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The phenomenon of the educational transformation from Registered Nurse (RN) to Bachelor of Science (BS) of Nursing degree nurse

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The phenomenon of the educational transformation from Registered Nurse

(RN) to Bachelor of Science (BS) of Nursing degree nurse

by

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ABSTRACT

This phenomenological qualitative study focused on the personal, social, academic, and professional experiences of ten nurses who began practicing as ADN (Associate Degree) or Diploma RNs and completed their educational transformation to BSN (Bachelor of Nursing). According to previous literature, there is a concern for gap between nursing education and nursing practice (Benner et al., 2010). Due to a nursing educational discrepancy, there is a shortage of qualified nurse educators and nurses prepared for their nursing roles within the current health care environment. This has had a profound effect on the current system of nursing education.

While the need for degree-prepared nurses grows, a large pool of experienced RNs who were educated at the Diploma and ADN level remains untapped. There is little research documenting how educational advancement affects practicing nurses who return to attain their BSN. More specifically, there is limited research directed at examining the phenomenon of the personal and professional effects educational advancement has on nurses who are currently practicing in the profession, and how the educational process, nursing shortage, nursing culture, and financial issues impact nurses.

With adherence to the guidelines of phenomenological research, participants were purposefully selected from 2 Midwest hospitals of similar size. Ten female nurses who completed their BSN while working and/or raising families agreed to participate in the study. After coding and analyzing the participants' data, seven

themes emerged: (1) Need for support; (2) Negative responses from other nurses;
(3) BSN as a personal goal; (4) Importance placed on convenience of BSN
educational program; (5) Advancement within the profession; (6) Growth of
knowledge, personally and globally; and (7) Role modeling for children and peers.

The findings can be used to enable health care and education stakeholders to
gain an understanding of how educational advancement from RN to BSN has
affected nurses. Future research might be expanded focus on nursing education,
specifically, as well as the experiences of nurses who have successfully completed
their BSN. Future study might also be conducted in a different region of the U.S. and
attempt to include males so their voices could be heard.

CHAPTER 1. INTRODUCTION

Background of the Study

Historically, there has been a discrepancy in the educational preparation for the Registered Nurse (RN) designation. Students have followed several different educational tracks in preparation for their practice as a RN. In the past many RNs attended diploma programs, which were three-year undergraduate hospital-based nursing programs. Bachelor of Science of Nursing degree programs (BSN) were offered, but not in abundance, and most students opted for hospital-based diploma programs. The pressure to educate more nurses resulted in the addition of two-year Associate Degree in Nursing (ADN) programs. As a result of the inconsistent levels of nursing education for RNs, health care providers and nursing educators have been challenged by a growing pressure to adequately prepare nurses to practice competent, quality research-based health care for health recipients and to redefine the RN's role as health care providers in the current changing health care system.

The three methods of educational preparation of RNs include Diploma, Associate Degree, and Bachelor of Science of Nursing. Formerly prevalent until the mid 1980s, Diploma programs have been slowly phased out and have not been replaced. These educational programs were three years in length and generally hospital-based, including core courses completed at a college that has an academic agreement with a hospital-based nursing program. Associate Degree programs are available concurrently along with the Diploma programs. They have survived and remain in practice today. These programs are community college-based, and are

presented as non-degree Associate Degree programs that prepare nurses to take the NCLEX exam and become registered nurses. Bachelor of Science of Nursing programs provide the student with a degree in nursing. These programs include core course-based college requirements and, unlike Associate Degree programs, provide the student with an undergraduate degree. All groups take the same licensure exam that concludes with the registered nurse designation. Nurses who have completed their degree are referred to as BSN nurses.

The inconsistency of RN academic preparation has sparked a "tug of war" within the nursing profession (Moltz, 2010). The inconsistency in educational preparation and the expansion of nursing responsibilities in the current health care arena kindled a study by the Carnegie Foundation for the Advancement of Teaching. The Carnegie Foundation requested this study that was conducted by Dr. Patricia Benner, who is a senior scholar at the foundation as well as a professor emerita at the University Of California San Francisco School of Nursing. The findings of the study have defined how nursing practice has dramatically changed as a result of advancement in science, health care environment, patient awareness, and new technology (Benner, Sutphen, Leonard, & Day, 2010). The change suggests there is a need to reevaluate how nurses are prepared academically to practice effectively.

Nurses are at the center of this proposed change; however, some within the profession have questioned the need for educational change. In a study conducted by Lillibridge and Fox (2005), the findings indicated the current nursing workforce culture does not strongly support RNs who achieve a higher degree. In addition, several RNs perceive advanced education is unnecessary and resent those who

have the degree (Lillibridge & Fox). This attitude also contradicts recent research findings that indicate a possible relationship between higher proportions of BSN nurse and positive surgical outcomes (Lillibridge & Fox). Although research is emerging regarding the need for a change in nursing education and how nurses perceive the proposed changes, there is limited study on the effect this evolution has on the group that is most directly affected—the nurses, themselves.

Additionally, there is a nursing shortage that includes a need for nurses practicing as direct patient care providers and nursing educators. The shortage extends to each end of the spectrum, and includes the need for practicing nurses and faculty who will educate new nurses. According to 2006 report from the American Association of Colleges of Nursing, 42,866 students who met the acceptance requirements were denied admission because of a shortage of nursing faculty (Benner et al., 2010). The lack of academic preparation necessary for teaching within the ranks of current nurses is a significant factor in the shortage. There are experienced nurses who are currently practicing who could advance their education to potentially provide shortage relief by becoming nursing educators, thus supporting the nursing profession.

Therefore, it would be beneficial to examine the academic, professional, and personal social experiences of experienced nurses who do return to attain a bachelor's degree. A study of these phenomena would enable stakeholders to gain an understanding of how educational advancement from RN to BSN has affected nurses. Insight into the meaning that nurses place on their experiences could provide additional perspective to health care educators and providers, and contribute

to the development and advancement of future nursing education as well as the need to gain an understanding of how to engage current ADN RNs in academic advancement.

Problem

Currently, nurses are asked to practice in many different health care situations in which they must be able to function safely, accurately, and caringly in a wide variety of venues (Benner et al., 2010). Due to a nursing educational discrepancy, there is a shortage of qualified nurse educators and nurses prepared for their nursing roles within the current health care environment. The nursing shortage, as well as expanded professional demands on nurses, has had a profound effect on the current system of nursing education. While the need for degree prepared nurses grows, a large pool of experienced nurses remains up tapped. There is little research documenting how educational advancement affects practicing nurses who return to attain their BSN. More specifically, there is limited research directed at examining the phenomenon of the personal and professional effects educational advancement has on nurses who are currently practicing in the profession, and how the nursing shortage, nursing culture, and financial issues impact nurses during the process.

Purpose

The purpose of this qualitative phenomenological study was twofold: (a) to gain an understanding of the personal, social, academic and professional experiences of Associate Degree ADNs and Diploma RNs who complete the

educational transformation to BSN (Bachelor of Nursing) status; and (b) to ascertain how their experiences may impact nursing education and health care development.

Research Questions

The following research questions were addressed in this study:

1. How do nurses who are educated initially in an ADN or diploma nursing program preparation who return to attain a BSN degree construct meaning from their academic and social experiences in terms of their nursing educational experience?

2. What role does the nurse's experience in the transformation to RN to BSN academic advancement play in the planning and implementing educational programs for nurses and addressing the current nursing shortage?

Theoretical Framework

Although the need for nurses with degree preparation has increased, there is a limited amount of research documenting the social and academic experiences of current undergraduate nurses who return to academics to attain a BSN. This literature has focused on the need to increase the number of BSN prepared nurses with an emphasis placed on non-nurses entering BSN programs. There is a large quantity of ADN and Diploma-prepared experienced nurses who could add to pool of BSN nurses if given the right support and opportunity to advance to degree status. Understanding the phenomenon of nurses who advance to a degree would aid in the educational recruitment of this group. Qualitative research is limited in this area. Creswell (2007) outlined five qualitative research strategies: (a) case study; (b)

ethnographic; (c) grounded theory; (d) narrative; and (e) phenomenological. Based on the needs of this study, the strategy implemented was phenomenology.

Qualitative study utilizes the basic interpretive approach as the means of discovering meaning: "Learning how individuals experience and interact with their social world, the meaning it has for them is considered an interpretive qualitative approach" (Merriam, 2002, p. 4). To understand the meaning of the phenomenon of nurses returning to continue their education, a theory from observations and interviews in the field (Merriam) was used to develop and increase understanding of what educational advancement means to nurses. "The researcher is the primary instrument for data collection and data analysis (Merriam, p. 5). Thus, the meaning the participants identified to the researcher though interviews and observations guided the current study.

This study is a basic interpretive qualitative study with an underpinning of phenomenology which "requires us to place our usual understandings in abeyance and have a fresh look at things has driven home to us by phenomenology after phenomenologist" (Crotty, p. 80). Furthermore, "Phenomenology invites us to 'set aside all previous habits of thought, see through and break down the mental barriers which these habits has set along the horizons of our thinking… to learn to see what stands before our eyes" (Husserl, as cited in Crotty, 2007, p. 80). This fresh look at nursing education through the eyes and perceptions of nurses who have experienced the phenomenon gave this researcher insight to identify the meaning of the nurses' experience.

The academic environment may prove to be a challenge to experienced nurses who have already found their place in nursing culture. Many nurses have reached a point of expert status and become accustomed to the respect of other colleagues within their nursing practice. Although their role may be very well defined within their specific work culture, their experience may present a different view of their role in the grand scope of nursing practice, beyond their nursing department, or even their work institutions. The assertions on nursing practice extend beyond the direct clinical site to the broad scope encompassing nursing practices as a whole. As a result, the influences on nurses and their practice go beyond their immediate practice, creating several layers of influence. Nurses develop as individuals and as professionals under the guidelines of their personal practice as well as nursing practice in general. These layers of influence nest within each other which the supports the application of Bronfenbrener's (1997) theory of Human Development. Bronfenbrenner proposed the scientific perspective of the "ecology of human development" (p. 514), and further described the ecology of human development as:

> …the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between theses immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded. (p. 514)

Nurses who are returning to an academic setting after practicing as professionals have developed in an immediate work environment which entails a specific culture. There are also larger contexts that have an effect of nurses such as their entire workplace, academic setting, peer groups, and families. This model

applies well to the nurses' situation because "the ecological environment is conceived topologically as a nested arrangement of structures, each contained within the next" (Bronfenbrenner, 1977, p. 513). The academic environment may prove very challenging for experienced nurses who are experts in their clinical situations and novices in the advanced academic setting. Bronfenbrenner's ecological theory may enhance the understanding of the meaning nurse's place on their experiences as students outside their traditional clinical role in their profession. This model also enables examination of both the clinical and academic environmental effects. The individual's environment is nested in all other environments, progressing to the great scope of nursing practice and educational opportunities. Bronfenbrenner's model is illustrated in Figure 1.

Bronfenbrenner (1977) used Brim's (1975) terminology to name the levels of influence within the environment. The terms microsystem, mesosystem, exosystem, macrosystem, and chronosystem define the categories and identify different levels of influence that affect nurses and have an impact on their personal experience and the meanings that emerge. Nurses may receive great encouragement to achieve academically from the academic environment but distain and distrust from other nurses in the clinical environment of practice. The levels of influence affect the nurses and their impact should be considered.

In this model, the individual is the center point and the levels of environmental influences manifest in specific meaning for that individual. According to Bronfenbrenner (1979), "structural complexity is manifested in the evolving scope

Source:
http://www.google.com/search?q=bronfenbrenner%E2%80%99s+ecological+theory&hl=en&
prmd=imvnsb&tbm=isch&tbo=u&source=univ&sa=X&ei=4Y3bT77FJMO-
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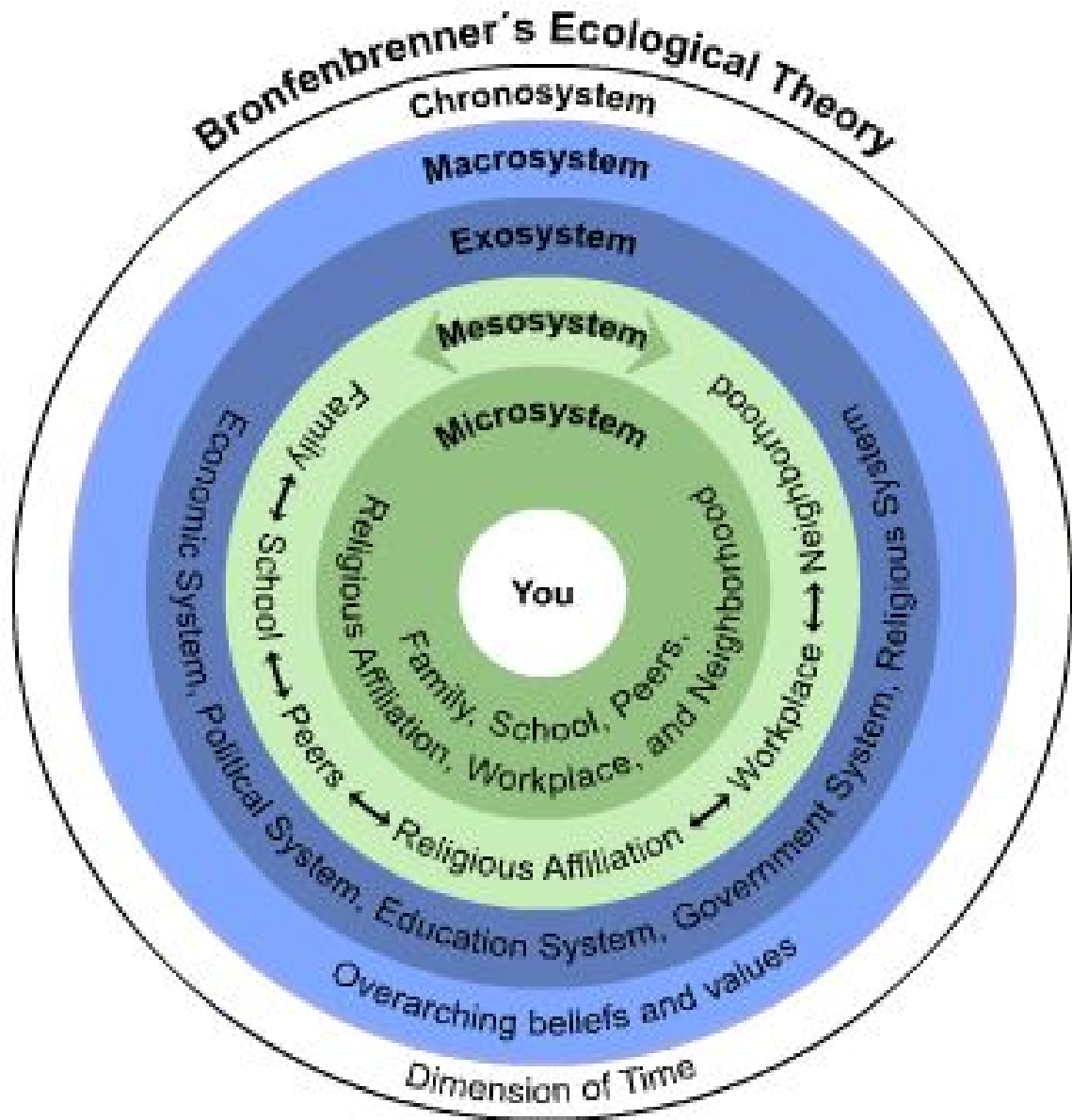
Figure 1.   Theory of Bioecological Systems of Human Development
             (Bronfenbrenner, 1979)

and differentiation of the developing person's perceived ecological environment, both with and beyond the immediate setting, as well as in her growing capacity to deal with and alter that environment in accord with her own needs and desires" (p. 55). The immediate environment and the remote environment both are salient influences on the person's perceptions and have impact on development (Bronfenbrenner, 1979).

A microsystem is an immediate setting that the person is engaging in a specific role or activities (Brim, 1975, as cited in Bronfenbrenner, 1977). Examples of this environmental level may be the home, school, or immediate workplace. Examples of roles in this study would be nurse employee, family, fellow nursing students, and nursing peer or coworker. According to Bronfenbrenner (1977), this level should be given substantial status when examining participants. This level includes the interpersonal conflict between the nurse and others (Farrell, 2001).

A mesosystem is comprised of a setting that includes a specific point in life that is a major influence on the development of an individual (Brim, 1975, as cited in Bronfenbrenner, 1977). Organizational structures are the concentration of this level and would include workplace practices (Farrell, 2001); also included are the nursing backgrounds of the participants, their educational backgrounds, past and present, and their original workplace or their past peers.

An extension of the mesosytem is the exosytem, which is comprised of formal and informal social structures that are not in the immediate setting but affect the environment of the individual and have an effect on what is happening within their experiences (Brim, 1975, as cited in Bronfenbrenner, 1977). This would include the

policies of professional guidelines and scope of practice within their specific work department, and the organizational institution's culture and agenda.

The macrosystem is comprised of dominant groups (Farrell, 2001) such health care settings, overall nursing practice, nursing educational programs, and all registered nurses. This level is the encompassing influence, which includes economic, educational, legal, social and political systems (Brim, 1975, as cited in Bronfenbrenner, 1977). Past researcher has revealed conflicting expectations between the overall nursing practices and the individual's perceptions. In the current study the qualitative approach was expected to reveal the meaning of this influence and contribute to the understanding of potential conflict of nurse's perceptions of their role and the value of education as depicted in Figure 2.

Micosystem: Individual, family, nursing peers in work department, fellow nursing students.

Mesosystem: Links between two or more settings such as home, school, workplace (which in this study is the hospital or college) creating a system of microsystems

Exosystem: Scope of practice guidelines in nursing department, work institution culture and agenda.

Macrosystem: Overall nursing practice, economic, legal, social, and political systems.

Chronosystem: The events involving health care needs and changing in practice expectations from initial entry into the nursing profession.

Figure 2. Source of conflicting expectations: Practice vs. perception

The chronosystem is the final system of the five systems of Bronfenbrenner's ecological systems theory of human development. This system is based on an individual's pattern of environmental events that occur over their life's course and include sociohistorical events or circumstances (Santrack, 2008). The system includes events or culture changes that have an effect on the individual. It encompasses changes over the course of an individual's life such as family structure, employment, socioeconomic status, added pressures in daily life or place of residence (Bronfenbrenner, 1994).

The participants of this study were encouraged to provide thick, rich descriptions of their academic experiences and the meaning they place on these experiences. The goal was to uncover and the meaning these nurses ascribed to their experiences. This qualitative study included the experiences of the participants and examined how they perceived the levels of influence. Merriam (2002) defined the goal of phenomenological study as:

> …a phenomenological study focuses on the essence or structure of an experience. Phenomenologists are interested in showing how complex meanings are built out of simple units of direct experience. This form of inquiry is an attempt to deal with inner experiences of everyday life. (p. 7)

Patton (as cited in Merriam, 2002) supported this statement:

> The assumption that there is an essence or essences to be shared experiences… the experience of different people are bracketed, analyzed and compared to identify the essence of the phenomenon, for example the essences of loneliness, the essences of being a mother or the essence of being a participant in a particular program (p. 70).

The researcher as the instrument must place beliefs and attitudes aside in order to understand this essence (Merriam, 2002). This is a conscious act of that must be done in any research situation however it is especially important here because as the researcher has experienced this process personally and have my own essence of my experience.

Significance of the Study

There is a limited amount of qualitative research and data that utilizes the phenomenon of nurses who return to continue their education to achieve the BSN level. The need for nursing education transformation was recently identified in a recent Carnegie study performed to examine nursing education (Benner et al., 2010). The lack of nurses and nursing faculty signals the need for action and understanding of what nurse's think and the meaning they place on advancing their education. The data uncovered in this study will contribute to the knowledge base of what RNs think about returning to advance from an RN to a BSN and how to best motivate and support nurses in the process.

Delimitation

A delimitation of the current study was that there were no males who volunteered to participate. Male nurses are becoming more prevalent in the workplace and, although they are still a minority, their numbers are rising. No males volunteered for the study also though they also received the email inviting them to participate.

Limitations

Some challenges were anticipated prior to the start of this research study. The initial goal was to include two institutions for the pool for participants. One hospital that originally agreed to participate backed out shortly before the research process began. Fortunately, another institution agreed to replace the original one. Although this slowed the research process, it was not by a significant amount of time. A concern was the limited number of nurses who fit the criteria and were willing participate in this study regarding their BSN experience. The two hospitals whose leadership agreed to allow this researcher access to their staff had approximately 30% of their RNs with a BSN. Among that group, a small number of the nurses had attained a Diploma or ADN degree prior to attaining their BSN. Therefore, the number of potential participants who met the specific research criteria was limited regarding those who were willing and had the time to participate in three interviews.

Other concerns were scheduling the interviews at the convenience of the participants despite their hectic schedules. There was the travel distance to the site to consider as well as a variety of work schedules to accommodate. Ten participants who had contacted me were able to meet with me; therefore, I did not have to widen the geographic scope of participant institutions. I was flexible in scheduling the interviews to work with each participant within their various work and family schedules. According to Jones, Torres, and Arminio (2006), "When themes or categories are saturated, then the decisions to stop sampling is justified" (p. 71). I was able to determine after I interviewed 10 participants that saturation of the data was attained.

Definition of Terms

The following terms were defined for use in this study:

American Association of Colleges of Nursing (AACN): The national voice for America's baccalaureate- and higher-degree nursing education programs. AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing—the nation's largest health care profession.

Associate Degree in Nursing (ADN) and the equivalent ***Associate of Science in Nursing (ASN):*** Nursing degree programs offered by community colleges and junior colleges. Associate degree programs in nursing offer liberal arts and science courses similar to what one would take within any associate degree program at a community college or junior college. Added to the associate degree foundation courses are nursing courses and clinical experiences in local hospitals and health care facilities(http://www.aboutnursing.com/degrees/bsn-bachelor-degree-nursing.htm).

Bachelor Degree in Nursing BSN: A Bachelor Degree in Nursing and the more commonly used equivalent Bachelor of Science in Nursing (BSN) are nursing degree programs offered by four-year undergraduate colleges and universities. Bachelor degree programs in nursing offer liberal arts and science courses similar to what you would take within any bachelor degree program at a four year college or university.

Added to the bachelor degree foundation courses are nursing courses and clinical experiences in local hospitals and health care facilities (http://www.aboutnursing.com/degrees/bsn-bachelor-degree-nursing.htm).

Carnegie Foundation for the Advancement of Teaching: An independent policy and research center, whose primary activities of research and writing have resulted in published reports on every level of education (http://en.wikipedia.org/wiki/Carnegie_Foundation_for_the_Advancement_of_Teaching).

NCLEX (National Council Licensure EXamination): An examination for the licensing of nurses in the United States. NCLEX examinations are developed and owned by the National Council of State Boards of Nursing, Inc. (NCSBN). NCSBN administers these examinations on behalf of its member boards which consist of the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories: American Samoa, Guam, Northern Mariana Islands and the Virgin Islands (http://en.wikipedia.org/wiki/NCLEX).

