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A Phenomenological Study to Describe the Pursuit of a Baccalaureate Degree in Nursing by Associate Degree Registered Nurses

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A Phenomenological Study to Describe the Pursuit of a Baccalaureate Degree in Nursing
by Associate Degree Registered Nurses

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Educational Administration
Higher Education Concentration

by

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BSN, Louisiana State University Health Sciences Center, 1982
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Abstract

An associate degree in nursing is obtained in the community college setting and is designed to be completed in 2 years of full-time study. Approximately 70% of practicing registered nurses (RNs) are educated at the associate degree or diploma (vocational training) level with only 15% moving on to achieve a degree past the associate level. The purpose of this phenomenological research is to study the lived experiences of registered nurses who obtained an associate degree in nursing and, while working in a health care setting, returned to school to attain a baccalaureate degree in nursing (BSN). Data gathered during individual interviews will provide documentation of the benefits of attaining a BSN as well as identifying barriers that associate degree RNs must overcome to pursue a BSN education.

Keywords: RN non-traditional student; RN-to-BSN; college choice model;

Phenomenological research; registered nurses

CHAPTER 1

INTRODUCTION

Description of the Research Topic

The United States faces a critical shortage of registered nurses (RNs) and other healthcare providers. The demand for RNs is increasing even as supply is diminishing according to the American Nurses Association (ANA). The ANA reported that insufficient numbers of RNs in healthcare settings correlated with increased mortality rates. If hospitals increased RN staffing, more than 6,700 patient deaths could be avoided each year (ANA, 2006).

The Health Resources and Services Administration [HRSA] (2004) reported that the number of full-time employed (FTE) licensed RNs in the year 2000 was 1,891,000 and the projected demand in 2000 was 2,001,500. HRSA predicted that by the year 2020 the number of FTE licensed RNs will drop to 1,808,000 while the projected demand for FTE licensed RNs will climb to 2,824,900. Thus, the current RN shortage will likely continue to grow in severity during the next 10 years because of a variety of factors, including the aging population, the demand for the highest quality of care, an RN workforce with many members approaching retirement age, difficulties attracting new nurses into the profession, and weak retention of the existing workforce (HRSA, 2004).

In addition to stressing the importance of meeting the increasing demand for RNs, HRSA (2004) recommended that the level of education for RNs be elevated. The National Sample Survey of Registered Nurses (NSSRN) collects data on the United States Nursing Workforce every 4 years. The survey is sent to a percentage of actively-licensed RNs in each state. The data obtained from the surveys are used by policymakers to assess trends in the nursing profession. As of 2008, the most commonly reported *initial* nursing education of RNs in the United States is

the ADN. The NSSRN (2010) reported that 20.4 % of RNs received a diploma in nursing, 45.4% received an ADN, and 34.2 % received a BSN. While some strides have been made in elevating the level of education among RNs, data from the American Association of Colleges of Nursing [AACN] (2010) indicated that less than half (47.2 %) of the total RN population hold baccalaureate degrees. Moreover, data from HRSA (2008) and NSSRN (2010) indicate that only about 13.0 % of RNs hold graduate degrees.

The National Advisory Council on Nurse Education and Practice (NACNEP) is a legislatively mandated nursing policy advisory body for the Congress and the United States Secretary of Health and Human Services. Nine years before the HRSA recommendations on the levels of nursing were issued, the NACNEP (1995) recommended that at least two-thirds of the nursing workforce have baccalaureate degrees in nursing (BSN) or higher degrees in nursing by 2010. The NACNEP recognized that more highly educated RNs were needed both in the healthcare setting and the nursing education setting. The master and doctoral levels of nursing provide the educators for all levels of RN education (Lillibridge & Fox, 2005). Despite the 1995 NACNEP recommendation, the goal of 66% of the nursing workforce prepared at the BSN or higher level by 2010 was not achieved.

The NACNEP (1995) recommended that two-thirds of RNs hold BSN degrees because it recognized that hospitals with a higher proportion of BSN-prepared nurses experienced better patient outcomes. Since the 1995 recommendation by NACNEP, several researchers have demonstrated the significance to patient care of establishing the goal of a better educated nursing workforce (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005). Aiken, Clarke, Cheung, Sloane, and Silber (2005) also reinforced the importance of educational preparation on quality patient care by demonstrating a correlation between nursing education and patient

outcomes. In their study, hospitals with a greater number of BSN-prepared nurses had lower mortality rates, better patient care documented, and fewer medication errors.

Three types of nursing education programs in different educational settings can prepare a student to become a registered nurse (RN): diploma programs, associate degree programs (ADN), and baccalaureate degree programs (BSN). The diploma program is a vocational program where graduates obtain a diploma in nursing in a 2-or 3-year period at a hospital-sponsored nursing school. The ADN is typically earned in a 2-year community college setting and the BSN is obtained after completion of a 4-year program in the collegiate setting (Lehrer, White, & Young, 1991). Regardless of the chosen educational setting, graduates of all three types of basic nursing education programs must take the same licensure examination upon graduation, the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Passing the NCLEX-RN demonstrates the minimum level of competency required to perform safely and effectively as a newly licensed, entry-level nurse. Once successful on the NCLEX-RN, graduates from all three programs receive the designation of RN. The RN license is mandatory to function as a registered nurse in hospital and community settings (National Council of State Boards of Nursing [NCSBN], 2009). Nursing is the only health care profession that has three paths to preparation for initial licensure. Historical and current nursing shortages have pressured educational institutions to maintain the three levels of preparation. Lillibridge and Fox (2005) stated that the nursing shortage perpetuates RNs at all three levels of preparation.

The AACN (2008) acknowledged that RNs today work as a part of an interdisciplinary team with colleagues educated at the master's degree or higher level.

According to the AACN:

These health care professionals, including physicians, pharmacists, and speech pathologists, recognize the complexity involved in providing patient care and understand the value and the need for higher education. Since nurses are primarily responsible for direct patient care and care coordination, these clinicians should not be the least educated member of the health care team. (Fact Sheet, 2008, p.2)

Because the majority of nurses in the workforce are educated at the associate degree level, there is a clear disparity in the level of education amongst the various types of healthcare providers as noted by the AACN. Nurses tend to be the least well-educated member of the interdisciplinary team, but they have a comparatively disproportionate burden of responsibility for patient outcomes.

The designation of RN can lead to misunderstanding about the differing knowledge bases associated with each type of nursing academic program (Kidder & Cornelius, 2006). Roles and functions for newly licensed RN graduates remain undifferentiated by educational level, yet experienced nurses without a BSN have limited opportunities for career mobility and advancement within nursing (ANA, 2006). Baccalaureate education provides nurses the foundation for graduate education and the pursuit of roles in higher education, management, and research (AACN, 2004).

Jacobs (2006) stressed the importance of the RN with the ADN pursuing a BSN degree because of the acute shortage of RNs prepared at the baccalaureate level. Only about 15-16% of RNs prepared in associate degree programs return to school to obtain the BSN (Megginson, 2008). Megginson stated that educational mobility is crucial to positive patient outcomes, creation of a credible professional identity, and cohesion among nurses. Philips, Palmer,

Zimmerman, and Mayfield (2002) contended that for nursing to advance as a profession, ongoing professional development of RNs with associate degrees is a necessity.

Jacobs (2006) also noted that RNs who aspire to further their education need assistance in obtaining information about educational opportunities and financial support. Financial constraints are cited by Jacobs as the primary reason that nursing graduates of ADN programs become employed full-time and prolong goals of attaining BSN degrees. Funding from both the federal and state governments is available to assist RNs with ADN degrees to return to the collegiate setting to complete BSN degrees (HRSA, 2006).

Financial support in the workplace through employee assistance programs can facilitate the student with an ADN to return to the collegiate setting to obtain a BSN (Lillibridge & Fox, 2005). The Incumbent Worker's Training Program (IWTP) is an example of an employee assistance program in the state of Louisiana. Limited assistance programs are also available at many health care institutions to assist RNs who desire to pursue a BSN.

Background/Statement of Problem

As have been discussed, among the problems facing the healthcare system today are the shortage of nurses as well as the shortage of nurses prepared at the baccalaureate and higher degree levels. Rambur, McIntosh, Palumbo, and Reinier (2005) noted, "Once licensed, American RNs are frequently employed in positions with little differentiation either in pay or job assignment" (p. 185). Rambur et al. conducted a study of RNs whose highest nursing degrees were either the ADN or the BSN to compare job satisfaction and career retention. Rambur et al. found that additional education in the nursing field would result in professional identification and higher levels of job satisfaction because of enhanced career mobility. Thus, according to Rambur, if more highly educated nurses advance in their careers and remain in the workforce

longer, then they contribute additional years of expertise and assist with retention of the nursing workforce.

Purpose

The purpose of this phenomenological research study is to explore the lived experiences of associate degree RNs who choose to return to school to pursue BSN degrees. Data obtained will describe benefits that associate degree RNs expected to gain from returning to school as well as actual benefits obtained after completion of BSN degrees. In addition, barriers that associate degree RNs may have encountered, with both the decision to return to school and during completion of the BSN degrees, will be identified.

Gathering and analyzing data from RNs who originally pursued ADN degrees, then returned to the collegiate setting to complete BSN degrees, can provide insight into what associate degree RNs perceive as personal or professional benefits of returning to school. Information obtained can assist nursing educators to facilitate ADN graduates to pursue BSN degrees.

Research Questions

The research questions are: (1) What are the perceived personal and professional benefits for associate degree RNs to obtain BSN degrees?; (2) Do the actual benefits of obtaining a BSN degree differ from what was expected?; (3) What are the barriers that associate degree RNs encounter during the decision-making process of returning to school?; and (4) What are the barriers that associate degree RNs encounter while completing BSN degrees?

Significance of Topic for Theory and Practice

According to HRSA (2008), higher levels of education are needed by nurses to adapt to the changing complexity of the present day healthcare system. Jacobs (2006) demonstrated that

RNs prepared at the associate degree level develop stronger professional-level skills after completing a BSN program. Cangelosi (2006) also supported the return of RNs to the collegiate setting to obtain BSN degrees so that the nursing workforce would be better prepared to function in the increasingly complex healthcare system.

Rambur, McIntosh, Palumbo, and Reinier (2005) argued that nurses trained at a higher level of education, beyond the associate degree, would experience greater degrees of professional identification and higher levels of job satisfaction. Thus, if these more highly educated nurses have greater job satisfaction and remain longer in the workforce, they would contribute additional years of expertise derived from experience. Moreover, remaining in the workforce longer would ultimately affect the nursing shortage by increasing retention within the nursing profession.

The study is also potentially important to policymakers. The American Association of Colleges of Nursing (AACN) is the national voice for baccalaureate and graduate degree nursing programs. The AACN establishes quality standards for nursing practice and education through research, data collection, publications, governmental advocacy, and educational programs. Deans and directors of baccalaureate and higher degree programs implement standards that are established by the AACN to support baccalaureate and graduate education. The AACN states that nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, and nurse advocacy groups all recognize the value of baccalaureate-prepared nurses in the practice setting (AACN, 2007).

Conceptual Framework: College Choice Model

The purpose of a conceptual framework, according to Miles and Huberman (1994), is to explain the main variables that are being studied and the presumed relationships among them.

The framework used in this study is the College Choice Model developed by Hossler and Gallagher (1987). They presented a three-phase College Choice Model that emphasizes student characteristics that could influence the decision of the type of college to attend. The three phases of Hossler and Gallagher's College Choice Model are predisposition, search, and choice. In a study using the College Choice Model, Hossler, Schmit, and Vesper (1999) described background factors such as socioeconomic status, personal achievement, exposure to resources, and parental encouragement, which influence the decision-making process. The College Choice Model will guide this study's analysis of factors that affect the choice to pursue a BSN after attaining the ADN.

Summary

This research study will identify the actual benefits that associate degree RNs experience after completing BSN degrees. The study will also identify the barriers that associate degree RNs encountered in attempting to complete BSN degrees. Students who choose between the ADN and the BSN when entering the profession may not fully comprehend the opportunities and challenges that are associated with each type of nursing degree. Therefore, findings from the study will be of interest to both RNs with ADN degrees contemplating a return to college as well as prospective nurses trying to decide which path to take to RN licensure.

Definition of Terms

ADN (Associate Degree in Nursing): Nursing degree obtained in the community college setting which is designed to be completed in 2 years of full-time study.

Diploma in Nursing: Vocational Nursing education obtained from a school affiliated with a hospital which is designed to be completed in 3 years of full-time study.

BSN (Baccalaureate Degree in Nursing): Nursing degree obtained in the collegiate

setting which is designed to be completed in 4 years of full-time study.

RN (Registered Nurse): Designation obtained after passing the National Council

Licensure Examination for Registered Nurses (NCLEX-RN). The RN license is mandatory to function as an RN in hospital and community settings.

Graduates of ADN, diploma, and BSN programs must take the same licensure examination upon graduation.

CHAPTER 2

REVIEW OF THE LITERATURE

The literature review provides background on the history of nursing education and presents contemporary issues associated with nursing education. The review will also address non-traditional baccalaureate students and highlight research using Hossler and Gallagher's (1987) College Choice Model. Finally, the review will shed light on the choice process of students entering the profession and the factors that affect the decisions of associate degree RNs to pursue BSN degrees.

History of Nursing Education

The nursing model of education expanded from vocational training (the apprenticeship model) within hospitals to include college-based programs in the early 1900s. Student nurses in hospital-based diploma programs provided a low-cost workforce servicing hospitals while gaining clinical skills to assist in becoming a nurse. As education for nurses expanded from these hospital-based settings to university settings during the 1900s, much confusion and re-evaluation of the roles of nurses began to surface because of social, political, and economic factors (Way & Mac Neil, 2007). Currently there are three types of nursing education programs to prepare RNs: diploma programs, associate degree programs (ADN), and baccalaureate degree programs (BSN). Initiated in 1872, the earliest type of nursing education in the United States was diploma programs. At the present time, diploma programs comprise less than 10% of all basic RN education programs. The number of diploma programs has declined to 66 across the country with only one located in the state of Louisiana. This decline can be attributed to the progression of nursing education from hospital-based training to the collegiate setting (AACN, 2003).

The first school of nursing to be established in the university setting and offer the baccalaureate degree was started in 1909. By 1916, 16 colleges and universities had developed baccalaureate degree programs for nursing. During the 1930s, advanced nursing skills were needed to meet the demands of new technology. The increasing complexity of nursing care gave the incentive for developing educational standards. In the 1940s, the National League for Nursing (NLN) established its own accrediting committee to institute standards for nursing education, designed to better prepare nurses for the evolving healthcare setting (Ellis & Hartley, 2004).

Baccalaureate nursing education pre-dated associate degree education by 50 years. The concept of associate degree education was developed in 1952 in response to studies conducted on nursing education as well as the expansion of the 2-year community college system in the United States at that time. A study, *Community College Education for Nursing*, published by Mildred Montag in 1959 gave great impetus for the development of associate degree nursing programs. Montag originally proposed that the 2-year ADN education would be a way to train a technical nurse to assist the professional nurse prepared at the baccalaureate level (Ellis & Hartley, 2004); however, this vision of associate degree nursing education has not become the reality. Mahaffney (2008) discussed the expansion of ADN education and reported that the ADN was developed in response to a nursing shortage, the growth of community and junior colleges, and government and consumer interest. Thus, among other reasons, the evolution of the ADN in the community college campus setting was in response to the nursing shortage at that time.

In 1982, the formation of the National Organization for the Advancement of Associate Degree Nurses (NOAADN) was formed. This group emphasized the importance of the ADN-prepared nurse as an essential component in healthcare delivery. Over 25 years later, the

American Association of Community Colleges (AACC, 2008) articulated support for the continued expansion of ADN programs by stressing the importance of increasing the number of ADN-prepared nurses to meet the need for RNs in the hospital setting. Thus, the expansion of ADN education has occurred for a variety of reasons, including the ability to produce graduates more quickly to take the same RN licensure examinations as BSN graduates to help meet the need created by the nursing shortage. Other reasons why ADN programs flourished were that they attracted non-traditional students to become RNs, their total costs were lower, and their shorter length allowed graduates the ability to earn wages more quickly (Kidder & Cornelius, 2006).

Kidder and Cornelius (2006) examined issues related to the educational preparation for individuals to become RNs and the practice settings in which those nurses will work. These authors discussed the historical evolution of the three types of educational preparation for individuals interested in the nursing profession: “The use of the title RN by licensed nurses from three varying educational backgrounds perpetuates confusion, promotes separation, and therefore lessens nursing’s voice on policy issues” (p.16).

Misunderstanding by lay persons and nurses associated with educational preparation and licensure for nursing grew out of the evolution from hospital-based vocational programs to education programs within the collegiate setting. Members of the public often do not even understand the differences between licensed practical nurses and RNs. Licensed Practical Nurse (LPN) is a designation given to individuals in a vocational program, who take 1 year to complete educational requirements and after graduation must work under the supervision of an RN (Louisiana Administrative Code Title 46). The LPN must successfully complete a National

Council Licensure Examination for Practical Nurses (NCLEX-PN) in order to practice. LPNs have a more limited scope of practice than RNs.

Contemporary Nursing Education: Nursing Education Accrediting Bodies

All nursing education programs are required to meet specific standards and criteria of a nursing accrediting agency to foster educational quality. The two accrediting bodies for nursing education programs are the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE). Each nursing school may elect to be accredited by either or both the NLNAC or CCNE.

Both NLNAC and CCNE are nationally recognized by the United States Department of Education. The NLNAC is an accrediting agency for all types of nursing education programs including: clinical doctorate, master's, baccalaureate, associate, diploma, and practical nursing programs (AACN, 2009). The CCNE does not accredit ADN, diploma, and practical nursing programs. Its mission is to foster the quality and integrity of baccalaureate and graduate nursing programs, thereby contributing to the improvement of the health of the American public. CCNE is an accrediting body for baccalaureate, master and doctorate programs in nursing. As a self-regulatory process, CCNE accreditation supports and encourages the continuing growth and improvement of collegiate professional nursing education (AACN, 2009).

Issues Influencing Nursing Education

Articulation Plan: RN-to-BSN

Every nursing program must meet the appropriate board of nursing standards for its state to achieve approval status before applying for NLNAC or CCNE accreditation. For example, in the state of Louisiana, Louisiana State Board of Nursing (LSBN) approval must be achieved before accreditation can be sought.

The NLNAC, the CCNE, and the LSBN have mandated that all nursing programs must have articulation models in place to facilitate educational mobility from diploma or associate degree programs to BSN programs. According to LSBN (2005), articulation is defined as

...a process through which academic programs facilitate the educational progress with minimal loss of credit and duplication of knowledge and skills. The goals of these articulation models are: to facilitate the educational mobility of nursing personnel across the state; to increase the nursing health care workforce; to provide seamless progression in nursing education; to meet the educational needs of the citizens of Louisiana; and to assure a qualified healthcare workforce that meets the health care needs of the state. (LSBN, 2005)

The importance of articulation into BSN programs is demonstrated by the fact that the state of Louisiana enacted legislation requiring it. The mandate for articulation plans in the state of Louisiana was established through Act 818 of the 1991 Louisiana Legislature that created the Nursing Supply and Demand Commission [NSDC] (LSBN, 2005).

ADN and BSN Graduates

The largest professional organization, other than approval and accrediting bodies, is the American Nurses' Association (ANA). The ANA has published its position relative to associate degree and baccalaureate education. The ANA's Social Policy Statement (2003) defined the role of the ADN as a licensed registered nurse who provides direct care based on the nursing process and focuses on individual clients who have *common, well-defined* nursing needs. The ADN functions in a structured healthcare setting where there is recourse to assistance and support from the full scope of nursing expertise. In contrast, the ANA defines the role of the BSN as a licensed registered nurse who provides direct care based on the nursing process and focuses on clients

with *complex* nursing needs. Clients of the BSN include individuals, families, groups, aggregates, and communities in structured and unstructured healthcare settings (ANA, 2003).

Lehrer, White, and Young (1991) conducted a comparative analysis using a case-study format to explore the financial ramifications of the different paths to licensure. Lehrer et al. found that wage differences by education were small and wages increased more with experience than with educational background. Historically, registered nurses have been paid the same regardless of differences in educational background. Individuals who choose to obtain an ADN enter the workforce sooner, and in most cases receive the same starting salary as the BSN graduate (Lehrer, White, & Young, 1991). From a strict financial perspective, the study also demonstrated why someone interested in a nursing career might choose to obtain an ADN degree as opposed to attending a lengthier and typically more expensive program to obtain a BSN.

Lehrer, White, and Young (1991) also found that BSN graduates had increased opportunities for managerial positions, access to more challenging work, and benefited from the enhanced ability to progress towards higher degrees such as a master's in nursing and a doctorate in nursing or related field. Although there may be little or no financial difference at the beginning of one's nursing career for the RN who has obtained an ADN or a BSN, there are more career opportunities for RNs with a BSN (Lehrer, White, & Young, 1991).

Graf (2006) utilized the Human Capital Theory as a model in a study to evaluate if increases in wages are achieved by registered nurses when they earned baccalaureate degrees to justify the additional cost of BSN education. The target population in the study was registered nurses whose basic preparation was the ADN and whose highest nursing preparation was the BSN. Results reported by Graf indicated that the cost of additional education was greater than the salary increase for some students who decided to continue their education after receiving an

ADN degree. This finding sheds light on why some students believe attaining an ADN is sufficient to meet their financial goals. However, Graf stated that younger nurses are more likely to receive financial gain by attaining BSN degrees early in their career, thus having more opportunities for career advancement with commensurate gains in wages. The foregoing studies show why many individuals who are choosing nursing as a profession prefer a shorter and faster route to achieve the goal of becoming a registered nurse. Although different options for nursing education have existed for many years, confusion regarding advantages of the different types of educational programs continues to exist.

The Contemporary Nursing Shortage

In 2006, the ANA reported an increase in the demand for registered nurses but a decrease in supply. Factors contributing to the shortage include stressful work environments and an increase in the aging population who need healthcare services. A report issued by the HRSA (2004) predicted an even greater nursing shortage in the United States by the year 2020. Research by the HRSA indicated that factors such as the declining number of nursing school graduates, aging of the RN workforce, declines in relative earnings of nurses, and the emergence of alternative job opportunities for women contribute to the shortage of nurses (HRSA, 2006).

A variety of studies (Aiken, Clarke, Cheung, Sloane, & Silber, 2005; ANA, 2005; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005) found that an insufficient number of registered nurses at the bedside contributes to increased mortality rates and poor patient outcomes. Thus the contemporary nursing shortage is characterized by insufficient numbers of nurses as well as insufficient numbers prepared at higher levels of education. The complex health and social conditions of the aging population have exacerbated a need for more highly educated registered nurses to care for this population.

