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Educational experiences and the professional reintegration of registered nurses returning for baccalaureate degrees

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EDUCATIONAL EXPERIENCES AND THE PROFESSIONAL
REINTEGRATION OF REGISTERED NURSES RETURNING
FOR BACCALAUREATE DEGREES

A Dissertation Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
School of Nursing
Nursing Education

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This Dissertation by: Katrina Einhellig

Entitled: *Educational Experiences and the Professional Reintegration of Registered Nurses Returning for Baccalaureate Degrees*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing, Program of Nursing Education

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ABSTRACT

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The purpose of this phenomenological research study was to understand the experiences of RN to BSN graduates within their educational experience and their subsequent reintegration into professional practice. The goal of the study was to elucidate the experiences of nurses as they returned for a baccalaureate degree in order to more fully understand the future role of nursing curriculum in developing competent, confident healthcare professionals. Ten nurses who had graduated from an online RN to BSN program in the past three to five years agreed to participate and were interviewed. Face to face interviews were audiotaped, transcribed, and interpreted for their overall meaning. Six themes emerged from the data concerning associate degree nurses who returned to academia for a baccalaureate degree: *Connecting the Dots between Theory and Practice, Emotional Evolution, Opening Doors to New Opportunities, The Workplace Push, Perceptions of Professionalism,* and *Seeing the "Big Picture."* The qualitative research findings contributed to the nursing profession by providing a glimpse into the perspectives of nurses who returned to academia for their BSN and continue working in professional nursing practice. This research added to the body of literature regarding RN to BSN education and how these particular programs impact the professional growth of nurses working in healthcare today.

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way.

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CHAPTER I

INTRODUCTION TO THE STUDY

Major changes in the U.S. healthcare system and the resulting practice environments have necessitated a profound change in the way nursing education programs prepare nurses for entry into practice. Care of patients within the hospital setting now requires that nurses work with technology-enhanced equipment as well as advanced information management systems. The complexity of patients admitted to acute care institutions has created a setting in which nurses must make critical decisions regarding the health status of patients to prevent complications or improve the likelihood of positive outcomes. Care of patients outside the hospital is also becoming more complex. Within the community setting, nurses must provide coordination of services amongst multidisciplinary care teams and assist patients in managing chronic diseases and altered health states.

The economic climate of healthcare has changed dramatically over the past decade as well. Within hospitals and other healthcare facilities, the effects of the recession have forced administrators to carefully evaluate the costs of providing care, while the public has increased its scrutiny of the various services provided to patients. Nurses consistently work in environments in which they are expected to provide excellence in patient care with decreased staffing and support of ancillary staff. The current economic circumstances have also increased the emphasis on measuring patient

outcomes such as morbidity/mortality, adverse events, and nosocomial infection rates, as well as the impact of nurse staffing ratios on those outcomes. It is imperative to understand the level of educational preparedness necessary for nurses to contribute toward the overall goal of safety and quality within healthcare organizations.

Other healthcare professions have changed their educational requirements in response to the changing healthcare climate and the complexities of patient care within this setting. For example, while Bachelor of Science degrees were once the requirement for entry-level positions, pharmacists are now required to hold Doctor of Pharmacy (Pharm.D.) degrees. Similarly, physician assistants (PA) were once trained at the baccalaureate level; now a majority of PA programs require a master's degree in Physician Assistant Studies or Medical Science as a portal to professional practice. These changes reflect the professional commitment to education and the philosophy that greater educational preparation prepares healthcare providers with the optimal skills for patient care.

Within the context of healthcare, nursing remains unique among the health care professions as it has several educational pathways that lead to an entry-level license to practice. For several decades, nursing students have been able to choose between three different educational paths to become registered nurses (RNs). At this time, students can achieve a Bachelor of Science (BSN) in nursing, an associate degree in nursing (ADN), or a diploma in nursing. The diverse educational preparation of entry level nurses has created fragmentation within the nursing profession as well as causing confusion for other health care professionals regarding the expectations of registered nurses within the clinical setting (Institute of Medicine [IOM], 2010).

As a way of encouraging increased educational preparation for graduates of associate degree or diploma nursing programs, many nursing education settings have developed RN to BSN programs that facilitate the advancement toward a baccalaureate degree in nursing. With approximately 70% of practicing RNs educated at the associate degree or diploma level (Megginson, 2008), this type of educational program has tremendous potential to increase the BSN workforce. These nurses also have unique insight into the importance of educational preparation for the nursing profession since they have practiced as associate or diploma nurses and then continued on into the academic setting to achieve the BSN. It is the perspective of this population of nurses that can assist academics in understanding the impact of education on the practices and professionalism of the nursing workforce. With this history as background, this study sought to understand the perceptions of nurses following the completion of their RN to BSN nursing program and subsequent reintegration into professional practice.

This study was grounded on the premise that nursing educators must understand their role in educating the current nursing workforce and the necessary attributes of nursing programs that assist nurses in bridging theory and practice, with the ultimate goal of providing safe patient care. It was also essential to understand the educational preparation necessary to ensure optimal patient outcomes in the practice environment. This study focused on the perceptions of RN to BSN graduates two to three years following graduation and their perspectives on the changes (or lack thereof) in their professional practice.

In the following sections, the historical development of nursing education and the current emphasis on patient outcomes in the United States are followed by discussions of

factors that continue to promulgate the distribution of undergraduate degrees into three distinct educational pathways. A discussion of RN to BSN programs and their contributions to the nursing profession highlight the theoretical importance of such programs toward the potential goal of increased BSN numbers.

Background of the Study

Two important areas provided background for this study. One was the historical evolution of nursing education and the various degrees held by registered nurses currently practicing within healthcare. The second area of focus was on the current emphasis within nursing to use patient outcomes to support a rationale for interventions. While the nursing profession espouses the importance of nursing-sensitive patient outcomes within the clinical environment, it is unclear whether evidence supports the transition of the profession toward a predominantly BSN-educated workforce.

History of Nursing Education

From the time of Florence Nightingale, nurses were trained in hospital-based nursing programs not affiliated with colleges or universities. Nursing students trained in these early diploma programs typically provided patient care for up to 12 hours a day, seven days a week (Cherry & Jacob, 2011). Very little time was spent in the actual classroom. Upon completion of these diploma programs, nursing graduates were technically proficient with very little theoretical knowledge.

Associate of science in nursing (ASN) programs emerged in the early 1960s in U.S. community colleges as a show of commitment by our profession to balance nursing knowledge and liberal arts studies. The goal of these early programs was to break away from the apprenticeship model of education. Mildred Montag (1959) was credited with

being the visionary behind the foundation of associate degree nursing and originally

envisioned ASN education as two-year programs. Montag developed the idea of ASN

programs as a way to train technical nurses who would primarily assist professional

nurses trained at the baccalaureate level. ASN programs are responsible for remarkable

growth in the overall nursing population; by the early 1990s, 60% of new graduate nurses

were trained at the associate level (Megginson, 2008).

In the late 20th century, the advent of associate degree programs led to a massive

expansion of registered nurses in the United States, but this growth was also accompanied

by controversy within the nursing profession. Donahue (1995) noted that associate

degree programs were equated with vocational training at a time in history when nursing

desperately sought professional status. ASN programs were dealt a relatively heavy blow

in 1965 when the American Nurses Association (ANA) published their position paper.

The ANA recommended that the "minimum preparation for beginning professional

nursing practice…..should be the baccalaureate degree in nursing" (p. 107). Thus, the

debate of technical nursing versus professional nursing was born.

Unfortunately, almost 50 years later, the argument of minimal educational

requirements for entry into nursing practice remains. Currently, there are approximately

2.6 million registered nurses in practice in the United States; 34.2% were initially trained

at the baccalaureate level, 45.4% were trained at the associate level, and 20.4% originally

received diplomas in nursing (American Association of Colleges of Nursing, 2008). This

study hopes to add to the literature regarding entry into practice and perceptions of RN to

BSN graduate nurses regarding the ideal educational background to support the current

nursing workforce.

**Nursing Care Affecting Patient
Outcomes**

Within the past two decades, with the advent of the Agency for Healthcare

Research and Quality (AHRQ) in 1989 and the National Institute of Nursing Research

(NINR) in 1999, the emphasis on nursing research toward improved patient outcomes has

increased. The NINR (2006) supports research on the "biologic and behavioral aspects of

critical health problems that confront the nation" (para. 1). The AHRQ (2011) defines its

mission as "improving the quality, safety, efficiency, and effectiveness of health care for

all Americans" (para. 1).

In the past 15 years, there has been an increased emphasis in healthcare on patient

safety and ensuring positive patient outcomes (Yoder-Wise, 2011). The National

Database of Nursing Quality Indicators (NDNQI; 2011) is the first and only national

database that provides longitudinal data on the structure, process, and outcome indicators

to evaluate nursing care. Examples of nursing-sensitive indicators include patient falls,

pressure ulcer prevalence, restraint prevalence, and health-care associated infections

(National Database of Nursing Quality Indicators, 2011). Hospitals and consumers are

increasingly using the NDNQI data to compare their own data against other similar

hospitals to determine the quality of care provided at individual institutions. Prevention

of these negative outcomes is strongly associated with nurse staffing ratios. However,

this database does not take into account the educational preparation of nurses providing

direct patient care.

Two IOM publications—*Crossing the Quality Chasm* (2001) and *Keeping

Patients Safe: Transforming the Work Environment for Nurses* (2004)--provided the

foundation for initiatives focused on transforming care at the bedside (TCAB). TCAB is

a philosophy that attempts to improve safety on medical and surgical units within acute

care institutions by decreasing medical errors, patient falls, and development of pressure

ulcers. The premise of these initiatives is that involving nurses in transformational care

strategies has the potential to enhance nursing-sensitive patient outcomes. Proponents of

such changes believe that involvement of front-line nursing staff is essential to

identifying areas for improvement as well as developing and testing solutions to current

issues within the health care environment (Chaboyer, Johnson, Hardy, Gehrke, &

Panuwatwanich, 2010).

With an increasing emphasis on quality indicators associated with nursing care, it

is essential that the nursing profession critically evaluates outcomes based on the

educational preparedness of the nurses providing care. It is imperative that we forge

toward the future of nursing education with information that equips the profession to

make decisions that foster excellence in safety and quality healthcare.

Statement of the Problem

The evolution of healthcare provision in our country has forced nurse educators to

evaluate the necessary educational requisites for new nursing graduates. The

qualifications and level of educational preparedness for entry into nursing practice have

been extensively debated by nurses, nursing organizations, academicians, and many other

stakeholders for more than 40 years (National League for Nursing, 2007). The literature

provides several examples of research that support a significant association between the

educational level of registered nurses and outcomes of patients in the acute care setting

(Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Friese, Lake, Aiken, Silber, &

Sochalski, 2008; Tourangeau et al., 2007). Yet, there is also literature that evaluates

personal factors such as SAT scores and clinical experience (Blegen, Vaughn, & Goode, 2001) as more prominent indicators of patient outcomes in the hospital setting. Although the "causal relationship between the academic degree obtained by RNs and patient outcomes is not conclusive in the research literature" (IOM, 2010, p. 169), the recent IOM (2010) report provided recommendations toward an all-BSN workforce within the next decade.

To support the nursing workforce, academicians must understand the role of education in the development of expert clinical practice. At this juncture of the nursing profession, it is unclear the level of educational preparation needed to maximize the health and well-being of the patients we are trained to serve. The IOM (2010) report argued that despite the current debates regarding nursing education, an "all-BSN workforce at the entry level would provide a more uniform foundation" p. 170) for the re-conceptualized roles of nurses needed to provide patient care in the future healthcare environment. Students are exposed to a more diverse range of competencies within baccalaureate programs such as health policy, leadership, and quality improvement. The IOM report also clearly emphasized the need for more baccalaureate-prepared RNs in order to poise them for higher levels of education such as master's and doctoral degrees. With the shortage of nurses prepared at these advanced levels, the delivery of patient care under the new health reform legislation is tenuous (IOM, 2010).

The debate regarding potential outcomes achieved by associate or diploma nurses as compared to baccalaureate-prepared nurses served as a platform for this research. Graduates of RN to BSN programs provide a unique perspective on the educational preparation of the nursing workforce. It was the goal of this research to elucidate their

experiences to more fully understand the future needs of the nursing profession. To that end, the following research question was posed.

Research Question

Q1   What are the perceptions of RN to BSN graduates regarding their educational experience and their subsequent reintegration into professional practice?

Significance and Potential Contribution to Nursing Knowledge

Understanding the perceptions of nurses regarding their educational journey toward the baccalaureate degree provides some insight into the effectiveness and perceived outcomes of these nurses in their clinical practice. From their perspectives, we might be able to extricate our previous beliefs about higher education and begin to understand the relevance of education from their experiences. There are no greater informants of nursing education than those nurses who have accumulated years of nursing experience and coupled that expertise with additional education. They have an opportunity to share their stories and inform nursing education practice.

From their personal accounts, nursing educators might be able to recognize the educational and life experiences that contribute to greater professionalism and enhanced competency in the clinical setting. Their perspectives have the opportunity to guide future curriculum development for RN to BSN programs with the goal of cultivating nurses toward a global understanding of the healthcare environment and the invaluable role nurses play in providing safe, efficient, quality care of patients.

It is only by appreciating the phenomenon of nurses returning to educational programs for their baccalaureate degree that we can move toward the future of professional nursing. As a discipline that espouses evidence-based guidelines and the

importance of research guiding practice, we must acknowledge the dearth of information in the literature regarding this particular group of students and use their lived experience to assist the nursing profession toward realistic goals that maximize the outcomes for our patients.

Theoretical Perspectives

This study was predicated on Mezirow's (1978) theory of transformative learning wherein a person is able to transform their original frames of reference into a more inclusive, open, and reflective mindset. Through this process, Mezirow believed that the learner begins to generate beliefs or opinions that prove more realistic and guide their future actions appropriately. His original theory was based on his research into the experiences of women who chose to enter college in later life. He identified 10 phases an individual experiences while undergoing transformational learning--beginning with exposure to a disorienting dilemma and ending with a reintegration into one's life with new conditions dictated by new perspectives (Mezirow, 1978).

Nurses who make the choice to return to academia and work toward their baccalaureate degree experience this disorienting dilemma. At some point in their nursing career, they develop a realization that they either personally want to accomplish this educational endeavor or they feel a professional impetus to return for more education. Based on Mezirow's (1978) phases, the nurse performs a self-examination that results in feelings of guilt or shame that further emphasizes the need for change. Often, there is some realization that others have negotiated similar changes and affirmed the possibility of success in the educational process.

Two major elements of transformative learning are critical reflection (often critical self-reflection) regarding personal assumptions and critical discourse wherein the learner validates a best judgment (Mezirow, 2006). This process of critical discourse forces the learner to evaluate the nature of problems and attempt to discern the value of alternative solutions. Nurses returning for their bachelor's degree in nursing must take the time to evaluate their current practice, the quality of their decision-making, and the safety of their practice. Throughout the RN to BSN program, they are presented with various nursing and leadership theories as well as new evidence to support changes in practice that may challenge their status quo. They must be willing to self-reflect in a critical, evaluative manner in order to transform their practice. Finally, the goal for all nurses returning to school would be to emerge from the educational process and reintegrate it into their professional lives on the basis of conditions dictated by their new perspectives (Mezirow, 2000).

Using Mezirow's (1978) theory of transformative learning, it is plausible to see that a baccalaureate education for these nurses might serve to foster transformation within professional practice. At this time, the use of this theory as a basis for this study was merely conjecture mixed with healthy optimism. The goal of nurse educators is to assist students in evolving their perspectives regarding practice and elevate their global understanding of healthcare and the provision of nursing excellence. The results of this study will serve to support or refute this theory as a foundation for RN to BSN education.

<div align="center">**Limitations of the Study**</div>

The risk of bias is found in most research endeavors. It is the responsibility of qualitative researchers to work toward identifying their biases and acknowledging the

presence of such biases. I currently provide program oversight for an online RN to BSN

program within a university setting. This bias might influence the research study as I

believe anecdotal evidence supports the efficacy of such programs and now hope to

discover the actual perceptions of graduates regarding their experiences following

graduation from these programs.

An additional limitation of this study was my prior relationship with graduates

from this RN to BSN program. The goal of undertaking this research was to gain an

understanding of the lived experience of students following graduation with their

baccalaureate degree and subsequent reintegration into nursing practice. There was the

potential that research participants might not openly share their personal thoughts

because of their prior knowledge of my professional role.

Conclusion

Nursing education has evolved in the past century to meet the healthcare needs of

our society. At one time in history, a majority of nurses were prepared in diploma

programs across the country; currently however, a majority of nurses graduate from

associate degree nursing programs. The IOM (2010) report unabashedly cites a

predominant BSN-workforce as the educational goal for the nursing profession, although

the literature has yet to definitively support this initiative. Nursing educators are faced

with the challenges of preparing new graduate nurses for the dynamic health environment

and the reality of a profession that must provide safe, high quality patient care with

limited resources. It is the responsibility of nursing academia to understand the level of

educational preparation that optimally prepares new nurses for practice. RN to BSN

graduates have a unique opportunity to provide their perspectives on this important

foundational requirement.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Nursing remains the only unique healthcare profession within our country that has

multiple educational pathways leading to an entry-level license to practice. For

approximately four decades, nursing students have been able to choose amongst three

different educational routes to become a registered nurse (RN): the Bachelor of Science

in Nursing (BSN), the Associate Degree in Nursing (ADN), and the diploma in nursing.

The myriad of choices available to prospective nurses has caused fragmentation within

the nursing profession and generated confusion within the public sector as well as other

health professionals about these educational options (Institute of Medicine [IOM], 2010).

The current entry level nursing school graduates are comprised of 60% ADN graduates,

37% BSN graduates, and 3% diploma nurses (National League for Nursing, 2009).

Within the past two decades, there has been an evolution and expansion of the number of

RN to BSN programs within the United States. These programs are developed to

cultivate the educational advancement of associate degree and diploma-prepared nurses

into a baccalaureate nurse. RN to BSN programs allow registered nurses to remain in

practice while pursuing their BSN and foster the connection between theoretical

knowledge and excellence in patient care.

