

MOTIVATIONAL FACTORS IN REGISTERED NURSES COMPLETING A
BACCALAUREATE COMPLETION PROGRAM

BY

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For Mom and Ange, who have encouraged and supported me every step of the
journey.

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Abstract

The purpose of this qualitative descriptive study was to investigate what motivates associate degree (AND) and diploma prepared registered nurses (RN) to pursue a baccalaureate degree (BSN) through an RN-to-BSN program. Studies have shown that the educational level of nurses has direct impact on the safety and quality of care provided to patients. When compared to ADN RNs, baccalaureate-prepared RNs demonstrate better patient outcomes, including decreased risk of death and decreased failure to rescue. Currently, only 38% of RNs are initially educated at the baccalaureate level, with 59% of RNs are initially educated at the associate level and 8% at the diploma. Only 20.9% of ADN RNs return to school to pursue a baccalaureate degree. The research questions for the study included: 1) What are the reasons that associate degree and diploma prepared registered nurses enroll in RN-to-BSN programs?; 2) What are the facilitators of returning to school?; and 3) What are the challenges of returning to school? The theory of planned behavior provided a starting point for the focus group questions posed to participants. The sample consisted of 21 ADN RNs enrolled in online RN-to-BSN courses at state universities in Kansas. Evidence was collected through the use of an online survey and online focus groups. Three themes emerged from the data analysis: 1) The journey through the decision to return to school; 2) Critical elements in meeting the challenges of returning to school; and 3) The lived experience of returning to school. The themes tell the story of the process of ADN RNs returning to school from contemplating the decision to making the decision to actually living the decision. Based on the findings,

implications for educators in ADN and RN-to-BSN programs, as well as employers of ADN RNs are provided.

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Chapter 1: Introduction

“ . . . this problem will, if not immediately addressed, create a ‘perfect storm’ . . . ” (Orsolini-Hain & Malone, 2007, p. 158). This “perfect storm” referred to by Orsoloni-Hain and Malone relates to the overall shortage of registered nurses (RN) and the lack of nurses educated at the baccalaureate and graduate level who have the educational and clinical experience and expertise to care for sicker patients with multiple conditions and higher-level care needs. The skills and education of baccalaureate-prepared RNs are needed in today’s healthcare environment that focuses on early discharge and skilled home care (Dumpe, Herman, & Young, 1998). One solution to the shortage of baccalaureate-prepared nurses is further education of associate-degree nurses (ADN) and diploma-prepared nurses through RN-to-BSN (bachelor’s of science in nursing) programs.

There are three types of educational programs that allow one to take the National Council of State Board’s Licensure Exam for Registered Nurses (NCLEX-RN) and thus become an RN: 1) an associate degree in nursing obtained from a community college or technical college; 2) a diploma obtained from a hospital-based nursing program; and, 3) a bachelor’s degree in nursing obtained from a college or university. A licensed RN from an ADN or diploma program can complete an RN-to-BSN program to obtain a BSN degree.

Baccalaureate-prepared nurses have improved patient outcomes such as decreased patient mortality rates (Tourangeaw et al., 2006), decreased failure to rescue rate (Aiken, Clarke, Cheung, Sloane, & Silber, 2003), and increased use of research in

practice (Rush, Waldrop, Mitchell, & Dyches, 2003). With the emphasis in today's healthcare on the use of evidence-based practice, the use of research in practice has increased importance. These studies support the idea that the educational level of nurses has direct impact on the patients in their care; nurses prepared at the associate or diploma level may not have the knowledge and skills to care for the patients today who enter the healthcare system sicker than in years past.

Both the American Association of Colleges of Nursing (AACN) and the American Nurses Association (ANA) recommend baccalaureate education as the minimum preparation for beginning nursing practice (AACN, 2000, 2005; ANA, 1965). In 2000, the Board of Directors of the AACN created the Task Force on Education and Regulation for Professional Nursing Practice 1 (TFER1) to investigate the possibility of new educational and licensure models for professional nurses as well as to provide recommendations on how to implement the models (AACN, 2002).

The TFER1 developed five different models of practice that contained various levels and scopes of nursing practice based on educational preparation including practical nurse, registered nurse, master nurse, advanced nurse, and doctoral nurse (AACN, 2002). The emphasis of the master nurse (baccalaureate-prepared nurse) in the models was professional practice (including supervising care provided by registered nurses and coordinating care) while the emphasis of the registered nurse (associate-prepared nurse) was technical skills. Diploma-prepared RNs were not mentioned in the models (AACN). The TFER1 recognized that today's complex

healthcare system requires a better educated nursing workforce with a need for licensing and regulatory frameworks that reflect legal scopes of practice, preparation for practice, and scopes of authority based on educational preparation (AACN).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) testified at the United States Senate Committee on Health, Education, Labor, and Pensions that because of the complex healthcare environment of today a competent nursing workforce with increased educational background is needed. The JCAHO testimony recognized the need for a nursing workforce educated at the baccalaureate level (AACN, 2002). The JCAHO, the AACN, the ANA, the National Advisory Council on Nurse Education and Practice (NACNEP), and the American Organization of Nurse Executives have all recognized the need for more baccalaureate-prepared nurses in healthcare (AACN, 2005). However, there remains a shortage of BSN-prepared nurses.

The shortage of BSN-prepared nurses becomes more evident as one begins to look at the breakdown of associate degree RNs, diploma-prepared RNs, and baccalaureate degree RNs. Although the NACNEP set a goal for a basic RN workforce of two-thirds holding a BSN degree or higher by 2010 (AACN, 2005), nationally 59% of RNs are educated at the associate's degree level and 8% at the diploma level, leaving only 38% originally educated at the baccalaureate level (National League of Nursing, 2007). Of the 59% of associate degree RNs, only 20.9% return to school to pursue a bachelor's degree (Spratley, Johnson, Sochalski,

Fritz, & Spencer, 2002; US Department of Health and Human Services, 2004).

National attrition rates of students entering RN-to-BSN programs were not found in the literature.

The educational preparation of RNs prepares them to practice in a variety of environments. ADN RNs are prepared to care for patients and families in a highly structured environment guided by policies and procedures with physicians readily available (AACN, 1995). ADN and diploma programs have increased the diversity of the nursing population, recruited many first-generation college graduates, and provided a multitude of RNs to ease the nursing shortage. Baccalaureate-prepared RNs are prepared to provide care to patients, families, and communities in structured and unstructured environments such as hospitals, home health, hospice, and long-term care where policies and procedures do not always guide practice or where physicians are not always readily available (AACN, 1995, 2008). Baccalaureate programs provide both the educational and experiential base for entry-level professional practice as well as the foundation for graduate-level study (AACN, 2008; Amos, 2005).

Previous research has focused on the impact of the baccalaureate degree on nursing practice. A gap exists in the literature regarding what brings ADN RNs and diploma-prepared RNs to RN-to-BSN programs. This study addressed this gap specifically by investigating the role of motivation in the pursuit of a baccalaureate degree through an RN-to-BSN program with the long-term goal of facilitating increases in the population of baccalaureate-prepared nurses.

Problem Statement

How can nursing education best respond to the need in today's healthcare environment for more nurses prepared at the baccalaureate level? One solution is to encourage associate degree and diploma-prepared RNs to complete a baccalaureate degree in nursing thus preparing better qualified nurses for today's complex healthcare environment (AACN, 1998, 2005).

Nationally, there are 628 RN-to-BSN programs (AACN, 2005). RN-to-BSN programs are designed to build on the education provided in diploma and associate degree programs and prepare graduates for a broader scope of practice (AACN). The National Advisory Council on Nurse Education and Practice (NACNEP) has issued a call for nurses who are able to critically think and problem-solve, prepared to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with knowledge of community resources (AACN). The NACNEP found that baccalaureate educated RNs best fulfill these requirements in today's healthcare environment (AACN). The higher education community agrees that a liberal arts education (like that provided at the baccalaureate level) is needed for professional disciplines such as nursing because graduates of these programs have strong analytical and creative capacities and better skills in communication, assessment, cultural sensitivity, resourcefulness, the ability to apply knowledge, and scientific reasoning (AACN). Furthermore, nurses are continually working as part of a healthcare interdisciplinary team that consists of physicians, pharmacists, and various therapists (speech, occupational, and physical). Each of these members is

educated at master's level or higher. As the team member most responsible for direct patient care and care coordination, nurses should not be the least educated member (AACN).

There is growing evidence that BSN-prepared RNs have unique skills and play an important role in safe patient care. Aiken et al. (2003) found that not only was there a link between higher levels of nursing education and better patient outcomes, but also that a 10% increase in the proportion of nurses holding a BSN degree decreased the risk of patient death and failure to rescue by 5 percent. Two separate studies conducted in 1996 found a significantly higher level of medication errors and procedural violations by nurses prepared at the associate and diploma level as compared to those educated at the baccalaureate level (AACN, 2005). Chief nursing officers (CNO) in university hospitals prefer to hire baccalaureate degree nurses because they see a difference in practice including stronger critical thinking skills and stronger leadership skills (AACN). Studies have found that baccalaureate-prepared nurses have stronger communication and problem solving skills (Johnson, 1988), a higher proficiency in ability to make nursing diagnoses and evaluation of nursing interventions (Giger & Davidhizar, 1990), better patient outcomes (Aiken et al.), and lower mortality rates (AACN; Aiken et al.). Research has found that following completion of RN-to-BSN programs, RNs have stronger professional-level skills and higher competency in nursing practice, communication, leadership,

professional integration, research, and evaluation (Phillips, Palmer, Zimmerman, & Mayfield, 2002).

There is overwhelming public and private support for BSN-prepared nurses, yet, only 38% of nurses are initially educated at the baccalaureate level or above. Not only has the National Advisory Council on Nurse Education and Practice (NACNEP) called for a two-thirds nursing workforce prepared at the baccalaureate or higher level, the United States Army, Navy, and Air Force all require a baccalaureate degree to practice as an active duty RN (AACN, 2005). U.S. Public Health Service commissioned officers must also be baccalaureate-prepared (AACN). The Veteran's Administration is the nation's largest employer of RNs and requires a BSN as the minimum preparation for RNs for promotion beyond entry-level (AACN). In 1999, a Harris poll cited that 76% of the public believed that nurses should have at least 4 years of education to practice (AACN). In 1998, the Pew Health Professions Commission called for a more concentrated production of baccalaureate and higher degree nurses (AACN). Each of these organizations in addition to the American public, recognize the need for baccalaureate prepared nurses in today's healthcare environment, yet a shortage remains and the conditions are forming for a perfect storm.

Purpose of the Study/Research Questions

The purpose of this qualitative descriptive study was to investigate what motivates ADN RNs and diploma-prepared RNs to pursue a baccalaureate degree

through an RN-to-BSN program. However, all participants were ADN RNs; therefore, the research questions were altered to include ADN RNs only and the findings of the study are generalizable only to ADN RNs. The research questions of the study were based on the study's purpose:

1. What are the reasons that associate degree registered nurses enrolled in RN-to-BSN programs?
2. What are the facilitators of returning to school?
3. What are the challenges of returning to school?

Theory of planned behavior. The theory of planned behavior (TPB) informed the study. The goal of the TPB is to explain human behavior; the TPB is focused on an individual's intention to perform a specific behavior (Ajzen, 1991). In this study, the specific behavior was the return to school to pursue a baccalaureate degree through an RN-to-BSN program. The TPB postulates that there are three independent determinants of behavioral intention: attitude toward the behavior, subjective norm, and perceived behavioral control (Ajzen). Behavioral, normative and control beliefs are foundational to attitudes, subjective norms, and perceived behavioral control, respectively. Open-ended questions based on these determinants of intention were used in this study to elicit information from participants, while still allowing participants to describe their experience and beliefs about returning to school.

Significance of the Study

The importance of baccalaureate-prepared nurses in today's healthcare environment is well-documented. However, despite the need, only 20.9% of associate's degree-prepared RNs return to school to pursue a bachelor's degree (Spratley et al., 2002; US Department of Health and Human Services, 2004). This study is important because it can provide insight for nursing educators into what motivates or brings associate nurses to pursue an RN-to-BSN program. By identifying motivational factors, faculty in associate and RN-to-BSN programs can identify and guide those students interested in the pursuit of the baccalaureate degree.

Definition of Terms

The following definitions were used throughout the study:

An "associate degree nursing program" is a two-year nursing program completed at a community college. Students completing this type of program do not have previous professional nursing experience.

A "diploma nursing program" is a three-year nursing program usually affiliated with a hospital. Students completing this type of program do not have previous professional nursing experience.

"Educational mobility" is defined as "a process by which individuals complete formal and/or informal educational offerings to acquire additional knowledge and skills" (AACN, 1998, p.2).

"Generic or traditional baccalaureate nursing program" is a four-year nursing program completed at a university. Students completing this type of program do not have previous professional nursing experience.

“Motivation” is defined as “the individual’s willing[ness] to perform required behaviors in order to attain his/her goals” (Balabane-Sali, 2008, p.150). In this study, the “goal” is considered the return to school to complete a baccalaureate degree through an RN-to-BSN program.

“Online RN-to-BSN program” is an RN-to-BSN program where the curriculum is offered via the world wide web, utilizing a learning management system such as Angel or Blackboard. Students “attend” the virtual class by logging onto the learning management system as opposed to attending class on campus.

“Registered nurse licensure” is the license earned by persons who graduate from an accredited nursing education program and pass the National Council of State Board’s Licensure Exam for Registered Nurses (NCLEX-RN). This exam indicates that a person has the minimal level of competency needed to practice as a registered nurse within the state where the licensure is given regardless of the type of nursing education program completed.

The “RN-to-BSN program” (also referred to as a BSN-completion program in some settings) is a program offered by a 4-year university or college designed for a licensed registered nurse who has an associate degree or diploma and is pursuing a baccalaureate degree.

The “RN-to-BSN student” is one who is licensed as a registered nurse. The person has an associate degree in nursing from a community college or a diploma from a hospital-based program. The person has returned to a 4-year university or college in pursuit of a baccalaureate-degree in nursing.

Assumptions and Limitations

Qualitative data collection by means of online survey and online focus groups requires honesty, insightfulness, and disclosure by study participants. These methods of self-report could be considered a limitation of the study. Participants may have been unwilling or uncomfortable sharing details and information about the personal journey of pursuing a baccalaureate degree. However, because of the paucity of research regarding the pursuit of a baccalaureate degree through an RN-to-BSN program, self-report was a valid method of data collection for this qualitative descriptive study.

The use of on-line focus groups is a relatively new method of data collection. However, research has shown that online focus groups can meet the criteria established by Turney and Pockney (2005) used to define traditional face to face focus groups (Watson, Peacock, & Jones, 2006). Online focus groups limit participation to electronically literate persons with computer and internet access (Watson et al.) In this study, it was assumed that all participants were electronically literate with computer and internet access because they were participating in an online RN-to-BSN program. The findings may be limited to those RN-to-BSN students who complete online programs. The study was confined to those RNs completing a baccalaureate through an RN-to-BSN program in the state of Kansas, which limits the generalizability of the findings. Because the researcher was a graduate of a generic baccalaureate program, bias may have been inadvertently introduced into the study based on preconceived ideas and thoughts as a result of personal educational

experience. The researcher also had experience teaching in an associate-degree program and may have had preconceived ideas regarding what motivates ADN RNs to return to school.

Chapter one of this proposal has discussed the problem leading to the study's development, the purpose of the study, the three research questions guiding the study, and the importance of the study. Relevant terminology, assumptions, and limitations of the study were also identified.

Chapter Two: Literature Review

Introduction

This chapter consists of the review of literature related to this study. In general, there is limited literature related to RN-to-BSN students with most of the literature published in the late 1980s (Zuzelo, 2001). The role of today's nurse with discussion on the role of the ADN RN and the BSN RN is provided. A historical overview of RN-to-BSN programs is provided as well as a review of the various types of RN-to-BSN programs. Research investigating the barriers and incentives to pursuing and completing an RN-to-BSN program is reviewed. A discussion of the theory of planned behavior and its role in this study is provided as well as an examination of research using the theory of planned behavior in the healthcare education and the education of healthcare providers.

Today's Nurse

Nurses of today face many different challenges than in years past due to higher patient acuity, earlier discharge, and increased use of technology in practice. Today's nurses need to be competent in critical thinking, problem-solving, decision-making, crisis resolution, research utilization, computer technology and informatics, communication, cultural diversity, global awareness, epidemiology, political activism, client advocacy, community education, community programming, evaluation, health promotion, and conflict resolution (Clark, 2004). The nurse of

today must be able to function independently and autonomously within the interdisciplinary team.

The AACN and American Organization of Nurse Executives created a taskforce in 1993 to develop a plan of differentiated nursing practice, based on educational preparation, through studying the Colorado Experiment, the Healing Web Project, and the Sioux Valley, South Dakota Differentiated Nursing Experiment (AACN, 1995). Based on these projects, this taskforce concluded that there needed to be a commitment in various healthcare settings, not just hospitals to incorporate associate degree and baccalaureate degree nurses into practice together, but with different scopes of practice.

Role of the ADN RN

The educational preparation of ADN RNs prepares them to provide care for patients in environments different from BSN RNs. ADN RNs are prepared to care for patients and families in a highly structured environment guided by policies and procedures with physicians readily available (AACN, 1995). Associate degree programs are extremely valuable to the healthcare community. They provide the opportunity for individuals in rural communities to complete a nursing degree in their own community through community colleges. Many ADN students are non-traditional students; ADN programs allow these non-traditional students, who may have limited financial resources, an affordable opportunity to complete a college degree without having to up-root their families. With 59% of RNs originally educated at the ADN-level (NLN, 2008), ADN programs are extremely valuable in

dealing with the current nursing shortage. There is a need for both associate-educated RNs and baccalaureate RNs in today's healthcare environment. The challenge is for associated degree programs and diploma programs to encourage their graduates to consider the pursuit of a baccalaureate degree.

Role of the BSN RN

Baccalaureate-prepared RNs are prepared to provide care to patients, families, and communities in structured and unstructured environments such as hospitals, home health, hospice, and long-term care where policies and procedures do not always guide practice or where physicians are not always readily available (AACN, 1995, 2008). Baccalaureate programs provide both the educational and experiential base for entry-level professional practice as well as the foundation for graduate-level study (AACN, 2008; Amos, 2005). Baccalaureate-educated RNs are associated with better patient outcomes, Magnet-designated status in hospitals, increased professionalism, and endorsements by various healthcare groups.