The critical shortage of nurses is significant in relation to types of nursing education programs available to the public because a larger number of students can be educated in the community college setting in a shorter period of time than in the university setting. Moreover, graduates from both ADN and BSN programs are expected to have similar technical competencies in the workforce (Nelson 2002). Nelson does state, however, that a current nursing shortage should not hinder goals for raising nursing education standards. According to Nelson, associate degree programs have become vocational programs offering a terminal degree although one of the original goals of ADN education was to allow students to transfer to 4-year colleges and universities.

In order to address the national nursing shortage, the United States Congress has passed the Nurse Reinvestment Act (NRA) to assist with recruitment, education, and retention of nurses and nursing students (HRSA, 2006). Public law 107-205 was passed in the 107th Congress and directed the Department of Health and Human Services to recognize ways to helping increase numbers in the nursing profession by increasing the number of nurses entering the profession and retaining nurses already in the workforce so that patients can benefit from proper health care (Public law 107-205, 2002).

Four national nursing organizations, the American Association of Colleges of Nursing (AACN), the American Organization of Nurse Executives (AONE), the American Nurses Association (ANA), and the National League for Nursing (NLN), worked on national and state levels to support the legislation of the NRA. These organizations continue to ensure that the nursing workforce development programs under Title VIII of the Public Health Service Act (PHSA) provide for the education and distribution of nurses to assist in decreasing the nursing shortage (NLN, 2005).

Benefit of Higher Nursing Education to Patient Care

A study by Aiken, Clarke, Cheung, Sloane, and Silber (2005) found that surgical patients experienced lower mortality rates in hospitals with higher proportions of nurses educated at the baccalaureate level or higher. The study compared groups of hospitals that varied in terms of nurses' experiences and educational backgrounds and found a positive correlation between level of nursing education and patient outcomes. Aiken et al. (2005) concluded that hospitals with a greater number of BSN-prepared nurses had lower mortality rates and better patient care documented. Also, fewer medication errors were identified at hospitals with a greater number of BSN-prepared nurses. Results indicated that nurses' years of experience alone were not a predictor of patient mortality. The study reinforced the importance of educational preparation on quality patient care.

Similarly, Estabrooks, Midodzi, Cummings, Ricker, and Giovannetti (2005) assessed the effects of nursing education and skills on patient outcomes. The findings documented the effects of institutional and hospital nursing variables. Hospitals with a higher proportion of BSN-prepared nurses were found to have lower patient mortality rates. Additionally, the American Association of Colleges of Nurses (AACN, 2007) documented that patients experienced more positive health benefits when nurses had higher degrees such as the baccalaureate degree.

RNs as Non-Traditional Baccalaureate Students Returning to School

According to the National Sample Survey of Registered Nurses (NSSRN, 2004), the average age of RNs at graduation from initial nursing education varied by type of program. For example, graduates of associate degree programs from the years 2000-2004 were older than baccalaureate graduates. The mean age of associate degree graduates was 32 years old while the mean age for baccalaureate graduates was 26 years old (HRSA, 2009).

The choice to return to school may be complicated by the fact that RNs making this choice are older and have to overcome multiple barriers to complete a BSN after attaining an ADN. Corbett (1997) stated that RN-to-BSN students have greater financial obligations and increased work-related demands in comparison to students who enter nursing education at the baccalaureate level. In addition, RNs returning to school are usually employed full-time with full-time family responsibilities.

Cangelosi (2006) stated that RNs who enroll in the RN-to-BSN programs are adult learners who have clinical knowledge, employment experiences, and have completed structured academic preparation in the ADN program. RNs returning to school enter their baccalaureate programs at a level of professionalism different from that of students whose initial educational choice is the baccalaureate degree. Returning RNs have professional attitudes and identities formed by prior educational and work experiences. Cangelosi also found that returning students are also more likely to pursue graduate degrees, such as master's degrees or doctoral degrees in nursing.

Conceptual Framework

According to Miles and Huberman (1994), the purpose of the conceptual framework is to explain the main variables that are being studied and the presumed relationships among them. The college choice process is a complex one that involves many factors that may influence students to reach the crucial decision of furthering their education. Hossler and Gallagher (1987) described a three-phase college choice model that focuses on the concepts of predisposition, search, and choice which can affect the educational decisions at the start of one's career. Hossler and Gallagher's (1987) College Choice Model will be utilized in this research study to help

understand why students choose to enter either a 2-year or a 4-year college or university when deciding their goals for attaining a nursing degree.

According to Hossler, Schmit, and Vesper (1999), factors such as income, personal achievement, exposure to resources, and family background also influence the decision-making process. Hossler, Braxton, and Coopersmith (1996) cited the factors of predisposition, search, and choice as important components of the college choice process. Predisposition is related to family socioeconomic status, race and ethnicity, and family residence. Factors such as income, personal achievement, exposure to resources, and family background, particularly parental influence, can influence the decision-making process.

According to Hossler, Schmidt, and Vesper (1999), parental influence and family background are important factors in the college choice process. Students from higher socioeconomic levels and whose parents attended college are exposed to resources that allowed them more choices. These factors may influence why a student interested in attaining a nursing degree may choose a 2-year community college or a 4-year baccalaureate-granting institution.

McDonough (1997) reported on how social class can affect a high school student's college choice decision. College choice was affected by relationships among individuals, family cultural capital, and the organization of the high school that the student attended. Other influences cited by McDonough included the parents, siblings, the family's financial situation, and friends.

The conceptual framework for the study is based on the concepts of Hossler and Gallagher's (1987) College Choice Model. A pictorial model (developed by this researcher) is depicted in Figure 1. The benefits and barriers associated with the pursuit of the BSN will be specifically identified after interviewing the participants in the study. One of the goals of this

study is to learn if the often-cited barriers in the literature (i.e., time, money, parental influence, cultural background) are really those perceived by associate degree RNs to be the most formidable.

Initial College Choice

Community colleges generally serve a lower-income population than 4-year colleges (Paulsen, 2001), thus students may choose a community college because the amount of time in school is shorter and the student can become part of the workforce sooner. In addition, educational programs in the community college settings are less expensive than those in BSN degree-granting institutions. The Advisory Committee of the AACN (2004) estimated that 48 % of academically qualified low-income students do not attend 4-year colleges because of the financial burden, which is supportive of Paulsen's findings that community colleges serve a lower-income population than 4-year colleges.

When entering the nursing profession, factors such as specific life experiences and background characteristics influence students' decisions in choosing between ADN and BSN nursing programs. The decision (choice) to return to school after receiving an ADN and working in the healthcare setting may be influenced by additional life experiences even though one's background characteristics remain the same. Identification of factors that influence the RN's choice to return to school will assist nurse educators to identify barriers that must be overcome when RNs return to pursue BSN degrees.

Conclusion

The literature review has focused on the three types of educational programs available to prepare individuals to become registered nurses. During the past 50+ years, episodic nursing shortages have had an effect on nursing education. Associate degree programs have proliferated

in response to the nursing shortage as they are able to prepare students to become RNs in shorter time frames. The current projection is that the nursing shortage will last indefinitely, and that there will continue to be a demand for specific skill sets and a more highly educated nursing workforce.

Students who choose nursing as their profession have options when deciding which type of educational preparation will be congruent with their goals. However, if there are no initial monetary benefits and students are not aware of career differences that come with attaining a baccalaureate degree in nursing; they may not choose to spend more time in school, incurring more expenses. Once the RN is in the workforce and the differences in the types of education become more apparent, RNs who originally attained ADN degrees may choose to return to school for professional or personal benefits.

Way and Mac Neil (2007) stated that nursing students pursuing baccalaureate degrees will need greater individual resources to achieve their goals. As stated by Way and Mac Neil, “This university level of education may be out of reach for some people who would be drawn to nursing as a career option” (p.166). Therefore, it is essential that RNs who have originally obtained ADNs have support to further their education if they so desire.

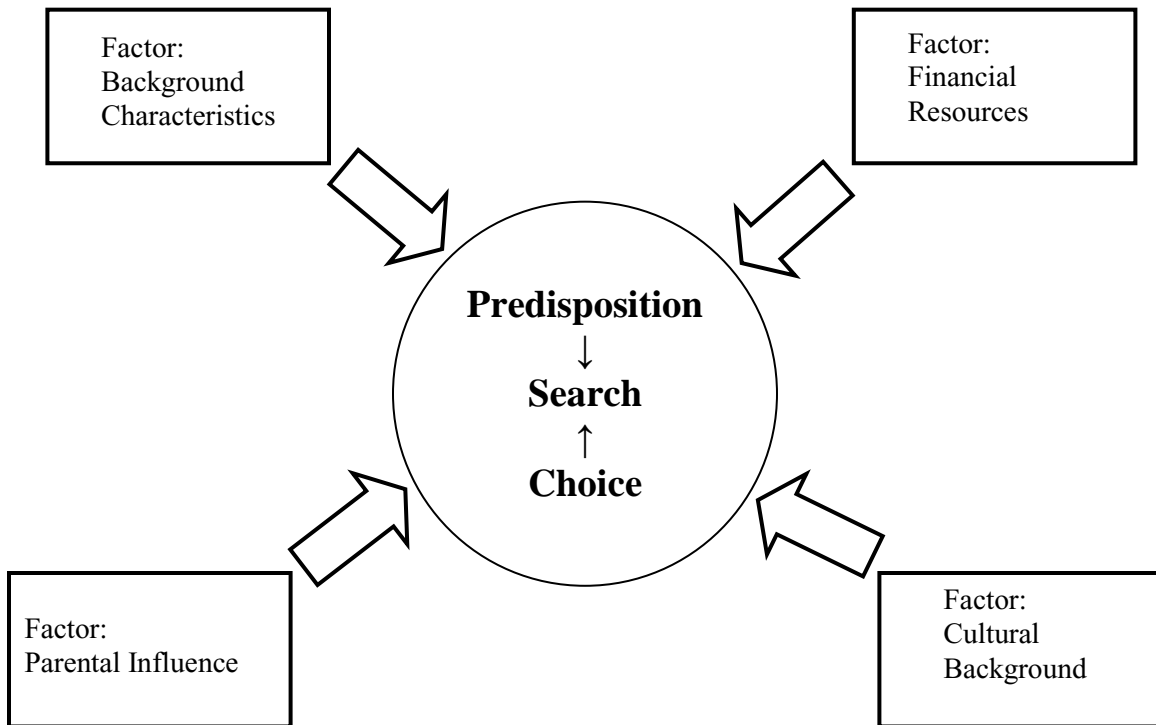
Figure 1

Conceptual Framework

Based on Hossler and Gallagher's College Choice Model (1987)

Educational Choices for Registered Nurses (RNs)

Factors that Affect RNs Choice to Pursue BSN



CHAPTER 3

METHODOLOGY

Rationale for Utilizing a Qualitative Phenomenological Research Approach

A qualitative phenomenological research design was deemed to be the most appropriate to explore the lived experiences of associate degree RNs who choose to pursue BSN degrees. Qualitative research is conducted through an intense contact with a life situation and requires the researcher to collect data from participants on their perceptions of the topic under discussion. A primary task of qualitative research is to elucidate ways that individuals may manage day-to-day situations (Miles & Huberman, 1994).

The phenomenological qualitative research approach places emphasis on understanding the lived experience through study of a small number of subjects using extensive and prolonged engagement with the subjects to develop patterns and relationships of meaning (Gay, Mills, & Airasian, 2006; Moustakas, 1994). Data collection focuses on descriptions of how individuals perceive their experiences of the phenomenon under study (Glesne, 1999). In phenomenological research, “the researcher identifies the essence of human experiences concerning a phenomenon, as described by participants in a study” (Creswell, 2003, p. 15). Similarly, Miles and Huberman (1994) noted that phenomenological research yields descriptions that are vivid in a real context and involves the search for essences which leads to compelling interpretations of the data obtained.

The real meaning of human experience concerning a phenomenon can only be described by those who have lived the experience (Creswell, 2003) and the individual interview is the appropriate method of data collection to explore perceptions of the experience (Glesne, 1999). Thus the phenomenological qualitative research approach was most appropriate for this study

because the purpose of the study required that data be collected through individual interviews of associate degree RNs regarding their experiences related to returning to school to obtain BSN degrees.

Role of Researcher

The first step in the phenomenological research process is for the researcher to disconnect or eliminate all preconceived notions from one's individual consciousness. According to Husserlian phenomenology, this process (called "bracketing") ensures that the validity or objectivity of interpretation is maintained by the researcher. Bracketing assists the researcher to remain non-judgmental by identifying personal views or preconceptions (Groenewald, 2003; Koch, 1995; Moustakas, 1994). Creswell (2003) recognized, "The researcher filters the data through a personal lens that is situated in a specific sociopolitical and historical moment" (p.182). Thus, while being a participant observer, the qualitative researcher must monitor subjectivities and be aware of any biases to decrease the researcher's influence. Data obtained in the voices of the participants must be reported as objectively as possible (Glesne, 1999).

As a researcher, I recognize that my biases related to the purpose of this study are formed by my personal experiences as a student, a faculty member, and a registered nurse. I received my BSN in a 4-year university setting as a traditional college student. Five years after receiving my bachelor's degree, I received my master's degree in nursing. Eighteen years later, I began my doctoral studies.

I learned early in my nursing career that I enjoy the teaching aspect of my profession. Thus, after working as a staff nurse for a number of years, I sought employment as a faculty member in a nursing program. I have been employed for 16 years in a school of nursing that offers the BSN degree and the overwhelming majority of the nursing students that I teach are

traditional students. Thus my personal experience as a traditional student in a BSN program and my professional experience as a faculty member have been largely with traditional students.

As a nursing educator, I work in hospital environments with RNs who have either ADN or BSN degrees. A preconception I had before conducting my study was that associate degree RNs returned to school as non-traditional students to obtain BSN degrees exclusively for career mobility. As I began this research study, I recognized that I had a personal bias toward BSN education; moreover, I also recognized that I did not have a full appreciation of issues facing non-traditional BSN students.

Research Setting

Creswell (2003) recommended that the qualitative researcher conduct the research at the home or office of the participant in order to be immersed in the actual experience of the participant. However, Glesne (1999) suggested that some research problems do not necessitate conducting interviews at a specific research site. In my study individual participants were asked to decide where the interviews would be conducted to ensure that they felt comfortable in the setting in which they would be describing their personal experiences. Some interviews were conducted at the participant's workplace in an office or conference room; however, the majority of the interviews were conducted at neutral locations such as coffee shops.

Entry to the Setting

A variety of methods were used to identify potential participants for my research study. To begin the process of contacting participants, a flyer was developed. The *Call for Participants in Research* (Appendix A) described the purpose of the research, listed criteria for eligibility, and briefly described the interview process. The information flyer was distributed in a variety of ways to potential participants.

Recognizing that nurses with higher levels of education were more likely to actively participate in professional organizations, I contacted local chapters of the Sigma Theta Tau International Nursing Honor Society, the New Orleans District Nurses Association, the New Orleans Black Nurses' Association, and the New Orleans Area Organization of Nurse Executives. I requested and received permission to attend meetings of the organizations. At the meetings I explained the planned project and asked for participants for my study. I distributed the information flyer and persons who were willing to participate contacted me to determine their eligibility for inclusion in the study.

Entry to hospital settings and ambulatory clinics was gained by contacting directors of nursing of various healthcare organizations in the greater New Orleans Area and Baton Rouge metropolitan areas. I explained my research to the directors and asked that information flyers be placed on the nursing units and at the clinics. Many of the directors e-mailed copies of the flyers to unit directors and supervisors so that information about the research could be easily forwarded to registered nurses via workplace e-mail accounts. I also contacted deans/directors of schools of nursing and presidents of alumnae/alumni associations for both 2-year and 4-year nursing programs in southeast Louisiana. I requested their assistance in dissemination of information flyers to potential participants.

I initiated contact with the directors of nursing in healthcare organizations and deans/directors of nursing programs via telephone. I confirmed my verbal conversation with both a follow-up letter and an e-mail reiterating the purpose of my research and the call for participants. To facilitate dissemination of information about my research within the institutions, I included the information flyer in both e-mail and hard copy correspondences. My contact

information was provided so that willing participants could communicate with me to set appointment times for interviews (Appendix B).

The IRB approval from the University of New Orleans was accepted by most directors of nursing at the hospitals and schools of nursing. However, I had to submit other forms and requests for IRB approval at two of the institutions before gaining permission to communicate with anyone at the institutions.

Thirty-seven individuals contacted me over a period of 5 months in response to the various methods of communication utilized. However, some of the RNs who contacted me stating that they were willing to participate did not meet all of the inclusion criteria for the study. It was exciting to speak with so many individuals who wanted to participate but I explained to each the focus of my study and the importance of the inclusion criteria selected. I thanked each of the people who took the time to communicate with me. Additionally I asked them to discuss my research with their peers and encouraged them to contact me if they met the criteria. Three participants stated that they contacted me as a result of this form of communication.

Participant Criteria and Number of Participants

The participants in this study were selected by purposeful sampling and snowballing. Glesne (1999) stated that qualitative researchers tend to select their cases purposefully because the goal is not necessarily to produce generalizations but to collect data from participants who are willing to share their experiences with the phenomenon under investigation. Creswell (2003) also stated that the qualitative researcher should purposively select individuals who will assist the researcher in understanding the problem.

Participants met all of the criteria listed below to be eligible for inclusion in the study:

1. The RN's initial level of collegiate nursing education is the ADN.
2. The RN's highest level of collegiate nursing education is the BSN.
3. The RN is employed full-time in a health-care setting.
4. The RN is at least 1 year post-BSN.

Inclusion criteria were developed to identify individuals who could describe their experiences with benefits and barriers related to attaining the BSN degree from the voices of those whose initial nursing education was the associate degree. A total of 12 participants met all of the inclusion criteria for this study. These RNs were employed in various healthcare settings, including hospitals and ambulatory clinics in metropolitan New Orleans and Baton Rouge. Although I did not offer any incentives to individuals for participation in the study, after the interview was finished, I gave each participant a copy of a drug reference book, the *Nurses' Drug Guide 2010*, to demonstrate my appreciation for their time and effort.

Data Collection Procedures

Individual interviews with 12 RNs who met all of the inclusion criteria listed in Appendix A were conducted. Consent forms (Appendix C) were obtained and participants were asked if the interviews could be taped. All interview sessions were digitally recorded and each interview lasted approximately 45 minutes. All individuals interviewed were assured that their comments would remain anonymous and that it would not be possible to attribute information in the research report to any individual. To maintain confidentiality, pseudonyms are used when referring to the participants in the study and when quoting the words of the participants.

An open-ended and semi-structured interview protocol (Appendix D) was utilized to collect data. Semi-structured interviews were used so that the respondents would be encouraged to share their experiences. The interview protocol included questions regarding demographic

information and open-ended questions related to the research questions. Additional topics were discussed as the interviewee answered the questions. Participants focused on factors in their lives that influenced educational choices.

I maintained a field journal and during the interviews I took notes to document pauses, nonverbal communication, or emphases the participants may have put on words when answering the questions. Field notes were also made after each interview. Field notes are a step towards data analysis and help to provide further insight to the participants' experiences; however, the researcher must always remember that lived experiences of the participants must be preserved and the field notes should not prematurely categorize information into the researcher's biases (Miles and Huberman, 1994).

All interviews were downloaded on my laptop computer and were transcribed verbatim by me. Some of the interviews were also transcribed utilizing a transcription service and the transcribed interviews were checked by the researcher for accuracy. I listened to all of the transcribed interviews several times to ensure that all of the participants' words were transcribed verbatim. During the transcription process, I made notes of all pauses, laughter, and changes in tone when the participants answered specific questions. For example, I noted when one of the participants looked at my recorder in an attempt to convey a message to assist other RNs who may be contemplating the decision to return to school. I referred to my field notes when I was transcribing the interviews.

Data Analysis

After reading all transcribed interviews several times, I began data analysis, using as a guide the process described by Moustakas (1994): (1) *Listing and Preliminary Grouping*: List every statement that might be relevant to the experience; (2) *Reduction and Elimination*: Remove

overlapping and vague expressions; (3) *Clustering and Thematizing the Invariant Constituents*: Identify the core themes of the experience; (4) *Final Identification of the Invariant Constituents and Themes by Application: Validation*: Reference the themes to the original transcriptions to assess their relevance to the experience; (5) *Individual Textural Description*: Include verbatim examples from the transcribed interviews; (6) *Individual Structural Description*: Structural themes are identified from the individual textural descriptions; (7) *Textural-Structural Description*: Describe the meanings and essences of the experience incorporating themes. From the *Individual Textural-Structural Descriptions*, develop a *Composite Description* of the meanings and essences of the experience, representing the group as a whole.

First I underlined and highlighted words and phrases used by the participants as they discussed their experiences associated with returning to school. Moustakas (1994) referred to this step as *horizontalization*. Next I developed clusters of meaning (themes) from these significant statements. I eliminated overlapping and vague expressions to yield the thick descriptions of the participants' words. Recognizing that coding information assists in data analysis of the individual interviews (Glesne, 1999), I labeled segments of information using open coding. The codes I utilized were: SUPP (support); MOB (career mobility); PROF (professionalism); PERS (personal fulfillment); FIN (financial barriers); ROLE (role strain); FOF (fear of failure). Once the interviews were coded, I reviewed all transcribed interviews for emerging themes and I wrote notes in the margins of the transcripts when I observed commonalities in the responses of the participants.

I also used a cross-case analysis of the data to help interpret the findings. According to Miles and Huberman (1994), cross-case analysis of data allows the researcher to view outcomes across many cases to deepen understanding and explanation of how conditions may be defined in

context. Cross-Case Analysis assists in recognizing the individual's uniqueness with an added understanding of processes that occur across cases. This analytical process assisted in identifying themes associated with the lived experiences of RNs who returned to school to attain BSNs after achieving their ADN degrees.

I listed information relevant to each participant's experience by writing a one page summary of the individual's transcribed interview using phrases and statements in the words of the participants. These significant statements and themes were used to write a description of what the participants experienced. Moustakas (1994) called this process *textural description*. The description of the context or setting that influenced how the participants experienced the phenomenon is called the *structural description*. Both the textural and structural descriptions are included in Chapter Four. Finally, in Chapter Five, the data analysis process is summarized from the structural and textural descriptions, and a composite description that presents the *essence* of the phenomenon is discussed. This essence focuses on the common experiences of the participants.

