviewees that random codes would replace their real names to protect their

individual identities and personal information (Code of Federal Regulations, 2001; Old Dominion University Office of Research, 2005). The researcher explained how all recordings and transcriptions would be stored in a secured room, locked in a cabinet, and destroyed after five years. The researcher offered a copy of the transcript to the participants after transcription completion, and asked each participant to be part of the interview process (Old Dominion University Office of Research, 2005).

Interview questions were semi-structured, comprised of structured interview questions based on the research questions, with each followed by probing questions as needed to supplement the structured interview questions and to elicit in-depth participant narrative responses (Creswell, 2009). The researcher recorded the interviews and wrote down notes as needed during each session (Creswell, 2009). The researcher made notes to describe the interviewee's nonverbal gestures and to provide a written backup to the recordings (Hays & Singh, 2012).

### **Researcher's Role and Bias**

The researcher worked closely with the nursing department at a state community college for eight years. The researcher supported and assisted the nursing department with instructional technology, online learning content and special projects. The researcher's original intent was to explore English as a second language nursing student's barriers affecting nursing program success. A research question by the college's Dean of Health Sciences influenced the researcher to change the qualitative research question to the current one.

The researcher acknowledges that his experiences in objective data collection, trust with the college's nursing academic administrative staff and faculty, three years preliminary review of nursing education, and working as a researcher who is not a nurse or positioned within the

college's nursing department staff or faculty are significant advantages to objectivity in the qualitative research process.

### **Data-Analysis Procedures**

Qualitative researchers explore phenomena and attempt to gain more information about the phenomena studied. Analysis of research data enables researchers to look for an understanding of phenomena from the information. Qualitative research data analysis organizes data into unique themes or patterns the researcher uses to determine new details of phenomena from the collected data, what is significant, and what findings the researcher should convey to others (Moustakas, 1994).

For the purpose of this study, the researcher used Moustakas' (1994) modification of Van Kaam's phenomenological data analysis as the data analysis method for this study (Hays & Singh, 2012; Moustakas, 1994). Moustakas' method begins with the researchers gaining a full description of the data of the studied phenomena. The researcher performed a pre data analysis step called bracketing (Tufford & Newman, 2012). In bracketing, the researcher sets aside personal bias and views about the phenomena studied (Tufford & Newman, 2012). Through reflecting on the data researchers determine what bias and personal views they have, and narrate each bias and view in writing to set them aside (Plano & Creswell, 2010).

The researcher performed a process called horizontalization (Moustakas, 1994). From the description of the lived experiences found in the transcripts and notes, the researcher considers each narrative for its significance in describing each lived experience. To begin horizontalization the researcher records significant narrative events found in interview narrative and associated notes (Moustakas, 1994). Next, the researcher places the significant narrative events into non-overlapping, non-repetitive statements known as meaning units or invariant horizons

(Moustakas, 1994). The researcher takes statements having related invariant unit meanings and clusters them into categories called themes (Moustakas, 1994). Finally, the researcher synthesizes the themes into a description of the textures of the lived experiences. Verbatim examples are included in the synthesized descriptions (Hays & Singh, 2012).

In the next step in the data analysis process, known as structural description, the researcher explored the description of textures and use imaginative variation to identify any multiple potential meanings (Moustakas, 1994). The researcher's goal is to identify and to understand phenomenal essence. Using this process, in combination with the other processes included in Moustakas' phenomenological data analysis, the researcher is able to collect individual lived experiences and combine them into a meaningful representative lived experience of combined experiences. At the end of Moustakas' phenomenological process the researcher is able to highlight the participants' collected essence of experience (Moustakas, 1994: Hays & Singh, 2012).

In summary, the data analysis process used by the researcher is commonly applied to phenomenological research. The steps the researcher used in the data analysis process allowed for the analysis of data to develop meaning, clustering of meaning into themes, and finally a textual description of the experiences affecting ADN nursing graduates' decisions to pursue a BSN.

### **Research Design Limitations**

The researcher must identify limitations in a study's research considered as potential problems or weaknesses, which may affect the results (Plano & Creswell, 2010). The researcher used the identified limitations to assist in critically evaluating the study (Plano & Creswell, 2010). The purpose of this qualitative research study was to determine what experiences

influenced the decisions of ADN nursing graduates', who graduated from a state community college nursing program, to pursue a BSN. The researcher drew the study's participants from a small population sample of female ADN graduates of a single urban public community college. Due to the small size of the sample, the use of only one community college site ADN program graduates, and the sites one location of an urban population, the study had little or no statistical meaning (Plano & Creswell, 2010).

The qualitative subjective data analysis, interpretative data process, and data collection prohibited the researcher from delivering an objective summary of the data based on controlling variables (Schneider, 1999). The researcher's acknowledgement of subjective involvement in the study's data collection and analysis was critical to minimizing subjective limitations (Peshkin, 1988; Patton, 2002). In order to represent the study's participants as experts in the phenomena studied the researcher acknowledged inseparability of self and the participants (Peshkin, 1988).

### **Delimitations**

The participants in this study consisted of female ADN graduates of a public community college located in a United States Southeastern region state that graduated from 2010, through to academic spring semester of 2014 and enrolled in the university's online RN to BSN program. The researcher interviewed graduates during the months of March 2014 to July 2014. The graduates must have attended only the approved community college nursing program at the state community college selected for this study. Each participant had to participate in the two semi-structured interviews required in the study's research design.

### **Moral and Ethical Considerations**

Moral standards for qualitative interviews required the researcher to determine how the interview process increased scientific knowledge as well as better the human situation (Creswell, 2010). This qualitative study aims to provide nursing program developers a better understanding of the experiences affecting ADN graduates' decisions to pursue a BSN. The study should add to the empirical knowledge of these same experiences. This interview process was a collaborative process between the interviewees and the researcher (Campbell et al., 2010). The researcher acknowledged the interviewees' voice in the research location, how they believed the research should be conducted, and whether they found the findings were accurate or relevant (Kezar, 2003).

The researcher followed the ethical codes of guidance in improving practice and accepted the accountability for those involved in the study that deviate from agreed upon practices or standards. In addition, the researcher worked towards teaching sound ethical behavior to individuals who were part of the discipline as well as setting ideal standards in methods of practice (Code of Federal Regulations, 2001: Old Dominion University Office of Research, 2005).

The researcher respected the autonomy of the interviewees' decisions whether to participant or freely withdraws anytime from participation (American Counseling Association, 2005). Informed consent is a cornerstone of all research (American Counseling Association, 2005). The researcher cannot ethically conduct interviews without first obtaining the interviewee's informed consent (American Counseling Association, 2005: Old Dominion University Office of Research, 2005). Informed consent obligated the researcher to define and outline the research to the interviewee, convey in detail the rights and responsibilities of everyone involved, and explain what data, and how the data was collected and handled

(American Counseling Association, 2005; Old Dominion University Office of Research, 2005).

Confidentiality or right to privacy in the study's relationship is a required part of informed consent, protected by law, and critical to ethical research (Code of Federal Regulations, 2001).

Privacy, anonymity, and privileged communication are components of interviewee confidentiality the researcher must also protect (Code of Federal Regulations, 2001). Research ethics guide the researcher to respect participants as equal partners in the qualitative inquiry, and ensure their well-being (Campbell, Adams, Wasco, Ahrens, & Sefl, 2010).

### **Chapter Summary**

In exploring the experiences female ADN graduates perceived to have affected their decision to pursue a BSN, the researcher had decided that a phenomenological research design offered the best research tradition to discover and develop subjective meanings from lived experiences of the participants selected. The researcher learned about the phenomena studied from participants' first person narrations, and the constructing of subjective meanings from the narrated lived experiences (Moustakas, 1994). As with most qualitative research designs and methods, the use of semi-structured interviews for the instrument of inquiry allowed the researcher to become an active participant (Hays & Singh, 2012). The researcher directly absorbed the personal narrations of lived experience. This absorption thus allowed the researcher to better understand and report on the subjects' views gained from particular phenomenon experiences (Moustakas). With this consideration, the researcher determined a phenomenological design, which was the best method for studying the phenomena targeted. In keeping with the community college mission as a transfer college, the state's public community colleges need to understand what experiences of ADN graduates affect their decisions to pursue a BSN. Knowing what experiences increase and decrease the chance that a female ADN graduate will pursue a

BSN will allow nursing program developers to understand and develop incentives and reinforce student experiences that will increase the likelihood of graduates enrolling in BSN programs. An increase in ADN graduates successfully pursuing a BSN is critical to decreasing the critical shortage of professional nurses who have a BSN (Institute of Medicine, 2011).



## **Chapter IV**

### **Results**

#### **Introduction**

The purpose of this phenomenological study was to determine what experiences influenced the decisions of female ADN nursing graduates', who have graduated from a state community college nursing program, to pursue an RN to BSN program. This study was conducted using a specific university RN to BSN Nursing Program's female population of students who had graduated from a specific state community college two year associate degree in nursing program. This chapter presents the research results, including the responses to the interview questions, each participant's background information, and the connection of the common interview themes shared by the participants.

#### **Overview**

As the ADN graduate experiences influencing decisions regarding the pursuit of a BSN provides the context for the results presented, each emergent theme in the data will be arrayed according to Moustaka's 1994 modification of van Kaam's phenomenological data analysis (Hays & Singh, 2012). The phenomenological interviews are broken down into major themes and a tabular listing of sub-themes through bracketing, horizontalization, textural description, and structural description. This elaboration of the interview discussions is warranted as many of the life experiences influencing nurses to continue on to a BSN emerged, which were not conceptualized in past studies exploring this topic (Hays & Singh, 2012).

#### **Participant Demographics**

Five participants were interviewed for this qualitative research. The ages of the participants were 27, 31, 35, 39 and 41 years of age. All participants were female. Two were

Caucasian, two were African American, and one was Native American. One participant was living in a European country on a U.S. military base and was interviewed via Adobe Connect. With the exception of the participant living in Europe, all participants were working nurses. The one exception had recently moved from the United States, prior to this move was a working nurse, and was actively seeking a job in her current foreign residence. When interviewed, all five participants, to include the one living in Europe, were currently enrolled in the selected state university's RN to BSN Online Program.. The participant in Europe was enrolled in the RN to BSN program and completing her program online.