To ensure public protection, each board of nursing requires a candidate for licensure to pass the appropriate NCLEX examination, NCLEX-RN for *registered nurses*. NCLE X examinations are designed to test the knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level. The NCLEX is not about memorization, but rather one must understand the concepts behind critical thinking. As of 2010, the NCLEX is focusing a lot on how to delegate and prioritize as well as infection control. NCLEX examinations are provided in a *computerized adaptive testing* (CAT) format and are presently administered by

Pearson VUE in their network of Pearson Professional Centers (PPC). While there is not much variance among test-takers with diploma, BA, and Associate backgrounds pass rates research has supported that hospitals with a higher ratio of BSN nurses reported a lower surgical mortality (Aiken et al., 2003). (NCLEX pass rates are reported at https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd= 1&ved=0CDwQFjAA&url=https%3A%2F%2Fwww.ncsbn.org%2F1237.htm&ei=AZW eT_WmBZG4twfY2_WmBA&usg=AFQjCNEuwQxD0z99lDf1ZLNQuPo9BWR_CQ&s ig2=X3pNr3ZGouB_6b9BgLLPVA&cad=rja. They don't seem to vary much among test-takers with diploma, BA, and Associate backgrounds.)

Magnet Hospital: Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery. The idea is that Magnet nursing leaders value staff nurses, involve them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice. Magnet hospitals are supposed to have open communication between nurses and other members of the health care team, and an appropriate personnel mix to attain the best patient outcomes and staff work environment (http://nursingadvocacy.org/faq/magnet.html).

Registered nurses (RNs): Licensed, skilled care givers who work to promote good health and prevent illness. They educate patients and the public about various medical conditions; treat patients and help in their rehabilitation; and provide advice and emotional support to patients' families. RNs use considerable judgment in providing a wide variety of services. Many registered nurses are general-duty nurses who focus on the overall care of patients. They administer medications under the supervision of doctors and keep records of symptoms and progress. General-duty nurses also supervise licensed practical nurses (LPNs), nursing aides, and orderlies (http://www.aboutnursing.com/degrees/bsn-bachelor-degree-nursing.htm).

Summary

The purpose of this study was to gain an understanding of the personal, social, academic, and professional experiences of RNs who undertake the transformation from an ADN to a degree status and how their experiences impact nursing education and health care development. The bio ecological systems model Bronfenbrenner (1977) developed regarding human development provides the theoretical basis and framework of this phenomenological study. The systems of development addressed are the personal, social, professional, and environmental of practicing nurses who have undertaken the challenge of furthering their educational status.

Chapter 2 presents the literature that addresses issues that confront nurses when making educational decisions. Bronfenbrenner (1977) posited there are layers, or nests, of influences that affect human development. The literature is presented in

several sub-sections that include the history and evolution of nursing education, the projected nursing shortage crisis and how this impacts nurses, changes in nursing practice, challenges of the current health care climate in practice and in educational realms and the issues nurses face when continuing their education. This section discusses the relationship between the layers of influence and the nurses' development and their experiences when advancing their nursing education.

Chapter 3 outlines the methods and methodology that are the underpinning qualitative approach to this phenomenological study. This chapter details the rationale of the phenomenological qualitative approach and provides literature support regarding the use of interviewing participants and a primary method of data collection. Bracketing the researcher's personal experience is also addressed in the chapter.

CHAPTER 2. LITERATURE REVIEW

A review of the literature revealed several issues that address the changing face of practice and nursing education in response to the changing health care environment. In order to comprehensively understand the impact of pursuing advanced education and how the process impacts nurses, one must first understand past nursing education practices, present education practices, and the current setting of nursing practice. This chapter includes the history and evolution of nursing education, the projected nursing shortage crisis, changes in nursing practice, challenges of the current health care climate, and issues that nurses face when continuing their education.

History and Evolution of Nursing Education

Historically, nursing has been a field dominated by women, and there has been a wide diversity in nursing educational preparation. Before 1960, hospital based diploma programs were the educational choice of most nurses (Benner et al., 2010). These students provided a major portion of the patient's care and these students were not viewed as nursing students as much as an extra work force, (Benner et al). In 1958, the first Associate Degree Nursing Programs (ADN) were instituted followed by the decline of diploma schools (Benner et al.). Over the years nursing education has traversed through many different forms to arrive today's model. Even the current model is subject to change as the climate of health care changes. These modifications in nursing practice signal a profound effect on nursing education (Benner et al.). Nurses are the largest segment of the healthcare work

force which makes this group a key stakeholder in health care evolvement (Larson, 2006).

Preparation

The multiple pathways leading to entry-level practice in nursing make it unique when compared with other health care professionals (*Inside Higher Ed*, 2010). Prospective nurses may enter three different educational programs to attain a Registered Nurse License for practice. The educational choices are: an Associate Degree (ADN); a Diploma in nursing; and a Bachelor of Science in Nursing (BSN). Many community colleges accommodate students who are pursuing an ADN. These programs are intended to take 2 years to complete but, realistically, after the wait lists and prerequisites, the process takes an average of 3.69 years (Orsolini-Hain, 2008). For the first time in history, in 2006 more graduates from nursing programs who took the NCLEX-RN board examination were ADN nurses which translate to about 60 percent of the total who sat for the exam (Benner et al., 2010). The cost and time for an ADN education discourages some students from continuing on to a baccalaureate degree, especially since they can find a well-paying position as a staff nurse with an ADN preparation (Benner et al.). According to Orsolini-Hain, (2008) only 21% of ADN prepared nurses progress to a further formal education. Unfortunately, ADN programs usually delete critical areas such as community health, pediatrics, and leadership components (Orsolini-Hain, 2008). The lack of progression in nursing education results in issues of quality of care and lack of

educationally prepared nursing faculty (Benner et al., 2010; Larson, 2006; Lillibridge & Fox, 2005).

According to Benner et al. (2010), BSN students in any BSN program have a distinct advantage of a wider and more in-depth education. The curriculum offered in BSN preparation includes the general education courses expanding the student's learning opportunities (Benner et al.). There are traditional programs or accelerated programs available. Recently an educational program has been added to accommodate students who wish to attain a second degree that also accelerates the process of a BSN. These students have a degree in another field and decide to become nurses. These programs bring a wide variety of students to the field of nursing (*Inside Higher Ed,* 2010). The addition of RN to BSN programs attempts to tap into the existing nursing pool to bring experienced nurses to the level of expanding their practice within the system. Tapping into this group is one way to defray the nursing shortage by recruiting more current nurses for faculty and leadership positions. This is an important group because it is comprised of experienced nurses who will advance to a degree level.

The focus of this study was on the RNs who return to attain their BSN. In order to achieve a more educated workforce and improve the nursing educational system, the addition of the RN to BSN programs were developed (*Inside Higher Ed,* 2010). The types of programs include: part-time programs, weekend programs, work site classes, self-study, distance learning, and online options (Lillibridge& Fox, 2005). The diversity of these programs signifies an effort to reach the greatest number of potential students since many of the candidates are working nurses.

These programs are considered bridge programs creating of new educational pathway from RN to BSN status (*Inside Higher Ed,* 2010). Even though these additional options are available, there has been a decline in RN to MSN enrollment (Lillibridge & Fox, 2005). Within the 5-year period of 1999-2005, the average decline in number per year has been 691 (Lillibridge & Fox). Lack of nursing faculty has been attributed to decreased enrollment. This decline in enrollment is of concern to the stakeholders within the health care system. Nursing educators and Health care providers as well as nurses, themselves, need to find ways to advance current nurses to the higher level of education necessary to practice nursing today.

Nursing leadership in general concurs with the premise that nursing education must advance to higher levels (Lillibridge & Fox, 2005). The American Association of Nurse Executives (AONE) recognizes the need for a better educated nursing workforce (Benner et al., 2010). Recently, AONE issued a position statement in 2006 which recommends entry level of nursing education should be at the baccalaureate level (Figure 3). They also proposed that nursing education curriculum should be reframed to direct the student a BSN (Benner et al.).

The educational preparation of the nurse of the future should be at the baccalaureate level. This education will prepare the nurse of the future to function as an equal partner, collaborator, and manager of the complex patient care journey. Given that the rule in the future will be different, it is assumed that the baccalaureate curriculum will be re-framed.

Figure 3. Position statement on nursing education (AONE, 2006)

Health care environments are more complex and patient needs have expanded needs as well (Institute of Medicine, 2010). Nurses are required to increase their competencies to include system improvement, teamwork, leadership, and health care policy development (Institute of Medicine, 2010). In order to respond to these increased requirements, the Institute of Medicine (IOM) also recommends that nurses must receive higher levels of education and there must also be new ways to meet the population's needs.

Evolution

Nursing education practices in the 20th century are no longer adequate with the current realities 21st century healthcare needs (Institute of Medicine, 2010). "It is determined that nurses should achieve higher levels of education and training though an improved education system that promotes seamless academic progression" (*Inside Higher Ed,* 2010). The bridging effects of RN to BSN programs can provide a seamless advancement pathway for current practicing nurses. Improving the numbers of nurses who chose to follow the pathway of RN to MSN is of interest to health care stakeholders. A successful clinical environment includes a model for practice, research, and education (Harris et al., 2007). Generally, nursing leadership is aware of the need for higher levels of education for nurses to allow them to adequately function in the evolving healthcare system (Lillibridge & Fox, 2005). Facilitation of ongoing educational development of nurses is necessary in order to maintain a research-based practice. The National Advisory Council on

Nursing Education and Practice (NACNEP) proposed the complex health care demands require nurses to be baccalaureate prepared (Lillibridge & Fox, 2005).

The data suggest there are many untapped nurses at the ADN or Diploma level who could greatly contribute to the projected nursing shortage by advancing their nursing education (Lillibridge & Fox, 2005). Increasing the number of nurses with a BSN increases the number of nurses who are in a position to advance their education to a MSN or Doctoral level which will be required to serve as better prepared nurses in practice, as nursing faculty and as nurse researchers, (Institute of Medicine, 2010).

Projected Nursing Shortage

The year 1998 is considered the start of the nursing shortage (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006). Lack of nurses will have a significant impact of the healthcare system because nurses spend the most direct time with patients and are the largest group of heath care professionals (Benner, 2010). Using data from the Bureau of Labor and Statistics, Dohm and Shniper (2007) cited a projection of a 23% increase in the nursing jobs available in 2016, which is higher than any other profession. Buerhaus et al. (2006) predicted mass retirements of nurses since 45% of nurses are fifty or older, taking experienced nurses from the field. It is also predicted the demand for nurse well increase from two million full time nurses needed in the year 2000 to 2.8 million in 2020 which projects a short fall of one million nurses (Benner et al., 2010).

In order to meet this demand for nurses, nursing education programs will need a 90% increase in admission and graduation of nurses (Benner et al., 2010). The American Association of College of Nursing (ACCN) released a survey in 2006 identifying 637 vacancies in 300 nursing programs (*Inside Higher Ed,* 2007). 42,866 qualified nursing school candidates were turned away with the primary reason identified as of lack of faculty, classroom facilities, and clinical sites (Benner et al.). Since 2002, the faculty shortage has affected the increase in denied nursing school admissions of qualified applicants six fold (Benner et al.). Nursing education programs face the lack of faculty as a result of lack of baccalaureate-level nurses qualified to enter graduate level programs needed to attain faculty status (Benner et al.). At the present time, approximately one third of nursing faculty is over the age of 55 and nurses with a doctoral degree were slightly older (Benner et al., 2010, as cited in U.S. Department of Health and Human Services, USGHHS, 2004/2007). When this group retires, it will create a huge gap in the nursing faculty to student ratio. If there is a shortage of qualified faculty, who will teach the upcoming students?

Health Care Environment

According to the report brief provided by the Institute of Medicine (IOM) (2010*)*, the transforming health care system requires a fundamental reestablishment of the roles of many health care professionals and this groups includes nurses. This change in roles is precipitated by the need for affordable, safe, quality care (IOM, 2010). By the year 2030, Americans age 65 or older will comprise almost 20% of the

population (IOM, 2010). There is a shift in health care challenges as a result of aging population, socioeconomic factors, and cultural factors (IOM, 2010). In response to the aging population and increased obesity in this country, there is a new focus on chronic conditions such as cardiovascular disease, mental health issues, diabetes, arthritis, and hypertension. The current healthcare system is designed around treatment of acute conditions and injuries, creating the greatest challenge on the health care industry (IOM, 2010). This paradigm shift affects nursing practice and influences nursing educational practices. The transformation of health care presents challenges to nurses at every level placing nursing education on the front burner (IOM, 2010).

According to the IOM report (2010), nurses currently have 3 million members placing them as largest group of healthcare workforce. Nurses play a vital role because they work the forefront of patient care. It is imperative that nurse be part of the health care transformation process (IOM, 2010). In 2008, the IOM and the Robert Wood Johnson Foundation teamed together to determine action-driven recommendations for nurses in the future. One recommendation was that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (http://www.iom.edu/Reports/2010.The-Future-of-Nursing-Leading-Change-Advancing-Health). The IOM report (2010) recommended that: "Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree form 50 to 80 percent by 2020" (p. 6) .It also recommends that health organizations should promote nurses with diploma of ADN

degrees to return within 5 years of completion of those degree to enter a

baccalaureate nursing program (IOM, 2010). These are dramatic goals that will

affect all nurses.

Need for highly-educated nurses

Challenges of the health care climate and changes in nursing practice

Simply increasing the numbers is not adequate to address the shortage

problem and improve patient care outcomes (Benner et al., 2010). The rapidly

developing field of practice demands preparation in more depth than is currently

offered, the practice-education gap will continuously widen unless nursing education

leadership overhauls its approach to nursing science, natural and social sciences,

and humanities. To be safe and effective, practitioners nurses need to enter practice

ready to draw on knowledge from a wide range of fields "because practice will only

become more complex over time, nurses must leave their formal programs prepared

to be lifelong students with the disposition and skills to be reflective practitioner's

expert learners" (p. 4).

The inconsistency of RN academic preparation has sparked a "tug of war"

within the nursing profession (Moltz, 2010). The inconsistency in educational

preparation and the expansion of nursing responsibilities in the current health care

arena sparked a study by the Carnegie Foundation for the Advancement of

Teaching. The Carnegie Foundation requested a study that was conducted by Dr.

Patricia Benner, a senior scholar at the foundation as well as a professor emerita at

the University Of California San Francisco School Of Nursing. Benner's findings

defined how nursing practice has dramatically changed (Benner et al., 2010). The change is a result of advancement in science, health care environment, patient awareness, and new technology (Benner et al.). The study suggests the current health care setting indicates a need for a change in how nurses are academically prepared to effectively practice.

Improving the nursing educational system

Nursing programs are faced with the challenges placed on nursing practice as a result of the growth of health research (*Inside Higher Ed,* 2010). Rapidly, there are constant changes in technology, science, and clinical practice that demand an advanced level of scholarship, (Benner et al., 2010). During the last 60 years, there has been a significant shift of responsibility to nurses from the physicians (Benner et al.). Care within the hospital and in the community is becoming more complex (*Inside Higher Ed,* 2010). Unlike physicians, nurse in the United States have multiple choices regarding their educational pathway when becoming a license professional (*Inside Higher Ed*). Nurses with an advanced education receive the tools to increase competency within their practice. Care of patients requires complex critical thinking skills that are developed in a degree program. In today's workplace, nurses are required to be versed in leadership, health policy, collaboration, research, and evidenced based practice and nurses who are ADN prepared generally lack exposure in these areas during their course work (*Inside Higher Ed*). This is a gap that must be filled and one way to close the gap is to advance existing nurses to degree status.

Issues of Registered Nurses who Advance to a Bachelor Education Degree

Past researchers have explored the phenomenon of the meaning of nurse's experience during the process of advancing from an RN to BSN. Zuzelo (2001) explored the concerns and priorities of RN to BSN students and asserted that, while they did see BSN preparation a steppingstone to advancement, RN's did not think their advanced degree impacted their direct care of patients. This perception conflicts with the literature indicates patient outcomes were better in hospitals that were staffed with a higher percentage of BSN RNs and a smaller percentage of ADN RNs (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005). Further evidence asserts that hospitals with a higher ratio of BSN nurses reported a lower surgical mortality (Aiken et al., 2003). This contradicts that notion that some nurses have regarding education levels and quality of care.

Understanding nurse's meaning and perception of their education is critical to addressing why they continued their nursing education. For the past 40 years, nurses, academics, nursing organizations, and many other stakeholders have debated the qualifications and educational levels necessary for entry into nursing practice (IOM, 2010).

Nurses have several different levels of influences affecting their environment which, in turn, has influence on their experience. This supports the applied theory of Bronfenbrenner (1977) who used Brim's (1975) terminology to name the levels of influence within the environment: microsystem, mesosystem, exosystem, and macrosystem. The nurse's peers are their mesosytem, their employer is their exosystem and the health care field is the macrosystem. The influences of these

levels do not necessarily support the same culture. For example, nursing peers do not widely support RNs attaining a higher degree (Lillibridge & Fox, 2005). However, advancement within the nursing field is related to educational status. These environments often contradict each other, creating a divide within the ranks of nurses, there is a deep divide in the opinions of nurses as to the benefit of baccalaureate preparation. There is anger in the workforce verbalized by some nurses who believe the patient does not have a preference for a BSN prepared nurse (Lillibridge & Fox). This contraindicates the literature that supports institutions with a higher percentage of degree prepared nurses have better patient outcomes.

Bevis and Murray (1990) explored the theme of anger and oppression nurses have expressed related to nursing education and the nursing profession that have surfaced in previous research. Nursing is a female dominated field and the feminist perspective may give insight and offer relevance to understanding the anger and oppression nurses may encounter during their educational journey (Farrell, 2001). The feminist perspective may be insightful; this approach may limit the research because it does not consider other influence such as time, money, job advancement, and self-achievement. Time and money also present obstacles because nurses who are currently practicing can command strong pay even though they are not degree prepared and they have families with limited time resources.

A study by Lillibridge and Fox (2005) revealed several common themes regarding what nurses thought about returning to attain a BSN as: having an edge, need for support, not fitting in, feeling of personal accomplishment, gaining a more global perspective, growth of knowledge, and looking at the bigger picture. The RNs

in this study were overwhelmingly positive about the benefits of furthering their education. Unfortunately, according to Lillibridge and Fox, "The majority of RNs working thins this contentious context may not recognize or appreciate the value of baccalaureate and higher degrees, thereby impacting decision not to continue formal professional education. Their attitudes have serious implications for the nursing work force" (p. 12). Further study was recommended regarding nursing attitudes and perceptions, which provided the foundation for the current study.

Summary

This chapter provided a review of the body of literature that concerns that include the history and evolution of nursing education, the projected nursing shortage crisis, changes in nursing practice, challenges of the current health care climate, and issues that nurses face when continuing their education. Nurses who come from diverse educational background well as practice backgrounds may find themselves in very different roles when advancing as nurses professional in the changing health care system.

A significant amount of literature calls for changes in nursing education. How education is evolving as well as the individual nursing experiences is of interest in this study. Chapter 3 presents the research methods used in this study. The results are presented in Chapter 4. The conclusions and recommendations are provided in Chapter 5.

CHAPTER 3. METHODOLOGY

The purpose of this study was to examine the phenomenon of six Associate Degree RNs who completed their BSN who are working in a hospital setting. Chapter 3 outlines the methodology and methods use to achieve the goals of the study. "Objective truth can be discovered if a researcher goes about the methodology in the right way" (Arminio & Hulgren, 2002, p. 448). The rationale for the qualitative approach and relevant theoretical and epistemological perspectives are included in this chapter. Participants in the study were allowed to express the meaning of their experiences and perceptions of attaining a BSN degree. They were also asked to examine how the meaning of these perceptions and experiences has affected them personally and professionally. The goal of this study is for participants to relate thick and rich descriptions of their experiences when returning to nursing education and how it affected their world as a whole. Their thoughts and perceptions about their experiences may shed light on the phenomenon of the lack of nurses who are advancing their education.

Research Questions

After a though comprehensive review of the literature, the following research questions were framed this study:

1. How do nurses who are educated initially in an ADN or diploma nursing program preparation who return to attain a BSN degree construct meaning from their academic and social experiences in terms of their nursing educational experience.

2. What role does the nurse's experience in the transformation to RN to BSN academic advancement play in the planning and implementing educational programs for nurses and addressing the current nursing shortage?

Rationale for Qualitative Approach

The qualitative approach was used in this study because it is the most appropriate means of understanding the meaning of the participants lived experiences. The experiences of ADN and diploma RNs who advanced their education to BSN level will shape this study. Merriam (2002) stated, "…researchers strive to understand the meaning people have constructed about their world and their experiences: that is how people make sense of their experience" (p. 39). Qualitative research includes thick, rich descriptions as a part of data collection (Denzin & Lincoln, 2000). The participants use their own words to give these descriptions to the researcher. The researcher is the instrument of the research (Merriam, 2002). Researcher role and positionality are presented and discussed in this chapter, with identification of limitations also provided.

Crotty (2003) identified four elements of the research process in general terms of epistemology, theoretical perspective, methodology, and methods. According to Crotty, the purpose the four elements is to ensure the "soundness of our research and make its outcomes convincing" (p. 6). In order to preserve the status of the study findings these elements were used as a roadmap in the

research process. Each of these elements is defined and its application in the

study is discussed.

Epistemology

Epistemology is the philosophical perspective that will guide the research

process in the current study. "Epistemology explains the way one views the world"

(Armino & Hultgren, 2002, p. 451). The epistemology of constructionism is

appropriate for this study. Constructivism was described by Crotty (2003):

> There is no objective truth waiting for us to discover it. Truth or
> meaning comes into existence in and out of our engagements with the
> realties in our world. There is no meaning without a mind. Meaning is
> not discovered but constructed. In this understanding of knowledge, it
> is clear that different people may construct meaning in different ways
> even in relation to the same phenomenon. Isn't this precisely what we
> find when we move from one era to another or from one culture to
> another? In this view of things, subject and object emerge as partner in
> the generation of meaning. (pp. 8-9)

According to Crotty (2003), "meaning is not discovered but constructed" (p.

9). It is a concept that facilitates the goal of uncovering the meaning nursing place

on their experiences during the process of returning to nursing education. The

application of a constructionist epistemology enables each participant to verbalize

the full meaning they prescribe to their personal experiences. Constructionist

epistemology applies in this case because the relationship between the researcher

and the respondents is "subjective, interactive, and interdependent" (Briodo &

Manning, 2002, p. 436). Constructionist epistemology also maintains that reality is

not easily quantified because it is multiple and complex and the values of the

underlying theory, the research site, the respondent, and, finally, the research result

in affecting all aspects of the research which produces a research product that is

specific to its context (Briodo & Manning). This is a salient concept in the current study because nurses have different educational backgrounds, personal situations, and work sites but all must function within broad professional guidelines. The nesting of the ecological levels of environment creates different contexts of practice for each nurse, which influences their experiences as well as my insider position as an insider as nurses who has experienced the RN to BSN transformation is important within this study.

To support the use of the constructionist approach it is noteworthy that "The constructionist paradigm has been embraced in educational practice, including higher education and student affairs" (Broido & Manning, 2002, p. 436). In this study, RNs who are practicing nurses enter an academic world that is a different culture than their professional world. According to Broido and Manning, "theory and practice inform one another in a mutually shaping manner. Neither precedes nor follows the other in a consistent, one-way manner" (p. 436). This concept is salient to this research because the environmental culture in the academic arena is very different form the work environmental culture of the nursing experience. Nurses who have progressed from RN to BSN levels have experienced an actual practice environment that provides a different perspective than theoretical environment. This differs from nurses who are degree prepared initially and have no clinical experience. The participants' meaning is constructed by their experiences with their families, their nursing peers, the work culture within their institutions, their academic setting, and the overall health care environment. All of these influences mutually shape their experiences and in turn shape the meaning for each participant.