Generalizability and Accuracy of Findings

Glesne (1999) stated that the goal of qualitative research is not necessarily to produce generalizations. Recognizing the foregoing, the findings of this study are relevant to understanding the phenomenon of associate degree RNs returning to school to obtain the BSN. However, because of the small number of participants, the results of the study cannot be generalized to the larger population. More studies should be conducted before generalizations can be made to the larger population.

According to Creswell (2003), member-checking is utilized to enhance the accuracy of the account and is one strategy used to verify accuracy of findings. At the completion of each

interview, I asked the participant if I could contact her/him at a later time to send them a summary of the transcribed interview to ensure accuracy of our communication. With each participant's approval, I sent an electronic summary of the transcribed interview to the individual's e-mail account. I received 8 responses via e-mail, all indicating that the summaries were accurate. Two of the participants called me to verbally confirm accuracy. The responses that I received from the participants were sincere and encouraging. The responses included: "Thanks for giving me the opportunity to voice my thoughts about becoming a BSN-prepared nurse."; "Sounds great. I wish you the best in your research study."; "The information in the report all looks correct. It was a pleasure meeting you, glad I could be of help; best of luck in completing your study."; "I didn't see any problems with the interview. All the information is correct. Hope all goes well with your study."; "I've since started school again. Good luck to you."

The rationale for utilizing a phenomenological research design as well as the data collection and data analysis were presented in this chapter. In addition the role of the researcher, participant selection, data collection procedures and a data analysis process that was utilized in the study were described.

CHAPTER FOUR

FINDINGS

Introduction and Purpose

A qualitative phenomenological research design was used to determine participants' perceptions of their experiences during the decision-making process to return to school, while actually in school, and after obtaining the BSN degree. Participants were asked to reflect upon what they thought the benefits of returning to school would be prior to doing so (perceived benefits), and then to discuss what they found to be the benefits of having the BSN degree (actual benefits). The research questions are: (1) What are the perceived personal and professional benefits for associate degree RNs to obtain BSN degrees? (2) Do the actual benefits of obtaining a BSN degree differ from what was expected? (3) What are the barriers that associate degree RNs encounter during the decision-making process of returning to school? and (4) What are the barriers that associate degree RNs encounter while completing BSN degrees?

Participants

Twelve RNs who returned to school to pursue the BSN degree were interviewed for approximately 45 minutes each. The participants' ages ranged from 26-57 years old with a mean age of 45. At the time of completion of the BSN, the ages of the participants ranged from 25-55 years with a mean age of 39. Eleven of the participants were females and one participant was male. The dates of graduation from the ADN program ranged from 1981-2007 and the dates of graduation from the BSN program ranged from 1998-2009. Participants were quite diverse in terms of years in the RN workforce before and after pursuing the BSN degree. One participant returned to school 1.5 years and another 26 years post-ADN, and time elapsing prior to returning for the BSN ranged from 2-22 years. The participants completed the BSN program in 1.5 to 5

years. Eight participants stated that they had some financial support from the employer at the time they decided to return to school. Four participants stated that there was no financial support from the workplace. Three participants stated that they were given points toward a career ladder at the workplace and nine participants stated that there were no career enhancement opportunities provided by their respective employers when they decided to return for the BSN.

Following the interviews, a textural description of what each participant experienced was developed. Moustakas (1994) described individual textural descriptions as narrative descriptions using verbatim statements from each participant. From the textural descriptions, I developed structural descriptions of the context or setting (Creswell, 2007) that influenced how participants experienced the phenomenon of returning to school. The following profiles provide textural and structural descriptions of the participants.

Participant 1

Textural-Amy

When Amy made her initial choice of an ADN program, she wanted "...convenience; the ADN program that I attended was located in the same city where I was living." Regarding the BSN, Amy said, "I just wanted to have the BSN instead of waiting later in life in case I did want to get the master's degree. In all, there wasn't a particular reason. I just knew I wanted a BSN degree." She decided to return to school immediately after graduating. "I was a nurse for about 2 months. I knew I wanted a BSN degree. They don't pay you more to have a BSN degree; you have to do other things. It helped me to participate in the career ladder program at my hospital...for certain positions and in my boss's whole division it's required."

Amy worked while completing her requirements for the BSN. Balancing her work and school schedules was made easier by the availability of online education which "definitely

helped. Half of it was online and we didn't have to go to class every week. Half the time I was getting off work and going straight to class. It helped to not have to do that every week.”

Structural-Amy

Amy's initial choice of a nursing school was based on proximity to her home. At the time of her decision, she did not seem to be aware of specific differences between the levels of nursing education. Amy was 23 years old when she graduated from the ADN program. By the end of her ADN program she realized that she wanted to continue her education for personal and professional reasons. She wanted to have the ability to pursue a master's degree in nursing and to have more career mobility options. Immediately after graduation from her ADN program, Amy returned to school and completed her BSN in 2 years. During this time she was working full-time and had little difficulty balancing work and school schedules. Online education was very instrumental in assisting with attainment of her educational goals.

Amy is the youngest participant that I interviewed in terms of age at the time she completed both the ADN and the BSN degrees. Although she did not have many years of work experience, her goals were similar to those voiced by the rest of the participants. She wanted the BSN for personal satisfaction and to have more career options in the future.

Participant 2

Textural-Betty

Regarding her initial college choice, Betty said, “I actually selected a BSN program and I applied to two schools, one of which offered an ADN and the other offered a BSN. That's (the ADN program) where I got in first and at the time there were waiting lists all over the state of Louisiana. In the midst of trying to get into my ADN, I was doing prerequisites for my BSN because it was a goal of mine from the jump start of nursing school. Before I went into school I

didn't really know the true difference but after I applied and started doing my research, I realized, the BSN nurse has more opportunities as far as opportunities for employment and advancement; may not be salary related but the potential to climb the ladder at work; maybe more managerial opportunities, the opportunities to go back and to get certified in different areas..."

Betty also wanted to complete the BSN because, "it gives you more opportunities and more potential if you ever do want to go back to pursue a master's, a doctorate, or whatever it may be. ...I really wanted to pursue becoming a clinical nurse specialist and cannot do that without getting my BSN. So it made the drive a little bit stronger to want to pursue that BSN, not only as a personal goal now but on a professional level. I could not climb any ladders if I did not have that BSN behind my name."

Betty encountered personal barriers, "I went back without problems initially...I got married and within a year of being married, I was expecting my first child...The stress of going to school and being pregnant and working; I had personal barriers because my focus changed from being focused on my profession to being focused on family. Once I did have the baby, my goal was to go back within the year... I really wanted to go back. I was unemployed at the time, so it became a financial burden; honestly, because I had no employer to support part of my education, so it came out of pocket. My husband was supportive to some degree and also he wasn't supportive because he is also a nurse and he did not see the point of going for the BSN because he has an ADN. Being the man that he is, he said, 'I know you started this goal and you really want to finish it.' When I went back to finish the BSN, my focus changed and I decided not to pursue anything further beyond the BSN..."

After completing the BSN, Betty stated, “It definitely made me feel more complete as a nurse. I actually enjoyed going back for the research part and the case management part. Being an ADN nurse, I knew more of the clinical side of it; I didn’t know about the business side of it. It allows me to take care of patients better I didn’t realize how much that would benefit me, as well as my patients. Having the BSN allows me to understand why some of the decisions are made in healthcare.” Betty added, “It is definitely an obtainable thing even with children and with obstacles... And I would say that if it was a goal of yours to just stay on the path and continue to focus and it is a definite obtainable goal.”

Structural-Betty

Betty is 36 years old, married with two children, and is a first generation college student. She is currently employed in an acute care hospital setting. She applied to both 2-year and 4-year institutions when she decided she wanted to become a registered nurse. She attended the first school that accepted her, an associate degree program, but she continued to complete prerequisites for the BSN program while in the associate degree program.

Ten years after receiving the ADN, she completed the BSN program. It was always a goal of hers to eventually attain a BSN degree and she was determined to do so. Betty believed the BSN was needed to consider herself a true professional and to open doors to professional opportunities that require a minimum of a master’s degree in nursing. Betty made two attempts to return to school to attain a BSN. She did not anticipate any obstacles when she initially returned to school. She was actively employed and her employer paid a portion of her tuition.

Betty’s first attempt to attain the BSN was unsuccessful because she had difficulty managing the stress of a first pregnancy with school and work responsibilities. When she became pregnant she reordered her personal priorities. She decided to focus on work and family, and she

stopped taking courses for her BSN. When she returned to school the second time, initially she was not employed and was staying home to care for her second child. Her priorities were now family and professional education. In the process of obtaining her BSN, Betty experienced role strain with trying to balance work, school, and personal responsibilities; however, her personal motivation, with support from her husband, enabled her to complete the BSN. Betty was a first generation college student, a fact that probably contributed to her motivation to advance her education.

Participant 3

Textural-Casey

When Casey completed her ADN program she was 25 years old. “I was very young...I wanted to get a touch in the field of being a nurse before I went back to school; so I could feel more comfortable and focus on studying too.”

After being in the nursing workforce, Casey “...realized if I wanted to advance maybe in management or teach one day, I would have to further my degree. I wanted to further my career options, and not always be a staff nurse and maybe teach or go into management. Also, if I ever wanted to go to graduate school, it was best to have my bachelor’s.”

Casey had support at her workplace. “They worked with my schedule at work because the classes were in the evening, and I was working nights. They let me have off on Tuesdays and Thursdays because those were the days I took classes. They worked around my schedule 100%.”

Casey attended a BSN program designed specifically for returning RNs. “RN-to-BSN programs were more adult-orientated. They realized you had careers and lives. When I went to the bachelor’s program I just felt more like a family member there.” She added, “I would encourage anyone to do it and let them know that most people and your employees and the

school are going to be very helpful for you to go back. They make it very easy. So don't get discouraged. If you think it's going to be difficult because of your job or your family and everything on your plate, they are going to make it as easy as possible for people to advance their degree."

Casey also discussed learning in the educational environment of the BSN program. "I learned more of the history of nursing and the theory and the research aspect, which we didn't learn in the associate program; it was 'Here's how to be a nurse.' So I learned more about nursing in that aspect, which made me appreciate it more... and we wrote a lot of papers. It made it seem more career-like and not just job, differentiating that because it was just a job initially."

Structural-Casey

Casey is 38 years old, is single, and has no children. At the time of her initial college choice of an ADN program, she was in her early 20s. She selected an ADN program with an excellent reputation for educating registered nurses. At that time, however, she did not realize the differences in the ADN and the BSN degrees. When she was in her final semester of the ADN program, she realized that she had the desire to further her education and she began to consider returning to school. Within 6 months of graduation from the ADN program she returned to school. At that time her primary motivation was to have more career options. Casey recognized that completing the BSN not only provided more career options but allowed her to learn elements of nursing that were missing in the ADN program. She noted, for example, that she learned more about the history of nursing and the importance of research to the profession. These aspects helped her to appreciate nursing more.

Casey had support in both her workplace and her school environments. It was evident that she wanted to offer similar support to RNs who are contemplating the decision to return to

school. She looked at the recorder as if she was encouraging others to achieve the goal of the BSN if they so desired. It was her way of assisting associate degree RNs to overcome the fear of making the decision to return to school.

Casey's future goals are to advance into a management role or to possibly teach in a school of nursing. Although Casey now has more career options, she has continued to work as a staff nurse and has maintained the same position for the last 10 years. She enjoys her current position and is content with the knowledge that she can pursue different career options in the future.

Participant 4

Textural-Daisy

Daisy's initial college choice was a BSN program. "When I graduated from high school, my original plan was to get a bachelor's degree. And my mom was extremely supportive in the idea of a bachelor's degree because she felt like it would be better for me in the long run...that I would have management opportunities and I could go back for my master's degree. My mom had her master's degree so she was very big on getting an education and going as far as you could. I started as a bachelor's degree nurse ...and then in the middle of nursing school I got married and moved away... I had bills to pay." After relocating, Daisy enrolled in an ADN program. "I knew... no matter what degree I received, I was still going to be a registered nurse and I was still going to be paid as a registered nurse. And I took the same boards as registered nurses take. The bachelor's degree was going to take me longer. And it was always something that I could go back to."

"And when I decided to go back, I think it had a lot to do with just something that I wanted to accomplish. But honestly, when I went back and having kids, it was very difficult.

Work itself is a barrier. You're working and going to school and if you are married with kids, you have additional responsibilities. It was very difficult to manage the classes, the full-time work, being on-call, taking care of the kids, taking care of the house; so it took a really long time. My husband was very supportive. He really wanted me to finish my degree. I think he knew how much it meant to my mom. And he really thought with the way healthcare is and the way medicine is today that I would be doing myself an injustice not getting a higher degree.”

Structural-Daisy

Daisy is 40 years old, is married, and has two children, and presently works in an acute care hospital setting. When she made her initial college choice after completing high school, she enrolled in a BSN program. Daisy completed four semesters of the bachelor's program, and while in school, she married and moved to another state. She was unable to transfer to a BSN program in the state to where she relocated. She decided she still wanted to become a nurse and was accepted into an ADN program. By the time she completed the ADN program she had small children.

After being in the nursing workforce for 12 years, Daisy decided to return to school for the BSN. She wanted to achieve her original goal of the BSN degree. On her first attempt to return to school, she had difficulties managing multiple roles. The combined pressures of college classes, full-time work, being on-call, and taking care of her children were too great and she stopped attending classes in her BSN program. Although online classes were available to Daisy, she found that the demands of these classes created a hardship with balancing assignments and home responsibilities. Daisy was not too enthusiastic about online classes. She preferred the personal exchange with an instructor in a classroom as opposed to the more impersonal online-learning environment.

After several years, she made a second attempt to obtain her BSN and this time she succeeded. Her mother and her husband were supportive of her returning to school because they knew it was something she always wanted to achieve. It took her 22 years to accomplish her original goal of completing the BSN. In addition to fulfilling her personal goal, Daisy realized the BSN afforded her more career options for higher management positions and possible opportunities for administrative roles. Daisy was in a work environment with a career ladder through which RNs can earn more points and additional pay on the career ladder with a bachelor's degree at the hospital where she worked.

Although Daisy did not seek a new position at work after she completed the BSN, she is satisfied with having fulfilled her long-held personal goal. She is also content with the knowledge that she has options to pursue management positions or a master's degree in nursing in the future, if she so desires.

Participant 5

Textural-Edward

When Edward decided to become a nurse, he selected an ADN program. "I needed to get in and out of school as fast as possible and be able to go back to work. I went from working a full-time 40 hour a week job, to working every Saturday and Sunday for two years during nursing school. And it was the quickest way for me to finish my education and get back to work. I needed to be able to work as close to full time as possible and also to finish school."

Later when Edward decided to return to school for his BSN, he found once again that time and money were his biggest barriers. "School is a lot more expensive than the little bit of tuition reimbursement, and having to work extra hours to pay for tuition... the little bit of tuition reimbursement would be eaten...it helped, but it could have been a lot better...the amount of

time, the number of credit hours I was able to take... I was kind of limited because you have to work full time and do school, so that was probably the two biggest problems you had to deal with.”

Edward’s ultimate goal is to obtain a graduate degree in nursing. “The benefit of having the bachelor’s degree for me is essentially just one stepping-stone towards getting a master’s...most of my co-workers have associate degrees and the overwhelming opinion... there’s really not a benefit to have a bachelor’s degree unless you are trying to get a master’s, or become a practitioner. It’s just not something that staff nurses really worry too much about. And it was just a progression for me in my career. And it was just one more step. The only limitations that an associate’s versus a bachelor’s I could find in the field would be if you wanted a management job, you needed to have a bachelor’s degree. They will hire you as a manager with an associate’s degree as long as you’re pursuing a bachelor’s at some point in the future. So they really don’t hold that against you.”

Structural-Edward

Edward is 40 years old and is employed full-time in a hospital setting. He is married and has children. He is very goal-directed and understands that each step on the educational ladder broadens his career horizons. He entered the nursing profession as a second career and completed the ADN program at the age of 31. When Edward made his initial choice of an ADN program, it was based on expedience. He needed to be able to provide for his family while going to school. After working for 5 years as a registered nurse, he realized that he would like to teach in a school of nursing, and therefore, he knew he would eventually need a master’s degree in nursing. This motivated him to return to school to complete the BSN degree. He balanced multiple roles and worked full-time to support his family while he was completing both his ADN

and his BSN degrees. It seemed probable that Edward had a good family support system as he did not allude to any issues related to conflicting roles while pursuing the BSN degree.

For Edward, financial issues created the biggest barrier while going to school for the BSN. Although he received some tuition reimbursement, he had to work extra hours because his expenses exceeded the amount of tuition reimbursement that he received. Balancing work and school schedules were not a problem for Edward. Although he participated in classes online, and these may have facilitated scheduling, he preferred face-to-face contact with his instructors.

Edward is very goal-directed and for him the BSN degree is a means to an end. According to Edward, his co-workers in the health-care setting have a narrow view of the value of a BSN degree. In his experience, nurses with ADN degrees consider the BSN primarily as a stepping-stone to a master's degree, and not an end in itself.

Participant 6

Textural-Frances

Frances' father encouraged her to consider nursing as a career because "he thought from a child that I was very caring and he would show me the classifieds with the positions they needed in nursing." When Frances made her initial choice of an ADN program, she was married with a baby. "I wanted to get in and out of school and I knew that I would go back to continue my education eventually."

"After being in the nursing workforce for 12 years, I wanted to increase the skills that I had. At the time I was in a management position and I felt like going back would give me more education..." Even though Frances had multiple responsibilities, she had a good support system. "The transition was easier than I thought it would be and having the family support helps... Sometimes there was more time spent away from my family, but I had other family there to help

me with my child so that wasn't really a barrier... It was different from going back initially... I felt more at ease going back the second time."

Once Frances returned to school she realized, "Putting it off was the worst thing you could ever do... We can always come up with excuses and I think that's what I was doing when there was really nothing holding me back from going."

Among Frances' reasons for returning to school was to increase her expertise. "I felt like it was a bridge and I was just building up on my education; building up on my management skills; at that time I felt it was going to help me overall." After completion of the BSN, Frances recognized the value of the degree. "It was personal benefits for me, first of all, to achieve my bachelor's. I think it does help with your outlook in the nursing field. I have that interest in learning more and increasing my knowledge in the nursing field." Frances spoke to the recorder to offer her message to RNs who may be contemplating returning to school, "Do not delay the inevitable. If you know that it's something you want, go for or just pursue it."

Structural-Frances

Frances is 42 years old and was married with a baby when she completed her ADN. She initially chose an ADN program because of her family obligations. Her goal, at that time, was to eventually continue her education and achieve a BSN. Thus, even before joining the nursing workforce, Frances recognized the value of eventually obtaining a BSN degree.

The transition of returning to school and assuming the role of student was easier than Frances expected because her family was supportive. She was fortunate to have a great deal of social support and, consequently, she did not seem to experience much role conflict when she returned to school.

Frances' pursuit of the bachelor's degree was motivated as much by a desire for personal fulfillment as for career mobility. She was very definitive about the fact that obtaining the BSN was always something that she wanted to do. She also recognized that the BSN would enhance her ability to move into a variety of nursing roles. When discussing the benefits of the BSN degree, Frances intimated that she attained more from the educational experiences than she anticipated. She realized that her point of view regarding the nursing profession and life-long learning had changed in a very positive way. She used the metaphor that returning to school was a "bridge" for her because she wants to go to graduate school to obtain her master's in nursing. She saw the master's as yet another step in expanding her career options.

One of Frances' biggest concerns when deciding to return to school was thinking that she would not be able to balance her family and work responsibilities with her school commitments. Looking back, she realized what an excellent support system she had. She reiterated several times that she should have made the decision to go back to school sooner.

Participant 7

Textural-Gail

When Gail made her initial choice of an ADN program, she stated, "I wanted to be close to home; school was 20 miles from home. My mother was teaching at the college." Gail's family had a major impact on her initial college choice and on her subsequent choice to return for the BSN degree. When Gail started her ADN program, her "...mother was in school at the time working on her master's. My dad was working on his master's. I was told to get something out of college." By the time Gail returned for the BSN degree, her mother had her master's degree and was working on her Ph.D. Family encouragement and support to pursue higher education were very important to Gail.

After being in the nursing workforce, Gail realized that an ADN would not be enough. “Trends of nursing and certain jobs that I wanted, I couldn’t get because I didn’t have my higher degree. Then Hurricane Katrina happened. The hiring process was so slow...I really wasn’t marketable with the ADN because there were so many nurses with diplomas and ADNs.”

Once Gail realized she needed to return to school, she was afraid that she would not be successful. “I had teenagers...the fear of coming home and saying that I didn’t make it...a grown woman with children...drilling into them to get your education and coming home and saying that I failed.” The fear of failure was daunting to Gail. “I think that would’ve taken my ego to the point that I might have never done anything else for myself...although I am a registered nurse.” Other issues Gail confronted were job-related, “...obstacles that you deal with on a job and the friction between the co-workers...” Once Gail enrolled in her BSN program she found that online course options facilitated degree completion.

Among Gail’s reasons for returning for the BSN was job security. She realized that the BSN was “...a professional degree...” and she recognized that her education in the ADN program was much more technical. “I was the best at starting IVs, how to interpret EKGs.” She said that she “...knew nothing about why nurses do what they do.” Reflecting on the benefits of having a BSN, Gail recognized that “You are a hot commodity. With the job market being as horrible as it is right now, I have had about four great opportunities that I could’ve chosen.”

Structural-Gail

Gail is 57 years old and, after being in the nursing workforce for 21 years, she enrolled in a BSN program. She realized that she could not attain her professional goals unless she returned to school. Hurricane Katrina helped Gail recognize the importance of a BSN in a competitive work environment. When she enrolled in her BSN program, she had teenage children and was

employed in an acute care hospital. Thus she was faced with juggling multiple roles of spouse, parent, employee, and student. Fortunately, Gail received substantial tuition assistance from the Louisiana Incumbent Worker Training Program (IWTP). Partially because of the IWTP, she was able to fluctuate between working part-time and working full-time.

One of Gail's biggest concerns when returning to school was fear of failure because her parents are educators and she wanted her family, including her husband and children, to be proud of her accomplishment. Her family was very supportive of her decision to return to school for the BSN. The biggest obstacle Gail had to overcome while working on her BSN was lack of support in the workplace.