The Participants were either married or divorced. Two participants were divorced and both were the primary income providers for their immediate families. The three other participants were married with two in the role of primary income provider for their immediate families: The other married participant was a military dependent who had recently transferred with her spouse to an overseas post. One divorced and one married participant had completed a Bachelor in Health Sciences to avoid the chemistry course requirement for a BSN. They discovered later that this degree did not satisfy their workplace requirements for promotion or employment in nursing. One participant had completed a one year certificate in cosmetology. Table 1 displays the significant participant demographic characteristics described above.

Table 1

## Participant Demographics Characteristics

Participant	P1	P2	P3	P4	P5
Ethnicity*	AA	NA	C	C	AA
Age	41	39	31	35	27
Marital status**	M	D	M	D	M

Work Status***	FT	FT	FT	FT	U	
Children	2	2	1	2	0	Note.

\* AA = African American, C=Caucasian, NA =Native American \*\* D = divorced, M= Married

\*\*\* FT = Full Time, U= Unemployed.

### **Participant Interviews**

A semi-structured face to face interview format was used to gather data for this preliminary qualitative research. All interviews were completed over four months commencing in March 2014 with completion in June 2014. Each interview took place in a mutually agreed upon neutral environment to include five at the university's distance learning site community college campus classrooms, two interviews by Adobe Connect for the overseas participant, two in a campus commons, and one at a public coffee house. Each interview was recorded and followed an interview script (Appendix C). The longest interview lasted 45 minutes. The shortest interview, a follow-up interview or second interview, lasted 15 minutes.

### **Interviewee's Common Experiences**

The selected community college's ADN graduates who enrolled in the university's online RN-BSN Program discussed those experiences that influence their decisions to pursue a BSN. They expressed similar family and school experiences associated with their past ADN education. Even though they came from varied backgrounds and locations, the phenomenological experiences which led them to pursue a BSN were nearly identical to each other.

All participants recalled early family experiences which influenced their path to becoming a nurse. Each participant identified family members who became mentors or role models influencing their nursing decisions. In all instances, family support for pursuing higher

education and a path to a nursing degree was an important incentive in each participant's educational pursuit of a nursing career.

By reason of their success in completing their ADN, and acceptance in the university's Online RN-BSN Program, each participant has demonstrated the academic self-confidence and capability to pursue and complete a four year degree and the potential to continue on to a graduate degree in nursing. I have found little or no scholarly studies related to nursing which explored or described which life experiences motivate individuals to pursue a career path in nursing: The majority of nursing education peer research concentrates on and explains those barriers and incentives affecting nursing education success long after nurses' decisions to pursue a four year degree in nursing have been individually decided.

### **Interviewees Nursing Experiences**

Experiences as described by the nurses in this study, encompassed more than the fact that community college ADN program faculty and staff were, or were not, interacting with nursing students to promote continuing on to a BSN. While the faculty and staff interactions influenced ADN student nurses' ideas about nursing to continuing on to a BSN, earlier family and mentor experiences meant significantly more to them. The pre-ADN program experiences meant that there was substantial family and mentor support to incentivize ADN program nursing students to plan to continue on in their education beyond their two year degree. I could find no scholarly studies that describe what nursing students experienced in life which initially influence them to successfully enroll into an RN to BSN program following graduation from an ADN program. IOM (2011) and other significant reports explain ethnic professional, pay, and gender differences influencing nursing success in continuing on to a BSN: Nowhere do they investigate what life

experiences influenced nurse students to continue on to enroll in higher education degree programs after completing an ADN.

### Themes

The nurses' understanding of the conscious recalls of those life experiences influencing their higher education pursuits involved one or more of the following themes: family, peers, academic institutions, and workplace. Table 2 displays these themes and subthemes found through the horizontal analysis of the participants' interviews.

Table 2

Themes, in bold with sub themes below each theme, which influenced graduate ADN nursing decisions to pursue a BSN

<b>Family</b>	<b>Peers</b>	<b>Academic Institutions</b>	<b>Place of Work</b>
Parents	Friends/Relatives	Community College	BSN Required
Siblings	Professional/Academic	Other Academic Experiences	Promotion
Relatives'			Program Support
Husband			
Children			

Nurses' acknowledgement and understanding of these themes provides a starting point from which to investigate how each influences ADN graduates' future decisions to pursue a BSN. Understanding when and where in an ADN graduate's life theme experiences significantly influenced their continuing nursing education will affect how educational institutions inform, recruit and mentor nursing students to continue on to a BSN and graduate programs.

Most of what ADN graduate nurses described as significant in influencing their decision to pursue a BSN, involved experiences with family relations during the childhood to adolescence

years. These experiences were associated with the subthemes of parents, siblings, and relatives. Just as important were the participants' descriptions of the influence of spouses and children. Tables 3 and 4 illustrate the pervasiveness of each Sub-theme, with every interviewee conveying that all family subthemes influenced their RN-BSN degree path decisions.

Table 3

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*Number of interviewees who considered family as significant to their BSN decision.*

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<b>Sub Theme</b>	<b>Number of Interviewees</b>	<b>Comment</b>
Parents	5 of 5	
Siblings	4 of 5	One had no siblings
Relatives	3 of 5	two did not live near relatives
Husbands	5 of 5	two were divorced
Children	4 of 5	One had no children

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Table 4

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*Number of interviewees who considered external influences outside of family significant to their BSN decision.*

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<b>Theme</b>	<b>Number of Interviewees</b>
Workplace	5 of 5
Academic Institutions	3 of 5
Peers	5 of 5

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## **Results**

The information in this section reflects the product of the phenomenological data analysis grouped into themes. The results are organized into four general themes to present findings for:

- Family influence on student nurses' decisions to pursue a BSN,

- Peer influence on student nurses' decisions to pursue a BSN,
- Academic experiences' influence on student nurses' decisions to pursue a BSN, and
- Corporate/hospital experiences' influence on student nurses' decisions to pursue a BSN.

I have randomly coded any individuals, institutions, or locations (to include the state or region the study was located) which may lead to identifying the participants in this study. Each general theme is presented below.

**Theme: Family influence on student nurses' decisions to pursue a BSN,**

I found that the participants considered family to be the most significant theme of the four themes discovered in this study. Based upon the participants' responses, the theme of Family was divided into five sub themes, each offering more information about the theme (Creswell, 2008). The subthemes in this theme and the order in which they became first became significant to the participants' academic decisions are as follows: "Parental influence", "Sibling influence", "Relatives' influence", "Husband", and "Children". The theme documents how parents, siblings, relatives, spouses, and the participants' own children have affected their decisions from childhood into adulthood to pursue a higher education degree

**Sub Theme Parents: Parent's influence on participants' decisions to pursue a BSN**

Participants described how parents influenced them to set, as a life standard, a college or university degree as the minimum for personal academic success. Parents did not attempt to persuade the participants to follow any specific degree program or field. The participants were influenced to determine what degree field they wanted to pursue.

The parents' own higher education background was an incentive for two of the participants. When probed in her interview, participant P2 described her parent's influence as "... Um my mom was actually a clinical psychologist. I guess you can say the medical field kind

of runs in our bones”. Following up on this answer the participant stated “It was simply expected, enough said”. Another participant, P3, when asked if her parents expected her to go on to a four year degree stated “My mom always worked three jobs and my father was a mechanical engineer, so, going on in my education to do better was expected”.

Participant P4’s parents, who own a farm, discussed with the family how going on to college was expected to later provide for their own families.

It was expected that you would go to college, It was often discussed with our family too that we had the farm and that the farm would not be there to sustain everyone and that we needed to go to college to provide for our own families. My dad is still working today and still making a good living at it. And they instilled in all three of us to go to college, which we have and all of us have our own jobs outside of that.

Two participants’ parents did not have higher education degrees. These parents did strongly influence their children to pursue higher education. In addition to the participants going on to pursue a BSN, their siblings all completed four year degrees. One of the participants, P5, stated:

...I think most of my family has influenced my decision. I know my parents have always kind of told me not to be content at where I am at. I should always strive to do better. So I have always wanted to pursue further education

When I followed up on this statement with a question of whether this meant that she was expected to pursue a four year or higher degree P5 replied that it was definitely their expectation that she would pursue a four year college degree.

### **Sub Theme siblings: Sibling influence on participants’ decisions to pursue a BSN**

This sub theme summarizes student nurses’ perceptions of how they understood sibling peer influence on their decision to go on to a four year degree. With parents setting the



expectation that their offspring should pursue a college degree, sibling influence significantly reinforced parental expectations that the participants do so. Participants perceived their siblings as role models and competitors Participant P1 described her siblings influence:

Well my parents they were always and my sister, my sister is a French teacher. And in fact I had two sisters. They both had advanced degrees. And they were kind of pushing me. I was the youngest with only an associate, so they kind of challenged me. They challenged me to go further.

The participant's older sister had passed away at a young age after completing her degree in law. She did express that her deceased sister did want her to go on to a four year degree in nursing. The participant did work to fulfill her sister's wish.

Participant P4 considered her oldest brother as her sibling role model:

Brother 2 years older and a brother 2 years younger. Were they in some respect a model? I would say so. My older brother has his advanced degree, his masters from a Technical college. So he was the, I guess, the first to go to college.

Siblings were also mentors and peers in helping each other continue on to degrees in higher education. P5 stated:

My sister had her bachelors in biology and she actually went back around the same time that I started my nursing program. She went back to school for an accelerated bachelor in nursing. She decided to pursue that degree after I decided that was what I was going to do. So I guess we kind of influence each other in a way.

Participant P3's sister helped her stay on the path to enrolling in an RN to BSN program.

My sister has a BSN um but did it the long way around. And she is really the one that told me that I needed to just go while it fresh in my mind, you know while I am already

in the routine of going back to school because really like I am 33 and I have literally always felt like I been in school you know.

Her sister convinced her not to take a year off after completing her ADN. She enrolled in her RN to BSN program the next semester after receiving her ADN.