The development of RN to BSN programs stemmed largely from the increasing complexities of the healthcare environment and the demand for more education within the nursing profession. Much of the literature regarding RN to BSN programs focuses on the perceptions of learning by students while in the educational process as well as the components of nursing education that lead to increased student satisfaction. There is also research literature regarding the effects of nursing education on the quality of care received by patients. Historical research serves to further expand the dichotomous views regarding level of preparation for registered nurses, largely due to the contradictory nature of the findings. The following is a discussion of the literature related to the educational preparation for the nursing profession, RN to BSN programs, transformative learning theory, and a discussion of phenomenology and how this philosophical viewpoint was used in this study to contribute to the literature.

Nursing Education for the Future

In 2010, two seminal pieces of literature were published, providing guidance and direction for the future of nursing education. In partnership with the Carnegie Foundation, *Educating Nurses: A Call for Radical Transformation* (Benner, Sutphen, Leonard, & Day, 2010) discussed the integral changes in nursing education that are needed to respond to the evolving healthcare environment. This publication was written after extensive field research involving various schools of nursing as well as national surveys conducted with nursing faculty and nursing students. The second publication, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2010) was written following a two-year collaboration between the Robert Wood Johnson Foundation (RWJF) and the IOM for the purposes of providing a blueprint for the future of nursing

education. These documents contained different messages but both provided a clear direction for nursing academia and the progression of the nursing profession. Nursing stands at a crossroads and must decide between the options of inertia and advancement; the Carnegie Foundation and the IOM both promote a trajectory toward creating a new educational path for the development of professional nursing.

Radical Transformation in
Nursing Education

The Carnegie Foundation Report (Benner et al., 2010) was part of multi-year comparative study in professional education. The preparation for the professions program (PPP) evaluated the common themes and distinct educational practices that prepare professionals for entry into their career field; the PPP has conducted multiple studies over the past decade, examining various professions such as lawyers, engineers, physicians, and clergy members (Benner et al., 2010). This publication highlighted the results of a comprehensive research study that took an in-depth look into the development of nurses and provided important insights for the future of the profession.

The nursing profession is situated at a unique vantage point within the healthcare industry. Nurses provide the most substantive amount of bedside care to patients and must work within a chaotic healthcare environment that is in flux due to various societal, economic, and financial pressures. The nursing shortage has compounded the stressors encountered by nurses within clinical practice and has limited their ability to provide safe patient care while managing an ever-changing technology, regulatory provisions, and administrative responsibilities of the practicing nurse. To meet the needs of the projected nursing shortage, it is estimated that nursing education programs will need to increase their capacity by up to 90% of their current numbers (Benner et al., 2010).

Unfortunately, the age of faculty currently teaching within nursing academia is increasing at unparalleled rates; this has also led to a shortage of qualified nursing faculty within schools of nursing.

Benner et al. (2010) concluded that nurses prepared in today's educational setting are undereducated for practice. The authors discussed the "practice-education gap" (Benner et al., 2010, p. 4), which is exemplified by the inability of nursing education programs to keep pace with the rapidly changing research and technology that dictate professional nursing practice. Their research showed that nursing education programs are effective at teaching new nurses a sense of professional identity. However, they need to strive toward increased intensity in clinical practice environments to ensure that students are able to integrate knowledge taught in the didactic setting with the practice area (Benner et al., 2010). The researchers also concluded that there was a failure by nursing education programs to connect the liberal arts to a competent clinical background for nurses.

The Carnegie Foundation report (Benner et al., 2010) recommended that nursing educators shift their thinking in order to provide germane learning experiences for their students. They believed that nurse educators must decrease their reliance on abstract thinking and the existence of nursing theories and teach with a "sense of salience" (Benner et al., 2010, p. 94) so that students are better able to understand and integrate the theoretical knowledge and representations into clinical practice. This sense of salience focuses on the student's ability to look for what stood out to them as either more or less important when evaluating unstructured open-ended clinical situations. Developing a sense of salience in particular clinical situations entails that students are able to integrate

their past experiences and execute interventions based on domain-specific knowledge. The authors also emphasized the need to progress beyond the idea of critical thinking within nursing practice and to encourage the use of clinical reasoning that focuses more on the student's ability to reason through an evolving clinical situation (Benner et al., 2010).

Perhaps the most radical of the recommendations introduced by the Carnegie Foundation (Benner et al., 2010) was policy changes that encouraged the entire nursing profession to work together toward changes in nursing education. The most profound change suggested by Benner et al. was the movement toward the requirement of the Bachelor of Science (BSN) for entry into practice. Although this was not an entirely novel idea, this suggestion would entail that the diverse educational pathways currently in place would be ameliorated into a unified whole (Benner et al., 2010). This movement would not occur without substantial resistance from the hundreds of associate degree nursing programs throughout the country as well as the National Association for Associate Degree Nurses ([N-OADN], 2010). The N-OADN strongly opposed the BSN for entry into practice as suggested in the Carnegie Report. This opposition was based on N-OADN's assertions that research studies conducted by Sales et al. (2008) and Ridley (2008) found no correlation between nursing education levels and patient outcomes. Essential to the movement toward a predominantly baccalaureate-prepared workforce would be the development of widespread articulation programs that facilitate the transition from the Associate Degree in Nursing (ADN) to the BSN. This would necessitate the teamwork of both community colleges and baccalaureate nursing schools in the revision of nursing programs to ensure a seamless transition toward the BSN.

Benner et al. (2010) did not publish the results of the Carnegie Foundation research without the open recognition of the numerous variables that exist to prevent the realization of a reformed nursing educational system. Barriers to meeting the undergraduate nursing education needs in the United States are the shortage of nursing faculty, insufficient clinical placement opportunities, and the need for updated and adaptive curricula developed to teach nurses who are adequately prepared for the modern complexities of practice (IOM, 2010). More importantly, the nursing profession is equipped with the assets of thousands of nurse educators throughout the country who have immense opportunity to re-shape our profession by uniting toward this common goal. The barriers are many and the opponents are vocal. However, the authors of the Carnegie Report believed the radical transformation of nursing education was necessary and they enlisted the support of all nurses in accomplishing these goals.

**Leading Change and
Advancing Health**

The IOM report (2010) was published with a different intent than the Carnegie Foundation Report (Benner et al., 2010) but several messages of the report sounded distinctly similar to the Carnegie initiative. The recent IOM report was published as a result of a cooperative arrangement between the IOM and the RWJF with the express purpose of evaluating possibilities for transformation within the nursing profession. The IOM believed strongly that the healthcare system needed substantial revisions to remain viable and that the nursing profession must play an active role in making decisions about the direction of healthcare reform. The report was written, not as an inert document, but with the goal of providing a "blueprint for action" (IOM, 2010, p. 269) within the nursing profession.

Three expansive areas for improvement were found within the IOM report (2010): transforming nursing practice, transforming nursing education, and transforming the leadership for the entire profession. There were also transformational ideas regarding information technology and its use within healthcare. However, for purposes of this paper, the focus remained on the transformation of nursing education. The key message for transforming education emphasized the need for nurses to "achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (IOM, 2010, p. 4). The IOM emphasized that nursing education must respond to the evolving healthcare environment with profound changes that prepare nurses for the complex healthcare system.

Throughout history, the educational preparation of nurses has responded to societal demands. During times of war, the associate degree program was developed to ensure adequate numbers of new nurses were entering the workforce in a timely fashion. As our society evolved, the demand for increased professionalism within nursing changed the necessary educational requisites for entry into practice. The IOM (2010) asserted that the changes, which continue to affect the healthcare system, necessitated a profound alteration in the way nurses are educated--before graduation and throughout their professional careers.

The IOM (2010) report acknowledged the historical debate that existed regarding the level of education necessary for entry into the nursing profession and admitted that a causal relationship between academic degrees obtained by registered nurses and patient outcomes has yet to be conclusive in research endeavors. Several studies suggested a significant association between the educational preparation of RNs and patient outcomes

in the hospital setting. These studies evaluated patient outcomes such as mortality rates and complications associated with surgical events (Aiken et al., 2003; Friese et al., 2008; Tourangeau et al., 2007). Still other research studies supported clinical experience as a more prominent indicator for positive outcomes when compared to educational level (Blegen et al., 2001). Other studies have shown no significant association in the Veterans Affairs (VA) system between the proportion of baccalaureate prepared RNs and patient outcomes within that hospital system.

Despite the inability to settle this debate regarding the necessary educational preparation for new graduate nurses, the IOM (2010) strongly contended that a goal of increasing the percentage of baccalaureate nurses in the United States to 80% by 2020 was an achievable and necessary endeavor. The foundation for this argument was that an all-BSN workforce would provide a more uniform foundation for the nursing profession and generate new nurses who are able to succeed in the new models of care envisioned for the future healthcare system. These nurses must be prepared to work collaboratively in interdisciplinary teams with research skills, an understanding of care coordination, and health promotion concepts that enhance the well-being of the entire population. Care must move beyond the acute care environment and be managed in community clinics and nurse-managed settings that emphasize disease prevention. A more educated nursing workforce has the ability to meet the demands of this transformed healthcare environment.

The IOM (2010) report detailed the need for community colleges to be an integral part of preparing a predominantly-BSN workforce. They conceded that associate degree programs played a major role in attracting prospective nursing students to the profession

and allowed for entrance into nursing school for those who might not be able to attend a

traditional baccalaureate program due to lack of enrollment capacity, costs, or distance

(IOM, 2010). Collaboration with community colleges was also essential to ensure that

ADN graduates were prepared with the necessary skills and knowledge that guaranteed a

fluid transition into baccalaureate programs. Currently, the distribution of ADN and BSN

nurses nationwide is not consistent. BSN-prepared nurses are found more predominantly

in urban communities, while ADN-prepared nurses are practicing in more rural or

medically underserved areas (Cronenwett, 2010). Community colleges fulfill geographic

needs of many states by preparing graduate nurses for practice and local collaborations

can be established to promote the movement of those nurses directly into baccalaureate

programs. The end result remains--a nursing workforce that is predominantly BSN-

prepared.

Support for Baccalaureate Preparation for Nurses

**Hospital Nurses' Education and
Mortality of Surgical Patients**

Aiken et al. (2003) provided the first empirical evidence that hospitals employing

baccalaureate or higher degrees are associated with improved patient outcomes. This

landmark study used a cross-sectional analysis of outcomes data from 232,342 general,

orthopedic, and vascular surgery patients discharged from 168 Pennsylvania hospitals

between April1, 1998 and November 30, 1999 (Aiken et al., 2003). The authors linked

outcome information with administrative and survey data from registered nurses who

provided educational composition, staffing, and other characteristics about the hospital

environments. The purpose of the study was to examine whether the proportion of

hospital registered nurses educated at the baccalaureate degree or higher was associated

with risk-adjusted mortality and failure-to-rescue (deaths in surgical patients with serious complications; Aiken et al., 2003).

At the time of the Aiken et al. study (2003), the authors reported there was very little known about the benefits, if any, of the growth in the number of nurses prepared with bachelor's degrees. Their sample consisted of 168 (80%) of the 210 adult acute-care hospital operating in Pennsylvania in 1999 (Aiken et al., 2003). Information was obtained from two secondary sources: the American Hospital Association (AHA) annual survey and the Pennsylvania Department of Health Hospital Questionnaire. Information was also obtained from a 50% random sampling of RNs living in Pennsylvania and recorded as residents by the Pennsylvania Board of Nursing (Aiken et al., 2003). Surveys were completed by 10,184 nurses; they answered questions regarding their highest educational degree, the average nursing workload at their place of employment, and the years of experience working as an RN (Aiken et al., 2003).

Characteristics of the hospitals within the Aiken at el. (2003) study were relatively different; the proportion of staff nurses prepared with a bachelor's degree or higher ranged from 0 to 70% across the hospitals. Hospitals with higher proportions of BSN or MSN prepared nurses were more likely to be associated with postgraduate medical training programs and had access to high-technology in the care of patients. Hospitals with larger proportions of BSN or higher nurses also had less experienced nurses working on average and significantly lower mean workloads. For purposes of the Aiken et al. (2003) study, there was "no evidence" (p. 1616) that the relative proportions of nurses prepared with diplomas and associate degrees affected the patient outcomes studied; therefore, those two categories were collapsed into a single category for data

analysis. Likewise, nurses were grouped into a "BSN or higher" educational background and there was no differentiation made between bachelor-prepared and master-prepared nurses within the study.

Aiken et al. (2003) found a significant relationship between the proportion of nurses working in a hospital with bachelor and master's degrees and the risks of mortality and failure-to-rescue, both before and after controlling for other hospital and patient characteristics. The authors conducted logistic regression models and determined that a 10% increase in the proportion of nurses with higher educational degrees decreased the risk of mortality and of failure-to-rescue by a factor of 0.95 or by 5% (Aiken et al., 2003). The results of the study also found that nurses' years of experience were not found to be a significant predictor of mortality or failure-to-rescue. Results supported the fact that having board-certified surgeons as the operating physicians was significantly associated with a decrease in mortality for surgical patients (Aiken et al., 2003).

Aiken et al. (2003) concluded that changing the educational background of hospital nurses by increasing the percentage of nurses prepared at the baccalaureate level would produce "substantial decreases in mortality rates for surgical patients generally and for patients who develop complications" (p. 1620). Although they noted limitations to their study e.g., response bias of the nurses participating in the survey portion of the study and the study design, the authors did not address the grouping of nurses as a potential confounding variable to their study. By combining diploma nurses and associate degree nurses in one category and BSN and MSN nurses in an additional category, it was difficult to discern the actual differences amongst distinct educational levels.

Nurse Practice Environments and
Surgical Oncology Patient
Outcomes

Friese et al. (2008) reported that nurse staffing and educational preparation of

registered nurses were significantly associated with patient outcomes. Based on

secondary analysis of data used in the Aiken et al. (2003) study, these authors evaluated

the impact of the quality of the nurse practice environment with the outcomes of

unadjusted death, complications, and failure-to-rescue rates for oncology patients

following surgical events. The nurse practice environment has historically been

described as the characteristics of an organization that either facilitates or detracts from

professional nursing practice (Friese et al., 2008). This type of healthcare organization is

also typically characterized by greater nurse involvement in patient care as well as

flexibility and autonomy in patient care decisions (Lake, 2002).

Friese et al. (2008) sought to understand the experience of cancer victims as they

traversed throughout the healthcare system in search of improved health. The diagnosis

of cancer is often associated with massive financial costs for patients as well as an

anticipated decrease in life expectancy. To add to these life stressors, evidence generated

in the past decade supported the notion that cancer patients experienced vastly different

levels of quality care in various healthcare institutions (Nattinger, 2003). In the Friese et

al. study, the researchers' goal was to describe the aspects of the nursing care

environment that led to more positive outcomes for cancer patients.

The study by Friese et al. (2008) used four separate datasets: (a) the1998-1999

inpatient discharge database from the Pennsylvania Health Care Cost Containment

Council, (b) Pennsylvania Cancer Registry records for any patient hospitalized from

1998-1999, (c) the 1999 American Hospital Association annual survey, and (d) the survey data of Pennsylvania registered nurses collected in 1999 by the University of Pennsylvania as part of the International Hospital Outcomes Consortium. The cancer study population was chosen from the tumor registry in the state based on the reliance of surgical excision as an integral part of adequate tumor control including cancers such as head and neck, prostate, esophagus, colon, and endometrium (Friese et al., 2008). Patients with breast tumors were excluded from this particular study based on the relatively short length of stays associated with that particular type of malignancy.

Three characteristics of hospital nurses were measured in the Friese et al. (2008) study: the nurse practice environment, nursing staffing levels, and the educational preparation of the registered nurses. Using bivariate analysis, the authors analyzed the relationship between these three nursing characteristics with three outcomes measures: 30 day mortality, complications associated with the patients' admission diagnoses, and failure-to-rescue rates (as defined by death within 30 days of hospital admission for patient who had experienced a postoperative complication following surgery; Silber et al., 2007). Hospital characteristics (e.g., bed occupancy, advanced procedures conducted in the facility) and teaching status of the hospital were included in the data analysis procedures. Finally, adjustments were made for the severity of illnesses of the patients by including 25 distinct variables that described the demographics and comorbidities of the cancer patients (Friese et al., 2008).

The results of the Friese et al. (2008) study revealed that hospitals with poorer nurse staffing ratios as well as unfavorable nurse practice environments had significantly ($p< .01$) higher 30-day mortality rates and hospitals that employed nurses with more

advanced educational preparation had lower mortality rates ($p<.05$). Complication rates had similar significant relationships with nurse staffing and practice environments ($p<.01$) but this relationship did not exist with educational preparation (Friese et al., 2008). Lower failure-to-rescue rates ($p<.01$) were also associated with all three nursing variables: better nurse staffing, favorable nursing environments, and higher education levels (Friese et al., 2008). Based on the marginal analyses, three additional logistic regression models were estimated to predict the 30-day mortality, complications, and failure-to-rescue with cancer patients. For the variable of 30-day mortality, an increased proportion of nurses with a bachelor's degree or higher was associated with decreased odds of dying ($p< .05$; Friese et al., 2008).

The study conducted by Friese et al. (2008) demonstrated significant discrepancies in nurse practice environments and patient outcomes associated with those hospital settings. An interesting finding from this particular study was that only one in five hospitals demonstrated survey results indicating favorable working conditions. This result and the findings attributed to the logistic regression analysis indicated that adequacy of nurse staffing and increasing the proportion of staff nurses who have at least a baccalaureate-level education had the opportunity to provide substantially fewer adverse outcomes for patients within the hospital setting (Friese et al., 2008).

Further Support for Baccalaureate Education

Further studies (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Tourangeau et al., 2006) used the variable of 30-day mortality to support the argument for baccalaureate preparation in nursing. Both of these studies were conducted in Canada using cross-sectional analysis of patients discharged from acute care facilities. In these

particular studies, nurse education levels were evaluated as well as multiple other hospital characteristics (nursing staffing, use of care maps to guide patient care, and nurse-physician relationships) to determine their relationship with 30-day mortality of patients discharged from acute care. Both Tourangeau et al. (2006) and Estabrooks et al. (2005) used patients with similar diagnoses, e.g., myocardial infarction, congestive heart failure, stroke, chronic obstructive pulmonary disease, and pneumonia.