Participant 8

Textural-Helen

Helen selected ADN education when she chose nursing as her career because “the ADN route was the quickest way for me to do that. At that time, and actually now even, there is no pay difference in an AD or a BSN so I felt like if I got RN behind my name, I knew that I wanted to go back and get a BSN...I had to start making RN salary.” When discussing the differences she recognized between the ADN and BSN nurse, she said, “It's been the age old battle in nursing that the professional nurse was the BSN. I wanted to be considered the professional nurse because it's my chosen career and profession, so I need to at least be at that level.”

While in school for the BSN, “I was 8 months pregnant. I wanted to finish school and it was a personal goal and I was going to achieve it. I worked full-time and went to school. I wanted to do it on my own terms. It allowed me to progress on the career ladder here at our facility. You either have to be in school to be on a certain level or have completed a BSN. A staff nurse position is compensated for that so it did matter financially and it was \$1.50 an hour

increase. I think it made me appreciate nursing more. You should continue education and be that professional nurse. Adult education was professional so it made you appreciate it. It also helped being an adult learner making those ties to other people that when you are a traditional student you don't make those kinds of ties."

Structural-Helen

Helen is 50 years old and is employed in a hospital setting. When she decided to return to school for the BSN, career enhancement was not her motivation. She went back on her own terms because her job at that time did not require her to have a BSN. She stated that it was something that she wanted to do to feel like a professional. Despite being 8 months pregnant when she returned to school to attain the BSN, her pregnancy did not deter her. Once she enrolled, she persisted because the BSN was a personal goal and she was determined to achieve it. She worked full-time while attending school and she completed one course at a time.

Returning to school made Helen appreciate nursing more. She was aware of issues associated with being a non-traditional student and realized she had a different philosophy from the traditional students in the classes she was taking. She is a director of a medical-surgical nursing unit and is responsible for scheduling shifts for staff nurses. She realizes the importance of support at the workplace for the returning student and she helps staff in any way that she can to facilitate their returning to school.

Participant 9

Textural-Isabella

When Isabella made her initial college choice, she attended the only nursing school that was located in her town. "It was really the only nursing school there, so I really didn't have a choice." After several years of working as an RN, she recognized, "...the benefit of I thought of

having the BSN would be better job opportunities, more money and just the satisfaction of knowing that you were able to see it through and complete that degree.”

She discussed barriers she encountered. “Mainly just the time issue; like taking away from work, family, that kind of thing.” She also had a fear of failure. “Especially when I went back in 2006, because I didn’t grow up in the computer age...I knew everything was computers and there was kind of fear of learning that. I had a fear of being a nontraditional student; fear of being in class with younger traditional college ages and feeling like a grandmother.”

Isabella described the actual benefits of the BSN. “It has increased pay a little bit... There were more things to pick from; there were more supervisory opportunities. There is opportunity for promotion...Clinical Coordinator positions do require bachelor’s and some master’s degrees so there is opportunity to move up the ladder.”

“There have been some road blocks but for the most part it’s been a pretty enjoyable experience... I made a commitment to do this and I am going to go ahead and do it... It gives you a lot of personal satisfaction to know you can do something you didn’t think you could...just the satisfaction of knowing that you were able to see it through and complete that degree. Personally, the satisfaction of knowing that you were able to accomplish that and that’s something nobody can ever take away from you.”

Structural-Isabella

At the time of her initial college choice, Isabella was in her early 20s and attended the only nursing school in her town which offered an ADN. Isabella decided to become a nurse because many of her family members were nurses, including her mother. She exhibited pride as she discussed how her mother raised three children and she learned from her mother the importance of overcoming obstacles to balance work commitments with raising children. She

does not have children but balancing family commitments with 12-hour work schedules and school schedules was difficult for her.

Proximity of the learning environment to where she lived seemed to be important to Isabella in both her initial college choice and when she returned to school. Twenty-two years after completion of the ADN, she completed some of the prerequisite courses for the BSN program at a school that was close to her home; however, the school closed before she could complete the requirements for the BSN. Years later, she had the ability to finish the prerequisites for the BSN with the help of tuition reimbursement from her employer for full-time employees. She enrolled in a BSN program and had only been in school one week when Hurricane Katrina occurred. She had to stop for the semester that Hurricane Katrina happened; however, she made a commitment to herself to continue to pursue the BSN.

Isabella experienced fear of failure in a technology-based educational environment because she didn't grow up in the computer age. Her fears were related to the fear of learning the computer and time constraints related to balancing her work, school, and personal responsibilities. Her determination to attain the BSN enabled her to overcome her fears. She was proud of completing the BSN degree and experienced personal satisfaction in knowing that she was able to accomplish her goal despite all the challenges and obstacles that she had to overcome.

Participant 10

Textural-Janice

At the time Janice selected ADN education, "To become an RN was my goal. Finances had played a big part in it; I knew it would be a shorter track to go through versus the bachelor's programs. After 3 years of practicing as an RN, she became "...a goal oriented person. I came

from a totally different career perspective. I knew I wanted to be able to be mobile and go upward, and I would want to be bachelor's prepared so that I could get more professional opportunities and more career opportunities for me...It would allow me to have more choices at management positions..."

While in school for the BSN, "I still had to work full-time and go to school once a week... that type of program was geared towards the adult learner, and a person who had already had a lot of experiences. After I obtained the bachelor's, it did kind of open up my thinking as more of a professional nurse, and my approach to different situations as far as staff or maybe communication with the physicians or maybe the family members. It did give me a little better perspective or a way to handle things in a more professional manner. Obtaining the BSN really gave me a different voice, a different kind of perspective of the professional nurse and maybe the difference in it, and the ADN bedside skill-set versus a more professional demeanor. It was a difference in pride, and a difference in accomplishment, and a difference in being a bachelor's prepared nurse. I feel a lot more esteemed. Being a bachelor's prepared nurse also enhances you with trying to mentor people, being a coach to people and that plays a big part in my career. Not only do I want to be able to be a part of a professional organization, but I want to take one of the nurses with me, who may not have had that experience."

Structural-Janice

Janice is 57 years old and entered the nursing profession as a second career. She is employed as a director of a unit in an acute care hospital. She worked full-time when she returned to school and she stated that she was an adult learner with life experiences. She chose the traditional classroom setting as opposed to online learning because she felt more comfortable in that educational environment.

Janice didn't think there would be a difference in what she would learn about nursing when she chose to return to school. She realizes, however, that she acquired a more in-depth knowledge base for nursing which enables her to be a better clinician. The BSN experience has given her an increase in personal pride and professionalism, and a sense of accomplishment. It has improved her communication and collaboration skills, and provided an incentive to become involved in professional nursing organizations. She now views herself as a mentor. In her role as director of a medical-surgical nursing unit, she mentors RNs and helps them understand the importance of becoming involved with professional organizations. She also assists associate degree RNs in their decision to return to school for the BSN.

Participant 11

Textural-Kelly

When discussing her initial college choice, Kelly stated, "I always wanted to be an RN...The thing that really attracted me to an ADN education is because it was a second career, I was an older student. I started when I was 37 or 38. In 2 years I could be a practicing RN, that's the reason why I wanted the ADN rather than the BSN route... I figured well I'm older; I don't really need the BSN when I first started nursing. But I knew I needed the RN part of it. And just being in the field and working in the field, I realized that I needed to get more knowledge to really understand the wholeness of nursing."

After working as an RN, "I realized that I was going to have to really go further than just an ADN. I would have to go at least one step up to a BSN if I wanted to really grow in the nursing profession...to be able to get into management or teaching or anything I would have to advance my education. When I started the BSN program I went in full force and I hit a lot of road blocks with not being able to go to class when I wanted, and they did not have online

courses available at that time. And it kind of frustrated me, so... for 2 years I just kind of stayed out of it. It was frustrating trying to be able to take courses and work at the same time. So I stopped and for a while I didn't think I was even going to go back, but I wanted to teach."

Kelly encountered barriers related to coordinating her work and school schedules. "I had a lack of cooperation with my employer because sometimes classes would start at 5:00 p.m. and sometimes it just didn't warrant me having that time off or I'd ask for that particular night off so I could go to class...I would ask for an entire shift off and offer to work other shifts and they would say, 'We need you to work this shift.' So it was really kind of rough going. So in the beginning it was very, very, difficult because of that...not being able to take off when I needed to take off so I could go to class."

"Online classes are a great addition to BSN education because it is so hard for nurses to schedule time off when they need to. It became easier towards the end of my BSN to be able to take a class online. And that kind of helped things out a great deal because then I didn't have to worry about taking off of work or asking for that day off..." Kelly had support in the educational environment. "I was fortunate when I went back too because the instructors that I had were very supportive of returning students. I was more mature and more willing to study and do the work, which was to my benefit. "

Kelly returned to school because "the BSN program offers more community health and public health. That is the way of the future-less acute and more out-patient coming about. When you have your ADN, you are more focused on just that acute care. And with the BSN you extend that knowledge and you extend the vision. You are able to look at things from different perspectives, which is important I think if you want to be a nursing leader of any kind. Because

you have to be able to see the whole picture not just the acute care part of it. You need to see the management part of it. You need to see the finance. You need to see managed care in action.”

Structural-Kelly

Kelly is 57 years old and worked full-time while completing the BSN degree. She entered the nursing profession as a second career and chose ADN education because she could become an RN in 2 years. She decided to return to school six years after completing the ADN because she realized that she wanted to expand her knowledge of nursing.

Kelly encountered barriers on her first attempt to return to school for the BSN because she had difficulties coordinating her work and school schedules. She noted a lack of support and cooperation from her employer. Her husband was supportive, but she was unable to continue her course work at that time primarily because of scheduling problems. She waited 2 years before attempting to return to school again.

Although Kelly addressed fear of computers when she first started back to school to pursue the BSN, her determination to learn to use computers assisted her in overcoming this obstacle to successfully complete her goal. On her second attempt at returning to school, she had more online learning options. She overcame her fear of computers and she found that faculty in the educational environment was supportive of returning students. However, she prefers a traditional classroom setting because of the ability to hear different points of view.

Although it was easier for Kelly to balance her personal and professional responsibilities with her school schedule on her second attempt at returning to school, she had the added responsibility of taking care of her aging parents. Her husband was supportive and her children were grown, but Kelly still had multiple roles to balance as she completed the BSN. After 2

attempts at returning to school, Kelly completed the BSN in 4 years. She is currently pursuing a master's in nursing so that she can continue to advance in her career.

Participant 12

Textural-Linda

When Linda decided she wanted to become a nurse she applied to both an ADN and a BSN program. "I've gone the scenic route because originally I was accepted to the ADN program first. Achieving the RN basically was my primary goal. All my life I had wanted a BSN, but again because of the route I had to take over the years, it wasn't feasible at that point. And then I found once I was an RN, I was still limited in opportunities. It probably was personal, but I felt limited. With the associate degree I didn't have enough of the theory behind the scientific process in order to fulfill... my personal goals."

After being in the nursing workforce for 4 years, Linda decided to pursue the BSN. "At the time the American Nursing Association was pushing for anyone to work in any intensive care to have a BSN, anyone in management, and I just felt that was the next step. Also that was when the certification testing was coming out. I wanted that to validate my specialty. And it had always been a personal goal." She used the metaphor of a stepping stone when describing the BSN as a way to achieve her goals.

Linda found returning to school difficult because she had to work full-time. "Trying to work as an RN while in the BSN program was extremely difficult. I was on my own paying rent, lights, gas, and the whole nine yards. ...so it was always work a semester, go to school a semester."

Linda felt personally enhanced by the BSN despite the difficulties she encountered. Among the things she felt she gained were, "...understanding more of the why. It's well-rounded

for better decision making...the feeling of accomplishment and achievement...it was hard, but I was persistent, and disciplined enough... I made it. So I feel like I've accomplished a lot.

Whenever adults go back to school, it has to be for the right motives and the right reasons.

When you're going back to school as an adult, it's usually not easy, no matter who it is or the circumstances. So you should be going for the right motives, and I feel like again, I wanted to do this. It has always been a personal goal."

Structural-Linda

Linda is 57 years old and had applied to both a 2-year and a 4-year institution when she decided she wanted to become a registered nurse. She attended the first school that accepted her which was the institution that awarded an ADN. At that point she had completed the prerequisites she needed for the BSN program and she knew that she would eventually complete the BSN. She was married, had young children, and was working full-time when she first decided to return to school for the BSN. At that time, she was not able to balance school, work and family responsibilities. Linda waited 4 years before returning to complete the BSN. She wanted to have more career opportunities, such as the ability to be more involved in management and have the possibility to teach one day.

Linda encountered financial barriers while pursuing the BSN and found, to her dismay, that she had no cooperation in the workplace at the staff level. Despite the difficulties she encountered, she persisted because it was a personal goal of hers to complete the BSN. Linda was determined to complete the BSN for both personal fulfillment and professional advancement. She has a great sense of accomplishment as a result of achieving her long-desired goal of a BSN. Once she had her BSN, she was offered and accepted the opportunity to become a preceptor and to orient new employees. Linda feels very strongly about BSN education. She is

personally dedicated to assisting RNs who are contemplating the decision to return to school because she did not have the workplace support when pursuing her educational goals.

Tables 1 and 2 provide the demographic data for the participants that were interviewed. Pseudonyms are used in the charts and when referring to the participants in the study to maintain confidentiality.

Table 1

Demographic Data of Participants

| Participant | Age | Gender | Year graduated with ADN | Year graduated with BSN | Years Practicing as an RN before returning to school | Years Practicing as an RN after completing BSN | Length of time (in years) to complete BSN |
|-------------|-----|--------|-------------------------|-------------------------|--|--|---|
| Amy | 26 | F | 2007 | 2009 | none | 1 | 2 |
| Betty | 36 | F | 1998 | 2008 | 1.5 | 2 | 2 |
| Casey | 38 | F | 1997 | 2001 | .5 | 9 | 3 |
| Daisy | 40 | F | 1995 | 2007 | 12 | 3 | 7 |
| Edward | 40 | M | 2001 | 2008 | 5 | 2 | 3 |
| Frances | 42 | F | 1989 | 2005 | 12 | 5 | 3 |
| Gail | 47 | F | 1986 | 2008 | 21 | 2 | 1.5 |
| Helen | 50 | F | 1992 | 1999 | 2 | 12 | 5 |
| Isabella | 51 | F | 1982 | 2008 | 23 | 2 | 2 |
| Janice | 57 | F | 1998 | 2001 | 3 | 9 | 2 |
| Kelly | 57 | F | 1996 | 2008 | 6 | 2 | 4 |
| Linda | 57 | F | 1981 | 1988 | 4 | 22 | 3 |

Table 2

Additional Demographic Data of Participants

| Participant | Age completed ADN | Age completed BSN | Financial support from employer at time returned to school | Career enhancement opportunities when decided to return for BSN |
|-------------|----------------------|----------------------|--|--|
| Amy | 23 | 25 | yes | Points toward career ladder |
| Betty | 24 | 34 | none | none |
| Casey | 25 | 29 | yes | none |
| Daisy | 25 | 37 | yes | Points toward career ladder |
| Edward | 31 | 38 | yes | Points toward career ladder |
| Frances | 21 | 37 | yes | none |
| Gail | 23 | 45 | none | none |
| Helen | 32 | 39 | yes | none |
| Isabella | 23 | 49 | yes | none |
| Janice | 45 | 48 | yes | none |
| Kelly | 43 | 55 | none | none |
| Linda | 28 | 35 | none | none |

College Choice

Half of the participants stated that before they entered the ADN program of their choice, they really didn't know how various types of nursing educational programs differed. When asked the question, "What you did you know about the different types of nursing education programs when you selected ADN education?" Casey stated, "I really didn't know about the different types; I was very young." Five of the participants stated that they knew they would return for the BSN degree in the future.

Most of the participants stated that attaining the ADN was the best choice in terms of time, finances, and convenience. Janice stated, "Finances played a big part in it, and I knew that getting an associate degree would be a shorter track to go through versus the bachelor programs." Kelly, who chose nursing as a second career, stated:

The thing that really attracted me to an ADN education is because it was a second career and I was an older student. I think I started when I was like 37 or 38. And I just figured that in 2 years I could get my RN and be a practicing RN.

Several of the participants cited proximity of nursing programs to where they lived as a determinant of choosing an ADN program. Therefore, geographical location and convenience were important variables. Isabella stated, "I was living in a small town, and it was really the only nursing school there, so I really didn't have a choice." Amy also stated that she chose an ADN program that was in close proximity to where she lived. She stated that she chose the location of the school itself, and that she did not even consider the different types of nursing education programs when she entered the ADN program.

Emergent Themes Identified

In this section, the findings of the research are first presented as seven themes related to benefits and barriers that emerged from participant interviews. The themes that emerged after analysis of the data from the 12 interviews were: support, professionalism, role strain, personal fulfillment, fear of failure, career mobility, and financial barriers. The seven themes are discussed in relation to the literature then organized under each of the four research questions that the study was designed to answer.

Theme: Support

Each of the participants in my study discussed the value of support when returning to school to achieve their personal and professional goals. Their descriptions of support indicate that they were reflecting on various types of social support. Although definitions of social support found in the literature vary widely among those who have studied the construct (Cooke, Rossman, McCubbin, & Patterson, 1988), the common theme that researchers and theorists have proposed when discussing the term is the support needed to assist individuals with achieving their goals. This support can be present in varying forms on both personal and professional levels.

Cobb (1976) first defined social support as the individual belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations. Cobb's definition is limited to emotional support an individual may require during life-changing events. House (1981) later discussed four types of support that should be considered as forms of social support. These include: *emotional support*, which is associated with sharing life experiences; *instrumental support*, which involves the provision of services that directly assist a person in need; *informational support*, which involves the information that a person can use to

address problems; and *appraisal support*, which involves the provision of information that is useful for self-evaluation purposes. Thoits (1982) noted that social support has several dimensions: amount, type, and source. Thoits stated that the make-up of one's network will affect the amount and type of support available to help an individual during a time of need. According to Thoits, support in this context does not have to be reciprocal. An individual's social support system can encompass more than just family members or friends. Therefore, the person who is giving support could be a mentor, teacher, or peer.

Cobb (1976), House (1991), and Thoits (1982) associated social support with networking that helps individuals cope with stressful events in order to enhance their psychological well-being. Using their definitions, social support networks can be composed of family, friends, coworkers, peers, mentors and other individuals with whom one interacts. Moreover, support systems are essential in assisting individuals to attain their goals.

In varying degrees, all of the participants discussed the presence or absence of support systems in their pursuit of the BSN. Support systems that were addressed by the participants included: family, workplace, and educational environment. While most participants said that they experience family support and support in the educational environment from peers and faculty, several expressed dissatisfaction with the degree of support experienced in the workplace. In particular, some participants noted that supervisors and co-workers were neither cooperative nor facilitating in terms of work schedules.

Family Support

Daisy was 30 years old when she returned to school to obtain the BSN. She stated that the reason she obtained the ADN when she initially became a registered nurse was that she was married with financial obligations and the ADN was the quickest way to become a registered

nurse. She also stated that she knew the bachelor's degree was going to take her longer and that it was something she could later pursue. She said she always wanted a bachelor's degree and she did have the support of her mother to further her education. Daisy stated:

My mom was extremely supportive in the idea of a bachelor's degree because she felt like it would be better for me in the long run; that I would have management opportunities and I could go back for my master's degree. My mom had her master's degree so she was very big on getting an education and going as far as you could.

Six of the participants stated that their husbands were supportive. Interestingly, Betty stated:

My husband was supportive to some degree and also he wasn't supportive because he is also a nurse and he did not see the point of going for the BSN because he is an ADN graduate.

Another participant, Frances, was 37 when she completed the BSN degree. Frances stated:

I think the transition was easier than I thought it would be. I think it was a lot of putting off with me because of my personal life, having a child, but once I got in a program, it was like, why you didn't do this sooner? You know, it was easier than what I thought and having the family support helps. I had my husband and I had my family encouraging me to go back just like they are encouraging me now. I think just putting it off was the worst thing you could ever do.

Kelly, who was 55 when she completed the BSN, stated:

I was more mature and more willing to study and do the work, which was, you know, to my benefit. So really, my children were grown so it was pretty easy and my husband was very cooperative.

Workplace Support

Although Isabella stated, “I think as a whole nurses do tend to support each other,” Kelly stated:

There was lack of cooperation with my employer because sometimes classes would start at 5:00 p.m. and sometimes it just didn't warrant me having that time off or I'd ask for that particular night off and they would say, ‘We need you to work this shift.’ So it was really kind of rough going.

Kelly also stated:

I think there should be support from administration. If I am enrolled in night school, I should be allowed to work day hours unless I request night hours. I need to be protected from somebody just doing a schedule saying, ‘Well, she ain't worked no evenings, so she is going to work these evening shifts to make up for all the evening shifts we worked for her.’

In congruence with Kelly, Gail stated:

I think someone needs to stand up and say, if you go to school, if you are a daytime student, we will let you work 3 days straight and be off the other 4 days straight if that's what you choose. I think that administration should sit down with a student and their schedule for school and work and decide what will work for you. I think they need to work with us with our schedule and when someone is in control of your schedule; they have the power when you're working. So if your co-workers know that your administrator or your director is protecting you to get this education, well, shucks, other people are going to go get their education, too. I think that'll be an incentive knowing that, shucks, I don't have to work weekends because I want to go in school. If they're going to pay for

you to go to school, they have to pay for you, then they have to make a schedule for you. And incentives should be offered for them that, if you do go to school, you don't have to pay me more money, but let me know that you would help me with my schedule to do it. If you can fulfill your 40 hours, let's see what works for you.

In contrast to the scheduling problems discussed above, Casey described positive support from the work environment. Casey stated:

They worked with my schedule at work because the classes were in the evening and I was working nights so they let me have off on Tuesdays and Thursdays because those were the days I took classes. They worked around my schedule 100%.

Support in the Educational Environment

Casey also described positive support systems within the school environment. She stated:

I found that the RN-to-BSN programs were more adult-orientated. They realize you had careers and lives and were much friendlier. It got easier towards the end of my BSN to be able to take a class online. And that kind of helped things out a great deal because then I didn't have to worry about taking off of work or asking for that day off.

Janice voiced that she had a supportive educational environment when she returned to school for a bachelor's degree. She stated:

It really worked well for me because I had to work full-time, and it allowed me to go to school once a week, and that type of program was really great for me. It was geared towards the adult learner, and a person who already had a lot of life experiences, and I found it really worked well for me.

When discussing the positive support systems she experienced within the work and school environments, Casey stated:

I wouldn't discourage anyone from doing it. I would say I would encourage them to do it and let them know that most people and your employees and the school are going to be very helpful for you to go back. They make it very easy. So don't get discouraged if you think it's going to be difficult because of your job or your family and everything on your plate they are going to make it as easy as possible for people to advance their degree. I found that the RN-to-BSN programs were more adult orientated. They realize you had careers and lives and were much friendlier.