Theoretical Perspective: Interpretivism

Social Constructivism combined with the interpretive approach take the position that individuals try to find understanding of the world in which they work and live (Creswell, 2003). Meanings from individuals vary and it is the researcher's position to find the complexities of participants' views rather than narrowing meanings (Creswell). Broad questions enable the participants to construct their meaning of any situation and further open-ended questioning will provide that participants words, allowing the researcher to listen intently to the responses (Creswell). The participants will be allowed to describe their experiences on personal and multiple professional levels, which support the use of Bronfenbrenner's (1977) theory of the ecology of human development, which theorizes the individual's successive levels of environments, from immediate to all-encompassing, define the individual. I am interested in discovering how nurses define their reality when they leave the comfort of established nursing practice and enter the academic environment. I want to understand how nurses construct meaning based on their experience during the educational process. This vein of inquiry is purposefully directed at revealing the nurses' perceived significance of advancing their educational status.

Methodology: Phenomenology

Phenomenology is the underpinning of all qualitative research (Merriam, 2002). According to Arminio, Jones, and Torres (2006), to be true to phenomenological research, emphasis should be placed on the experiences of the

individuals. The interviews with each participant should generated thick descriptive responses essential to finding the meaning of the participants' experiences and participants will be encouraged to tell their personal stories. There was a conscious effort by the researcher to build a trusting environment for discussion.

Researchers understand that their own personal backgrounds influences any interpretation so they must "bracket" their personal experiences of their personal culture and past experiences (Merriam, (2002), Researcher positionality is a factor in this research. According to Merriam:

> In order to understand the essence or structure of an experience, the researcher temporarily has to put aside or "bracket" personal attitudes or beliefs about the phenomenon. With belief temporarily suspended, consciousness itself becomes heightened, allowing the researcher to intuit or see the essence of the phenomenon. (p. 7)

This is a conscious decision of the researcher and is imperative to trustworthy data. Qualitative researchers want to secure rich descriptions they capture the individual's point of view (Denzin & Lincoln, 2000).

According to Arminio and Hultgren (2002), "Meaning is more than what is observable in the world to measured and counted" (p. 450). Goodness criteria consist of "meaning making of a phenomenon for the purpose of practical action" (p. 450). "Phenomenologists are interested in showing how complex meanings are built out of simple units of direct experience. This form of inquiry is an attempt to deal with inner experiences unprobed by everyday life" (Merriam, 2002, p. 7). The phenomenological approach provides insight into the participants' experiences through their own words, allowing the researcher to understand the meanings that manifest for each participant and why they have persisted for each individual. My

challenge as the researcher was to "bracket" my personal experiences, beliefs and attitudes as a result of my experiences as a past RN to BSN nurse and allow unrestrained undirected free communication from the participants to accurately communicate and interpret their personal experiences.

According to Crotty (2003), "phenomenology requires us to place our usual understandings in abeyance and have a fresh look at things has been driven home to us by phenomenologist after phenomenologist" (p. 80). Phenomenology is seeing what is before us and to question the way we see the world and our culture (Crotty). The culture of nursing has many faucets and influences those in the profession. This study attempted to take a fresh look at the phenomenon of RN to BSN transformation and expose the participants constructed meaning.

"This is most typically accomplished through in-depth conversations with a few participants. Numbers of participants tend to be small to allow for relationship building and in-depth immersion in a particular area of interest" (Arminio, Jones, & Torres, 2006, p. 49). It is the researcher's goal to facilitate free respond and in-depth thick and rich descriptions. The data obtained through individual interviews and personal observation were transcribed and analyzed to develop themes or common patterns that formed threads though the data regarding the educational development needs of participants.

Research Design

Site

The purpose of this phenomenological study was to understand and explore the transformation of excising RNs to BSN level education. The sites for the study were two hospitals in the Midwest. These hospitals are sites that had participants who met the researcher's criteria.

Participants

The experiences of participants who were practicing RNs who returned to academia to attain a BSN and were working in the hospital setting provided the data in this study. The data were collected as a result of individual interviews. Polkinghorne (1989) suggested including a range of 5-25 participants who have experience the phenomenon. According to Merriam (2002), "all qualitative research is interested in how meaning is constructed, how people make sense of their lives and their worlds" (p. 39).

During this study, the researcher allowed each participant to communicate her individual educational. According to Merriam (2002), qualitative research, specifically basic interpretive qualitative research, is driven to understanding the "meaning a phenomenon has for those involved" (p. 37). The goal of this study was to uncover the meaning nurses' place on their transformation from RN to BSN status. The researcher is the "instrument of the research" (Merriam, 2002) and seeks to understand the phenomenon of the nurse's perspectives of their professional educational development. The qualitative approach was appropriate in this study

because there is a lack of understanding and knowledge as to why the nurses return to attain a degree and what potentially may have been an obstacle in their path. It would also be helpful to understand why these nurses are fully utilizing all the presented educational opportunities. During the interviews participants were encouraged to self-reflect on their views and experiences, expressing their personal perceptions. This process-produced data were coded to make meaning of each individual's ideas regarding their educational professional development.

In order to attain rich thick and rich descriptive data, it is important for the potential participants to have finished the transformation from RN to BSN educational advancement. This is critical because ongoing students may not finish the process. The completion of the process also enables the participants to have time to reflect more objectively on their experiences and perceptions.

Data collection

Data in this study were collected using interviews, observations, and empirical data provided by the participants. These methods align with accepted qualitative method of data collection (Creswell, 2003).

Interviews

The interviewing method of data collection is the method best suited to this qualitative study. Interviewing can provide a great breath of data (Fontana & Prokos, 2007). A good interviewer (researcher) is a great listener and an infrequent speaker during the interview process (Creswell, 2003). Listing to the nurse's stories and observing their demeanor and inflection is the cornerstone of trustworthy data

collection. The interviewer's skill and preparation affect the quality of the data, (Jones et al., 2006). The purpose of the interview is to discover what the participant is thinking and to uncover their perspective (Patton, 1990). My intent is to understand the nurse's perspectives and experiences and their meaning to the participants.

In order to achieve goodness and meet the necessary criteria while conducting research, researchers "must not portray themselves as the experts of others' experiences" (Arminio & Hultgren, 2002, p. 455). Merriam (2002) further related that the goodness of a study is determined if the study is "conducted in a rigorous, systemic, and ethical manner, such that the results can be trusted" (p. 24). In order to achieve goodness and trustworthiness, research strategies will be implemented to ensure reliability and consistency in the collected data.

Semi structured interviews

There are different types of interviews, including: unstructured, semi structured, and structured, (Merriam, 2002). When deciding what type of format to use, the researchers should consider what level will glean the best data for their particular study. The use of the semi-structured format is utilized here because the discussion is guided but not restrained (Merriam, 2002). My goal was to allow participants to introduce points that they think are important and appropriate. "Flexibility, situational sensitively, and open-ended responses are the features defining this interview" (Patton, 1990, pp. 283-284). The semi-structured approach provides a framework but does not limit the interview structure. The researcher

provides the bones of the interview and the participant provides the meat (or their perspective) on the bones.

According to Seidman (2006), successful dissertation studies using the phenomenological interviewing approach should include three separate interviews with each participant. The first interview is focused on the participant's life history, the second on the reconstruction of the details of their experience with in that context, and the third on the participant's personal reflection on the meaning of their experience (Seidman, 2006). This enables the interviewer to adequately explore the more complex issues of the study by "examining the concrete experience of people in that area and the meaning their experience has for them" (Seidman, 2006, p 16).

Based on this premise, three interviews were conducted with each participant. Initially, the participants provided information on their personal and professional backgrounds. The second interview focused on the details of the lived experiences of the participant. In the last interview the participant was asked to reflect on the meaning of their experience and how they constructed meaning from factors in their lives. Seidman (2006) stated, "even though it is in the third interview that we focus on the participant's understanding of their experience, through all three interviews participants are making meaning" (p. 19). This provides a foundation of details that brings light to meaning (Seidman).

<center>**Data Analysis**</center>

Data analysis is concurrent with data collection. Recorded responses as well as personal observation provide data. During the process of the interview the

researcher made field notes to further provide meaning. Wolcott, "Some observations will make it into the written jottings, whether simple or elaborate, and those jottings will prove invaluable" (p. 93). It is also helpful for the researcher to note reflections regarding their mood, personal reactions, or just thoughts that manifested during data collection (Wolcott, 2005). The researcher took extensive notes during the interviews, which included nonverbal communication and verbal expression that may not be apparent on the transcribed documents.

Triangulation

To assure validity, Denzin (1970, as cited in Merriam, 2002) identified the types of triangulation that may be employed in a qualitative study: "multiple investigators, multiple theories, multiple sources of data, or multiple methods to confirm emerging findings" (p. 25). Methods applied in this study were: interviews, member checking, and observations.

Implications

This study could be used by nursing educators and healthcare facilities to facilitate the expansion of the pool of degree of prepared nurses. Thus, it will help to improve health care and defray the projected nursing shortage. The life experiences and perceptions of the participants may be instrumental in the development of RN to BSN programs that are user friendly to nurses as well as attack any issues or obesities that deter or derail nurses from continuing their education. The stories told by nurses who have attained their BSN may encourage nurses who are considering a return to academics. Nurses who have achieved success can validate others who

may be deterred. RNs who are considering RN to BSN programs may benefit from

the changes in the educational process key health care stakeholder may implement

to shape nursing education in the future.

CHAPTER 4. RESULTS

The purpose of this qualitative study was to gain an understanding of the personal, social, academic, and professional experiences of ADN (Associate Degree) or Diploma RNs who complete the educational transformation to BSN (Bachelors of Nursing) status and how their experiences may impact nursing education and health care development. Bronfenbrenner's Theory of Human Development is the theoretical framework that guided this study and provided support regarding the impact of environmental influence on the development of nurses within their profession.

The research questions that framed this study were:

1. How do nurses who are educated initially in an ADN or diploma nursing program preparation who return to attain a BSN degree construct meaning from their academic and social experiences in terms of their nursing educational experience.

2. What role does the nurse's experience in the transformation to RN to BSN academic advancement play in the planning and implementing educational programs for nurses and addressing the current nursing shortage?

Data were gathered in this study through three interviews with each participant. The first interview included empirical data about each participant, the second was the recreation of the individual's story guided by open-ended questions, and the third was a member check of the meaning each individual constructed of their experience.

This chapter details the findings and introduces the participants. It also includes presentation of major themes and the supporting evidence of these themes.

Individual Participant Profiles

Ten women participated in this study. Males were not excluded from the research; however, there were no male volunteers. The researcher used a purposeful sampling method by contacting two similarly sized Midwest hospitals whose leadership agreed to give access to their staff of qualified nurses. The criteria for participants included volunteering to be a part of the study, they were RNs who attained their initial nursing education in a diploma or associate degree preparation, and they had completed their BSN degree. The group was comprised of various ages ranging from 30 to 66 years of age. Their years as a practicing nurse ranged from 5 years to 45 years. All participants were working in the full time in the nursing profession during the time of their degree completion. Data were gathered to address the research questions using the method of interviews and observations of the participants as well as collecting empirical personal information that was self-reported by the participants.

All participants were practicing nurses who attained their RN initially in a diploma or associate based nursing program and returned to attain a Bachelor of Science Degree in Nursing (BSN). The participants represented several different areas of nursing practice and there was a range in specialties and nursing positions. Management positions were defined as a position where the participant was in a

management position supervising other nurses or in teaching position in a secondary institution.

Table 1 provides a summary of the self-reported data provided by the participants. These data include employment status, length of time in nursing practice, time frame involved in degree completion, and type of nursing BSN program. Part-time status is described as less than 12 credits per semester. Fulltime work status is defined as 80 hours in a two-week block. Each participant was given pseudonym to protect her identity.

Table 1.   Description of the participants

Participant	Years as a nurse	Year started BSN to completion	Type of program Student status
Meg*	15	2003, completed 2006	Blended**/part-time
Sally*	45	1993, completed in 2007	Traditional/part-time
Mary*	31	1983, completed in 2006	Traditional/part-time
Ann*	36	1982, completed in 1992	Traditional/part-time
Pat*	19	2009, completed in 2011	Online/full-time
Lucy*	20	2009, completed in 2011	Online/full-time
Ellen*	5	2009, completed in 2010	Online/part-time
Linda*	32	1985, completed in 2010	Traditional/part-time
Lori*	21	2000, completed in 2005	Traditional/part-time
Carol*	24	2009, completed in 2011	Online/part-time

*Source: self-reported data provided by participant who was working fulltime during the educational process.

**Blended: typically refers to combination of online and traditional classes.

These participants were practicing in various areas of nursing. They were all working fulltime in the profession at various levels of employment status. Management was defined as overseeing other nurses or teaching. One of the participants was managing non-nursing staff so she was not counted in management. She was included in the group of five of the participants who were not working in a management position during their educational process. These participants were staff nurses while working on their BSN and staff nursing is not considered a formal leadership position.

Meg

Meg is a 57 year-old nurse who serves in a leadership position in a Midwestern hospital. She is an ADN prepared nurse who has practiced as a nurse for 15 years. She practiced as a nurse for 13 years before she attended a blended BSN nursing program. This nurse worked fulltime during the pursuit of her education. Meg wanted to be a teacher originally but ended up working in health care as a non-licensed personnel member. She is married with 5 children.

> *I started out working out of high school thinking that I wanted to be a teacher. I worked in a big insurance company for a while just to make money to try to be able to go to college. I got married and had a child. I quit that job thinking that I would be a stay-at-home Mom. Well, you know how finances are. I needed to go back to work, and I got a job that I thought was going to be a clerical job in the local hospital at the desk of the emergency room department. What it turned into was an ER technician, so I got to learn about all kind of emergencies and how to take care of them to be a technician.*

Later, when a large group of scrub technicians walked out on the job in protest, she was pushed in to a job as a surgical technician. Meg saw the need for nurses and

this situation resulted in Meg initially attending and completing an ADN nursing

program at age 40. The term PRN means whenever needed in medical jargon.

> *So, I started working as a surgical tech and I did that for probably 12-13 years, just working in the OR and loving it. Looking at the differences of what I did for my job and what the nurses did, I thought, "You know, there is something more that I need. I'm going to start taking some classes just to see if I can do it." I was 40 years old and didn't know if I could go back to school. I had 5 children at home....I don't know. So for the first year I took 2 classes each semester. I loved it and was doing really, really well so I just decided to pursue...I went PRN at my job and went to school full time for nursing and I've never looked back. It's just been the best thing that I've ever done in my life besides getting married and having my kids.*

Meg initially went to an ADN Nursing program out of convenience. She

attended a local community college because it was close by and she was unaware

of other choices:

> *You know, I think at the time...because when I first started I wasn't really sure that that was what I really wanted to do, there was a local community college. I really didn't do my research into nursing programs very well...what would be best, you know? If I could do anything over again, I wish that when I entered my nursing school I would have gone right into a 4-year program. But I did not so I did m y 2-year degree and then I worked for about 10-12 years before I started my BSN program.*

Meg worked for a while as an instructor in the surgical technician program at a local

community college and eventually decided to pursue her BSN degree in nursing.

She was employed as an instructor while she was working toward her degree. This

was considered a management position in this study. She indicated the reason she

went on to compete her BSN was she had a gut feeling that she needed more

education to complete her professional goals:

I did not think that I had reached the place I wanted to be in my education as far as nursing. I knew there was a lot more that I needed to learn to be a better nurse.

When describing why she felt she needed more, Meg stated the examples of other nurses influence in her decision to return and attain a BSN:

I worked with some wonderful nurse educators and I believe they had....just the way they dealt with people, the way they took care of their patients...I could see the difference between what I was used to doing and what I was used to seeing. Also, working in different ORs, I could tell that the nurses with the BSN degrees were just better critical thinkers. If you really needed somebody to help you in a pinch, you could always go to the BSN nurses and they would know how to help you and they would just figure it out right away.

She felt supported by her family and stated this personal support was very important to her success in the nursing program she chose:

My family was a huge support. I'm not sure I would have made it through in the time that I made it through if it hadn't been for my family's support and encouragement.

Meg described her experience of BSN education as fulfilling. She liked attending core non-nursing classes, and found these classes expanded her knowledge base and enabled her to understand the experiences of others enhancing her personal nursing experience:

It was OK. I thought it was going to be a bigger challenge than it was, but because I enjoyed every class I took. Even when I had to take an art class and a history class, I loved it. I never realized how taking those types of classes would enhance my nursing career...just by broadening my mind and helping me see what the whole world is all about and what people experience.

Meg chose a blended nursing program that used some online and some traditional classes. She chose this type of program because she started slowly and progressed as she was able since she was working full time while taking classes. Meg especially

enjoyed the class on theory and stated her paper on why she was advancing her

education had an impact on her experience.

> *We had to write a paper...it was probably in the first 3-4 weeks. We had to write a paper on Why Am I Here? As I was writing that paper, I really had to stop and think, "Why AM I here?" I think that writing that paper made me fall in love with nursing all over again, and the dedication that I wanted to give to it.*

Meg viewed her professional life as an important part her identity and a reflection on

what she believes. She is committed to nursing and feels nurses should be

recognized their practice and contribution to healthcare.

> *I'm very, very committed to my professional life. I think nursing is probably one of the most noble professions there is. I think that we have a come a long, long way in getting ourselves to the place we need to be to be really recognized.*

Meg experienced positive support from other nurse during the process

of her educational experience. She was in an educational position

during her BSN course work.

> *I had a lot of support from the nursing faculty at the college I worked at. They were wonderful support; I knew that if there was something that I didn't understand or [if I] just needed more explanation, I could go to any one of them and they would help me.*

Sally

Sally is a 66 year-old nurse who has been a nurse for 45 years and worked

fulltime in a management position during her BSN education. She graduated from a

hospital-based diploma nursing program in 1963, and has practiced in many nursing

venues. She is a diploma-prepared nursing student who returned to attain her BSN

after 27 years of nursing practice. She took 14 years to complete her BSN education

degree. She has a family with 2 children. She described her personal experiences

during her educational journey:

> *It was one of my life goals, and I wanted to do it when I would have time to enjoy taking the classes. I did enjoy taking classes and I thought I would do it right after they got out of high school but I ended up doing it when they got out of college. So that would have been 20 years ago and I've been a nurse since 1966. Because my kids were both in college and to support college fees, I not only worked full time here but [I also worked] in home health before and after work and on the weekends.*

She articulated her reasons for pursuing her BSN:

> *Because I had always wanted to get my BSN. For some reason...there was no financial reward here [at her current hospital of employment] to get a BSN but it was just something that I...it was one of my life goals. Also, because we did receive tuition reimbursement here for some time until they had to knock it down a term, it was a benefit that I felt that I should take advantage of.*

Sally described her initial nursing career choice as one of default, because there

were not many choices for women in her generation:

> *When I graduated from high school there were not many career choices for girls. You were either a nurse or a teacher and I chose nursing because it was more affordable.*

When her children left home, she decided to advance her nursing education and

return to a BSN nursing program. She described it as life goal.

> *My children were through college. It was one of my life goals, and I wanted to do it when I would have time to enjoy taking the classes. I did enjoy taking classes and I thought I would do it right after they got out of high school but I ended up doing it when they got out of college. So that would have been 20 years ago and I've been a nurse since 1966. Because my kids were both in college and to support college fees, I not only worked full time [at a hospital] here, but [I also worked] in home health before and after work and on the weekends.*

Sally decided to return to advance to a BSN level because of a long felt

personal goal rather than potential financial reward. Sally expressed that, even

though she would not receive a pay raise as a result of her education, she felt it was

important because of her personal goal. The institution in which she worked did give

some tuition reimbursement, but it was not the deciding factor of her return to

advance her degree. The tuition reimbursement was something she wanted to take

advantage of and it was helpful in the process. Sally chose her nursing program

based on the flexibility of attending class. The program she chose allowed some

flexibility of classes and had some outreach locations that were available:

> *It was not only [University]. It was mostly on campus. Because*
> *[University] had dropped the nursing program...first of all, it started as a*
> *[University] outreach here in [City]. [The University] had this nursing*
> *outreach; we had classes in many different places...[City]...there was a*
> *computer class that I took at [University] outreach. I think a [University]*
> *professor taught our statistics [class], so it was very varied. And one of*
> *the classes was even at [Hospital]...or was it [Hospital]...yes, the*
> *School of Nursing building. I have a certain percentage at [University]. I*
> *also took classes at [BSN Program].*

The method of teaching was important to Sally. She wanted to have the face to face

classroom experience:

> *Yes, I loved the classroom experience, and that was important to me. I*
> *was definitely enjoying the classes and definitely thinking that I should*
> *take advantage of the tuition reimbursement....and just enjoying the*
> *classes and wanting to get my BSN. It was on my "bucket list."*

Despite unforeseen health obstacles within her family, Sally continued her programs

and finished in the time allotted by the nursing school. During the process of her

education, her husband had a serious medical condition that affected his

dependence on her:

Whenever I was taking a class, I was completely involved in the class. My husband took a picture of the back of my head one day because he said, "This is all that I see of you anymore...your head bent over those books over the kitchen table."   So I was very involved in the class and it was very rewarding. I very much enjoyed the interaction in the classroom experience and interacting with others; it was stimulating.

Sally described her family support and the support of other nurses was critical components of the process. While she did feel positive support from most nurses, she did sense some negativity from other nurses. It was very subtle and it did not stop her from her educational track:

Emotional support...my husband was supportive…sometimes I think that he was a little jealous of the time that it was taking...but he supported my doing it if I wanted to do it. After [new nursing director] got here, I felt very supported because it was like, "This is what you are supposed to be doing." Previous to that, I felt there was some nonsupport from the previous Director of Nursing because of the time it was taking. I would go to class at 2:00 or 3:00 in the afternoon, so I would leave here about 2:00 but that was only 1-2 days a week. But, I have felt supported ever since and am very glad that I persisted.

My peers are really....I can't say....there really wasn't a difference that I was getting my BSN. They didn't criticize me for it; they didn't say, "That's a great thing that you are getting your BSN." Now, we support....we have several nurses going from RN to BSN and we do a lot of support of those nurses. I have helped tutor some of those.

Sally's experience included role modeling for her children, which was very important to her. She felt during the process, that role modeling for her children was an important part of her experience. She gave this example of how she influenced her son:

My son was selected as one of the under 40 businessmen in Des Moines. They have to give a speech and one of the things they have to give is: Who Is Your Role Model? He listed me as his role model because of my life-long learning. So, my son regards me as a role model for life-long learning.

Sally viewed her professional life changes as:

> *I don't think I would have received the education position if I hadn't
> been almost done with my BSN and I think it also made me a better
> teacher, which also enhances your professional status or credibility.*

Mary

Mary is a 53 year-old married nurse who worked fulltime in a non-

management position during her BSN education. She is married with three children.