Better patient outcomes. Research indicates that hospitals with higher proportions of BSN-prepared nurses had lower 30-day mortality rates (Tourangeau et al., 2006), lower surgical mortality rates, and lower failure to rescue rates (Aiken et al., 2003). A relationship has been found between BSN-prepared nurses and critical thinking, professionalism, and creativity (Delaney & Piscopo, 2006). Following completion of an RN-to-BSN program, nurses use research in practice more, possess a broader, holistic knowledge base and professional perspective, and read significantly more nursing research literature (Rush et al., 2005).

Better critical thinking skills and enhanced professionalism were two themes that emerged when studying the experiences of associate degree and diploma nursing graduates when transitioning from RN to BSN (Delaney & Piscopo, 2006). When examining the impact an RN-to-BSN program had on their nursing practice, nurses believed they were more holistic and aware of cultural diversity as well as better communicators as a result of the degree (Zuzelo, 2001). Other benefits of completing a BSN include increased self-direction, improved ethical conduct, enhanced performance, increased responsibility, and professional enhancement (Leonard, 2003). Because of their critical thinking, use of research in practice, and holistic knowledge base, BSN nurses may respond better to patients resulting in better patient outcomes.

Nurses with associate degrees are more likely to commit medication and procedural errors compared to BSN nurses (AACN, 2005). Despite a foundation in nursing practice, associate degree nurses and diploma-prepared RNs may not have the education or experience needed to provide the quality of care that today's patients need and deserve.

Magnet status. Magnet hospitals typically employ a higher proportion of baccalaureate-prepared nurses (59% at magnet facilities, 34% at other facilities) (AACN, 2005). The Magnet Recognition Program was developed by the American Nurses Credentialing Center to identify and recognize healthcare organizations that provide excellence in nursing (American Nurses Credentialing Center [ANCC], 2008). The Magnet Recognition Program seeks to recognize quality patient care,

nursing excellence, and innovation in professional nursing practice (ANCC). The quality indicators and standards of nursing practice on which the Magnet Recognition Program is based are defined in the American Nurses Association's Scope and Standards for Nurse Administrators (ANCC). It is possible that Magnet hospitals are able to provide excellence in nursing because of the higher numbers of baccalaureate-prepared nurses.

Professionalism. RN-to-BSN students have significantly higher professional development dimensions based on the Professional Development Self-Assessment Matrix at graduation compared to students upon entrance to RN-to-BSN programs (Phillips et al., 2002). RN-to-BSN programs are just as effective as generic programs at socializing RNs into the professional role (Clark, 2004). Cragg, Plotnikoff, Hugo, and Casey (2001) examined the professional resocialization of distance RN-to-BSN students. Using a socialization scale, scores of entering and graduating RN-to-BSN students were compared to those graduates of generic programs. Findings indicated that BSN graduates had significantly higher scores than diploma-prepared nurses entering the RN-to-BSN program. Chornick (1992) compared RN-to-BSN graduates to generic BSN graduates in critical nursing activities and in degree of commitment to the profession. The findings showed no significant difference in performance, but the RN-to-BSN graduates demonstrated more frequent professional commitment such as attending continuing education programs. These findings show that degree completion programs can be as effective as generic programs in socializing BSN-nurses.

Endorsements for baccalaureate degree. In the past, employers have hired nurses based on licensure (RN or licensed practical nurse) rather than educational preparation leading to undifferentiated utilization of RNs and failure to acknowledge and reward nurses at various levels of educational preparation (Clark, 2004; Loquick & Bellack, 1999). This had led to the philosophy of “a nurse is a nurse” (Clark, 2004) and a loss of prestige for those with a baccalaureate degree.

There has been some change in recent years in differentiation of practice based on educational preparation. A survey completed by Chief Nursing Officers (CNO) found that institutions are beginning to differentiate nursing practice based on education and job requirements. The CNOs also indicated that they believed there are differences in nursing practice based on educational level, and BSN graduates were the preferred applicants for new hires (Goode et al., 2001).

The Department of Veteran Affairs is the largest employer of nurses. Since 2005, the BSN degree is the minimum degree for promotion above any entry level position (AACN, 2005). In addition, the Department of Veteran Affairs has committed \$50 million over five years to facilitate the attainment of a BSN degree for staff (AACN). All nurse corps officers (U.S. Army, U.S. Navy, and U.S. Air Force) along with commissioned officers of the U.S. Public Health Service are required to have a BSN degree (AACN). Many institutions have expressed a preference for hiring BSN degree RNs for leadership/managerial positions and specialty positions (Loquist & Bellack, 1999). This is evidence of a growing trend towards the need for more BSN-prepared nurses.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) testified at the United States Senate Committee on Health, Education, Labor, and Pensions that the complex healthcare environment of today requires a competent nursing workforce with increased educational background. The JCAHO testimony recognized the need for a nursing workforce educated at the baccalaureate level (AACN, 2002). The JCAHO, the AACN, the ANA, the National Advisory Council on Nurse Education and Practice (NACNEP), and the American Organization of Nurse Executives have all recognized the need for more baccalaureate-prepared nurses in healthcare. However, there remains a shortage of BSN-prepared nurses.

Historical Review of RN-to-BSN Programs

There have been four basic phases of RN-to-BSN educational mobility programs. The first was from the period of 1909 to 1960. At this time, nurses were primarily educated in hospital-based diploma programs, and few RNs attended baccalaureate programs at universities. Those diploma graduates who decided to return to school for a baccalaureate degree were required to either complete the entire traditional or generic BSN program or complete only the general education courses needed for the degree. Requirements and credit provided varied from institution to institution (Clark, 2004; Redman & Cassells, 1990).

From 1960 to 1972, both generic and RN students earned credit in the same manner by taking the same upper division nursing courses following a policy statement by the National League of Nursing, the accrediting body for university

based nursing programs, recommending a single generalist nursing program for the BSN degree. Although most students entering RN-to-BSN programs at that time had diplomas in nursing, blanket credit was no longer given to those having a diploma in nursing (Clark, 2004; Redman & Cassells, 1990).

From 1972 to the early 1980s, RN-to-BSN programs consisted mainly of associate degree nurses returning for a baccalaureate degree. Upper division nursing programs for RNs only became the norm because these students already had some college credit (Clark, 2004; Redman & Cassells, 1990).

The current period of RN-to-BSN educational mobility programs is focused on preparing RN-to-BSN students in ways that integrate their past experience and education along with their needs as adult learners (Clark, 2004). The AACN has called for educational mobility programs that serve the public, the profession, and the individual nurse (1998). Educational mobility programs should respect previous learning, utilize diverse approaches to learning, be focused on the socialization of students to professional roles, and align education with the practice environment (AACN, 1998, 2008). The AACN has recommended accomplishing these goals through creative educational designs and delivery formats including distance education and technology and flexibility in admission criteria and curriculum design and delivery methods, and increasing scholarship and working collaborations with care delivery systems (AACN, 1998, 2008; Clark, 2004). Today, various methods of

offering RN-to-BSN programs are available including accelerated programs, online programs, and a combination of online and traditional (hybrid) programs.

Types of RN-to-BSN Programs

There have been a variety of RN-to-BSN programs in the past leading to some confusion among RNs and the public about what an RN-to-BSN program offers. The first model views the baccalaureate degree as a completely separate body of knowledge from that offered in associate or diploma programs. Students entering these programs start over and receive no credit for previous degrees, knowledge, or experience (Clark, 2004; Redman & Cassells, 1990).

The second model of RN-to-BSN education can be described as a testing/challenging/validating model. RN students must prove competency in areas of study common to both baccalaureate and associate or diploma programs via a testing procedure. Clinical competency is determined via validation of clinical skills. This method leads to the potential for conflict and anger because nurses who have been in practice for multiple years are required to be tested (Clark, 2004; Redman & Cassells, 1990).

The third model of RN-to-BSN education can be described as the add-two-years model. In this model, the RN can test out of the first two years of the baccalaureate program and complete only the upper division courses. This type of model typically requires a transition or bridge course that orients the student to the

curriculum. Students are then blended into nursing courses with traditional students. This model has led to frustration on the part of faculty because of the diverse needs of the students and on the part of students because of the feeling of lack of camaraderie. These feelings of frustration have led to a separation of students in these programs into generic and RN-to-BSN completion students. The students all are required to meet the same terminal outcomes, but do so in separate groups (Clark, 2004; Redman & Cassells, 1990).

The final model of practice is the RN-only upper division program that is designed for RN students in pursuit of a BSN degree. This type of program integrates RN experience and adult education principles into the curriculum. This program can be described as a two-plus-two model where students obtain an associate degree or diploma, get licensed through the state board of nursing, then continue on for the baccalaureate degree. (Clark, 2004; Redman & Cassells, 1990).

With the variety of models, the educational experience of RNs has been called into question. In response to growing concern by students and legislators, many states have made legislation regarding articulation from associate or diploma programs to baccalaureate programs so that RN students receive some type of credit when returning to complete a baccalaureate degree (Clark, 2004). Georgia has implemented a statewide articulation model that seeks to remove the barriers of theory and clinical testing (Kish, Newsome, Datillo, & Roberts, 1997). The Illinois Articulation Initiative Nursing Panel has sought to provide a seamless transfer of

associate credits to baccalaureate programs for those in the state of Illinois (Clark, 2004; Davel & Locklin, 2003.) The state of Kansas has a statewide articulation plan for those RNs who graduated from a Kansas nursing program. Those who graduated within five years of returning to school for a baccalaureate degree receive credit for up to 40% of the program's nursing credit hours without validation or work requirements. Those who graduated from basic nursing education from six to ten years prior to returning to school may receive credit for up to 40% of the program's nursing credit hours without validation if they have 1000 hours of nursing work in the past three years. Finally, if the student graduated from an ADN or diploma program over 10 years prior to returning to school, they may receive credit for up to 40% of the program's nursing credit hours with validation through testing, escrow, or portfolio per the school's policy if they have 1000 hours of nursing work in the past three years (Tennessee Center for Nursing, 2007).

Leaders within the nursing education profession strongly support the idea of seamless articulation agreements between associate degree programs and BSN programs. At a minimum, regional or universal nursing articulation models with multiple entry and exit points are needed (Nursing Education Perspective, 2002; Rapson, 2000). Students have cited difficulty meeting admission criteria or variability among RN-to-BSN programs as a barrier to pursuing an RN-to-BSN program.

Barriers and Incentives to Pursuing and Completing an RN-to-BSN Program

Many studies have focused on the barriers to pursuing a baccalaureate education. Delaney and Piscopo (2004) conducted a study of 101 ADN and diploma nurses investigating their perceptions of the benefits and barriers to RN-to-BSN programs. Delaney and Piscopo (2006) conducted a study of 12 RN-to-BSN graduates regarding their experience of transitioning from RNs to BSNs. Ouzts, Brown, and Swearingen (2006) interviewed 16 RN-to-BSN students at the beginning of their RN-to-BSN program to identify the support they received.

When contemplating a return to school, barriers to consider include multiple role demands, managing family and work, limited resources, competing priorities in the multiple role responsibilities and multitasking, lack of financial resources, lack of time, and need to travel or relocate (Delaney & Piscopo, 2004, 2006; Ouzts et al., 2006).

Megginson (2008) interviewed six RN-to-BSN students regarding their perceptions of what incites and inhibits RNs from pursuing a baccalaureate degree through an RN-to-BSN program. Fear, past educational and life accomplishments, equal treatment of BSN, ADN, and diploma RNs, and negative ADN or diploma school experience were listed as barriers to consider when contemplating a return to school. Incentives for returning to school identified by Megginson were being at the right time and place in life, the ability to continue to work with options, advancing education in achieving a personal goal, believing a BSN provides a credible professional identity, being encouraged by contemporaries to return to school, and finding user-friendly RN-to-BSN programs. Delaney and Piscopo reported that ADN

and diploma RNs felt that a less complicated process was needed to facilitate enrollment in RN-to-BSN programs (2006).

In a study of 36 RN-to-BSN students, age, income changes, professional practice enhancements, time management, and non-monetary benefits were listed as important issues to contemplate when returning to school, while personal satisfaction and improved practice were reasons to return to school to complete a BSN degree (Leonard, 2003).

Once students have made the decision to return to school, more barriers may be encountered. Dick and Anderson (1993) explored the relationships among life stress, multiple time commitments of work, school, and home life, perceived support for returning to school from employer, colleagues, and family, and burnout in the work setting. A significant negative relationship was found between burnout and support from family and colleagues and perceived control of the situation. Students have reported difficulty managing a school schedule with other obligations (66.7%), family concerns (22.2%), and financial obligations (16.7%) as the three major obstacles in enrolling in an RN-to-BSN program (Leonard, 2003). Personal satisfaction, improved self-image, feelings of achievement and success, an expanded knowledge base, raised level of professionalism, career advancement and job mobility, increased salary, and more job opportunities have been perceived as benefits of completing an RN-to-BSN program (Delaney & Piscopo, 2006).

Lillibridge and Fox (2005) studied the impact of degree completion on personal and professional lives of RN-to-BSN students. Six themes emerged: having an edge

for career advancement, not fitting in with basic students, need for support especially from peers, looking at things differently or seeing the bigger picture, developing new thinking skills, and becoming a change agent.

Summary. In summary, research has found that those ADN and diploma-prepared RNs contemplating pursuing a baccalaureate degree as well as those who have completed the degree struggle with similar barriers and identify similar incentives. Multiple role demands and responsibilities such as family and work, limited resources, limited finances, limited time, fear, and past educational experiences have been cited as issues to contemplate before returning to school (Delaney & Piscopo, 2004, 2007; Leonard, 2003; Megginson, 2008; Ouzts et al., 2006). Positive feelings about oneself, increased professionalism, career advancement, support, and a user-friendly program are all incentives for completing an RN-to-BSN program according to research (Delaney & Piscopo, 2007; Leonard; Lillibridge & Fox, 2005; Megginson). The consensus in the literature leads to a need to identify the motivating factors, minimize barriers, and maximize incentives in order to promote the pursuit of a baccalaureate degree by ADN RNs.

Support Systems

Faculty plays an important role in encouraging ADN and diploma-prepared RNs to pursue an RN-to-BSN. Cangelosi (2006) examined the connection between faculty and students in RN-to-BSN programs. The theme of creating an educational context to guide students toward accomplishments and new possibilities emerged. While all students in ADN and diploma programs may not feel they want to pursue a

BSN degree, part of a good education is encouraging students to reflect on future plans. Faculty in ADN and diploma programs can encourage and guide students to consider the next step in educational pursuits to accompany their career plans (Alonzo & Bonnel, 2007).

Support systems are important for RN-to-BSN students and include the informal support of family, friends, classmates, mentors, jobs, and self, along with the formal support of the advisor, nursing instructor, and learning resources (Oehlkers & Gibson, 2001). Because the typical RN-to-BSN student, when compared to the generic student, is older, employed nearly full-time, and married with children and family responsibilities (Oehlkers & Gibson), it is important to identify what motivates the student to complete the degree.

Theory of Planned Behavior

The theory of planned behavior informed the study by providing a starting point for the questions posed to participants in the online survey and online focus groups. The theory of planned behavior was developed by Icek Ajzen as an extension of the theory of reasoned action (TRA), which was developed by Ajzen and Martin Fishbein earlier in the mid-1970s (Ajzen, 1991). The TPB has been used extensively in research focused on predicting and understanding health behaviors as well as in research focused on healthcare education and the education of patients. The goal of the TPB is to explain human behavior; the TPB is focused on an individual's intention to perform a specific behavior (Ajzen).

Determinants of intention. The TPB postulates that there are three independent determinants of intention, which is defined as “indicators of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior” (Ajzen, 1991, p. 181). The determinants of intention are the following: attitude toward the behavior, subjective norm, and perceived behavioral control (Ajzen). Attitude, subjective norm, and perceived behavioral control each has a precursor belief that influences each variable. Behavioral beliefs influence attitudes towards the behavior. Normative beliefs influence subjective norms, and control beliefs influence perceived behavioral control (Ajzen).

Attitude toward the behavior is defined as “the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question” (Ajzen, 1991, p.188). Attitudes are developed from beliefs about the object of the attitude. Beliefs are formed about an object by associating it with certain attributes (objects, characteristics, or events) (Ajzen). Therefore, if the attribute toward a certain behavior is negative, the attitude toward the behavior is also viewed negatively, whereas if the attribute is positive, the attitude is positive.

Subjective norm is a social factor referring to “the perceived social pressure to perform or not to perform the behavior (Ajzen, 1991, p. 188). Subjective norms are influenced by normative beliefs. Normative beliefs “are concerned with the likelihood that important individuals or groups approve or disapprove of performing a given behavior (Ajzen, p.195). Therefore, the subjective norm is the individual’s belief about normative beliefs. Subjective norms are typically measured in studies by

asking respondents to rate the extent to which important others would approve or disapprove of their performance of a certain behavior (Ajzen).

Perceived behavioral control is the “perceived ease or difficulty of performing the behavior and . . . is assumed to reflect past experience as well as anticipated impediments and obstacles” (Ajzen, 1991, p.188). Control beliefs deal with presence or absence of needed resources and opportunities (Ajzen). Perceived behavioral control is influenced by past experiences with the behavior to be performed, second-hand information about the behavior, experiences of acquaintances and friends, and other factors that may increase or decrease the perceived difficulty of performing the desired behavior (Ajzen). Perceived control over a desired behavior should be greater if individuals believe they have more resources and opportunities and fewer obstacles and impediments (Ajzen).

Together, attitude, subjective norms, and perceived behavioral control lead to intention to perform a behavior. However, each variable has a different effect on actual behavior from individual to individual. Therefore, behavior is different for each individual because each individual has different beliefs about attitude, subjective norms, and perceived behavioral control (Ajzen, 1991).

Intentions are influenced by motivational factors, which are indications of how hard individuals will try or how much effort they will put forth to perform a certain behavior (Ajzen, 1991). The TPB states that “to the extent that a person has the required opportunities and resources, and intends to perform the behavior, he or she should succeed in doing so” (Ajzen, p. 182). If an individual has the resources

and opportunities and wants to perform a certain behavior, according to the TPB, the individual should be successful in performance of the behavior. Given that they have the resources and opportunity, those who are motivated and therefore intend to pursue a baccalaureate degree through an RN-to-BSN program should be successful.

Past research has focused on the impact of baccalaureate-prepared nurses on patient outcomes and professionalism, incentives and barriers to completing an RN-to-BSN program, and the need for baccalaureate-prepared nurses. A gap in the literature was identified regarding the link between motivation and the pursuit of the baccalaureate degree through an RN-to-BSN program. Therefore, the TPB was used to generate questions to help capture and describe all the elements that combine to lead to the pursuit of a baccalaureate degree through an RN-to-BSN program. Questions were used that explored their beliefs about returning to school while still allowing participants to describe their experiences of pursuing a baccalaureate degree through an RN-to-BSN program.