Helen's viewpoint of support from the educational environment was in relation to the peers in her classes. She stated:

I met nurses from all over the place. It also helped being an adult learner making those ties to other people that, you know, when you are a traditional student, you don't make those kinds of ties. And you end up making those ties and you can pick up the phone and say, 'Hey, remember me. We took a class together and what do you think or what are you all doing at your facility?'

Theme: Professionalism

The development of professional identity is an important process in any profession (Secrest, Norwood, & Keatley, 2003). Professionalism is a theme that emerged in my study as participants addressed actual benefits of completing the BSN degree. Given that all participants were already registered nurses, the finding of an increased sense of professionalism seems to be an unanticipated benefit experienced by the participants.

Deppolitti (2008) stated that historically nurses have had difficulty in defining nursing and distinguishing it from other health care disciplines. Deppolitti conducted a qualitative research study utilizing information collected from interviews with 16 RNs, 3 years post-graduation, to describe and explore experiences that contributed to the construction of their nursing identity. Findings indicated that hallmarks of professional identity in the group under study were a sense of responsibility for the outcomes of patient care, a realization of the importance of continued learning, and recognition for needed improvements in administering patient care.

Morris (2007) conducted a qualitative study that addressed the development of professionalism in RN-to-BSN students, 3 months post-graduation. In Morris' study, changes in professional behaviors post-BSN included increased collaboration with health care team members, increased patient advocacy, increased advocacy in the role of teacher of patients and families, increased consumer of research, and increased awareness and participation in the political process. Other findings from the study were that professional behaviors exhibited post-BSN included increased autonomy, better delegation skills, membership in professional organizations, and pursuit of advanced education.

Although the statements from the individual participants in my study focused on different aspects of professional behavior, the overriding theme of professionalism emerged in statements about improvement in nursing practice, increased self-esteem, improved ability to communicate and collaborate with other health team members, and greater skill in mentoring colleagues. The participants that I interviewed discussed changes in the view of themselves as a professional RN and changes in their nursing practice after completion of the BSN.

For example, Janice stated:

Obtaining that BSN really gave me a different voice, a different kind of a perspective of the professional nurse and maybe the difference in it, and the ADN bedside skill-set versus a more professional demeanor and more of a polished, if I can use that term, to describe how I felt after. And I was trying to think in my mind, 'Oh no, it's not going to be a difference,' but it was, it was a difference in pride, and a difference in accomplishment, and a difference in being a bachelor-prepared nurse. I feel a lot more esteemed.

Janice also added:

Being a bachelor-prepared nurse, that kind of enhances you. It also enhances you with trying to mentor people, being a coach to people, and that plays a big part in my career. With that, after I obtained that bachelor's, it did kind of open up my thinking as more of a professional nurse, and my approach to different situations as far as staff or maybe communication with the physicians or maybe the family members. It did give me a little better perspective or a way to handle situations in a more professional manner. And I was skeptical, I was saying, oh, well, okay, I'm already mature-minded and I know I'm going to be okay with maybe if I didn't obtain my bachelor's degree and maybe handling conflict resolutions or handling any patient complaints or customer service, which we do a lot of...

Casey stated that although she made the decision to obtain the BSN for career advancement, she has remained a staff nurse for 10 years even after completing the BSN.

However, when addressing the actual benefits of obtaining the BSN, Casey stated:

Just to appreciate nursing more and to know more of the background and the

theory behind it. Completing the BSN made it (nursing) seem more career-like and not just a job. I am differentiating that because it was just a job initially.

Helen also discussed professionalism when asked what influenced her decision to obtain a BSN.

Helen stated:

Because that was the professional level of nursing. It's been the age old battle of nursing that the professional nurse was the BSN. And I definitely saw myself at least at that level. I wanted to be considered the professional nurse because it's my chosen career and profession and I needed to at least be at that level.

When asked if she could add anything else to her experience of returning to complete the BSN,

Helen added:

I think it made me appreciate nursing more. It makes you so proud to be a nurse and why you should continue your education and then just the whole philosophy; getting my BSN was adult education; it was professional, so it made you appreciate it.

Betty echoed similar sentiments of professionalism. She stated:

The benefit of completing the BSN is that it allows me to take care of patients better.

Today in the world we live in, it allows me to speak to patients and understand maybe why some of their treatments are not being covered and it allows me to explain research to a patient a little bit better. Initially, I just saw it as a personal goal and the fact that I wanted to go on to get my BSN and possibly pursue the clinical nurse specialist, but I missed the fact that I didn't realize what educational piece I was missing and how much that would benefit me as well as my patients.

Kelly also stated:

Really, the benefit of having the degree is to be able to see the whole picture. Because when you have your ADN, you are more focused on just that acute care. And with the BSN you now extend that knowledge and you extend the vision. You are able to look at things from different perspectives, which is important I think, if you want to be a nursing leader of any kind. Because, you know, you have to be able to see the whole picture, not just the acute care part of it. You need to see the management part of it. You need to see the finance. You need to see managed care in action.

Theme: Role Strain

Participants in my study described experiences indicating that role strain was a common phenomenon during the pursuit of the BSN degree. In 1960, Goode defined role strain as the felt difficulty in fulfilling role obligations. Goode stated that individuals are likely to face a wide, distracting, and sometimes conflicting array of role obligations. When an individual conforms fully or adequately in one direction, fulfillment will be difficult in another, thus according to Goode, role strain difficulty in meeting role demands is normal.

Siebert (1974) also addressed the construct of role strain as the difficulty in meeting given role demands when performing multiple roles. According to Siebert, role strain is a natural consequence of multiple roles and includes overlapping problems of role overload and role conflict. Siebert noted that although adult students may perceive positive outcomes when assuming various roles, the obligations related to role accumulation can result in role strain and the inability to fulfill those duties.

Home (1997) examined relationships among role strain, perceived role demands and perceived support for women. Survey findings from 443 women who worked full-time, with family roles while studying social work, nursing, or adult education indicated that women in multiple roles have more time and resource constraints, as compared to men, that may make them more vulnerable to role strain (Home, 1997).

The theme of role strain emerged as the participants described balancing their work, school, and personal responsibilities. All participants in my study described demands associated with their multiple roles. Ten of the participants had child care and other family responsibilities. Two of the participants stated that although they did not have children, the demands associated with working and going to school were stressful because of other family and home responsibilities.

One participant elaborated on difficulties associated with family responsibilities by stating that she tried to go back to school when her children were younger; however, she was unable to balance her responsibilities so she waited 10 years before returning to complete the requirements for the BSN. She went on to say that although her children were grown when she started back again, she then had the responsibility of caring for her elderly parents. Her responsibilities had changed over time, but multiple role responsibilities were still a reality.

The following additional comments illustrate role strain related to family obligations. Betty stated:

There was a lot of stress of going to school and being pregnant and working. My husband and I decided that I would just do the 1 year working and then go back at some point later on to finish 20 hours, maybe less, that I had left. Once I did have the baby, my goal was to go back within the year to finish my last year of my BSN program; then I became

pregnant for my second child and I didn't go back until my 2nd daughter was 18 months old. I was unemployed at the time when I went back to finish the BSN.

Daisy stated:

Going back and having kids, it was very difficult. It was very difficult to manage the classes, the full-time work, being on-call, taking care of the kids, taking care of the house, so it took a really long time.

Many of the difficulties cited by the participants were due to conflicting role obligations resulting from work and school schedules. Frustration with inflexible work schedules in health-care settings was frequently voiced and the ability to schedule classes became a formidable obstacle for many participants.

Gail stated:

So I am subject to two different entities – my work schedule, my school schedule. My work schedule – my work entity gave me my school schedule. So I have a right to work Monday through Thursday, be off Friday, Saturday, Sunday because I'm doing these huge projects, you know. You can't do this today and then go back Saturday, and then do a 10 hour paper. You've got to sit there and do that paper.

Linda stated:

I was having trouble working because of my school schedule. So it was always work a semester, go to school a semester, work a semester, go to school a semester. That's how I was doing it.

Kelly stated:

One thing, I do – I have to say in the beginning, when I first went back into the BSN program – well, when I started the BSN program, I went in full force and I hit a lot of

road blocks with not being able to go to class when I wanted and they did not have online courses available at that time, and it kind of frustrated me. So for, I'd say 2 years I just kind of stayed out of it. It was frustrating trying to be able to take courses and work at the same time, and it just frustrated me. So I stopped and – for awhile I didn't think I was even going to go back.

Isabella stated:

Honestly, I don't have small children and I don't see how people who have small children that are in school do it, I really don't. It's the time issue, fitting in work especially if you are a hospital staff nurse and your working 12-hour shifts and that kind of thing. I know that it's hard to fit it in. You know, the big thing through school has just been the time commitment.

Theme: Personal Fulfillment

Personal fulfillment is a theme that emerged in my study as most participants spoke of obtaining the BSN as a personal goal. The drive for self-fulfillment is an important factor in the decision of the non-traditional student to return to school. Although returning to school adds yet another role, a process referred to as role accumulation by Sieber (1974), successful management of multiple roles can provide the benefit of enriching the personality and enhancing one's self (Sieber, 1974). The RN who successfully undertakes the non-traditional student role develops a sense of accomplishment and enhanced self-concept when the ultimate goal of the BSN degree is achieved.

Self-fulfillment is an important goal for the non-traditional student as evidenced by findings from a qualitative study by Chao and Good (2004). Their study focused on the importance of motivation and self-fulfillment when non-traditional students make the decision to

return to school. They found that non-traditional college students were able to overcome various obstacles to their pursuit of a degree because of their motivation for learning and the drive for self-fulfillment.

Nine of the participants in my study specifically acknowledged that obtaining the BSN was a personal goal, such as Helen, who stated, “Once I got on the track, it was a personal goal and I was going to achieve it.” Linda, who worked as an RN for 7 years before completing the BSN, stated, “Achieving the RN, basically, was my primary goal. All my life I had wanted a BSN, but again because of the route I had to take over the years, it wasn’t feasible at that point.” Linda elaborated on her feelings of accomplishment in completing the BSN as she stated:

I remember my daughter was in high school, and my youngest was in kindergarten. And I remember sitting on his bedroom floor, and the way our house is, the kitchen light, I would put the kitchen light on and it would beam a little bit into his doorway. And I’d be sitting there studying and reading, getting him to stay in the bed so he’d go to sleep. He was just never one of those that you could just lay down and he’d go to sleep. And the feeling of accomplishment when I completed- because May of ’88, my daughter got out of high school, I got my BSN, and he got out of kindergarten all in the same month.

And just the other day, my youngest made a comment, ‘You know, Mom, I remember you sitting on my bedroom floor and studying to try to get me to get to sleep.’ And he would reminisce with me. So it was fond memories, but not so fond also – but the feeling of accomplishment and achievement. I felt very – I’ve always felt very blessed, and in that sense that – yeah, it was hard, but I was persistent, and disciplined enough – maybe not as much as I wanted to be, but I made it.

Isabella also echoed personal satisfaction and fulfillment by stating:

Personally, just the satisfaction of knowing that you were able to accomplish that and that's something nobody can ever take away from you, the satisfaction of knowing that you were able to see it through and complete that degree. I think a lot of it is personal satisfaction. You know, knowing that you can do it and it's something that nobody can ever take away from you. You know you have that degree, that's something that nobody can take from you, and you always have that and that opens up job opportunities and you never know where life is going to take you, you never know when that degree is going to come in mighty handy.

Betty said that she had a feeling of fulfillment when completing the BSN, especially when her 5-year-old said, "Mommy, I am so proud of you for going to school."

Frances stated:

It was a personal benefit for me, first of all, to achieve my bachelor's. I think it does help with your outlook in the nursing field, you know, like you just didn't stop there. You're going back, continuing to pursue further degrees in nursing, and that's the main reason I still want to go back. It's like I just have that interest in learning more and increasing my knowledge you know in the nursing field.

Theme: Fear of Failure

When describing the decision to return to school for the BSN, several participants used the term "fear of failure". Fear of failure is not uncommon in the nontraditional, adult student. Several researchers have discussed the difficulties that adult learners must overcome to be successful in the college environment. Donaldson and Graham (1999) presented a model of

college outcomes to address elements that affect adult learning and experiences. Although the adult learner may have fear about returning to college, Donaldson and Graham found that non-traditional students positively incorporate their work and life experiences to resolve barriers to their education.

When discussing the perceived barriers related to making the decision to return to school to complete the BSN, the exact term, “fear of failure” was utilized by three of the participants. Other participants discussed the apprehension of possibly not being able to complete the BSN once they started. Linda stated, “Whenever adults go back to school, it has to be for the right motives and the right reasons.”

Gail stated:

I always wanted to go back to school, but I had the fear of coming home and saying that I didn't make it. A grown woman with children that, um, drilling into them every day to get your education, did you do this and you have to do your homework, and you have to do this. A child that is not achieving, a husband that's looking at you as, my wife is so smart and coming home and saying that I failed. I think that would've taken my ego and like split it in half to the point that I might have never done anything else for myself although I am a registered nurse. People look at that as something big, but not to me. Basically, I'm scared to death if I have to call and tell my mom or somebody that I failed, and that's a big fear of mine.

Isabella stated:

Just the time commitment, and, I guess kind of fear of failure, and especially when I went back in 2006 because I didn't grow up in the computer age and I knew everything was,

like, computers, and there was kind of fear of learning that. And I guess mainly just the time issue.

Theme: Career Mobility

Based on the responses to the question, “What influenced your decision to obtain a BSN?” one of the primary reasons RNs return to school to complete a BSN is for advancement in the nursing profession. Participants talked about their goals of moving into management and leadership positions and advancing into other roles in nursing with the BSN. Four of the participants stated that they were presently working on their master’s in nursing to advance their careers even further. Four other participants stated that they wanted to eventually achieve the goal of attaining a master’s in nursing.

Daisy stated:

I am hoping to apply for a management position within the next year. I think in the long-term, I know for higher management positions and administration, the hospitals are looking for those people that do have their bachelor’s degree.

In congruence with this, Janice stated:

I wanted to be bachelor prepared so that I could get more professional opportunities and more career opportunities for me.

Betty echoed this same theme of career mobility by stating:

The BSN nurse has more opportunities as far as opportunities for employment and advancement, may not be salary related but just the idea and the potential to climb the ladder at work, maybe more managerial opportunities, the opportunities to go back and to get certified in different areas, so this is a stepping-stone to me. There are more

opportunities and more potential if you ever do want to go back to pursue a master's, a doctorate or whatever it may be.

Betty also stated:

In the midst of trying to get into my ADN, I was also doing prerequisites for my BSN because it was a goal of mine from the jump start of starting nursing school. I thought, I really want to pursue a Clinical Nurse Specialist and cannot do that without getting my BSN, so it made the drive a little bit stronger to want to pursue that BSN, not only on a personal goal now but on a more of a professional level. I could not climb any ladders if I did not have that BSN behind my name.

Kelly also focused on attainment of the BSN as a career enhancement step, stating:

I would have to go at least, you know, at least one-step up to a BSN if I wanted to really grow in the nursing profession. Rather than just being a floor nurse, to be able to get into management or teaching or anything, I would have to advance my education.

Isabella also associated completion of the BSN with more career opportunities. Isabella stated:

Well, I thought there would, of course, be more varied job opportunities, of course better pay, and that's the main two things, just having more job opportunities. There is opportunity, you know, for promotion, for instance. Clinical Coordinator positions and things like that that do require bachelor's and some master's degree so there is opportunity to kind of move up the ladder, so to speak.

When answering the question, "What influenced your decision to obtain a BSN?"

Edward stated:

The only benefit for me would be to pursue the master's degree. The only limitation of an associate's I could find in the field would be if you wanted a management job, you needed

to have a bachelor's degree. But the way towards that, they will hire you as a manager with an associate's degree as long as you're pursuing a bachelor's at some point in the future. So they really don't hold that against you as far as I can see. The benefit of having the bachelor's degree for me is essentially just one stepping-stone towards getting a master's.

Theme: Financial Barriers

Another theme that emerged from the interviews was that of finances. The discussion of finances came from different angles from different participants. Ten of the twelve participants stated that they originally selected ADN education when they chose nursing as their career because they needed to be in the workforce sooner. Many of the participants continued to work while completing the ADN to meet their financial obligations. Moreover, many participants had to continue working while pursuing the BSN, thus it seemed evident that financial barriers/obstacles to obtaining the BSN existed. Eight participants stated that they had some level of financial support from the employer at the time of their decision to return to school and four participants stated that there was no financial support from the workplace. Judging from the responses of the participants, financial support provided by employers was not enough, however, to allow the RNs to significantly reduce the number of hours required to earn income. When discussing finances in relation to returning to school for the BSN, Edward stated:

School's a lot more expensive than the little bit of tuition reimbursement, and having to work extra hours, pay for tuition. Also just the amount of time, the number of credit hours I was able to take. And I was kind of limited because you have to work full-time and do school...that was probably the two biggest problems that you had to deal with.

Daisy also discussed finances as a barrier. When discussing her choice of an ADN education, she stated:

I was married with bills and when I went back for my degree, I decided that this was the best thing for me to do because I had bills to pay and it was the quickest way for me to be able to get that degree.

When discussing her choice of an ADN education, Janice stated:

Finances had played a big part in it, and with that said, I wanted to go into getting an associate degree because I knew it would be a shorter track to go through versus the bachelor programs that were in the city.

Kelly was 43 when she completed her ADN. She discussed entering the nursing profession as a second career. She stated:

I was always told you don't need a BSN because you get the same amount of pay as you do as an ADN as you do for a BSN. And so I figured, well, I'm older; I don't really need the BSN when I first started nursing. But I knew I needed the RN part of it.

Helen was 32 when she completed her ADN. She stated:

Well, because at that time – and actually now even, there is no pay difference in an AD or a BSN; so I felt like if I got RN behind my name, I knew that I wanted to go back and get a BSN so that's why it had to be (pause) I had to start making RN salary. I knew that I would ultimately get at a minimum a bachelor's.

Research Question 1: Perceived (Anticipated) Benefits of the BSN

All participants mentioned career mobility and personal fulfillment as anticipated (i.e., perceived benefits) of obtaining the BSN degree. The question posed was, “Before you returned to school, what did you think would be the benefits of having a BSN?” Sample responses follow.

Casey, who was 25 when she completed the ADN program and 29 when she completed the BSN, articulated the value of career mobility. She stated:

I realized if I wanted to advance maybe in management or teach one day I would have to further my degree and I figured I would do the bachelor's as quickly as possible which I did in 6 months. I wanted to get a touch in the field of being a nurse before I went back to school. I wanted to get the new graduate thing under the rug so I could feel more comfortable and focus on studying, too.

Janice, who entered the ADN program as a second career and completed the BSN at age 48, stated:

It would allow me to have more choices at my management positions if available because, of course, having a bachelor's degree does open up a lot more opportunities for you, and I really was looking for that.

Frances was 37 at the time of completing the BSN and she stated:

I think it does help with your outlook in the nursing field, you know, like you just didn't stop there, you're going back, continuing to pursue further degrees in nursing. That's the main reason I still want to go back. It's like I just have that interest in learning more and increasing my knowledge, you know, in the nursing field.

The potential for professional advancement and expanded career opportunities were considered to be primary reasons for the pursuit of the BSN degree. Many participants stated, for example, that the BSN is needed for management positions in nursing. Other perceived benefits included increasing skills and staying marketable. Many of the participants specifically used the term "stepping-stone" or "bridge" to describe the need for a BSN in order to pursue a master's or a doctorate.

Personal fulfillment associated with obtaining the BSN was also addressed by the participants as a perceived benefit. Nine of the participants stated that they wanted to return to school for personal satisfaction. Frances was 37 when she completed her BSN. She stated, “It was a personal benefit for me, first of all, to achieve my bachelor’s.” The nine participants stated that they just wanted to complete the BSN for their own satisfaction.

Although deciding to pursue the BSN as a personal goal was important to many participants, some who anticipated that the only benefit would be a personal goal stated that they did not realize how much difference completion of the BSN degree would make in both their personal and professional lives. An example is Janice, who stated, “It was a difference in pride, and a difference in accomplishment, and a difference in being a bachelor prepared nurse. I feel a lot more esteemed.”

Research Question 2: Actual Benefits of the BSN

Many participants stated that they feel personally fulfilled and have an increased sense of professionalism as a result of having completed the BSN. The increased sense of professional identity manifested itself in a variety of ways including a sense of increased competence and self-confidence. Examples of phrases used include: “different voice, different perspective of the professional nurse”; “ADN bedside skill-set versus a more professional demeanor”, and “it enhances you with mentoring people.”

The findings that the participants felt a greater degree of professionalism after completing the BSN is consistent with Kidder and Cornelius (2006) who state that licensure and professional status are not equivalent. RNs in my study had a feeling of increased professionalism which was a benefit they didn’t originally expect when making the decision to return to school for the BSN.

Personal fulfillment associated with obtaining the BSN was addressed by the participants as an anticipated as well as an actual benefit. Statements of the participants related to personal fulfillment are: “Personally, just the satisfaction of knowing that you were able to accomplish that”; “feeling of accomplishment, and achievement”; “I made it and nobody can ever take away from you.” There was a sense of pride in the voice of all of the participants as they discussed the gratification of achieving their educational goals on both the professional and the personal level.

Research Question 3: Barriers Encountered during the Decision-Making Process

Fear of failure, financial concerns, and difficulty in balancing multiple roles emerged as major barriers encountered during the decision-making process to return to school for the BSN degree. The necessity to balance family and work responsibilities with the demands of school were expressed as the barriers that associate degree RNs may encounter during the decision-making process of returning to school. These same barriers are also discussed as obstacles that the participants overcame while completing the BSN.

Three of the participants used the term “fear of failure” as a barrier in relation to the necessity of balancing their present life situations with their educational goals. One of the participants stated that the biggest apprehension associated with the decision to return to school was fear of coming home and saying, “I didn’t make it.” Others echoed the same thought by saying that there was a large degree of apprehension associated with their ability to balance work and school schedules and to ultimately complete the BSN degree.

When investigating returning to school, participants found that there was very little financial support from the workplace. On the positive side of the financial issue, however, the participants stated that achieving the BSN would be the only way to move into a managerial

position and have career mobility, to experience an increase in pay, or advance on a career ladder at the workplace.

Role strain was identified by the participants as a barrier both at the time of making the decision to return to school and while they were completing the BSN. These participants stated that they knew that balancing their work and school schedules and daily responsibilities would require a major time commitment.