Mary wanted to go into social work initially but after working in a nursing home for a

summer decided to change her focus to nursing and begin a diploma nursing

program in a hospital based program. She also was encouraged by her mother

because no one in her family had received an advanced education:

> *I became a nurse because my Mother talked me into it. When I was in
> college back in 1976, it was pride for me because neither one of my
> parents graduated from college. My Mom had some college and my
> Dad had some college also but neither graduated. So for us to go to
> college...they were very proud to send us and they felt like that was
> their life-long legacy as a gift to us children...that we would always
> have our education, no matter what happened to us in life, we would
> have that to fall back on.*

After working a summer in a nursing home she realized she should be a

nurse. The reasons she chose a diploma program initially were the convenience of

transferring to nursing at the college she was attending. A bachelor's degree was

important to her, and she continued to take other core classes in her undergraduate

experience:

> *I fell in love with my patients that summer; I just adored them and I
> cried when they died. I raced home every break I had from college to
> find out how they were doing. I just felt intertwined in their lives, and I
> always wish that I had written a book about them because they were*

just wonderful people. That started me in my love of nursing. So that is how my Mom got me to sign up for nursing. She got me into those experiences; she helped introduce me to the field of nursing, and I decided, "OK, this is something that I have to do. I'm not going to get a college degree but I'm just going to settle for my Diploma program."

When Mary decided to return to attain a BSN, she stated that this was always her dream and personal goal. She felt there was more for her to learn in order to be a better nurse:

It was always on my "to do" list. I started out when I was trying to get pregnant, back in the early '80s...a diversion for that issue. There always seemed to be something that came in the way...I was building a house or I was busy with kids, but it was always in the back of my mind that it was something that I needed to finish. I always remember a girlfriend who said to me, "What you are a nurse? You've never graduated from college? How can that be?" I knew that she looked at me as a respected professional but somehow thought differently of me thinking that I actually hadn't graduated from college. I knew in my heart that I felt the same way too. I felt like there was something lacking; there was a piece missing.

She also felt encouragement from the leadership in her hospital of employment and this helped push her to continue her nursing education.

I felt like she [nursing director] expected more of me which prodded me along to say, "OK, now is the time. I'm going to do it." So in hindsight, I look back and say, "It's a good thing she did," because I needed somebody to say," Go". This is what you wanted and dreamt of. Do it no matter if it doesn't make sense. No matter if you are not going to get a pay raise. No matter if you are not going to get a smooth position. Just do it for yourself. Do it for you," because I've always wanted to. I'm very glad that I did.

Mary chose to attend traditional classes because she was afraid she would not have the educational support she needed to do well in her classes without face-to-face contact. Personal contact was important to her, and she wanted to have

direct access with her instructors. Mary also placed an emphasis on the ability to
schedule these classes around her work schedule:

> *The class that probably scared me the most was stats because I hadn't
> had a math class since 1976. I took an entry level math class and that
> was my last class. I knew from looking from my kids' homework that
> [math] had progressed greatly. So, I was very afraid of how I was going
> to do. I knew I couldn't do a class like that online. I needed a
> classroom; I needed a teacher; I needed a way that I felt comfortable
> asking for help. So that is what motivated me to stick with the
> traditional classroom setting. I wanted to be in a classroom and I
> wanted to have a professor I could ask questions of....And maybe my
> computer skills weren't what they are today.*
>
> *I was only a full time student one semester. I did that because I was
> trying to go to cross country meets and volleyball games at the same
> time. Those were important things that I wouldn't get back.*

When Mary started taking classes, she took things slowly taking classes part-
time. When her oldest child went to college, Mary feared her child would graduate
with their degree before she did, so she became very motivated and increased the
number of classes she took. She also wanted to be an example to her children and
believed finishing her degree was role modeling positively for her children:

> *Then I started thinking....my oldest one was heading for college and I
> thought, "Oh my gosh, she's going to graduate before me. I can't have
> that '[laughter]' I thought, too. OK, this shows that I can be an example
> to my kids, showing them what a dedicated student does and the
> ethics of what a college student does."*
>
> *In about 2003, I believe, I went back and said, "I'm finishing. I'm going
> to get this done. I'm done chipping away.*

Mary talked about the effect family support had on her experience and how
she thought she was role modeling for her children in the process of advancing her
education.

My husband was very supportive, so that was not really a problem. My kids...I think they benefited from seeing their mother study, and I studied a lot. I think adult learners try harder or something. Do you know what I mean? Like, was it OK to get that A- or a B? You wanted that A. That's what I found out about myself; that I was a high achiever. Whereas in high school, I might have been satisfied with something less.

When Mary discussed the response from other nurses, she felt some negative

response from her peer group:

I think they were confused. They would say things to me like, "Are you getting more money? Why are you doing this?" I guess they didn't understand it. I tried to come back from class...we always had class on Tuesday's...so I tried to come to work on Wednesday and I would talk to them about something we discussed in class. I remember an assignment we had where we had to have a journal club [laughter]. I let them all know in advance; I invited them to the journal club; I sent the article out and then no one came.

Mary also experienced support from other nurses but she still felt an uneasiness

regarding her nursing peer's reaction to her educational progress:

They were pretty supportive of helping me get it...I had a 4:30 class in (college) and I wouldn't get out of work until 3:30. So it would be really tight for me...they were all pretty supportive of helping me get out of work on time so I could get to class. I was kind of torn between talking about it and not talking about it because I felt like I was creating a threat for the Diploma and ADN nurses that I relied on for many years. Many were my seniors so I respected them a lot...and seeing the new nurses come in with their Bachelor's degrees, I would say. I felt like I was in the middle of that...that I didn't fit in there either way. I didn't really fit in with the new BSN grads and I didn't fit in with the Diploma grads anymore.

When asked if she still experienced this attitude, Mary said she thought there

were changes in her institution since she returned to school and she knew of other

nurses that have returned to advance their education. She tried to encourage these

people buy supporting them:

I think there are a lot of nurses who have gone back. I'm not going to say that it is all because of me that they went back, but I think that I was an example and I think that there were many nurses who have gone back since. I always try to encourage them along or do what I can do to help them or ask them about school because that was always good when somebody asked me about school.

I find nursing is a great avenue for the things that I care about in life. Nursing to me is a calling and not really just a job. It gives me an avenue to be able to care for the community that I live in and work in. I love those opportunities. It's given me the opportunity to work in missions; it's given me an opportunity to volunteer with the ambulance. It's given me lots of avenues that I can explore. I can be a teacher in a role at the hospital; I can be a bedside nurse in a role at the hospital; I can do many things with my profession.

Ann

Ann is a 56 year-old nurse who worked fulltime in a management position during her BSN education. She is married and has 3 children. She has been a nurse for 36 years. She chose nursing as a career because she felt the choices for girls were limited to teaching or nursing when she graduated in 1976:

Back in 1970 when I was entering in high school everybody in my era was either a teacher or a nurse. That was all anybody did, and I had some friends of mine in high school who had sisters who had gone into nursing. I didn't think that I was cut out to be a teacher, so I took the nursing path. I was totally unaware how many doors in my entire life that that would open. Truly, that is why I went into nursing...everybody was either a teacher or a nurse.

You are just graduating from school and you hated all of your teachers [laughter]. And I didn't know where you would go to get a teaching degree because I lived in a little remote town in southwest [state] and my friend's sister had gone to [nearby city] to get this nursing degree. So, I thought, "That's good. I like [nearby city]. It's close to my home. I think I'll go be a nurse."

She initially was educated in a diploma hospital-based program:

I went to a Diploma program because then most every program in the area was Diploma. We had no ADNs. That was in the early '70s; we didn't have any ADNs

Ann described her initial reason for continuing her education was because

she was in a management position and her director of nursing insisted that she have

a BSN:

Because [director of nursing] forced me [laughter]. That is the only reason I did it, because she told me I had to as well as everybody else she told. "You are going to do it because it is the right thing and you are lacking critical thinking and all of those other things that are lacking in the Diploma program. You are going to start taking a class." As you probably read, it took me forever to get my BSN because all I could gut out was 1 class a semester and it takes a long time. But, to be quite honest, I wasn't real cracked up about all of this because I thought I was pretty good at what I had. I thought I was a great nurse.

Ann went on to say that she did realize that there was value to advancing to a

degree but she had family commitments that made it a hardship:

Oh, I could realize that I should be there, but I was a Mom with 3 little kids. I went to class every single day, sitting on a rubber sheet because they thought I would break my water in class...I went and had a C-Section...missed 1 class and was back on the chair the next week. They all were going, "Wow." That is hard work—you know. That is hard work, and I had 3 kids that way and I worked full time and I had a husband who had a worse job than I did. And I had to switch babysitters...I had to get off work, run down and get a 2nd babysitter, take her home and explain about the supper and then went off to class every single time I went to class. It was just unbelievable. I don't know how I ever did it, and then I had little babies who couldn't even bathe. At 10:00 at night I was starting to study...cripe...because I had to get up the next day and come to work. I thought, "I don't think that I can do this."

She described the process of going to class as dreadful, but worthwhile:

Dreadful. Dreadful. I learned an awfully lot and I knew that I had to do it, but there were not enough hours in the day to work full time and have a husband who works for UPS and can't get his butt home at

night and have 3 kids...that nobody can take a bath or eat [without help].

There just were not enough hours in the day to work a full time job, take care of your family, and study like you needed to.

Professionally, it was all good.

Ann chose a program that gave her the most credit for her diploma education.

She went she ever she could start with the most credit for her diploma education.

The cost of the credits or the curriculum was not as important as how many credits

would be counted and transferred toward a degree:

> *I went to every school in the area, which was [nursing school] ...[different nursing school] did not have a BSN completion program at that time....only two colleges [state college and state college] had nursing programs. Everybody evaluated my transcripts, and truly I chose the place that accepted the most of my Diploma credits and gave me the best "bang for my bucks." That is how I chose it.*

When she started her program, she did not even own a computer. All her classes

were traditional and she had to use her vacation time to go to class or go in the

evenings. She also utilized Community Colleges to fill in her core courses. It was

less expensive and more flexible. Ann chose courses and locations that fit her family

schedule:

> *Yes and 250 hours of PTO time...to be out of my day job....to go down there....to do clinicals and take class. Nowadays, that is unheard of. I had to use that much of my own vacation time...that was just in the last clinical days. Otherwise all of the support classes were all in the evening. I could go to [college]. The other thing was...when I started to have my transcripts evaluated...I had no college credits so I could use 64 of those credits at a Junior College. So I could take Business and English Comp and History and Religion and all of that stuff at [college]. The dollars were saved and it was all in the evening. I could take a 6-9 evening class and get 3 credits out of the way. And I started just doing that.*

Wherever the schedule fit my family life, I went. I drove to (town) to be in [college]. I drove to [community college]. I drove to [nursing school]. I drove to [community college different from the first mentioned] or wherever. I took classes in the evening at [state college]. I paid more money entering all of these colleges to get admission because it worked into my home life.

Ann was in a management position when she returned to advance her degree

and she felt positive responses and support from other RNs:

Oh, they were all proud of me. Everybody is proud of anybody who goes back to school to get a BSN. The people I worked with every day saw what...I wasn't the only one who did this, you know. You know, (director of nursing) made us [do this] so there were a whole lot of us and a whole lot of different areas getting classes and going to school because she valued education so much and she valued us and she knew that we were lacking and we had more potential than those Diploma credits. And she knew because she was so outstanding that it was going to take a lot more to take care of patients down the road because of everybody getting sicker and everything else that goes on with people's bodies now days...that we were lacking and had to have more education.

She completed her BSN because it was a requirement of her nursing management

position. It was not her choice originally and she did not start the process voluntarily.

When asked to compare her attitude toward BSN education before she started and

to her completion she said there was a change. Ann felt she started her program

with a negative feeling because she was required to go but left the experience with a

different and positive attitude of the value of a BSN education. The director of

nursing had brought this to her attention:

Yes and she would say that to us today. "You were all as good as you are because I made you, and boy did you hate me for it!" And, yes, we did. We talk about it all of the time, the Age of (the director of nursing). "Think of what you are learning and what you are developing into. You people are going to be outstanding," which we are.

Ann described support from her family and other nurses. This was also an important networking experience she also did have financial support from the institutions where she was working.

> *I had no reason to complain. Financially they helped; everybody was supportive; this place [current work place] values education; I met wonderful people, absolutely wonderful people in class and it was so fun to hear other people's stories from their hospitals. When we went to [university] on site the nurses came from all corners of the state. Some of these people drove from [city] to class, and I'm bitching because I came 45 minutes down the road? "And you drove 3 hours?" I met wonderful people, absolutely wonderful.*

She said her potential for better positions were evident from the completion of the BSN program.

> *And I wouldn't be making money. We [her institution of employment] don't differentiate for a BSN so I can't say that I've done any better on the money because we don't differentiate. The opportunities that I have been granted and the positions I've been given have been a higher pay grade.*

Pat

Pat is a 57 year-old nurse who has practiced for 19 years. She has been a staff nurse in a specialty practice and had a supervisory position over an ancillary staff of non- nurses during her BSN education. This is considered a non-management position in this study. She is unmarried and has 2 children. Pat explained she became a nurse initially because her mother was a nurse and her sister was a surgical technician:

> *I became a nurse, I believe...my mother was a nurse, my sister was a surgical tech...growing up I listened to them talk, my mother being a nurse and my sister being in surgery. I found their conversations drawing me. Also, I've always been a caring person. I always watched over and protected my sister who is a year younger. I think I was*

destined to be a nurse. It was just something that I wanted to be and I knew that I wanted to work in surgery.

Pat's reason for initially going to an ADN was because of her personal

circumstances.

The reason I chose an Associate degree was because I was married with 3 children. There was a community college right in my community. It was affordable for us at that time because I was going to have to cut down from full time to part time work in order to go to school. Going through a 2-year program was more affordable for our family. My husband was agreeable to it...then trying to attend a 4-year university and at that time, there were no online choices. It was traditional classes.

Pat also stated, even though she started with a non-degree nursing program, she

had the personal goal of completing a four year degree because of her desire to

eventually teach nursing:

Actually, when I finished my Associate degree in nursing I knew then that I wanted to go on and get a 4-year degree because I thought that at some point I wanted to teach. I knew that in order to teach at a community college level, you have to have your Master's to teach full time. I also knew that if you want to teach a clinical, you had to have a BSN.

I had planned on starting it within 5 years. Well, I didn't do that.

Pat's original nursing program was traditional but the program she chose for

BSN was online. This enabled her to be a full time student while working full time.

She is now a single person could not take time away from work to attend classes .

The online program fit her scheduling needs:

I had one class through a community college that was online that helped me to see that I could.....I was a traditional classroom student. Online was very new to me because I'm not real technical. So, that helped me see and gave me the confidence that I could take classes online and be successful at it.

Pat expressed the financial support of tuition assistance provided by the institution was helpful. She described her treatment of other nurses as mostly positive. She felt her peers did not necessary behave negatively on the surface but there was a lack of interest in advancing education.

> *Well, the hospital has tuition reimbursement. That is one form of support. I felt that my supervisor and director were supportive of me going to school. I felt my co-workers to a certain extent were supportive.*

> *They [nursing work peers] would show no interest in conversations that we might be having, (peer who was also going in program) or I or somebody interested in going back to school. They would not have any interest in that conversation at all.*

> *I would have to say...not that they were verbal...some were very supportive...others you could tell were not supportive. I don't know if it was jealousy...that they thought that I was getting my BSN to be a smarty pants or to hold it over them. But they didn't really verbally say it; it's just a feeling that you have.*

Pat was not deterred by other nurse's actions. Any negativity was an undercurrent and did not stop her from pursuing her goal:

> *For me it has been favorable. I've not had anybody make any comments to me about getting my BSN. I don't know if they have said anything behind my back [laughter]. Nobody has come up to me and made a rude remark like, "Well, you think that you are so smart since you've gotten your Bachelor's degree."*

She named another coworker who was in the same nursing program as strong support during the process. She described this support as critical and an important factor in her success:

> *It was a good experience. As I was going through it, I had some self-doubt. I'm thankful that I had a co-worker who was my classmate because we were a good support system for each other. I think I would have felt a little differently if I had not had a support person and a co-worker with me.*

On a personal level it gave me confidence. I guess that I am smarter than I thought I was. I guess that 20 years ago I would have said, "Oh, no. I can't go through 4 years of college. I don't think that I have the intellect or the ability," but I do. I do.

The sense of accomplishment was important to Pat, and she felt it was

important to be a good role model for her family:

Again, it gave me more confidence. Not that I would ever brag; I'm not one that would brag. I am very proud that I accomplished this goal even though I was 56 when I completed it. I wish that I had done it 10 years ago.

I would say it was positive. I think it is very positive for my grandchildren seeing their grandmother pursuing an education. Yes, not only for my grandchildren but for my daughters as well. That it's never too late to go back and get more education.

Pat noted that the challenge of balancing work and school were present but she did

receive support from her family.

Balancing work, my family even though they were all adults, grown and grandchildren...yes, balancing my home life and then school. My family made a lot of sacrifices and I guess I made sacrifices too to get my education.

She stated that, during the process of her education, she came to make meaning of

what critical thinking skills she gained as a result of her online classes. She also

changed her idea of what it meant to be a professional nurse:

On a professional level, yes. The Bachelor's program gave me an insight to things that I didn't understand in the ADN program. I understand the purpose of evidence-based practice now. I understand more about management. I just opened my eyes. I feel like my knowledge is a lot broader now than when I came out as an ADN. As an ADN I came out with skills.

I do think that, yes, the BSN does help with critical thinking skills. For me, having been an ADN and graduated in '92 and starting back for my BSN in 2009, I developed a lot of my critical thinking skills in my work. I

think the BSN helped me understand....this is very true...I didn't get what critical thinking skills were. When we started talking about it in a class, I was like, "What? What are you talking about? I don't have critical thinking skills." It took my other classmates and talking online and discussing it...my gosh, I do.

Lucy

Lucy is a 43 year-old married mother of two who has practiced as a nurse for 20 years. She was initially working fulltime in a non-management position. Lucy graduated from high school and started working in a nursing home in the housekeeping department when she observed there was always a shortage of nursing assistants. This prompted her to enroll in a nursing assistant training program. The nurses with whom she worked in the home initially inspired her to go to nursing school:

When I graduated from high school, I came to [Midwest state] to live by myself and I started working in a nursing home as a housekeeper. I saw the need that they were always short of nurse assistants so at that time I decided to enroll in the Nursing Assistant program. I liked doing the nursing aid care and looked up to a lot of the nurses that worked in the nursing home. They inspired me to go to school.

When Lucy decided to go to nursing school, she only knew about ADN programs and did not realize nursing degree programs existed. She selected a school that was in close proximity to her home:

Well, I really didn't know any differently, I guess. I lived in a town where there were...to be honest, I didn't even know at the time I was choosing that that there were different ones.

Her decision to advance to a BSN came about as a personal goal. She soon realized as she was working as a nurse that, if she wanted to advance in her career as nurse, she would need a minimum of a BSN. It was not a job requirement in her

position as staff nurse, but she had thought about returning to academics for some

time:

> *I could see....well, I wanted to advance in my roles. I see myself as a leader and to get anywhere, I knew I had to do more schooling. The future I think...to have a Bachelor's will be required. I thought about it for several years but I just never went to it [laugher].*

> *Well, any advanced position requires a BSN and I wanted to go for probably....I thought about it for about 5-7 years [laughter]. I always went to the fairs and talked to them but never got enrolled.*

Lucy decided to enroll in an online program because it fit with her family life.

She wanted the convenience and stated that convenience was the most important

criteria. She enrolled fulltime in an online program:

> *It was difficult with...I had family issues that came up while I was doing it...raising my family....I think the online was a good choice because you got to work at sort of your own pace and do your work when you had time to do it and go to class when you had time to go to class.*

> *I could schedule my classes around my family, and then you also had....[with] the online program I went to you could also take a break when you needed to take a break.*

She thought her greatest challenges aside from family life were writing papers and

getting an academic mindset:

> *My biggest challenge at first, and I got over it and I got pretty good at it...was writing papers. I know that for some reason I forgot that I had ever written a paper before in my life. So, I did get help. When I first started the program I did have employees who were there and my neighbor helped me a lot to get through those types of struggles—writing papers, getting back into the swing of going to school.*

Lucy described the response of other nurses as a mixed bag. Some were

positive and others made comments that she construed as somewhat negative:

You get some responses like, "Oh, you have your Bachelor's, you can..." I think some of it is negative. "You have your Bachelor's, you should know that." "Come here, BSN, you can do this" [laughter].

Like I said, "Come here BSN nurse. You can come figure this out," and I say, "You don't need your BSN to figure that out" [laughter]. That is what I'll say in response.

There are those who are happy that you did it and who encourage you to go on and do it.

She did her online BSN program with another nurse with whom she worked and felt

the support she gained from her colleague was very positive:

Another positive thing: I had partners that I went to classes with that was good support, yes....good support helped me get to classes, bounce ideas off of...

We gave a lot of support to each other—emotional support, we'll say, to help each other get through it. It seemed like one would be ready to give up and the other one wouldn't so we encouraged each other that way....we would go back and forth.

The only negative feeling Lucy described was the time she had to take from

her family. Lucy's family also gave her support during her schooling. She also felt

she provided positive role modeling for her children:

I would say my family had to give up some time that I spent with them and had to chip in and do more around the house. You know, I did let things go at home to get this finished...as far as keeping things up, cleaned....they did it sometimes.

It was just more inconvenience....I don't think it was [negative]. One positive thing is that I could be a good role model for my kids. I got good grades and seeing that I am going to sit down and do my homework. I could say, "Go do your," and they could see that I was working on homework too.

Ellen

Ellen is a 30 year-old married nurse who has two children. Ellen was working fulltime in a non-management position during her BSN education. Initially, she had no desire to be a nurse because her mother was a nurse so she went to college and achieved a degree in business. After sending out many job applications and no job she was discouraged. She accompanied her mother to the hospital to be with a friend who was having surgery during that visit, she had an epiphany. She felt like she belonged:

> *When I first graduated from high school, I didn't want to have anything to do with nursing. My Mom was a nurse and at one point she broke her hip and I didn't even want to go into the room. I didn't want to have anything to do with her. Anyway, I ended up going to business school. I had my Bachelor's degree in Business; I then finished that and was moving on to start something with that. I sent out 1,000 applications and didn't really get anything in return. I went with my Mom one day to help her with one of her friends who was having surgery. I just went to go sit with her. When I was in the hospital -- it wasn't this one, it was a different one—I just felt like I belonged. It was just this feeling that came over me that I just felt like I belonged.*

Then Ellen went to a nursing assistant program and received her Certification as a Nursing Assistant (CNA). A CNA is a non-nurse who is under the direction of the nursing staff within an institution. Ellen then worked as a CNA in a nursing home and decided to become an RN. The program she chose initially was an ADN program. She did not realize nursing school she attended had a fast track to a BSN for students who already had a bachelor's degree. She wished she would have understood how nursing programs worked before she started. She stated she would

have initially completed her BSN if she would have known more information about

the program when attending the ADN program:

> *At the time I would have done their fast track program to the BSN but I didn't know about it. Nobody informed me along the way that I could have been in the fast track and been done in the 2 years that I was there. So, I finished with my Associate's degree with the intent of going back to finish the 9 classes of the BSN that I had left.*

Ellen did not return to the nursing school where she initially obtained her RN

because she decided an online program was a better fit for her life and scheduling

needs:

> *I went through [nursing college] which is an online program. I guess they call it the parent school of [unnamed university].*
>
> *At the time I had a 2 or 3 year old so it was just easier to get things done and to get where I needed to be. Also, being online...through this particular program you don't have to do clinicals because they feel that since you work in a clinical setting then you don't have to have clinical time for your BSN. So, that was a big factor. Having to schedule the clinicals and going to them while working full time and having a child...so it all kind of worked out.*

She liked the experience of having contact with nurses from everywhere and felt it

gave her a global view of the nursing profession. She was able to do this through

online education:

> *The one thing they talked to me about was the discussion boards that would happen. People from all over the world go to this school. They had talked to me about this but it was just amazing to me. Through the school, through the classes, I was talking to people from Alaska. I was talking to people from Hawaii, Maine, England…everywhere. So I was learning what their health systems were like and that was really appealing to me, just to learn from other people.*

Ellen understood that, if she wanted to advance within her profession, she needed to advance to a BSN level of education. She had always had the intention of returning to finish however this was reinforced by the loss of a leadership position as a result of a lack of a degree:

> I had applied for the Team Leader position on medical surgical floor and in that process, I did not get it because I didn't have the Intensive Care Unit [ICU] experience....I was in the ICU class at the time...and I also did not have the BSN. I was working towards it and I had been thinking really hard about doing it, but that was kind of an eye-opener that maybe this would be beneficial for me to do.