Chapter two of this proposal has included a review of the literature relevant to the study, including the role of today's nurse, the ADN RN, and the BSN RN. A historical overview of RN-to-BSN programs and the various types of RN-to-BSN were discussed. Previous research regarding the barriers and incentives to pursuing and completing an RN-to-BSN program were discussed. An overview on the TPB along with the rationale for its use in the study was provided.

Chapter Three: Methodology

Introduction

This chapter presents the study's methodology. The study's purpose and research questions are reviewed. The design, sample, and setting are described. A detailed description of the data collection procedures is discussed and supported with appropriate literature. A detailed description of the four RN-to-BSN programs utilized in the study is provided. The chapter concludes with an explanation of the data analysis.

Purpose and Research Questions

The purpose of this study was to investigate what motivates ADN RNs to pursue a baccalaureate degree through an RN-to-BSN program. The research questions of the study were driven by the study's purpose:

1. What are the reasons that associate degree registered nurses enrolled in RN-to-BSN programs?
2. What are the facilitators of returning to school?
3. What are the challenges of returning to school?

Research Design

This study was a qualitative descriptive study. Qualitative methods are "well suited for investigations in applied fields such as adult education and training because we want to improve practice. The improvement of practice comes from

understanding the experience of those involved” (Merriam & Simpson, 1995, p.97).

This study investigated the experiences of ADN RNs pursuing a baccalaureate degree in nursing through an RN-to-BSN program.

The focus of a qualitative descriptive study is to give a comprehensive summary of a specific event in everyday terms (Sandelowski, 2000). The researcher in a qualitative descriptive study is seeking

descriptive validity, or an accurate accounting of events that most people (including researchers and participants) observing the same event would agree is accurate, and interpretive validity, or an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate (Sandelowski, p. 336).

Qualitative descriptive studies are appropriate when seeking to obtain straight answers to questions of special relevance to practitioners (Sandelowski, 2000), in this case: educators. Questions in qualitative descriptive studies address people’s concerns and responses (such as thoughts, feelings, and attitudes) about an event and reasons people have for using or not using a service (Sandelowski). The focus of this study was on the event (the challenges, decision process, experiences, and incentives) of returning to school in the pursuit of a BSN degree and the reasons for achieving that goal through the use of an RN-to-BSN program. Sandelowski states, “Any one qualitative approach can have the look, sound, or feel of other approaches” (p. 337). Qualitative descriptive studies may have the overtones of other qualitative methods

because the research may employ techniques associated with other approaches. Although this study was predominantly a qualitative descriptive study, it may have the feel of a phenomenological approach as some participants described their lived experience of journeying to a baccalaureate degree through an RN-to-BSN program.

In this study, the researcher was seeking to describe the motivational factors at play in the decision for ADN RNs to return to school to complete a baccalaureate degree through an RN-to-BSN program. The insight gained from the findings of this study will assist educators to better promote and facilitate associate-degree RNs in their transition to an RN-to-BSN program.

Researcher as Instrument

In qualitative research, the researcher is considered a primary instrument (Patton, 2002). In this study, the researcher has a special interest in the study as an associate degree nursing educator and in a community that predominantly employs associate degree RNs. In southeastern Kansas, approximately 22% of the associate degree RNs return to school to complete a baccalaureate degree through an RN-to-BSN program. The local hospital currently employs 100 RNs. Of this number, 72 are ADNs, 22 BSNs, and 3 Master of Science nurses (J. Newton, personal communication, October 22, 2008), showing a need for more BSN-prepared nurses locally.

Sample and Setting

The sample was purposively chosen from four RN-to-BSN programs at state universities in Kansas. Fort Hays State University, Pittsburg State University, the University of Kansas, and Wichita State University allowed the researcher to approach students enrolled in an RN-to-BSN course during the spring 2009 semester for participation in the study. The following inclusion criteria were used for this study: ADN RNs and diploma-prepared RNs enrolled in an online RN-to-BSN program at a Kansas university.

Purposive sampling of students enrolled in online RN-to-BSN programs in the state of Kansas was used because the researcher, a Kansas resident, has a direct interest in local ADN RNs continuing their education through RN-to-BSN programs. Local RNs who complete an RN-to-BSN program typically choose one of these programs because of the location and online option. An online format and online courses were chosen for the study because past research has not focused specifically on this type of program. Students in online programs may have different experiences in an RN-to-BSN program than those in a traditional RN-to-BSN program. Support was garnered from each of the schools' administration. See support letters in Appendix A.

Each school's chairperson/dean was contacted via email in the fall 2008 semester to enlist their assistance in the study. They granted permission for the researcher to contact the coordinator of the RN-to-BSN program in order to identify an appropriate course for use in the study. The RN-to-BSN program coordinators

were then contacted in the fall semester 2008 and identified appropriate courses for use in the study. Coordinators were asked to identify a course offered in the spring 2009 semester; an introductory course was preferred because students in introductory courses may have a different experience than those who are nearing graduation. A letter was sent to the faculty member of the courses explaining the study and asking for permission to utilize the course in the spring 2009 to approach students to participate in the study. See Appendix B for a copy of the letter.

Following course start-up and IRB approval at each institution, the researcher “visited” each online course and posted an announcement and letter inviting students to participate in the study. See Appendix C for a copy of the letter. The consent form was also posted for the students to review. The researcher then emailed the students through the learning management system explaining the study and directing the students to the study information within the course. The informational letter and informed consent were attached in the email for ease of access for the potential participants.

Slow response to the study invitation was an issue at each school. Therefore, approximately one week after the original posting and emailing of study information, the researcher requested that the course faculty member email the students to encourage students to review the study information and consider participation in the study. If there were fewer than 3 participants from the designated course who consented to participate in the study, all RN-to-BSN students at the program site were

approached to participate in the study through the “community group” of the learning management system. An announcement inviting students to participate in the study, with the information letter and informed consent, was posted through the learning management system for the RN-to-BSN students explaining the study and requesting their participation. See Appendix D. An email was also sent to the students by the researcher, followed one week later by an email from the instructors of the courses informing them about the study and requesting their participation.

Originally, it was intended that participants could either mail a signed copy of informed consent to the researcher or email a copy of the informed consent with an electronic signature to the researcher. Due to the inability of the students to electronically sign the PDF version of the consent, the consent process was modified, requesting students to print, sign, and return a copy of the informed consent to the researcher. The researcher then signed the informed consent and sent each participant a copy along with postage reimbursement. Following receipt of informed consent, the researcher emailed participants step-by-step instructions on study participation, including how to access and complete the initial survey and how to access the online focus group discussion board. Once the minimum number of participants needed for the discussion was reached, the researcher then emailed students information regarding when to begin the focus group and how often to post input in the discussion and reminding them how to access the discussion board. See Appendix E.

Discussion boards were designed to be completed in a two week time period. One week into the study, if a participant had not logged onto the discussion board, the researcher emailed the participant reminding them about the discussion board. At the end of the two week time period, the researcher emailed all participants notifying them that the discussion was officially concluded, but informing them the discussion board would be available for two additional days to allow them to answer any questions remaining or post any other comments. It was found that the additional two days time generated more participation from the participants.

Description of the Programs

Fort Hays State University (FHSU) is located in Hays, Kansas. The RN-to-BSN program is offered entirely on-line. Students may begin the program in the fall, spring, or summer. The length of the program is variable, dependent on the number of credit hours students take each semester. Virtually all students in the RN-to-BSN program are part-time (C. Moore, personal communication, October 23, 2008). The program has approximately 166 students enrolled in the RN-to-BSN program (C. Moore, personal communication, August 18, 2009). Students must complete 124 credit hours including 55 general education credit hours, 42 nursing pre-requisite credit hours, and 30 RN-to-BSN credit hours. The RN-to-BSN program is an RN-only upper division program. The following is the admission criteria of the program: RN-license in any state, completion of all pre-requisite nursing courses, and admission to Fort Hays State University. Applicants may earn “Advanced Standing

Credit” of up to 37 nursing credit hours if they earned their original nursing degree within the past 10 years and/or worked 1000 hours in nursing during the past three years prior to seeking admission to the program. Plan of study is unique to each student and is planned in coordination with an advisor (Undergraduate Nursing School Handbook, 2007). Students are not required to come to campus for any courses within the program. The internship course is the only course with a clinical requirement. It requires 135 hours in the area of global health, community health, risk management, case management, and community within their own community with an approved preceptor (C. Moore, personal communication, May4, 2009). See Table 1.

Pittsburg State University (PSU) is located in Pittsburg, Kansas. The RN-to-BSN program courses are offered as hybrid courses (on-campus and online) or online. Students may begin the program any semester: summer, fall, or spring. The length of the program is variable. The program is an RN-only upper division program. In the fall 2008, there were 33 RN-to-BSN students enrolled in the program. The school does not monitor full-time versus part-time status of the students (J. Schiefelbein, personal communication, October 21, 2008). Entrance criteria includes a background check, three professional references, proof of current RN licensure, and grade point average of 2.5 or above. Students must complete 62-66 general education and nursing pre-requisites. Specific nursing pre-requisites such as College Algebra, Chemistry, Sociology, General Psychology, and Nutrition may be completed

concurrent with enrollment in first nursing courses. Validation of up to 36 credit hours is possible if the applicant have a current RN license, validation letter of 3 months of current nursing practice, successful completion of “Transitions to Baccalaureate Nursing Practice” with a “C” or above, and successful completion of “Client/Family Health: Theory, Assessment, Promotion” and associated practicum with a “C” or above. If the applicant has nursing credits more than 10 years old, proof of 1000 hours of work experience in the past 3 years is also required. Students must complete 67-68 credit hours of upper division nursing courses for graduation. A plan of study is coordinated with individual students with an advisor (RN-BSN/MSN, 2008). Supervised clinical hours in the hospital setting are not required. In the final course of the program, Family and Client, the students are required to come to campus and complete some clinical assignments as a group. Other courses require activities such as interviewing nurses or teaching a community project; these activities are considered as clinical hours. However, the activities are arranged by the student wherever they would like to perform them and are not supervised (J. Schiefelbein, personal communication, June 8, 2009). See Table 1.

The University of Kansas (KU) is located in Kansas City, Kansas. The RN-to-BSN program is offered online. Students may start in the fall, spring, or summer semester. If they pursue the program of study full-time, the program can be completed in one year. Part-time study can take up to five years to complete. The program can be classified as an RN-only upper division program. Currently, the

program has between 60-70 students in the RN-to-BSN program. Students are typically in the program from 1-4 years depending on their plan of study (J. Schott, personal communication, October 30, 2008). Students must complete 62 hours of pre-requisite liberal arts and sciences courses. Sixty-two hours of nursing courses are then required. Students may earn credit for up to 32 hours of nursing courses through portfolio examination, challenge examination, and nursing course work. If the applicant graduated from a Kansas nursing program in the past 5 years, they may receive up to 25 hours of credit. If it has been more than 5 years, or if the applicant graduated from a program outside of the state of Kansas, the applicant can submit a request for portfolio evaluation, transcripts of all nursing courses, descriptions of nursing courses, and a resume of nursing experience to receive up to 25 hours of credit. Eligibility requirements for the University of Kansas RN-to-BSN program include: graduate of a National League of Nursing accredited diploma or associate degree program, current licensure as an RN, completion of 62 credits of liberal arts and sciences pre-requisite courses, and a minimum grade point average of 2.5. In addition, a personal statement of interest and commitment to nursing and three references are required for application. Students receive an individualized plan of study in coordination with an advisor (Online RN-to-BSN Program Overview, 2008). Students may be required to come to campus for testing purposes for classes such as pathophysiology to ensure testing security (A. Wingate, personal communication, May 4, 2009). If students live over 75 miles from campus, a proctor may be arranged to administer their exams. Clinical hours are based on a 4:1 ratio with four hours of

clinical time for every credit hour. There are three clinical courses: Care of the Client with Complex Acute Needs, Population Based Health Care, and Professional Practicum. Care of the Client with Complex Acute Needs requires 96 hours of clinical time in which the student is placed in an acute care area, typically the intensive care unit with a preceptor. In Population Based Health Care, there are 96 hours of clinical time required in a community setting with a vulnerable population. Finally, in the Professional Practicum, 128 hours of clinical time are required with a preceptor in a leadership or management role. The student has input into where he or she is placed for this course, and they spend one 8-hour day per week with their preceptor in the setting of their choice (J. Schott, personal communication, June 10, 2009). For each of the clinical courses, the student is placed in a hospital or community setting in their community (J. Schott, personal communication, June 15, 2009). See Table 1.

Wichita State University (WSU) is located in Wichita, Kansas. The program is offered online and completion time is variable (J. Tate, personal communication, October, 16, 2008). The program is an RN-only upper division program. Most students begin the program in the fall, though they can begin in the summer or spring. If the students have all upper division electives and career enhancement courses completed, they can complete the program in one year. Currently, the program has 55-60 students. The majority of the students are part-time, taking 6-10 credit hours per semester. (S. Hazen, personal communication, October 31, 2008). Admission

criteria at Wichita State University includes RN license in the state where the applicant is practicing, a minimum grade point average of 2.5 in all college work, and admission to Wichita State University. Applicants who graduated from a National League of Nursing accredited program less than five years prior to admission to the program are not required to have work experience. Those who have been out of school for over five years must have 1000 hours of work experience in the past three years. Associate degree RNs may receive 25 hours of retroactive credit from ADN coursework. Diploma-prepared RNs may receive 25 hours of retroactive credit through credit by examination and/or portfolio review. Examination includes obtaining an average composite score of 100 on the three National League of Nursing Accelerated Challenge Exams with a minimum score of 85 on each exam to demonstrate proficiency. A portfolio review includes 1) a vita which includes the identification of education, continuing education conferences, board membership, grants and certifications, 2) documents supporting items identified in vita, 3) letters documenting nursing work experiences, and 4) a letter of recommendation from the present nursing supervisor specifically addressing current nursing practice experience. Materials must cover the content relating to one of the NLN exams (NLN I Care of the Adult Client, NLN II Care of the Client During Childbearing and Care of the Child, or NLN III Care of the Adult Client with Mental Disorders). The program of study at Wichita State University includes 60 credit hours of general education or pre-professional courses and 64 credit hours of professional courses, of which 25 credit hours may receive retroactive credit. Individualized plans of study

for each student are created with an advisor (RN to BSN, 2008). The Clinical Capstone course is the only course in the program with a clinical requirement of 90 hours; half of those hours must be completed in the community setting. Wichita State University has an extensive list of agencies that students can contact to complete their clinical hours. The student is responsible for contacting an agency, identifying a preceptor, and planning the hours for the experience. This preparatory work is counted as 5 of the 90 required hours. In the health assessment course, students are required to report to campus to complete a graded head-to-toe assessment. All other courses can be completed online (S. Hazen, personal communication, May, 5, 2009). See Table 1.

Table 1

Comparison of Clinical Hours and On-Campus Time Requirements

	<u>FHSU</u>	<u>PSU</u>	<u>KU</u>	<u>WSU</u>
Required clinical hours	135	variable	320	90
On-campus time	No	Yes	Yes	Yes
Required nursing credits	67	67-68	62	64

Method of Data Collection

Data were collected with an electronic survey and asynchronous online focus group interviews (Watson, Peacock, & Jones, 2006) of RN-to-BSN students at the four state universities. Because many RN-to-BSN programs are now offered exclusively on-line, the online learning management system of the individual schools was used to administer the electronic survey through the University of Kansas server and conduct the asynchronous online focus group interviews at each university within a specific course. A total of four focus groups (one at each university) were conducted.

In addition, program materials for each of the four RN-to-BSN programs, were collected to provide contextual data. Information collected included admission criteria, length of the program, clinical requirements, curriculum, and review of course descriptions. This information allowed the researcher to better understand the programs and the factors that may have influenced students' decision to return to school, as well as provide context for other focus group and survey findings.

Online Survey

Following informed consent, an internet based survey was administered through a secure site set up through the University of Kansas, School of Nursing. As each student submitted informed consent, a link for the survey was emailed to them allowing them to complete the survey at their convenience. See Appendix F for a copy of the online survey. The online survey was used to collect demographic data and ask questions designed to prepare the participant for the group discussion, such as

“Describe the moment in time when you knew that you wanted to pursue a baccalaureate degree through an RN-to-BSN program” (Krueger & Casey 2000). Survey data were automatically deposited in a secure database on the School of Nursing secured network. The researcher was then able to access the results of the survey electronically for analysis. The results were downloaded and printed for data analysis.

Focus Groups

Focus group interviewing is an appropriate method of data collection in qualitative descriptive research studies. The purpose of focus groups is to promote self-disclosure particularly if the researcher is attempting to uncover factors that influence behaviors or motivation or attempting to investigate ideas or feelings individuals have about something (Krueger & Casey, 2000). In this study, the researcher was interested in the factors influencing the return to an RN-to-BSN program by ADN RNs as well as the feelings and ideas they had regarding the decision to return to school. Focus group interviews typically use moderately-structured open-ended questions (Sandelowski, 2000). Focus group interviews must be carefully planned and conducted by a skilled interviewer or moderator to allow group members to share ideas and perceptions while still influencing each other through responding to ideas and comments in the discussion (Krueger, 1994; Krueger & Casey). The role of moderator is not to influence feedback, but to encourage comments both positive and negative and ask questions, listen, keep the conversation

on track, and allow everyone to share (Krueger & Casey). In this study, the researcher conducted a review of the literature as training in preparation for moderating the online focus groups.

With advances in computer technology, researchers have been able to adapt face-to-face focus groups to online focus groups thus overcoming some of the limitations common to face-to-face focus groups. Although online focus groups may exclude certain groups, it also allows for a wider recruitment effort across a greater geographical area (Watson et al., 2006). In addition, online focus groups allow researchers access to difficult-to-reach groups such as busy professionals (Madge & O'Connor, 2003; Watson, et al.) and working students. Asynchronous focus groups allow participants to respond at their own convenience and over a longer period of time allowing for more in-depth and thoughtful perspective (Sweet, 2001; Watson et al.). Another advantage of online focus groups is the “conversation” is text-based so transcription is error-free (Chen & Hinton, 1999). The “conversation” is downloaded and printed off from the discussion board.

There are six key characteristics of focus groups: focus groups involve people; they are conducted in series (multiple meetings of the same focus group); participants are reasonably homogeneous and unfamiliar with each other; focus groups are methods of data collection; the data are qualitative; and focus groups constitute a focused discussion (Krueger, 1994; Krueger & Casey, 2000). Virtual focus groups can meet all these criteria (Turney & Pocknee, 2005). For this study, all criteria were

met with two exceptions: 1) some participants were familiar with each other, and 2) the focus groups were one continuous meeting taking place as an asynchronous meeting over 16 days as opposed to a series of meetings.