**Sub Theme relatives: Relatives' influence on participants' decisions to pursue a BSN**

This sub theme summarizes participants' perceptions of family relatives' influence on their decision to go on to a four year degree. Two of the participants who did not live close to their relatives were not influenced by them. Participants experienced older relatives as role models. Participant P2's describes her great aunt as her role model:

Um I told that I think that my great aunt was an Army nurse in World War 2 and I remember that picture of her. She is a very statuesque type person. She is very big, she has Indian blood in her. I just remember the bright uniform and the white hat. It is stuck in my mind and I thought to myself as a little kid. I was like 4 or 5 the first time I saw it. I said Oh I want to be like that. You know that kind of thing.

When questioned, participant P2 express that becoming a nurse was strongly influenced by her perception of her great aunt: along with her parent's expectation that she pursue a higher degree her aunt influenced her to pursue a BSN.

Participant P3 describe how she was influence by her uncle to continue on to degree in healthcare with her real expectations leading her to pursue a degree in nursing.

I have an uncle who is a pharmacist; his daughter is actually a pharmacist. I lived with them at the beginning of my high school experience. And he actually teaches at two colleges. He did teach for a while at another school also. Um because of that experience I

was a pharmacy tech while I was in high school and I have just always, you know, been in the health care realm. I know that was where I was going to go instead of doing um when I had my decision of going back to school as an adult, I looked at, I had my um my associate degree in general study. And pharmacy always interested me so I said OK am I going to be going back to school to be a pharmacist then if I am how the hell am I going to pay the bills while I go back to school or, ya know, am I going to do my original plan was, so I decided to do that, you know the original plan,

The participants' original intent was to enroll in nursing.

Younger relatives were seen by the participants as peers and mentors. P4 discussed the influence of a cousin who had complete degree and was working in the degree field.

I have cousins, both my other 2 female first cousins. One cousin didn't go to college and the other one did. The oldest one did, she went to one college and she has a masters from a Technical college in um special ED. And she actually teaches at a university.

I asked the participant: "Have you actually talked to her looking for some mentoring?"

The participant replied: "Yes I did talked her when I was much younger and that was the phase when I was starting to go to college" Later conversations with the participant confirmed that her cousin's mentoring helped her decide to continue on to a BSN after completing her ADN.

The three participants who lived close to their relatives expressed that grandparents influenced their decisions to pursue a four year degree through their support and guidance. One participant's first two years of college were funded by her grandparents. The other two sets of grandparents told stories of great aunts, uncles, and great grandparents who succeeded in a career in medicine. The participant considered these stories as incentive to pursue careers in healthcare that their relatives had done.

**Sub Theme Husband: Husband's Influence on participants' decisions to pursue a BSN**

This sub theme summarizes student nurses' perceptions of husbands' influence on their decision to go on to a four year degree. Three of the husbands were not supportive, two participants were divorced and the third participant was the primary financial support for the family. The lack of support from their spouses or ex-spouse did not end their pursuit of a BSN. The role of primary income provider did delay enrollment into an RN to BSN program.

One spouse and the two ex-spouses did not care for the children, leaving the participants to delay enrollment until their children were in their teen years, average age 14. Once the participants was comfortable leaving their children home on their own they enrolled in an RN to BSN program. Each had completed their ADN years previously.

Participant P2, divorced, described her situation:

I always wanted to go on and get my BSN and Masters. Um but now I am divorce. Kids are grown up. I sort of live on my own. It was timing. I don't have any kids out of school. This participant waited until here oldest child was 15 to look after her younger child until enrolling in the RN to BSN program.

Participant P4, divorced, describes her focus on her children due to her divorce:

It had always been my intent to go back to get my bachelor's degree. But then you know once you have children and you are working than I became divorced. So than it became much more difficult because my focus became taking care of my kids.

Participant P4 also waited until her children were in their mid-teens to go on to the RN to BSN program.

Participant P1, married, described how she had to become the family's primary income provider as well as commenting on other nurses in the same situation.

It was my family plus and I don't have any fast stories but I knew that I would become the bread winner in the family because I have been married for 30 years. But I have a very unmotivated husband. I have that the financial situation; my family financial situation kind of depended on me. I work with a lot of nurses like that who are the bread winners. Some of them are married, some are divorced, and some of them are single moms. We are bread winners.

In addition to being the primary income provider participant P4 could not count on her spouse to look after their children. To her credit, she has now finished her BSN and she is considering completing a graduate degree. She did have to wait until her children were in their early teens to enroll in the RN to BSN program.

One married participant's spouse does not make enough to fully support their family with one child: He does care for their child when the participant is working or going to school. Both believe that obtaining four year degree is important. This participant was continuing on the next semester after completing her ADN. Her spouse, a carpenter, is going back to school to work towards a college degree to increase family income. The participant has expressed that her spouses' caring for their child's has kept her from delaying her academic progress towards a BSN.

The last participant is a military spouse with no children. Her husband is the primary income provider and has fully supported the participant's pursuit of her ADN and enrollment in the RN to BSN program.

So I have always wanted to pursue further education. My husband really, he knew that nursing was important once I decided that's the route I wanted to go. He told me that whatever I needed to do to get to where I want to be so he influenced me to not only finish my associate but continue my education.

**Sub Theme children: Participants' children's Influence on participants' decisions to pursue a BSN**

This sub theme summarizes student nurses' perceptions of how they saw their children's influence on their decision to go on to a four year degree. I have already discussed some of the influence of children in the previous section on spouses influence. We found that a lack of spousal support did force the participants to delay their enrollment in higher education towards a BSN. Participant P4, divorced, states:

So now that my kids are older you know my oldest son is 16 and my youngest son will be 14 this month. Now I have the time to do it. And then I figured I have been at my job for almost 18 years so the hospital can pay for it too.

Her older son helped her pass her chemistry pre-requisite, which they took together.

Participants who had children, express the need to attend a college near home to take care of family. Participant P1 perception on location:

Just for me it was Location. Location. Location, location, location. SO IT COULD have been ANY been OTHER COLLEGE. My kids were young and I could come to class. It was too convenient. Even the clinicals were right in you know not too far from where I lived. Family was young at that time and I was close to the state community college.

Participant P1 and the other participants with children decided on attending a community college ADN program because it was cheaper and closer to home than attending a 4 year college. They

found the clinicals were close by and they attended smaller classes. Once they had completed their clinicals in the ADN program the RN to BSN program was all online and done from home.

One participant was informed by one of her hospital supervisors that it was beneficial to her child's future education aspirations that she complete a four year degree.

The nursing department head had always made it known that the chances of your children going to college was significantly higher if you had a, statistically, a high school education or your children were going to drop out.

### **Theme: Peer Influence**

Participants' continuance in their academic programs to a BSN degree was significantly influenced by peers. As discussed in the family theme, parents established the expectation of pursuing a degree in higher education, and relatives and siblings give the participants their first role models and mentors in the middle and adolescent years. Relatives and siblings of similar age also became peers. When the participants moved into early adulthood and moved away from home the influence of relatives and siblings gave way to professional and academic peers.

#### **Sub Theme: Relatives and Siblings**

This category summarizes the participants' perceptions of how peers influenced their decision to go on to a four year degree. Peers were either supportive or competitive. Siblings and family relatives are included here as a subtheme and in the Family theme. The participants became friends with relatives and siblings and considered those of similar age as peers. Participants did consider their siblings and relatives who share common interests and of similar age as friends. I find this distinction between relatives and siblings as family and relatives and siblings as friends important to the participants. Perceiving their relatives and siblings as friends

the participants conveyed that they were more likely to share their desires and anxieties towards pursuing an academic degree in a personal field of interest.

Relatives and siblings were more likely to be considered friends or peers during middle childhood, through the adolescent years, and into the first years of early adulthood. Participants did not identify experiences with other childhood relations, such as friends or playmates at school or neighbors, as influences in their decisions to pursue a degree in nursing.

### **Sub Theme: Academic and Professional Peers**

Academic and professional peers who were not family became significant during the participants' adult years at work, during their college nursing programs, and after degree completion. Relatives and siblings do continue to be participants' role models and mentors from a distance during the adult years.

Participant P5, a military spouse, was close to her sister, and a friend while growing up. As a military spouse who resides where her husband is stationed, she has found a peer and mentor in classmate one semester ahead of her who now has more in common with her life in a military culture.

I had a peer, I guess a peer mentor, who was someone one semester ahead of me who kind of kind of influenced my decision to go straight into my bachelor instead of, you know, taking some time off between finishing my associates and starting my bachelors. Because she was kind of in the same situation I was in. She was a military spouse, she had just finished at XXX community college and moving to another installation and she kind of you know told me that it would be in my best interest to pursue my bachelors right away. With moving and stuff it is more difficult to get a job right off the bat where if you are pursuing your education you can continue where you left off.



They have kept in close contact, mentoring each other on working through their BSN programs.

Participant P1 had found an academic peer who help her through her ADN program and remain a close friend after they graduated.

I had one class mate when I was in the associate's degree program here, we were very close. We could not have gotten through the program if we didn't have each other. And when I finished I went to work for Bon Secours and she went to work for the state hospital.

Participants follow their peers' academic progress. Observing how they succeeded in continuing to a BSN program influenced their decision to do the same.

Just watching a couple of other people do it while I was in my younger years of nursing. I watch a couple other people doing their BSN or their masters or whatever. A lot of people, a lot of the younger people were getting into um clinical coordinating and stuff like that right after college. Right after they graduated. So... if they can do it I can do it.

Participants gain important information BSN programs from peers in classes who were in four year programs. It was information that the participants did not obtain through the schools

Participant P5 describes her experience.

In some of my classes. It was. I mean I met people in other classes that were prerequisites for the program that were going to state university for their bachelors. I got information from them but really nothing through the school. It was just kind of work of mouth and just peoples' previous experiences

One last peer experience influencing participants was peer competition. The participants felt that they needed to pursue a BSN to stay competitive for positions and promotion because the other nurses they worked with were pursuing their BSNs. Participant P4 explained: "The majority of

the younger students or the younger nurses that I worked with the majority were working towards their BSN. So in order to really stay competitive you know you need your BSN.”

### **Theme: Academic Experiences**

Participants found that the traditional community college missions of servicing local regional higher education needs, affordability, and offering transfer degrees influenced them to complete an ADN degree program as part of their path to a BSN degree. Participants did encounter experiences that affected their path to enrolling and completing an ADN program and continuing on to an RN to BSN program. The subthemes of community college and other academic experiences describe those experiences which influenced their going on to an RN to BSN program.