> Actually at the time of the interview, I was in the program. I knew I wanted to go back for the BSN part of it. I knew when I finished school that I only had 9 classes left [to get the BSN], and to me that really wasn't that big a deal to get that done. It doesn't take very long to get 9 classes done. I was looking online one night; I decided to check it out and had gone over a few schools and was getting information to go.

Ellen was a part-time student and was working fulltime as well. She had two small children at the time. It was a very busy time for her but she managed to make it work with her busy schedule. She had some support at work from other nurses:

> It was really busy, having to figure out where I needed to be with my classes.... I'm a very scheduled person so I have to have everything set out for me pretty much. "You can do this at this time and that at this time. So, with a small child at home and with work, I did some of my work here at work, some of my schoolwork as time allowed. Most of the time it was on the weekends but I could gain access here at work and everybody was pretty supportive about it.

She stated she had a supportive family, and her husband pitched in to help with her home responsibilities:

> At times I had to take a test so then my husband had to keep my son quiet because he would come right up and say, "Mommy! Mommy! Mommy!" you know. That was the biggest challenge but we made it.

My husband is very, very supportive. The actual signing up for classes was kind of [done] on a whim. I knew I wanted to do it. I just kind of sat in the afternoon while my son was taking a nap and just signed up for it, so it was kind of a shock to him but like I said, he is very supportive and he helped me as much as he could. He looked at things for me, etc.

Ellen explained that most nurses were supportive during her academic

experience, but some negativity from nurses was evident:

Some of the nurses had been here for a while.....it's not just your RN because the amount of experience that you gain over the years as an RN is tremendous....but getting your BSN to some of the people who have no intention of getting a BSN...it's almost like they mock you a little bit because you are trying to gain knowledge and help yourself.

A BSN around here is called a Bull Shit Nurse by some people. That is very honest [laugher]. Most people feel that it is just theory and that it's boring and it's stupid that people do that. So, they call people that. Some people just aren't supportive; they have no intentions of doing that, of going to school for their BSN.

When I first started here, everybody was saying that [Bull Shit Nurse]. Then when I started, people kind of backed off and they didn't really say a whole lot about that to me. I don't know if it was because I was attaining it myself so they were just like, "Well....

I knew they had done it and I would tell them, "I only have 9 classes to finish mine. I'll probably be going back," and I would just make smart comments back to hopefully make it a positive thing for people. It didn't hurt me in any way but for the people who really try and really want to do....I know it would hurt them if they knew that is what [was being said].

Ellen also felt tremendous support from some nurses. She knew of other nurses who

were in the process of going back to school or had finished, so she went to them for

help and support:

A lot of people were really excited. People are pretty exciting about anything. We have food and everything for everything upstairs, so that was cool. But a lot of the newer nurses coming in already have their BSN so it was just nice to have the same knowledge that they have, I

guess, in the BSN aspect. I think everybody was pretty pleased. I don't think anyone was not happy with it.

There was another gal upstairs who was going through...she was doing her BSN through a different school so she and I would throw ideas off of each other. So, we had that support. I would have her proofread some of my stuff and she would give me ideas on how to change it or how to say it better, and I would do the same for her.

Ellen believed that her BSN has made a difference in her nursing

practice:

I really feel like there is a difference. I feel like I have a better understanding of...maybe the correct information to give to a patient instead of just going to "Google" and typing in what they want to learn about, I can go and find a credible website. I was given the tools through my BSN program to find the correct information, credible information, for that patient. I feel like my communication is better with people, both professionally and socially or that way. I feel like the BSN just set you up to...it is a lot of the theory and all of that, but I feel like they give you the tools to be a better leader.

She also felt the financial help in the form of tuition she received from her institution

of employment was important. She also received some nursing school scholarships

which helped with her finances:

I received a couple of scholarships through the hospital so that helped tremendously with the financial aid part of it.

Ellen does plan to return to an MSN program. She likes the online format because

she could fit it into her work and family schedule:

Yes, I had started my Master's degree before I stopped the program, but in the process of my last term I had another baby. So now I have 2 young ones at home and I have all of these other responses. So I stopped the Master's program and hopefully will be able to attain that at a later date.

The online only really worked well. I know that with online you can only do the executive or the education...because I had thought about the nurse practitioner as well. But at this point in my life, I think the online

program would be the best route just because it is convenient. You can do it in the middle of the night; you can do your class way early in the morning. It doesn't matter.

Ellen liked the user friendliness of the BSN online program to which she transferred and, ultimately, finished:

They did not require [so many] hours. I felt like it was Mommy friendly....A nurse, working woman taking the class. I still had to write papers and I still had to do clinicals but it was far more in proportion to what it should be in my mind.

Linda

Linda is a 53 year-old nurse who came from a family of nurses. She is in a management position at the hospital and has been practicing as a nurse for 32 years. She was in a management position when she returned to attain her BSN:

Probably the main that got me going into nursing was that I had 2 family members who were nurses. I have an aunt who is a nurse and I have a cousin who is a nurse. About the time that happened, I had a brother who passed away. He had a traumatic accident, and my aunt from (distant state) came to the funeral. And my cousin who was in nursing school also came and I think they spent a lot of time with me during that time. I was 12 years old; I developed a real bond with them and I think that is really what made we think of nursing.

Linda was directed to a diploma program from her guidance counselor at her high school. Through her undergraduate years, Linda felt a supportive connection with her nursing instructors but did not have a mentoring relationship with other nurses. She thought this was a sign of the times:

[Support came] mostly from the instructors when I was going to nursing school, and I had a good cohort and friends who were going through it with me. But as far as a nurse mentor, I did not really have that. I believe that is very important in nursing today and I think we should all be mentors and I think we should mentor someone and that everyone

should be mentored. But I really didn't have that when I was going through nursing school. Back in the '70s that really wasn't a big thing.

I believe my school guidance counselor kind of directed me toward that program, as well as my parents. I think the idea of being done in 3 years looked really exciting to me at that time. And I really looked at 2 schools, one in [state] and one in [state] and they were both 3-year programs. I don't really remember aside from that.

She expressed nursing includes lifelong learning, and she could see the value

in continuing her education to BSN level:

I firmly believe to this day that nursing really allows people the opportunity to do so many different things. The career is wide open and even since I've been a nurse, it has expanded beyond the traditional nurse in the hospital or management role that you might take...with school nursing and industry, etc. ...beyond what I ever thought it would be. As I mentor students and young nurses today, I talk to them about the opportunities that this type of nursing....if oncology nursing isn't what you want to do for your life, there are so many opportunities with nursing. You are going to continue to learn; there will be life-long learning. There is always an opportunity in nursing. It's just a very fulfilling, very rewarding profession and you continue to learn.

Linda decided to return to school to attain her BSN because director of

nursing strongly suggested she should be degree prepared. Out of respect for this

director, Linda dutifully began her educational journey:

The Director of Nursing at [hospital] back in the early 1980s when I got here was very much an advocate and proponent of ongoing education. She really focused on the fact that we all really needed to have our BSNs. At the time, I thought she was kind of nuts but I admired and respected her a lot. So to make her happy, I took 1 class at a time and she just kept pushing and pushing and pushing. She probably really became my mentor at that time for realizing the value of life-long learning and the value of a BSN. And I think it was her continual...she pushed the entire nursing management team. So, I think that is actually really why I went back to get my BSN...the encouragement that I had from her.

That's why I went and that is why I finished, to be quite honest. Yes, because it was a really busy time and if she hadn't continued to push me, I wouldn't have. I was new in management. I had a young family at home. I had a sick child.

She received strong support from her family as well as her peers at the hospital:

Oh, I had strong family support, of course, to get me through that. I had great babysitters. I had a couple of good travel companions; we took classes down in (city) at (private college). So, I did get my BSN at [university]. We all kind of made a commitment. "We are going to get through this. We are going to take 1 class at a time." There was a cohort of us from here that ended up taking those classes together.'

Linda attended a traditional program because that was all that was available

to her at the time. Online programs were not prevalent:

All traditional classes back in those days. Not a lot of project work....it was all pretty much independent, textbook, written tests...we did some presentations but it wasn't like when I went back to get my Master's [where there was] much more group participation, group presentations and projects, and team learning. That was not the model that I had for my BSN program. It was more traditional.

If you wanted your Bachelor's in Nursing...certainly, you could have gotten a Bachelor's degree more locally at the state university but the instructor of nursing was really pushing BSN. So, she encouraged us to use that program.

She received support from other nurses during the process of her education:

At that time, it was kind of like if you were going to go into management, you had to have your BSN. I think people kind of responded to..."Well, she's a nurse leader now so she needs to get her BSN." It was kind of a crosswalk to management, to have your BSN. I don't think people treated me any differently. I think people maybe had more respect for me or for my skill set or my knowledge base based on the fact that I had that. But I certainly think people were appreciative and supportive.

[She received support from all] Definitely the staff that I worked with on the floor, my nurse leader friends...I was involved in a state organization about that time, The [state] Organization of Nurse Leaders....Yes, I would say that there was definite support.

Linda's connections and networking with nursing peers from other institutions

were a positive part of her experience of BSN education:

> *I met some really neat individuals who were also going back to school for their BSNs who were from the [city] area primarily. There were some really cool in our class; people in situations much like myself. Most were nontraditional students; they were already working, career RNs who were already working, going back to school for their BSN. That was pretty much the nature of the program. There was a policeman in our group and he was really interesting. He was a policeman and an RN; he had never worked as a nurse. He went right into the Police Academy, but in order to move up the ladder in the police force, he needed a Bachelors' degree. A BSN seemed to be the way for him to go. We learned so much from him and how he could apply nursing into another field, especially once we got into our community nursing rotations. We learned a ton from him yet he learned from us. There were other students in the class who were kind of nontraditional as far as what you would think of. I really became good friends with that group, and I think we all just jelled real well together and learned from one another. So, those were some of the benefits.*

One of Linda's challenges was balancing her working hours, family time, and course

work:

> *Life balance was probably the only thing that I saw at that time. I certainly had the support I needed. It was just the balancing.*
>
> *No, like I said I had real good support from my family. They were all encouraging. Financially -- that did not affect our family life.*
>
> *The hospital assisted with some financial support and of course there was some out-of-pocket but that was a nonissue. Personally, it was fine. It work; we made it worked...something I felt I just had to do and had to buckle down and get it done.*

Linda felt a sense of validation at the completion of her BSN. She also felt her

BSN helped her evolve and develop as a professional:

> *I was already in the leadership position that I retained when I got that degree so I think it really validated that I had the credentials probably to support that. Quite honestly, this organization.....they haven't*

really....it took several years beyond that before we even rolled out a BSN as a requirement for management positions.

Yes, it definitely helped my career. I think the biggest thing it did for my career was help me see that life-long learning is going to be a part of anybody in health care, and that you can continue to learn. You don't know it all like you may think you do when you are at the point of your life sometimes. Since then, I've gone on and gotten my Master's in Public Administration. Inevitably, I'm still looking at opportunities. "Gosh, I think I might want to take another class in HR," or "I need to take another class in fund raising." I'm always kind of looking at those opportunities to continue to enhance what college [education] that I already have. I think it kind of embedded that into me.

Linda also thought there has been a change in the emphasis of a BSN degree within

the nursing field:

I think today there is more emphasis for staff to have BSNs. I think that many of the positions that are away from the patient bedside, at least in our organization today, do require a BSN for entry into those positions, before you can even apply. I think today there is a more defined job description that requires a BSN where quite honestly in the '90s that really wasn't true.

Linda's nursing practice is in the supervisory role; however, she did not

feel she would have continued without the push from her director of nursing.

When asked why she finished, she gave this response:

That's why I went and that is why I finished, to be quite honest. Yes, because it was a really busy time and if she hadn't continued to push me, I wouldn't have. I was new in management. I had a young family at home.

Lori

Lori is a 40 year-old nurse who is married and has three children. She was

working in a management position fulltime during her BSN education. She has

practiced as a nurse for 21 years. She decided to become a nurse because her

sister was a nurse:

> *Because my big sister did...I made the decision when I was a senior*
> *in high school that I was going to become a nurse because she was*
> *my role model and she thrived. She loved it. She loved it, and if she*
> *loved it that much, it had to be good for me too.*

Lori attended a diploma program initially due to influence from a recruiter:

> *I started a Diploma program. I think that is probably a decision I would*
> *regret later but that is also why Diploma programs denigrated over*
> *time. I totally hooked up with the nurse recruiter from [Hospital]*
> *Methodist. She came to the school; she saw my interest and she then*
> *said all of the right things. She had me totally sold at that time, so I*
> *took the Diploma program.*

> *I had gone to an Associates program at the community college there,*
> *and I think that maybe I wanted a little bit more than that. I knew that I*
> *wanted to move away from home. I was from a little town and the*
> *thought of going to [large city] was just huge.*

She had an undercurrent feeling that she wanted to advance to a degree, and she

understood that a degree was important to her career potential:

> *I had this intuition...this feeling that I wanted to be a midwife and I was*
> *not even doing.....I'm nursing on an OB floor right now....I had done*
> *nothing with babies. I didn't know anything about OB, but it was just*
> *this ingrained....I had done research...anything I could get my hands on*
> *midwifery. It was totally fascinating to me, and I knew I couldn't do that*
> *unless I went back to school and got a Bachelor's degree. So that was*
> *my initial motivation.*

> Lori worked in long-term institutions, but had the desire to work in a hospital.

When she started employment at a hospital, she was required to work on a BSN

because of her charge position:

> *How did I get here...I still had this burning desire to be a midwife. I just*
> *knew that that was what I wanted to do. I started back to school but*
> *was taking classes very, very part time. Then the physician I had at*
> *(hospital)...I was a unit care coordinator, which is a fancy word for a*

charts charge nurse. But because it was part of management, I was required to work on a Bachelor's. Because I was required to work on my Bachelor's, (place of employment) paid for it. So it is just one of those things; I was able to get my Bachelor's and continue to move on. I was in this comfort zone: I liked my job, I was going to school during the week and working the weekend package. Then when I finished up my Bachelor's I felt like I was at a crossroads. "What do I do now? I'm done."

I started at [hospital] and I completed a year. It was crazy; it was a crazy year. I took some classes that summer...statistics, a couple of classes....I started back that fall. I went to one class and the assignment...the expectations and the number of hours I had to put in...I'm probably exaggerating a little bit, but it was so phenomenal in my brain that I walked out of there and never came back. Like 90 hours I was supposed to follow a nurse manager around...I was already a nurse manager. I felt like they didn't take any of my life experiences into play at all. Not only did I have to put in 90 hours...that I had to commit to this one classes for this one semester...there would [also] be projects and presentations. I was so overwhelmed, I walked out and I never came back. Then I transferred over to (nursing college) at that point and I graduated from there.

Lori received strong support from her family when she began to lose steam and was not sure she would finish. She had some life experiences that slowed her progress through the program but her family encouraged her to finish:

Yes, I had some life experiences. I wasn't even going to go back; I had lost the desire. The drive wasn't there, I think, because of all of those other things that were influencing me. The drive to be a midwife had settled down. With 3 1/2 classes and one which had several parts...all part time classes...I took a year off to have the baby. I thought, "I know I need to get back into school. I know I need to go back, but I just don't want to." I can remember my husband saying, "If I have to kick you all the way down the aisle, you are going to do it. You are going to graduation."

They were very supportive. It worked. The earlier classes were harder. I can remember...I told this story more than once. Statistics was so hard for me, so hard because that was an actual go take exams type of course. My kids were old enough that I could take them to the community pool and let them play, and I was sitting there tanning and working on my statistics. I definitely made classes work with my family.

Lori mentioned some of her nursing colleagues were not completely

supportive during her educational process:

I was still at [hospital] at the time I graduated...and it really was not perceived...I probably almost...not jealousy but more, "Why did you bother?" They knew that I needed it for my job and some of those closer to me knew that I had a personal ambition to go on for my Master's but it was like, "Where do you think it is going to get you?"

There were no big "congratulations." The celebration that I did was with my peers that I had graduated with.

*My work peers were like, "Hmm, whatever. She's done."
Again, I would say they were more disinterested. They didn't...."Oh, Lori is working on a paper." There was no encouragement but there wasn't any discouragement. It was just, "What are you working on now?"*

Even though I didn't get the greatest enthusiasm from my coworkers, I knew that what I was doing was important. I knew it was important.

She also mentioned the financial support was important during the process:

I got my Bachelor's and it was paid for. You know, it was a 5-year goal and I achieved it. I have never been a quitter so I knew that I had to complete it, whether or not it would mean anything to me in the future. I actually think it has because I left [hospital]; I came here; I actually moved to [city]. And I definitely can tell that they like that Bachelor's and they like that title, probably more prominently now then at the time I got it.

You know, there were absolutely good life experiences. I'm going to have to think back through some of it because it's been almost 5 years since I graduated. Being exposed to the research end of it, conducting the research and delving into that...I had not done that before. We had a major project at the end before I graduated where we came up with a thesis and a plan on how we were going to make policy change in a hospital...and we had to present that. It was very influential. Although I can't [remember] the exact assignment, I know that I learned and I know that sometimes I felt like I was just writing things and jumping through hoops but then there were times when "That was a learning experience!" Probably especially when we did our community assessment—that was huge, going out to the community.

I really had a good balance with family and life I think because...I would be home all week working on my papers and assignments...I think the 2 things that stick out the greatest in my mind is because it was the block scheduling and we would have classes all day long. I was very fortunate that I had some of those out of the way. Some of those girls would be there hours earlier than I had to be. Oh, it's hard to sit [that long]. I am not a sitter and to sit and listen to a lecture and lecture and lecture.

Lori did not always feel strong support with nursing student peers. She was

the only participant that expressed negative experiences with other nursing students:

There was a gal that I ended up buddying up with on multiple projects....in our last class, I couldn't put it off...I'd get home, I'd work on my assignment, I'd get my part written and I would send it off to her. Then there would be that big sigh of relief because we would take the assignment and split it in half or whatever. She would tell me...she kept emailing me, "It's 2:00 in the morning and I'm still working on this." She would always cram at the last minute, and we would get our papers back and we got B's and one was a high C. I was horrible when I went to school as a teenager into my early 20's. I would just pass; it was amazing that I passed from school. Now I'm back in school and I want A's. It was like, "What is the deal?" I sat down and read the next to the last paper...I read her stuff and it was horrible. She wrote in the fashion that I am talking to you. That was not what they were wanting. I know that the professional component that our professor was looking for was not there. I said, "Just do me a favor. Get your paper to me a little bit sooner," especially when the final one was due. I basically edited her stuff and we got an A out of it. I thought, "Yes!" I wasn't reading her stuff [before]. I was handing her [my part] and trusting her that she was doing her part. That was a life experience right there.

She felt a positive were the friends and relationships she made during her classes.

When she changed programs she felt generally supported by other students:

I would say that I made friends. It was hard to leave [first BSN program] because you start in your class and you go through all of these different classes with your peers. Then when I started at (second BSN program), this student came up to me and said, "What are you doing here?" She knew that I didn't start with her class and they knew it was a track program. How did I just magically appear? So, I would say friendships.

Lori liked the user friendliness of the program she transferred and ultimately finished:

> *They did not require [so many] hours. I felt like it was Mommy friendly....A nurse, working woman taking the class. I still had to write papers and I still had to do clinical but it was far more in proportion to what it should be in my mind.*

Carol

Carol is a 47 year-old nurse who has been a practicing nurse for 24 years. She was working fulltime in a non-management position during her BSN education. She is married with one child. Carol became a nurse because she felt she felt a calling to the nursing profession:

> *You know, that's the weirdest thing... I don't know why I became a nurse. I have always said that nursing chose me, I didn't choose nursing. I've known since I was a little girl that I wanted to be a nurse, and there wasn't an incident...like some people are in the hospital and they have a great nurse and say, "Oh, when I grow up, I'm going to be like her." That didn't happen. I just always knew that I wanted to be a nurse, so I just feel like it is where I belong.*

> Carol cited financial reasons for her initial selection of an ADN nursing

program:

> *It was definitely a financial choice at that point. I knew that I wanted to be a nurse but I also knew that I needed to get in and out as quick as possible. So the 2 years... I thought...in and out in 2 years and making money and finally doing what I wanted to be doing.*

She felt she always wanted to attain a degree. Finances stopped her from advancing earlier in her career:

> *It was definitely a financial choice at that point. I knew that I wanted to be a nurse but I also knew that I needed to get in and out as quick as possible. So the 2 years... I thought...in and out in 2 years and making money and finally doing what I wanted to be doing.*

When Carol returned to attain her BSN she and a friend decided to go enroll in the same program so they could give each other support during their classes. She felt the support of having a nursing student peer was important:

> *Like I said, I've always wanted it and my girlfriend called and said, "Let's do this." It was something that I had been thinking about but my husband never wanted me to drive from where we lived. You know, you're not going to get your Bachelor's degree in (place of employment). So the timing was right and the program was all online except a few classes. So my husband was really supportive and said, "You know, if you can sit in the living room and do your homework and get your degree, that would be great." So my friend and I were together and supported each other.*

> *We used to work together. She was ready to do it and she convinced me that I was ready as well. The other part of that is here in our hospital, they have been striving for Magnet status. So, I'd been thinking that higher education is definitely important to management. I have never felt like I would be let go because I didn't have my Bachelor's degree but I know there are more opportunities. Also, as I get older I think the work on the floor gets a little harder every day...12 hours running up and down the floor. I just want to be marketable in the future. I just love what I do and I don't ever want to quit what I do but I also am sensible, knowing that I may not always be able to do it. So, my Bachelor's degree makes other things available for me besides floor nursing.*

Carol selected the BSN program because her friend was considering it and she felt the program was strong and well recognized nationally. She was the only participant who named the curriculum as an influence on her choice of BSN programs. It was a blended program, offering some classes on a satellite site as well as an online connection:

> *Partly because it was the one my girlfriend was looking at and because of the program. Plus, I know the [University] has a very strong nursing program, and I'm thinking that if you went anywhere in the United States your degree would be well recognized.*

She felt positive and negative reactions from other nurses regarding her choice to attain a BSN. She described the feelings negatives as an undercurrent or sarcastic comments:

> *It's really interesting; they [other nurses] are all just really proud. They [other nurses] are all very supportive, yet there is that undertone of "So what did it get you now that you have your Bachelor's degree? You are still working on the floor with us; you are still working weekends and holidays. What did it get you?" That's hard for me because it did get me a lot but it's hard to put into words what it got me.*
>
> *Sometimes a little sarcastic. We always described the "BS" nurses if you know what I mean [laughter]. [She stated she meant Bull Shit Nurse].*
>
> *They [other nurses] would say, "That's fine for you if that is what you want to do but it's not something that I ever want to do." I would say that everybody was supportive but when I would say, "This is really a good thing and it is a goal to have," some would say, "No, that's not something that I'm ever going to do. It's not going to change to my life. It's not going to change my professional life. I'm never going to consider it," which surprises me but...*

When Carol heard the negative comments, she initially felt her ADN education gave her the skills she needed to so her job as well as a BSN nurse. She was surprised to find how she became more global in her professional outlook:

> *Yes, so sometimes a little sarcastic. Honestly, I've always been one of those nurses who says, "I'd put my skills as an Associate's degree nurse up against any Bachelor's prepared nurse any day of the week." I feel really confident of my nursing skills and my coworkers as well. Any of my coworkers who have their Associate's degree are good nurses, but it really does open your eyes to a bigger world. I was amazed by that.*

Carol expressed a change in how she perceived her practice as a nurse since she has become a BSN nurse. She expanded her vision on nursing beyond the scope of her individual practice to include a global view of the profession:

It's making me think in the broader picture of not just my bedside nursing but my nursing as it is affected by the whole world or as it affects the world, either way.