Group composition must be considered when using focus groups. Focus groups should be reasonably homogeneous (Krueger, 1994; Krueger & Casey, 2000). In addition, caution should be used when group members are familiar with each other because familiarity with other members could inhibit disclosure by participants (Krueger; Krueger & Casey). For this study, groups were homogeneous because all participants were RN-to-BSN students though from varying backgrounds. The study was designed to sample students in an introductory course in the RN-to-BSN program to limit the familiarity of participants with each other. However, due to low response rate at one university, the study was opened up to all students in the RN-to-BSN program.

Face-to-face focus groups that are conducted in series allows for optimal detection of patterns and trends across groups to validate data (Krueger, 1994). However, if the purpose of the research is to obtain insight into a particular issue and in-depth understanding from an insider, a single focus group as opposed to a series of focus groups is appropriate (Turney & Pocknee, 2005). For this study, a single focus group was used at each of the four university sites.

Because online focus groups rely solely on words and symbols typed on the computer screen, the researcher must strive for “in-depth interactions where views

and ideas are formed, changed, and clarified between several group participants simultaneously much like a conversation” (Watson et al., 2006). Methods such as the use of asterisk, exclamation marks, line spacing, fonts, acronyms, emoticons, and capital letters have been shown in research to partially compensate for lack of visual cues (Kenny, 2005; Madge & O’Connor, 2003; Stewart & Williams, 2005). In the study, students in the focus groups used exclamation marks, emoticons, and capital letters to compensate for the lack of visual cues.

Watson et al. (2006) found online focus groups to be cohesive, amicable, and have a high level of conformity. Online focus groups are a sound alternative method for generating rich qualitative data (Watson, et al.; Stewart & Williams, 2005; Turney & Pocknee, 2005). Turney and Pocknee found online focus groups to be a theoretically sound research method, meeting the key criteria of traditional focus groups set by Krueger (1994) and Krueger and Casey (2000). Turney and Pockney recommended using university learning management systems (such as Blackboard, WebCT, and Angel) when conducting online group research for cost-effectiveness and to ensure quality, security, and privacy. At Pittsburg State University and the University of Kansas, Angel was the learning management system utilized. At Fort Hays State University and Wichita State University, Blackboard was the platform used.

The number of focus groups to be used must also be carefully considered (Krueger, 1994; Krueger & Casey, 2000). Using multiple groups helps to ensure that

trends and patterns can be detected (Krueger; Krueger & Casey). The goal of data collection in qualitative research is for data saturation (Patton, 2002). Krueger and Casey suggest using three to four focus groups with one type of participant to reduce the possibility of extraordinary results due to a dominant personality in a group or reluctance of a group to participate (Krueger, 1996). Following the three to four focus groups, the researcher should determine if saturation has been reached to provide direction on the need for further focus groups (Krueger & Casey). Saturation is the point at which new information is no longer being generated and the ideas being presented are no longer new (Krueger & Casey). For this study, four focus groups, one from each school, were used for data collection before data saturation was determined.

Number of participants in focus groups also calls for consideration. In traditional face-to-face (FTF) focus groups, the number of participants is six to eight to allow for maximum insight and interaction while also allowing for diversity of views (Krueger, 1994; Krueger & Casey, 2000; Patton, 2002). In the online environment, groups can be more easily managed allowing for larger group size. Kenny (2005) conducted an online focus group consisting of 38 participants with good results. In FTF focus groups, moderation and transcription can become complex with larger group size. With online focus groups, because the communication is text-based, transcription is not necessary and mediation of larger groups is easier to handle (Stewart & Matthews, 2005). Online groups can consist of

larger numbers, allowing for longer and more involved interaction through the use of ongoing threaded discussions yielding a richer and more detailed conversation (Stewart & Matthews). When participants have a great deal to share about the topic or an intense or lengthy experience with the topic, smaller groups may be appropriate (Krueger & Casey). Based on average class sizes of 10-30, it was estimated that focus group size would range from 5-10 participants. Focus group size ranged from 2-6 in this study due to participant drop-out

The focus group interview. A focus group is an interview of a group of people regarding a specific topic (Patton, 2002). Therefore, a list of questions was used to guide the discussion. The researcher served as the moderator for the focus groups. Questions should be open-ended (Krueger, 1994; Krueger & Casey, 2000). In online focus groups, questions should be more open-ended and less directive than FTF focus groups (Turney & Pocknee, 2005). Good questions should sound conversational; they are usually short, open-ended, and one-dimensional (Krueger & Casey).

The focus groups were guided by a list of interview questions. Typically, focus groups consist of approximately 12 questions (Krueger & Casey, 2000). Types of questions are opening questions, introductory questions, transition questions, key questions, and ending questions. The opening question is designed to get all participants involved in the conversation and is easy to answer. The introductory questions introduce the topic and should encourage participants to start thinking about the topic while encouraging conversation. The transition questions connect the

participant's experiences with the topic to be explored. Key questions drive the study. There are typically two to five key questions. The most time should be allowed for key questions. Ending questions bring closure to the conversation and summarize the findings of the conversation (Krueger & Casey).

It was planned that for the online focus groups, one to two questions would be introduced at various increments over a two week period to allow participants adequate time to participate dependent on the type of question being asked. However, it was found that participants responded better if more questions were posted less frequently allowing participants to log on fewer times and answer more questions making better use of their time. It was designed that opening and introductory questions would be introduced in more rapid succession over 1-3 days with more time allowed for transition and closing questions and the most time allowed for key questions. Opening and introductory questions were introduced on day one. Two to three days later, 3-4 questions were posted. Based on responses, more questions were posted at various increments over the remaining days. The closing questions were posted in the last two days of the 2-week time period.

A different thread was created for each question to allow for participants to more easily follow the online conversation flow. Probing questions were prepared for the focus groups and used to increase the richness and depth of responses (Patton, 2002). If participants had not entered the discussion board following the first week of the focus group, the researcher emailed them reminding them to log into the

discussion board to view and respond to questions and comments. In addition, participants were emailed on the 14th day of the discussion informing them that the discussion had ended, but the discussion board would remain open for two days if they wished to answer or respond to any questions or comments. See Appendix G for the interview guide.

Because the focus groups were conducted online in a text-based format, the need to transcribe the virtual conversation was eliminated. The discussions in each course were downloaded and printed off through the online learning management system. The discussion was printed off in entirety to allow the researcher to analyze the discussion among all students as well as individual responses to allow the researcher to follow the story of the individuals. The researcher kept extensive field notes during the discussions to assist in analysis of the discussions. Field notes were a description of the online focus groups. Field notes included comments about flow of conversation within the focus groups, the amount of interaction by the participants, and the “feel” of camaraderie within the group. The field notes also contained the researcher’s own feelings, reactions to the comments, reflections about the personal meaning and significance of the discussions, insights, interpretations, and beginning analyses (Patton, 2002).

Time Frame

Following IRB approval in December 2008, the study enrollment and data collection were completed during the spring semester 2009 (January through May).

The online survey was designed to be completed during two weeks of each course allowing time for receipt of informed consent. The online focus groups each lasted two weeks with two additional days provided at the end of the designated two week discussion where participants were allowed to log on and provide any additional comments. The study was designed so that the first focus group would begin the third week of class with an additional focus group being added each week. Due to slow response of students to participate in the study, the focus groups took place throughout the spring semester 2009. Data analysis began after completion of the first focus group and continued throughout data collection.

Trustworthiness and Methodological Rigor

The trustworthiness of the findings was evaluated based on Lincoln and Guba's (1985) criteria for credibility, dependability, confirmability, and transferability. Credibility is defined as the confidence in the truth of the findings (Lincoln and Guba). Credibility is increased by incorporating participants with various experiences to provide information from a variety of aspects (Graneheim & Lundman, 2004).

Credibility was ensured by conducting surveys and focus groups at four different universities, thus incorporating participants with various experiences. Methods to address credibility of the research included use of triangulation data collection methods consisting of four online focus groups, online surveys, and review of program materials for each of the RN-to-BSN programs. Peer debriefing with a

graduate nursing student at the University of Kansas, who was trained in focus group analysis methods, occurred throughout the study to explore alternative explanations and to challenge assumptions and findings against other explanations. The researcher, graduate student, and faculty members met six times over a period of three months for peer debriefing. Member checking was done at the end of the online focus groups with the moderator summarizing the main ideas that were described in the interview.

The summarized findings were provided to the participants, and they were asked if they agreed or disagreed with the findings. Overall, participants agreed with the findings. An exception was those participants who felt that faculty were not supportive of them disagreed with the findings of faculty support. Participants were also asked if they had any other comments or suggestions regarding the findings. The participants were asked if the researcher could contact them by email to explore any questions or clarify any data that may arise during analysis.

Dependability involves showing that findings are consistent and could be repeated (Lincoln & Guba, 1985). Dependability of the data was met by ensuring the accuracy of the printed surveys and online focus groups, and by referring back to participants if questions or a need for clarification arose during the analysis and interpretation of data. Because the data was collected in a written format, the need to transcribe the surveys and online focus groups was not necessary. One problem encountered with using the online survey and focus groups was the issue of typos by the participants. If the meaning or clarity of a statement by a participant was in

question in the focus groups, the participant could be asked for further clarification. It was not possible to ask for clarification from the survey because it was completed anonymously.

The researcher, graduate student, and faculty members spent time individually and as a group over the course of three months to verify the consistency of the findings. The researcher began reviewing the data at the completion of the first survey. Surveys and focus group data were reviewed by the researcher a minimum of ten times each allowing the researcher to be thoroughly engaged in the data. The researcher was able to build trust with the participants through answering questions through email about the study and through relating to the students as a fellow student. The researcher answered questions and emails from participants within 24 hours to further build trust with the participants; the researcher sought and provided technological help for students having difficulties with the discussion boards and survey.

The researcher was continually engaged in the focus groups, logging on to the groups at least twice daily to add questions, read entries, and get an overall sense of camaraderie in the group and feelings from the students about their educational experience. The findings from the observation of the focus groups were logged in the field notes and reviewed with the graduate student and faculty members as part of the data analysis.

Confirmability is defined as a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation,

or interest (Lincoln & Guba, 1985). Confirmability was met by the researcher maintaining a reflective journal, peer debriefing over the course of three months with the researcher, graduate student, and faculty members, and member checks with participants in each focus group to support the findings of the research (Graneheim & Lundman, 2004).

The rigor of the study can be tested by transferability of the findings. Transferability involves showing that the findings of a study have applicability in other contexts (Lincoln & Guba, 1985). The goal of qualitative research is not generalizability, but to go in-depth into a topic (Krueger & Casey, 2000). Transferability is parallel to the concept of generalizability (Krueger & Casey). Rich, holistic descriptions of the focus groups and major themes were used to support the transferability of the findings (Graneheim & Lundman, 2004). Inclusion of appropriate quotations enhanced transferability (Graneheim & Lundman). The diverse sample and the use of multiple focus groups also enhanced transferability of the findings.

Data Analysis

Focus group analysis should be systematic, sequential, verifiable, and continuous (Krueger & Casey, 2000). The analysis must be documented, understood, and clearly articulated to all. Field notes and transcription allowed for data to be verified. Data should be continuously analyzed throughout focus groups (Krueger & Casey). Because the focus groups were staggered, the researcher was able to adjust

questions based on feedback from previous groups. Based on feedback from the first focus group, the following question was added to the three remaining focus group discussions: “What were the reasons for first pursuing an ADN then a BSN instead of pursuing the BSN originally?”

Data analysis began with the first focus group and online survey and continued throughout the online focus group interviews until all data had been described in-depth with development of major holistic themes. PASW Statistics 17 was used to analyze demographic data collected from the online surveys including item descriptives and frequencies (SPSS Inc, 2009). The online focus group interviews were downloaded into a Microsoft Word document and printed. Inductive content analysis was used to analyze the narrative data collected from both the online surveys and the focus groups. Content analysis is a systematic and objective means of describing and quantifying phenomena (Elo & Kyngas, 2007; Patton, 2002). The aim of content analysis is to produce a condensed and broad description of the phenomenon (Elo & Kyngas).

Content analysis of all surveys, online focus group interviews, and field notes were coded using words and phrases to de-contextualize the data and identify units of meaning (Elo & Kyngas, 2007). The data were organized by open coding, creating categories, and abstraction (Elo & Kyngas). During open coding, notes and headings were written in the text (Elo & Kyngas). The headings created were then organized on coding sheets (Elo & Kyngas).

Similar units of meaning or patterns were then placed together to form descriptive categories (Elo & Kyngas, 2007; Graneheim & Lundman, 2004). A category is a “group of content that shares a commonality” (Graneheim & Lundman, p.107). Categories are used to describe the phenomena, to increase understanding, and to generate knowledge (Elo & Kyngas; Patton, 2002). All data related to the purpose will fit into a category. No data may fit into more than one category (Graneheim & Lundman).

Abstraction is the final phase of inductive content analysis and involves formulating a general description of a research topic through generating categories (Elo & Kyngas, 2007; Graneheim & Lundman, 2004). Categories were collapsed and placed under the major identified themes using content-characteristic words (Elo & Kyngas). Themes link underlying meaning together in categories (Graneheim & Lundman). A theme is a recurring regularity within or across categories. Because all data has multiple meanings, a theme is not mutually exclusive; codes and categories can fit into more than one theme (Graneheim & Lundman). Subcategories with similar events and incidents were grouped together as categories and categories were grouped as main categories (Elo & Kyngas). Abstraction continued as far as is reasonable and possible (Elo & Kyngas). Data were hand coded and discussed and debated among the researcher, graduate student, and two faculty members experienced in qualitative research to enhance trustworthiness and methodological rigor.

Following completion of the first focus group, the researcher and graduate student began data analysis by reading through the written material several times individually to become immersed in the data (Elo & Kyngas, 2007). Immersion in the data is necessary in order to gain insights (Elo & Kyngas). The surveys and focus groups were reviewed line by line. Once a particular concept was identified, a code word was developed and written in the margin of the transcript. The researcher, graduate student, and faculty member then met and discussed the codes and identified units of meaning. An audit trail was then developed by the researcher for the purpose of data analysis and reviewed with the graduate student and faculty members. Focus group data were reviewed first, followed by a review of the narrative survey data. The narrative data in the surveys served as a validation of the data in the focus groups. As review and code mapping progressed, concepts of similar meaning were grouped together.

Morgan (1997) emphasized the importance of focus group findings that are consistent from group to group to provide “group-to-group validation” (p.63). Therefore, analysis also looked at whether the identified concepts were present in more than one focus group. This information was noted in the audit trail. Concepts were then described by the researcher.

The researcher, graduate student, and faculty member met over a period of several weeks to continue to analyze incoming data until all focus groups were complete. Once all surveys and focus group data were reviewed, the audit trail was re-examined for patterns or categories. Quotations noted in the audit trail were also

re-examined to provide insights into this step in the process. For example, the concepts of “Self”, “Family”, “Employer”, and “Mentor” were grouped into the category “Important people in the decision to return to school”. The grouping into categories was conducted for all original concepts identified. Each category was described by the researcher and shared with the graduate student and faculty members for validation and verification.

Finally, the identified categories were examined to determine overall or final themes encompassing of the relevant categories. For example, the categories “The experience of school”, “Benefits of the BSN”, and “Difficulties encountered once returning to school” were combined to form the theme of “The Lived Experience of Returning to School for a BSN”. Each theme was then described by the researcher.

After the concepts, categories, and themes were created, the individual story of each participant in the focus groups was reviewed, and a narrative was written by the researcher to bring the analysis back to the individual level and confirm that all major meanings in the themes and experiences were accounted for in the data set. The narratives were a total of 20 single-spaced pages with each individual’s story ranging from 1-2 pages each. This also added to the richness of the analysis.

Protection of Human Subjects

The human subjects committees at the University of Kansas Medical Center, Pittsburg State University, Fort Hays State University, and Wichita State University approved the study. A letter of introduction to the study along with informed consent

was posted within the coursework for prospective participants to review prior to obtaining informed, written consent. Informed, written consent (Appendix H) was obtained from each participant prior to initiation of the focus groups. Participants were permitted to read the consent and discuss the contents or ask questions via email or telephone before signing the document. Participation was voluntary. All participants were informed that they could withdraw from the study at any time without ramifications. There was no financial compensation for participation in this study. Students were assured that course grades were not contingent on participation in the study. Participants may not have directly benefited from this study; however, the information gained from the study may be useful for educating future students. Potential risks to participants of the study were minimal. The discussion of the personal experience and feelings about the experience of pursuing a baccalaureate degree through an RN-to-BSN program may have caused discomfort. Although confidentiality was emphasized to all focus group participants, the researcher was unable to assure confidentiality from other focus group participants.

Chapter three included a discussion of the study's methodology including design, sample, and setting. Methods of data collection were discussed, including an explanation of the online survey and the online focus groups. Measures to ensure trustworthiness and methodological rigor were described. The chapter concluded with a discussion of the data analysis for the study.

Chapter Four: Findings

Introduction

This chapter presents the findings for the data collected during the study. A description of the sample is provided along with a description of the process. Concepts, categories, and final themes are discussed; a thick description of the phenomena is provided¹. Three themes were identified from the student data.

Sample and Setting

The sample consisted of twenty-one ADN RNs enrolled in the RN-to-BSN programs at Fort Hays State University, Pittsburg State University, the University of Kansas, and Wichita State University in the spring 2009 semester.

At Pittsburg State University, following the faculty email, four students agreed to participate. The researcher then emailed students again one week later to solicit additional students to reach the goal of five participants per discussion group. No additional interest was garnered, and it was decided to proceed with the four participants in the focus group to avoid loss of interest and to complete the discussion in the two week time period before spring break.

At Wichita State University, following the announcement and email from the researcher, two students responded and agreed to participate. The instructor then emailed students asking for participation in the study as well as requested participation at an optional in-class session. Following these requests, a total of seven students agreed to participate in the study.

At the University of Kansas, following emails from the instructor and researcher with minimal interest from students, the decision was made to open the study to all RN-to-BSN students in any course within the RN-to-BSN program. Utilizing a “Community Group” on the learning management system that all RN-to-BSN students were able to access, study information was posted, and all RN-to-BSN students were emailed by the researcher. After a week of no response, the faculty for each of the courses in the RN-to-BSN program emailed students requesting that they consider participation in the study and also provided the researcher’s email address for further information. Following the faculty email, six participants responded.