#### **Sub Theme Community College: Community college academic experience**

Participants found that the community college experience was important to meeting their need for an affordable academic ADN program leading to the RN, which was convenient to work and family, and close to clinicals required during the first two years. The community college also offered a two year RN degree program fully transferable to the four year university RN to BSN program. The participants found that the alternative of starting in a four year program would have resulted in more expensive classes, inconvenient distances from work and family, and a longer time to earning their RN status so that they could work as a nurse while completing their BSN degree.

Participant P1's description, quoted above in family subtheme husband and again below, describes many of those reasons the participants choose to complete an ADN program before going on to complete a BSN

I could transfer a lot of older credits. It was a money saver. Just for me it was Location. Location. Location, location, location. SO IT COULD have been ANY been OTHER COLLEGE. My kids were young and I could come to class. It was too convenient. Even the clinicals were right in you know not too far from where I lived.

Participant P5, a military spouse, was concerned about the short time she was residing in one location due to her husband's recurring assignments

The reason that I didn't go directly for a bachelors was because I knew that I would be moving around so I wouldn't be able to finish a bachelors program so it was always in my head to go for the bachelors I just took the route that worked for me. That was through an associates first

The next semester after completing her ADN program participant P5, moved with her husband to an assignment in a European country, and enrolled in the university RN to BSN program overseas. Another participant, P2 found the class size and class schedule favorable to the larger university classes "So um the community college scheduling was more convenient to me and the classes were much smaller."

Three of the participants found that the faculty mentoring experience influenced their continuing on to the RN to BSN program. Participant P1 explains:

I knew earlier on that I would have to pursue my BSN. The faculty they were very instrumental and encouraging us to do it pursue the BSN. Just by looking at the initials by their names, of faculty members everyone had their advance degree. I knew that this, you know the associates, couldn't be the end.

Participant P3 elaborates on the nursing director's instruction on going on to a BSN:

Well the dean made it perfectly clear that 85% of the nurses the statistics show um, I think its 2020 85% of the bedside nurses are going to be required to have a BSN. So, she actually in the classes that she offered required us to have um prepared us for our BSN program. They prepared you to continue your education towards your bachelor's degree. And they made it clear that you know all an associate's degree was entry level to prepare you for being a register nurse.

Participant P5 discussed how it was the faculty themselves that mentored students to complete BSN:

The instructors told us a lot that we should get our bachelors and they were all continuing their education while they were teaching us. They kind of instilled that thought in our heads from the beginning. But not really any seminars or classes that made me want to pursue my bachelors.

#### **Sub Theme Other: Other academic experience**

The participants did encounter academic experiences which delayed their completing enrolling in, or completing an RN to BSN program. Two of the participants completed a bachelor in health science (BHS) degree avoid taking the chemistry pre-requisite for nursing. Participant P1 had an ADN and believed that the BHS would help her with promotion and gaining a supervisory position. Participant P1 explains:

The biggest mistake I made was when I initially went back for my BSN but changed to the Health science degree It was the biggest mistake I ever made and it was all because I didn't want to take chemistry. And I ended up taking it anyways because I never had it in high school. When I had it at state community college it was a condense course over five weeks, and I did horrible in it. I did horrible, and I just had that fear of chemistry again.

So I said I didn't want to take it again which I did. I took it through State University. It was an online chemistry class and I did very well, I did very well so that was like 5, like 7 wasted years because I had that BHSS and couldn't do anything with it. All because of one chemistry class.

P1 further elaborates on the BHS's value for promotions and new nursing positions.

...so I graduated with my BHS in 2008. I thought the world was at my feet. I found out it was a worthless degree. I could not do anything with it within the health system I was in. So in 2010 I went back to state university and just took the addition classes. I only had to do six additional classes. I graduated in 2013 with my BSN.

One other participant completed a BHS and one participant completed a community college certificate in cosmetology, both to avoid the chemistry pre-requisite requirement for the BSN program. The participant who completed the cosmetology degree returned to her original plan to complete a nursing degree when she found that she had no job benefits. The second participant who completed the BHS also found that the health science degree did not help with promotions or gaining a supervisory position. They went on to pass the chemistry pre-requisite class and enroll into the RN to BSN program.

Four of the participants struggled with passing the chemistry pre-requisite requirement. The one participant who did go straight into an RN to BSN program took the chemistry course twice, barely passing it the second time. Each of the four participants express that their secondary school programs did not help them prepare for the concepts and mathematics found in their chemistry classes.

Two participants completed a licensed practical nurse (LPN) program to become a nurse. Both participants worked as LPNs for at least three years respectively at which time each

concluded that they needed to complete an RN program to be promoted and take on duties beyond the scope of an LPN degree. Participant P1 states

....started thinking about going back to school to get my RN degrees because being an LPN was limiting my career so I applied to state community college and graduated in four years later with my associate's in nursing. It took me longer because of Prereq's and family. Because of family I didn't go full time.

Greater opportunities for promotion and greater responsibility were the incentives for these participants to complete the ADN program.

**Theme: Work place.**

Participant work place experiences that influence their decisions to pursue a BSN involve promotions, supervisory positions, and hospital support for continuing on in their education. Participant P1 describes what she considered her hospital's educational requirements for promotion, which was a BSN "I was with the hospital. As an associate's nurse I knew that in order to advance clinically I would need my BSN". She also discussed the hospital's tuition reimbursement as an incentive to complete her BSN "Tuition reimbursement, by the time I finished both degrees, my BHS and my BSN I owed nothing. They paid for everything".

Participant P3 discussed her experiences applying for work at a magnet hospital and at a local military base hospital

That for a certain point in time most hospitals were going to require um bachelor degree and that it was required for magnet status, at the hospitals. I know that at fort Pickett up the road and there was position for a community health care nurse up there and they were requiring that you already have your bachelor degree

Participant P5 elaborates on the magnet status hospital's BSN requirements with "A lot of the hospitals were going to be magnet hospitals, that they would require a bachelor's degree or higher so, that influenced us." At the time of the participant interviews all the participants' hospitals of employment required a BSN or above for employment, promotion, and acceptance of a supervisory position,

Participants expressed that the hospitals encouraged pursuing the BSN and graduate degrees Participant P1 explain her hospital's promotion "They had a lot of in-service programs and brought in a lot of colleges to talk to employees about getting their degrees." Participant P2 described how her hospital increased a nurses pay with each new degree "I mean with each degree you go your pay rate goes up."

### **Interview Summary**

ADN graduate nurses experiences significantly involved and were affected by family, peers, employers, and the type of academic institution program in which they enrolled. None of these experiences alone determined ADN graduates' decisions to pursue a BSN. The combined influence of family, peers, employers, and academic institutions were the catalysts that influenced ADN graduates to move beyond their ADN program to a BSN program. The participants were positive about all the outcomes of their life experiences, even when an experience itself was consciously discussed as a negative experience. The interviewees understood that negative experiences were just as important in guiding them to enrolling into a BSN program as were their positive experiences. Each was willing to focus on how to leverage short term adversities into the long term process towards BSN program enrollment. The themes and subthemes discovered within the combined summation of the phenomenological interviews were found in the analysis of the first interviews. No new themes were developed through the

analysis of the second interviews: The second interviews resulted in a confirmation of and a reflection on the first set of interview themes.

### **Procedures in Drawing Conclusions and Succeeding Verification**

An outline of the data analysis, with findings, was detailed in this chapter. Data collection along with its procedures in coding and its analysis were presented. Through coding four themes and nine subthemes were discovered. The conscious essence of interviewee experiences led to detailed expressions of participant levels of awareness as to how the theme and subtheme experiences affected their decisions to pursue a BSN.

#### **Participants as research team members and member check**

Throughout the interview data collection and analysis process of this study, participants were involved in performing member checks of interview results. Participants reviewed each transcript of their interviews. Emerging themes and subthemes were discussed and reviewed by each interviewee. Participant member checks ensured that the representation of each interview was an accurate summary of the participants' conscious expressions of their experiences.

### **Summary**

This chapter detailed this phenomenological study's results with an outline of the data analysis involved in forming each result. The outcome of the coding procedures were the four themes with subthemes as follows: (a): Family- Parents, Siblings, Relatives, Husband, Children; (b): Peers- Friends/Relatives, Professional/Academic; (c): Academic Institutions- Community College, Other Academic Experience and, (d): Place of Work BSN, Promotion, Program Support.



## **Chapter V**

### **Discussion**

#### **Introduction**

This chapter consists of the following sections: purpose statement with research questions; overview of methodology; results, recommendations with implications, limitations, and conclusions. The results were organized by themes and subthemes developed in chapter IV. How each theme and subtheme influenced ADN graduates' decisions to pursue a BSN is discussed. Next, limitations found for this study are presented. Finally, possible implications of this study on how to constructively influence potential and current nursing students to pursue a BSN, followed by delineating suggestions for future research conclude this chapter.

#### **Purpose Statement**

The purpose of this qualitative research study was to discover what experiences influenced the decisions of female ADN nursing graduates', who have graduated from a selected state community college nursing program, to decide to pursue a BSN. I believe that it is important to note here that this purpose does not include discoveries of gender or racial bias. The intent of this study was limited to those influences affecting the decisions of female ADN graduates regardless of ethnic or racial origin to pursue a BSN. The researcher explored the following research questions.

#### **Research Questions**

In attempting to discover what experiences influenced female ADN graduate nursing student's decisions to pursue a BSN, this study asked the following research questions:

1. What ADN nursing program experiences influenced female ADN graduates' decisions to enroll in a BSN program?
2. What experiences prior to enrolling in an ADN program influenced female ADN graduates' decisions to pursue a BSN?
3. Who influenced female ADN graduates' decisions to pursue a BSN?
4. How did female ADN graduates' workplace environment influence their decisions to pursue a BSN?

### **Methodology**

Phenomenological tradition established for qualitative inquiry in educational settings was used to guide this preliminary investigation. Phenomenology is “A qualitative research tradition whose purpose is to discover and describe the meaning or essence of participants’ lived experiences, or knowledge, as it appears to consciousness” (Hays & Singh, 2012, p. 429). Five ADN graduate student nurses from two adjoining state community colleges who had enrolled in a designated state university distance education RN to BSN program volunteered to participate in this preliminary study. Each participant was interviewed twice in mutually agreed upon locations. A set of questions pertaining to areas of participants experiences which may have influenced their decisions to enroll in the state university RN to BSN program were used in the interviews. The questions were open-ended, each followed with probing questions used to solicit more in-depth information. The data collected were reviewed for trustworthiness through member checking, reflection, and ongoing self-examination.