Research Question 4: Barriers Encountered while Completing BSN Degrees

The participants in this study were non-traditional students and encountered barriers common to this group, including financial barriers, lack of support, and scheduling issues related to multiple roles. Although 8 out of the 12 participants stated that they received some financial support from their employers at the time they decided to return to school, 6 of those 8 participants stated that school was more expensive than tuition reimbursement. Eleven of the participants stated that they had to continue to work full-time when they decided to return to school. The findings of this study regarding the financial burden incurred by the RNs returning to school were consistent with Corbett (1997) who noted that RN-to-BSN students have greater financial obligations and increased work-related demands in comparison to students who enter nursing education at the baccalaureate level.

Issues related to scheduling were discussed by all participants as barriers that were encountered while completing BSN degrees. Several of the participants described a lack of cooperation with their employers in balancing their full-time work and school schedules. Three participants stated they had no cooperation at the staff level with their peers and they felt that a professional jealousy may have existed.

In terms of the educational environment, an interesting finding was related to the issue of online course availability. Most of the participants stated that either they did not have the availability of online classes or that they were intimidated by online classes. The sentiment of most of the participants was that they wanted the personal exchange of an instructor and a classroom as opposed to online learning. Many of the participants stated that although the thought of being able to complete assignments on their own schedule with online classes seemed to be a benefit, it created more of a hardship with time-management issues and their home responsibilities. Betty, who was 34 and married with two children when she completed the BSN degree, stated:

I needed to have that instructor in front of me and readily available instead of doing online. Online would have been a lot harder with being home with family and children in the household; I probably would have procrastinated on many of the classroom assignments. Being able to get out of the house and going to the actual classroom setting was better for me and gave me more incentive and more drive to be there. I don't think I could have focused with an online program.

Relating the issues of time management and online learning, Daisy stated:

Originally, I could remember thinking, 'Oh, this is cool; I can do all of this at home. I don't have to leave, right?' The online thing didn't work for me because I'm one of those people that when I am at home, I tend to be thinking only about stuff that I have to do at home, whether it's cooking or the kids or gosh, I really need to clean the house; I have two batches of laundry that need to be folded. And so, as appealing as it seemed at first, in reality, it really did not work for me. The night classes and the weekend classes were

much more doable for me personally. I liked the personal exchange of an instructor and a classroom as opposed to online.

Role strain emerged as a barrier as the participants discussed financial difficulties, time commitment, scheduling, and balancing the various daily responsibilities of home, work, and school. Role strain issues identified in this study are consistent with those identified by Chao and Good (2004) who found that non-traditional students balance course work, employment, and family life as they are creating new vocational goals while coping with life transitions.

Since all of the participants were non-traditional, working students while completing the BSN, they encountered barriers related to balancing their personal and professional responsibilities. Ann stated:

Oh, yeah, work itself is a barrier, you know. Unless you're fortunate enough to have a spouse that has an income that can support you, you're working and going to school and most of the time, if you are married, you have kids and you have all these additional responsibilities.

Isabella, who was 49 when she returned to school for the BSN, stated, "The time commitment, like taking away from work, family, that kind of thing." Isabella also discussed the hardship of being an older student. She stated:

And I guess kind of fear of failure, and especially when I went back in 2006 because I didn't grow up in the computer age and I knew everything was, like, computers, and there was kind of fear of learning that. And I guess mainly just the time issue.

Summary

According to the participants in my study, perceived (anticipated) benefits of obtaining the BSN degree included career mobility and personal fulfillment. Both of these anticipated

benefits were realized as actual benefits. In addition, participants voiced increased professional identity evidenced by increased competence and self-confidence.

Regarding barriers, role strain, lack of support, fear of failure, and financial concerns were the primary barriers identified. Nine of the participants discussed role strain in relation to the difficulties they had to overcome in their pursuit of the BSN. Four addressed the frustration that they encountered with trying to balance work, school and family schedules and stated that they had to stop going to school and wait until some of their personal situations changed before continuing their schooling. One participant stated that it took her 10 years to complete the program and another participant stated that it took her 7 years because of the inability to balance the various responsibilities. Although some of the participants had support from their families, employers, or deans and faculty in their school environments, many did not have support at the workplace to fulfill their goals in a more shortened time frame.

CHAPTER 5

DISCUSSION AND CONCLUSIONS

An important problem in the health-care system in the United States today is the shortage of RNs who hold baccalaureate or higher degrees. Data from the American Association of Colleges of Nursing (AACN) demonstrate that the majority of the RN population is educated at less than the baccalaureate level and only 10% of the nursing workforce has graduate degrees (AACN, 2008). Patient outcomes in terms of morbidity and mortality have been clearly linked to the educational level of nurses in the healthcare setting (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Aiken, Clarke, Cheung, Sloane, & Silber, 2005). Given what is known about quality of patient care and education of RNs, the fact that approximately 70% of practicing RNs are educated at the associate degree or diploma (vocational training) level, with only 15% moving on to achieve the baccalaureate degree, is particularly problematic. The low percentage of nurses prepared beyond the ADN level is also an issue for nursing education. The minimum requirement needed to be appointed to a faculty position in a school of nursing is typically the master's degree and, depending on the type and level of program, doctoral preparation may be required (Lillibridge & Fox 2005).

A review of the literature indicates that little research has been conducted to answer the question of why only 15% of associate degree RNs returns to school to obtain the BSN. Also, little research has been done on the benefits and barriers to returning to school from the perspective of the RN who has obtained the BSN degree. This study was designed to address this gap in the literature.

The specific purpose of this research was to study the lived experiences of registered nurses who obtained an associate degree in nursing and, while working in a health-care setting,

returned to school to attain a baccalaureate degree in nursing (BSN). Data gathered during individual interviews provided insights into what the participants described as the benefits of attaining a BSN as well as what they considered to be barriers that associate degree RNs must overcome to pursue a BSN education.

Using the narratives provided by the participants, the study answered four research questions: (1) What are the perceived personal and professional benefits for associate degree RNs to obtain BSN degrees? (2) Do the actual benefits of obtaining a BSN degree differ from what was expected? (3) What are the barriers that associate degree RNs encounter during the decision-making process of returning to school? and (4) What are the barriers that associate degree RNs encounter while completing BSN degrees?

In discussing benefits and barriers to pursuit of the BSN degree, seven themes emerged: Support, professionalism, role strain, personal fulfillment, fear of failure, career mobility, and financial barriers. These themes will be discussed further under Study Conclusions.

Interestingly, some of the same barriers (i.e., financial issues and role strain) were present when choosing to obtain the ADN and were also factors that the participants had to overcome in the pursuit of the BSN. However, all of the participants voiced the value of overcoming barriers to complete the BSN. An interview protocol was designed to obtain narrative data that could be used to answer the four research questions. Study participants were asked to reflect upon their experiences during the decision-making process to return to school, while completing course work for the degree, and after degree completion. Participants were asked about their initial college choice of obtaining an associate degree to see what they understood as the differences between ADN and BSN programs at that time.

Initial College Choice

Time and money are the key terms that most of the participants utilized when answering why they chose ADN education when first entering the nursing profession. Janice stated, “Finances played a big part in it and I knew that getting an associate degree would be a shorter track to go through versus the bachelor programs.” Kelly, who chose nursing as a second career, stated:

The thing that really attracted me to an ADN education is because it was a second career and I was an older student. I think I started when I was like 37 or 38. And I just figured that in 2 years I could get my RN and be a practicing RN.

In congruence with this thought, Daisy stated:

I also knew that no matter what degree I got, I was still going to be a registered nurse. And I took the same boards that registered nurses take. I knew that the bachelor’s degree was going to take me longer and that it was always something that I could go back to.

All participants addressed the length of time required for program completion as a factor in the initial choice of an associate degree program. The fact that ADN programs permitted more rapid attainment of the goal of becoming an RN was a very important factor. Several participants stated that due to pressing financial concerns, faster program completion, and quicker entry into the workforce were particularly significant considerations. Some participants cited the importance of convenience and proximity of the ADN program to where they lived.

Interestingly, a number of participants stated they did not know the differences between the various types of entry-level nursing programs, and thus elected the ADN program because of time and money issues. Additionally, some participants stated that they applied to both types of

nursing programs when they made the decision to pursue nursing and then elected to attend the first nursing school that accepted them.

Participants

As discussed in Chapter Four, 12 participants were interviewed for the study. The research questions were answered by summarizing phrases and statements that the participants used to describe their lived experiences as they returned to school for the BSN. The participants were a very diverse group in terms of current age, age when first licensed as a registered nurse, number of years of practice in the nursing profession, and number of years before returning to school. In spite of the differences in age and work experience, there was a great deal of similarity in the responses to the interview questions. The diversity of the participants and the commonality of their experiences in their pursuit of BSN degrees lend credibility to the findings of this study.

After talking with the participants, I discovered that they were very proud of the accomplishment of attaining the BSN. The participants were eager to inform me of their stories. It was clear that the participants hoped their narratives would assist other RNs to understand the importance of attaining the BSN. Several participants actually looked at the recorder when speaking in an obvious effort to convey their message beyond the interviewer/researcher. For example, Betty stated, “And I would say that if it is a goal of yours, just stay on the path and continue to focus and it is a definite obtainable goal.” There was a sense of pride in the voice of all of the participants as they discussed the gratification of achieving their educational goals on both the professional and the personal level.

Study Conclusions

Perceived and Actual Benefits

Career Mobility, Personal Fulfillment, Professionalism

According to the participants in the study, perceived (anticipated) benefits of obtaining the BSN degree included career mobility and personal fulfillment. Both of these anticipated benefits were realized as actual benefits. Most of the participants focused on the potential for advancement and career opportunities afforded to them with completion of the BSN. According to the participants, primary among the benefits of obtaining BSN degrees is the ability to pursue more professional opportunities. Some of the participants discussed the concept of career ladders in the workplace and the incentives these provided to further one's education. Career ladders are typically designed by employers in acute care settings (i.e. hospitals) to encourage the nursing professional to move upward to positions of greater responsibility. Often a career ladder provides monetary rewards for educational preparation such as the attainment of the BSN degree or a masters degree in nursing (MSN). Several of the participants stated that the career ladder at their workplace allowed RNs who were in school or who have completed a BSN to advance to higher levels.

Career ladders may be found in hospitals of all sizes but are particularly likely to be present in large, urban facilities, especially those seeking Magnet Status. Several of the larger hospitals in the New Orleans metropolitan area have or are currently seeking Magnet Status. The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC) more than 20 years ago to recognize healthcare organizations that demonstrate nursing excellence. Magnet Status is associated with many positive outcomes for nurses, patients and organizations. Nurses working in Magnet hospitals report more autonomy and control over

practice. Hospitals with Magnet Status or those seeking Magnet Status are required to reach certain benchmarks in terms of level of education among the nursing staff. This is in recognition of the fact that nursing education and nursing excellence are interrelated and impact patient outcomes in terms of morbidity and mortality. Generally, hospitals that have Magnet Status have a higher percentage of nurses with BSN degrees as compared to hospitals that do not have Magnet Status (Ulrich, Buerhaus, & Donelan, 2009).

In addition to the benefits of career mobility and personal fulfillment, participants voiced an increased sense of professionalism evidenced by feelings of increased competence and self-confidence. This was a benefit they didn't originally expect when making the decision to return to school for the BSN. Participants seemed surprised that they experienced an increased sense of professional identity, self-esteem, and self-worth. Participants spoke about feeling more competent with increased skill levels in areas other than technical skills. Among the areas cited by participants were increased collaboration and interpersonal skills, greater degrees of self-confidence in ability to interact with other health-care professionals, improved conflict resolution skills, and more confidence in assuming the patient advocacy role.

Barriers

Role Strain, Fear of Failure, Lack of Support in the Workplace, Financial Barriers

All of the RNs interviewed had to balance different roles and responsibilities for successful attainment of their educational goals. The necessity to balance family and work responsibilities with the demands of school were expressed as barriers that associate degree RNs may encounter during the decision-making process of returning to school. These same barriers were also discussed as obstacles that the participants overcame while completing the BSN. The participants stated that they knew that balancing their work and school schedules and daily

responsibilities would require a major time commitment. Participant narratives regarding the difficulties of balancing various roles and responsibilities were consistent with the theme of role strain. Role strain was experienced as a barrier both at the time of making the decision to return to school and while they were completing the BSN.

The term “fear of failure” was used by several participants when describing perceived barriers to returning to school. The RNs that I interviewed stated that they overcame their fear of failure because of their desire for self-fulfillment and incentives related to degree attainment and career mobility. These RNs were highly motivated to achieve their educational goals and, despite fear of failure, they were confident in their ability to overcome barriers to goal attainment.

People with high levels of self-efficacy can more easily overcome their fear of failure because they are highly motivated (Bandura, 1977). Bandura defined self-efficacy as the belief in one’s ability to successfully perform a specific task which is linked to initiation of behaviors, persistence despite obstacles, and successful performance. In relation to Bandura’s definition of self-efficacy, Quimby and O’Brien (2004) reported that non-traditional college women had high levels of confidence in their ability to manage the student role and pursue career-related tasks. The RNs I interviewed stated that they overcame their fear of failure because of incentives for educational goal attainment and career mobility. Therefore, in congruence with Bandura, Quimby, and O’Brien, role accumulation can be more gratifying than stressful if the person who is engaged in multiple roles has the proper support system.

Lack of support in the workplace was addressed by several participants as a barrier they had to overcome. The majority of the participants specifically addressed scheduling problems at the workplace while completing the requirements for the BSN. Several of the participants voiced the same frustrations with scheduling even with online course offerings. They said that although

online course offerings seemed attractive, it was still quite difficult to complete assignments in a timely fashion when committed to working 12-hour shifts in the hospital with rotating days off. Therefore, in the view of a number of participants, online course offerings created a different set of time management issues and did not eliminate scheduling problems for them.

Another aspect of the lack of support in the workplace cited by the participants is the non-supportive environment at the staff level amongst their peers. For example, Gail stated that the biggest obstacle that she had to deal with was related to the lack of support from her co-workers. Sophia stated:

I think that needs to be addressed, that your co-workers have a right to further their education. I think the friction between the co-workers that are ADN or BSN or whatever and a newly-enrolled student or a current student in school needs to be addressed. I think there should be support from administration. If I am enrolled in night school, I should be allowed to work days unless I request night hours.

Another barrier that the participants stated they encountered during the decision-making process of returning to school was a lack of financial support at the workplace. Lack of financial resources continues to create a hardship on individuals who desire to return to school for the BSN. In discussion of finances as a barrier, 11 of the participants stated that they had to work full-time when they decided to return to school and were unable to cut back on their work schedules to accommodate their school responsibilities.

Revised Conceptual Framework

This study utilized Hossler and Gallagher's College Choice Model (1987) which described factors that can affect educational decisions at the time of initial college choice. Hossler and Gallagher's model was developed for application to traditional age students.

Students in my study were, by definition, nontraditional. According to the National Center for Education Statistics (2008a), a non-traditional student is usually over the age of 24 years. At the time of completion of the BSN, the range of ages of the participants was 25-55 years old with the mean age of 39 years. Therefore, the participants were non-traditional students and encountered barriers common to this group.

Most often age (especially being over the age of 24) has been the defining characteristic for this population. Age acts as a surrogate variable that captures a large, heterogeneous population of adult students who often have family and work responsibilities as well as other life circumstances that can interfere with successful completion of educational objectives. (National Center for Education Statistics, 2008a)

According to the College Choice Model (Hossler & Gallagher, 1987), background characteristics, such as financial resources, cultural background, and parental influence, are factors that impact the choice of nursing program when entering the nursing profession. The participants in this study discussed three of these factors as being present when they made the decision to attain the BSN. Therefore, factors such as age, financial resources, and parental influence exist in both the initial college choice and when deciding to pursue the BSN.

According to Hossler, Schmidt, and Vesper (1999), students from higher socioeconomic brackets and whose parents attended college have the benefit of resources that allow them more choices. This study found that parental influence was still important to a number of the participants even though they were adult learners. Four of the participants stated that parental influence impacted them in their decision to continue their education beyond the ADN. One participant stated that her mother had her PhD and this encouraged her to obtain the BSN.

The revised conceptual framework for this study is based on Hossler and Gallagher's College Choice Model (1987). Some of the elements of the College Choice Model seem to be appropriate for the population under study. In particular, financial resources, background characteristics, such as age, and parental influences appear to be pertinent when RNs are deciding to return to school for a BSN. However, this study yielded no data relative to cultural influences, thus the findings were neutral regarding this element of the College Choice Model.

Factors that influenced RNs to return to school to pursue the BSN are depicted in Figure 2. Factors such as career mobility, personal fulfillment, and social support are relevant factors that impact the RN to decide to return to school. Career mobility options, personal fulfillment, and support in particular were acknowledged by the participants to be more pertinent than background characteristics. However, financial resources and age still had an impact on both the choice to return to the educational environment and in completion of the BSN degree.

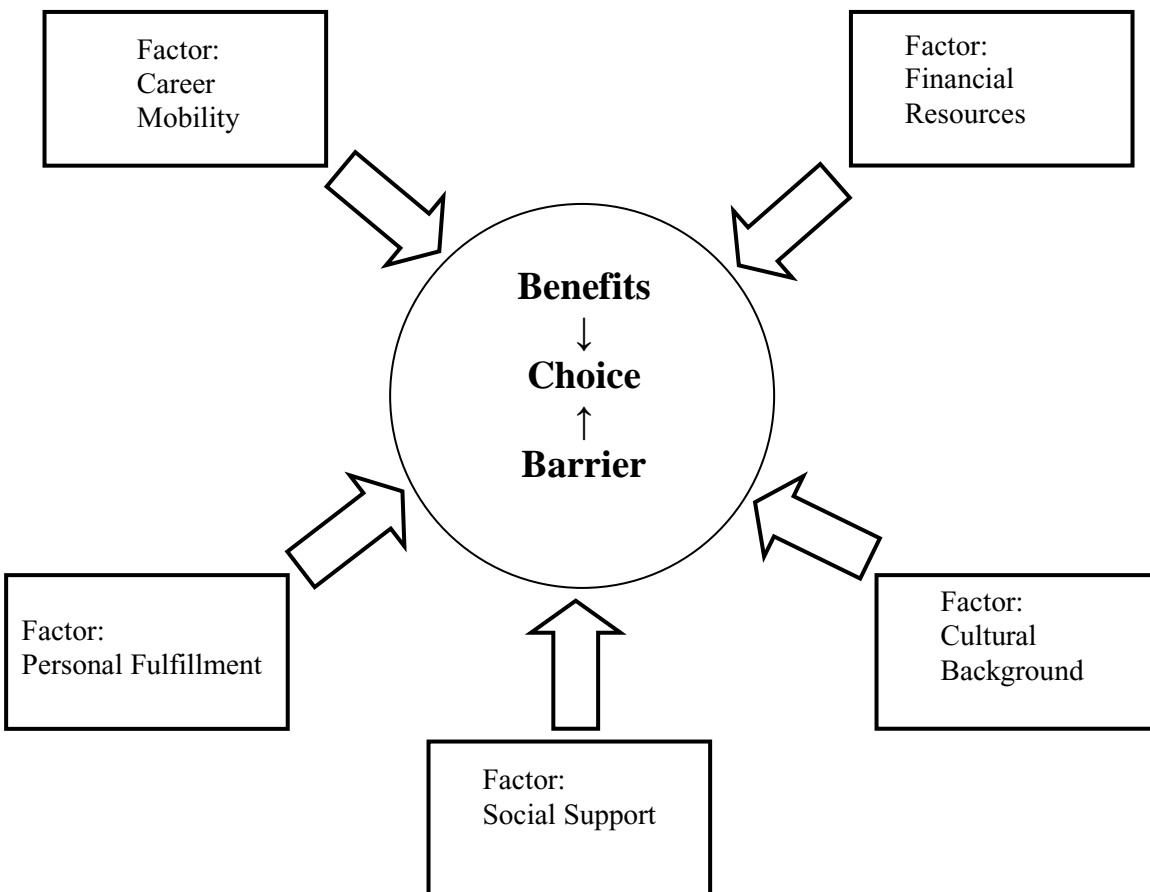
Figure 2

Revised Conceptual Framework

Based on Hossler and Gallagher's College Choice Model (1987)

Educational Choices for Registered Nurses (RNs)

Factors that Affect RNs Choice to Pursue BSN



Limitations

Glesne (1999) stated that the goal of qualitative research is not necessarily to produce generalizations. Recognizing the foregoing, the findings of this study are relevant to understanding the phenomenon of associate degree RNs returning to school to obtain the BSN. However, because of the small number of participants, the results of the study cannot be generalized to the larger population. More studies should be conducted on this population before generalizations can be made.

Another limitation results from the data collection methodology. I realized that some participants felt uncomfortable being recorded even though all participants signed the consent form and gave their permission to record the interviews. Although, the participants knew their identity would be kept anonymous, three of participants asked me to turn off the recorder when discussing lack of support at the workplace. Although most of the participants were very forthright in discussing their experiences, some participants may have been less than forthcoming about their experiences in the workplace due to concerns about possible negative repercussions.

Implications for Nursing Education

Historically, when RNs return to school for the BSN, they are required to learn in an educational environment that was designed for traditional students. Over time, nurse educators began to develop programs specifically designed for the returning RN; however, the uniqueness of this student population was not always considered in the program design. While RNs returning to school are non-traditional students, they have significant differences as compared to the nontraditional population typically described in the literature. For example, by virtue of the associate degree, the RN enters the BSN program at the upper division thus bypassing many of

the academic support programs designed for typical nontraditional students. A goal of this study is to inform nurse educators to focus on the needs of this population of nontraditional students who have already been in the workforce with an associate degree in nursing.

Nurse educators must realize that the associate degree RN student needs assistance with academic enrichment in the area of writing, studying, library research skills, test-taking skills, and computer skills. A misconception when working with this population of students is that they are assumed to have a certain level of skills because they have associate degrees and are entering the college environment in the upper division. Skill deficits can contribute to the fear of failure that was discussed by some of the participants. One of the responsibilities of nurse educators is to assist associate degree RNs to stay in school, be successful, and graduate.

RN students returning to school are often assumed to have high-level computer skills because they work in a technologically intense environment. The flaw in this assumption is that the computer skills required for the workplace are very different from those required in an academic setting. For example, many classes are offered online and many assignments are required to be completed online. Taking a class in the online environment may be the associate degree RNs' first experience with online education. Online models must be examined to determine if there is adequate peer and faculty support to address the needs of the non-traditional RN student.