Results of these studies provided evidence of a relationship between 30-day mortality and the proportion of baccalaureate nurses providing patient care. The empirical evidence reinforced the notion that hospital nursing characteristics are an important consideration when evaluating efforts to reduce the risk of 30-day mortality. These authors (Estabrooks et al., 2005; Tourangeau et al., 2006) concluded that the results supported the movement within Canada toward legislating baccalaureate education as the minimum requirement for entry into practice.

Limitations of Large-Scale
Research Studies

Multiple limitations of the large scale research studies addressed thus far supported the need for increased proportions of baccalaureate nurses within the hospital environment. First, the standardized data sets (Aiken et al, 2003; Estabrooks et al., 2005; Friese et al., 2008; Tourangeau et al., 2006) used in much of the literature that supported the need for more BSN-prepared nurses did not necessarily reflect outcomes directly affected by nursing. When discussing variables such as 30-day mortality or failure-to-rescue, these patient outcomes were affected by a myriad of variables within healthcare or society, not the least of which was the level of education of nurses caring for these patients. Aiken et al. computed the association between educational composition,

staffing, experience of nurses, and surgeon board certification with patient outcomes before and after controlling for patient characteristics (nature of hospital admission, co-morbidities, demographic characteristics) and hospital characteristics (bed size, teaching status, technology). Tourangeau et al. chose to include 19 variables as indicators for predictors of 30-day mortality in their study of acute medical patient outcomes. Large standardized data sets that were readily used in many cross-sectional studies did not provide outcome data that were nursing-sensitive (Jones, 1993); therefore, the link between the level of nursing education and patient outcomes remains inconclusive.

A further limitation of using standardized data sets for research purposes was that this type of data was collected using hospital-level information. When this type of research was conducted, the data were collected from large databases, patient discharge rates, and nurse staffing levels that reflected hospital-level information. The data were aggregated using differing types of patients with differing levels of illness (Fitzpatrick, Stone, & Hinton-Walker, 2006). Even if adjustments were made for patient severity at the hospital-level, the data did not represent the severity of patients on separate patient care units. Data generated on individual patient care units were most susceptible to nursing care and potentially related to the educational level of the nurse providing care.

A final limitation noted in these research studies was in the methodology. A considerable selection bias was noted; in multiple studies (Aiken et al., 2003; Friese et al., 2008), nurses were grouped in categories with more than one level of educational preparation. For example, in the Aiken et al. (2003) study, BSN, MSN, and doctoral-prepared nurses were grouped and compared to a combined group of ADN and diploma nurses. The authors noted, "Because there was no evidence that the relative proportions

of nurses holding diplomas and associate degrees affected the patient outcomes studied, those 2 categories were collapsed into a single category" (Aiken et al., 2003, p. 1618). Therefore, for purposes of the study, the sample was simply characterized as the proportion of nurses with "baccalaureate degrees or higher" (Aiken et al., 2003, p. 1619). Within the Aiken et al. study, this decision alone limited the generalizability of this study to a target population of strictly associate-prepared RNs or baccalaureate-prepared RNs and provided flawed methodology from which to develop their conclusions. It was interesting to note that the recent IOM (2010) report used the Aiken et al. study as support for their argument of "Why More BSN-Prepared Nurses Are Needed" when realistically, the study should not have been used to differentiate between the educational levels of nurses and the patient outcomes associated with their education.

Contradictory Findings Regarding
Educational Preparation

Additional research studies have been conducted that evaluated several nursing factors and their effects on patient outcomes. These studies provided information that did not necessarily support the trend toward a predominantly BSN-led workforce (Blegen et al., 2001; Sales et al., 2008). The inability to find significant links between nurse education and patient outcomes has increased the debate amongst academicians regarding the necessary educational preparation for nurses.

Nurse Experience/Education and
Patient Outcomes

Blegen et al. (2001) attempted to evaluate the effects of nurse experience and education on the quality of care provided in 81 patient care units in separate hospitals. This study used two outcome measures: medication errors per 10,000 doses administered

and patient falls per 1,000 patient days. The authors noted that individual patient care and outcomes attributed to that care could not be linked to one specific nurse because patients received care from a team of nurses and nursing assistants throughout the day on multiple shifts. For this reason, they did not attempt to link an individual nurse's education or experience with the quality of care individual patients received. Rather, data were aggregated to the patient care unit level and individual units were the unit of analysis (Blegen et al., 2001). Data from this research demonstrated that units with more experienced nurses had lower medication error rates and lower patient falls than units with less experienced nurses. The data also showed that these adverse occurrence rates were not significantly better on units with more baccalaureate-prepared nurses. The authors concluded that this research supported the belief that nurses with more experience provided higher-quality care (Blegen et al., 2001). Although their research did not find a significant association between the baccalaureate degree and less adverse patient outcomes, Blegen et al. conceded that their study did not evaluate the impact of education on "broader indicators of nursing care" (p. 38) such as patient teaching, case management, and evidence-based practice activities; and that those more complex nursing activities were more likely improved with higher levels of education.

Nurse Factors and Patient Mortality

Sales et al. (2008) conducted perhaps one of the largest studies to date within Veterans Health Administration (VHA) hospitals. The purpose of their study was to evaluate the association between mortality rates and nursing factors such as RN staffing levels and RN educational levels. The sample for this study was 129,579 patients from 453 nursing units (171 ICU and 282 non-ICU). This particular study differed from many

of the other large-scale studies because the researchers sought to use multi-level

regression models to adjust for patient, unit, and hospital characteristics, stratifying by

whether or not patients had been cared for in the ICU during their admission. By this

method, they hoped to capture the variation of nursing care delivered in geographically-

based units rather than relying on hospital-level data for analysis. The results of their

study showed that RN staffing was not significantly associated with in-hospital mortality

for patient with an ICU stay; however, for non-ICU patients, increased RN staffing was

significantly associated with decreased mortality risk (Sales et al., 2008). In both ICU

environments as well as non-ICU environments, RN education was not significantly

associated with mortality (Sales et al., 2008).

     A limitation noted with the Sales et al. (2008) study was that the researchers did

not have data that they judged to be sufficiently reliable on RN education at the unit

level. Instead, they chose to use RN educational level variables at the hospital-level

generated by VHA databases. This decision was similar to other large-scale studies

(Aiken et al., 2003; Estabrooks et al., 2005) that also used hospital-level data for this

particular variable. It was considered to be a limitation for studies using aggregated data

from which it was difficult to attribute hospital-level data with specific patient outcomes

within the acute care institution.

Outcomes of Registered Nurse to Baccalaureate
Degree Programs

     In the past two decades, a tremendous amount of research has been conducted on

RN to BSN programs; various attributes of those programs that assist the transition back

to school support progression through the program or enhance the satisfaction of students

while in the learning environment. Several research studies (Delaney & Piscopo, 2004;

Megginson, 2008) focused on understanding the perceived benefits and barriers of returning to school for practicing nurses in order to facilitate that process for this particular population. These studies focused on the aspects of the academic environment that were potentially perceived as barriers to entry, e.g., advising (Jacobs, 2006), in order to assist nurse educators in removing those barriers and promoting the decision to return for the baccalaureate degree. Other studies chose to focus on the students' progression through the program as well as the program facets that increased graduation rates. Robertson, Canary, Orr, Herberg, and Rutledge (2010) spent time evaluating the specific environmental/contextual factors of RN to BSN students to develop appropriate benchmarks for graduation rates. These graduation rates took into account various lifestyle responsibilities such as family, work hours, finances, and social support unique to this population of students. Davidson, Metzger, and Lindgren (2011) also reviewed the low retention and graduation rates within RN to BSN education and redesigned an RN to BSN program into a hybrid format to provide greater levels of cohort support to students. Hybrid programs differ from strictly online programs because they combine traditional didactic classroom activities with the convenience of the online format within the same program. Typically, students intermittently meet face-to-face with the instructor throughout the semester, but there is more direct connection between students and faculty than in exclusive online delivery. The combination of program support, technology support, and social support from peers involved in this format of RN to BSN program delivery experienced lower rates of attrition and higher graduation rate (Davidson et al., 2011).

Online Registered Nurse to Baccalaureate
Degree Program Delivery

Another area of research focus for RN to BSN programs was the use and efficacy of online delivery. This movement in research was largely based on the fact that the majority of RN to BSN programs in the United States was now being delivered via the online format. When examining RN to BSN online programming, there were numerous areas of emphasis: student and faculty experiences as well as the need for technology support for successful implementation of these programs. One such example was the study by Holly, Legg, Mueller, and Adelman (2008) in which the researchers sought to understand the various challenges for the online faculty role within nursing education. The results of their study emphasized the need to provide an online "community of scholars" (p. 254), wherein faculty and students participate in collaborative learning activities with the intended outcome of integrating new knowledge into their personal experiences. There was an opportunity for faculty to create a trusting environment in which students felt comfortable discussing old and new ideas and suggesting alternatives to dilemmas encountered.

Another study by Reinart and Fryback (1997) evaluated the role of distance learning in nursing education and the necessary attributes to ensure connectedness of students when they were not face-to-face with the instructor. Their research emphasized the need for structure in the online environment so that students did not experience ambiguity while in the learning role. It was also reported that faculty contact was imperative with students to ensure a sense of belonging and to eliminate a feeling of alienation from faculty and other students (Reinart & Fryback, 1997).

Barakzai and Fraser (2005) also provided some insight into the outcomes of online coursework for nursing students. Their study sought to understand the effect of various demographic variables on achievement in and satisfaction with online courses. The purpose of this particular study was to ensure that demographic variables such as native language, gender, and computer experience did not negatively affect the outcome variables of achievement or satisfaction for students in online courses. Results within this particular study found no significant difference in the examination scores (achievement) of non-native English-speaking students versus native English speakers; nor was there a significant difference noted in their satisfaction of courses (Barakzai & Fraser, 2005). Similar results were found for the demographic variables of gender and computer experience. No significant difference was found for achievement based on gender and prior computer experience throughout the study participants. Nor were the variables found to significantly affect the satisfaction of students within these courses (Barakzai & Fraser, 2005).

Finally, Mancuso-Murphy (2007) completed a comprehensive review of literature, using articles between 2001 and 2006, and evaluated the experiences of nursing students in distance education. Their extensive review provided an overview of the various research studies conducted during that time period as well as providing insight into the trends in research related to nursing and distance education. Much of the research focused on the student-teacher relationship (Atack, 2003; Hyde & Murray, 2005; Mueller, 2001) and the idea that learning is fostered not only by teaching strategies but by the presence of a perceived connection between student and faculty. Therefore, students believed that dialogue was critical and interactions within distance education were

gratifying. These student-teacher relationships were also a mechanism for professional socialization. Billings, Connors, and Skiba (2001) reported that socialization to the profession was facilitated by distance education course activities that contributed to the development of skills required to enhance their practice and professional roles. Billings, Skiba, and Connors (2005) found that students were generally satisfied with Web-based classes and socialization to the profession. Conflicting findings were reported by Ali, Hodson-Carlton, and Ryan (2004); their interviews found that students perceived vastly different levels of socialization with their peers ranging from increased levels to almost no socialization at all.

Teaching Strategies in Registered Nurse
to Baccalaureate Degree Programs

Another area of focus for research regarding RN to BSN programs was the various teaching strategies used to facilitate learning for students returning to school for their baccalaureate degree. This group of students returned to the learning environment with a rich background of clinical experience. The goal of RN to BSN programs was to facilitate knowledge acquisition while helping them to acquire new ways of thinking (Ruland & Ahern, 2007) as well as new approaches to their clinical practice. Asselin (2011) researched senior level RN to BSN students following the use of reflection as a learning strategy. The students were asked to complete three reflective activities throughout the semester that focused on personal examinations of their beliefs, assumptions, and knowledge. Students were then asked to move beyond their current thinking and reflect on needed areas of change within their practice, any gaps they perceived in their own knowledge, and ways to assimilate new insights into their future practice activities. Asselin concluded that the findings of this study supported the notion

that reflection activities could facilitate the development of new insights and promulgate changes in professional practice. Allowing students to choose their own scenarios on which to reflect enhanced the ability of each student to meet their individual developmental needs and created new meaning out of situations they had encountered within practice.

Legg, Adelman, Mueller, and Levitt (2009) reviewed the use of constructivist teaching strategies within distance education nursing courses. Their discussion focused on the need for educators to develop real-world scenarios that allow students to apply new knowledge learned in a meaningful way. These constructivist teaching methods included authentic communication between students and faculty that promoted social dialogue focused on specific learning outcomes as well as providing evidence-based discourse (using meaningful citations) within assignments and discussion threads (Legg et al., 2009). Critics (Nesler, Hanner, Melburg, & McGowan, 2001) have contended that nursing students do not learn professional socialization in a comparable manner to students learning in a traditional face-to-face classroom. Legg et al. asserted that constructivism in the online nursing classroom had the ability to provide an experience in which online learners take control of their own learning, encouraging them to look deeper into practice issues and apply new knowledge to real-world situations. The goal of constructivism in the online environment was to foster an environment in which students and faculty workd together toward a greater understanding of professionalism and practice issues.

Bridge courses used within RN to BSN programs were also a strategy described in the literature as a way to provide a seamless transition of returning nurses into the

world of academia. Bridge courses are designed to ease the degree of role conflict

students experience when they return to the environment of academia. These courses

essentially introduced registered nurses to the university and professional roles assumed

by the baccalaureate-prepared nurse (Huston, Shovein, Damazo, & Fox, 2001). Students

were taught adult learning principles as well as introduced to their personal learning

styles to enhance program and career planning. The students were also introduced to the

technology that would assist their educational journey: the online learning environment

system (i.e., WebCT or Blackboard), electronic mail (e-mail), and computerized database

search engines. Huston et al. discussed the necessity of bridge courses as a portal into

RN to BSN programs to ensure that students developed skills in role socialization,

computer literacy, and time management--all essential components of successful students

in online programs (Barakzai & Fraser, 2005). The integration of bridge courses into RN

to BSN programs allows students to face the concurrent challenges of mastering course

content and the use of distance technology while maintaining their professional

responsibilities through time management and socialization to the student role (Huston et

al., 2001).

**Student Satisfaction in Registered Nurse
to Baccalaureate Degree Programs**

Higher education is increasingly recognized as a service industry; with that

distinction, academia understands the need to meet the expectations and needs of its

customers--the students. Research supports the importance of student satisfaction,

linking that variable with improved student retention as well as increased academic,

personal, and professional achievement (Corts, Lounsbury, Saudargas, & Tatum, 2000).

Student satisfaction is often analyzed using admission and retention rates. However,

research by Boylston, Peters and Lacey (2004) used service gaps (the difference between a customer's satisfaction with service delivery and the customer's expectation of service delivery) as a way to assess the level of satisfaction for RN to BSN students in online programs. The determination of such gaps allowed the researchers to evaluate the overall level of customer satisfaction but it also accentuated potential areas for improvement within nursing programs. Using the Noel-Levitz Adult Student Priorities Survey (2011), Boylston et al. determined that areas of program delivery such as academic advising, instructional quality, and registration effectiveness were all important to adult students in RN to BSN programs and that satisfaction in those particular areas was most important to students. By identifying the areas of perceived importance and monitoring the service gaps in these areas, nursing faculty can seek to fortify those areas toward greater levels of satisfaction with the overall goal of increased retention of students.

Boylston and Jackson (2008), as a follow-up to their initial study on student satisfaction and areas of service gaps, sought to further identify critical areas that affect student satisfaction with accelerated RN to BSN programs by using qualitative interview data from participants. From this study, the researchers highlighted multiple themes that affected students' perceptions of satisfaction while in the educational process. The most dominant theme that emerged from their data was the idea of convenience and the absolute need for the program to be easily accessible, allowing them to balance school, their families, and their professional roles. This theme was also supported by Kasworm's (2003) research, which emphasized that students chose their educational programs based on cost, convenience, and their ability to manage competing priorities. Another theme generated by the Boylston and Jackson research was the importance of academicians'

understanding that family remains the top priority of students' lives regardless of the

perceived importance of education. These students voiced that family responsibilities

still were the main focus of their lives; the addition of coursework was just one piece of

their juggling act between their personal and professional lives. Many of the participants

agreed that a family crisis would necessitate their decision to leave the program. Finally,

students voiced increased satisfaction with the cohort model of education (Boylston et al.,

2004). Many expressed that the support and camaraderie that emerged within the cohort

was therapeutic and encouraged them to continue despite adversity and the complexities

of managing life and academics. This positive response regarding cohort models in

nursing programs is similar to Kasworm's research in which students described attending

school as a cohort, the intimacy that developed within this academic group, and the

friendships generated in such an environment.

**Learning Outcomes and Registered Nurse
to Baccalaureate Degree Programs**

Professional development. Outcomes assessments are a necessary process

within nursing education programs and serve to provide information regarding the

effectiveness of curriculum as well the opportunities for necessary revisions within

nursing programs. Phillips, Palmer, Zimmerman, and Mayfield (2002) conducted

research with the participation of students in an RN to BSN program to measure the

professional development of students. Their study was based on the premise that one of

the major goals of baccalaureate education in nursing is to cultivate a sense of

professionalism among graduates with enhanced skills in critical thinking,

communication, leadership, and involvement in professional nursing organizations. The

researchers concluded that professional development is a process consisting of four

developmental levels further sub-divided into five dimensions of professional nursing practice: professional awareness (Level 1), professional identification (Level 2), professional maturation (Level 3), and professional mastery (Level 4). These levels were operationalized into a professional development self-assessment matrix (PDSAM) developed by Beeler, Young, and Dull (1990).

Phillips et al. (2002) were interested in learning whether students rated their professional development differently as they progressed through the semesters of their RN-BSN program. Thus, the authors chose to use a pretest-posttest design to determine any differences in their perceptions. The research in this particular study noted that scores of graduating students were significantly higher on all five professional development dimensions than on pretest scores (Phillips et al., 2002). These findings demonstrated that the PDSAM tool had the ability to measure students' perceptions of professional development in order to guide curriculum toward discussions and activities that foster the growth of such skills (Phillips et al., 2002).