At Fort Hays State University, the students within the designated course were emailed by the researcher followed by an email from the faculty member. Due to low response rate, the researcher again emailed students requesting their assistance in the study. At that point, a total of four students agreed to participate in the study.

Twenty-one participants returned the informed consent and completed the online survey. See Table 2. Of the twenty-one participants who completed the online survey, four were students at Fort Hays State University (FHSU); four were students at Pittsburg State University (PSU); six were students at the University of Kansas (KU); seven were students at Wichita State University (WSU). Seventeen of the twenty-one participants took part in the online focus group discussion. All participants from Pittsburg State University participated in the online focus group. At Fort Hays State University, two participants took part in the online focus group. At

Wichita State University, six participants took part in the online focus group. At the University of Kansas, five participants were involved in the online focus group; one participant contacted the researcher and withdrew from the study prior to participating in the online focus group. The remaining participants who completed the survey but did not participate in the online focus group did not contact the researcher to withdraw from the study. They were contacted via email throughout the online focus group to keep them informed about the focus group, but they did not respond or participate.

Table 2

Student Participation in Survey and Focus Group by University

	<u>Survey</u>	<u>Focus Group</u>
Fort Hays State University	4	2
Pittsburg State University	4	4
University of Kansas	6	5
<u>Wichita State University</u>	<u>7</u>	<u>6</u>

Description of the Process

An online survey about the experience of returning to school was administered to 21 RN-to-BSN students at four state universities. Four online focus groups were then conducted with 17 of the 21 students. All surveys and focus groups were downloaded and printed for data analysis. Extensive field notes were also taken to enhance the data collected from the surveys and focus groups. The survey data,

focus group data, program materials from each university, and field notes were the database used for analysis.

Demographic Description of the Sample

The demographic data provided in the online survey was analyzed using PASW Statistics 17 (SPSS, Inc., 2009). The item descriptive, frequencies, and standard deviations were determined and are reported below.

The mean age of participants was 35 years, with a range of 19-56 and a standard deviation of 10.75. The mean years practicing as an RN was seven years with a range from less than one year to 14 years and a standard deviation of 5.52. Participants had completed anywhere from zero to sixty-one credit hours in the RN-to-BSN program with a mean of 21.2 and a range of 16.4. See Table 3. All participants were originally educated in an ADN program.

Table 3

Demographic Characteristics

	<u>Range</u>	<u>Mean (Standard Deviation)</u>
Age	19-56	35 (10.75)
Years as RN	<1 – 14	7 (5.52)
Hours Completed	0 – 61	21.2 (16.4)

Two participants were male; the remaining 19 participants were female. Sixteen of the participants were married; four were single; and one participant was divorced. The participants lived in various cities in Kansas, Arkansas, Missouri, and Rhode Island. The participants were Caucasian, African American, Hispanic, and

Kenyan. See Table 4. Of the participants, 47.6% were classified as full-time students (12 or more credit hours), and 52.4% were classified as part-time students (less than 12 credit hours). Sixteen of the twenty-one participants received their ADN degree within the state of Kansas. The remaining five participants received their degree from out of state. Areas of practice included emergency room, long term care, obstetrics, medical surgical floor, cardiothoracic surgery progressive care, psychiatric nursing, surgical intensive care, neuroscience, and outpatient clinic.

Table 4

Demographic Characteristics by University

	<u>Total</u>	<u>FHSU</u>	<u>KU</u>	<u>PSU</u>	<u>WSU</u>
Gender					
Male	2	1	-	-	1
Female	19	3	6	4	6
Marital Status					
Married	16	3	6	4	3
Single	4	1	-	-	3
Divorced	1	-	-	-	1
Race/Ethnicity					
Caucasian	17	2	6	4	5
Hispanic	2	2	-	-	-
African-American	1	-	-	-	1
Kenyan	1	-	-	-	1
Residence					

	<u>Total</u>	<u>FHSU</u>	<u>KU</u>	<u>PSU</u>	<u>WSU</u>
Arkansas	1	-	-	-	1
Rhode Island	1	1	-	-	-
Nevada, MO	2	-	-	2	-
Kansas City	4	-	3	-	1
Wichita, KS	5	-	-	-	5
Other - KS	8	3	3	2	-

Themes

Three themes emerged from the data analysis: 1) The journey through the decision to return to school; 2) critical elements in meeting the challenges of returning to school; and 3) the lived experience of returning to school. See Appendix I. The themes tell the story of the process of returning to school from contemplating the decision to making the decision to actually living the decision.

The Journey Through the Decision to Return to School

When making the decision to return to school, participants described going through a process or journey. This journey involved working through feelings and emotions about returning to school, working through issues that may be encountered once in school, and finding possible solutions to those issues. The journey through the decision to return to school also involved considering the impact of returning to school on different people in their lives, contemplating the right time to return to school, and dealing with struggles and frustrations once they have made the decision to return to school.

Emotions. In all four focus groups, participants described a variety of emotions such as excitement, apprehension, concern, fear, thankfulness, and gladness when contemplating returning to school. One participant stated, “I was very excited about returning to school, with a little apprehension.” In three focus groups, the concern about balancing work, family, and school was mentioned. A participant described her concern about trying to balance work, family, and school saying, “I was very nervous about going back to school. Trying to work full-time and part-time, find time for my family and add school.” There was also concern about utilizing the online environment for classes as this participant states, “I was a little nervous at first, the online enrollment was new to me but the orientation was helpful. I just had to get in and play around with it.”

Participants in two focus groups revealed a concern about returning to school after having taken time off since their ADN and the change in mindset that pursuing a BSN would require. One participant stated, “I was very nervous about starting back to school after 12 years of getting my ADN”, while another expressed her concern saying,

I was nervous about going back to nursing school because I had been out for a year. . . I didn't have any classes that were related to the terminology and technology I learn in nursing classes. I was afraid that I was a little out of touch because it had been a year since hard core nursing classes.

Fears were mentioned in every focus group. Participants expressed fears about the time required to do the actual course work, the expense of the program, and coming up with the funds to pay for school. One participant simply stated, “I felt afraid of the time requirement.” There was fear not only about the cost of the program, but maintaining the cost throughout the program. One participant said, “I was very worried . . . I wouldn’t have the funds to stay in school for the long haul.”

Fear of failure was also a predominant concern for the participants. One participant confided that fear of failure was the most difficult part of making the decision to return to school, saying, “I was scared that if I did not make it through the BSN program I would come back and people would make fun of me. I think that was the hardest part of making my decision, fear of not making it.”

Although there were concerns, apprehension, and fears expressed when contemplating returning to school, in all four focus groups participants described positive emotions such as excitement and gladness about returning to school and thankfulness for the opportunity to return to school. One participant described the journey as an adventure saying, “I was excited to be embarking on an adventure to finish something that I had started over 20 years ago: to earn my bachelors degree.”

Issues. There was a contrast found in participants about issues encountered when contemplating returning to school. In two focus groups, there were participants who said there were no issues in the decision to return to school. There were logistical issues and career issues mentioned by participants in all four focus groups.

Logistical issues included finances, time, balance, flexibility, commitment, and clinical requirements. Career issues included keeping up the pace of their current job, moving out of a poor work environment, and desire for change or advancement in their career.

Several participants felt that returning to school was something they had to do, and there was no other option. They had a support system and returning to school was necessary so there were no issues to consider. One participant said, “My husband supported my decision 100% so there was really no question.”

Other participants described having to deal with logistical issues such as finding the funds and time to complete school. Financial issues were a huge concern for participants in three of the four focus groups. One participant said, “I worried about the money it would cost to get my degree. I would be working less, so I would be bringing home less money, but also the money going out for supplies, tuition.”

When discussing the financial issues, participants also discussed how they planned to offset the expense through scholarships, loans, and work forgiveness programs. Participants described their financial solutions to paying for school saying, “Some of my issues were financial. . . I found a scholarship with work forgiveness at my full time employer that would pay a portion of the cost”, while another participant expressed her sense of humor saying, “I am going to be forever in debt to the government so I thought, what’s one more student loan?”

Another logistical issue that concerned participants and was mentioned in two focus groups was finding time in their schedules for school. They were concerned about being able to find the right balance working full-time, being a parent and a student, and the time that their studies would take away from their family. A participant said, “The main issues are being a full time employee and parent and trying to balance everything.”

Another time concern described in two focus groups was finding a program that allowed the participants to be flexible with schooling so that the schooling could be fit in around work and family. An online program was needed that allowed them to do school work as it fit into their schedule to minimize the disruptions to their work and family schedule. One participant captured this thought saying,

My major thinking factor was how would this affect my child. I didn’t want to have a commitment that took too much away from him. With this being an online program I am able to do almost everything around his and my schedule.

Another issue for participants in two focus groups was the time commitment required to complete the degree, both maintaining the commitment long term as well as managing their day to day life of family and work. As this participant said, “Mostly it was the time commitment. Like how was I going to juggle school, kids, somewhat of a social life, ect. and make it work. . .”

The final logistical issue expressed by participants in one focus group was the concern about fitting the required clinical hours into their schedule. As one participant said, “I struggled with wondering if I would. . . be able to work the clinicals around my regular work schedule.”

Career issues and the “out of the trenches” mentality were also discussed both in the focus groups and the online survey as an issue to consider when contemplating returning to school. The decision to return to school was for some participants based on their assessment of their ability to continue as a nurse providing direct patient care within the hospital environment. This sentiment was expressed by participants resulting in concern over their ability to keep up the pace of being a floor nurse for many years. A baccalaureate degree was seen as a way to expand their opportunities for a future outside of direct patient care. A participant described her situation saying,

I had to drop down to PRN hours at work because of arthritis. . . I know that eventually I will not be able to do more than sedentary work. I am in my late 30’s and I can’t imagine not working for the rest of my life. I had to further my education and expand possibilities for the future. I still may work on a master’s degree, too.

Moving out of a poor work environment was also a reason participants identified when considering returning to school. In one focus group and the survey, participants cited a stressful work environment, long hours, staffing issues, and seeing

other nurses burnt out as issues to be considered. A participant in the survey stated,

About a year into my job where the work was very physically and emotionally taxing, yet very rewarding, I realized that I love this job but I can't be a floor nurse forever. I would float to other units and see older nurses that were burned out and didn't want to become one of them.

The desire for a career change was the final issue described both in the survey and in one focus group as a consideration when thinking of returning to school.

Participants discussed wanting to do mission work, education, and management as issues considered when contemplating returning to school. One participant stated, "I realized that there are SO many ways to be in nursing but not in direct patient care. . . There were so many things that I wanted to try, but most require at least a BSN."

Important people. When asked in the focus groups, "Who was important in your decision to return to school?" participants listed self, family, employer, and mentors. In one focus group, participants said that they were the important person in the decision to return to school, and they made the decision themselves. In all four focus groups, participants listed family as important in the decision because of the impact it would have on them time-wise and the example it would set for their children. One participant stated, "The most important people for making the decision of going back to school are my children. . . Also, I know that if I get an education they have higher chances of getting one too, and that is my goal in life I want my children to have an education."

In all four focus groups, participants listed their employers as important because of the encouragement they provided as well as the support through providing flexibility with work schedules. One participant said,

The institution that I work for has been very supportive of my decision. They work with me to work what I can, the people that I work with always ask me how I am doing and they tell me that they know I am going to make it and that is very encouraging.

In one focus group, mentors (with an advanced nursing degree) were important in the decision to return to school because they provided encouragement and served as a role model. A participant credited her mentor saying, “I worked with a nurse practitioner for several years. I really admired her and she frequently encouraged me to return to school.”

Finding the right time. When making the decision to return to school, participants in all four focus groups described that it was the right time in their life to return to school. It was something they wanted to do, and it seemed to fit into their plans for that time in their life whether it was before starting a family, when their children were older, or when life circumstances provided the opportunity. One participant expressed how it was simply the right time saying, “I thought about it, read about it, and then one day just looked at my agenda for the year and felt like it was time to try. . .” Another participant shared how it was the right time because she did not yet have children saying, “I decided that I should go back before starting a

family.” Many participants described that since their children were older, the time was right to return to school saying, “. . . my children were gone (1 in the Marines and 1 at KSU), so I felt like I had the time to commit to studying.” Other students described that changes in their life circumstances created the right time to return to school saying, “Things changed. I got divorced. . .”

Struggles encountered. Once participants had decided they wanted to return to school, struggles were encountered as they made the commitment to return to school. Participants in two focus groups described struggling with finding a school that was the right fit. The right fit consisted of the following: online, affordable, and manageable prerequisites. One participant stated,

I struggled with making the decision of what school to go to. I knew I wanted to go, but I wanted to make sure that I found the school that was the best fit for me. I didn't want to make a huge commitment if I hated the class and felt like the instructors didn't care. . . I had to find somewhere where faculty and staff are accessible by ways other than in person.

In the survey and in one focus group, the reputation of the school was important, and participants chose the school that was right for them based on word of mouth, feedback from faculty and staff at the programs, and “university” status. A participant said, “I talked to reps at three universities. The university was very attentive and helpful. Also, my advanced registered

nurse practitioner friend had suggested the university, so it was an easy decision to enroll at the university.”

Another struggle for participants was the need to continue to work full-time versus dropping to PRN status. A participant said her struggle was “if I wanted to go PRN or not.” The final struggle mentioned by participants was questioning if they had the self-discipline to devote the time needed to study outside the structure of the in-class environment. As one participant said, “Commitment was huge, would I be able to be structured enough to study.”

Critical Elements in Meeting the Challenges of Returning to School

After participants had made the decision to return to school and found the right school for them, they then described critical elements or important factors that were necessary in returning to school. These elements included having a support system, financial support, the online format of the program, dedication to the degree, and the decision to use the ADN as a stepping stone to a BSN. Some of the critical elements, such as financial support and the online format, were also discussed as issues to consider when contemplating returning to school and in the lived experience of returning to school, showing that they remained important throughout the journey.

Surrounded by supportive people. When asked in the focus groups who was supportive in their decision to return school, participants responded that everyone they encountered was supportive of their decision to return to school which made the

schooling easier. Participants in two focus groups commented that everyone they talked to about returning to school and everyone in their life was supportive of their decision. As one participant said, “I have not had anyone that was not supportive. With the 100% support system, it makes the schooling go easier.”

Participants commented in each of the focus groups that their families, particularly husbands, but also children and extended family were supportive of their decision to return to school. As one participant commented, “My greatest support came and still comes from my husband.” Families encouraged them to return to school and gave them permission to return to school by providing the extra push needed to make the decision. A participant said, “I probably would have kept dragging my feet, if my husband had not said, ‘You have been talking about going back to school for 2 years. Just do it!’”

Participants at all four universities felt their families provided emotional support through giving verbal encouragement, providing inspiration, and encouraging them when they had to give up something due to school work. A participant commented, “My husband . . . was supportive, encouraging to pursue my dream” while another said, “Whenever I don’t make it to a family function because of work or school, my family reminds me “it’s OK – just for a few more years.”

In three focus groups, students discussed that their families provided support by taking over some of their previous roles or duties within the family to allow them to have the time needed for school. Husbands took care of children and helped

around the house and with cooking to ease the strain of returning to school. One participant commented, “My husband is very supportive, we have been married 10 years and have two children. He takes care of the kids when I have to do homework in the evenings, he helps me clean. . .” One participant discussed how her mother provided childcare for her so she would have time to study.

Children were also mentioned as providing support through helping around the house and providing technical assistance with the online format. One participant said, “. . . my daughter helps me with the computer thing I can’t do.”

Participants also felt that families provided support through tutoring them in courses, particularly the prerequisite courses. As one participant commented, “My husband tutored me in Algebra, my son quizzed me on certain patho systems. . .”

Coworkers were also an important support system to participants. Participants in all four of the focus groups as well as the survey mentioned the importance of co-workers support. Co-workers and managers provided verbal encouragement. In one focus group, a participant commented that co-workers were important because they too were completing a BSN. She stated, “I think they (co-workers) do have some influence. Right now there are a bunch of us (co-workers) that are going through it together although we are at different schools.” Friends were mentioned in two of the four focus groups as an important support system because they provided support through verbal encouragement.

Faculty and staff at the universities were important in supporting students returning to school in all four focus groups and the survey. Faculty and staff provided encouragement through answering questions, being enthusiastic and positive, being available and supportive to the student, providing the needed tools, and by making the students feel special. One participant said regarding the faculty, “The faculty at the university has been great. They encourage the students to reach for their dreams and they work with you to achieve those dreams. They are quick to answer questions and provide much needed advice”, while another commented about the staff saying, “Staff at the university called me immediately and sent informational brochures through email and postal mail. They were very supportive and gave me the impression they would help me throughout the degree process. . .”

One participant equated support from faculty as flexibility with assignments and due dates as well as understanding and guidance with issues encountered in online learning. She said in the focus group,

I think that a majority are supportive in their willingness to stretch deadlines and their understanding of issues that may come up in real life. . . I think that in order to have a successful RN to BSN program, the faculty has to be supportive from the outset. I think that it (support) goes without saying. If they weren't supportive, there would be no program.

Participants in two focus groups felt that support was shown from faculty through understanding the characteristics of the student population because the

faculty understood the needs of them as students but also full-time nurses, mothers, fathers, husbands, and wives with multiple role responsibilities. One participant simply stated this as, “I appreciate the university believing in the ‘non-traditional’ student and making me believe like I can be whatever I want to be when I grow up.”

Online format. In each of the focus groups and the survey, participants commented on the importance of the online format in their decision to return to school. Finding an online RN-to-BSN program was essential in returning to school because it allowed the participants to have the time they needed with their families, access to the degree without having to travel or relocate, and the ability to continue to work.

The online program allowed participants to navigate school around their family schedule, spend more time with family, and not have to leave their family to attend classes. One participant commented,

I think that the most important thing for me was the ability to return to school online and be able to attain my education where I would not have to leave my family or change my life around class schedules. This way, my school fits around my schedule. I think that an online program that is easy to access is crucial and I think that a program that deals with returning working nurses and caters to that set is crucial in everyone’s success.

The online program allowed participants access to the degree because they could attend a school located outside of where they lived. It allowed them to continue to work full-time and attend school as their schedule allowed. Without the online format, many participants said they would not have returned to school. As one participant said, “Without the online classes I would not have been able to get my BSN. It was without a doubt one of the most important aspects of the program.....”

In three of the four focus groups, participants mentioned the importance of the online program because it enabled them to continue to work full-time, not have to pay for gas to commute, and the option of more affordable online tuition as opposed to out-of-state tuition. As one participant said, “The online format was crucial in timing of my being able to go back to school as I work full time and need to do so financially.” Every participant in the study worked in some capacity as a registered nurse (RN) throughout their schooling, showing that finances are very important in the return to school.