Nurse educators must collaborate with nursing administrators to create a relationship between the education and practice settings. The purpose of this collaborative relationship is to increase the support for the RN student in the workplace. Nurse educators should develop channels of communication with nurse administrators to apprise them of issues that are troubling to RN students, such as scheduling difficulties and lack of support from peers and supervisors.

Nurse educators could encourage nurse administrators to establish policies, such as set days off, that would facilitate RNs returning to school.

Recommendations for Future Research

The population of RN-to-BSN students is different in many respects from the non-traditional student population described in the literature, thus creating a need for more research with this population. Examples of future research that could build on the themes that have emerged from this study include: (1) How does the RN's view of "professionalism" change as a result of obtaining the BSN? (2) Does the RN's self-esteem increase as a result of obtaining the BSN? (3) What coping mechanisms do RNs who are returning to the school environment use to overcome role strain? (4) How prevalent is "fear of failure" among those considering returning to school for the BSN degree? Based on the themes that have emerged in this study, future research should be conducted with the population of associate degree RNs who have completed BSN degrees to assist with understanding issues that can allow furthering nursing education despite the challenges and barriers that may exist. Each theme should be focused on to evaluate more closely, how to help others to overcome the barriers associated with going back to school.

Essence of the Experience of Returning to School

Van Manen (1990) discussed components of the reciprocal relationship between researcher and participants that are needed to yield a narrative of the lived experience of human subjects. An accurate account of a particular phenomenon can only be understood from the perspective of the individual who has personally experienced that particular phenomenon. Van Manen described phenomenological research as the study of lived experience, the explication of phenomena as they present themselves to consciousness, the study of essences, the description of the experiential meanings as they are lived, the human scientific study of phenomena, the

attentive practice of thoughtfulness, and a search for what it means to be human. The subject matter of phenomenological research is always the structures of meaning of the lived human world.

Moustakas (1994) stated that the essence or meanings of the experience represents the group as a whole and is a composite description that has been derived from the individual textual-structural descriptions (described in Chapter 4). Similarly, Van Manen (1990) stated, “The essence of a phenomenon is a universal which can be described through a study of the structure that governs the instances or particular manifestations of the essence of that phenomenon” (p.10).

I interviewed 12 RNs who experienced the phenomenon of returning to school to complete the BSN. The process experienced by each of the RNs varied to some degree, but their experiences had many common elements including an initial education in a technically-oriented associate degree program, working in the nursing workforce as an ADN, and having the motivation and determination to overcome significant obstacles to reach the desired goal of the BSN.

Although the reasons for the initial college choice of an ADN program varied amongst the participants, an important factor for all the participants was the length of ADN programs as compared to BSN programs. A number of participants stated they did not know the differences between the various types of entry-level nursing programs, and thus elected the ADN program because of time and money issues. Additionally, some participants stated that they applied to both types of nursing programs when they made the decision to pursue nursing and then elected to attend the first nursing school that accepted them.

Although most participants were not aware of the differences between the ADN and BSN programs, once in the nursing workforce, each individual became aware of limitations of the ADN in terms of reaching professional and personal goals. All participants realized that their goals were unattainable unless they earned the BSN degree, at some stage during their maturation; they developed motivation and determination to return to school and obtain their goal of the BSN.

During the process of working toward the BSN, many of the participants balanced multiple roles and responsibilities and each experienced varying degrees of role strain. All of the participants were able to achieve their goal with the aid of some type of support system; however, many participants experienced lack of support, especially in the workplace environment. Importantly, all of the individuals were driven to achieve their educational goals and to overcome any obstacles they encountered.

An important element of the lived experience of these 12 RNs is the environment of ambiguity in various healthcare settings regarding the value of the BSN. They were all aware of the fact that some healthcare settings provide no differential pay for the BSN while others did, and that degree requirement for certain positions varied depending on the hiring institution. Participants in this study did not necessarily receive pay increases or change jobs with completion of the BSN; however, most indicated that the feeling of personal satisfaction and sense of accomplishment with completion of the BSN was more important to them than enhanced career opportunities or pay increases.

In essence, each of the participants interviewed recognized the insufficiency of the ADN education relative to achieving their goals. Each set the BSN as a personal goal despite ambiguities regarding ADN and BSN preparation in the health-care environments. All

participants developed the necessary motivation and determination needed to achieve their goals. Motivation and determination for these RNS were strong enough to enable them to overcome significant barriers, including demands on their time, role strain, lack of support in the workplace, and financial hardship.

Conclusion

In conclusion, this research study focused on the lived experiences of the 12 participants who originally obtained an ADN degree and overcame barriers to balance their current roles and responsibilities in order to complete the BSN. Results of this phenomenological study have provided insights into associate degree RNs' perceptions of professional and personal benefits associated with returning to the collegiate setting to attain BSN degrees.

References

- Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M., & Silber, J.H. (2005). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290(12), 1617-1623.
- The American Association of Community Colleges (AACCC). (2008). Retrieved from <http://www.aacc.nche.edu/Pages/default.aspx>
- American Association of Colleges of Nursing. (2010). *The impact of education on nursing practice*. Retrieved from <http://www.aacn.nche.edu/EdImpact>
- American Association of Colleges of Nursing Position Statements. (2000). AACN *supports articulation from associate degree programs to baccalaureate and higher degree programs*. Retrieved from <http://www.aacn.nche.edu/EdImpact>
- American Nurses Association. (2003). *Nursing's social policy statement* (2nd ed.). Washington, D.C.: Nursesbooks.org.
- American Nurses' Association. (2009). *Effects of the nursing shortage*. Retrieved from <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workplace/NurseShortageStaffing/NursingShortage/Effects.aspx>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Cangelosi, P.R. (2006). RN-to-BSN education: Creating a context that uncovers new possibilities. *Journal of Nursing Education*, 45(5), 177-181.
- Chao, R. & Good, G.E. (2004). Nontraditional students' perspectives on college education: A qualitative study. *Journal of College Counseling*, 7, 5-12.

- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38,(5), 300-314.
- Cooke, B.D., Rossman, M.M., McCubbin, H.I., & Patterson, J. M. (1988). Examining the definition and assessment of social support: A resource for individuals and families. *Family Relations*, 37, 211-216.
- Corbett, S.A. (1997). Factors that motivate RNs to return to school for the BSN and to remain in school to complete the degree. *Dissertation Abstracts International*, 58 (03), 1209. (UMI No. 9724561)
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Deppoliti, D. (2008). Exploring how new registered nurses construct professional identity in hospital settings. *The Journal of Continuing Education in Nursing*, 39(6). 255-262.
- Donaldson, J. F. & Graham, S. (1999). A model of college outcomes for adults. *Adult Education Quarterly*, 50, 24-40.
- Ellis, J.R. and Hartley, C.L. (2004). *Nursing in today's world: Trends, issues and Management* (8th ed.).New York: Lippincott, Williams, and Wilkins.
- Estabrooks, C.A., Midodzi, W.K., Cummings, G.C., Ricker, K.L., & Giovannetti, P. (2005).The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research*, 25(2), 74-84.

- Gay, L.R., Mills, G.E., & Airasian, P. (2006). *Educational research: Competencies for analysis and applications* (8th ed.). Upper Saddle River, New Jersey: Pearson Education.
- Giddens, J.F. & Brady, D.P. (2007). Rescuing nursing education from content saturation: The case for a concept based curriculum. *Journal of Nursing Education* 46(2), 65-69.
- Gigliotti, E. (2004). Types and sources of social support and maternal-student role stress in married associate degree nursing students. *Issues in Mental Health Nursing* 25, 415-432.
- Goode, W. (1960). A theory of role strain. *American Sociological Review*, 25, 483-496.
- Glesne, C. (1999). *Becoming qualitative researchers: An introduction* (2nd ed.). White Plains, NY: Longman.
- Graf, C.M. (2006). ADN to BSN: Lessons from human capital theory. *Nursing Economics*, 24(3), 135-142.
- Greene, D.L., Allan, J.D., & Henderson, T. (2003). The role of states in financing nursing Education. National Conference of State Legislatures.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1),1-26.
- Health Resources and Services Administration (HRSA), Bureau of Health Professions. (2008). *Nursing*. Retrieved from <http://bhpr.hrsa.gov/nursing>
- Home, A. (1997). Learning the hard way: Role strain, stress, role demands, and support in multiple-role women students. *Journal of Social Work Education* ,33, 335-347.
- Hossler, D., Braxton, J.M., & Coopersmith, G. (1996). Understanding student college choice (p.18-53). ASHE READER.

- Hossler, D., Schmit, J. & Vesper, N. (1999). *Going to college: How social, economic and educational factors influence the decisions students make*. Baltimore: Johns Hopkins University Press.
- House, J.S. (1981). *Work stress and social support*. Reading, Mass: Addison-Wesley.
- Jacobs.P.H. (2006). Streamlining an RN-BSN program for nurses. *Nursing Education Perspectives*, 27(3), 144-147.
- Kidder, M.M. & Cornelius, P.B. (2006). Licensure is not synonymous with professionalism: It's time to stop the hypocrisy. *Nurse Educator*, 31(1), 15-19.
- Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21, 827-836.
- Larsen, P.D., McGill, J.S., & Palmer, S.J. (2003). Factors influencing career decisions: Perspectives of nursing students in three types of programs. *Journal of Nursing Education*, 42(4), 168-173.
- Lehrer, E.L. (1991).The three avenues to a registered nurse license; a comparative analysis. *The Journal of Human Resources*, 26(2), 362-379.
- Lillibridge, J. & Fox, S.D. (2005). RN to BSN education: What do RNs think? *Nurse Educator*, 30(1), 12-16.
- Louisiana Administrative Code: Title 46. Professional and occupational standards
Part XLVII: Nurses.
- Louisiana State Board of Nursing. (2005). *Louisiana nursing education articulation model*. Retrieved from <http://www.lsbn.state.la.us/>

- Lowry, L.W. (1992). Is a baccalaureate in nursing worth it?
Nursing Economics, 10(1), 46-52.
- Mahaffey, E.H. (2002). The relevance of associate degree nursing education:
Past, present, future. *Online Journal of Issues in Nursing, 7*(2), 1-7.
- McDonough, P. (1997). *Choosing colleges: How social class and schools
structure opportunity*. New York: SUNY Press.
- Meggison, L.A. (2008). RN-BSN education: 21st century barriers and incentives. *Journal of
Nursing Management, 16*, 47-55.
- Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand
Oaks, CA: Sage.
- Morris, A. H. & Faulk, D. (2007). Perspective transformation: Enhancing the
development of professionalism in RN-to-BSN students. *Journal of Nursing
Education, 46*, 445-451.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- National Center for Education Statistics. (2008a). U.S. Department of Education. Office
of Educational Research and Improvement. NCES 2002-012.
- National Council of State Boards of Nursing. Retrieved from www.ncbsn.org
- Nelson, M.A. (2002). Education for professional nursing practice: Looking backward into
the future. *Online Journal of Issues in Nursing, 7*(3), 1-13.
- Nursing Education Policy, National League for Nursing. (2006). Retrieved from
www.nln.gov
- Pan, M. L. (2008). *Preparing literature reviews: Qualitative and quantitative
approaches* (3rd ed.). Glendale, CA: Pyrczak.

- Paulsen, M. B. & Smart, J. C. (2001). *The finance of higher education: Theory, research, policy, and practice*. New York: Agathon Press.
- Phillips, C.Y., Palmer, C.V., Zimmerman, B.J., & Mayfield, M. (2002). Professional development: Assuring growth of RN-to-BSN students. *Journal of Nursing Education, 41*(6), 282-283.
- Quimby, J.L. and O'Brien, K. M. (2004). Predictors of student and career decision-making self-efficacy among nontraditional college women. *The Career Development Quarterly, 52*, 323-339.
- Rambur, B., McIntosh, B., Palumbo, M. & Kyndaron, R. (2005). Education as a determinant of career retention and job satisfaction among registered nurses. *Journal of Nursing Scholarship, 37*(2), 185-192.
- Rosen, L.M. (2000). Associate and baccalaureate degree final semester students' perceptions of self-efficacy concerning community health nursing competencies. *Public Health Nursing, 17*(4), 232-238.
- Sand-Jecklin, K. & Schaffer, A. (2006). Nursing students' perceptions of their chosen profession. *Nursing Education Perspectives, 26*(5), 130-135.
- Secret, J. A., Norwood, B. R., & Keatley, V. M. (2003). "I was actually a nurse": The meaning of professionalism for baccalaureate nursing students, *42*(2), 77-81.
- Sieber, S. (1974). Toward a theory of role accumulation. *American Sociological Review, 39*, 567-578.
- Thoits, P. (1982). Conceptual, methodological, and theoretical problems in studying Social support as a buffer against life stress. *Journal of Health and Social Behavior, 23*, 145-159.

- Ulrich, B. T., Buerhaus, P.I., and Donelan, K. (2009). Magnet status and registered nurse Views of the work environment and nursing as a career. *The Journal of Nursing Administration, 37*(5), 54-62.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, & National Center for Health Workforce Analysis. (2004, September). *Projected supply, demand, and shortages of registered nurses: 2000–2020*. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/4.htm>
- U.S. Senate and House of Representatives. (2002). 107th Congress. Public Law 107-205. *Nurse Reinvestment Act*.
- Van Manen, M. (1990). *Researching Lived Experience*. New York: SUNY Press.
- Way, M. and MacNeil, M. (2007). Baccalaureate entry to practice: A systems view. *The Journal of Continuing Education in Nursing, 38*(4), 164-169.
- Weiss, R.S. (1994). *Learning from strangers: The art and method of qualitative interview studies*. New York: The Free Press.

Appendix A

Inclusion Criteria for Participants

Call for Participants in Research

I am a graduate student and I am preparing to conduct a qualitative research study to identify incentives and barriers associated with the pursuit of the baccalaureate degree by the registered nurse whose initial level of education was the associate degree in nursing.

Participants must meet all of the criteria listed below to be eligible for the study:

- 1. The RN's initial level of collegiate nursing education is the ADN.**
- 2. The RN's highest level of collegiate nursing education is the BSN.**
- 3. The RN is employed full-time in a health-care setting.**
- 4. The RN is at least 1 year post BSN.**

Participants will be interviewed for approximately 30 minutes at a location that can be agreed upon by the researcher and the participant. Participation in this study is completely voluntary. The results of the research study may be published, but names of participants will not be used.

If you are willing to participate in the study, please contact

Marie Adorno at:

E-mail rnstudy10@gmail.com

Phone

Thank you for your time,

Marie Adorno RN, MN

Appendix B

Letter for Participants

January 4, 2010

Dear :

As per our telephone conversation, I am e-mailing you my request for communicating with participants in the qualitative research study that I will be conducting as stated below. Please forward this e-mail to anyone who may need the information. I have received IRB approval from the University of New Orleans to conduct the study. Please contact me if you require additional information or if you have any questions about my research.

Call for Participants in Research

I am a graduate student under the direction of Professor Andre Perry, PhD, in the Department of Higher Education Administration at the University of New Orleans. I am preparing to conduct a qualitative research study to identify incentives and barriers associated with the pursuit of the baccalaureate degree by the registered nurse whose initial level of education was the associate degree in nursing. Information obtained from the study may assist nursing educators to facilitate pursuit of the baccalaureate degree by the associate degree graduate.

The inclusion criteria are listed below for eligible participants along with my contact information for anyone who is willing to take part in the study. Participants will be interviewed for approximately 30 minutes at a location that can be agreed upon by the researcher and the participant. Participation in this study is completely voluntary. There will be no penalty for anyone who chooses not to participate or who withdraws from the study at any time. The results of the research study may be published, but names of participants will not be used.

Inclusion criteria to Determine Eligibility of Participants in the Study

1. The RN's initial level of collegiate nursing education is the ADN.
2. The RN's highest level of collegiate nursing education is the BSN.
3. The RN is employed full-time in a health-care setting.
4. The RN is at least 1 year post BSN.

Contact Information

Marie Adorno at:

E-mail rnstudy10@gmail.com

Phone

Thank you for your time,

Marie Adorno APRN, MN

Appendix C

LETTER OF CONSENT FOR ADULTS

Dear :

I am a graduate student under the direction of Professor Andre Perry, PhD, in the Department of Higher Education Administration at the University of New Orleans. I am conducting research to study the phenomenon of the ADN registered nurse working in a health care setting and who have decided to return to school to obtain a BSN. The purpose of this phenomenological research study is to explore the lived experiences of associate degree RNs who choose to pursue BSN degrees.

I am requesting your participation, which will involve me interviewing you for approximately 60 minutes. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. The results of the research study may be published, but your name will not be used.

Although there may be no direct benefit to you, the possible benefit of your participation is to identify incentives and barriers that will assist RNs with associate degrees in nursing to pursue BSN degrees. Information obtained from the study may assist nursing educators to facilitate the decision to pursue BSN degrees.

If you have any questions concerning the research study, please call Marie Adorno at or Dr. Perry at (504) 280-6661.

Thank you for your time.

Sincerely,

(Marie M. Adorno, APRNC, MN)

By signing below you are giving consent to participate in the above study. As a researcher working on the above research study at the University of New Orleans, I understand that I must maintain the confidentiality of all information concerning research participants. This information includes, but is not limited to, all identifying information and research data of participants and all information accruing from any direct or indirect contact I may have with said participants. In order to maintain confidentiality, I hereby agree to refrain from discussing or disclosing any information regarding research participants, including information described without identifying information, to any individual who is not part of the above research study and in need of the information for the expressed purposes on the research program.

Signature

Printed Name

Date

I consent to having this interview taped/recorded.

Signature

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact Dr. Ann O’Hanlon at the University of New Orleans (504) 280-3990.

Appendix D

Instrumentation/Interview Protocol

Demographic profile to include

Age

Gender

Year graduated with ADN

Year graduated with a BSN

How many years did you practice as an RN before returning to school to obtain a BSN?

How many years have you been practicing as an RN since obtaining a BSN?

How long did it take you to complete the BSN program?

At the time that you decided to return to school, did your employer offer financial support or career enhancement opportunities to RNs who desire to pursue a BSN degree? Explain.

Questions for Interview Protocol

Why did you select ADN education when you chose nursing as your career?

What did you know about the different types of nursing educational programs when you selected ADN education?

Did your background or life experiences impact your choice of the ADN? Explain

What influenced your decision to obtain a BSN?

Did you encounter barriers in pursuit of a BSN? Explain

Did the availability of online education have any effect on your decision to pursue a BSN? Explain

Before you returned to school, what did you think would be the benefits of having a BSN?

Now that you have completed the BSN, what have you found to be the benefits of having the degree?

Appendix E

Individual Textural Summaries

Amy

Why did you select ADN education when you chose nursing as your career? Convenience, because it was located where I was living.

Did your background or life experiences impact your choice of the ADN? No

What influenced your decision to obtain a BSN? Eventually I wanted to go back and get masters one day; I knew it was best to have it because I do expect to go back.

Did you encounter barriers in pursuit of a BSN? None

Did the availability of online education have any effect on your decision to pursue a BSN? It definitely helped. Half of it was online and we didn't have to go to class every week. Half the time I was getting off work and going straight to class. It helped to not have to do that every week.

Before you returned to school, what did you think would be the benefits of having a BSN? I knew I wanted a BSN degree. They don't pay you more to have a BSN degree; you have to do other things. You don't get anything extra for having the BSN degree.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? I just wanted to get it and have it you know instead of waiting later in life saying go back and do it in case I did want to get the masters degree.

So in summary if you can say the main reason, there is a benefit for going back for the BSN. One of the things you said earlier was to go on for a future MS degree or a MSN degree. Was there anything else? No not really.

Is there anything else you can add while you were doing it at all as far as an incentive or barrier? That's about it. At least for certain positions and in my boss's whole division it's required.

Frances

Why did you select ADN education when you chose nursing as your career?

Encouraged by my father he thought from a child that I was very caring and he would show me the classifieds with the positions they needed in nursing so that encouraged me in the field of nursing. I was more interested in the ADN program at that time because I was married and had a baby so I wanted to get in and out of school and know that I would go back to continue my education eventually.

What did you know about the different types of nursing educational programs when you selected ADN education?

I knew that there was the ADN I knew there was the bachelors. I knew I wanted to go back and apply and go back for my bachelors.

Did your background or life experiences impact your choice of the ADN?

My dad did.

What influenced your decision to obtain a BSN? I wanted to increase the skills that I had. At the time I was in a management position and I felt like going back would give me more education than what I was doing at that time and even now I feel like I want to go back just to increase my skills and stay marketable because when I look at the ads now compared to when the time my dad showed me them there is a significant difference

Did you encounter barriers in pursuit of a BSN? The transition was easier than I thought it would be. I think it was a lot of putting off with me because of my personal life having a child but once I got in a program it was like why you didn't do this sooner. It was easier than what I thought and having the family support helps. I had my husband and I had my family encouraging me to go back just like they are encouraging me now. Putting it off was the worst thing you could ever do. sometimes there was more time spent away from my family but I had other family there to help me with my child so that wasn't really a barrier and it was a difference with going back initially and going back for my bachelors. It was more paperwork, more reading as compared to studying and having to prepare for a test, a big difference so I felt more at ease going back the second time

Did the availability of online education have any effect on your decision to pursue a BSN? I feel better and more comfortable sitting in class; I'm more interactive and if I have a question or if I don't understand something then I feel like they are more available to me at that time then me trying to figure it out and then going back to ask.

Before you returned to school, what did you think would be the benefits of having a BSN? I felt like it was a bridge and just like building up on my education; building up on my management skills, at that time I felt it was going to help me overall.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? It was personal benefits for me first of all to achieve my bachelors. I think it does help with your outlook in the nursing field. I have that interest in learning more and increasing my knowledge in the nursing field. If you know that it's something you want to go for or just to pursue it. We can always come up with excuses and I think that's what I was doing when there was really nothing holding me back from going. There were no big barriers to stop me from going.

Linda

Why did you select ADN education when you chose nursing as your career? I applied for the BSN program, and I've gone the scenic route. But then when I went back to the BSN

What did you know about the different types of nursing educational programs when you selected ADN education? Achieving the RN basically was my primary goal. All my life I had wanted a BSN, but again because of the route I had to take over the years, it wasn't feasible at that point; so it was always work a semester, go to school a semester.

Did your background or life experiences impact your choice of the ADN? It was a stepping stone. And then I found once I was an RN, I was still limited in opportunities. It probably was personal, but I felt limited. With the associate degree I didn't have enough of the theory behind the scientific process in order to fulfill my personal goals.