One of the limitations within the Phillips et al. (2002) study was the fact that they did not use intact nursing groups in their research. Rather, they assessed the pretest scores of students as compared to students who had remained in the program and were nearing graduation. The rationale for this decision was the reality that students rarely progress toward the degree in a uniform manner (Phillips et al., 2002). This detracted from the overall results of the study because the researchers were unable to compare the pre- and posttest scores of individual students to determine perceived improvement in their professional development. Another limitation of this study was that students were surveyed toward the end of their nursing program rather than after graduation. This

prevented researchers from determining whether or not improvement of professional development was something that was learned and maintained following completion of RN to BSN programs and had implications for the healthcare environment.

Professional growth. A qualitative study by Rush, Waldrop, Mitchell, and Dyches (2005) sought to gain an understanding of professional growth from the experiences of senior RN to BSN students taking distance education courses. The investigators started this research endeavor with the idea that nurses returning to RN to BSN programs entered their educational programs at a level of professionalization different from those of traditional nursing students who had already internalized professional attitudes, values, and beliefs as a result of their work experiences and prior education (Rush et al., 2005). The research was also based on a prior study by Zuzelo (2001) who found that RN-BSN students viewed their baccalaureate education merely as a stepping stone to other opportunities. In the Rush et al. study, data were collected through the use of online discussions over a two-week period. The discussion was guided with the use of semi-structured interview questions; additional questions were posted every two to three days as threads within the discussion board warranted further comments by the researchers.

The findings of the Rush et al. (2005) study were that students described their pursuit of a BSN as a "journey of being and becoming a professional" (p. 286). Many of the students believed they were professionals before returning to school but that there was an impetus to return to school because they were "falling short as a profession" (Rush et al., 2005, p. 286) and felt the need to return to school. Students within this study had vaguely defined expectations or objectives they thought might occur as a result of

obtaining their baccalaureate degree. However, most students described that occurred in their existing professional behaviors as a result of their educational path. Themes from this portion of the research focused on the students' increased confidence, the development of new professional goals, and renewed excitement for learning as outcomes of their BSN education (Rush et al., 2005).

Rush et al. (2005) discussed the implications for their research and focused on the idea that their study "represented a shift from the general composite of characteristics defining professionalism" (p. 290) toward specific areas of personal growth these students described as a member of the nursing profession. A limitation noted by the Rush et al. study was the method of data collection used within their research. Student experiences were not elicited in individual interviews, but rather in an online discussion board, which might have affected the answers of all students within this study. The possibility existed that one student's answer prompted similar answers in students within the class rather than those students providing their own unique experiences. This study provided the foundation for understanding some of the broad themes of RN to BSN experiences and supports additional phenomenologic study to explore these experiences in great depth. Another limitation to this study existed in that these students had not yet graduated from their nursing program when the research was conducted. Although most of these students experienced ongoing immersion in the practice setting while going to school, it was difficult to determine the terminal outcomes of their education while they were still in the educational process. A truer understanding of their professional growth and subsequent integration into practice could be generated following the completion of their program and a time lapse after returning to the clinical environment.

There really is a difference. Delaney and Piscopo (2007) provided an informative view into the experiences of nurses as they transitioned from RNs to BSNs. Their phenomenological study explored and described the experiences of 12 nurses as they moved beyond their associate degree and diploma nursing programs into baccalaureate education. Over the past decade, only approximately 16% of associate degree nurses and 24% of diploma nurses returned to school for their baccalaureate degree (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000). Although many nursing organizations and accreditation bodies support the importance of increasing the number of BSN-prepared nurses, the migration of nurses back into education has only had a modest increase in the last 10 years. Delaney and Piscopo set out to understand the lived experiences of RN to BSN students as they transitioned from one level of education to another.

The phenomenological study by Delaney and Piscopo (2007) provided rich description of the various expectations and decisions made by these nurses as they returned to academia. The findings also provided some unique insights into the "cornerstone courses" (Delaney & Piscopo, 2007, p. 170) that formed the foundation of new knowledge for these nurses as well as the idea that with increased knowledge comes empowerment for RN to BSN graduates. Finally, the study by Delaney and Piscopo began to explore the lived experiences of students as they transitioned from RN to BSN. Through the understanding of their educational journey and subsequent reintegration into practice, we begin to comprehend the lived experiences of this population.

Transformative Learning

During the past decade, registered nurses with diplomas or associate degrees have returned to school for a baccalaureate degree at rates higher than any other period in the history of the nursing profession (Oermann, 2010). Most nurses returning to school bring with them foundational knowledge and skills as well as work experience that provided them with a glimpse of emerging needs within the nursing profession. There is an immense opportunity for RN to BSN programs to facilitate the acquisition of new knowledge and assist these nurses as they experience re-socialization to the profession. Mezirow's (1991) perspective transformation theory was centered on learning to understand one's self and one's paradigm. Mezirow suggested that for adult learning to occur, there must be a transformation of a person's thinking in response to unexpected events. He termed these events disorienting dilemmas (cognitive dissonance) and believed that prior beliefs and old ways of thinking are examined when a person is exposed to such dilemmas.

The potential of transformative learning is that it allows people to transform their perceptions and enables them to see things differently and perhaps act differently in their world (Apte, 2009). Adult learning is an additive process. Often, adults learn new information, extend their skills, and develop revised understanding of the world but most often within their current frame of reference (Apte, 2009). In today's complex healthcare environment, nurses often encounter new challenges that require them to change their perceptions and do things differently. In this type of situation, their previous knowledge and personal strengths might actually block their ability to develop new solutions. They must learn to transform their frame of reference and devise unique strategies for moving

forward. Mezirow (2000) stated that this transformation might occur in either epochal or incremental events or insights. Often the change of perspective might occur as a result of a series of precipitating events that eventually result in a discovery that something has been missing from life. These missing factors may be internal--a lack of self-confidence or external--a work environment in which there is little sense of affirmation for accomplishments.

The development of a learning environment in which trust is established allows students to feel safe in identifying and contemplating their frames of reference or familiar perspectives (Morris & Faulk, 2007). It is important that students are aware of their own thinking and values as they prepare to integrate new knowledge into their pre-existing schema. It is believed that transformational learning provides benefits to students far beyond earning a baccalaureate degree; that it also adds to the fund of knowledge (Stevens, Gerber, & Hendra, 2010) from which students can broaden and deepen their learning in future endeavors. The students form the ability to challenge their beliefs within their own lives and develop a propensity toward new experiences with an open mind, willing to learn more.

**Perspective Transformation and Registered
Nurse to Baccalaureate Degree Students**

Several research studies (Cragg, Plotnikoff, Hugo, & Casey, 2001; Morris & Faulk, 2007) have used Mezirow's (2000) transformative learning theory, specifically with RN to BSN students to examine the transformation of students within these programs and the resultant behavior changes. The achievement of educational outcomes such as passing courses and student satisfaction is strongly supported in the literature (Billings & Bachmeier, 1994). However, questions still remain about whether or not

distance education RN to BSN students develops new professional perspectives. Cragg et al. (2001) evaluated the values and attitudes of RN to BSN students using the Jacobsen and Sabritt (1983) Professional Values Scale. This scale was chosen because the instrument included a number of attitude questions that differentiated baccalaureate-prepared from non-baccalaureate-prepared nurses. This particular study examined students prior to entering an RN to BSN program and compared their scores to students who were nearing graduation. They also compared the scores of graduating RN to BSN students who had taken distance education courses with RN to BSN students who had taken coursework on-campus. A comparison was also made to scores of traditional nursing students with no prior work experience.

Results of the Cragg et al. (2001) study demonstrated that RN to BSN graduates who used distance education had higher scores on the Professional Values Scale than traditional nursing graduates and RN to BSN graduates who took on-campus courses. Years of work experience and full-time employment status were positively correlated with increased scores for RN to BSN graduates. The authors concluded that RN to BSN students who take courses through distance education appeared to achieve perspective transformation as a result of their education (Cragg et al., 2001). The findings from this study also emphasized the need for nurse educators to evaluate the influence of experience, both in years as well as full-time work status, on the development of nurses' professional attitudes. There is the potential that more recent nursing graduates who have chosen to return to school for their baccalaureate degrees have a relative lack of readiness for perspective transformation when compared to more experienced nurses. This finding

has implications for academicians involved in the planning and delivery of distance RN to BSN programs.

A study by Morris and Faulk (2007) examined whether there were behavior changes in professionalism for RN to BSN students upon graduation and identified specific teaching-learning activities that promoted transformative learning. The survey for this study used the American Association of Colleges of Nursing's (AACN; 1998) *Essentials of Baccalaureate Nursing Education*. The researchers identified 26 distinct learning activities within the program that had the potential to create cognitive dissonance, thus increasing the likelihood of transformative learning (Morris & Faulk, 2007). They also surveyed the students three months post-graduation and determined that students did exhibit changes in professional behavior such as increased collaboration with the health care team, increased patient advocacy, and increased confidence in the role as a teacher of both patients and their families (Morris & Faulk, 2007). Upon return to practice, graduates also stated that they had an increased awareness of the political process and the values of human dignity and social justice. The authors of this study concluded that there were 13 learning activities (such as family assessments, life review papers, leadership-management preceptorship, and legal issues assignment) that created a disorienting dilemma for students and subsequently led to transformative learning in essential nursing roles and values (Morris & Faulk, 2007).

The Morris and Faulk (2007) research was one of very few studies that have evaluated the learning of RN to BSN students post-graduation. This perspective is valuable in providing information to nurse educators regarding the quality and efficacy of RN to BSN programs. One of the major limitations of this study was the limited time

(three months) between graduation and assessment by these researchers. It is possible that this time period was too short to provide information as to whether or not transformative learning would have sustainability in the clinical setting. The goal of transformation is to maintain longevity of this altered perception and evaluate the ability of graduates to continue learning and transforming their practice in the future. Another limitation of the study was that demographic variables such as age, gender, and years of practice were not obtained from participants. It is possible that correlation of these variables could have added further insight into data analysis and should have been included as part of the methodology.

Finally, data were collected in this study using a survey developed by these researchers using the AACN (1998) *Baccalaureate Essentials*. Students were asked to answer questions regarding specific nursing roles highlighted in the Essentials: advocate, educator, information manager, healthcare team member, and member of a profession. Although these roles were emphasized by the AACN as essential roles and professional values of a graduate nurse, by using this terminology within the survey, participants were not able to provide information regarding their unique perspectives of learning. They were led by these categories into determining whether or not learning of this role had occurred and, if so, which learning activity within the program led to this learning. For purposes of qualitative inquiry, one might assert that more value is derived by allowing participants to guide the direction of data collection and inform us about their experiences of learning or transformation (or lack thereof) from their unique viewpoint.

Philosophy of Phenomenology

Development of Phenomenology
in History

Phenomenology is a philosophical movement that approaches the study of human beings and their culture in a different way than the logical positivist model that has been extensively used in research within the natural sciences. Researchers who espouse the philosophy of phenomenology view the application of the logical positivist model to the study of human beings as inappropriate because the model does not take into account the uniqueness of human life (McPhail, 1995). In response to the inadequacies perceived by some philosophers regarding the ability of logical positivism to explain the human condition, a movement of descriptive philosophy began--known as phenomenology. This movement attempted to articulate a way of viewing human beings and their lives that allowed for the essential uniqueness of the human experience. Originally trained as a mathematician, Husserl (1913/1962) is largely regarded as the father of phenomenology. Husserl (1936) argued that the positivist paradigm was inappropriate for studying phenomena because it was unable to describe the essential phenomena of the human world. Essential phenomena consist of values, intentions, meanings, morals, feelings, and the life experiences of human beings (McPhail, 1995). Without the inclusion of these essential phenomena, Husserl believed that the positivist scientific paradigm was flawed for studying human beings because it did not consider the human capacity to make meaning out of the environment.

Van Manen (1997) essentially described phenomenology as the study of lived experience or the life world. From this philosophical perspective, there is an emphasis on the world as lived by the person and not the world or potential reality as something

separate from the human. The main focus for Husserl (1965) was the study of phenomena as they appeared through consciousness. By expanding the conscious awareness, this is the starting point in building one's knowledge of reality. Husserl was interested in acts of attending, perceiving, recalling, and thinking about the world. From this perspective, human beings were understood to know something about phenomena that are unique and substantial to their existence. The focus was on emphasizing details that might otherwise seem miniscule and trivial and, rather than taking those details for granted in the context of the world, using them to create meaning and achieving a sense of understanding (Wilson & Hutchinson, 1991). This understanding can only come from the perspective of people most closely associated with the phenomena and have intimate experience with the phenomena in question.

Basic Assumptions of Phenomenology

The philosophy of phenomenology is emphasized by sharing the essence of the conscious mind. The context of understanding begins with the human beings' reflection on a particular phenomenon and their ability to share their innermost thoughts and feelings related to their experiences. The phenomenological perspective allows for a deeper understanding of the human experience and provides an outlet for the expression of those experiences (Laverty, 2003).

Three basic assumptions underlie the philosophical foundation for phenomenology: consciousness, elimination of dualism, and the idea that consciousness is temporal (McPhail, 1995). First, the single most important assumption about human beings is that consciousness is the very essence of human life. There are various components of consciousness such as imagination, remembrance, perception, and logic

(McPhail, 1995). The importance when discussing these various aspects of consciousness is that they must not be separated into different faculties but must instead be used in unison to bring significance to experiences. Husserl (1965) argued that it was imperative to develop a phenomenology of consciousness and sought to diminish the inclination toward a science about consciousness.

The second underlying assumption of phenomenology is that meaning making, or the perceptions of our experiences, are constituted holistically (Husserl, 1965). This stems from the belief that there is no substantial difference between the subjective and objective world; elimination of this dualistic viewpoint is essential for phenomenologists. From this perspective, it is impossible to isolate the experiential world from reality because the unique perceptions and experiences of humans create their reality. There is a connectedness between subjective and objective that cannot be divided in order to more clearly understand a phenomenon. A deeper comprehension of the human experience can only be attained by the assimilation of both objective and subjective data. Husserl (1965) believed that phenomenology and the study of consciousness was the only access to the realities of the lived experience of human beings.

Finally, another important assumption of phenomenology is that consciousness has a temporal aspect to it. Each human being maintains their lived experiences of the past as well as anticipating future experiences (McPhail, 1995). From this perspective, there is no limit to the boundaries of the consciousness; people are constantly thinking and perceiving the world based on past experiences as well as expectations for the new opportunities. Consciousness is always evolving based on novel encounters or situations.

The use of the phenomenological philosophy fits naturally with the goals of this research endeavor. Based on the assumptions of phenomenology, to understand the reality of nurses returning to school for their baccalaureate degree, it is essential that we understand their perceptions of further education and the implications of such an undertaking for their professional practice. Their unique perspectives provide us with an understanding of their reality within the profession of nursing. It is impossible to separate their thoughts and feelings from the actuality of healthcare because their perceptions of practice and the healthcare environment are interwoven in a way that prevents the separation of one from the other. The idea of phenomenology as temporal is also an important distinction when discussing this philosophy in the context of this research. RN to BSN students bring with them to the educational environment a myriad of professional experiences as well as background knowledge and skills that have served them in practice. They also hold expectations for their future in relation to educational goals and professional practices. It is paramount that we acknowledge all facets of their consciousness in order to more deeply understand their perceptions of the educational experience as well as their perspectives on the lifelong learning considered necessary for success as a professional nurse.

Conclusion

The future of nursing practice is largely affected by the education of nurses today. It is impossible to move forward as a profession without guidelines that stipulate the depth and breadth of education necessary to maintain the high standards and quality patient care that has historically been the foundation of professional nursing practice. Within the past two decades, numerous reports have been published that assert the need

for movement toward the baccalaureate degree or higher for entry into nursing practice (Benner et al., 2010; IOM, 2001, 2004, 2010). The profession stands poised to make changes to the foundation of practice without the empirical evidence that strongly supports these changes. The nursing profession espouses the need for evidence-based practice and the use of a strong research base to support the decisions of nurses within practice; yet that same commitment to evidence is not as apparent in nursing education. The IOM (2010) readily admitted that the "causal relationship between the academic degree obtained by RNs and patient outcomes was not conclusive in the research literature" (p. 169) but continued to contend that more BSN-prepared nurses are needed.

Within the past two decades, numerous research studies have been devoted to the evaluation of RN to BSN programs. Studies have focused on the perceived benefits of nurses returning to school for their baccalaureate degree (Delaney & Piscopo, 2004; Megginson, 2008) as well as program attributes that lead toward lower attrition rates and higher graduation rates (Davidson et al., 2011; Robertson et al., 2010). Teaching strategies of RN to BSN students have also been a relatively recent focus of nursing research (Asselin, 2011; Huston et al., 2001; Legg et al., 2009). One of the other major areas of emphasis within nursing research related to RN to BSN programs is the level of student satisfaction of nurses returning to school (Boylston & Jackson, 2008; Boylston et al., 2004) and the program facets that lead toward greater satisfaction (Kasworm, 2003). There is a lack of research literature that provides information about the actual learning outcomes of RN to BSN programs. Research must focus on the knowledge acquisition and professional socialization of nurses as a result of their baccalaureate education.

Graduates of RN to BSN programs are situated in a unique position to provide this information from their own perspectives.

A preponderance of evidence regarding baccalaureate-prepared nurses is based on large hospital-level data sets that do not causally link nursing education levels of nurses with patient outcomes such as mortality or failure-to-rescue rates. There is much contention that hospitals that employ larger numbers of baccalaureate or higher level nurses also utilize larger rates of board certified physicians, are connected with medical programs that infuse medical residents into the hospital environment, and also have higher nurse staffing ratios, which lead toward less adverse patient outcomes. Without evaluating outcomes considered nursing-sensitive at the unit level, the causal link between nursing education and patient outcomes is not a solid relationship.

Changes in the healthcare environment raise questions as to the requisite level of education for entry into nursing practice. Nurse academicians have responded to the demands by increasing the numbers of RN to BSN programs throughout the country and ensuring a seamless transition for nurses into baccalaureate programs. Perhaps it is time for nurse educators to evaluate the efficacy of such programs in terms of outcomes for students as well as the ultimate outcomes for patients. Movement toward the goal of 80% of the nursing workforce being BSN-prepared by 2020 (IOM, 2010) would provide for a more uniform foundation for nursing education; it would also prepare nurses more fully for higher levels of nursing education at the master's and doctoral levels. But the question remains whether or not this goal would contribute to better patient outcomes and professional practice in the clinical setting.