### **Findings**

The conscious experiences that influenced ADN graduate students to enroll in a BSN program were grouped into the following themes; family, peers, academic institution, and

workplace. These themes included both negative and positive experiences. In the majority of negative experiences the participants leveraged them to affect a positive long term outcome: in relation to this study negative experiences were used as incentives to pursue enrollment into a BSN program. The different themes experiences did not influence participants' BSN decisions in isolation. The four themes experiences worked in combination to lower barriers and act as incentives for ADN graduates enrollment into a BSN program.

### **A Brief Review of This Study's Design and Scope**

A significant number of scholarly studies have been published on how gender, language, peer comparison between two and four year educational institutions, social-economic status, and ethnicity affect student nurses path to and successful completion of a BSN. Little research has been carried out that describe what life experiences influence an ADN graduate to enroll into a BSN when these factors are not considered: No studies have explored how ADN graduates life experiences come together to lead them to pursue a BSN. Previous research sought to define and explain factors that were considered barriers or differences to various defined groups of student nurses in their achieving successful careers in nursing, to include ADN and RN to BSN degree programs.

This preliminary qualitative study was not designed to explore the challenges of gender, language, peer institutional comparison, and race experiences that influence female ADN graduate student nurses' decisions to pursue a BSN. This phenomenological preliminary study was limited to discovering and describing those life experiences influencing female ADN graduates to pursue a BSN. The five interviewees' racial composition was two Caucasian, one was Native American, and two were African American. All participants' primary language was English. To participate in this investigation each participant must have been an ADN program

graduate with an RN, from one of two specifically name adjoining regional state community colleges, and enrolled in this study's selected state university's online RN to BSN program that fully accepts the graduates ADN degrees. No peer comparison of the quality of an ADN program student to a four year BSN program student was investigated.

This preliminary study's results were grouped into common themes that emerged from analysis of the participants' conscious experiences. These common themes shared by the participants were family, peer, academic institution, and workplace experiences. The participants shared positive and negative experiences that affected their long term goal of enrolling into an RN to BSN program. The five participants were adept in taking their negative experiences and leveraging them into positive incentives towards enrolling into a BSN program. Each participant was challenged by family and academic challenges which conflicted with their ability to pursue enrollment into a BSN program. Each Participant worked through these family and academic challenges to find a balance which allowed them to care for their families and pursue their educational goals. The resolutions of family and academic challenges, as well as financial and time management, were supported by their families, peers, the academic institutions' missions, and the workplace.

#### **Family: Parents, Siblings, Relatives,**

Participants considered family experiences to be the most important influence in their decision to pursue a BSN. Parents, siblings, relatives, and husbands and children all influenced the participants' decisions. No one family sub theme appeared significant enough to singularly influence a participant to decide to pursue a BSN degree. The cumulative effect of the various family experiences was what helped the participants decide to pursue and stay on the path of enrolling in a RN to BSN program. Potter and Roksa (2013) found that family influence is an

ongoing process that cultivates the environment in which family experiences can contribute to influencing their children's academic achievement. Although Potter and Roksa used this social measure to explain different levels of achievement in children over time, I have adapted this measure to describe the cumulative effect of family experiences over time in influencing the participants to continue on to a BSN program. I use this concept to determine how the influences of the participants' family life experiences built on and reinforced each other to continually influence the participants' decision to continue on to a BSN program.

In reviewing this study's results I have found that the family sub themes appear to have an order in which their combined experiences influence the participants' academic decisions. Beginning with early childhood parents instilled within the participants the minimum need to pursue an academic interest to the completion of a degree in higher education. This minimum degree for the participants was a four year degree.

As the participants mature into middle childhood older relatives or a parent, who were involved in some form of healthcare or medicine, became role models and mentors: The participants were interested in these role models' various formal and informal careers in medicine or how they provided medical care. An example is a participant's father who was an emergency squad volunteer. His care for victims influenced his daughter to go into nursing. The interest in these role models' backgrounds influences the participants to consider a career in healthcare and/or nursing.

At some point during late middle childhood and adolescence older siblings and cousins who were pursuing, or completing a higher education degree became the participants' role models and mentors. They contributed to helping the participants set a goal of obtaining a four year degree, and mentored the participants in their path to eventually enrolling in a higher

education program. The participants' decision of degree field was one they were interested in: For this study's participants it was nursing.

Toward the end of adolescence and into early adulthood the participants eventually move out of their family home, and attended a community college ADN, nursing diploma, or LPN program. Parents, relatives, and siblings continue to influence the participant: Experiences with work, post-secondary education, professional and academic peers, and marriage began to become significant influences affecting the participants' pursuit of a BSN. In conclusion, the combined family life experiences of early childhood and adolescent years leading to young adulthood were significantly positive in influencing the participants to pursue a degree in higher education and to do so in a program of their own interest which was nursing. When the participants moved away from home more immediate experiences, such as work and school, became significant in effecting their academic decisions.

### **Adulthood: family Subthemes of Marriage and Children**

The participants' adult family lives were a mixture of positive and negative experiences influencing their decisions to pursue a BSN. The need to focus on taking care of young children delayed the enrollment of four participants into their RN to BSN program. Altmann (2012) and Nursing (2011) found that many nurses pursuing a BSN must care for young children and provide the primary income for their married families. Many delayed going on to a BSN and choose the ADN program path based on more convenient child care options, low cost, and time commitment advantages of attending a local community college. (Altmann, 2012; IOM, 2011). Completing the ADN program, nurses believed that job opportunities, rate of pay or duties were the same as they would receive with a BSN degree (IOM, 2011; Megginson, 2008; Sarver, Cichra, & Kline, 2015). The participants did believe this was true until they found that they

would need a BSN for promotion and supervisory positions. Two married and two divorced participants with children were the primary provider for their families. Working to provide an income and focusing on taking care of the family delayed their BSN program enrollment. Taking care of young children was the significant experience delaying the four participants' academic progress.

One married participant whose husband did share childcare responsibilities did take significantly less time to enroll in the RN to BSN program. She delayed only one year to be at home with her newborn before continuing on with her academic progress. The other three waited until the average age of their oldest children was 14 to return and continue on to their RN to BSN programs. The one participant who was married with no children had no delay of time enrolling in her ADN or RN to BSN programs.

Even though the participants' roles as sole or primary family income providers did delay their enrollment into a BSN program, the role of sole provider and care giver were long term incentives reinforcing earlier commitments to complete a BSN degree. The participants were determined to complete their BSN programs to increase their income, for promotion to supervisor positions, and to eventually go on to graduate programs. The participants all expressed that they never stop believing that they would eventually complete their BSN. The need to care for children and provide for their families forced them to take alternative paths to completing a BSN.

I found that participants need to balance family, schoolwork, and work required them to pick and choose the right timing to do either, knowing that they would be able to meet the demands of school when family must come first. Boylston and Jackson (2008) and Alonzo

(2009) came to the similar conclusions on the difficulties nurses face in balancing family, work, and school.

### **Peers: Friend and Relatives, Academic and Professional**

Nurses pursue similar goals and face many of the same challenges. They compete and mentor each other, and they participate in the same programs and classes (Boylston & Jackson, 2008; Rebar, 2010). Nurses completing an ADN program or pursuing an RN to BSN program found that working with other classmates and was important to their academic success (Alonzo, 2009).

Each participant described how important peer support was to completing their ADN program and going on to enroll in an RN to BSN program.

As noted in this study's results chapter, the participants described the experiences with peers at work and in their programs and classes, who kept them on track to complete their ADN and then enroll in the RN to BSN program. The studies I reviewed attributed work and academic peers' support and camaraderie as an important support to nurses' academic success: Nurses did not want to do their academic courses alone (Alonzo, 2009; Boylston & Jackson, 2008). The participants also found that their siblings' mentoring and sharing of degree program experiences were as essential to their choosing to persevere and stay on the right academic path: Classroom success and picking the right courses came through the advice of work and academic peers. I have found that the cumulative effect of family experiences was continued into adulthood through siblings sharing their academic experiences, mentoring each other to the right choices in their paths to their degree program goals (Potter & Roksa, 2013). For the participants their siblings sharing of academic experiences and mentoring was essential to their not quitting the path to enrolling in the RN to BSN program.



In summary, I find that the life experiences of the participants involving peers i was important to helping them to continue along on the academic path to a BSN. Academic peers help facilitate participant success in class success. Sibling were significant in helping the participants make the right academic program decisions and to not delay their program enrollment.

### **Academic Experiences: Community College and Other Academic Experiences**

The participants described many life experiences that molded their academic paths leading to enrolling in the same RN to BSN program. Alonzo (2009) found that student nurses academic journeys similar to a long distance race with many ups, downs, and a need for a lot of perseverance. Adding to his analysis I found that the nurses considered in this study were all striving to complete a BSN degree through first completing an ADN program and then enrolling in an RN to BSN program.

The participants were nurses who completed the study's selected ADN program and enrolled in the selected RN to BSN program. I found that each participants' cumulative family experiences were essential to guiding and keeping them on this academic path. Although in the long term the participants ended with similar academic paths, their individual family, work situations, and perceptions of academic limitations led each to different delays and occasional side journeys.

Four participants' found that completing the chemistry pre-requisite course was a significant barrier leading them to take different paths to the ADN program and on to RN to BSN program enrollment. The ADN program requires high school chemistry and the designated RN to BSN program requires college chemistry. This one pre-requisite led three of the participants to initially pursue alternative bachelor degree paths. Two completed a BHS degree and one

completed a one year certificate in cosmetology. I repeat participant P1's description from chapter IV of her experience to illustrate.

The biggest mistake I made was when I initially went back for my BSN but changed to the health science degree (BHS). It was the biggest mistake I ever made and it was all because I didn't want to take chemistry. And I ended up taking it anyways because I never had it in high school. When I had it at state community college it was a condense course over five weeks, and I did horrible in it. I did horrible, and I just had that fear of chemistry again. So I said I didn't want to take it again which I did. I took it through State University. It was an online chemistry class and I did very well, I did very well so that was like 5, like 7 wasted years because I had that BHS and couldn't do anything with it. All because of one chemistry class.