The mindset. Each of the four focus groups described in some way a mindset that was essential in returning to school. The mindset consists of the motivational factors that pushed them on towards achieving their goal.

Participants identified motivational factors as dedication to completing the degree and keeping sight of the end goal. In both the focus groups and the survey, participants identified their dedication to completing their degree by stating it was their plan to return to school before even completing their ADN education. One

participant said, “I always had plans to continue to the RN-BSN program while I was in the ADN program.”

Participants also showed their dedication to completing the degree by describing internal characteristics and mindsets that spurred them towards a BSN. Participants in three of the four focus groups spoke of setting a goal long ago to obtain a baccalaureate degree and always knowing they would return to school. One participant said, “I have been working toward this goal for a long time.” Participants in two of the focus groups discussed the long-term commitment they made, knowing it could take years to reach their goal of a BSN. One participant captured this commitment saying, “I have taken some form of summer school ever since graduating in 2001, which meant I never allowed myself to ‘relax’ for more than a few weeks between classes.” In one focus group, a driving force was evident; participants felt there was no stopping them until they completed the degree, saying, “Now that I’m doing it, there’s no stopping until I have that ARNP (advanced registered nurse practitioner) behind my name.”

Another characteristic of the participants that was evident in two of the four focus groups was the have-to mentality that participants exhibited. Participants felt they had to complete their baccalaureate degree and described having no excuse and no other option. As one participant described, “I want to go full-time so I just get it over with. Not only do I have to fit 12 credit hours worth of homework in along with 2 other jobs, but I have to finish this degree. . . I absolutely have to finish school.”

Finally, participants described in two of the focus groups finding a program that fit their life making the pursuit of a baccalaureate degree possible. One participant described this saying, “I had been toying with the idea for quite some time. . . but when I discovered the RN to BSN totally online, I decided to go for it.”

Another aspect of the motivational factors was keeping site of the goal. Participants thought it was important to keep in mind the reason for returning to school and completing their goal of obtaining a baccalaureate degree. As one participant said when asked what was most important in the focus group discussion, “The most important was why are you returning back to school as it is important to keep site of the end goal to persevere.”

Participants described the importance of remembering they were using the BSN degree as a step towards a higher degree such as a master’s degree saying, “I feel that it was important . . . that most of us intend to continue with further goals in our education.” A participant in one focus group felt that it was important to remember they were striving to provide a better life for themselves and their families through obtaining a BSN, saying, “The most important thing to me is providing a better life for my family and that is what continuing my education should do.”

Use of the ADN as a stepping stone to the BSN. Students in the study described their reasons for using the ADN as a stepping stone to the BSN as opposed to initially pursuing a BSN. The question addressing this topic was added following the conclusion of the first focus group based on feedback from the participants. The

ADN was a critical element in the return to school because it was a requirement for entrance in each RN-to-BSN program.

Participants listed flexibility, location, finances, time, fit, reputation, RN degree, and experience as the reasons for completing an ADN first. They also discussed the use of the BSN as a stepping stone to a graduate degree. In two of the focus groups participants said that the ADN program allowed more flexibility and the opportunity to work full-time while going to school. For participants in two of the focus groups, location was a factor because they lived in a city with an ADN program but not a baccalaureate program. One participant said, “The community college was down the street, I was working at a job that afforded me weekends and evenings off. I went for 5 years taking one class at a time.”

Finances were mentioned in the survey and three focus groups as a reason for using the ADN as a stepping stone to the BSN. One participant said in the survey,

I have always wanted to become a CRNA (certified registered nurse anesthetist), I knew it would be difficult financially to do through a four year university so, I decided to obtain an ADN and work my way up to a BSN and eventually a masters degree. If I did it this way I could work and go to school and it would not put such a financial strain on me.

In one focus group, participants mentioned the ability to enter the workforce sooner as the reason for initially pursuing an ADN. One participant said, “Time

constraints were the main issue. I knew as an ADN I would be out in 2 years and could always go back.” The ADN program provided a better fit for some participants. One participant chose the ADN program because as she said, “The community college nursing program was geared toward older adults returning to school. The schedule was built around working adults who needed night courses and weekend and evening clinical and it was just down the road.”

One participant felt that the ADN program in her community provided a better education compared to the BSN program. She said, “. . . honestly, the four year program at the university wasn’t having the success rate that the community college had at the time. I really felt that I got more bang for my buck at the community college.” In two of the focus groups, participants commented that at the time they were pursuing their ADN, they felt that being an RN was good enough regardless of educational experience. As one participant said, “I couldn’t see spending another 2 years in school, spending more money for classes, with no real benefit to the BSN degree.”

Another reason given for using the ADN as a stepping stone to a BSN was experience; participants felt they were able to put their experience into practice as they worked up the career ladder. One participant described her experience saying,

. . . as my education continued I was able to put my education into practice and get good experiences at each level (I was CNA [certified nursing assistant], CMA [certified medical assistant], LPN [licensed practical nurse]

and then ADN RN), which has allowed me to gradually work up to the stress of ‘Oh dear, I am in charge of a bunch of patients and have nurses and aids under me who I am directly responsible for.’

Finally, participants described the BSN as a step towards graduate education such as medical school, law school, and an advanced nurse practitioner degree. Using the BSN as a stepping stone to a master’s degree was common as this participant shared, “The BSN degree is only a stepping stone to my actual goal of a MSN degree.”

The Lived Experience of Returning to School

The final theme in the findings was a description from the participants about the actual experience of being in school. This description included the experience of school, the benefits of a BSN, and the difficulties encountered when returning to school.

The experience of school. Participants were asked in the focus group, “What has the experience been going back to school?” Many described the feelings encountered after returning to school. Participants in two of the focus groups described the flood of emotions that returning to school elicits saying, “Anxiety-producing, sleep depriving, challenging, enlightening and rewarding – sometimes all in the same week.” Another participant compared school to running saying it was, “like running a long distance race. There are hills, there are down phases, there are

moments of exhilaration, but mostly it has been a decision and an act of my will requiring perseverance”, while another called it an adventure saying, “I must say that returning via the internet has been an adventure, but for the most part, the experience has been a good one.” Participants also described the experience as positive, challenging, and different from the ADN education.

In three of the focus groups as well as in the survey, participants described a sense of accomplishment at completing their degree while managing their already busy lives as well as feeling that the degree itself was a worthy reward. One participant said, “The experience has been very rewarding. At times of course it was tedious but I am very glad I did it. I even teared up a little when I got my graduation information in the mail.”

Participants in two of the focus groups described the experience as unexpected and easier than what they had envisioned. In one focus group, a participant described the experience as being manageable saying,

. . . attending school online has not been as taxing as attending school at a traditional brick and mortar setting. I am at home with my kids and available to them and my husband. Everybody wins. I don't have to disrupt anyone's routines because I am still at home but they have learned to leave me alone when I am taking an exam.:)

Benefits of the BSN. Participants shared in the focus groups and in the survey that the experience of returning to school yielded multiple benefits. Some of the benefits were career related and were directly applicable to the student's life as a nurse while others were non-career related.

In two of the four focus groups, participants cited increased knowledge such as a better understanding of pathophysiology, community nursing and physical assessment as a benefit of completing their BSN degree. For some, this increased knowledge was unexpected as this student shared, "I didn't really think I would be learning much new since I have been a nurse for over 14 years. However I did learn . . . important community nursing skills that I didn't realize I was lacking."

In all four focus groups, participants felt they would have improved skills and feel better prepared to care for their patients as a result of a baccalaureate degree. One participant said, "First I want to be a better nurse; sometimes at work I feel that I am not prepared enough." In two of the four focus groups, participants felt they learned to be better critical thinkers in their RN-to-BSN education. One participant said, "I feel that I've gained more critical thinking experience and research experience."

In one focus group discussion, more pay was mentioned as a benefit of a BSN. Participants expected more pay and more financial stability as a result of completing their baccalaureate degree. One participant said, "I want to be financially capable of sending all 3 of my kids to school."

In each of the focus groups and the survey, participants shared that they felt a BSN provided them with more job opportunities both in direct patient care and in areas such as management and education as well made them more marketable. One participant said, “I thought about where I wanted to be in 5 years, if I wanted to stay in my current position.”

In three of the focus groups, being a role-model for co-workers was seen as a benefit of a BSN. Participants described setting an example for co-workers and encouraging them to consider returning to school. As one participant said, “I have encouraged 2 nurses I work with to return to school this year. I told them ‘If I can do it- you can do it!’ and then provided support when I was able.”

In one focus group, more responsibility was seen as a benefit of completing a BSN. In one of the focus groups, more respect from co-workers and the public was mentioned by participants as a benefit of completing the BSN program. A participant equated the BSN to success in her career saying, “If I wanted to succeed in my career of nursing then I needed to get my BSN, it isn’t a pay raise where I work but I think there is more respect for the RN BSN nurses.”

In two of the focus groups, participants described not knowing what their final goal was in nursing, but they felt that they needed to start with something and the BSN was a good starting point. One student said, “I’m still not exactly sure what my ultimate goal is but I thought that starting with my BSN was a good place to start.”

Students described non-career related benefits of returning to school. They discussed skills and personal traits that would benefit them as individuals and in life outside of nursing.

Participants in two of the focus groups discussed a sense of hope that emerged from completing a BSN program. They felt that if they could be successful in the BSN program, anything they desired and worked hard at was possible. One participant said, “Second I want to be a nurse practitioner one day and if I can get a BSN I would feel that a masters is possible.”

In two of the four focus groups, participants mentioned a benefit of the BSN program was preventing stagnation in life through providing them with something new and challenging in life. One participant said, “I was becoming stagnant at my prior job and the thought of another 20 years in the same place was extremely distressing.”

In three of the focus groups and in the survey, participants commented on having a sense of pride in completing a baccalaureate degree because it would distinguish them from others and create a feeling of pride from themselves and others because of their accomplishment. One participant captured this feeling saying, “. . . I am also accomplishing something that a lot of people never accomplish, having a Bachelor’s degree.”

Participants in the survey and in one of the focus group discussions described the benefit of self-confidence and fulfilling a personal goal. Participants felt that completing a baccalaureate degree would complete a goal they set for themselves and give them more confidence in themselves. One participant said, “Knew I would never be happy with myself if I didn’t do it.”

In two of the focus groups, participants felt they were being a role-model for their children through completing their baccalaureate degree. They felt they were setting an example for their children both in the work required for a baccalaureate degree and the need for a baccalaureate degree to be financially successful. One participant said, “My kids. . . support study habits more of their own and understand that college is required to survive these days.”

In three of the focus groups, participants said they had gained better time management skills. They described having to learn to manage time better and feeling that they better managed life in general as a result of returning to school. One participant said, “I have made some permanent changes in habits, such as study more and exercise more. I think I manage ‘life’ better, too.”

Difficulties encountered once returning to school. Another component in the experience of returning to school described by participants was the difficulties participants had to overcome when they were living in the reality of returning to school. Lack of support from key people was found to be a reality of returning to school. Participants described feeling a lack of support from people they felt they

needed to support them in the journey through school including faculty and staff, employers, and family.

Participants in two of the focus groups described feeling isolated from faculty, the need for more communication, and the need for more rapid feedback on assignments as well as the need for admission's staff to provide more direction through the enrollment process. Regarding the admissions staff, one participant said, "I called the other 2 schools numerous times and the admission staff acted uninterested – like I was wasting their time. . . I felt like they could have been more encouraging and at least attempted to cultivate my interest in their programs", while another participant said regarding the faculty,

The thing I don't like about on-line courses is that we don't get much feedback from faculty. The little we do get is usually around what we need to turn in, ect. I wish someone would take me under their tutelage for just one week, so I could ask questions, get a feel for where I'm going and get some evaluation for where I'm going and get some evaluation of where I've been. It would make me a better student and also would encourage me to finish the MSN.

In one of the focus groups, a participant described the physical and emotional pressure that her employer put on her saying, "My job has complained about the days I need off for classes" and ". . . my DON (Director of Nursing) asked why I was spending so much money going back to school." In two of the focus groups,

participants described a lack of support from their families manifested as resentment of the time spent on classes and accusations of choosing school over time with them. One participant said, “. . . but it’s been very hard and frustrating too. My kids, who initially supported me, began to say that I was choosing school over them so I had to start doing my homework after they went to sleep or while they were in activities.”

Participants described the reality of school and the multitude of issues that arose when returning to school that had to be addressed. Participants described the technical issues including having to learn the particular learning management system of the school. As one participant said, “I am not good with computers, so learning the system was difficult.” Another frustration of participants was commuting for some of the prerequisites of the program. A participant described it saying, “I think the only real ‘struggle’ would be the distance. I had to commute for a semester plus a summer for general education courses.”

Participants described frustrations they encountered with the system. They felt that the programs could have made the transition smoother through providing clearer articulation agreements, being more flexible, and providing clearer program requirements. Participants in two of the focus groups described frustration over taking unnecessary prerequisites and not knowing or being clear on the expectations of the program, such as clinical requirements or testing on campus requirements. One participant said,

I didn't want to go to class, but wanted to take all classes on line. That was what I thought I was getting in to, but later found out there is a considerable clinical requirement. I would have liked to know that up front, but I don't remember it being mentioned. I also didn't know that I would have to go in for some tests. I would have liked to know that up front.

Participants felt that some of the requirements of the programs were too rigid and that the prerequisites offered in a traditional format were difficult to work into their schedules. One participant commented a difficulty was "the somewhat inflexibility of some programs. I know there has to be some certain program standards but some schools are better as far as flexibility."

In one focus group, the need for clinical was debated. Some participants felt that the clinical requirement was unnecessary because they were already nurses while others enjoyed the opportunity to be in an observing role. One participant said,

I know clinicals are a pain, but I was glad I had some clinical time with my BSN classes. . . I know some of the BSN students just graduated from ADN school or work in an environment where they are exposed to new procedures every day. Clinicals probably seem like a waste of time to them. For those of us who have been 'out of the loop' for awhile, clinicals can be a good thing.

Another participant took the opposite stance, saying, "We are already RNs and get clinical experience that way. I'm not sure I see the point behind the clinicals."

Issues of personal health and well-being. Another reality that came with returning to school was the negative impact on personal health. In two of the focus

groups, participants described the toll returning to school took on their health including weight gain, anxiety, and depression. One participant said, "... even though I exercise 30 minutes every day I have gained 2 pounds in 6 months. And the worse thing about going back is my stress level, sometimes it is just too much. The house, the kids, the homework and sometimes I get headaches regularly", while another said, "It's a lot of pressure. I've been diagnosed with anxiety and depression since I've started school."

The need to balance family, work, school, and health was another difficulty in returning to school seen in all four focus groups. This was something that had concerned participants before they even returned to school. Participants described having to learn to balance the needs of their family, work, school, and personal health. Returning to school took time away from themselves, their family, and their marriage. Some had to cut back on hours at work to finish a semester of school. One participant described it saying, "I do not have time for myself but on Saturdays, no make-up no hair all week. The time I take off from my family is to study and do homework."

Participants described having to distance themselves physically from their family by going to a different area of the house or shutting the door in order to focus on school. Participants also described having to distance themselves technologically at times to focus on school. One participant said, "... I have to distance myself from

household events and focus on school. . . sometimes I have to turn my cell phone off and not take calls or be interrupted while I am doing school work.”

Another difficulty with returning to school that participants discussed in all four focus groups was the need to plan and prioritize. Participants described having to learn to manage time, including learning how many courses they could take and still manage life. They had to discipline themselves to study at night and after work. One participant said, “The difficulty with me returning to school is mostly time management. I have learned only to take one class so that I am not spread too thin.” Another said, “I always have to force myself to sit down and do homework because whenever I have a free moment I want to sleep or watch TV but I can’t. I’ve learned how to manage time all over again.”

Participants also described losing their free or alone time when returning to school. They described not having time for hobbies or relaxing because their extra time was taken up with schoolwork. One participant said,

The most difficult thing for me has been the lack of ‘free’ time. I love to read and spend time out working in the yard. Since I started school, I feel like if I have time to read, it should be a school book or career related. I work about 60+ hours a week, so there’s not much time for anything besides work, school, sleep.

Financial issues were mentioned in two of the focus groups as a struggle. This concern eventually became a reality for participants as discussed in the lived experience of returning to school. Participants described the difficulty of paying for school, the need to work to pay for school, and the decreased income from working less to attend school. One participant described it saying, “It took me a few months to get used to not having the extra money because I went PRN and was working only 2 days a month, which was wonderful for my family but money was low.”

The assumptions of others were a difficulty that participants had when returning to school. In three of the focus groups, participants described their frustrations because of assumptions of others regarding time perception and rigor of the program. Participants described the difficulty they encountered because others assumed that since they did not have to be in class at specific times, they had lots of free time. One participant described the assumption saying, “. . . people (including my family) assume that because I am at home (online classes) I am free all the time to do ‘whatever’.” Other participants described the difficulty of others not understanding the internal requirements of the online program such as self-discipline and dedication. One participant said, “Folks have no concept of what these classes require unless they’ve taken them...”

Another difficulty with returning to school was the desire for good grades. Participants felt pressure to get good grades in order to get into graduate school as well as because of personal pressure put on themselves to perform well. One

participant stated, “. . . even though I have all ‘As’ in classes, I feel like I am not always as prepared. Again, I work full time and have a full house too. I do what I can. The experience as a nurse I think helps with the grades too.”

Summary of Data Analysis

The analysis of data produced three final themes. The three themes were: 1) the journey through the decision to return to school; 2) critical elements in the meeting the challenges of returning to school; and 3) the lived experience of returning to school. The themes told the story of students’ journey from contemplating returning to school, deciding to return to school, and returning to school.

The theme of “The journey through the decision to return to school” highlighted the feelings and emotions about returning to school, the issues and solutions encountered in deciding to return to school, important people in the decision to return to school, finding the right time to return to school, and struggles encountered when committing to return to school. This theme focused on what the students considered as they were contemplating returning to school. Students discussed their feelings about returning to school, what they foresaw as issues if they decided to return to school, and who they considered important in the decision to return to school. Having considered their feelings, the issues, and important people, students shared why they felt the time was right for them to return to school. Having concluded they wanted to return to school, students provided insight into what they struggled with when committing to return to school.

The second theme “Critical elements in meeting the challenges of returning to school” focused on what the students felt was critical or important having made the decision to return to school. The students had made the decision and committed to return to school, and this theme captured what it was going to take to return to school. The students felt it was important that they were surrounded by supportive people. The online format was essential in allowing the students to return to school. A mindset was demonstrated by these students that drove them to return to school. The students all possessed an ADN which was a stepping stone to the baccalaureate degree.