Qualitative research methods offer researchers the opportunity to present information on a research topic that is more descriptive in nature. This type of research allows researchers to develop an in-depth understanding of distinct human experiences. There is little qualitative research that investigates the experiences of nurses following graduation from RN to BSN programs and their subsequent reintegration into nursing practice. This research hopes to provide an in-depth understanding of the experience of these students, their perspectives on the role of education in the advancement of holistic patient care, and the development of a professional identity within the nursing profession.

Although an extensive amount of research has been undertaken to understand the experiences of RN to BSN students, their decision to return to school, and the facets of nursing programs that lead toward greater satisfaction or increased retention rates, little research has evaluated the outcomes of such programs from the perspectives of the people most intimately involved in this educational process--the students themselves. Research regarding the educational preparedness of RN to BSN students/graduates and the effects on mortality or adverse patient events remain inconclusive. Perhaps it is time to listen to the thoughts and experiences of those nurses who have chosen to put themselves in a vulnerable position and return to school for their baccalaureate degree. They have experienced the complexities and pitfalls within the healthcare system and thoroughly understand the necessary attributes of nurses that lead toward more efficient, high quality patient care. This research provides them with the opportunity to describe their experiences in academia and in practice, and to provide some insight about their perspectives on the future of our profession.

CHAPTER III

METHODOLOGY

This chapter provides a review of the purpose of the study, the problem statement, and the research question used to guide this research. There will be a comprehensive explanation of qualitative research, the phenomenological methodology, and a brief description regarding the background of the researcher and how this information led toward an understanding of my interest and involvement in nurses returning to academia for the baccalaureate degree. This chapter also includes a discussion of the participant selection procedure, data collection, analysis methods, and strategies that were used for verification within the study.

The review of the literature demonstrated that minimal research has been done from the perspective of nurses who have chosen to return for a baccalaureate education. Furthermore, the research regarding the level of education necessary for entry into professional practice provides a dichotomous view of this topic. The climate of healthcare has changed dramatically over the past decade; it is imperative that academicians determine the implications for educational preparation of nurses and the outcomes for patients within healthcare. Nurses who have worked within clinical practice for a period of time and returned to academia to further their education are in a unique position to inform this debate.

Purpose of the Study

The purpose of this study was to investigate the nature of the lived experiences of RN to BSN graduates within their educational experience and their subsequent reintegration into professional practice. This study explores, describes, and ascertains the meaning of being a nurse returning to school for a baccalaureate degree and experiencing professional practice following the completion of that education.

Problem Statement

The evolution of healthcare provision in our country has forced nurse educators to evaluate the necessary educational requisites for new nursing graduates. The literature provided several examples of research that supported a significant association between the educational level of registered nurses and outcomes of patients in acute care settings. Yet, there was also research evidence that contradicted those findings and pointed to other variables as more prominent indicators of patient outcomes in the hospital setting. To support the nursing workforce, academicians must understand the role of education in the development of expert clinical practice. At this juncture of the nursing profession, it is unclear of the level of educational preparation needed to maximize the health and well-being of the patients we are trained to serve. The debate regarding the potential outcomes achieved by associate or diploma nurses as compared to baccalaureate-prepared nurses served as a platform for this research. It was the goal of this research to elucidate the experiences of RN to BSN graduates to more fully understand the future needs of the nursing profession.

Qualitative Research Paradigm

Qualitative research seeks to explore or describe an area of research interest (Marshall & Rossman, 2011). This philosophic area of inquiry is used in multiple professional disciplines and allows the researcher an opportunity to study a topic in-depth, focusing on the minute details that might otherwise be lost in a quantitative research design. Research questions are written to provide guidance for the research study. Because this study attempted to describe the essence of the lived experience of nurses as they journeyed through the educational environment and then assimilated back into professional practice, the qualitative perspective provided the most appropriate approach.

The overall goal of qualitative research is to achieve an understanding of how people construct meaning in their lives (Merriam, 2009). Focus remains on the participants' views of the phenomena, how they make sense of their world, and the interpretations they generate regarding their experiences. The ultimate focus is not on the outcome of the process but rather on the meaning-making for each individual (Merriam, 2009). From a qualitative perspective, individuals socially construct their reality as they interact with the environment at any given point in time, and in a particular context (Denzin & Lincoln, 2005). Truth is considered subjective and is based on the experiences of each person within the context of that phenomenon. Qualitative research attempts to make sense of a situation from a participant's viewpoint.

Another characteristic of qualitative inquiry is the researcher as the primary instrument for data collection and subsequent analysis of data (Merriam, 2009). Because understanding the human experience is the goal of qualitative research, data collection

must be undertaken by individuals who can respond and adapt to the participants throughout the research process. The researcher has the ability, within the data collection process, to expand the understanding of a phenomenon through verbal and nonverbal communication. This can be accomplished by asking participants to clarify a feeling or perception, check with the respondents and ensure appropriate interpretation, and to further explore descriptions that were unanticipated. It is also important to recognize that the researcher brings to the process their own inherent biases that may have an impact on the overall study. These preconceptions must be identified and monitored throughout the research endeavor to prevent them from manipulating the data collection and analysis (Merriam, 2009).

Qualitative research is inductive in nature. Often, the qualitative researcher develops a research project because there is a lack of information regarding a particular phenomenon. Therefore, small pieces of information are taken from each interview or observation of participants and combined into larger themes that begin to describe the phenomenon from the participants' language. The end product of qualitative inquiry is abundant in rich descriptions of the respondents (Marshall & Rossman, 2011). Data from participant interviews, in the form of compelling quotes, are included in the final written study to provide support for the findings of the study. Using excerpts from the respondents further enhances the descriptive nature of the study (Merriam, 2009).

Phenomenological Research Method

Phenomenology is a recognized research approach that attempts to critically investigate the perspectives surrounding the human experience. The goal of phenomenology is to understand people's conscious experience of their life-world

(Merriam, 2009). This type of research method assumes that there is an essence or essences to shared experiences and that people sharing a particular common experience may construct a similar meaning of that experience as well. For example, researchers have historically attempted to describe the essence of motherhood or the essence of loneliness (Merriam, 2009). Similarly, this research attempted to understand the essence of nurses who graduated from a RN to BSN program and their socially constructed meaning of that experience.

A major task of the researcher utilizing phenomenologic research methods is to accurately describe the essence of a phenomenon from the perspective of the participants. One of the essential tasks of the researcher is to temporarily *bracket*, or put aside, their prior beliefs about that particular phenomenon to prevent infusing their past biases, prejudices, or assumptions (Merriam, 2009). By performing this temporary bracketing, the researcher has the ability to heighten their conscious awareness of the phenomenon of interest and view the experience through the eyes of the participants. The extent to which researchers can bracket their own personal prejudices is open to debate; however, it has become common practice for the researcher to evaluate their own beliefs prior to embarking on the research study (Merriam, 2009).

In addition to bracketing, other research strategies are unique to phenomenological research. One of those is phenomenologic reduction in which the researcher continually returns to the essence of the experience to develop a greater understanding of the meaning of the phenomenon. Within the process of reduction, the researcher organizes all data in a comprehensive manner and evaluates each piece of information with equal weight and meaning, a process known as *horizontalization*

(Merriam, 2009). In the initial stages of data analysis, the researcher views all pieces of data as having equal value and deserving of contemplation and reflection. These data are then grouped into corresponding themes or clusters. According to Moustakas (1994), horizontalization allows for "an interweaving of person, conscious experience, and phenomenon" (p. 96). Through this process, the researcher begins to explicate the basic qualities of that phenomenon.

Finally, the end product of the phenomenologic method is to provide a comprehensive description of the phenomenon of interest, or *essence*, from the perspective of the participants. The research findings should inform the reader of the common experiences of the participants and the reader should be able to "understand better what it is like for someone to experience that" (Polkinghorne, 1989, p. 46). This method ends with an exhaustive description of the phenomenon and the reader has to explicit understanding of the participants' experiences within the context of that phenomenon.

Research Question

Q1   What are the perceptions of RN to BSN graduates regarding their educational experience and their subsequent reintegration into professional practice?

Background of the Researcher

Having been an instructor in undergraduate nursing for eight years, I have spent the last five years coordinating an online RN to BSN program. During that time, I have consistently listened to students voice the need for a germane learning experience in which they develop enhanced knowledge that allows them to bridge education and practice. As we continually re-develop the online nursing curriculum, the goal is to

provide learning opportunities that enhance the ability of nurses to provide optimal patient care with emphasis on quality and safety. I searched for the answer as to whether graduates perceived that the completion of the baccalaureate degree allowed them to integrate the theoretical concepts of nursing with the day-to-day reality of being a clinical nurse. I hoped to understand whether or not students would change aspects of their education experience to ensure that the knowledge obtained within educational experience was relevant to their professional practice. I also hoped to learn, from their perspective, whether they believed the education received in their baccalaureate program had positive implications for their clinical role. To make decisions about the necessary educational preparation of nurses, I first had to understand the perceptions of students who had graduated from an RN to BSN program to allow their experiences to guide future decisions.

Data Collection

Selection of Informants

The goal of phenomenological research is to develop a rich description of a phenomenon being investigated in a particular context (Van Manen, 1997). For this reason, I used purposive sampling to recruit graduates from one particular RN to BSN program approximately one to two years following graduation. Sampling was terminated when no new information was obtained during data collection and content analysis (Patton, 2002).

A criterion-based selection procedure was used for selection of participants. The nurses were purposefully selected based on their past educational experiences and their subsequent reintegration into professional practice. Nurses were selected by identifying

graduates from this RN to BSN program between 2008 and 2010 and their current employment within the healthcare environment. I contacted nurses directly and provided initial information regarding the purpose of the research study, as well as verified current e-mail addresses to which the informed consent could be sent to the potential participants.

Setting

The setting for this study was a university in the Rocky Mountain Region with approximately 10,000 undergraduate students. This university developed an online RN to BSN program approximately 13 years ago and currently has 54 matriculated students within the program. Students participated in 17 months of coursework prior to graduation with their baccalaureate degree. Currently, the program has students who have all completed an Associate of Applied Nursing Degree from a vast array of community colleges across the United States.

Human Subjects Consideration

Approval from the University of Northern Colorado Institutional Review Board was received prior to the beginning of data collection (see Appendix A). Participants were contacted to answer any preliminary questions and ensured they had a basic understanding of the nature of the research study. Informed consent (see Appendix B) and permission to audio-tape the interviews were obtained from each participant. One copy of the consent was retained for the research record and one copy was returned to the participant for their personal records. Participants were informed that their identities would remain confidential and that pseudonyms would be used within the study. Participants were also informed that they could withdraw from the study at any time without penalty.

There were no perceived risks for participating in this study. I acknowledged that the participants might experience discomfort or anxiety while answering questions about their educational experience and implications for nursing practice. The possible benefits for respondents as a result of participating in this research included further insights into their feelings and experiences of completing their baccalaureate education, the knowledge that their responses might contribute to the growing body of literature regarding RN to BSN programs, and that their experiences might benefit others contemplating such an endeavor.

The primary form of data collection for this study was in-depth, face-to-face interviews with the participants. Based on geographical considerations, if distance precluded a face-to-face interview, interviews were conducted via the telephone. Interviews were audiotaped and transcribed verbatim. During each interview, the participants were asked to choose a preferred pseudonym to protect their anonymity. Transcription documents and signed informed consents were kept in the researcher's office in a locked file cabinet.

A semi-structured interview guide was used in this study (see Appendix C). This type of interview format permitted me to focus on key areas but still allowed for flexibility during the interview process. The strength of semi-structured interviews was that they facilitated the participants in telling their stories and allowing their worldviews to unfold from their perspective and not from the perspective of the researcher (Marshall & Rossman, 2011). The subjects were asked to discuss their educational experiences within the RN to BSN program as well as their subsequent reintegration to professional practice following the completion of their baccalaureate degree. Interviews were

terminated at the request of the participants or when they had exhausted their descriptions

of their experiences within the educational process and the implications for clinical

practice.

Data Analysis

Data analysis for this particular research was conducted using Moustakas's (1994)

approach, which uses systematic steps within the data analysis process and provides

guidelines for assembling both textual and structural descriptions of the phenomenon

(Creswell, 2007). One of the first steps in conducting phenomenological research is to

determine that the research problem is best examined using this particular approach.

Understanding the common or shared experiences of RN to BSN graduates upon

reintegration into professional practice is a phenomenon much more deeply understood

with the use of the phenomenologic method.

Once the phenomenon of study has been specified, it is important for the

researcher to recognize and specify the broad philosophical assumptions of

phenomenology (Creswell, 2007). For example, this research focused on the

combination of RN to BSN graduates following completion of their baccalaureate degree

(objective reality), the individual experiences of those students while in the educational

journey, and their perceptions of clinical practice following completion of their

education. It is important for the researcher to bracket his/her own experiences as much

as humanly possible (Creswell, 2007). Data are then collected from individuals who

have experienced the phenomenon of interest. This data collection is often completed by

in-depth interviews with the participants and often necessitates multiple interviews with

each participant. The number of participants needed for data collection is determined

when the researcher experiences saturation of data; however, Polkinghorne (1989)

recommends that researchers interview between 5 and 25 individuals who have all

experienced the phenomenon.

Moustakas (1994) stated that participants are asked two broad, general questions:

What have you experienced in terms of the phenomenon? What contexts or situations

have typically influenced or affected your experiences of the phenomenon? The

interview starts with these questions; other open-ended questions might be used to focus

attention on gathering data that leads to the textural and structural descriptions of the

experiences of the participants (Creswell, 2007).

Using the data from the first and second questions stated above, data analysis

proceeds by the researcher going through the data, e.g., interview transcripts, and

highlighting what are believed *significant statements*. These statements include examples

or quotes provided by the participants that provide a greater understanding of how the

participants experienced the phenomenon. This step in the data analysis process is called

horizonalization (Moustakas, 1994). The researcher takes these statements and begins to

develop clusters of meaning by grouping the significant statements into larger themes.

These significant statements and themes are used to write an overall description of what

the participants experienced (textural description) as well as a description of the context

or setting that influenced how the participants experienced the phenomenon (structural

description; Creswell, 2007).

One of the unique steps that Moustakas (1994) adds in the data collection/data

analysis procedure is the practice wherein researchers also write about their own

experiences as well as the context and situations that influenced their experiences. My

reflections have been included in the Phenomenological Research Methods section under Background of the Researcher and provide the reader with a more complete understanding of the historical experiences I have had with the phenomenon of study as well as the potential areas that could lead to my bias.

Trustworthiness

The goal of any research endeavor is to provide valid and reliable knowledge with the utmost attention to ethical standards (Merriam, 2009). To maximize the trustworthiness of this research project, I employed several methods to ensure accurate information and pure reflection of the participants' views. To increase credibility, I engaged fully with participants during the interview process and created an atmosphere that enhanced the participants' willingness to openly share their experiences and discuss their reality. Peer debriefing was also used to increase the assurance that findings were plausible based on the data collected. An additional measure to enhance credibility was through member checking. This process, also known as respondent validation, allowed me to discuss the emerging findings with people whom I had interviewed to confirm my interpretations of their comments were accurate (Merriam, 2009).

Confirmability of data is another facet of the research study that must be attended to throughout the entire process. This aspect of qualitative research emphasizes the need for independent readers to be able to authenticate the findings of the study by following the trail of the researcher. More specifically, the audit trail is a comprehensive record of research activities that discusses how the data are collected, how categories are generated from the data, and how decisions are made throughout the inquiry process (Merriam, 2009).

Enhancing transferability allows readers to compare the findings of this particular study and determine whether there is applicability to their contextual situation (Merriam, 2009). The practice that improves the possibility of qualitative study results transferring to another setting is the use of rich, thick description. This refers to a highly detailed description of the setting and participants of the study. Included in this account are the findings of the study as well as adequate evidence presented in the form of participant quotes.

Conclusion

This chapter provided a review of the purpose of the study, the problem statement, and the research question that guided the research process. Included was a description and rationale for the use of a qualitative research paradigm, specifically the phenomenological research methodology. Participant selection, data collection, and analysis methods were also described. Finally, the chapter reviewed ethical considerations such as informed consent and maintaining the confidentiality of participants in the process of this research endeavor.

CHAPTER IV

DATA ANALYSIS

Introduction

This chapter presents in-depth findings from this research study. Following

completion of the interviews and analysis of the content, six themes emerged regarding

the experiences of RN to BSN students while in the educational process: *Connecting the*

Dots between Theory and Practice, Emotional Evolution, Opening Doors to New

Opportunities, The Workplace Push, Perceptions of Professionalism, and Seeing the "Big

Picture." Many of the themes were generated using words from the participants'

interviews in order to attempt to achieve as much parsimony between the emerging

themes and the reality of their perceptions. Participants were asked to choose

pseudonyms for themselves in order to protect their confidentiality. Each theme is

defined from the perspective of the informants and exemplars are shared to illustrate the

lived experience of these students. Qualitative data analysis was valuable in

understanding the lived experience of these students as they transitioned through their

baccalaureate program and reintegrated into professional practice following graduation.

Phenomenological Data Analysis

I used phenomenological data analysis to interpret the transcribed accounts of the

research participants. Using the method discussed by Moustakas (1994), the first step in

data analysis was for me as the researcher to describe my own personal experiences with

the phenomenon of study. In providing a detailed description of my experience regarding the phenomenon, I attempted to set aside my personal beliefs or biases regarding the phenomenon of interest (Creswell, 2007). Although it was impossible to truly set aside my personal beliefs, I made every attempt to understand my thoughts and feelings regarding RN to BSN students within the educational process so that my focus during this research was directly on the participants and their unique experiences.

During the interview process, I spent time during and after each interview writing brief notes from which to provide initial interpretations of the environment of the interview as well as the general demeanor of the informant. This step allowed me to detail any aspects of the interview process that might provide more contextual understanding of the informants' comments including perceptions of the participants' emotional state, nonverbal cues, or other information that might prove useful in the data analysis process. Following completion of data collection and verbatim transcription of the interviews by a professional transcriptionist, I began to read the transcripts to gain an overall understanding of the participants' experiences. After the initial reading of the transcripts, I continued to read through the transcripts multiple times, adding margin notes throughout the interviews to begin compiling similar ideas from which to organize the data.