Although participant P1 took seven years longer to enroll in the RN to BSN program she did fulfill the decision to pursue a BSN degree through the same path as the other participants. The other three participants facing this pre-requisite challenge succeeded as well. What could have been done to identify this barrier to continuing on to a BSN at an early enough point in any one of their paths to help them decrease the fear of failure? Researchers have concluded that writing, computer, and math skills among other academic proficiencies, as well as lack of experience in online classes can also result in delays or stop students from enrolling in academic programs. These are challenges that need to be address long before a nursing student considers enrolling in a nursing program (Alonzo, 2009; Delaney I Piscopo, 2007; Diaconis, 2001; Rebar, 2010).

I found that the two participants who completed the BHS degrees prior to enrolling in the RN to BSN program did not alter the outcome of this study. In attempting to replace their BSN requirement with their BHS degree for promotion and to expand their roles in nursing both

quickly discovered that they were not even considered for either promotion or expanded roles. They found that the BHS did not fulfill any of the requirements for nursing. They retook and passed their chemistry pre-requisite for the ADN program. They completed their ADN program, completed the college chemistry requirement for a BSN, and then went on to enroll in the RN to BSN program.

The participants concluded that the community college ADN program experience was essential to their continuing on to a BSN program. Although it was their plan to enroll in a four year BSN program; the lower cost, the schedule of classes adapted to work and family demands, and the convenience of local clinicals made the community college ADN program the right academic choice for the participants to continue their academic progress. Tanner (2010) found how the seamless models of statewide community colleges ADN program to RN to BSN program partnerships increased the success rate of student nurses to continue on to a BSN degree. The recent requirement of magnet hospitals, and federal government and military health organizations that nurses have a BSN for hiring and promotion has addressed the absence of distinctions and lack of rewards between holding a BSN degree versus an ADN (IOM, 2011; Orsolini-Hain, 2012).

Participants described other academic experiences affecting their continuing on to a BSN program. Two participants experienced delay in being accepted into the ADN program for one semester due to the program having reached its student quota. The participants found that it took extra semesters to fulfill the pre-requisite requirements for the ADN program. Pre-requisites, not counting the chemistry pre-requisite did add two extra years to one participant's ADN completion time. Participant class schedules in the ADN program conflicted with work and family schedules, delaying the completion of some classes. The National League for Nursing

(2012) has been seeking to identified ways to increase evidenced-based strategies that will help students with these issues by developing more efficient educational pathways in nursing education.

The recent changes in nursing requirements to work as a nurse have affected the path that participants have taken to continue on to an ADN and enroll into the RN to BSN program. Three of the participants began their nursing careers as LPNs. The limited job positions and opportunities for promotions available to an LPN were the reasons they enrolled in the ADN program. Their long term plan was to eventually go on to a BSN degree. There was little incentive when they were first employed to continue on to even the ADN program. Within a few years peer pressure, and the desire for promotion and increased responsibility were the incentives to continue on to an ADN program and then on to the RN to BSN program. Participant P3 discussed her peer experience

Like my best friend in the nursing program together she had LPN. She was an LPN and was going back to school to get the ADN program and she is really the one who said like we had no choice but to continue. She felt like it was very difficult to get a job as an LPN. Like, you know, she worked at urgent care but basically working at a doctor's office or nursing home was about all she could get.

The country's magnet hospitals' establishment of the accreditation requirement in 2013 that all nurse leaders and nurse managers must have a BSN was the recent incentive for all the participants to continue on to an RN to BSN program (AACN, 2010).

Participants believed that the LPN experience gave them more hands on training. There was some resentment when the participants were in their ADN program: The participants did not

believe they were valued for the experience that they already had. Participant P1 describes her experience:

I really didn't enjoy the community college experience to tell you the truth because I was an LPN. I think I told you this before I feel that I got more hands on training in the LPN program than I did in the associate's program. I learned more about nursing in the LPN program. I got the bedside; I got the experience in the LPN program. So that by the time I got to the associate's program at the Community College it was the program, it was LPN to RN transition program. I felt that they kind of use us more to help with the non LPN students.

I find that the participants did not understand that ADN program pre-requisites and that a portion of its curriculum was oriented to a liberal arts program. The LPN was strictly a vocational program (Delaney & Piscopo, 2007). In addition, the ADN program focused more on clinicals and the RN to BSN program focused on the critical thinking found in a liberal education (DeBrew, 2010). A significant number of older nurses who have concluded that ADN programs gave them more bedside experience than the RN to BSN programs failed to understand that the RN to BSN program is designed to teach nursing students nurses how to think critically and make professional decisions in the current more complex healthcare environment (Aiken et al., 2008. Delaney and Piscopo, 2007). I found that the participants' resentment to the differences in their experiences when they completed an LPN program and an ADN program can be attributed to their not understanding that the ADN is a liberal arts transfer degree as well as a degree to an RN status.

The participants' resentments to the differences in the experiences of their LPN and ADN programs may be an indicator in the differences of student nurse perceptions of nursing roles when they enroll in ADN nursing programs, in what they expect of an ADN program as a result of those perceptions, and in what the ADN program curriculum actually is design to teach.

The participants' nursing role expectations was one of bedside care of patients. Evidence-based practice and research, advances in medical technology, and the increased complexity of healthcare organizations have led to the creation of nursing roles in research, advance practice and leadership beyond bedside care: The perceptions of the nursing profession does not reflect the recent changes in the professional roles of nursing (Somers, Finch & Birnbaum, 2010).

Nursing was not properly marketed in a way that raises the public image of nursing's expanded role and increases the supply of nurses educated to take on these roles (Somers, Finch & Birnbaum, 2010). The marketing of nurses is still base on an image of nurses as maternal and angelic: The marketing of nursing should rely on an image of nurses as professionals who practice evidenced-based nursing (Donelan et al., 2005; Somers et al., 2010).

Marketing a realistic expectation of what is expected of nursing professional roles should help in decreasing the unrealistic expectations and resentment of nursing students regarding academic nursing programs (Seago et al., 2006; Somers et al., 2010). A majority of the marketing promoting nursing as a profession rely on imaging nurse as maternal and angelic instead of focusing on the professional side of nursing, which affects patient outcomes and saves patient lives (Somers et al., 2010).

The participants' perception of nursing roles, from childhood to their completion of their ADN program, was centered on maternal bedside care. The participants realization that a BSN was required for workplace promotion and supervisory roles appears to be the experience that initiated a change in their perceptions of nursing roles from one of bedside care to one of critical thinking roles found in supervisory, and more complex hospital and research nursing positions. This change in nursing perception led three of the participant to consider graduate studies beyond completing their RN to BSN program.

Developing marketing strategies that project a more realistic image of the nursing profession and nursing roles to the general public may contribute to recruiting nursing students into projected unfilled critical nursing roles. Cumulative family experiences influencing potential nursing students to pursue a BSN and graduate nursing programs may be positively affected by more realistic perceptions of nursing roles.

### **Theme: Place of Work**

The impact of evidenced-based practice in nursing cannot be underestimated as a catalyst for the change in educational requirements for nursing employment, promotion, and increase in job responsibilities (Ward & Young, 2010). Improved patient outcomes its correlation to increase in nurse education has led to the need for nurses to have a BSN in order to be promoted, and hold leadership and supervisory positions: For many federal and military health care organizations, and magnet status hospitals a BSN is required for employment (ACCN, 2010; IOM, 2011).

Clark and Allison-Jones (2011) found how it was important for hospitals and other healthcare institutions to invest in their human capital of employed nurses through investing in their education. This included financial support and partnerships with surrounding higher education institutions to provide quality nursing programs. The different hospitals that the participants worked in as nurses required that they have a BSN for promotion or to take on a supervisory role. With the exception of one participant I found that the participants were satisfied with the educational, financial, and work scheduling support they were offered by their workplace to assist them in completing their ADN and RN to BSN programs. The hospitals invited colleges and universities to come to the hospital campuses and inform the nursing staff about the different degree paths to a BSN. The participants found hospital financial educational support they received from their workplace satisfactory and essential to their continuing on to

completing their ADN program and attending their RN to BSN program. The hospitals paid for their ADN programs and their RN to BSN program. Participants described their supervisors as supportive, mentoring them to make the right educational choices and adjusting their work schedules to fit family and school needs.

Only one hospital did not offer tuition reimbursement. It was a private rural hospital in financial distress. It was scheduled for takeover by another healthcare organization. The affected participant's added financial debt had resulted in her delay in taking classes due to having to balance family financial needs with academic program cost. She has taken on a high debt which may keep her from finishing her RN to BSN program. The participant is anticipating that the new hospital owner will offer tuition and other cost reimbursement. I find that this participants' workplace financial experience is an example of the importance of workplace financial support of nursing student success.

In summary, the participants' workplace education support experiences, with one exception was a significantly positive experience in influencing their decisions to pursue a BSN. Through the participants' descriptions of the academic and financial report that they have received, the workplace managers appear to acknowledge the need to assist nurses in achieving higher degrees in education needed to adequately perform their duties.

### **Recommendations**

The participants understood that the effect of their cumulative family experiences was the most significant influence in their decisions to pursue a BSN degree. Each acknowledged the positive reinforcement of the combined experiences with parents, relatives, and siblings during their childhood into their adult life. The participants acknowledged the challenges of marriage to include divorce, being the family's sole income provider, and raising young children to their



successfully continuing on to completing an ADN program and enrolling in an RN to BSN program. With the financial support of their workplace and the guidance of peers and siblings the participants were able to accomplish their goal of enrolling into the RN to BSN program. In the process of accomplishing this goal they had to overcome some limitations to include fulfilling pre-requisite requirements for their academic programs, picking the right degree path to satisfy their nursing career goals, and deciding when they were ready to commit to their next step in their academic progress. In analyzing and drawing on the themes that were the outcome of this study I make the following recommendations.

**Implications for community college leaders.** Acknowledging the academic rigors of an associate degree in nursing is as critical to helping participants prepare to enroll in the ADN program as it is to their successfully completing program classes (Karsten & DiCicco-Bloom, 2014). Participants' rate of failure in passing the pre-requisite chemistry course results in their delay in completing the ADN program. This delay may lead participants to attempt to substitute the ADN and BSN with another degree. Community college leaders should consider the following recommendations.