In the final theme, the students shared their reality of returning to school. They shared the experience, what they hoped to gain from the degree as well as what they had already gained. They shared the difficulties that they encountered returning to school. In this theme, the reality of returning to school captured and brought to life their fears, concerns, issues, and struggles that they had contemplated and considered when returning to school.

Participants in the focus groups and the survey described their journey from contemplating returning to school, to the decision process of returning to school, and the reality of returning to school. Many of their concerns, fears, issues, and considerations became a reality and were a common thread throughout the themes, such as concerns and fears about finances and balancing family, work, and school, and the importance of the online environment. From their discussion, the research

questions for the study can be answered and applications can be suggested for faculty in associate degree programs and RN-to-BSN programs as well as employers who employ ADN RNs.

Chapter four included a description of the sample, a description of the data collection process, and a description and summary of the findings. A rich, thick description of the concepts, categories, and themes were provided, along with excerpts from the survey and focus groups.

Chapter Five: Summary, Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to investigate what motivates ADN RNs and diploma-prepared RNs to pursue a baccalaureate degree through an RN-to-BSN program. An electronic survey and online focus groups were conducted at four state universities in Kansas with a purposive sample of ADN RNs enrolled in an RN-to-BSN program. Data collection was guided by three research questions:

1. What are the reasons that associate degree registered nurses enrolled in RN-to-BSN programs?
2. What are the facilitators of returning to school?
3. What are the challenges of returning to school?

The purpose of the study was to investigate what motivates ADN RNs to pursue a baccalaureate degree while the research questions dealt with the experience the participants had as they made the decision to return to school and the reality of school. Through data analysis, an understanding of their experiences was obtained, and within those experiences, the components of motivation were found.

Discussion

Research Question One. Research question one asked, “What are the reasons that associate degree registered nurses enrolled in RN-to-BSN programs?” This was

partially answered in the first theme “The journey through the decision to return to school”. Participants described finding the right time to return to school. The time was right for them because they had not yet started a family or their children were older or their life circumstances were such that returning to school fit into their plans.

The second theme “Critical elements in meeting the challenges of returning to school” also addressed this question. Participants discussed in-depth how the online format was crucial in their decision to return to school. They had found the right program for themselves, one that allowed for time with their family, access to the degree from home, and allowed them to continue to work full-time. Time and again in the discussion the comment was made by participants that without the online format they would not have returned to school.

The final theme “The lived experience of returning to school” fully captures the answer to research question one. When asked what they perceived as the benefits of a BSN and what they hoped to gain from returning to school to complete a BSN program, the participants listed numerous benefits both career related and non-career related. Career advancement was mentioned by every participant in the focus groups, either through opening a door to a new and different job or through using the BSN as a stepping stone to a graduate degree.

The survey also addressed research question number one, asking participants what factors led them to pursue a BSN and what they hoped to accomplish with a BSN degree. In the survey and the focus groups, participants listed increased knowledge, skills, and pay as reasons for pursuing a BSN. Participants felt they

would have more respect with a BSN, and they were a better role-model to their co-workers and their children. On a personal level, participants pursued a BSN to prevent stagnation in their current job, to fulfill a personal goal, and to provide direction for their lives.

The participants pursued a BSN for both intrinsic and extrinsic reasons. Intrinsically, they would achieve something and have the personal satisfaction of reaching their goal. In that achievement though, they also were taking a necessary step to further their education and be one step closer to a graduate degree which could be considered an external motivation. Even though all the participants mentioned furthering their degree, they also expressed an incredible sense of pride in themselves for completing their BSN.

Research Question Two. Research question two, “What are the facilitators of returning to school?” was addressed partially by theme one. The issues and solutions encountered in deciding to return to school exposed some of the facilitators of returning to school including finding the money to return to school through student loans or tuition reimbursement. Finding a flexible program was a facilitator of returning to school because participants wanted a program that would allow them to incorporate school into their schedule. Career issues and getting “out of the trenches” was a facilitator in returning to school. Participants expressed concern over being able to keep up the pace, a poor work environment, and wanting a career change as reasons for considering returning to school. Another facilitator was finding the right time to return to school.

The second theme also addresses research question two. The fact that the participants were surrounded by supportive people allowed them to return to school. The supportive people were facilitators in returning to school. Families provided support through role flexibility and emotional support and encouragement. Friends also provided verbal encouragement. Faculty and staff at the universities were supportive through creating a program that was flexible and understood the characteristics of the students. In addition, when participants were researching programs, staff was enthusiastic and encouraging about the program.

Finding the right program was a facilitator of returning to school because the online format allowed the participants access to the degree, time with family, and the ability to work. The mindset of the student was a facilitator of returning to school because the participants were dedicated to the degree and kept site of the goal of completing their BSN. Because the decision to return to school was well-planned and thought out, though participants at times were overwhelmed with school, life, and work, they were able to look within themselves and find the strength to continue.

Using the ADN as a stepping stone to the BSN was also a facilitator in returning to school since each of the participants chose the ADN initially because it fit into their life at that time. If they had not chosen an ADN initially, they would not be in the position to return for a BSN. Because they had access to an affordable ADN program where they lived that fit in their life, they now had the opportunity to pursue an online RN-to-BSN. Without the ADN as a first step, the RN-to-BSN program would be non-existent

Research Question Three. Research question three asked, “What are the challenges of returning to school?” Theme one addressed this question in describing the issues and solutions encountered in deciding to return to school. There were the logistical issues to overcome, such as finances and finding the time for school.

The third theme also addressed research question three. In describing the experience of school, participants described the challenge of learning to balance family, work, and school. Participants shared the difficulties they encountered in returning to school. They experienced lack of support from key people such as faculty and staff, employers, and family members. The reality of school was challenging. They had to overcome technical challenges. They expressed frustrations with the system as they experienced confusion about the articulation agreement and program requirements. They had to persevere through taking unexpected prerequisite classes, having to commute for traditional classes, and having clinical requirements that were unexpected.

Another challenge that they had not anticipated was the impact returning to school had on their health. They had to learn to balance family, work, school, and health through distancing themselves from their household and distancing themselves technologically. Participants had to learn to plan and prioritize their time in order to succeed. Another challenge was the lack of free time. The assumptions of others about their time and the rigor of the program was another challenge to overcome. Participants had to learn to protect their time in order to succeed in the program. The pressure participants put on themselves for good grades was also a challenge of

returning to school. Participants were focused on getting good grades since they saw this as a way to eventually enter into a graduate program.

Motivation

The purpose of this study was to investigate what motivates ADN RNs and diploma-prepared RNs to pursue a baccalaureate degree through an RN-to-BSN program. According to the theory of planned behavior, motivational factors influence intentions (Ajzen, 1991). Motivation factors are indicative of how individuals will try or how much effort they will put forth to perform a certain behavior (Ajzen, 1991).

Based on the experiences shared by the students, the following conclusions were made about their motivation to return to school. In the first theme, students described their feelings when they considered returning to school. Behavioral beliefs influence attitudes towards behavior. Attitude toward the behavior is defined as “the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question” (Ajzen, 1991, p.188). In this case, the participants’ attitudes about returning to school were overall positive. They were excited, thankful, and very glad to be considering returning to school. Although they expressed some concern and fears, when the participants considered returning to school, they had positive thoughts about the experience. The participants also clearly thought through the decision to return to school. They felt that returning to school would yield a favorable outcome for them. Therefore, participants’ attitude towards returning to

school was positive, and they felt they would gain something from the experience, thus they were well-intentioned to return to school.

Subjective norms also account for part of intention to perform a behavior. Subjective norm is a social factor referring to “the perceived social pressure to perform or not to perform the behavior (Ajzen, 1991, p. 188). Subjective norms are influenced by normative beliefs (Ajzen). In this study, participants identified people who were important in their decision to return to school (self, family, employer, and mentor) as well as a support system which consisted of faculty and staff, families, co-workers, and friends. Participants felt that they were surrounded by people who supported them and found value in their decision to return to school. Their support systems were involved in the process of deciding to return to school and continued to support them throughout the process. This vested interest of their support system continued to provide motivation to the participants as they entered the program and helped them persevere through difficult times.

The third determinant of intention in the theory of planned behavior is perceived behavioral control. Perceived behavioral control is influenced by control beliefs (Ajzen, 1991). Control beliefs deal with presence or absence of needed resources and opportunities (Ajzen). Participants described throughout the study the resources and opportunities they needed in order to return to school. These included the right program, financial support, right time, support system, and the right mindset. Perceived behavioral control is influenced by past experiences with the behavior to be

performed, second-hand information about the behavior, experiences of acquaintances and friends, and other factors that may increase or decrease the perceived difficulty of performing the desired behavior (Ajzen). Participants discussed the encouragement of mentors and their support systems, dedication to the degree, and keeping sight of their goal as all motivating them to return to school.

Participants identified numerous motivational factors throughout the study that inspired them to return to school. They had the right attitude and felt that returning to school was the right decision for them. They considered the issues they could encounter when returning to school and came up with solutions to those issues before even returning to school. They identified resources to help them. Some participants were motivated by their current situation. They did not want to or felt they would be unable to remain in direct patient care long-term. They were motivated to return to school in order to provide themselves with more career opportunities.

Participants identified the important people in making the decision to return to school. By involving these people in the decision process, the participants garnered their support and were motivated to carry through with their decision.

Participants were motivated because they had come to the right time in their life to return to school. Some were waiting to have children until they completed their degree. Some had waited for this time in their life and were motivated because they had given up their dream for many years and now it was their time.

Once participants had decided to return to school, they felt surrounded by supportive people. These people provided motivation through encouraging them, providing emotional support and having role flexibility. Once the participants had decided to return to school, they were continually motivated by their support system creating a positive cycle.

Participants found a program that was online that allowed them time with their families, access to the degree, and the ability to continue to work. Finding the online program was motivating because the participants felt this allowed them to maintain their current life and created the least disruption to their lives.

Participants exhibited a mindset that motivated them to return to school. They were dedicated to completing their degree because they had planned for a long time to return to school, it was a long term goal, they were committed to the goal, and they were a driving force with a have-to mentality. They kept site of their goal which motivated them to keep going.

Participants remembered they were using the BSN as a stepping stone to something greater that would enable them to provide a better life for themselves and their families. Participants felt that this was the most important part of the discussion, and the goal that they were keeping in mind.

In describing their experience of returning to school, participants provided more insight into what motivated them to return to school. They felt returning to school was rewarding. Achieving the reward and sense of accomplishment motivated them to return to school. Participants were gaining knowledge, skills, more pay,

respect, critical thinking skills, and responsibility. Setting an example for children and co-workers motivated participants in returning to school. Participants were motivated by the sense of hope, pride, self-confidence, direction, and perspective they found in returning to school.

Study Findings in the Context of Extant Knowledge

Today's nurses need to be competent in critical thinking, problem-solving, decision-making, crisis resolution, research utilization, computer technology and informatics, communication, cultural diversity, global awareness, epidemiology, political activism, client advocacy, community education, community programming, evaluation, health promotion, and conflict resolution (Clark, 2004). Participants in the study felt that a baccalaureate education provided them with better critical thinking skills, improved research skills, better assessment skills, better community nursing skills, and a better ability to care for their patients. These findings, though more detailed, are consistent with the findings of Delaney and Piscopo (2006) who found a relationship between BSN-prepared nurses and critical thinking, professionalism, and creativity.

Rush et al. (2005) found that nurses who complete an RN-to-BSN program use research more in practice, possess a broader, holistic knowledge base and professional perspective, and read significantly more nursing research literature. The participants in this study reported that a benefit of the education was their increased knowledge and skills, increased use of research, and more respect from co-workers.

Leonard (2003) found that benefits of a BSN included increased self-direction, improved ethical conduct, enhanced performance, increased responsibility, and professional enhancement. Participants in the current study listed benefits as self-direction, better ability to care for patients, and increased responsibilities as well as many others. Participants did not address ethical conduct in their discussions.

The American Nurses Credentialing Center uses the Magnet Recognition Program to recognize hospitals that provide quality patient care, nursing excellence, and innovation in professional nursing practice (American Nursing Credentialing Center, 2008). Magnet facilities typically employ a higher proportion of baccalaureate-prepared nurses. Participants in this study reported that they felt they provided better patient care because of their RN-to-BSN education. They felt they had more knowledge and were better prepared to care for patients. This study supports the idea that baccalaureate-prepared nurses are better able to provide quality patient care and nursing excellence.

The Joint Commission on Accreditation of Healthcare Organization (JCAHO), the American Association of Colleges of Nurses (AACN), the American Nursing Association (ANA), the National Advisory Council on Nurse Education and Practice (NACNEP), and the American Organization of Nurse Executives have all recognized the need for more baccalaureate-prepared nurses in healthcare (AACN, 2002; AACN, 2005; Goode et al., 2001). Participants in this study recognized and reported that a baccalaureate degree would provide them with many more

opportunities in their career, particularly getting “out of the trenches” or out of direct patient care, which has not been reported in past research.

Past research has focused on barriers and incentive to pursuing and completing an RN-to-BSN program. Past studies have found barriers to include multiple role demands, managing family and work, limited resources, competing priorities in the multiple role responsibilities and multitasking, lack of financial resources, lack of time, and need to travel or relocate (Delaney & Piscopo, 2004, 2006; Outzs et al., 2006). In this study, the need to travel or relocate was not an issue because the program was online. Participants did discuss that they chose the online program because they would not need to travel or relocate. In this study, participants identified the barriers of multiple role demands, managing family and work, limited resources, competing priorities in the multiple role responsibilities and multitasking, lack of financial resources, and lack of time but also showed their motivation to return to school by finding solutions to overcome each of the barriers.

In addition, past research did not focus on the entire journey from making the decision to return to school to actually returning to school. This study provided insight on what participants foresaw as a struggle of returning to school as well as what they actually struggled with once they were back in school and how they overcame the struggle to be successful in school.

Megginson (2008) found that fear, past educational and life accomplishments, equal treatment of BSN, ADN, and diploma RNs, and negative ADN or diploma school experiences were barriers to returning to school. Although participants in this

study mentioned fear of failure and equal treatment of BSN, ADN, and diploma RNs, they did not appear to let these barriers stop them from returning to school. They had a sense of pride and accomplishment for what they had achieved.

Meggison (2008) identified being in the right time and place in life, the ability to continue to work with options, advancing education to achieve a personal goal, believing a BSN provides a credible professional identity, being encouraged by contemporaries to return to school, and finding user-friendly RN-to-BSN programs as incentives to returning to school. The current study findings are consistent with these findings.

Delaney and Piscopo (2006) reported that students returning to RN-to-BSN programs felt that a less complicated process was needed to facilitate enrollment in RN-to-BSN programs. Participants in this study also cited the need for a clearer articulation agreement and program requirements. Participants in this study also discussed the need for flexibility within the program requirements as well as flexibility and understanding from faculty as vital in RN-to-BSN programs.

Leonard (2003) found that age, income changes, professional practice enhancements, time management, and non-monetary benefits were important issues to contemplate when returning to school. The author also found that personal satisfaction and improved practice were reasons to return to school to complete a BSN degree. In the current study, participants discussed the financial and time issues as important to consider when contemplating returning to school. Personal satisfaction and improved practice were only two of a multitude of benefits that

participants perceived they would gain from completing their BSN degree. Other than describing the right time to return to school, participants did not list age as an important consideration when returning to school.

Leonard (2003) reported the three major obstacles in enrolling in an RN-to-BSN program to be managing a school schedule with other obligations, family concerns, and financial obligations. In the current study, all three were discussed as issues to consider and as part of the experience of returning to school.

Past research found that ADN RNs and diploma-prepared RNs contemplating pursuing a baccalaureate degree as well as those who have completed the degree struggled with similar barriers and identified similar incentives. The current study verifies those findings as discussed above as well as provided a more in-depth look at the process of returning to school from contemplating the decision, making the decision, and the actual experience of school. This study has provided insight into what motivates students to return to school and how students have overcome the barriers in the pursuit of a BSN degree.

Implications for Nurse Educators and Employers of ADN RNs

Based on the findings of this study, there are lessons for faculty and staff at associate degree programs and RN-to-BSN programs and employers of ADN RNs. Participants provided insight into their experiences through the journey of returning to school. Based on these experiences, implications are evident and recommendations can be made.

Many students contemplate returning to school while still completing their associate degree. Faculty in associate degree programs are in the perfect position to influence the greatest number of students to return for a baccalaureate degree. Faculty can do this through asking students if they are interested in pursuing a baccalaureate degree. When students indicate interest in continuing their education, faculty can follow-up with them asking questions about their goals and what it is they want to accomplish by obtaining a BSN degree.

Faculty could share with students the benefits RN-to-BSN students see in obtaining their degree such as those found in this study. It is important to present students with the multitude of options that a BSN can lead to, not only a graduate degree, but also better job opportunities and the ability to provide better patient care. This could stimulate associate degree students to begin thinking about pursuing a baccalaureate degree as well as open their mind to what they could possibly gain from a BSN degree.

The decision process used by participants in this study was well thought-out and planned. Finding the right program was found to be important to participants in this study. Faculty in ADN programs could assist students in finding the right program for them by providing information about various programs as well as helping students identify what is important to them in an RN-to-BSN program. Based on responses from participants in the focus groups, possible questions would include:

- Is it important to finish the program in one year?;

- Is it important that the entire program, including prerequisites, be completed online?;
- Is it important that the program be close enough to drive to if they wanted face-to-face contact with faculty?;
- Is it important that the program has (or does not have) a clinical requirement?;
- Is the cost of the program important?; and
- Is there a synchronous component to the courses?

By asking these questions, faculty can help students identify which program may be the best fit for them.

Associate degree programs can also encourage students to return to school by having RN-to-BSN program recruiters visit the ADN program. In this way, students can be provided with a clear idea about the articulation agreement and the program requirements. Participants in the study expressed the need for articulation information and program requirements to be conveyed clearly before they enrolled in the program so they did not take classes they did not need and understood all the requirements. This may alleviate some of the frustrations and fears students may have in returning to school. Because students may choose a program that is not close to their location, a website with information on the RN-to-BSN program may be helpful to students. Clearly and concisely providing information on program requirements, prerequisites, and the articulation agreement, as well as contact

information for further information may help alleviate some frustrations of prospective students.

This study provided fresh insight on the importance of family in the decision to return to school. Incorporating families into RN-to-BSN recruitment days could encourage family participation in the decision to return to school as well as help families to feel more involved in the decision for the student to return to school.

Faculty and staff at RN-to-BSN programs have an important role in supporting students to return to school. The staff responding to the initial request for information has an impact on the students. If they are enthusiastic and encouraging, the students feel more motivated and excited about the possibilities.