During data analysis, I began cataloging significant statements made by the participants during the interview process. These significant statements reflected how the participants experienced the phenomenon. Each of the significant statements I highlighted was given equal weight and consideration within the data analysis process. This process, known as horizontalization of the data, allowed me to generate a list of non-

repetitive, non-overlapping statements (Creswell, 2007). Common themes were identified and explained using excerpts from the participant interviews. It was during this part of the process that I enlisted the assistance of a peer reviewer to discuss the significant statements and begin to generate themes.

Rigor

To ensure rigor or trustworthiness of the study, I used guidelines developed by Lincoln and Guba (1985). One of the assumptions underlying qualitative research is that reality is "holistic, multidimensional, and ever-changing; it is not a single, fixed, objective phenomenon waiting to be discovered, observed, and measured as in quantitative research" (Merriam, 2009, p. 213). Based on this premise, what was being investigated within qualitative research were people's constructions of reality. I became the primary instrument in attempting to understand how the participants understood the world. Based on these ideas, qualitative researchers can never capture an objective "reality" but they can engage in a number of strategies to increase the "validity" of findings. The basic aspects of trustworthiness include credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985).

In addressing credibility, I attempted to present a true picture of the phenomenon under scrutiny. In this manner, I promoted that I had confidence in the relative truth of my findings. Dependability is the ability of the researcher to describe his/her research efforts in enough detail to allow other prospective researchers to duplicate the study in different contextual situations. Although many researchers would argue that dependability is a difficult criterion to establish in qualitative work (Shenton, 2004), every effort should be made to enable future researchers to replicate the current study.

Confirmability is the aspect of trustworthiness wherein the author takes deliberate steps to demonstrate that the findings of the research study emerged from the data collected rather than their own predispositions (Shenton, 2004). By using verbatim excerpts from the participants' interviews, the researcher is able to provide direct support for the results of the research. Finally, transferability is derived by the researcher by providing sufficient details regarding the phenomenon of interest and the context of the fieldwork—that a potential reader could arrive at the conclusion that this phenomenon is similar to another environment to which he or she is familiar. This allows people reading the research results to determine whether the findings can be justifiably applied in other settings (Shenton, 2004).

Credibility. To address the issues of trustworthiness, I employed several techniques. First, in order to establish credibility, I enlisted the assistance of a peer reviewer throughout the data analysis process. This colleague is doctoral prepared, has conducted phenomenological research, and is considered an expert in her field. The peer reviewer worked closely with me to verify themes within the data. She also discussed and evaluated the process by which I conducted initial thematic analysis and offered guidance throughout the data analysis process. Credibility was also established through member checking. During the data analysis, I discussed the emerging themes with three of the original informants as well as asked them to read several of the transcript passages to verify the accuracy of the transcribed interviews.

Dependability. To address the issue of dependability, I attempted to describe the research design as well as the steps that were taken during the data collection stage. Included in the addendum, I provided the template of the basic questions that were used

in the semi-structured interview format; I also saved the transcribed interviews that could be utilized to follow the iterative questioning used throughout the interview process. These steps were taken in order to provide as much detail of the processes undertaken within this study so that if the work was repeated using the same methods and participants, and under the same contextual environment, similar results would be obtained (Shenton, 2004).

Confirmability. I made every effort to ensure that the reported results from this research endeavor were truly the thoughts and perceptions of the participants under study rather than my own. As a necessary step to maximize confirmability within this study, I maintained an audit trail of thoughts and feelings throughout the interviews with participants as well as kept detailed notes within the margin of the transcribed interviews as the data analysis process was undertaken and initial themes were generated from the participants' interviews. As much as possible, I explained the general description of the themes throughout the results section and used verbatim quotes from the participants to support the development of that particular theme.

Transferability. Finally, the issue of transferability is a tenuous one within qualitative inquiry. External validity is concerned with the extent to which the findings of one research study might be applied to other situations (Merriam, 2009). In positivist work, one of the responsibilities of the researcher is to demonstrate that the results of the work can be applied to a wider population. Because the results of a qualitative inquiry are specific to a small number of individuals in a specific contextual environment, it is difficult to demonstrate that the findings might be applicable to other populations or situations. Lincoln and Guba (1985) argued that it is the responsibility of the researcher

to provide enough description of the contextual circumstances so the reader can make such a transfer. Based on this argument, I attempted to provide enough thick description of the participants' views regarding this phenomenon in order to enable the reader to compare the circumstances of these participants within this phenomenon to other situations they have seen emerge in their own environment.

Results

Six themes were generated from this research as well as the quotes from participants that supported the development of these themes. Each theme describes the unique perspectives of these RN to BSN students within the educational process as well as their reintegration into professional practice. Also included in this section are the demographic data of the participants to provide a greater understanding of the nurses and provide a glimpse into the educational process of RN to BSN students.

Participants for this study were chosen based on inclusion criteria. All had graduated from their RN to BSN program from 2008-2010 and were currently employed in the healthcare setting. Data collection was terminated when no unique themes were generated from the interviews and I believed that saturation of the data had been met. At the completion of data collection, 10 RN to BSN graduates had shared their experiences with me.

The participants in this study ranged in age from 29-59 (mean was 46.5) years old. All of the participants had originally received an Associate of Applied Science degree in nursing; none of the participants was originally granted a diploma in nursing. For the participants in this study, the average time they had worked in nursing prior to returning to academia for the baccalaureate degree was 17 years (range was 4-36 years).

A majority (80%) of the participants worked in the inpatient healthcare setting, while only 20% were employed in the outpatient setting; one individual was a school nurse and the other worked as a community case manager. Of the participants who were interviewed in this study, 60% had chosen to change jobs following the completion of their BSN education, while 40% remained employed in the same setting following graduation.

Findings

Theme 1: Connecting the Dots Between Theory and Practice

This theme stemmed from the informants' overwhelming emphasis on the ability of the program to further inform their nursing practice. Although many of these nurses had worked in healthcare for 10 years or longer, they felt specific activities within the program allowed them a heightened understanding of professional nursing practice. Specifically, these students believed that the clinical practicums within the program were essential in helping them bridge the information they were learning in the classroom with the actuality of practice. Lindsey referred to this mental bridging as "connecting the dots" between didactic content and the day-to-day reality of the nursing profession. The informants for this study all participated in a leadership clinical experience as well as a community health practicum while in the RN to BSN program. They felt both experiences were paramount in allowing them to gain a greater understanding of many of the foundational concepts they were learning in their online program.

Within their leadership practicum, students discussed the myriad of opportunities that were available to them such as case management, nurse managers, and advanced practice nurses, as well as the various areas of nursing they were allowed to explore

within professional nursing practice. Even for nurses who perceived themselves as nursing leaders, they understood quickly that the opportunity to learn was pervasive. Lindsey admitted she was somewhat skeptical regarding the extent of learning that was possible in her leadership experience:

> Some of the things like management; I'm thinking what are they going to teach me about management? This is what I've done for a long time. I loved that part of the program. I used it even while I was in the program. Some of my presentations to my staff and the way I dealt with staff really changed while I was in the program and has continued to change since then…. I know I am a better manager now that I have gone through this whole program.

Nurses who had not been in leadership roles prior to their baccalaureate program also began to understand the implications of understanding leadership theories and organizational models in order to enhance the professional nursing environment. As Heather explained, "I think that nurse management was what really struck me. There was lots of talk on how to manage people, and how to look at different groups of people; work with them and for them".

Community health practicum experiences were another opportunity for revelations within the RN to BSN program. Overwhelmingly, students voiced a newfound appreciation for this area of nursing practice. Even when students admitted they had no desire to enter this particular area of practice, they were impressed by this vastly different area of healthcare and how it impacted most of their activities in the acute care environment. The knowledge gleaned within the community health environment changed the care they were able to provide to hospitalized patients. Lindsey said,

> That community piece is huge. I think I am a step ahead of a lot of our staff because they were just like I was. They haven't done anything with community nursing. So, when we are trying to tell them that they need to get their resources lined up before the patients leave, it's all…I mean they don't even know what we are talking about.

They began to realize the interconnectedness of the healthcare system and the implications for patients when they were able to move fluidly amongst the various levels of care available.

Other students discussed learning about various conceptual areas within their community health practicum that had applicability across all healthcare settings in which a nurse is employed. They discussed their ability to use that knowledge in whichever area of nursing they chose to work in their professional futures. For example, Madison stated that she had a unique experience within her community health practicum changed her perception of death and dying for the rest of her career. During her clinical rotation, she was able to take the content from her death and dying class within the program and apply it directly to patients when she worked in a pediatric hospice and palliative care unit within the Children's Hospital. She was then able to take those experiences and apply them in her current work environment--the intensive care unit.

Community health practicums also gave students an in-depth insight into potential activities patients can engage in at an early point in the health-illness continuum that could change their illness trajectory long before they needed to enter the acute care setting. Heather discussed her feelings regarding community health:

> I've worked in the hospitals for years now and got to the point where I felt like the people, the pediatric patients that I was working with are sick, and almost past help at some point. Whereas when they are in the community, or in the schools, they are healthy and they are happy, and in their normal calm environment; I can give them two simple facts that may or may not completely change their lives…. So I think I can make a bigger difference in educating inner resources at that point in their lives.

Other informants discussed various learning activities that allowed them to connect theory with their practice situations. Louise discussed the extensive work she

did in preparation for writing a Change Paper. Students were tasked with creating a project in which they developed and implemented change within their practice environment. She discussed feeling uncertain about the possibilities for change and admitted that her mind was originally "blank" as to what she could accomplish. She began working with her supervisor and a committee to implement barcode medication administration in her hospital. She stated,

> So, I was in on the very ground floor and I felt like by doing that paper, and doing the research; finding out what other hospitals had done, I was very helpful in going through that process. Setting it out and bringing the stakeholders around to the fact that it was going to happen and providing encouragement, cheerleading, elevator speeches. The whole thing; I just felt like I was so much more prepared….from doing that one paper.

Her example of this project discusses the integral link between coursework and the realities of practice. Students are able to take abstract concepts and apply their newly developed knowledge into the professional nursing workplace with advantageous results seen by both the student and their practice environment. The students consistently emphasized that specific learning activities, primarily their clinical practicums, were essential for the extension of their learning into practical knowledge that could provide a benefit to patients whom they cared for on a day-to-day basis.

The theme of *Connecting the Dots Between Theory and Practice* is one that was also seen in the literature regarding RN to BSN students. Specifically, Asselin (2011) reported similar results in her research regarding this student population and their ability to link course knowledge to clinical practice. Asselin's study asked students to use reflection strategies to link theory and practice; the ultimate themes generated by her research were similar. Within the Asselin study two particular themes were similar to the current study--*Percolating Insights* and *Blending Insights into Practice.* The theme

Percolating Insights discussed how students, as they made sense of their clinical situations, began to have "aha" moments and emerged insight into their own clinical situation. She shared situations in which students were able to think about their nursing actions and compare them to the discussions they were having in their didactic coursework; the end result was that they recognized they could make potential changes in their practice to achieve better outcomes for patients. *Blending Insights into Practice* was also a theme within Asselin's research that paralleled the results of the current study. Within the Asselin study, participants described how they had used insights they had gained through their coursework to change their practice, while others described an intention to differ their practices in the future. In both the Asselin study and the current research findings, the RN to BSN students were able to reflect on the content learned within the program, their actions in the clinical environment, and determine areas where there was potential need for improvement or where their actions might be enhanced by their new knowledge. In both cases, the connection between theory and practice was apparent and students were able to actualize the didactic content in the clinical setting.

Morris and Faulk (2007) also described similar findings in their research on professionalism in RN to BSN students. Within their study, students were asked to discuss learning activities they associated with increased growth of nursing roles and professional values. Similar to the current study, the results of the Morris and Faulk study highlighted the leadership-management preceptorship as well as the community assessment activity as specific activities that led to greater learning and an appreciation of how the information taught in the didactic setting manifested in the clinical environment. Students discussed how these learning activities enhanced their understanding of the

concepts of advocacy and educator. Similar to the current study, they were able to bridge theory and practice with the potential of changing their practice.

The theme of *Connecting the Dots between Theory and Practice* emphasized these participants' views that their education had the ability to transform their professional practice. Their views were consistent with Mezirow's (1991) theory of transformative learning. Transformative learning allows people to transform their worldview and enables them to see things from a new perspective and potentially modify their actions within their professional environment. These participants discussed specifically how they were able to learn new information and develop a heightened awareness of the professional nursing culture with the potential for making changes in their own practice.

Theme 2: Emotional Evolution

Many of the students described a dramatic change in their emotional state as they progressed through the program. The impetus for returning to school for a baccalaureate degree was different for each student but many discussed the uncertainty and fear they experienced as they returned to academia. The students graduated with a different set of emotions and walked away from the experience with a renewed sense of purpose and an increased confidence in their nursing skills and knowledge.

Savannah discussed the negative emotions she originally brought with her into the RN to BSN program. She was working in a practice environment that was highly competitive and her perception was that the colleagues she worked with felt her associate degree in nursing was inadequate to prepare her for case management activities and to supervise the care of complex patients. She entered school with a generally negative

attitude and was skeptical about the ability of an educational program to add to her

professional demeanor. She said, "When I first started at ----------- ----------, I was

getting my BSN so I could have more letters behind my name and didn't give it a lot of

respect. Since then, my thoughts have 'definitely changed'". She discussed her feelings

following her graduation by saying, "I am thrilled that I did it even though I was dragged

into it kicking and screaming. I know now that there's a bit more credibility to it. It

changed me mentally and my trust in myself, that I could do these things".

Burdie discussed that the original fears she experienced as she entered the

program were quickly diminished as she began to encounter successes in the learning

process. She said,

> I was in awe that I actually made it through. I think that furthering my education, for me, was very much a dream. It's a personal achievement and I feel that nurses; that the more education they have, induces a sense of pride. When we take pride in our education…it is easier to take pride in the work we do and to give to those around us. It reinforced my passion for nursing.

For other students, they discussed the change in their emotional state. The bachelor's

degree decreased their insecurities regarding their current nursing position and they

began to feel confident that they were qualified for their nursing roles. Lindsey admitted

that she had been in her leadership role for over 10 years but "felt guilty all along that–I

felt a little guilty that I was in the position I was in without the degree to support it". She

felt that she needed her degree to stay in her management position but that the

educational process affirmed her commitment to nursing and the acute care organization

in which she is employed.

Louise discussed the evolution she went through while in school:

> I do believe that I've grown a whole lot just since I started school. I have become more aware of what it is like to be a nurse. I had never even heard of evidence-

based practice before I went to school. Now, I'm, you know, part of it. I am doing research. I just feel like the whole nursing part of my life has changed. I am definitely more involved.

She discussed how the RN to BSN program encouraged her to become more outgoing in practice. She is more confident in her ability to discuss issues with her peers and she felt that the biggest change in her professional demeanor was her transition to becoming more of a leader in the workplace rather than a follower.

Each of the participants within this study had a unique emotional journey as they progressed through their nursing program and transitioned back into practice with newly developed perspectives and a different emotional baseline from which to practice. None of the informants believed they had completed the program as the "same" nurse as they were when they entered the program. In a short period of time, they had experienced a myriad of emotional changes that allowed them to look back on their educational program with a sense of "awe" and an appreciation of their personal efforts toward growth.

The theme of *Emotional Evolution* was one I did not find in the corresponding literature. Although many studies examining the phenomenon of RN to BSN education have discussed specific emotions related to the overall educational experience, they were more focused on barriers and incentives to entering and continuing on in the program. For example, Megginson (2008) reviewed a myriad of variables RN to BSN students perceived as barriers or incentives to their education; however, in this particular study, the focus was on students' fear and how that was one of the major barriers to students choosing to return to academia. The Megginson article discussed the emotion of pride and the students' feelings that they had achieved a personal goal once they had completed

their BSN degree; this particular theme was the closest parallel found to the theme generated from the current research.

Delaney and Piscopo (2007) also discussed a theme that centered on the emotional status of RN to BSN students, *Confronting and Conquering Challenges*. Within the Delaney and Piscopo study, the students voiced frustrations at the administrative processes necessary for them return to school. The students also discussed the negative reactions they encountered in the workplace from their colleagues when their co-workers realized they were returning to school as well as the positive support they believed they received from the peers within their academic program. Although other research in the literature has discussed the affective experiences of RN to BSN students returning to school, none detailed the emotional evolution specifically discussed by many students who participated in this current study.

Theme 3: Opening Doors to New Opportunities

A majority of the participants perceived that the transition to the baccalaureate degree in nursing had the opportunity to open doors for them both educationally and professionally. Regardless of whether they continued to work in the same healthcare environment post-graduation, they believed their opportunities were increased by the new educational degree. Some described the potential for new opportunities as a "safety net," if they were employed in a positive work setting, or as a "way out" of a negative work setting.

Although Brittany continued to work in the hospice setting after graduation from the BSN program, she discussed the motivations for returning to school:

> The reason I went in to get my bachelor's degree was because I think it-–that it made me marketable. I think it's the wave of the future…that the RN is pretty much the same status as an LPN used to be. So, I think in order to move on in any nursing career, I think it is best to have your bachelor's.

She further discussed her belief that the baccalaureate degree gave her a "step ahead" of other associate-prepared nursing candidates in whatever career path she chose. She described how the completion of the RN to BSN demonstrated her stamina and her ability to manage time and multiple commitments.

Maria also discussed her thoughts on the prospective opportunities that completing her baccalaureate degree might afford her in the future. She believed that having a bachelor degree might "open up doors for whatever I want; to maybe change careers in nursing. It might help me further my education". She felt as if there were more opportunities to explore in nursing such as case management or information technology, and that education was the path that could lead to changes for her in the future.

Jake discussed those same sentiments when asked about his feelings regarding the BSN. Although he had been in a management position for several years and was overall very happy in his current position, he understood the implications of obtaining his baccalaureate degree. He said,

> The bachelor's is the minimum degree necessary for my job right now. For future opportunities, I wonder if other places, if I wanted to move onto somewhere else, would they hire me in this role? If I were to leave here with only an associate degree, I don't think most people would consider me.

He talked about the process of learning throughout the program and was excited to be learning new concepts and theories he could take forward into new opportunities in his

nursing career. He discussed the security of knowing that he was not "stuck" in one institution simply because of his educational degree.