1. Work with nursing program curriculum planners to develop pre-admission programs that will assist students in completing nursing program pre-requisites and acquiring essential academic and technical skills. These programs should inform and educate students on how ADN liberal arts programs prepare them for the more complex critical thinking, team, and leadership roles requiring a BSN and graduate nursing programs. These programs should support lifelong learning in nursing education.
2. Explore the establishment of online forums, blogs and twitter accounts dedicated to: assisting potential students in connecting with peers who are considering pursuing the

ADN program; and with information and advice that they will require to enroll into the right courses to fulfill their pre-requisite requirements.

3. Employ outreach advisors and counselors who will work directly with family members of secondary and grade school students to inform them of current and future academic nursing paths for their children who may be interested in health care. This can be done in partnership with the RN to BSN program recruiters through school visits, outreach programs, and online forums and blogs that are established for family units.

**Implications for healthcare organizations.** Explore better marketing of the nursing profession, as more than bedside care. The need for nurse researchers, faculty, and nurse leaders to fill current and future nursing positions requires that healthcare organizations change how the public views the nursing profession and nursing roles in healthcare organizations. Prospective nursing students and those who influence them need to understand; why an LPN or an ADN degree no longer satisfies the requirements to advance in nursing, why a BSN is needed to fill leadership roles and continue on to academic graduate program requirements for advance nursing roles, and why it is important to acknowledge that nursing is more than bedside care (Seago et al., 2006; Somers, Finch & Birnbaum, 2010).

1. Develop marketing and recruiting programs that promote interest in the different professional nursing roles and responsibilities of today's complex healthcare environment. An example of a marketing and recruiting program is to market the different roles of nurses to patients and visitors in the health center. Patients and visitors will be exposed to nursing roles other than bedside care positions. This type

- of program should attract interested persons who may better fit nursing roles that are more than direct patient care.
2. Establish portable marketing and recruiting programs designed to visit elementary, middle, and high schools. A portable program will assist in informing students and their families of the roles and responsibilities of professional nurses and the ongoing changes in healthcare organizations, and keep current in today's rapidly changing healthcare environment. A portable program should allow for flexible scheduling of school visits to include times when families may also be invited. The program will include information on how immediate and extended families can support their children in successfully preparing for and pursuing a higher education degree program in nursing or other healthcare disciplines.
  3. Develop programs to assist staff nurses who are mothers with child care so that they can continue on with their nursing education. Caring for young children is one of the most significant experiences delaying younger nurses continuing on to complete a nursing program. Creating an atmosphere that accelerates the time nurses with young children believe that they can care for their children and complete an academic nursing program will lead to nurses completing BSN and higher degree programs in less time. This should lead to these nurses working more years in the critical positions filled by these degrees.

**Implications for future research.** The findings of this study suggest that there is a need for future researchers to further explore what life experiences influence ADN graduates to pursue a BSN.

1. This study found the cumulative effects of family and extended family experiences to be the primary force in guiding the participants to make a four year degree their goal, and helping each participant find their own interest in pursuing a degree and career in nursing. Future research should explore the role of family support of student nurses' academic interest in and progress to a nursing degree. Understanding how family supports a student through the individual challenges and barriers they face will assist researchers in understanding what family experiences are significant in the student's success.
2. This study found that an assessment of academic and technical support services designed to support prospective nursing students in acquiring the technical skills and learning strategies needed successfully complete an ADN and an RN to BSN program should be integrated into future research. Future research should explore how to seamlessly integrate these skills into secondary school pre-nursing programs to decrease the delay in enrolling in a nursing program after high school graduation.

#### **Implications for future nursing students**

1. Students and their parents should understand how important cumulative family experiences that guide and mentor a student in their academic progress is important to student college success. Studies are needed that are designed to explore how to inform students and parents of the importance of cumulative family experiences in increasing the rate of student nursing success. This should help students and their family members to explore positive family support experiences that contribute to increasing student nursing success in higher education.

#### **Limitations**

This section provides this study's limitations to include my bias and lack of experience, and limitations in participant selection.

### **Limitations resulting from researcher bias**

It is critical in qualitative research for the primary researcher and research team to become aware of and understand their own biases in carrying out all aspects of a study (Patton, 2002). I have been the primary instrument for the collection of data. From the moment that the question defining my research purpose was presented I have continually explored the risk for bias through reflection, journaling, and member checking.

I openly consulted with members in the nursing profession, my dissertation committee, and the participants of this study to reduce inherent bias. I have attempted to reduce racial, ethnic, and gender bias through eliminating these factors as selections in my research. All interview transcriptions and results were member checked by the participants interviewed to ensure that my transcription and interpretation of their conscious experiences were true to their own discussion of them.

### **Participant selection**

The small sample selected for this study is not representative of all ADN graduate students. There was no representation of male ADN graduates, only female ADN graduates who spoke English as their primary language were selected for this study. Two participants were Caucasian, one participant was Native American, and two participants were African American. The racial and ethnic balance of this study does not offer a true representation of the ADN nursing population.

### **Conclusion**

The purpose of this qualitative, phenomenological study was to explore what experiences influence a community college ADN program graduate to pursue a BSN. A phenomenological approach centered on semi-structured interviews was used to elicit the essence of conscious experiences of the selected participants.

Whether married or divorced, with the exception of one childless participant who did not have the experiences with child rearing, the participants had similar experiences in the same order and timeframes of their development from childhood to adulthood. The participants used this similar sequencer and timeliness of like experiences affecting their decision to pursue a BSN to choose the right time and academic programs to achieve their goal of enrolling into an RN to BSN program. Each participant did confront academic or family challenges delaying and temporarily altering their academic path to enrolling in an RN to BSN program. Each participant did overcome their challenges and returned to the academic path of completing an ADN degree and enrolling in the RN to BSN program

I found that similar influences experienced by this study's participants were not isolated; they fell into a sequence of experiences based on the period of development a participant was in. The cumulative family experiences were the most significant influence on the participants' decisions to pursue a BSN. The influence of experiences changed as each type of experience became significant during the participant's maturation. Parental and older relative's experiential influence in early childhood gave way to the influence of sibling and similar aged relatives' experiences: Those who share common interests in attaining higher education, or a degree in a medical field, expanded their influence by becoming long term friends. After high school graduation, sibling and relative's friendship gave way to academic and workplace peer influence. Siblings did still help guide the participants to make the correct academic path choices.

Participants shared common interests with peers in career path and academic programs, with some attending a community college ADN program or enrolling in a RN to BSN program together, leading to long term friendships.

Acknowledging this progression of similar experiences and understanding how each experience influences nursing students to pursue a BSN degree or higher, may enable educational administrator and recruiters to explore how to establish future programs earlier in perspective student's lives, tailored to each significant experience's period of most significant influence. Future educational recruitment program development may explore how to involve those persons or institutions having the greatest influence during perspective student's stages of personal academic progression.

Lastly, the participants' perceptions of their community college ADN program aligned with the traditional community college missions. Their ADN program was used as a transfer program for enrollment into an RN to BSN program. All the participants found that community college served their need for a local institution that accepted accredited prerequisite courses from other institutions, offered affordable state accredited courses, offered course schedules compatible with family and work schedules, and offered a degree program that was transferrable into a four year degree program. The participants all believed that if they had been required to complete their first two years of a BSN program in a four year college due to the extra cost of four year classes, the added distance to attending classes and clinicals, and the disruption to family and work schedules they may not have succeeded in completing a BSN program. With the BSN degree now becoming the minimum degree level required to work as an RN in major hospitals, it is important that we better understand how the cumulative effect of family experiences, peers, academic institutions, and the workplace interact to influence a nursing

student to make the right decisions in their progress to completing a BSN. This study concludes that the nursing student's academic journey to a BSN begins long before their enrollment in a nursing program.



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## Appendix A

**Interview Questions: Incentives affecting an ADN graduate's decision to pursue a BSN  
First Interview**

The interviewer will ask the below questions during this interview. The intent of these questions is to capture your experiences that you believed affected your decision to pursue a BSN degree. The questions asked here are neutral questions with no intention of favoring negative over positive experiences or neutral ones. Please take your time in answering each question. You may also reflect on any question asked and add or update experiences during this interview. The important purpose of this interview is to record your genuine lived experiences which affected your decision to pursue a BSN degree.

At times the interviewer may appear not to be paying attention while writing or adjusting interview devices. These will be necessary actions which will not decrease the interviewer's focus to and concern for recording your experiences.

Thank you for your time and responses to the following questions.

- What Experiences were incorporated into your state community college associate degree in nursing program that influenced your decision to pursue a BSN degree?
- Which, if any, of these experiences significantly influenced your decision to pursue a BSN?
- Were there any pre-college experiences offered by the community college or other education institutions which influenced your decision to pursue a BSN degree?
- What family experiences influenced your decision to pursue a BSN degree?
- What community or corporate events influenced your decision to pursue a BSN degree?
- What peer experiences influenced your decision to pursue a BSN?
- If you have worked for a health organization, where there any work experiences, which influenced your decision to pursue a BSN degree?
- If you have made changes to your decision to pursue a BSN degree, what was the change and what experiences influenced you to make the change?
- Were there any experiences or events not previous given in this interview session which influenced your decision to pursue a BSN degree?

## Appendix B

**Interview Questions: Incentives affecting an ADN graduate's decision to pursue a BSN  
Second Interview**

With time to reflect on the first interview questions and answers, the interviewer will ask the same question presented in the first interview. The intent of these questions is to capture your any other experiences you believed affected your decision on whether or not to pursue a BSN but were not given as a reply in the first interview . The questions asked are neutral questions with no intention of favoring negative over positive experiences or neutral ones. Please take your time in answering each question. You may also reflect on any question asked and add or update experiences during this interview. The important purpose of this interview is to record your genuine experiences. Thank you for your time and responses to the following questions.