The one thing that was really big to me was the whole legislative piece of it that we were required to participate in. I've come back and said to my coworkers, "You know what? We as nurses complain about things and we want change but if we don't get involved on a political level...if some of our peers, if some of us don't get involved and write letters and know what is going on politically, those are the people who dictate our practice." I guess I had never even thought about that. My practice has always been a narrow focus of "These are my patients. This is my hospital. This is what I do. All of 'that' is for someone else."

Again, I see myself now as needing to be even more of an advocate to patients, especially those who don't have the resources. My community is a very well off community and we are not used to seeing the patients who may not have the resources, the patients who come in and haven't had ongoing health care or they aren't able to be compliant with health care or whatever because of their financial situation, because of their economic status or whatever. So it has helped me to be a little more compassionate to that, to say, "These people aren't in this position by their own choice. This is where life has put them." …And how blessed I am to not be them.

She admitted that she was apprehensive about the process of returning to the academic setting that was unfamiliar to her, but she felt she have a positive experience:

It was scary. I was like 45 years old when I went back and I didn't even know how to submit an assignment on the computer. I was scared to death. Thinking about how to study again....most of what we do....I do PALS and ICLS but that is so focused and it's stuff that I know. This was like, "How do I prepare for a test about nursing leadership? How do I prepare for a test about Cultural Anthropology?" which was one the prep classes that I had to take. I had just forgotten how to study, but I loved it.

Carol discussed how the experience of meeting other nurses and networking as a positive experience during her classes. She has worked in one area her whole career but this experience allowed her to access other nurses in other areas:

I just liked learning. I liked talking on the discussion posts. That is the one thing I missed about the classroom. I think that you can have a better discussion person-to-person but just to talk about issues and nursing with nurses from other backgrounds than mine and to get their take on things....yes.

I've been in medical surgical nursing all of my life but then there are nurses who work in clinics and there was a nurse who had a daycare in her home for special needs kids. So, it was interesting to hear how the "shoes" in nursing were interpreted differently by them. I see it this way because this is how it affects my practice but I never thought about how it might affect someone else's practice.

Carol's challenges during her educational experience were balancing her

family life and using computer technology:

The computer was probably the biggest challenge. The other part for me was writing papers...that APA format...they can take that and send it to the moon! I am still not good at that. That is probably the one thing in the program that they stressed so much and sometimes I thought, "They don't even read the content. I could write 'I am sick of school' 10 times in there and as long as it was formatted and referenced correctly, I don't think they would have noticed it." That's not true but it felt like that. It felt like APA was so important. To my way of thinking, even now and even after I have my Bachelor's degree, I have said, "If I became a very intelligent, influential nurse and I had something to say, I'd probably still hire someone to format it for me." I just didn't get it. It wasn't important to me.

Sometimes balancing family, work and school because I was working full time. My son was going through some pretty tough times then, and actually a couple of terms I didn't take any classes because I had to focus on his issues. Then my last term, right before I was done, my husband was diagnosed with his cancer so I was feeling like, "Ahh!" Those were my personal challenges but my family was really very supportive and I found that because I did school online, it fit into our life. I could...

In spite of the negative comments from other nurses, in general, her peers at work

were very supportive:

They [nursing work peers] were really supportive. When I had to do clinicals and such and I would have to request days off, people really

were good....my management was good to cover my shifts and coworkers really were supportive. It was interesting because they wanted to know about what I was doing. They were interested in what I was doing. They were helpful; they offered ideas. It's just interesting still that some of them say, "That's good for you but not for me."

Carol's financial support was limited. She had strong support from her

husband even though she did not really think he viewed her education the same why

she did. She has strongly valued her education:

I didn't get much financial support. That was hard. But personally and professionally...like I said, my coworkers were very supportive. My management was supportive of time off and also not asking me to work a lot of extra shifts. If I would say, "I have a big paper to do this weekend," there was no question. I wasn't working extra that weekend and they understood that. My family was very supportive. My husband is a very simple man (meaning he is uncomplicated not unintelligent), I would say. He's a good man but he doesn't understand...and his family has never really valued education the way I do. So to him, "I don't understand this but I get that it is important to you so, yes, you can do this." I don't always feel supported by my son. He was a difficult issue but.... And my girlfriend [was supportive]; we did a lot of midnight consultations on the phone.

Like I said, my coworkers were very supportive of me. They were supportive. I still go back to...I just don't understand people who don't value education because in my mind that is something you can get that nobody can take from you. They can take my car, they can take my house, my husband could be gone but I still have my education and nobody can get that from me. It just feels to me sometimes like.... Part of it, I think, is... and I've felt this too...because honestly there wasn't a great financial gain to me in getting my Bachelor's degree....it could be if I chose to change my work.....

Carol's decision to attain a BSN was very personal and was a personal goal.

She did not go because of any position or pay raise; rather, she went for herself:

I feel like it has made me a little more compassionate. It has made me think a little more about people less fortunate than myself. I think still...and I have to say in this hospital...I'm always amazed...I'm very well respected as a nurse and I've received a lot of honors and I don't know why. I'm not a special person; I'm just me and it amazes me.

Sometimes I think "What is that?" It's weird to me because I'm just me and I just do what I love to do and I'm really lucky to do that. Then to have people recognize me because of that feels really strange. So I think getting my Bachelor's degree gained me any extra respect. Like I said, I feel like I am very well respected anyway. For me it was more personal anyway so it didn't matter to me what people thought or didn't think about it.

It wasn't that "the chief nursing officer wants us all to have our Bachelor's degrees in 10 years". "This is about me". When I applied, our hospital was providing tuition reimbursement - $1,800 per year—and that was part of my decision. I thought, "Well, $1,800 will help." I got accepted and a week afterwards learned that because of the economy that was no longer going to be available. So I really did an inventory. "I have to decide why I am doing this and if I want to continue." When I did that, I found that it was important to me and my thought process was, "I won't owe them my education. It's mine. I won't owe anybody anything for it. It's mine; I got it; I paid for it. That's OK." And I did decide to go ahead but during that whole seeking out process, I went to human resources and said, "Can you tell me? When I get done with my Bachelor's degree, if I decide to go ahead, what amount of raise I will get?" She called me back and said, "You won't get a raise because of where you are at on the pay grade." Then again, I'm looking and thinking, "Why am I doing this? Why does this matter?" So it did make me do some deep soul searching and say, "This either matters or it doesn't" and it did. It does.

Summary

Each individual who participated in this study was unique; nevertheless, the participants shared some common issues and experiences. Six of the 10 participants were in management positions when returning to advance their education. Several of the participants mentioned that job advancement was the reason for returning to complete their BSN. All the nurses were working fulltime when completing their degree. All the nurses had families and children however families were are different stages of development during the participants BSN education. Two of the participants had family members who had a major health

issues during the time they were attending a BSN program. The next section will define environment of influence according to Bronfenbrenner's model of human development and the roles they played in the development of the participants.

Bronfenbrenner's Ecology of Human Development

The theory of Bronfenbrenner's Ecology of Human Development was the theoretical basis for this study. Bronfenbrenner (1979) defined the ecology of human development as:

> The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate setting in which the developing person lives, as this process is affected by relation between these setting and by the larger contexts in which the settings are embedded. (p. 21)

Bronfenbrenner outlined three features that are salient components of this theory. The first point is the developing person should be viewed as a dynamic entity that grows and progresses in an environment and restructures that environment accordingly. The second is that there is a "mutual accommodation" (Bronfenbrenner, 1979, p. 22) between the environment and the person as a result of the environmental influence that is exerted creating a two-way reciprocal interaction between the person and environment. Finally, "the environment deemed relevant to the human development process is extended and is not limited to the immediate setting thus it incorporates the external influences from broader surroundings" (p. 23). This is the basis for the model the nested structures that make up the ecological environment.

Bronfenbrenner's model is a dynamic and multidimensional and includes several levels of environmental influence the development of the individual. In this study these various levels of influence are apparent in the interviews regarding the meaning of their personal educational development of these participants. The participants described the contextual influence of the levels within the microsystems mesosystems, exosystems, macrosystems, and chronosystems during their interviews which were specific to their individual development.

Microsystem

Bronfenbenner (1979) defined microsystem as "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics (p. 22). The microsystem includes a setting in which the individual has face-to-face interaction and the elements encompass activity, role, and interpersonal relations (Bronfenbrenner). Bronfenbenner placed an emphasis on the human experience which is a critical term in the microsystem. In this study, the center of the model is the individual. The microsystem layer consists home, workplace peers, and BSN classmate peers. The participants had direct contact with their families, their peers at work, and their nursing school peers, and direct nursing management. These are the groups that directly influence the individual and affect the participant's experience during their nursing education.

A relevant microsystem in this study was the family of the participant. All of the participants had a family with children. One of the participants was single with a

significant other and the rest were married. The participants talked about their families and how they supported them through the process of achieving their education. All participants expressed that their family influence was positive and supportive. According to Meg:

> *My family was a huge support. I'm not sure I would have made it through in the time that I made it through if it hadn't been for my family's support and encouragement.*

Ellen made a similar comment:

> *At times I had to take a test so then my husband had to keep my son quiet because he would come right up and say, "Mommy! Mommy! Mommy!" you know. That was the biggest challenge but we made it.*

Both of these participants were at different stages in their families. Meg was an older nurse who had grown children whereas Ellen was younger with toddlers, but they both relied on strong family support to help them continue and complete the process.

Another example of relevant microsystem within this study was the work peers of the participants. Five of the participants were in management positions in their job during their educational process, and mentioned strong support from their work peers. Three of these participants did not mention any negative feelings from their direct environment. Two of the participants who were in management gave accounts of both supportive and negative comments from work peers. The remaining five participants were not in management positions and all mentioned negative remarks as well as positive support from their work peers. This illustrates the salience of the levels of environment in Bronfenbrenner's model and potential mixed messages within the microsystem. Participants received positive influence

from their family but the microsystem of work peers was not totally supportive to all

participants.

The family environment was supportive; however, there were accounts of

negativity from nursing peers. All participants did not experience negatively, but 6 of

10 experienced nonsupport in this microsystem. This could account for different

experiences between nurses who experience the BSN education process and have

an effect on the meaning of their experience and development. Ellen, a participant

who was not in a management position during her BSN educational experience,

made the statement:

> *Some of the nurses had been here for a while.....it's not just your RN because the amount of experience that you gain over the years as an RN is tremendous....but getting your BSN to some of the people who have no intention of getting a BSN...it's almost like they mock you a little bit because you are trying to gain knowledge and help yourself. A BSN around here is called a Bull Shit Nurse by some people. That is very honest [laugher]. Most people feel that it is just theory and that it's boring and it's stupid that people do that. So, they call people that. Some people just aren't supportive; they have no intentions of doing that, of going to school for their BSN.*

Carol, who was not in a management position, expressed her treatment by nursing

peer with this statement which also reflected a negative attitude from her nursing

peers:

> *Sometimes a little sarcastic. We always described the "BS" nurses if you know what I mean [laughter]. Yes, so sometimes a little sarcastic. Honestly, I've always been one of those nurses who says, "I'd put my skills as an Associate's degree nurse up against any Bachelor's prepared nurse any day of the week." I feel really confident of my nursing skills and my coworkers as well. Any of my coworkers who have their Associate's degree are good nurses, but it [a BSN] really does open your eyes to a bigger world. I was amazed by that.*

Lori was in a management position during her BSN process and her comment

regarding her nursing peers also reflected her undercurrent feeling of lack of

support from her nursing peers:

> *There were no big "congratulations." The celebration that I did was*
> *with my peers that I had graduated with. My work peers were like,*
> *"Hmm, whatever. She's done."*

Linda was working in a nurse management position when she was

completing her BSN education, and her response from other nursing

peers was very different as reflected in her statement:

> *At that time, it was kind of like if you were going to go into*
> *management, you had to have your BSN. I think people kind of*
> *responded to..."Well, she's a nurse leader now so she needs to get her*
> *BSN." It was kind of a crosswalk to management, to have your BSN. I*
> *don't think people treated me any differently. I think people maybe had*
> *more respect for me or for my skill set or my knowledge base based on*
> *the fact that I had that. But I certainly think people were appreciative*
> *and supportive.*

There was a mixed influence on the participants from their work peers. The

difference in support between nursing peers is salient in understanding the meaning

that the participants project on their experiences of BSN education. The participants

who experienced negativity were particularly strong in their statements regarding the

support of other nurses who are returning to attain their BSN.

A relevant microsystem that also emerged from the data was the influence of

other nursing school peers. Several participants expressed strong support from their

nursing school peers as evidenced by the data. Lucy had a work peer who was also

attending the same program, and she stated:

Another positive thing: I had partners that I went to classes with that was good support, yes....Good support helped me get to classes, bounce ideas off of...

Pat talked about her educational experience with a nursing peer who attended the same program. She stated:

It was a good experience. As I was going through it, I had some self-doubt. I'm thankful that I had a co-worker who was my classmate because we were a good support system for each other. I think I would have felt a little differently if I had not had a support person and a co-worker with me.

Department nursing managers also were included in the as a microsystem of the participants. Many of the participant described encouragement and support from their department's managers and were positively affected by this system.

The four levels of microsystem that emerged from the data in this study were: family, work peers and student peers and nursing management. Even though there was some negatively from nursing peers, the positive influence appeared to supersede the negative impact of nursing peers. All of the participants included the support and influence of their families and peers as important in their successful achievement of their BSN degree. Six of the participants also described negative comments from nursing peers in the work place. Four of the participants only mentioned positive interactions with other nurses. Nursing peers in the microsystem of the nurses who were in management was different than those who were non-management. This difference in environments and influences will contribute to the discussion of the themes that emerged from this study.

Mesosystem

In Bronfenbrenner model, there may be two or more environments or settings that participants are actively engaged simultaneously. The mesosystem is the connection between the microsystems. Meg, who was an instructor at a college, stated:

> *I had a lot of support from the nursing faculty at the college I worked at. They were wonderful support; I knew that if there was something that I didn't understand or [if I] just needed more explanation, I could go to any one of them and they would help me.*

The messages from nursing leadership and nursing peers were happening simultaneously, illustrating a how the mesosystem of Bronfenbrenner's model contains two or more settings in which the developing participants were actively engaged. According to Bronfenbrenner, "a mesosystem is thus a system of microsystem" (1979, p. 25) Sometimes these systems messages conflict affecting the developing participant. One example of conflicting influence is none the participants described lack of support from their managers but did experience lack of support from their nursing peers. This is significant in the discussion of major themes which will be addressed later.

Exosystem

An exosystem was described by Bronfenbrenner (1979):

> An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person (p. 25).

Examples of the exosystem manifesting from this study would include the upper

level management of the institution, such as the chief nursing officer and CEO of the

hospital, with whom the participants do not have direct contact but feel a force that is

influencing in the individual's system. Nursing leadership requires and supports

educational advancement while not all working peers concur with that message or

support the need for further education. This resulted in conflict within the participants

Macrosystem

Bronfenbrenner (1979) defined the macrosystem:

The macrosystem refers to consistencies in the form and content of
lower-order systems (micro-meso-and exo-) that exist or could exist at
the level of the subculture as a whole, along with any belief systems or
ideology underlying such consistencies.

The macrosystem is the outer most layer of the participant's environment (Paquette

& Ryan, 2001). The professionals of nursing and the hospital system are examples

of a macrosystem within this study. Participants volunteered from two purposefully

selected Midwest hospitals of similar size. While the structure of the hospitals is

similar, each institution has its own culture and environment. According to

Bronfenbenner (1979), institutions within a society may look and function like

another but they all have differences from their counterparts. The culture of the

hospital plays a role in the facilitation of education. The institution may be seeking

magnet status which directs the institution and supports educational advancement

for nurses. This influence will be addressed in the recommendations portion of this

study.

Chronosystem

Sociohistorical influences

Bronfenbrenner's model originally did not include the chronosystem, but his current model includes sociohistorical circumstances and the pattern of environmental events during the individual's life course (Santrack, 2008). Family circumstances such as divorce, illness, or other environmental events have a correlation of the development of the individual (Santrack, 2008). The participants in this study were all working fulltime during the process of pursuing their degree, and they had families. One was a single parent, three had family members with health issues, and three had young children who required care. These circumstances influenced their development; three of the participants had family members with health issues which demonstrates the chronosystem within Bronfenbrenner's model supporting the theory there may be two or more environments influencing the participants.

In a study conducted by Benner et al. (2010), the researched noted:

> *Nurses and nurse educators alike acknowledge the enormous pressure of expanded expectations for today's nursing practice. Continuing education for nursing is now mandated for relicensure, and state boards of nursing are giving attention to improving assessment of competence for continued license by state boards. (p 19)*

This new focus on the practice of nursing and the education it requires is a sociohistorical influence on the participants. When they began their practice of nursing this focus was not on the forefront of healthcare and their method of education was the norm for the profession. According to Benner et al (2010), there is

a dramatic change in hospital-based care that has changed the nursing role and requires a shift in nursing education standards.

Sociohistorical influences should be considered when evaluating the opportunities for career advancement and how the culture has changed over the years (Santrack, 2008). The IOM report (2010) stated that the recommendation that 80% of nurses should be BSN prepared by the year 2020. This is an example of sociohistorical circumstances in this study that may affect how nurses view their educational preparation and their career development. The Institute of Medicine (IOM) report (2010) recommended advancing 80% of RN to BSN status by the year 2020. The current national level is 50%, and the (Midwest state) level is 30%. The change in the system over the span of the participants' careers is an environmental change that will influence the development of nurses. The current culture of health care supports the drive for hospital's to achieve *magnet status,* which is another sociohistorical circumstance that is a part of the chronosystem influence of the participants.

Bioecological systems

Figure 4 depicts a modified model based on the theory of Bronfenbrenner's bioecological systems of human development as it relates this study and includes the environments that emerged as a result of the data. When analyzing the participants' data it became apparent some microsystems were more important had a greater influence on the participants. The participants' family and nursing student peers' positive support superseded any negative influence from work peers. While
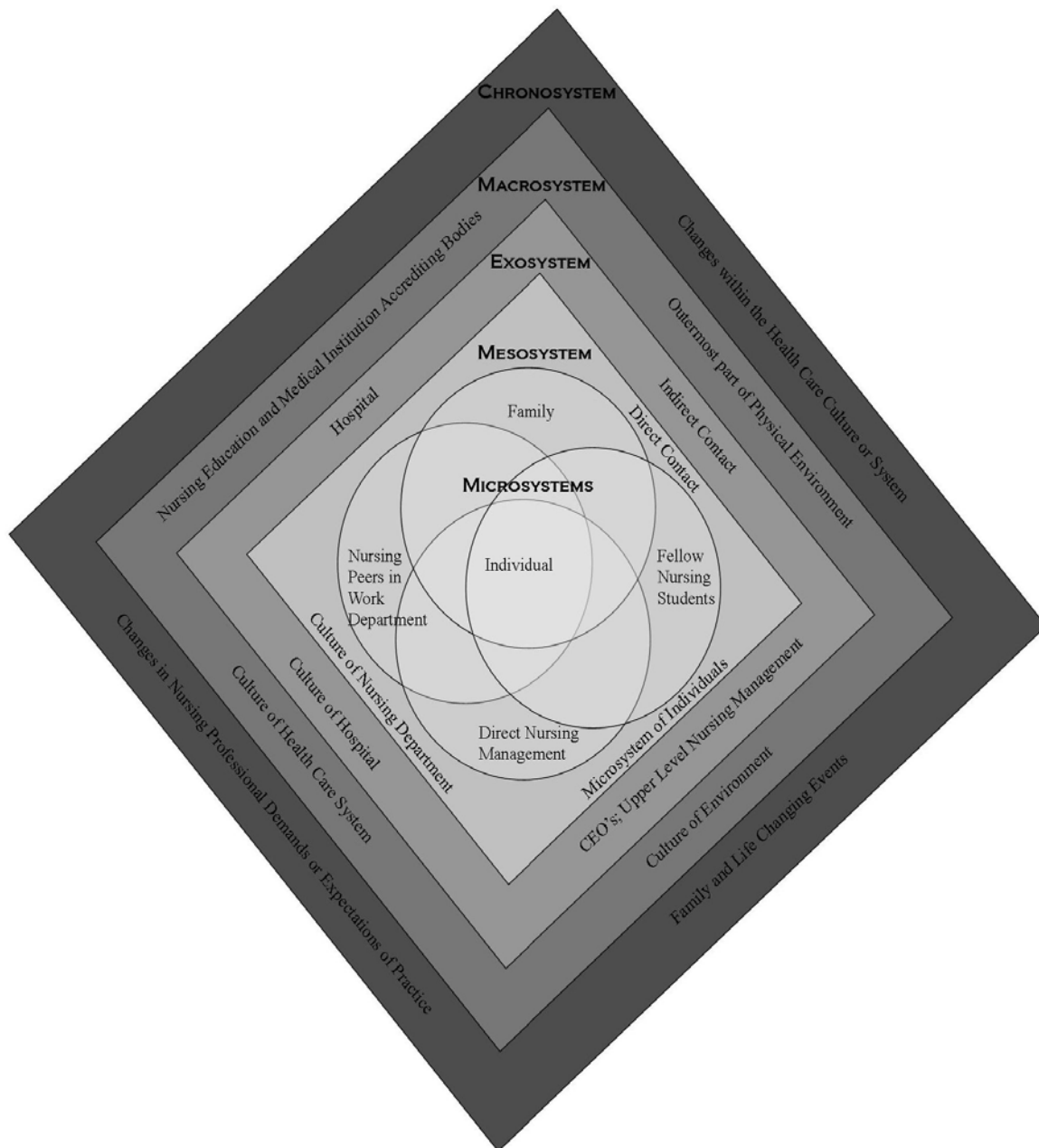
Figure 4. Modified model depicted in this study based on
Bronfenbrenner's (1979) theory of
bioecological systems of human development

the participant's work peers was a viable microsystem within the study, it was not as important to the participants as their support from family and nursing student peers.

The participants were in two different hospitals settings. They described their relationships, specific peer groups, and personal family situations and the data that emerged indicated each participant had distinct meaning regarding their personal experiences. Their experiences illustrate the environmental influences in congruence with Bronfenbrenner's bioecological system's theory of human development. Theparticipant's development was impacted by the nested levels of environmental systems and these influences provide the context of discussion of the emerging themes in this study.