Megginson (2008) discussed a similar theme in her research regarding the barriers and incentives to RN to BSN education. Within her study, *Looking Forward: Continuing to Work with Options* was a parallel theme to *Opening Doors for New Opportunities* within the current research endeavor. Within the Megginson study, participants described the experience of evaluating the trajectory of their professional lives and determining that, if nursing was their life's work, their opportunities in the future might be enhanced with a BSN education. They discussed the physically demanding role of the staff nurse and many believed they would not want to continue as a primary caregiver for the duration of their career. They also realized that many nursing positions, such as upper-level management positions, would require a BSN to progress. Similar to the current study, these nurses conveyed a "desire for freedom" (Megginson, 2008, p. 50) from their current positions and understood that the BSN education was one avenue to making new transitions in their nursing careers.

Theme 4: The Workplace "Push"

For the informants within this study, one of the driving factors to return for their baccalaureate degree was the workplace in which they were employed immediately before going back to school. For many, the workplace was a positive force in their decision to return to school. Many of the nurses discussed that their workplace provided some type of financial support, primarily in the form of tuition reimbursement. In other cases, nurses felt that the financial incentives helped them to make their decision but it was the emotional/mental support from their nursing supervisor or hospital administration

that was considered of paramount importance. Unfortunately, informants also discussed

the negative workplace in which they were employed as a factor in helping them make

the decision to return to school. For them, completing a bachelor's degree was a way to

escape from their former work environment. In either case, all students interviewed

discussed their workplace as one factor that helped them make the ultimate choice to

return for the baccalaureate degree.

Burdie discussed the positive impact her workplace had on her decision, not only

to go back to school but also the motivation it provided while in the learning process.

She said, "I wanted to believe that I could do this and I felt very thankful to the hospital.

When I first started, I was more worried about making it through for the hospital and not

letting all these people down". She explained that there was an increased cohesiveness

amongst her professional peers as they progressed through school:

> You just have to keep putting one foot in front of the other and it's not just about you. It is about everybody as a whole. And that's what I enjoyed about this bachelor's program; it wasn't just about me. It was about each of us striving for and helping each other long the way.

Louise echoed those sentiments when she discussed the positive role her

workplace had on her decision to return to school. She felt strongly that the tuition

reimbursement supplied by the hospital was a strong initial driving force in returning to

school but the support throughout the process was important as well. She said,

> At this point, now that I do have my BSN, I can't imagine being a nurse without it. And I think the hospital believes that too; that it's so important and the education is so important if you want to have good nurses. The more education… the better. I think the hospital was really encouraging and is still encouraging us toward education in order to have really good nurses at the bedside.

Louise discussed her current work environment and the obvious support their nurses

received when they considered going back to school. She believed that more nurses

would contemplate going back to school if they understood that their supervisors would

support them by being flexible with their scheduling as well as being responsive to their

needs while in school.

As a clinical manager, Lindsey felt very little pressure but she did experience

immense support from her hospital administration to return for her baccalaureate degree.

She compared herself to other nurse managers in her hospital, saying,

> There were several that chose not to go into this program and they still have their jobs. So, it is not like she (Director of Nursing) said you had to do it, but I felt a little pressure. But the support piece was huge. Not only support from the administration at the hospital, but financially, and providing clinical experiences. I probably would have finished the program without that, but it sure made it easier.

She also discussed the support of classmates: "we would get together and just solidify

each other's feelings and laugh a lot, and, you know, remind each other what was due on

Thursday". She felt as if the hospital was a determining factor in returning to school and

remained a steadfast support throughout the entire process.

Other informants within this study had different perceptions of their workplace

and its impact on their decision to return to school. Although they admitted their former

work environment was a major factor in going back to school, it was because they were

unhappy with their workplace situation and wanted a way to leave. Brittany discussed

her prior work situation by stating, "I was kind of unhappy because I wasn't doing any

hands-on nursing and I didn't want to look for another job with my ADN. So, that kind

of played into my decision". She went on to explain, "So I am glad I was unhappy in my

job because it did kind of push me on to continue with my education. In a way, it was a

good thing".

Savannah was much more frustrated with her job at the time she chose to go back

to school and felt that her negative work environment was a major impetus for returning

to school. She said,

> I was reminded frequently that perhaps my schooling was not adequate enough
> for me to contribute to discussions or decisions. I was frequently questioned
> regarding my performance. I was able to leave that company behind. The
> company that I work for currently is very validating.

She further explained that the information and skills she learned within the RN to BSN

program were "empowering" and had given her the confidence to work with many

different clients and peers in her new work setting.

In the literature, Delaney and Piscopo (2007) discussed the workplace role in

promoting RN to BSN students to return to school. Contrary to this study in which very

few nurses felt overt pressure to return to academia, the results of the Delaney and

Piscopo research had examples from nurses who were actually told they would need to

achieve their BSN degree within five years to keep their mid-level management position.

The perceptions of the participants in the Delaney and Piscopo study were much different

than the descriptions of the nurses in the current study--none were actually told they must

return to school for the baccalaureate degree or face losing their job.

In the Megginson (2008) research, the workplace role was also discussed and

more closely paralleled the results of the current study. Megginson described the theme

Looking for support: Being encouraged by contemporaries to return to school as

participants discussed the positive role their workplace peers had on their decision to

return to school. Many had colleagues who had already successfully completed RN to

BSN programs and provided encouragement to initiate the process. In the current study,

the discussion of participants also focused on the support of peers but more from the

viewpoint of peers they encountered throughout the education journey. Many of the participants in this study also discussed the considerable impact of immediate supervisors and the hospital administration on their decision to return to school, with the majority discussing the positive nature of that impact.

Theme 5: Perceptions of Professionalism

Discussing the concept of professionalism with these informants was enlightening because each and every nurse defined themselves as a professional prior to returning to school for their baccalaureate degree. Although each of them described being a professional in different ways, they entered the RN to BSN program with the self-perception of being a professional; however, almost every one of them had different views of professionalism following graduation. Louise described her thoughts on professionalism:

> I just feel like so much more, even as a bedside nurse, which is where my passion is. I have just grown so much and I am so much more involved now. And none of that would have happened (without the RN to BSN program). I would have stayed at the bedside just focused strictly on patient care and the skills, hands-on skills, without going out into the community, going to meetings, going to classes, going up the clinical ladder. It has made a huge difference.

Louise went on to describe her efforts on the professional nursing council of her hospital and her seminal role in researching and presenting information on barcode medication administration as the hospital began that change process. She was "able to go and look at the research and find evidence-based practice that I would have never even conceived of doing before I started this program". Her professional efforts were instrumental in leading her hospital through change and she attributed this increased professional demeanor to her educational experiences.

Jake discussed his perceptions of professionalism and what he believed his immediate supervisor and nursing director would say about his professional demeanor: "I think they'd be supportive of my current practice and my professionalism. I've always kind of prided myself on being professional, but I think it (RN to BSN program) added to it. I would think they would say it was enhanced". He later explained that he has had many opportunities to discuss his professional development with his immediate supervisor and she candidly voiced her observations that Jake had "evolved as a leader" and showed "immense potential" after completing his baccalaureate program.

For Lindsey, completing this level of her education changed the way she discussed professionalism with her staff and the various activities she promoted for her staff to participate in for their own development. She discussed that prior to the RN to BSN program,

> I really never encouraged them strongly to become orthopedic certified because I didn't really see the benefit in that. It wasn't that I disagreed with it; I just didn't see any reason to do it. When I was in that portion of our program and I was – learning about involvement on a bigger level than the place you work, I started really encouraging them. We now have nine that are orthopedic certified and four more that are going to class in April. Does their patient care change at the bedside? It probably does a little bit. I don't know. I don't know how to measure that, but the information that they bring to their peers and teaching to the patients has changed.

Her increased knowledge of professionalism not only changed her interactions with staff and patients but it had further implications of increasing the professionalism of her staff and changing their views on professional certifications and involvement in professional organizations.

Brittany discussed professionalism working in the hospice environment before going back to school: "I deal with a lot of stressful situations every day and I always try

to keep it on a professional level. I think my job is not only taking care of the patient, but more so taking care of the family because I want it to be a good experience for them."

She went on to discuss how continuing her education changed her professional demeanor:

> Well, I think it all goes back to discipline. I think just getting my BSN made me a better nurse. There was always something new that you learned and somehow it creeps into what you do daily. I mean, I can't really pinpoint any specific thing, but I can say that I think I am probably more professional now because I matured more, but I do think that I am more professional now that I have my BSN. You know, once you work that hard to get it, then you try to keep it like that.

During our discussion, it was clear that she grappled with her thoughts on the change that had taken place in her professionalism after completing her baccalaureate degree; she believed there was a difference but had a difficult time articulating exactly what had changed in her practice.

Interestingly, one informant did not perceive a difference in her professional practice as a result of completing the RN to BSN program. When asked about her feelings, Judy said,

> Well, I am not sure there has been a big evolution. When I started, it was something I wanted to do for a long time and life had kind of gotten in the way along the years. During, I did feel very challenged working full-time plus a call load; that I wasn't really giving one hundred percent to school or work or certainly not family time.

When asked about this statement in a later interview, she discussed the fact that she already perceived herself to be a professional prior to entering the program so she did not recognize a "significant change" in that area of her workplace demeanor. Despite feeling as if there was relatively little change in her professionalism after completing the RN to BSN, Judy's professional nursing status has changed dramatically since graduating: she has since become the director of a major patient care area and is responsible for service over five departments and approximately 100 employees. She has also begun taking

coursework toward an advanced degree in nursing. She did admit that it changed her

professional opportunities and her ideas regarding new hires in her department:

> Well, it certainly helped because I couldn't have gotten my current position
> without. It wasn't something I started out to do. My director had left sort of
> unexpectedly and I was offered the position. I think now as I hire people, I
> certainly give preference to nurses that do have a BSN and I think it is something
> that probably should be a minimum requirement for entry into practice. I know
> that has been a battle that has gone on for years and years, but I think for nurses to
> be respected professionally, that just needs to happen.

So Judy, despite marked changes in her professional career path after completing her

BSN, was the only nurse to discuss that she perceived little change in her professionalism

as a result of continuing her education.

The concept of professionalism and the perceptions of RN to BSN students

regarding any changes in their professional demeanor as a result of their increased

education have been discussed in several studies in the research literature. Morris and

Faulk (2007) reviewed the idea of perspective transformation and the development of

professionalism in RN to BSN students. That study examined whether there were

resultant behavioral changed in professionalism for returning adult RN to BSN students.

Using a survey tool, Morris and Faulk determined that three months post-graduation,

students perceived themselves as having increased collaboration with health care team

members, more confidence in the role of teacher for patients and families, increased

patient advocate, and further awareness of and participation in the political process.

Although the current study did not seek to look at specific attributes of professionalism,

participants were articulate in their beliefs that they perceived an increase in all of the

previous professional behaviors.

Although the Megginson (2008) study did not specifically address professional

behaviors as an incentive for achieving the BSN degree, her research discussed the theme

of *Others Looking at Me: Believing a BSN Provides a Credible Professional Identity.*

The results from the Megginson study demonstrated an overwhelming group that entered

the BSN program with the idea that the BSN would provide them with inherent respect

based on this elevated educational level. All of the participants agreed that they felt less

credible prior to receiving their baccalaureate degree in the professional sense when

compared to BSN registered nurses. This sentiment was also echoed in the current study

--multiple participants felt they needed the BSN to give them credibility in their current

nursing management positions. In both the Megginson study and the current research

endeavor, participants consistently voiced that they wanted the BSN because they

believed it would be required for professional level status as well as upper management

nursing positions at some point in their lifetime.

Professionalism was also examined in the Cragg et al. (2001) study. The Cragg et

al. study looked at perspective transformation, specifically focusing on whether or not

nursing students could enhance their professional values when education is carried out

through distance education. The Cragg et al. study was especially poignant when

discussing the development of professional values for RN to BSN programs because a

majority of these educational programs are currently delivered via distance education

rather than a face-to-face traditional classroom. Cragg et al. discovered that the influence

of experience, in terms of both years since graduation as well as full time work status,

were increasingly important in helping RN to BSN students develop enhanced

professional attitudes. They also found that distance education students had higher scores

on their professional values survey when compared to RN to BSN students who participated in onsite classrooms for their education.

Changed attitudes and values are among some of the desired outcomes when RN to BSN students return to academia for the baccalaureate degree. Although the research literature has evaluated the concept of professionalism in the relatively recent past (Cragg et al., 2001; Megginson, 2008; Morris & Faulk, 2007), it became evident in these studies, as well as in the current study, that RN to BSN students perceived a difference in their professional demeanor following completion of their baccalaureate degree and were able to cite specific instances in which their practices had changed in a positive manner.

Theme 6: Seeing the "Big Picture"

One of the most predominant themes generated through these interviews was the informants' realization that their nursing knowledge had been enhanced. Although most felt they were competent professionals prior to entering the RN to BSN program, they graduated with a new perspective on their healthcare experiences. Louise described the transformation in her patient care:

> My perspective is just night and day as to what it was before. Before I came to work every day, I felt confident in my skills and knew I had to give pills, start IVs, do care plans, and that is pretty much where it was. Now, I know that there's a lot more out there and what we have been doing for thirty years may not be the best way to do it now. I know where to go and find the information that I need. My competence has changed a lot.

She discussed the fact that she is much more confident working with her peers and helping them to understand different policies and procedures. She also believes that she is more apt to question certain practices and look for new information as to how patient care can be changed to lead to quality outcomes.

Maria shared similar remarks about her education and how it changed her view on healthcare in general. She said,

> It actually opened my eyes a lot about different things going on now with the healthcare reform and just about changes going on, and issues throughout the whole United States. How do you basically take care of these underprivileged people or people who have no insurance? Trying to address those types of problems…so much is preventative care. It provided so much more as far as understanding what I do on the floor, understanding the whole issue, not just focusing on the clinical skills, but more of the whole picture of the community versus what I see just in the hospital.

She discussed that she became interested in the community health activities that she experienced while in the RN to BSN program; her ultimate goal was to leave acute care and begin to work in the outpatient setting; hopefully working with clients in health promotion activities.

Since completing the RN to BSN program, Savannah has begun teaching nurse aide students and discussed that "99% of them" are going into nursing programs; hey often ask her which program they should enter--associate degree or baccalaureate. She has changed her recommendations to students, saying,

> That has influenced me a lot differently than I thought it would have. In the past, I think I would have just said go to a community college, and you are good to go for the rest of your life. Now, I recognize that, not just for job potential, but for their own practice, that is imperative that they get their bachelors. I think, not just for their practice clinically, but for their practice, to be able to think more broadly. I don't think I came out of my community college setting thinking the way that I think now. I think my experiences and taking care of patients is very different.

She believes that completing the RN to BSN program has changed the way she teaches entry-level healthcare students. She attempts to help them see that there are many different variables that affect a person's health and works to impress that upon the students daily.

Jake discussed his skepticism regarding the RN to BSN program prior to beginning his educational journey. He was not entirely sure that going back to school would make a difference in his practice; however, that thinking changed as he went through the process. When asked what he would tell an associate-prepared nurse contemplating going back to school, he said,

> I would say it is totally worthwhile. Especially if it is somebody that has been working for a while, I think that they may not understand the sense of what it means until they actually get into it and start doing the program that it really does make a difference. I used to think the same as every other nurse and it doesn't make any difference. Now, I can definitely say that it does make a difference. It think it just gives you a much more rounder perspective on things. You get to really understand the depth of looking into things and to study, and just doing more research and putting the pieces together. So, I would say it is definitely worth doing even if you can't see it before entering in.

He discussed the excitement of learning new things and the inspiration his baccalaureate education gave him to continue: "So, I think you do get sort of stagnant in your career if you are not doing more education. It's more to stimulate your brain to think and to just look at things in a different way". He believes he has always been a proponent for further education and, after completing the RN to BSN program, feels it provided him much more than he originally anticipated.

Although many research studies in the literature have discussed the outcomes of RN to BSN programs, very few have provided insight into the idea of nurses becoming more aware of the "bigger picture" as the students in the current study described. Most studies focusing on perspective transformation specifically looked at the professional beliefs and values of nurses post-graduation rather than on the actual outlook and practice of nurses after they had reintegrated into clinical practice.

Delaney and Piscopo (2007) were one of the few studies that described

Envisioning the Whole and the changes their participants described as a result of their

educational experience.   Almost all nurses in the Delaney and Piscopo study felt they

were able to see the bigger picture and considered this the most significant result of their

education. They voiced awareness that there was a larger context to their nursing

practice. Similar to the current study, nurses were able to see beyond just the patient and

understand that the family was part of the care dynamic; they needed to provide care to

all members of the family unit. They had also reached a greater understanding of the

myriad of variables that affect a patient's health status and the vast amount of resources

available in the community to assist in disease prevention and health promotion activities.

For many nurses, this was the first time that they understood the implications of public

policy and healthcare reform issues, and how they played a role in the health of

individual patients.

The theme of *Seeing the "Big Picture"* was also supported by Mezirow's (1991)

theory of transformative learning. Each of the participants in this study discussed the

changes in their professional viewpoint as a result of their education. Mezirow discussed

the idea that students have the ability to revise their understanding of the world but that

this revision often occurred within the learners' current frame of reference. This

transformation was discussed by these participants as they began to see their nursing

actions from the perspective of a larger lens. They were able to view patient care

experiences with a newly developed appreciation for the broader context of the healthcare

setting.

In summary, these RN to BSN students shared their thoughts and feelings about their educational experience and the effects this journey had upon their professional practice. Most were surprised by the evolution that occurred as a result of furthering their education and were able to express candidly their perspectives on this process. Their perceptions regarding the completion of their baccalaureate degree provide a unique view into the experiences of these students as they transition from associate degree nurses into baccalaureate nurses and continue practicing as competent professionals in a variety of healthcare settings.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter further discusses the research findings of this study as well as the potential impact on the profession of nursing. Limitations of the study are considered along with an exploration of future research activities that could increase our understanding of RN to BSN students. The lived experiences of RN to BSN graduates within their educational experience and their subsequent reintegration into professional practice offer much information about the current academic environment of RN to BSN programs. The stories of these nurses as they shared their experiences within their baccalaureate program and then reentered the healthcare setting provided us with valuable knowledge about their professional development as well as information for nursing academia, so that every effort is made to promote the success of these nurses.