- What incentives influenced your decision whether to pursue a BSN?
- What disincentives influenced your decision whether to pursue a BSN?
- What incentives and disincentives did you find were incorporated in your state community college nursing associate degree program you completed which influenced your decision whether to pursue a BSN?
- Were there any pre-college experiences, which influenced your decision whether to pursue a BSN degree?
- What family experiences influenced your decision whether to pursue a BSN degree?
- What community or corporate events influenced your decision whether to pursue a BSN degree?
- What peer experiences influenced your decision whether to pursue a BSN?
- If you have worked for a health organization, where there any work experiences, which influenced your decision whether to pursue a BSN degree?
- If you have made changes to your decision whether to pursue a BSN degree, what was the change and what experiences influenced you to make a change?
- Were there any experiences or events not previous given in this interview session, which influenced whether to pursue a BSN degree?

## APPENDIX C

### Interview Protocol

#### **Associate Degree in Nursing Graduates to XXX University RN to BSN Program Students' Experiences**

Schedule an interview via email or phone with subject students. During this scheduling reintroduce yourself; present another summary of the purpose for this research and the reason why the participant's participation is important to the successful completion of this research.

Interviews will be completed at a location convenient to the interviewee. All interviews shall be scheduled at times which do not conflict with students' class or work schedules. Confirmation of an interview appointment will be accomplished by email, phone, or text message prior to the interview time.

On the day of the appointment, reintroduce yourself, the purpose of this research and establish rapport. Have the disclosure form and Interview Questionnaire Form on the table where the interviewee will sit.

"As part of my dissertation work, I would like to know more about your experiences which were significant to deciding to pursue A Bachelor of Science in Nursing. I would like to understand how these experiences influence you decision to pursue a BSN."

"With your permission I would like to record this interview. Recording this interview will ensure that I have an accurate record of your experiences. I will not use your name in any part of this research, or in discussions with other persons who may help me. Only group data will be reported or discussed.

Your participation or lack of participation will not affect your grades in any way.

If this is that okay, I will like to start the digital recording.

Turn the recorder on. Read the Disclosure Statement and both sign. Read the opening text on the Participant's interview sheet

“ The interviewer will ask the below questions during this interview. The intent of these questions is to capture your experiences that you believed affected your decision to pursue a BSN degree. The questions asked here are neutral questions with no intention of favoring negative over positive experiences or neutral ones. Please take your time in answering each question. You may also reflect on any question asked and add or update experiences during this interview. The important purpose of this interview is to record your genuine lived experiences which affected you decision to pursue a BSN degree.

At times the interviewer may appear not to be paying attention while writing or adjusting interview devices. These will be necessary actions which will not decrease the interviewer's focus to and concern for recording your experiences.

Thank you for your time and responses to the following questions.

"Do you have any questions about this Interview? Answer any questions.

"Shall we begin?"

"Thank you; before we begin the interview questions could you please give me some background of where you are at right now in your nursing profession.

- **What Experiences were incorporated into your state community college associate degree in nursing program that influenced your decision to pursue a BSN degree?**
  - If no significant experiences ask why.
- **Which, if any, of these experiences significantly influenced your decision to pursue a BSN?**
  - Explore any experiences interviewee found significant.
  - Mentors/Programs/Instructors/Course
- **Were there any pre-college experiences offered by the community college or other education institutions which influenced your decision to pursue a BSN degree?**
  - Class/instructor
  - Coursework
  - Campus Activities
- **What family experiences influenced your decision to pursue a BSN degree?**
  - Parents
  - Siblings
  - Relatives
  - Grandparents
- **What community or corporate events influenced your decision to pursue a BSN degree?**
  - Civic events/Marketing events

- Institutions
- Persons within the community
- **What peer experiences influenced your decision to pursue a BSN?**
  - Peer workers/experiences
- **If you have worked for a health organization, where there any work experiences, which influenced your decision to pursue a BSN degree?**
  - Promotion potential
  - Career Paths of peer workers/their perceptions
  - Health institution Programs
  - Institution incentives to pursue higher education
- **If you have made changes to your decision to pursue a BSN degree, what was the change and what experiences influenced you to make the change?**
  - Explore any change interviewee deems significant
- **Were there any experiences or events not previous given in this interview session which influenced your decision to pursue a BSN degree?**
  - Open question, tie into previous answers to other questions. Go back to other questions to add on to.

### **Concluding the interview**

"Thank you for taking the time from your busy schedule to meet with me. Your time and responses are critical to the success of this research. Upon reflection if you feel that there are any other important experiences you didn't discuss in this interview, please contact me via my phone or email.

Thank you again, I enjoyed our interview."

## Appendix D

### Email Requesting Participant Participation

My name is David Bartos, a doctoral candidate completing PhD dissertation research. I have IRB approval for my research. I am recruiting participants for a phenomenological research study. This research is focusing on the personal experiences during the ADN educational process that influences students to pursue a Baccalaureate Degree in Nursing. My focus population is students currently enrolled in the XXXX University RN-BSN program who received their ADN from XXXX Community College or YYYY Community College. This focus group is necessary as face to face interviews are required to fulfill the requirements of the study. The interview should take no more than one hour, with most taking about 20-30 minutes. I am happy to meet interested participants at your convenience date/time/place. I am attempting to complete the interviews by mid-May for a dissertation defense in July-August. If you feel that you fit my focus population and are interested in participating please contact me: cell [804-837-2001](tel:804-837-2001) or by email [dbart014@odu.edu](mailto:dbart014@odu.edu). Please also contact me if you have further questions

**Appendix E****Exempt Letter of Approval**

October 23, 2013

Approved Application Number 201401027

Dr. Dana Burnett  
Department Educational Research and Leadership

Dear Dr. Burnett:

Your Revised Application for Exempt Research with David P. Bartos entitled, "Associate Degree in Nursing (ADN) Academic Program Experiences Affecting ADN Nursing Graduates' Decisions to Enroll or Not Enroll in a Bachelor of Science in Nursing Degree (BSN) Program," has been found to be EXEMPT from IRB review under category 6.1 by the Human Subjects Review Committee of the Darden College of Education, and you may begin your research project when you are ready. You will receive a signed copy of this letter in the campus mail.

The determination that this study is EXEMPT from IRB review is for an indefinite period of time provided no significant changes are made to your study. If any significant changes occur, notify me or the chair of this committee at that time and provide complete information regarding such changes.

In the future, if this research project is funded externally, you must submit an application to the University IRB for approval to continue the study.

Best wishes in completing your study.

Sincerely,

Theodore P. Remley, Jr., J.D., Ph.D.  
Professor and Batten Endowed Chair in Counseling  
Department of Counseling and Human Services  
ED 110  
Norfolk, VA 23529

Chair  
Darden College of Education Human Subjects Review Committee  
Old Dominion University

[tremley@odu.edu](mailto:tremley@odu.edu)



**Appendix F**  
**INFORMED CONSENT DOCUMENT**  
**OLD DOMINION UNIVERSITY**

**PROJECT TITLE: Associate Degree in Nursing (ADN) Academic Program Experiences Affecting ADN Nursing Graduates' Decisions to Pursue a Bachelor of Science in Nursing Degree (BSN)**

**INTRODUCTION**

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

**RESEARCHERS**

Dr. Dana D. Burnett, Professor of Higher education, PHD in Education, Darden College of Education at ODU, Department of Educational Foundations & leadership.

David P. Bartos, PHD Candidate PHD in Community College Leadership, Darden College of Education at ODU, Department of Educational Foundations & Leadership.

**DESCRIPTION OF RESEARCH STUDY**

Several studies have been conducted looking into the subject of what affects registered nurses', holding an Associate Degree in Nursing (ADN), decisions to continue on to a Bachelor of Science degree in Nursing. None of them have specifically explained what ADN academic program experiences affect ADN graduate registered nurses decision whether to, or not to, continue on to a BSN.

If you decide to participate, then you will join a study involving research of the ADN graduate students' lived experiences conveyed through two interviews to discover what experiences affect their decisions to continue on to a BSN. If you say YES, then your participation will last for the duration of two semi-structured interviews, and the review of their transcriptions and results, at the the J Sargeant Reynolds campus in Richmond or a mutually agreed upon location. Approximately 10 other ADN graduates will be participating in this study.

**EXCLUSIONARY CRITERIA**

You should have successfully completed an associate degree in nursing within the last year, be at least 18 years old, and not require the consent of a parent or guardian to participate in this study. To the best of your knowledge, you should not have participated in any other similar study that would keep you from participating in this study.

**RISKS AND BENEFITS**

**RISKS:** If you decide to participate in this study, then you may face a risk of conveying discomfoting lived experiences. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

**BENEFITS:** The main benefit to you for participating in this study is the \$25 payment for each interview. Others may benefit by identifying incentives that help future ADN graduates continue on to higher degrees in nursing.

**COSTS AND PAYMENTS**

The researchers want your decision about participating in this study to be absolutely voluntary. Yet they recognize that your participation may pose some inconvenience in time and travel. In order to compensate for any costs incurred by participating in this research you will receive \$25 per interview to help defray incidental expenses associated with participation.

**NEW INFORMATION**

If the researchers find new information during this study that would reasonably change your decision about participating, then they will inform you.

**CONFIDENTIALITY**

All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations and publications, but the researcher will not identify you.

**WITHDRAWAL PRIVILEGE**

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researchers reserve the right to withdraw your participation in this study, at any time, if they observe potential problems with your continued participation, of most importance, participating in both interviews.

**COMPENSATION FOR ILLNESS AND INJURY**

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of injuries arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Dr. Dana Burnett at [dburnett@odu.edu](mailto:dburnett@odu.edu) or Dr. Ted Remley, Chair of the Darden College of Education Human Subjects Review Committee, Old Dominion University, at [tremley@odu.edu](mailto:tremley@odu.edu), who will be glad to review the matter with you.

**VOLUNTARY CONSENT**

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

David P. Bartos, ODU J. Sargeant Reynolds Community College Distance Learning Site phone number: 804-523-5167, email: [dbart014@odu.edu](mailto:dbart014@odu.edu)

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should contact Dr. Ted Remley, Chair of the Darden College of Education Human Subjects Review Committee, Old Dominion University, at [tremley@odu.edu](mailto:tremley@odu.edu).

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study.

<b>Participant's Printed Name &amp; Signature</b>	<b>Date</b>
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**INVESTIGATOR'S STATEMENT**

I certify that I have explained to this participant the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the participant's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

<b>Investigator's Printed Name &amp; Signature</b>	<b>Date</b>
--	-------------