The faculty, in RN-to-BSN programs, who advises the students and teaches the courses is in a wonderful position to encourage the students. In this study, students were inspired by faculty and staff who encouraged them to believe in themselves and their dreams as well as faculty who understood the many pressures students experienced related to the multiple roles in their lives.

Faculty who advise RN-to-BSN students need to be positive and encouraging to the students. Faculty can provide a sounding board for students. Students in this study described their feelings and emotions about returning to school. By listening to students as well as reassuring them that their feelings and emotions are normal, faculty could be a great encouragement to prospective students.

At times, participants felt lost in the online world. It is important for faculty to communicate frequently with students to encourage them but also show students

that they are important and that the faculty care about them. This could be done through discussion boards at the beginning of each course where students introduce themselves and tell a little bit about themselves. This will help faculty to learn the multiple roles of each student. Remembering that most RN-to-BSN students are juggling many roles and being as flexible as possible is important in the success of an RN-to-BSN program.

Finally, employers of associate degree nurses are in an excellent position to encourage and promote nurses to return to school for a baccalaureate degree. Employers interested in seeking Magnet status and providing excellence in patient care may be more motivated to encourage nurses to return to school for a baccalaureate degree (ANCC, 2008). One way employers can encourage students is by recognizing those RNs who are baccalaureate-prepared as well as celebrating those who return to school to complete their BSN degree.

Employers can provide information to nurses through conducting skills fairs where RN-to-BSN programs come and dispense information to nurses about their programs. Employers can provide tuition reimbursement and work forgiveness programs to help with the financial stress of returning to school. Employers can also provide support to those who choose to return to school through asking them about their experiences, providing flexibility with scheduling, and encouraging them along the way. Those who have returned and completed a BSN could share their experiences and their perceptions of what they gained and how they were able to overcome obstacles when returning to school.

Implications for Future Research

This study investigated what motivates ADN RNs to return to school. Future research is needed on what keeps students in the programs once they have enrolled and started in the program. If ADN and RN-to-BSN faculty and employers are promoting the return to school, the question then becomes what continued supports need to be embraced to encourage students to complete the programs? Future research could also look at the reasons ADN RNs and diploma-prepared RNs give for not returning to school. Are there specific reasons that they are not returning to school?

There is also the question of is there a need for face-to-face and online programs. While generic BSN programs are reaching the traditional college students, for the non-traditional student returning for an RN-to-BSN program, is it important for schools to offer the classes face-to-face as well as online? Would it be more effective for programs to focus on providing the entire program (including prerequisites) in the online format to reach more students?

Another issue that needs to be addressed in future research is the need for clinical time in RN-to-BSN programs. The programs utilized in this study had varied clinical requirements. Participants in the study questioned the need for the clinicals as well as the varied requirements at different institutions.

Limitations

A limitation of this study was that all participants were ADN RNs. The findings may be limited to ADN RNs returning for a baccalaureate degree. Also, the

findings may be limited to those specifically completing an online RN-to-BSN program. The study utilized universities in the state of Kansas. Other states may have different requirements of RN-to-BSN programs, so findings may be limited to those completing online RN-to-BSN programs in the state on Kansas. Students in these programs may live in more rural areas, and therefore the importance of an online program was more pronounced than those who have access to a face to face RN-to-BSN program. Finally, because participants self-selected to participate in the study, these participants may have different feelings and experiences about returning to school than those who chose not to participate.

Final Thoughts and Conclusions

With the increased acuity of today's patient and the emphasis on shorter hospital stays, there is a need for more baccalaureate-prepared nurses. RN-to-BSN programs have evolved to reach more students, particularly rural students, through online programs. Now the duty falls to faculty and staff at associate degree programs and RN-to-BSN programs as well as employers to encourage ADN RNs to return to school. The opportunity is available. Students simply need to see how it is possible and that task is well within faculty, staff, and employers abilities.

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Footnotes

¹Presentation of quoted material is in accordance with Sandelowski (1994, p. 481).

Appendix A

Pittsburg State University
COLLEGE OF ARTS AND SCIENCES

Department of Nursing
McPherson Hall
1701 South Broadway • Pittsburg, KS 66762-7514
620/235-4431 fax: 620/235-4449
www.pittstate.edu/nurs

November 18, 2008

To Whom It May Concern:

Contingent upon Institutional Review Board approval, Amanda Alonzo MS, RN will be granted approval to approach students enrolled in Leadership Roles and Management Functions at Pittsburg State University to participate in the study entitled "Motivational Factors in Registered Nurses Completing a Baccalaureate Completion Program". Leadership Roles and Management Functions is a course for baccalaureate completion students. Amanda will be given access to the course during the Spring 2009 semester through the Pittsburg State University online management system.

Sincerely,





FORT HAYS STATE
UNIVERSITY



19 November 2008

Dr. Karen Wambach
3047 School of Nursing
Mail Stop 4043
3901 Rainbow Boulevard
Kansas City, KS 66160-7502

Dear Dr. Wambach

Contingent upon Institutional Review Board approval of the University of Kansas and the Fort Hays State University, Amanda Alonzo MS, RN will be granted approval to approach students enrolled in NURS 280, Foundation of Nursing at Fort Hays State University. A separate section of the course will be set up specifically for Ms. Alonzo to conduct her study entitled "Motivational Factors in Registered Nurses Completing a Baccalaureate Completion Program." NURS 280 Foundations of Nursing is an online course taught by Linda Sanko and is one of the first courses student take in obtaining the BSN degree. This study will be conducted during the Spring 2009 academic semester.

The contact person for the FHSU Institutional Review Board is Leslie Paige at 785-628-4349 or lpaige@fhsu.edu. We look forward to receiving a copy of the finding of this study and anticipate using it for the improvement of our RN-BSN outreach delivery.

Most sincerely,

Liane Connelly PhD, RN, CNAA, BC
Chairperson, Nursing Department

Carol Moore PhD, ARNP
Coordinator RN-BSN Outreach Delivery

DEPARTMENT OF NURSING • STROUP HALL 129 • 600 PARK STREET • HAYS, KS 67601-4099 • CHAIR: (785) 628-4498
UNDERGRADUATE: (785) 628-4256 • GRADUATE: (785) 628-4327 • FAX: (785) 628-4080 • <http://www.fhsu.edu/nursing/>



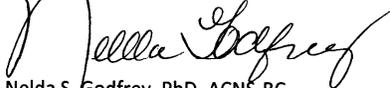
November 14, 2008

Dr. Karen Wambach
3047 School of Nursing
Mail Stop 4043
3901 Rainbow Boulevard
Kansas City, KS 66160-7502

Dear Dr. Wambach,

This is to confirm that **Amanda Alonzo** has permission to contact RN-BSN students in the University of Kansas School of Nursing and request their participation in her doctoral study. I have read her abstract and fully support her research efforts.

Thank you.



Nelda S. Godfrey, PhD, ACNS-BC
Associate Dean for Undergraduate Programs
Clinical Associate Professor



WICHITA STATE UNIVERSITY

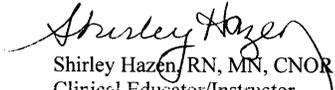
School of Nursing

November 13, 2008

To Whom It May Concern:

Contingent upon Institutional Review Board approval, Amanda Alonzo MS, RN will be granted approval to approach students enrolled in N345 Health Assessment, for RNs, at Wichita State University to participate in the study entitled "Motivational Factors in Registered Nurses Completing a Baccalaureate Completion Program". Health Assessment is a course for baccalaureate completion students and will be taught by Heather Baker, RN, MSN, ARNP-CNS, PNP. Amanda will be given access to the course during the spring 2009 semester through the Wichita State University online management system.

Respectfully,


Shirley Hazen, RN, MN, CNOR
Clinical Educator/Instructor
Coordinator RN-BSN Program

Appendix B

Letter to Faculty

Dear (Faculty Member),

I am conducting a research study about ADN's and diploma-prepared RN's pursuit of a baccalaureate degree through an RN-to-BSN program during the Spring semester 2009 at your institution. (The dean of your program) identified you as a faculty member who may be willing to work with me. I would like to approach students enrolled in (the specific course) and conduct an online survey and online focus group with consenting students. I would arrange to have access to the course through the institution's learning management system and would post information regarding the study and access to the survey and focus group through the course.

This study would take approximately 3 weeks to complete during the first half of the semester. If you are willing to allow me to use your course to approach students, please contact me. I am available to answer further questions or provide more information to you.

Thank you for your time and consideration.

Sincerely,

Amanda Alonzo, MS, RN
212 N Steuben
Chanute, KS 66720
214-282-0433
aalonzo@kumc.edu

Appendix C

Letter to Potential Participants

Dear RN-to-BSN Student,

You are invited to participate in a research study involving an online survey and online focus group interview about the pursuit of a baccalaureate degree through an RN-to-BSN program. I am interested in talking via discussion boards with RN-to-BSN students. The survey will take approximately 30 minutes to 1 hour to complete and will be available for one week at the beginning of the semester through the (course learning management system). The online focus groups will consist of students from (the course). Group members will be asked a series of interview questions and follow-up questions about your experience with pursuing a baccalaureate degree through an RN-to-BSN program over a period of two weeks during the first half of this semester. The online focus group may take 2-3 hours of your time over the 2 week period. You will be expected to log onto the discussion board every 24-48 hours to engage in the focus group during the 2 week period. You may be contacted via email one or two times over the course of the semester during the data analysis phase to 1) clarify meaning of your responses in the focus group or 2) get feedback on the interpretation of the findings. This second type of contact would most likely involve you reviewing some categories and/or themes developed in analysis and asking for your views on if those categories and/or themes fit with your experiences. Only students who agree to participate in the study will have access to

the focus groups. Participation in this research study is strictly voluntary and will have no effect on your grade in this course or status at your university.

If you are willing to participate, please complete the informed consent with your signature and return the signed form to:

Amanda Alonzo, MS, RN

212 N Steuben

Chanute, KS 66720

A confirmation letter will be sent to you along with reimbursement for your postage. Following receipt of the signed informed consent, you will be given access to the study materials including a data collection information sheet, online survey, and the online focus group. Expect a reminder notice prior to the scheduled survey and focus group via email.

Sincerely,

Amanda Alonzo, MS, RN
212 N Steuben
Chanute, KS 66720
aalonzo@kumc.edu
214-282-0433

Appendix D

Announcement for All RN-to-BSN Students

Attention RN-to-BSN Students:

You are invited to participate in an online survey and online focus group interview about the pursuit of a baccalaureate degree through an RN-to-BSN program. If you are interested in learning more about the study, please click on the “RN-to-BSN Study” folder for more information including an information letter and informed consent.

Appendix E

Data Collection Information Sheet

The following are step-by-step instructions for study participation. The information is meant to guide you through your participation in the study.

How to Complete the Online Survey

- 1) By (date)
- 2) Log onto (learning management system) as you normally do for (specific course)
- 3) Enter (specific course)
- 4) Click on Lessons
- 5) Click on RN-to-BSN Study
- 6) Click on the “Online Survey” URL link
 - a. This will take you to the Online survey for you to complete
 - b. The survey automatically is submitted to the researcher so there is no need to print it out
 - c. Completion of the survey may take up to 1 hour

Accessing the Online Focus Group

- 1) On (date)
- 2) Log onto (learning management system) as you normally do for (specific course)
- 3) Enter (specific course)
- 4) Click on Lessons
- 5) Click on RN-to-BSN Study
- 6) Click on Focus Group Discussion
- 7) Click on the bolded threads to read new postings
 - a. When you want to reply to a posting, click on the posting
 - b. Then click reply
 - c. Type your reply
 - d. Click Post

Discussion Board Guidelines

- Log onto the focus group discussion board within 24 hours of (date)

- Log onto the focus group discussion board every 24-48 hours from (2 week time period) and read new questions and postings
- Respond to the questions posed about your experiences every 24-48 hours
- Reply to other participants responses as applicable
- Respond to each question
- Completion of the focus group may take 30-60 minutes every 24-48 hours.

Appendix F

Online Survey

Please provide the following information about yourself and answer the following questions. The information you provide will be confidential and will be known only to the researchers conducting this study. Information collected will be reported as group data and used to describe the research sample only.

1. Age in years _____
2. Gender (check one): Male _____
 Female _____
3. Ethnicity/race (check one): Caucasian _____ African American _____
 Asian _____ Hispanic _____
 Other (specify) _____
4. Marital Status (check one) Single _____
 Married _____
 Significant Other _____
 Separated _____
 Divorced _____
 Widowed/Widower _____
5. Years licensed as a registered nurse _____
6. RN-to-BSN program you are enrolled in: _____
7. Where do you reside? _____
8. Degree in nursing education (check one)
 Associate's Degree _____ Diploma _____
9. Current nursing practice and specialty

10. Student enrollment status (check one) Full-time (12 hours or more) _____
 Part-time (less than 12 hours) _____

11. How many nursing credit hours in the program have you completed?
12. Did you receive your prior degree or diploma in the state of Kansas? _____
13. Describe the moment in time when you knew that you wanted to pursue a baccalaureate degree through an RN-to-BSN program.
14. What factors led you to pursue your BSN degree?
15. What do you want to accomplish by completing your BSN degree?
16. What led you to choose this particular RN-to-BSN program?

Appendix G

Online Focus Group Interview Guide

Opening Question

How would you like to be addressed in the group?

Where did you receive your ADN or diploma from, and how long you have been a nurse?

Introductory Question

You were invited to participate in this study because you are currently enrolled in an RN-to-BSN nursing program. Think back to when you began this program. How did you feel about going back to school?

Transition Questions

What were the issues surrounding your decision to go back to school?

How did you make the decision to return to school?

Key Questions

What did you struggle with when making the decision to return to school?

What do you see as the difficulties or negatives of going back to school?

What do you see as the benefits of going back to school?

Who was supportive in your decision to return to school?

What has the experience been going back to school?

Ending Questions

Of all the things that were discussed, which is the most important to you?

Is this an accurate summary of what we discussed?

Is there anything that we should have discussed that we did not?

Possible Probes

Who was important in your decision to return to school?

How has your family encouraged or supported you in your decision to return to school?

How have faculty encouraged or supported you in your decision to return to school?

What do you feel you will gain from completing your baccalaureate degree?

How has the online format of the RN-to-BSN program impacted your decision to return to school?

Appendix H
Informed Consent
for
“Motivational Factors in Registered Nurses Completing a Baccalaureate
Completion Program”

You are being asked to join a research study. You are being asked to take part in this study because you are a student in an RN-to-BSN program. You do not have to participate in this research study. The main purpose of research is to create new knowledge for the benefit of future students and society in general. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research.

You can ask questions now or anytime during the study. The researchers will tell you if they receive any new information that might cause you to change your mind about participating.

This research study will take place through University of Kansas Medical Center, School of Nursing as part of the doctoral dissertation of Amanda Alonzo, MS, RN, with Drs. Karen Wambach and Wanda Bonnel serving as dissertation advisors. About 40 people will be in the study at KUMC through the RN-to-BSN programs at Fort Hays State University, Pittsburg State University, the University of Kansas, and Wichita State University.

BACKGROUND

Nationally, the majority of Registered Nurses (RNs) are educated at associate degree

programs. This study is focused on what motivates associate and diploma prepared RNs to return to school to complete a baccalaureate degree in order to facilitate increasing the population of baccalaureate-prepared nurses.

PURPOSE

By doing this study, researchers hope to learn about the challenges and incentives in associate degree nurses (ADNs) and diploma-prepared RNs pursuit of a baccalaureate degree through a Registered Nurse-to-Bachelor of Science (RN-to-BSN) program. Information gained from this study may assist faculty to better meet the needs of future students considering a baccalaureate degree through an RN-to-BSN program.

PROCEDURES

If you are eligible and decide to participate in this study, your participation will take place during the Spring 2009 semester. Your participation will involve

- Completion of one online survey which will take approximately 30 minutes to 1 hour
- Participation in one online focus group interview over a two week period which will take approximately 2-3 hours of your time logging in every 24-48 hours
- Possible follow-up email communication throughout the semester consisting of 1-2 emails to clarify meaning of your responses in the focus group or get feedback on the interpretation of the findings.

RISKS

It is possible that discussing your personal experiences and feelings about the topic of discussion will cause discomfort. Although confidentiality will be emphasized to all focus group participants, the researcher is unable to assure confidentiality from other focus group participants. There may be other risks that have not yet been identified, and unexpected effects that have not been previously observed may occur.

NEW FINDINGS STATEMENT

You will be told about anything new that might change your decision to be in this study. You may be asked to sign a new consent form if this occurs.

BENEFITS

You will not directly benefit from participating in this research study. Researchers hope that the information from this research study may be useful for educating future students.

ALTERNATIVES

Participation in this study is voluntary. Your course grade is in no way affected by your decision to participate in the course.

COSTS

There is no cost for being in the study.

PAYMENT TO SUBJECTS

There is no payment for this study.

IN THE EVENT OF INJURY

If you have been injured as a result of participating in this study, you should immediately contact Karen Wambach at 913-588-1639, or Wanda Bonnel at 913-588-3363.

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY

The researchers will protect your information, as required by law. Absolute confidentiality cannot be guaranteed because persons outside the study team may

need to look at your study records. The researchers may publish the results of the study. If they do, they will only discuss group results. Your name will not be used in any publication or presentation about the study.

QUESTIONS

Before you sign this form, Amanda Alonzo or other members of the study team should answer all your questions. You can talk to the researchers if you have any more questions, suggestions, concerns or complaints after signing this form. If you have any questions about your rights as a research subject, or if you want to talk with someone who is not involved in the study, you may call the Human Subjects Committee at (913) 588-1240. You may also write the Human Subjects Committee at Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

You may stop being in the study at any time. Your decision to stop will not prevent you from getting treatment or services at KUMC. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

CONSENT

Amanda Alonzo or the research team has given you information about this research study. They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

By signing this form, you say that you freely and voluntarily consent to participate in this research study. You have read the information and had your questions answered.

You will be given a signed copy of the consent form to keep for your records.

Print Participant's Name

Signature of Participant

Time

Date

Print Name of Person Obtaining Consent

_____ Signature of Person Obtaining Consent

_____ Date

Appendix I

Themes and Categories

Categories	Theme
Emotions Issues Important people Finding the right time Struggles encountered	The journey through the decision to return to school
Surrounded by supportive people Online format The mindset Use of the ADN as a stepping stone to the BSN	Critical elements in meeting the challenges of returning to school
The experience of school Benefits of the BSN Difficulties encountered once returning to school Issues of personal health and well-being	The lived experience of returning to school