At the time the American Nursing Association was pushing for anyone to work in any intensive care to have a BSN, anyone in management, and I just felt that was the next step. And it had always been a personal goal.

Did you encounter barriers in pursuit of a BSN? Finances; trying to work as an RN while in the BSN program was extremely difficult. No cooperation at the staff level at my present job, and also that was when the certification testing was coming out. I wanted that to validate my specialty

Did the availability of online education have any effect on your decision to pursue a BSN? There was none then. Bridge course prepared me for being a preceptor and orienting new employees.

Before you returned to school, what did you think would be the benefits of having a BSN? Being able to be more in management. And being able to teach

Now that you have completed the BSN, what have you found to be the benefits of having the degree?

It's more of the why. The AD programs are more task oriented. ADs and diplomas are very experience oriented, task oriented. It's when you get into the BS situation that, and higher that you get more of the why. It's well rounded for better decision making

Is there anything that you can think of to summarize those feelings from your viewpoint? The feeling of accomplishment when I completed because my daughter got out of high school, I got my BSN, and he got out of kindergarten all the same month. The feeling of accomplishment, and achievement. I've always felt very blessed, it was hard, but I was persistent. And disciplined -I made it.

Do you have anything else to add? Just that whenever adults go back to school, it has to be for the right motives and the right reasons. When you're going back to school as an adult, it's usually not easy, no matter who it is or the circumstances. So you should be going for the right motives.

Gail

Why did you select ADN education when you chose nursing as your career? My mother was teaching at the college. **What did you know about the different types of nursing educational programs when you selected ADN education?** I wanted to be close to home. School was 20 miles from home. **Did your background or life experiences impact your choice of the ADN?** **Explain** My mother was in school at that time working on her master's. My mom has her Ph.D. also. My dad was working on his master's. I was told to get something out of college. **What influenced your decision to obtain a BSN?** Trends of nursing and certain jobs that I wanted, I couldn't get because I didn't have my higher degree. Then Hurricane Katrina happened. The hiring process was so slow. The hurricane itself and the trend; I really wasn't marketable with the ADN because there was so many diploma and ADNs. **Did you encounter barriers in pursuit of a BSN?** I had teenagers. **Did the availability of online education have any effect on your decision to pursue a BSN? Explain.** Distant learning introduced me to online. I took a class on campus and a class online; online you communicate through blackboard or through email. **Before you returned to school, what did you think would be the benefits of having a BSN?** I thought job security, No. 1; because I had a professional degree. As a nurse because I felt like I was so technical. I was the best at starting IVs, how to interpret EKGs. I knew nothing about Rogers, Newman, or about why nurses do what they do. So my curiosity got sparked to the point that I even went further after that. **Now that you have completed the BSN, what have you found to be the benefits of having the degree?** You are a hot commodity. With the job market being as horrible as it is right now, I have had about four great opportunities that I could've chosen. **You made a comment of one of the obstacles was fear of failure. Do you mind talking about that a little more just as a barrier?** The fear of coming home and saying that I didn't make it; A grown woman with children that, drilling into them to get your education and coming home and saying that I failed. I think that would've taken my ego to the point that I might have never done anything else for myself although I am a registered nurse. **Is there anything else you want to say?** I would like to talk about the obstacles that you deal with on a job. I am subject to two different entities – my work schedule, my school schedule. I think that needs to be addressed that your co-workers have a right to further their education, the friction between the co-workers that are ADN or BSN or whatever and a newly enrolled student or current student in school. I think there should be support from administration. I need to be protected from somebody just doing a schedule. I think that administration should sit down with a student and their schedule for school and work and decide what will work for you. So if your co-workers know that your administrator or your director is protecting you to get this education, well, other people are going to go get their education, too. I think that people that want to continue their education should be protected. And incentives should be offered for them that, if you do go to school, you don't have to pay me more money, but let me know that you would help me with my schedule to do it. If you can fulfill your 40 hours, let's see what works for you.

Casey

Why did you select ADN education when you chose nursing as your career? The reputation of the school was my reason for doing ADN first.

What did you know about the different types of nursing educational programs when you selected ADN education? I really didn't; I was very young. I realized if I wanted to advance maybe in management or teach one day I would have to further my degree and I figured I would do the bachelor's as quickly as possible which I did in six months. I wanted to get a touch in the field of being a nurse before I went back to school; so I could feel more comfortable and focus on studying too.

Did your background or life experiences impact your choice of the ADN? Not really. Just I wanted to go to that school and it was an ADN.

What influenced your decision to obtain a BSN? I wanted to further and not always be a staff nurse and maybe teach or go into management. If I ever wanted to go to graduate school for anything it was best to have my bachelors.

Did you encounter barriers in pursuit of a BSN? None at all. They worked with my schedule at work because the classes were in the evening and I was working nights so they let me have off on Tuesdays and Thursdays because those were the days I took classes. They worked around my schedule 100%.

Did the availability of online education have any effect on your decision to pursue a BSN? Explain. There wasn't online education then; they had their off campus-learning program but I was right here in the city so I went to class. I was always in the classroom.

Before you returned to school, what did you think would be the benefits of having a BSN? I got to learn more of the history of nursing and the theory and the research aspect, which we didn't get in the associates program; it was here's how to be a nurse. So I got to learn more about nursing in that aspect which made me appreciate it more. That would be the difference and we wrote a lot of papers.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? Just to appreciate it more and know more of the background and the theory behind it. It made it seem more career-like and not just job; differentiating that because it was just a job initially. RN to BSN programs were more adult-orientated. They realized you had careers and lives and were much friendlier. When I went to the bachelors program I just felt more like a family member there.

And do you have anything else you would like to add? I would encourage them to do it and let them know that most people and your employees and the school are going to be very helpful for you to go back. They make it very easy. So don't get discouraged but if you think it's going to be difficult because of your job or your family and everything on your plate; they are going to make it as easy as possible for people to advance their degree.

Daisy

Why did you select ADN education when you chose nursing as your career? When I chose nursing as my career I chose BSN. I started as a Bachelors degree nurse but married with bills to pay and it was the quickest way for me to be able to get that degree.

What did you know about the different types of nursing educational programs when you selected ADN education? Associates Degree program was much more clinical specifically, with not a lot dedicated to research or management or the business side of the medical world. No matter what degree I got, I was still going to be a registered nurse and I was still going to get paid as a registered nurse. And I took the same boards as a registered nurses take. The Bachelors degree was going to take me longer. And it was always something that I could go back to.

Did your background or life experiences impact your choice of the ADN? Getting married and having bills to pay and life in general

What influenced your decision to obtain a BSN? When I graduated from high school, original plan was to get Bachelors degree. And my mom was supportive in the idea of a Bachelors Degree because she felt like it would be better for me in the long run. I would have management opportunities and I could go back for my Masters Degree; it was something that I wanted to accomplish.

Did you encounter barriers in pursuit of a BSN? Work itself is a barrier. You're working and going to school and if you are married with children, you have additional responsibilities. It was very difficult to manage classes, full-time work, being on-call, taking care of the children, taking care of the house, so it took a really long time. My husband was very supportive. He really wanted me to finish my degree. I think he knew how much it meant to my mom. And he really thought with the way healthcare is and the way medicine is today that I would be doing myself an injustice not getting a higher degree.

Did the availability of online education have any effect on your decision to pursue a BSN? Originally, it did because I could remember thinking this is cool; I can do all of this at home. I don't have to leave. The online thing didn't work for me because when I am at home I tend to be thinking only about stuff that I have to do at home. And so as appealing as it seemed at first in reality, it really didn't work for me. I liked the personal exchange of an instructor and a classroom as opposed to online.

Before you returned to school, what did you think would be the benefits of having a BSN? Originally I wanted to be a CRNA. But I knew that whatever I decided to do, whether it was going to management side of nursing or decide to go get my Masters Degree to become a clinician that it was still the next best step.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? For higher management positions and administration, the hospitals are looking for people that do have their Bachelors degree. The other benefit is the clinical ladder; you get more points if you have a Bachelors Degree; with so many points you can get additional pay. So that's beneficial.

Betty

Why did you select ADN education when you chose nursing as your career? I actually selected a BSN program. In the midst of trying to get into my ADN, I was doing prerequisites for my BSN because it was a goal of mine from the start of nursing school

What did you know about the different types of nursing educational programs when you selected ADN? Before I went into school I didn't really know the true difference but after I applied I realized, the BSN nurse has more opportunities as far as opportunities for employment and advancement; may not be salary related but the potential to climb the ladder at work; more managerial opportunities the opportunities to go back and to get certified in different areas

Did your Background or life experiences impact your choice of the ADN? I knew I wanted to go to nursing school; I had no influences from parental influences or family influences; that was my stepping stone; that's where I got in first and at the time there were waiting lists all over the state of Louisiana.

What influenced your decision to obtain the BSN? Gives you more opportunities more potential to go back to pursue a masters a doctorate or whatever. Want to pursue a CNS and cannot do that without a BSN so it made the drive a stronger to want to pursue that BSN not only on a personal goal but on a professional level. Could not climb any ladders if did not have BSN.

Did you encounter any barriers in the pursuit of the BSN? None professionally. I went back without problems initially, stress of going to school and being pregnant and working; I had personal barriers because focus changed from being focused on profession to being focused on family. I really wanted to go back; Unemployed at the time; Financial burden because no employer to support part of education; so it came out of pocket; my husband was supportive

Did availability of online education have any effect on your decision to pursue a BSN? No not at all. I had started in a nontraditional night program. I needed to have instructor in front of me and readily available instead of doing online. Online would have been harder with being home with family and children in the household. I probably would have procrastinated on many of the classroom assignments.

Before you returned to school what did you think would be were the benefits having a BSN? One of my goals to obtain a BSN was to obtain OCN certification; but it has become a personal goal

Now that you have completed BSN what have you found to be the benefits of the degree? It definitely made me feel more complete as a nurse. I actually enjoyed going back for the research part and the case management part. Being an ADN nurse, I knew more of the clinical side of it I didn't know about the business side of it. It allows me to take of patients better I didn't realize how much that would benefit me as well as my patients. Having the BSN it allows me to understand why some of the decisions are made in healthcare

Is there anything else since you went through the experience that you could add in general anything at all about pursuing the degree or being a nurse? Definitely an obtainable thing even with children. And I would say that If it was a goal of yours to just you know stay on the path and continue to focus and it is a definite obtainable goal.

Kelly

Why did you select ADN education when you chose nursing as your career? I always wanted to be an RN. I went to school who took me first.

What did you know about the different types of nursing educational programs when you selected ADN education? The thing that really attracted me to an ADN education is because it was a second career, I was an older student. I started when I was 37 or 38. In two years I could be a practicing RN, that's the reason why I wanted the ADN rather than the BSN route.

Did your background or life experiences impact your choice of the ADN? Explain It was a little hard but it was a lot easier for me because my children were grown. I was more mature and more willing to study and do the work, which was to my benefit. My children were grown so it was pretty easy and my husband was very cooperative.

What influenced your decision to obtain a BSN? Well after working as an RN I realized that I was going to have to really go further than just an AND if I wanted to really grow in the nursing profession. Rather than just being more of a floor nurse to be able to get into management or teaching or anything I would if I was going to go up in my career.

Did you encounter barriers in pursuit of a BSN? Explain Absolutely, I encountered a lot of barriers. I had a lack of cooperation with my employer because sometimes classes would start at 5:00 and sometimes it just didn't warrant me having that time off or I'd ask for that particular night off so I could – that entire shift off and work other shifts and they would say, "We need you to work this shift". So it was really kind of rough-going. So in the beginning it was very, very, difficult because of that. I encountered barriers on not being able to take off when I needed to take off so I could go to class.

Did the availability of online education have any effect on your decision to pursue BSN? Explain Not in the beginning because there wasn't a lot of online available at that time but now, it got easier towards the end of my BSN to be able to take a class online. And that kind of helped things out a great deal. Because then I didn't have to worry about taking off of work or asking for that day off. I wasn't computer generation person so it was a little scary for me at first, taking online class but I really got use to it. Because I guess, I learn pretty quickly. So I am fortunate for that and I was determined. Although I do rather be in class. I have to say that. I'd rather be in a class because you know, you hear different people points of view you have to wait for someone's point of view but I think online is a great addition to BSN education because it is so hard for nurse's to get off when they need to.

Before you returned to school, what did you think would be the benefits of having a BSN?The BSN program, offers more like community health, which I'm very interested in community health and public health. And that's not offered in the ADN program at least, not where I went to school. I saw that as the way of the future. Less acute and more out - patient coming about that I would probably need that extra knowledge.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? To be able to see the whole picture. When you have your ADN, you are more focused on just that acute care. And with the BSN you extend that knowledge and you extend the vision. You are able to look at things from different perspectives, which is important I think if you want to be a nursing leader of any kind. Because you have to be able to see the whole picture not just the acute care part of it. You need to see the management part of it. You need to see the finance. You need to see managed care in action. So there are a lot of benefits of having the BSN.

Did you realize that when you were going into the BSN program?

I was always told you don't need a BSN because you get the same amount of pay as you do as an ADN as you do for a BSN. And – so I figured well I'm older, I don't really need the BSN when I first started nursing. But I knew I needed the RN part of it. And just being in the field and working in the field I realized that, I needed to get more knowledge to really understand the wholeness of nursing.

And do you have anything else you would like to add?

When I started the BSN program I went in full force and I hit a lot of road blocks with not being able to go to class when I wanted and they did not have online courses available at that time. And it kind of frustrated me. So for I'd say two years I just kind of stayed out of it. It was frustrating trying to be able to take courses and work at the same time. So I stopped and for awhile I didn't think I was even going to go back but I wanted to teach. I was fortunate when I went back too because the instructors that I had we're very, very supportive of returning students

Isabella

Why did you select ADN education when you chose nursing as your career? I was living in a small town; it was the only nursing school there, so I really didn't have a choice

What did you know about the different types of nursing educational programs when you selected ADN education? My mom's a nurse too so because of her, that's why I initially decided on nursing. We have a lot of nurses in our family.

Did your background or life experiences impact your choice of the ADN? No

What influenced your decision to obtain a BSN? When I started working, I had taken some of the core courses. So that's when I finished up all of my core courses. I thought it was a good opportunity to jump back in.

Did you encounter barriers in pursuit of a BSN? Just the time commitment and fear of failure, and especially when I went back because I didn't grow up in the computer age and there was kind of fear of learning that. Mainly just the time issue; Like taking away from work, family, that kind of thing. And fear of being a nontraditional student; fear of being in class with younger traditional college ages.

Did the availability of online education have any effect on your decision to pursue a BSN? Explain. I didn't take any online classes in the BSN program.

Before you returned to school, what did you think would be the benefits of having a BSN? The benefits I thought would be better job opportunities, more money and just the satisfaction of knowing that you were able to see it through and complete that degree.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? There were more things to pick from; there were more supervisory opportunities. Personally, the satisfaction of knowing that you were able to accomplish that and that's something nobody can ever take away from you, and a little bit better pay. I found that it has increased pay a little bit and more job opportunities.

And do you have anything else you would like to add? There have been some road blocks but for the most part it's been a pretty enjoyable experience and it gives you a lot of personal satisfaction to know you can do something you didn't think you could.

Why did you select ADN education when you chose nursing as your career?

ADN route was the quickest way for me to do that.

Helen

Why did you select ADN education when you chose nursing as your career? ADN route was the quickest way for me to do that.

What did you know about the different types of nursing educational programs when you selected ADN education? It's been the age old battling nursing that the professional nurse was the BSN. I wanted to be considered the professional nurse because it's my chosen career and profession so I need to at least be at that level.

How did your background or life experiences impact your choice of the ADN? There is no pay difference in an AD or a BSN so I felt like if I got RN behind my name I knew that I wanted to o back and get a BSN; I had to start making RN salary.

What influenced your decision to obtain a BSN? Because that was the professional level of nursing.

Did you encounter barriers in pursuit of a BSN? Personally no because I was 8 months pregnant. I wanted to finish school and it was a personal goal and I was going to achieve it, I worked full-time and went to school.

Did the availability of online education have any effect on your decision to pursue a BSN? Explain. It wasn't available then.

Before you returned to school, what did you think would be the benefits of having a BSN? I wanted to do it on my own terms. Everybody from supervisor level and up needs to have their BSN by next year.

Now that you have completed the BSN, what have you found to be the benefits of having the degree? It allowed me to progress on the career ladder here at our facility. You either have to be in school to be on a certain level or have completed a BSN. A staff nurse position is compensated for that so it did matter financially and it was \$1.50 an hour increase.

Is there anything else you can add to anything that I am saying?

I think it made me appreciate nursing more. You should continue education and be that professional nurse. Adult education was professional so it made you appreciate it. It also helped being an adult learner making those ties to other people that when you are a traditional student you don't make those kinds of ties.

Edward

Why did you select ADN education when you chose nursing as your career?

I needed to get in and out of school as fast as possible and be able to go back to work. I went from working a fulltime 40 hour a week job, to working every Saturday and Sunday for two years during nursing school. And it was the quickest way for me to finish my education and get back to work. **What did you know about the different types of nursing educational programs when you selected AND education?**

The length of time that was required, the number of credit hours, the number of clinical hours. I was pretty well aware of which school did certain amount of hours. And the one that matched my scheduling needs, and needs to be able to provide for my family while still going to school, was the associate's degree. **How did your Background or life experiences impact your choice of the ADN?**

I needed to be able to work as close to fulltime as possible and also to finish school.

What influenced your decision to obtain the BSN?

The reason I wanted to go back and get my BSN was the eventual goal of getting a masters. I want to get a master's in education and teach, and you can't teach without a master's. That's kind of the ultimate goal.

Did you encounter any barriers in the pursuit of the BSN?

Time and money. School is a lot more expensive than the little bit of tuition reimbursement, and having to work extra hours to pay for tuition. Also just the amount of time, the number of credit hours I was able to take. And I was kind of limited because you have to work fulltime and do school, so that was probably the two biggest problems you had to deal with. Schedule was not a problem. That wasn't an issue. As far as the financial support, the little bit of tuition reimbursement would be eaten up by half of about six credit hours at school. So it helped but it could have a lot better.

Did availability of online education have any effect on your decision to pursue a BSN? It didn't I actually prefer being in a classroom. But I'm okay with the online stuff, with just having to be more self-directed. I actually prefer to have a more face-to-face contact with the instructors. **Before you returned to school what did you think would be were the benefits having a BSN?** The only benefit for me would be to pursue the master's degree. The only limitations that an associate's versus a master's I could find in the field would be if you wanted a management job, you needed to have a bachelor's degree. They will hire you as a manager with an associate's degree as long as you're pursuing a bachelor's at some point in the future. So they really don't hold that against you.

Now that you have completed BSN what have you found to be the benefits of the degree? The benefit of having the bachelor degree for me is essentially just one stepping-stone towards getting a master's.

Is there anything else since you went through the experience that you could add in general anything at all about pursuing the degree or being a nurse?

No. There's really not a benefit unless you are trying to get masters, or become a practitioner, to have a bachelor's degree. It's just not something that staff nurses really worry too much about. And it was just a progression for me in my career. And it was just one more step.

Janice

Why did you select ADN education when you chose nursing as your career?

To become an RN, that was my goal.

What did you know about the different types of nursing educational programs when you selected ADN education? Finances had played a big part in it; I knew it would be a shorter track to go through versus the bachelors programs.

Did your Background or life experiences impact your choice of the ADN?

Yes, finances

What influenced your decision to obtain the BSN?

I am a goal oriented person. I came from a totally different career perspective, I knew I wanted to be able to be mobile and go upward, and I would want to be bachelor prepared so that I could get more professional opportunities and more career opportunities for me.

Did you encounter any barriers in the pursuit of the BSN?

No I did not. I still had to work fulltime, go to school once a week, and that type of program was geared towards the adult learner, and a person who had already had a lot of experiences.

Did availability of online education have any effect on your decision to pursue a BSN?

No, not at that time because I still went to the classroom setting. Although, I wouldn't have had any problem with online; I was career minded enough to maybe do the online program

Before you returned to school what did you think would be were the benefits having a BSN?

It would allow me to have more choices at management positions if available because, of course, having a bachelor degree does open up a lot more opportunities for you and I really was looking for that. With that, after I obtained the bachelor, it did kind of open up my thinking as more of a professional nurse, and approach to different situations as far as staff or maybe communication with the physicians or maybe the family members. It did give me a little better perspective or a way to handle things in a more professional manner.

Now that you have completed BSN what have you found to be the benefits of the degree?

Obtaining the BSN really gave me a different voice, a different kind of perspective of the professional nurse and maybe the difference in it, and the ADN bedside skill set versus a more professional demeanor. It was a difference in pride, and a difference in accomplishment, and a difference in being a bachelor prepared nurse. I feel a lot more esteemed.

Is there anything else since you went through the experience that you could add in general anything at all about pursuing the degree or being a nurse?

I have always been a goal oriented person; being a bachelor prepared nurse that kind of enhances you. It also enhances you with trying to mentor people, being a coach to people and that plays a big part in my career. Not only do I want to be able to be a part of a professional organization, but I want to take one of the nurses with me, who may not have had that experience.

***University Committee for the Protection
of Human Subjects in Research***

University of New Orleans

Campus Correspondence

Principal Investigator: Andre Perry

Co-Investigator: Marie Adorno

Date: December 3, 2009

Protocol Title: "A Phenomenological Study to Describe the Lived Experiences of the Pursuit of Baccalaureate Degrees in Nursing by Associate Degree Registered Nurses"

IRB#: 21Dec09

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2 due to fact that any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Please correct the contact number for Ann O'Hanlon on your consent forms. The correct number is 504-280-3990

Best wishes on your project.

Sincerely,

Robert D. Laird, Chair

UNO Committee for the Protection of Human Subjects in Research

VITA

Marie Adorno was born in New Orleans, Louisiana. She obtained her baccalaureate degree in nursing (BSN) and her master's degree in nursing (MN) from Louisiana State University Health Sciences Center in New Orleans, Louisiana. Ms. Adorno has been an RN for 28 years and is licensed as an Advanced Practice Registered Nurse. In 1994, she began working as an instructor of nursing at Our Lady of Holy Cross College. Presently she is an Associate Professor of Nursing at Our Lady of Holy Cross College.

Ms. Adorno presently serves as a consultant/member of the Ochsner Westbank Research Committee and the Ochsner Westbank Journal Club. She is a member of the Board of Directors of the New Orleans District Nurses Association, serving as Chair of the Nominating Committee. She is also a member of the American Nurses Association, Louisiana State Nurses Association, National League of Nursing, and Sigma Theta Tau International Honor Society of Nursing.