Discussion of Research Findings and Implications

Findings of this research study suggested that RN to BSN students experienced an array of mental and emotional transitions as they progressed through their educational program. As they completed their baccalaureate degree and assimilated back into the healthcare setting, they underwent a professional transformation that was remarkable to almost all of the participants interviewed. The experiences discussed by these RN to BSN graduates offer the nursing profession a forum to discuss issues such as curriculum

development that promotes the transition of associate degree nurses into baccalaureate prepared nurses, the importance of support from the workplace as nurses return to academia for their baccalaureate degree, as well as opportunities to support the Institute of Medicine's (2010) 80/20 initiative within the nursing profession.

The themes of *Connecting the Dots Between Theory and Practice, Emotional Evolution, Opening Doors to New Opportunities, The Workplace Push, Perceptions of Professionalism, and Seeing the "Big Picture"* were found to be common among RN to BSN students. These themes are consistent with much of the literature on nurses returning to the academic environment for an undergraduate degree as well as research that has reviewed the role of nursing curriculum on the professional development of the nursing workforce.

**Connecting the Dots Between Theory
and Practice**

The first theme that emerged from the participants' experiences focused on the idea that each nurse believed specific activities within their educational journey were increasingly responsible for their heightened awareness of professional practice and their ability to bridge the theoretical content learned in the RN to BSN program with the realities they saw daily in healthcare. They provided candid descriptions regarding their leadership and community health practicums and how these experiences were especially poignant in helping them "connect the dots" between theory and practice. Similar to findings from the Asselin (2011) study, participants discussed specifically how the knowledge gleaned within the academic environment provided them with new insights they were able to take into their professional practice.

Participants within this study discussed some of the critical aspects of the RN to BSN program that fostered their understanding and assisted them to bridge the distance between what they learned in the classroom and how that materialized in the healthcare setting. As our nation works to increase the number of baccalaureate nurses within our profession, programs are making changes to facilitate the movement of nurses into and through RN to BSN programs. One of the potential tendencies of academicians could be to eliminate practicum experiences in the hope that this would decrease the amount of time necessary for each student to complete the program requirements. Based on the information provided by these students, that decision could produce unintended negative consequences. The perspectives shared by these informants emphasized the need to maintain the clinical practicums within RN to BSN programs and underscore the importance of those experiences in the transformation of nurses returning for their baccalaureate degree.

Emotional Evolution

Most of the participants within this study discussed the changes that occurred in their emotional state as they progressed through the educational process. Many openly admitted that this evolution came as quite a shock to them. Although they entered the academic environment with skepticism, they discussed the feelings of accomplishment and pride as they graduated from their RN to BSN program. Following graduation, they described a difference in their self-confidence as they carried out patient care activities in which many had participated for years. Almost every nurse believed they left their educational experience as a different nurse than they were when they entered just 18 months before.

The theme of *Emotional Evolution* is one that was not specifically found within the RN to BSN literature. As nurses return to school, there is ample research (Delaney & Piscopo, 2004; Megginson, 2008) to document the fear experienced by adult students as they consider entering baccalaureate programs. There is also research discussing the various emotions students experience as they navigate through RN to BSN programs (Delaney & Piscopo, 2007) and encounter either support or negative reactions from workplace peers, friends, and family members. I found no research to chronicle the emotional transition of students from start to finish of a RN to BSN program.

Although most educators would probably be optimistic in their belief that students would evolve emotionally throughout their educational experience, interviews with these participants confirmed that there is immense potential to produce affective change in RN to BSN students. This theme provided concrete information about a relatively intangible aspect of nursing professionalism--the emotional health of the nurse. *Emotional Evolution* speaks to the ability of nurse educators to assist nurses in understanding their unique experiences and transform to a higher level of emotional intelligence as a result of their education. In the Asselin (2011) study, the author used reflection strategies to link course knowledge to clinical practice. This same strategy could be used throughout the educational process to allow students to self-reflect on the emotions they encounter as they experience cognitive dissonance and begin to change their historical perspectives. Change can be met with a myriad of emotions ranging from outright hostility to open acceptance and integration into practice. The difference in these emotional responses can be profound for nurses as they return to school; nurse educators, through various reflective activities or other teaching strategies, have the opportunity to assist students to

finish the educational journey with a new sense of purpose and dedication to the profession of nursing.

Opening Doors to New Opportunities/
Workplace "Push"

Two themes found in this study that have been consistently discussed in the literature were *Opening Doors to New Opportunities* and the *Workplace "Push."* In the past decade, more healthcare facilities have changed their hiring practices to a philosophy wherein they prefer to hire baccalaureate nurses as opposed to associate degree nurses. In some particular acute care institutions, human resource departments have actually excluded the associate degree nurse when posting job announcements. Based on this climate shift, nurses have begun to understand the need for education beyond their initial associate degree and seek RN to BSN programs to safeguard their current positions. They also see the baccalaureate degree as entry level education for nurse management roles and the portal for higher education.

Based on this theme, nursing education has an opportunity to generate enthusiasm for a baccalaureate education. Rather than placing nurses in a position where they feel forced to return to academia for the BSN degree, nurse educators have the chance to present further education as a gateway to greater opportunities. This philosophy is consistent with the Institute of Medicine (2010) report that emphasized the need for increasing the percentage of baccalaureate prepared nurses to 80% by 2020. In the IOM report, they discussed the role of higher education institutions as well as community colleges in assisting this goal toward fruition. Unfortunately, the IOM did not specifically address the healthcare environment and its potential role as an impetus (or barrier) to achieving this goal.

Many of the participants in this current study discussed that they felt pressure from their current institution to return to school for their baccalaureate degree. Several others described their discontent in their current roles and the feeling that they would need to gain a higher educational degree in order to leave their workplace and find a more positive environment. From this perspective, all patient care systems have a role in motivating nurses to understand the need for ongoing education and to assist them in that endeavor.

The IOM (2010) report discussed that nursing education should "serve as a platform for continued lifelong learning" (p. 163). However, it is not the sole responsibility of academicians to create a nursing workforce that embraces education and understands the need for perpetual learning. The workplace has the opportunity to foster this thinking as well and encourage nurses in whatever means possible to continue learning. This support might take the form of tuition reimbursement or flexible scheduling to accommodate responsibilities associated with educational programs. Regardless of the manner in which workplace support is given, it must be evident to the nurses returning to RN to BSN programs or these nurses might perceive a lack of workplace support and this might have negative implications for their overall job satisfaction.

Perceptions of Professionalism

Every nurse interviewed within this study entered their RN to BSN program with an overall perception that they were nursing professionals and many believed there was relatively little that could be taught to them that would change their self-perception of their professionalism within the healthcare system. For most, there was a surprising

realization that at some point during the educational process, their views of professionalization had changed. Perhaps it was their comfort level in discussing difficult issues with peers or their involvement in hospital-wide nursing leadership teams, but almost all were able to describe a change in their professional practice as a result of their education and believed they were enlightened in a way that was unforeseen by them prior to the RN to BSN program.

This particular theme provided further insight for nursing educators and their prominent role in creating learning activities and class discussions that foster development of professionalism. At this time, professional values and behaviors are one of the key components taught in a majority of RN to BSN programs across the country, yet there is always room for improvement. The literature regarding professionalism in RN to BSN students (Cragg et al., 2001; Megginson, 2008; Morris & Faulk, 2007) focused on different strategies to maximize students' abilities to experience perspective transformation as a result of their educational process. One of the ways suggested to create this evolution was through various activities that create cognitive dissonance for the students. Cognitive dissonance is encountered when students experience unexpected events or disorienting dilemmas within their educational journey (Morris & Faulk, 2007). These events place them in a situation in which they are forced to evaluate their prior beliefs and former ways of thinking about particular patient care activities. Especially when students are encouraged to reflect through various avenues on these situations, there is greater potential for them to create new insights and alternative ways of thinking about familiar events. It then becomes the responsibility of nurse educators to create situations and reflection activities that foster students' abilities to experience cognitive

dissonance and develop new realizations that have the potential to transform nursing practice.

Seeing the "Big Picture"

Of all the themes generated through this research, the theme *Seeing the "Big Picture"* was the most prominent in the interviews with these students. Every nurse felt as if their professional competency had been enhanced as they moved through their curriculum, graduated, and remained in professional practice following completion of their program. Although their descriptions varied considerably, the overall idea that they could see patient care through a larger lens was common throughout. Many discussed specific areas of practice such as evidence-based practice initiatives, health care reform, community health concerns, and health promotion issues as topics they became much more aware of as a result of their baccalaureate education. They admitted that they were able to see beyond the immediate context of the patient care environment and understand the myriad of variables that affected the health of their patients. With this newfound knowledge, they believed they were able to provide better care to patients and perhaps assist them in creating quality health outcomes.

The idea of *Seeing the "Big Picture"* was not one found frequently in the RN to BSN literature. With the exception of the Delaney and Piscopo (2007) study, this particular theme was not described in relatively recent research. The idea that students believe their baccalaureate education has the potential to change their perspectives within the healthcare environment speaks to the strength and capacity of RN to BSN programs to shape the views of our current nursing profession. The IOM (2010) report discusses that the BSN is imperative in order to provide a stronger foundation for the nursing

profession, assist nurses in becoming more effective change agents, and help them adapt to evolving models of care. Nursing academicians need to remain focused on teaching germane content to students that they can use within their current practice. Continued efforts must integrate information in the curriculum that includes public policy, healthcare reform, and health promotion/disease prevention so that practicing nurses become more aware of the global facets of health beyond the individual care they provide to patients at the bedside.

Limitations

This study was conducted using participants who had graduated from a RN to BSN program within the past two to five years. Although using semi-structured interviews allowed the participants to guide the direction of the interview, uncovering the commonalities amongst the interviews was my responsibility as the researcher. Throughout the research endeavor, there was an attempt to determine themes within the data. However, at times, those themes were not readily apparent until heard multiple times. Future research could possibly be conducted in a focus group format. Benner (1994) discussed the idea that conducting research in carefully organized focus groups could allow other members within the group to recall or be reminded of similar situations in their clinical practice. Conducting data collection in a group format might allow RN to BSN graduates to generate new stories from other participants.

Understanding the experiences of nursing students as a result of their educational journey could potentially be enriched by interviewing nursing faculty regarding their perceptions of students' learning and the types of activities that appear to enhance the learning process. Instructors are often aware of student learning long before this learning

becomes apparent to the students themselves. Having stories from both RN to BSN students as well as nursing faculty who teach this particular group of students might shed more light on this phenomenon.

A majority of the participants (90%) were female; only one male nurse interviewed as a part of this study. Although this closely resembles the current culture of the nursing profession, having a predominant number of female participants might bias the study and allow almost an entirely female perspective to be heard. Male nurses might have different experiences within the educational process and might provide a unique insight into understanding the phenomenon of RN to BSN students as they return to academia for their baccalaureate degrees.

<p style="text-align: center;">**Contributions to Nursing Education**</p>

The educational preparation needed for entry into professional nursing practice has been the topic of debate for over four decades. This research has implications for the practice of nursing because it makes a contribution to the understanding of the phenomenon of RN to BSN education and the perceptions of graduates as they complete their baccalaureate degree and continue to practice as professional nurses. The nursing profession must work toward the goal of 80% baccalaureate-prepared nurses over the next eight years with thoughtful consideration regarding what it takes to assist nurses in becoming increasingly educated, both from the academic environment as well as the overall healthcare setting. Nurses do not return to school in a vacuum; their success in completing their baccalaureate degree depends on a number of factors often largely out of their control.

Future Research

This research has provided additional information about the experiences of associate degree nurses as they navigate the academic environment and attempt to use the knowledge gleaned from their RN to BSN program to make potential changes in their own practice. Future research has the opportunity to provide further understanding of this phenomenon in order to guide nursing academicians in continual efforts to foster the development of confident, competent professional nurses.

Further research in the area of RN to BSN program development and implementation has the opportunity to expand our understanding of which elements of the curriculum have the greatest chance to foster the integration of theoretical knowledge learned in the classroom into the practice setting to enhance patient outcomes. Focus must remain on outcome based competencies and the accumulation of knowledge germane to the student. There is also need to further understand the role educators play in supporting the emotional evolution of students as they transform into more fully developed professionals as a result of their educational experiences.

Qualitative research that looks at the experiences of nursing faculty in the teaching role of RN to BSN students also has the opportunity to further elucidate the educational process of associate degree nurses. Their viewpoint provides a different slant on the activities that enhance the learning of nurses and assist them in assimilating that knowledge into their individual practice environments.

Finally, the issue of workplace support and attitudes of nursing administrators must be assessed to evaluate the extent to which nursing leaders support the educational process. Future research on how the nursing profession can create a climate that truly

values education, not just giving "lip service" to the importance of education but developing an environment that fosters success and facilitates movement of nurses through the learning process.

Conclusion

This research has revealed that while the profession of nursing is working diligently to make strides in the ratio of baccalaureate to associate-prepared nurses, there is room for improvement. Despite the professional belief that nurses provide better patient outcomes when prepared at the BSN level, only a modest amount of research has focused on the perceptions of nurses at the completion of their educational journey to determine their perspectives on this important topic. We are at a crossroads of moving forward as a nursing profession toward a higher educational standard. This passion for education is fueled by our dedication to the patients we serve. That passion must also intensify our efforts toward understanding the needs of this unique nursing student population and ways we can enhance their educational experience.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVALS

Einhellig, Katrina

From:	Heise, Gary
Sent:	Wednesday, February 22, 2012 8:17 AM
To:	Einhellig, Katrina
Cc:	LaSala, Kathleen; Latham, John
Subject:	IRB

Katrina:

I am the second and final reviewer of your IRB application titled, Educational experiences and the professional reintegration of RN-BSN students. Thanks to John Latham for a thorough initial review.

I am pleased to inform you of UNC IRB approval, with one, very minor condition. Please add Dr. LaSala's name to the top of your consent document because she is listed as your advisor.

I wish you the best with your work,
Gary Heise, Ph.D.
Co-Chair, IRB

School of SES
Gunter Hall
970-351-1738

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UNIVERSITY of
NORTHERN COLORADO
Institutional Review Board (IRB)

January 25, 2012

TO: John Latham
        Monfort College of Business

FROM: Gary Heise, Co-Chair
        UNC Institutional Review Board

RE: Expedited Review of Proposal, *Educational Experiences and the Professional Reintegration of RN-BSN Students,* submitted by Katrina Einhellig (Research Advisor: Kathleen LaSala)

First Consultant: The above proposal is being submitted to you for an expedited review. Please review the proposal in light of the Committee's charge and direct requests for changes directly to the researcher or researcher's advisor. If you have any unresolved concerns, please contact Gary Heise, School of Sport and Exercise Science, Campus Box 39, (x1738). When you are ready to recommend approval, sign this form and return to me.

I recommend approval as is. _John Latham_ 2/7/12
                            Signature of First Consultant   Date

The above referenced prospectus has been reviewed for compliance with HHS guidelines for ethical principles in human subjects research. The decision of the Institutional Review Board is that the project is approved as proposed for a period of one year: 21 Feb 2012 to 21 Feb 2015.

Gary D. Heise 21 Feb 2012
Megan Babkes Stelline, Co-Chair   Date
Gary Heise

Comments: Add Mentor name & contact to consent docs

APPENDIX B

**CONSENT FORM FOR PARTICIPANTS
IN RESEARCH**

UNIVERSITY *of*
NORTHERN COLORADO

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Educational Experiences and the Professional
                   Reintegration of RN-BSN Students
Researcher: Katrina Einhellig RN, PhD candidate, School of Nursing
Research Advisor: Kathleen LaSala PhD, APRN, PNP-BC, School of
                   Nursing
Phone: 970-351-2269   E-mail: katrina.einhellig@unco.edu

Purpose and Description: The purpose of this study is to investigate the experiences of RN-BSN graduates following their baccalaureate education and their subsequent reintegration into professional practice. The study will explore, describe, and ascertain the meaning of being a nurse returning to school for a baccalaureate degree and experiencing professional practice following the completion of that education. Participation in this study will include two parts. First, you will be asked to complete a brief demographic data survey. The survey will take approximately 5-10 minutes to complete. The second portion of the study will include an interview in which you will be asked various questions about your educational experiences within the University of Northern Colorado RN-BSN program as well as the potential implications of that education on your professional practice. The interview will last between 30-60 minutes in length.

You will not provide your name on the demographic survey, and that information will be summarized in aggregate at the end of the study. During the interview, you will be asked to provide the researcher with a pseudonym

(or alternate name) which will be used to describe you when the results of the study are reported. This will be done to maximize the anonymity of your responses. I cannot guarantee that your identity will not be compromised in the reporting of results, but the technique of generating a pseudonym will be used to reduce this risk.

Potential risks in this project are minimal. You may feel anxious or frustrated when discussing your past educational experiences. Any discomfort or anxiety you may experience when answering these questions should be no more than the discomfort experienced when answering any questions of a personal nature. You may choose not to answer a specific question at any time throughout the interview.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

_____

Research Participant's Signature   Date

_____

Researcher's Signature   Date

APPENDIX C

INTERVIEW QUESTIONS

Educational Experiences and the Professional Reintegration of RN-BSN Students

Interview Guide

Katrina Einhellig RN, PhD candidate

<u>Questions:</u>

1) Tell me about what you are doing now in your nursing practice.

2) Discuss your thoughts regarding the completion of your Baccalaureate degree.

3) Describe any differences in your initial feelings regarding continuing your education as compared to your thoughts when you finished the program, or now.

4) Discuss the role, if any, that your workplace had in your decision to return to school for your BSN.

5) As you think back to the RN-BSN program, describe any experiences that allowed you to mentally bridge theoretical knowledge with the reality of practice.

6) Were there specific activities of the program that were directly related to your professional practice today? If so, describe those activities.

7) What do you hope achieving your BSN will contribute to your professional opportunities?

8) If you had the opportunity to discuss your baccalaureate education with a prospective nursing student, what would you tell that person about your educational endeavor?

9) Tell me about changes in your perspective that may have developed as a result of furthering your education, if there are any.

10) If I had the opportunity to ask your colleagues or supervisor about your professionalism as a nurse after going back to school, what would they say about your current practice?

11) Is there any other information that you would like to share with me regarding your educational experiences?