Themes and Analysis

Seven significant themes emerged from the collected data from this study:

1. Need of support
2. Negative responses from other nurses
3. BSN as a personal goal
4. Importance placed on convenience of BSN educational program
5. Advancement within the profession
6. Growth of knowledge, personally and globally
7. Role modeling for children and peers

These themes are presented in the context of the participant data and developed in congruence with the literature and theoretical model. The study's research questions also guide the discussion these themes. It should be noted that, when participants talk about their "clinicals", they are referring to situations that involve actual patients or work situations. An example would be going to a patient's home in a community

nursing class or working with a practicing nursing mangier in the hospital or work situation.

Need of support

Family

Participants in this study supported findings by Lillibridge and Fox (2005) on the assertion nurses viewed their support in "concrete ways" (p. 14). The participants included support from several microsystems when describing the support they received from others. These microsystems included family, nursing peers, department nursing management, and other nurses who were students of BSN programs.

These participants described the support they received by naming family specifically. Family support was mentioned by every one of the participants. The microsystem of the individuals family did influence their development which is supported by Bronfenbrenner' s (1994) model of human development. Family support microsystem was identified by statements made by the participants. Meg felt she would not have made it through the program if she did not have family support:

> *My family was a huge support. I'm not sure I would have made it through in the time that I made it through if it hadn't been for my family's support and encouragement.*

My husband was very supportive, so that was not really a problem.

The participants talked about how their families had to pitch in and help take on responsibilities within the home to allow the participant to continue with their

school work. Lucy had two young children who required time and her family had to

sacrifice so time with her so she could finish her BSN.

> *I would say my family had to give up some time that I spent with them and had to chip in and do more around the house. You know, I did let things go at home to get this finished...as far as keeping things up, cleaned....they did it sometimes.*

Ellen had a young toddler and she relied of the support of her husband to

take up the slack with home life. She considered this a challenge but finished her

education. According to Lillibridge and Fox (2005), nurses need this family support

because nurses have long study and work hours an in order to finish their program

they need strong support from system in addition to the academic environment.

Ellen felt her family was instrumental in her academic success:

> *At times I had to take a test so then my husband had to keep my son quiet because he would come right up and say, "Mommy! Mommy! Mommy!" you know. That was the biggest challenge but we made it.*

> *My husband is very, very supportive. The actual signing up for classes was kind of [done] on a whim. I knew I wanted to do it. I just kind of sat in the afternoon while my son was taking a nap and just signed up for it, so it was kind of a shock to him but like I said, he is very supportive and he helped me as much as he could. He looked at things for me, etc.*

Linda was a participant who was in a management position but returned to

attain a BSN because she was required to for her job. She mentioned family and

nursing peer support helped her stay the course and keep her educational

commitments:

> *Oh, I had strong family support, of course, to get me through that. I had great babysitters. I had a couple of good travel companions; we took classes down in [city] at [university]. So, I did get my BSN at [university]. We all kind of made a commitment. "We are going to get through this. We are going to take 1 class at a time." No, like I said I*

had real good support from my family. They were all encouraging.
Financially—that did not affect our family life. (Linda)

Carol was facing some tough family circumstances, but felt her family still
came through for her. Even though her husband did not have a secondary school
education, he supported academic goals. This goal was derived from Carol's
parents. Her strong determination and family support was crucial in her success:

My son was going through some pretty tough times then, and actually
a couple of terms I didn't take any classes because I had to focus on
his issues. Then my last term, right before I was done, my husband
was diagnosed with his cancer so I was feeling like, "Ahh!" Those were
my personal challenges but my family was really very supportive and I
found that because I did school online, it fit into our life. (Carol)

Ann made this comment regarding her family support. She believed that
nursing education is a unique experience that is hard to understand until you have
been in that environment personally. She appreciated and needed family support but
communicated that nursing peers were a very important source of a more
understanding support:

Yes, they [family] were supportive but, you know, they didn't get it
[laughter].

Ann's comment was reflected in other participants' descriptions their support by
family. The participants felt family was supportive but did not understand the
process. For this understanding they looked to their peers and leadership.

Nursing peers

Another microsystem the participants named was the support of other nurses
as critical to their completion of a BSN program. Nursing peers were both work
mates and classmates, establishing two distinct Microsystems; thus, the participants

separated the two microsystems. According to Lillibridge and Fox (2005), when in the workplace outside the academic environment, nurses experience a different reaction from their nursing peers and their classmate peers.

Nursing student peers

Linda was in a group of nurses from her institution that took classes together. She was in management at the time she was attaining her BSN and had the support of other nursing managers during her nursing program:

> *There was a cohort of us from here that ended up taking those classes together.*

Ann was another participant that started a BSN program because it was required by her Director of Nursing. She credits the support of others as a motivating factor in her completion of a BSN program. Ann talked about study groups and basic support from other BSN nursing students she met in class, and this support helped her succeed in the class work. Although these study groups were informal, they seemed to contribute to student success:

> *Oh, all the people I met doing the same dreadful thing [laughter]. I mean everybody was in the same boat. You would go to these classes and listen to these people's stories…*

> *Oh, [Nursing student peers] very supportive. Very supportive. We had study groups; we studied for tests together.*

Lucy had support from other BSN students, academically and emotionally. She had not been student for a while, and other BSN students as well as friends in the community supported her:

> *When I first started the program I did have employees who were there and my neighbor helped me a lot to get through those types of*

struggles—writing papers, getting back into the swing of going to school…Another positive thing: I had partners that I went to classes with that...That was good support, yes....Good support helped me get to classes, bounce ideas off of...

Several participants mentioned that they received some tuition money from their place of employment and while they stated it helped, most did say the financial support was the most important support in their minds. Lucy did mention financial support but her comments regarding peer support indicated was the most important to her success.

I got some financial assistance from my employer, and I got academic support from my neighbor. She helped me proofread papers and helped me do the English language end of it. I also had a few nurses when I first started that I worked with who would help me proofread papers. Of course, I had my partner....

We gave a lot of support to each other—emotional support, we'll say, to help each other get through it. It seemed like one would be ready to give up and the other one wouldn't so we encouraged each other that way....we would go back and forth.

Ellen sought other BSN students at the hospital outside her immediate workplace. The participants were forming informal learning communities for support:

There was another gal upstairs who was going through...she was doing her BSN through a different school so she and I would throw ideas off of each other. So, we had that support. I would have her proofread some of my stuff and she would give me ideas on how to change it or how to say it better, and I would do the same for her.

Pat attended a BSN program with a co-worker, and she appreciated the support academically and emotionally from this co-worker. Having a partner in her academic experience gave her confidence:

It was a good experience. As I was going through it, I had some self-doubt. I'm thankful that I had a co-worker who was my classmate because we were a good support system for each other. I think I would

have felt a little differently if I had not had a support person and a co-worker with me.

The participants cited nursing student peers as an important part of their support system. This became evident to the participants as they progressed through their BSN education. Even some participants started as a result of a requirement for their position, they could see the benefit of their BSN education. According to Lillibridge and Fox (2005):

> The RN to BSN experience from the perspective as these nurses occurred on a continuum as they progressed through the program. Many nurses spoke negatively about their initial experiences. For most nurses, these feelings diminished as they began to identity the benefit in areas of learning they had been unaware of prior to entering the program. (p. 14)

BSN student peer support was perceived by the participants as a critical component of their academic success.

Nursing work peers

Another microsystem participants identified was their nursing work peer support. They talked about how they found the support of co-workers was helpful in their BSN education. Meg was teaching at a college and had only positive things to say about how her coworkers treated her even though her work environment was in academics, not in a hospital setting. She was teaching scrub technicians, not nurses, but her work peers were other nurses. In this study, Meg was considered in a management position:

> *I had a lot of support from the nursing faculty at the college I worked at. They were wonderful support; i knew that if there was something that I didn't understand or [if I] just needed more explanation, I could go to any one of them and they would help me. (Meg)*

Many of Mary's nursing peers were supportive by helping her leave work on time to get to class. This meant facilitating her leaving work on time which, in the nursing profession, can be a challenge. She appreciated her nursing peers' support:

> They were pretty supportive of helping me get it....I had a 4:30 class in [city] and I wouldn't get out of work until 3:30. So it would be really tight for me...they were all pretty supportive of helping me get out of work on time so I could get to class.

Linda stated she felt support from the staff she managed as well as her management peers. She also mentioned support from an outside nursing organization. She was the only participant who mentioned direct support from an organization outside of her workplace:

> Yes. Definitely the staff that I worked with on the floor, my nurse leader friends...I was involved in a state organization about that time, The [State] Organization of Nurse Leaders....Yes, I would say that there was definite support.

Carol felt she had a mixed message from some of her coworkers. She felt strong support from many of her work peers, but lacked a buy-in from other nursing work peers regarding the benefit and value of a BSN degree:

> They were really supportive. When I had to do clinicals and such and I would have to request days off, people really were good....my management was good to cover my shifts and coworkers really were supportive. It was interesting because they wanted to know about what I was doing. They were interested in what I was doing. They were helpful; they offered ideas. It's just interesting still that some of them say, "That's good for you but not for me."

Pat expressed that management was a source of support, but she still felt the undercurrent of negative feelings from her work peers:

> Well, the hospital has tuition reimbursement. That is one form of support. I felt that my supervisor and director were supportive of me

going to school. I felt my co-workers to a certain extent were supportive.

Sally was also grateful for the financial support she received from her workplace. Many of the participants mentioned some financial support they received, but Sally had the strongest statement regarding tuition money. She gained the money she needed from the hospital and the emotional support from her husband:

> *Professional support, again, was the tuition reimbursement that I received. Most of my BSN was paid for except for a few hundred dollars...maybe up to $1,000...so, the tuition reimbursement was definitely a lot of support, especially with my husband not working.*
>
> *Emotional support...my husband was supportive…sometimes I think that he was a little jealous of the time that it was taking...but he supported my doing it if I wanted to do it. After [current director] got here, I felt very supported because it was like, "This is what you are supposed to be doing." Previous to that, I felt there was some nonsupport from the previous Director of Nursing because of the time it was taking. I would go to class at 2:00 or 3:00 in the afternoon, so I would leave here about 2:00 but that was only 1-2 days a week. But, I have felt supported ever since and am very glad that I persisted.*

Even though there was some negativity from working peers of the participants, they verbalized that the positive support they did receive was a factor in their successful completion of their BSN.

Nursing management

The participants mentioned the support they received from high level nursing management in their workplace. Mary saw a distinct difference in the culture of her workplace with the newly hired chief nursing officer. She could see how her BSN classes supported her practice and that she placed more value on a BSN education:

> *Encouragement from my Chief Nursing Officer, I would say, was very instrumental. She came into (hospital) and brought a different frame*

here, I would say. I was used to working with highly respected nurses who were all ADN and Diplomas. Even my managers were...so it was unusual for a nurse to have a Bachelor's degree. I didn't understand the piece that was missing, I will say that, so I wasn't motivated to move forward until she came onboard. She was a "change magnet" and I heard her introducing things. Actually when I started (nursing college), I found us talking in class about things like interdisciplinary rounds. Then I turned around and saw her initiating interdisciplinary rounds here at (hospital). I remember talking about....I had to do a presentation, for example, in my [nursing college] classroom. I had never heard of such a thing and I came back here and heard her talking about it. Then I knew that she was up on the things....that she was well read and always knew what was coming. So, I felt like "she knows something and she is right. This is the way nursing is going. We are going to a more professional, Bachelor's prepared recognition as a nurse."

Ann did not go to a BSN program until her director of nursing urged her to attend, but she began to see the rewards after attending a BSN program. She verbalized that she would not have gone without the support and push from her nursing director. She also appreciated the financial support but that was not critical in her eyes. It was her nursing director that made the difference:

Oh, they were all proud of me. Everybody is proud of anybody who goes back to school to get a BSN. The people I worked with every day saw what....I wasn't the only one who did this, you know. You know, [director of nursing] made us [do this] so there were a whole lot of us and a whole lot of different areas getting classes and going to school because she valued education so much and she valued us and she knew that we were lacking and we had more potential than those Diploma credits. And she knew because she was so outstanding that it was going to take a lot more to take care of patients down the road because of everybody getting sicker and everything else that goes on with people's bodies now days...that we were lacking and had to have more education.

I believe that our administrative staff is very supportive of education and the process and the whole bit. It always has been here at [hospital], and I haven't work at other places so I don't know how it works there. I don't know, maybe every place is supportive. I can't tell you that.

Linda was not sold on the idea of BSN education initially but began the BSN

program to please her Director of Nursing. Her director was an important mentor and

Linda thought her encouragement was the main reason she finished her BSN. She

continued even though it was hardship regarding her family:

> *The Director of Nursing at [hospital] back in the early 1980s, when I got here, was very much an advocate and proponent of ongoing education. She really focused on the fact that we all really needed to have our BSNs. At the time, I thought she was kind of nuts but I admired and respected her a lot. So to make her happy, I took 1 class at a time and she just kept pushing and pushing and pushing. She probably really became my mentor at that time for realizing the value of life-long learning and the value of a BSN. And I think it was her continual....she pushed the entire nursing management team. So, I think that is actually really why I went back to get my BSN....the encouragement that I had from her.*
>
> *That's why I went and that is why I finished, to be quite honest. Yes, because it was a really busy time and if she hadn't continued to push me, I wouldn't have. I was new in management. I had a young family at home. I had a sick child.*

Carol mentioned her nursing management tried to accommodate her class

schedule when she was working on the BSN. She found this understanding by her

supervisor quite helpful:

> *My management was supportive of time off and also not asking me to work a lot of extra shifts. If I would say, "I have a big paper to do this weekend," there was no question. I wasn't working extra that weekend and they understood that.*

Financial support from the workplace

This support taps into the exosystem level of the participants in relationship to

Bronfenbenner's model (1994). Several of the participants talked about the tuition

reimbursement that their institution offered. Ellen and Ann mentioned scholarships

the institution also provided:

> *I received a couple of scholarships through the hospital so that helped tremendously with the financial aid part of it. (Ellen)*

> *Financially they helped; everybody was supportive; this place values education; I met wonderful people, absolutely wonderful people in class and it was so fun to hear other people's stories from their hospitals. When we went to [campus] on site the nurses came from all corners of the state. Some of these people drove from [town] to class, and I'm bitching because I came 45 minutes down the road? "And you drove 3 hours?" I met wonderful people, absolutely wonderful. (Ann)*

Negative responses from other nurses

This theme would seem to contradict the previous mentioned theme of

support. This study revealed that nurse experience both positive and negative

communication form nursing peers. Six of the 10 participants described negative

comments and undertones from other nurses. This response is supported by the

study done by Lillibridge and Fox (2005) who also uncovered the theme of negative

responses from nursing peers: "…many nurses were overcoming financial hardship,

long work and study hours, only to be told by their peers that their education was not

particularly valued when compared with experience" (p. 14). Carol referred to this

phenomenon of mixed message with the following comment:

> *It's really interesting; they are all just really proud. They are all very supportive, yet there is that undertone of "So what did it get you now that you have your Bachelor's degree? You are still working on the floor with us; you are still working weekends and holidays. What did it get you?" That's hard for me because it did get me a lot but it's hard to put into words what it got me.*

Sometimes a little sarcastic. We always described the BS* nurses if you know what I mean [laughter]. [*BS means Bull Shit]

Other participants gave accounts of mixed messages. They brought up direct negative comments from others as well as an undercurrent communication. In this study, those participants who were not in management positions received the most negative comments while four of the participants who were in management positions experienced only positive support.

Sally was in management but expressed a feeling from other nurse that reflected a negative vibe:

My peers are really....I can't say....there really wasn't a difference that I was getting my BSN. They didn't criticize me for it; they didn't say, "That's a great thing that you are getting your BSN."

Pat had a similar experience:

Not all of the peers were supportive but there were certain ones— [nursing peers]—very supportive. They would show no interest in conversations that we might be having, [nursing student peer] or I or somebody interested in going back to school. They would not have any interest in that conversation at all. I would have to say...not that they were verbal....some were very supportive...others you could tell were not supportive. I don't know if it was jealousy...that they thought that I was getting my BSN to be a smarty pants or to hold it over them. But they didn't really verbally say it; it's just a feeling that you have. (Pat)

Mary was not in management, and felt more strongly a lack of support from some of her peers:

I think they were confused. They would say things to me like, "Are you getting more money? Why are you doing this?" I guess they didn't understand it. I tried to come back from class...we always had class on Tuesdays...so I tried to come to work on Wednesday and I would talk to them about something we discussed in class. I remember an assignment we had where we had to have a journal club [laughter]. I let them all know in advance; I invited them to the journal club; I sent the article out and then no one came.

I was kind of torn between talking about it and not talking about it because I felt like I was creating a threat for the Diploma and ADN nurses that I relied on for many years. Many were my seniors so I respected them a lot...and seeing the new nurses come in with their Bachelor's degrees, I would say. I felt like I was in the middle of that...that I didn't fit in there either way. I didn't really fit in with the new BSN grads and I didn't fit in with the Diploma grads anymore.

Lucy's experience was similar to Mary's, and neither of these participants was

in management at the time they were working on their BSN:

You get some responses like, "Oh, you have your Bachelor's, you can..." I think some of it is negative. "You have your Bachelor's, you should know that." "Come here, BSN in there, you can do this" [laughter].

As I said earlier, there are some negative comments. Like I said, "Come here BSN nurse. You can come figure this out," and I say, "You don't need your BSN to figure that out" [laughter]. That is what I'll say in response.

When Lucy was asked if the negative comments from her nursing peers

bothered her, she gave this response:

Not really. Not really. It can be irritating at times if they keep going on but I'm pretty secure with myself.

Ellen experienced very direct negative comments from other nurses. Two of

the participants stated that other nurse referred to them as bullshit nurses, another

meaning given to BSN:

Some of the nurses had been here for a while.....it's not just your RN because the amount of experience that you gain over the years as an RN is tremendous....but getting your BSN to some of the people who have no intention of getting a BSN...it's almost like they mock you a little bit because you are trying to gain knowledge and help yourself.

A BSN around here is called a Bull Shit Nurse by some people. That is very honest. [laugher] Most people feel that it is just theory and that it's boring and it's stupid that people do that. So, they call people that.

Some people just aren't supportive; they have no intentions of doing that, of going to school for their BSN.

When I first started here, everybody was saying that [Bull Shit Nurse]. Then when I started, people kind of backed off and they didn't really say a whole lot about that to me. I don't know if it was because I was attaining it myself so they were just like, "Well...."

I knew they had done it and I would tell them, "I only have 9 classes to finish mine. I'll probably be going back," and I would just make smart comments back to hopefully make it a positive thing for people. It didn't hurt me in any way but for the people who really try and really want to do....I know it would hurt them if they knew that is what [was being said].

Lori was in a management position during her BSN education but still

experienced negativity from nursing peers:

I was still at [hospital] at the time I graduated...and it really was not perceived...I probably almost...not jealousy but more, "Why did you bother?" They knew that I needed it for my job and some of those closer to me knew that I had a personal ambition to go on for my Master's but it was like, "Where do you think it is going to get you?"

There were no big "congratulations." The celebration that I did was with my peers that I had graduated with.

She also experienced apathy from her work peers:

My work peers were like, "Hmm, whatever. She's done."

Disinterested. Being able to have nights that were quiet at work, I wrote papers. I did research. I was photocopying stuff, and I didn't have any guilt. At the time, [hospital] wanted me to be working on this.

According to Lillibridge and Fox (2005), "Major division can be seen between

those who proclaim the baccalaureate degree enhances practice and those who

vehemently claim the BSN adds nothing" (p. 12).

Carol was surprised by the attitude of her nursing peers regarding the
benefits of a BSN education. She continued because it was her goal, but when she
could see the benefits she also expected others to see the relevance of a degree:

> *They [nursing peers] would say, "That's fine for you if that is what you
> want to do but it's not something that I ever want to do." I would say
> that everybody was supportive but when I would say, "This is really a
> good thing and it is a goal to have," some would say, "No, that's not
> something that I'm ever going to do. It's not going to change to my life.
> It's not going to change my professional life. I'm never going to
> consider it," which surprises me but...*

Table 2 provides a summary of responses by the participants related to
position and advancement. It is interesting to note that, in this study, participants
who were in management experienced less negativity from other nurses than non-
management participants. This is noteworthy because it seems work peers within
management positions treat each other differently than staff nurse peers. Work
peers are an important microsystem to the individual, but the positive support

Table 2. Summary of responses related to position and advancement

Participant	Was in management when started program	Experienced a pay increase as a result of BSN in current position	Changed nursing position as a result of BSN	Experienced negative attitude from other nurses as a result of BSN	Will continue to advance to higher education
Meg	Yes	No	Yes	No	yes
Sally	Yes	No	Yes	Yes	No
Mary	No	Yes	Yes	Yes	Yes
Ann	Yes	No	No	No	No
Pat	No	No	Yes	Yes	Not sure
Lucy	No	No	Yes	Yes	No
Ellen	No	Yes	Yes	Yes	Yes
Linda	Yes	No	Yes	No	No
Lori	Yes	No	No	Yes	No
Carol	No	Yes	No	Yes	Yes

participants receive appears to outweigh the negative as evidenced by the participants who finished the program. It would be interesting to know how many nurses have dropped out of programs because of lack of peer support. This could be a topic for future research.

BSN as a personal goal

Most of the participants discussed a personal goal of a degree education. A common theme among the participants was an inner need to have a degree. Meg always knew she wanted to advance her education and this goal was not tied to money or position:

> *I did not think that I had reached the place I wanted to be in my education as far as nursing. I knew there was a lot more that I needed to learn to be a better nurse.*

> *I think people have respected me for the knowledge that i have because that is one thing that I have....It's my goal and one thing that I promised myself is that the nursing knowledge I have, I will share. I want everybody to be as excited about being a nurse as I am.*

Sally also stated a BSN was a life goal. She did not start when she would have liked but, as soon as she felt she could begin, she did. It took Sally many years to complete her education, but she never stopped and felt a sense of achievement when she was done:

> *My children were through college. It was one of my life goals, and I wanted to do it when I would have time to enjoy taking the classes. I did enjoy taking classes and I thought I would do it right after they got out of high school but I ended up doing it when they got out of college.*

> *I had always wanted to get my BSN. For some reason...there was no financial reward here to get a BSN but it was just something that I ....it was one of my life goals.*

Mary felt as though something was missing in her academic preparation.

Events in her life slowed the initiation of nursing school but she never stopped

dreaming her dream:

> *It was always on my "to do" list. I started out when I was trying to get pregnant, back in the early '80s...a diversion for that issue. There always seemed to be something that came in the way...I was building a house or I was busy with kids, but it was always in the back of my mind that it was something that I needed to finish. I always remember a girlfriend who said to me, "What you are a nurse? You've never graduated from college? How can that be?" I knew that she looked at me as a respected professional but somehow thought differently of me thinking that I actually hadn't graduated from college. I knew in my heart that I felt the same way too. I felt like there was something lacking; there was a piece missing.*

Mary stated that, even though she had a personal goal to attain a BSN education,

she was motivated by the challenge to advance to her BSN offered by her Chief

Nursing Officer:

> *I would say that I carried this with me ever since college, always thinking, "OK, I'm going to finish. I'm going to do this." But I guess that the motivating factor was probably my Chief Nursing Officer. She is a very well respected individual who values education. I thought I was a very experienced Diploma nurse who knew what I was doing and did a good job but for the first time I felt like I was made to feel like I wasn't quite good enough. I don't know how to explain that.*

Pat talked about her long-term goal of a BSN, and she regretted that she did

not go back to advance her education sooner. Pat would also like to teach nursing

and she knows that a BSN is part of the preparation process:

> *No pressure from work; it was my own goals.*
>
> *Actually, when I finished my Associate degree in nursing I knew then that I wanted to go on and get a 4-year degree because I thought that at some point I wanted to teach. I knew that in order to teach at a community college level, you have to have your Master's to teach full*

time. I also knew that if you want to teach a clinical, you had to have a BSN.

Again, it gave me more confidence. Not that I would ever brag; I'm not one that would brag. I am very proud that I accomplished this goal even though I was 56 when I completed it. I wish that I had done it 10 years ago.

Lucy saw her BSN as a critical part of her professional development. She was

aware of the changing nursing profession:

I think that you need to do it for yourself or want to do it....I have a friend who has been talking about going....I can't blame her because I talked about it for years, so it takes a little bit more convincing of yourself. I think that I need to keep encouraging them and saying things about how, "This is part of the future and if you want to do more with your nursing, it is something that is going to be required." Some people are content just in what they are doing.

Lori also felt a BSN was an important personal and career goal:

I had this intuition...this feeling that I wanted to be a midwife and I was not even doing.....I'm nursing on an OB floor right now....I had done nothing with babies. I didn't know anything about OB, but it was just this ingrained....I had done research...anything I could get my hands on midwifery. It was totally fascinating to me, and I knew I couldn't do that unless I went back to school and got a Bachelor's degree. So that was my initial motivation.

How did I get here....I still had this burning desire to be a midwife. I just knew that that was what I wanted to do. I started back to school but was taking classes very, very part time. Then the physician I had at (hospital)...I was a unit care coordinator, which is a fancy word for a charts charge nurse. But because it was part of management, I was required to work on a Bachelor's. Because I was required to work on my Bachelor's, (hospital) paid for it. So it is just one of those things; I was able to get my Bachelor's and continue to move on. I was in this comfort zone: I liked my job, I was going to school during the week and working the weekend package. Then when I finished up my Bachelor's I felt like I was at a crossroads. "What do I do now? I'm done!"

I got my Bachelor's and it was paid for. You know, it was a 5-year goal and I achieved it. I have never been a quitter so I knew that I had to complete it, whether or not it would mean anything to me in the future. I

actually think it has because I left (hospital); I came here; I actually moved to Austin. And I definitely can tell that they like that Bachelor's and they like that title, probably more prominently now then at the time I got it.

Even though she was a grown women Carol talked about how supportive her parents were when she achieved her college degree. They had encouraged her to continue her education and according to Carol, this contributed to the formation of her personal goal to gain a BSN.

I always knew that I thought I wanted to get my Bachelor's degree. We were always told in school that that was very important, but I also knew that with my financial situation....I didn't have any financial support from my family. My parents were both very supportive emotionally but [there was] no financial support.

Like I said, I've always wanted it and my girlfriend called and said, "Let's do this." It was something that I had been thinking about but my husband never wanted me to drive from where we lived. You know, you're not going to get your Bachelor's degree in [hospital]. So the timing was right and the program was all online except a few classes. So my husband was really supportive and said, "You know, if you can sit in the living room and do your homework and get your degree; that would be great." So my friend and I were together and supported each other.

The personal goal of a BSN education emerged as an important factor in the participants choice to attain a BSN is connected to their drive to complete the program despite any obstacles.

Importance placed on convenience of BSN educational program

All of the participants were working fulltime as they were completing their BSN program. They all had families and other commitments that required time and energy. Each participant's bottom line was program scheduling convenience. Some stated they liked face-to-face contact but, if there was a scheduling problem, they

chose the BSN program that would enable them to work fulltime and take care of

their families. Meg did not feel direct face-to-face contact was important, but liked

the idea of working at her own pace. She also liked the convenience of a blended or

online program:

> *It's more convenience. You may not have the direct face-to-face contact with your peers or colleagues or your classmates but you definitely can do it....if you have your computer....whatever way you are going to communicate, whether it's a synchronized classroom or email or Blackboard or Angel or whatever it is one...any of that stuff....I think you can still have contact with your classmates. But I don't feel that the direct contact is necessary for me. I'm a very self-motivated learner. I love to learn so for me, working at my own pace instead of in the classroom trying to work at everybody else's pace…it's easier for me to learn on my own.*

> *Well, I just took 2-3 [courses] in the beginning...just to see....again, I was working full time and I thought that I had better see how I would handle this. It had been quite a few years since I had finished nursing, so I had to start all over again. When I started into my nursing classes, then I would do a couple of nursing classes and 1 core class each semester. I took a pretty heavy load even working full time, and I was done in 2-3 years or something like that. I started in the fall of 2003 and I finished in '07. That first year, I only took 1 class each semester so then I really got into it the next year.*

Ann wanted convenience as well as maximum credit for her previous diploma

program. She was willing to be creative when taking her classes if it resulted in

completion of her BSN:

> *I went to every school in the area, which was (nursing school ...nursing school) did not have a BSN completion program at that time.... Everybody evaluated my transcripts, and truly I chose the place that accepted the most of my Diploma credits and gave me the best "bang for my bucks." That is how I chose it. (Ann)*

> *Wherever the schedule fit my family life, I went. I drove to [city] to be in [community college]. I drove to [different] Community College. I drove to [different nursing school]. I drove to [different community college]. I took classes in the evening at [state college]. I paid more money*

*entering all of these colleges to get admission because it worked into
my home life. (Ann)*

Pat liked the flexibility of an online program because she had to continue

working fulltime as she was a one-income family:

> *Yes, I worked full time online a lot....it gave me the convenience to
> work full time during the day, go home and be a student in the evening
> online.*

Ellen's family life was an important consideration when she was choosing her

BSN program. She had toddlers and needed to have the flexibility of an online

program:

> *My family. At the time I had a 2 or 3 year old so it was just easier to get
> things done and to get where I needed to be. Also, being
> online...through this particular program you don't have to do clinicals
> because they feel that since you work in a clinical setting then you
> don't have to have clinical time for your BSN. So, that was a big factor.
> Having to schedule the clinicals and going to them while working full
> time and having a child...so it all kind of worked out.*

> *The online only really worked well. I know that with online you can only
> do the executive or the education...because I had thought about the
> nurse practitioner as well. But at this point in my life, I think the online
> program would be the best route just because it is convenient. You can
> do it in the middle of the night; you can do your class way early in the
> morning. It doesn't matter.*

Lucy also considered her family when choosing her BSN program. She

wanted to be able to have some control on the time and her schedule and an online

format afforded her flexibility:

> *I could schedule my classes around my family, and then you also
> had....[with] the online program I went to you could also take a break
> when you needed to take a break.*

When asked what she considered when selecting a BSN program, Linda

stated there were limited opportunities and she chose the program that she could

realistically attend while working in a management position:

> Probably proximity. It was doable; it was a drive from Ames to Des
> Moines. I'm trying to think what other BSN programs were in Des
> Moines at that time; I bet there were none.

> Yes, very much convenience. Again, [hospital] offered tuition
> assistance. Of course, that covered about 1 class and we took 6-7
> classes a year, so it probably covered 50% of it for sure.

In the initial BSN program Lori chose, she felt the pressure of long hours and

lack of credit for her previous education. She transferred to a BSN program that was

a better fit for her work and family scheduling needs:

> I started at [BSN program] and I completed a year. It was crazy; it was
> a crazy year. I took some classes that summer...statistics, a couple of
> classes....I started back that fall. I went to one class and the
> assignment...the expectations and the number of hours I had to put
> in...I'm probably exaggerating a little bit, but it was so phenomenal in
> my brain that I walked out of there and never came back. Like 90 hours
> I was suppose to follow a nurse manager around...I was already a
> nurse manager. I felt like they didn't take any of my life experiences
> into play at all. Not only did I have to put in 90 hours...that I had to
> commit to this one classes for this one semester....there would [also]
> be projects and presentations. I was so overwhelmed, I walked out and
> I never came back. Then I transferred over to [BSN program] at that
> point and I graduated from there.

> They did not require [so many] hours. I felt like it was Mommy
> friendly....A nurse, working woman taking the class. I still had to write
> papers and I still had to do clinicals but it was far more in proportion to
> what it should be in my mind.

Carol was the only participant who mentioned the quality and reputation of the

BSN program she attended:

> Partly because it was the one my girlfriend was looking at and because
> of the program. Plus, I know the [University] has a very strong nursing

*program, and I'm thinking that if you went anywhere in the United
States your degree would be well recognized.*

The participants overwhelmingly named convenience of the BSN program as

the reason they choose the program. Only one participant talked about the

perceived quality of the program as the reason a program was selected. This is a

noteworthy theme to be considered by educators during the planning stages of BSN

programs. While the nurses talked about the quality of their classes, they did not

consider any program that they could not realistically attend while working fulltime.

Although educators focus on curriculum, they should also consider user-friendly

BSN programs

Advancement within the profession

Most of the participants stated they did not receive a direct pay raise as a

result of their degree, but they did have opportunities to advance to a higher level

and a higher paying position. Meg perceived that having her BSN contributed to her

promotion to her current management position:

> *It affected it in a very, very good way. That is why I am here at this job.
> I feel having my BSN was a driving factor for getting the job. I don't feel
> that....I'm not sure that I would have been one of the top choices if I
> [didn't have my BSN]. I'm not saying that my BSN was the reason i got
> the job. I feel that I had the qualifications for having the job but I think
> that having my BSN and being able to handle the pressures of this
> type of job from what I've learned in my BSN program.... We learned
> about leadership and conflicts and time management, etc...I think that
> really enhanced my capabilities for doing this job, and in my interview, I
> feel that probably came out.*

Sally echoed Meg's sentiments. She perceived this was a change in the

previous culture of the nursing professional macrosystem:

At first there was really no differentiation between nurses with a BSN and those without. I was a manager without a BSN. Nowadays, that would not happen. Now there is much more emphasis on getting your BSN in this facility and I think throughout the nursing profession. (Sally)

I do believe that I would have not been offered the education position, which has worked out so well with my personal life. It's much less demanding. If I wasn't almost done getting my BSN, I believe that I would not have been able to hold on...if I decided to stay in management and I was not in the process of getting my BSN, I would not have been able to stay in that position either.

I don't think I would have received the education position if I hadn't been almost done with my BSN and I think it also made me a better teacher, which also enhances your professional status or credibility.

Ann realized the professional benefit by new opportunities afforded her as a

result of her BSN education:

Professionally, it was all good. Personally, it was all good, and my family never suffered. I was stressed but what the heck! You know. If you aren't stressed about that, you are stressed about something else.

I wouldn't be walking in these shoes today as director if I hadn't gone back to school and furthered my education. I would not have had the opportunities that I have had at [the hospital] without my BSN.

Pat directly credited her promotion to attaining her BSN. She

also noted her BSN achievement as a vehicle to other opportunities

within her nursing practice:

I got a promotion [laughter]. On one level...I just went from a clinical coordinator to a clinical coordinator and I returned to the OR from SND to head a robotics program, so to me that was a promotion even though it was in the same category - clinical coordinator.

Lucy also mentioned that her BSN could advance her role in the nursing

profession and also contribute to career advancement:

I could see....well, I wanted to advance in my roles. I see myself as a leader and to get anywhere, I knew I had to do more schooling. The

future I think...to have a Bachelor's will be required. I thought about it for several years but I just never went to it [laugher].

You could move up to a higher position. I applied for several different jobs but it wasn't just because I had my BSN. I needed the experience before I could get hired, which I was lacking in. A manager expressed that that was what I was applying for those leadership positions

Ellen experienced being passed over for a leadership position because she did not have her BSN. She became aware of the benefits of a BSN when trying to advance in her nursing career:

I had applied for the Team Leader position on medical surgical floor and in that process, I did not get it because I didn't have the Intensive Care Unit (ICU) experience....I was in the ICU class at the time...and I also did not have the BSN. I was working towards it and I had been thinking really hard about doing it, but that was kind of a eye opener that maybe this would be beneficial for me to do.

After she attained her BSN, Ellen advanced to a management position:

When I was a BSN, I received a very small amount [increase from RN salary]. Then from these other 2 positions, I have attained a higher wage.

Linda understood she needed the BSN to be considered for a management position. She was in management while attaining her BSN, and was required to advance her educational level to maintain her position. Linda verbalized the benefit of her BSN and credited this achievement to further advancement in her nursing career:

At that time, it was kind of like if you were going to go into management, you had to have your BSN. I think people kind of responded to...”Well, she's a nurse leader now so she needs to get her BSN.” It was kind of a crosswalk to management, to have your BSN. I don't think people treated me any differently. I think people maybe had more respect for me or for my skill set or my knowledge base based on the fact that I had that. But I certainly think people were appreciative and supportive.

It was not; today it is. Yes, it definitely helped my career. I think the biggest thing it did for my career was help me see that life-long learning is going to be a part of anybody in health care, and that you can continue to learn. You don't know it all like you may think you do when you are at the point of your life sometimes. Since then, I've gone on and gotten my Master's in Public Administration. Inevitably, I'm still looking at opportunities. "Gosh, I think I might want to take another class in HR," or "I need to take another class in fund raising." I'm always kind of looking at those opportunities to continue to enhance what college [education] that I already have. I think it kind of embedded that into me.

Actually, I did... probably within a year after I got my BSN, I became the Director over multiple units. At that time, I would say that a BSN was not required for that as well, so I can't really say that the BSN helped me. Obviously, I grew and it probably made me a better manager but did I get that position because of that BSN, I can't validate that—yes or no.

Carol connected the support of BSN nurses by her hospital's achievement of magnet status. Hospitals receive monetary advantages in the market place if they are *Magnet Certified*. Magnet status is used to promote the hospital to prospective patients, giving a these hospitals an edge in the competitive health care environment. Magnet certification requires the institution to increase the number of BSN nursing staff. According to Lillibridge and Fox (2005), "Magnet Hospitals are noted for high level of support for RN to BSN education and average 50% BSN prepared RN's well above the national percentage of BSN Nurses" (pp. 15-16). Currently, the percentage of BSN nurses in magnet hospitals is slightly above the 50% level and, as of the year 2011, 75% of nurse managers in magnet hospitals will be required to be BSN prepared. It is anticipated that a BSN will be required for a management position (2010-2012 nursign-school-degrees.com).

Carol connected career longevity and marketability within the nursing profession to advancing her education:

> *The other part of that is here in our hospital, they have been striving for Magnet Status. So, I'd been thinking that higher education is definitely important to management. I have never felt like I would be let go because I didn't have my Bachelor's degree but I know there are more opportunities. Also, as I get older I think the work on the floor gets a little harder every day...12 hours running up and down the floor. I just want to be marketable in the future. I just love what I do and I don't ever want to quit what I do but I also am sensible, knowing that I may not always be able to do it. So, my Bachelor's degree makes other things available for me besides floor nursing.*

All of the participants experienced professional opportunities from attaining their BSN. Although most of them credited a personal goal as the most important reason they attained their BSN, they did consider career advancement as a motivator in their BSN advance.

Growth of knowledge, personally and globally

Most of the participants stated they felt a growth in knowledge during and after completion of their BSN. Lillibridge and Fox (2005) supported this theme: "…nurses talked about being challenged to think, to be research consumers, to be leaders, about having more confidence" (p 14). Meg specifically talked about needing more and how she had an "ah-hah" moment during her BSN education:

> *Coming out of an ADN program, I think that I was more task-oriented. I knew what had to be done and I had a little bit of critical thinking but, there again, I knew that I needed more. I needed more teaching on that.*

> *We had to write a paper...it was probably in the first 3-4 weeks. We had to write a paper on Why Am I Here? As I was writing that paper, I really had to stop and think, "Why AM I here?" I think that writing that*

*paper made me fall in love with nursing all over again, and the
dedication that I wanted to give to it.*

Meg was also surprised by what she learned in her BSN program, and felt she

gained global knowledge in the process:

*It was OK. I thought it was going to be a bigger challenge than it was,
but because I enjoyed every class I took. Even when I had to take an
art class and a history class, I loved it. I never realized how taking
those types of classes would enhance my nursing career...just by
broadening my mind and helping me see what the whole world is all
about and what people experience.*

Sally spoke of total involvement in her classes, and found the connection with

other nursing a stimulating experience:

*Whenever I was taking a class, I was completely involved in the class.
My husband took a picture of the back of my head one day because he
said, "This is all that I see of you anymore....your head bent over those
books over the kitchen table."   So I was very involved in the class and
it was very rewarding. I very much enjoyed the interaction in the
classroom experience and interacting with others; it was stimulating.*

*The other thing I liked so much was the classroom setting with nurses
from all around [city] and other small towns, coming together from all
different walks of life and all different professions and talking about
issues and learning about other people's practices...learning about
leadership skills and leading. I always felt like I benefited a lot from.*

The participants talked about how they advanced their knowledge beyond

their expectations. Critical thinking skills and a more complete understanding of

research were important educational advancement for most participants. Mary

addressed her gains in these areas as well as opportunities in these areas:

*The whole research piece—I never had that in my Diploma school.
You were more fed the information and you memorized the signs and
symptoms and the path of physiology or the disease but I didn't know
how to use research as a tool, which is something they taught me. I
could look up things on my own. That is something that I carry the*

workplace now. I know how to look up things now; I know how to use CYNAL; I know how to use Medscape...you know what I mean.

I think that I was a critical thinker as an experienced nurse. It expanded my....I realize now that there was a whole piece missing....that was the research and I didn't know how to make a presentation, for example. I didn't know how to do that and I didn't know that anybody would listen. I didn't know that I could do that. Teaching for me was something that I wanted to do one-on-one with a patient but not in front of a classroom.

Shared Governance. I think that has had a lot to do with it. In fact the other day somebody said to me....I said, "I'm just getting ready to retire from being the Chair of the Council. I have done that for 5 years now." Somebody said to me, "I can't imagine Shared Governance without you being Chair of the Council." I was looking at them like, "What? You can do it to." "No, I couldn't do it." I think it gave me that confidence to do that. It gave me computer skills; it gave me the....I knew how to work on a project. That is something that I was used to doing in school, so that was just normal activity. It wasn't a frightening thing. I knew how to organize people....

Ann was a participant who went back to school, in her words, "kicking and screaming because my director made me." Yet, in retrospect, she mentioned she learned a lot and improved as a nurse:

Yes and she [her director of nursing] would say that to us today. "You were all as good as you are because I made you, and boy did you hate me for it." And, yes, we did. We talk about it all of the time, the Age of Phyllis. "Think of what you are learning and what you are developing into. You people are going to be outstanding," which we are.

It helped. It made me an all around better person with more knowledge and more ability to take care of the patients and deal with people and the staff and conflict and all of those things that you learn. I learned in school and going on for my BSN and going on for my Master's because that is what a Diploma is lacking.

Yes, I could really see where I was deficient. I learned a lot about a lot of things, and it was a great education.

Pat expressed she gained confidence and insight into evidence-based practice and applying research with in her practice:

On a personal level it gave me confidence. I guess that I am smarter than I thought I was. I guess that 20 years ago I would have said, "Oh, no. I can't go through 4 years of college. I don't think that I have the intellect or the ability," but I do. I do.

The Bachelor's program gave me an insight to things that I didn't understand in the ADN program. I understand the purpose of evidence-based practice now. I understand more about management. I just opened my eyes. I feel like my knowledge is a lot broader now than when I came out as an ADN. As an ADN I came out with skills.

No, I did not expect that. I think it has made me a better nurse. I feel like now I stand back a little bit better and try to gather the whole...get the facts, look into it...not be a bull in a China shop. You research it.

Ellen could see she had a more complete global understanding of what it means to be a nurse. Ellen expressed her education equipped her with the tools she needed to be a better nurse and leader:

I really feel like there is a difference. I feel like I have a better understanding of....maybe the correct information to give to a patient instead of just going to "Google" and typing in what they want to learn about, I can go and find a credible website. I was given the tools through my BSN program to find the correct information, credible information, for that patient. I feel like my communication is better with people, both professionally and socially or that way. I feel like the BSN just set you up to...it is a lot of the theory and all of that, but I feel like they give you the tools to be a better leader.

The one thing they talked to me about was the discussion boards that would happen. People from all over the world go to this school. They had talked to me about this but it was just amazing to me. Through the school, through the classes, I was talking to people from Alaska. I was talking to people from Hawaii...Maine...England...everywhere. So I was learning what their health systems were like and that was really appealing to me, just to learn from other people.

Linda made contacts outside her institution of employment, which was important to her. She perceived these experiences contributed to her overall nursing knowledge:

I met some really neat individuals who were also going back to school for their BSNs who were from the Des Moines area primarily. There were some really cool in our class; people in situations much like myself. Most were nontraditional students; they were already working, career RNs who were already working, going back to school for their BSN. That was pretty much the nature of the program. There was a policeman in our group and he was really interesting. He was a policeman and an RN; he had never worked as a nurse. He went right into the Police Academy, but in order to move up the ladder in the police force, he needed a Bachelors' degree. A BSN seemed to be the way for him to go. We learned so much from him and how he could apply nursing into another field, especially once we got into our community nursing rotations. We learned a ton from him yet he learned from us. There were other students in the class who were kind of nontraditional as far as what you would think of. I really became good friends with that group, and I think we all just jelled real well together and learned from one another. So, those were some of the benefits.

Lori liked the exposure to research and exposure to areas she felt were

lacking in her ADN nursing education:

You know, there were absolutely good life experiences. I'm going to have to think back through some of it because it's been almost 5 years since I graduated. Being exposed to the research end of it, conducting the research and delving into that...I had not done that before. We had a major project at the end before I graduated where we came up with at thesis and a plan on how we were going to make policy change in a hospital...and we had to present that. It was very influential. Although I can't [remember] the exact assignment, I know that I learned and I know that sometimes I felt like I was just writing things and jumping through hoops but then there were times when "That was a learning experience!" Probably especially when we did our community assessment—that was huge, going out to the community.

Carol also stated she gained a global perspective during her BSN educational

experience. She named other areas of nursing she was not exposed to during her

ADN education. She felt this was a critical piece of the BSN experience:

It's making me think in the broader picture of not just my bedside nursing but my nursing as it is affected by the whole world or as it affects the world, either way. (Carol)

The one thing that was really big to me was the whole legislative piece of it that we were required to participate in. I've come back and said to my coworkers, "You know what? We as nurses complain about things and we want change but if we don't get involved on a political level...if some of our peers, if some of us don't get involved and write letters and know what is going on politically, those are the people who dictate our practice." I guess I had never even thought about that. My practice has always been a narrow focus of "These are my patients. This is my hospital. This is what I do. All of 'that' is for someone else."

I just liked learning. I liked talking on the discussion posts. That is the one thing I missed about the classroom. I think that you can have a better discussion person-to-person but just to talk about issues and nursing with nurses from other backgrounds than mine and to get their take on things....yes.

Even another practice. I've been in medical surgical (practice) all of my life but then there are nurses who work in clinics and there was a nurse who had a daycare in her home for special needs kids. So, it was interesting to hear how the "shoes" in nursing were interpreted differently by them. I see it this way because this is how it affects my practice but I never thought about how it might affect someone else's practice.

I've always been, I thought, a very conservative person but when you look at issues broader and you look at things from a whole-world perspective, I think that I'm not as conservative as i thought I was. That is what I think. I just feel differently about public health issues type of things. I look at those a little differently. I think a little differently about them. I'm not saying that I have become someone who says, "We should let all of the immigrants come from Mexico," but I have learned to understand that there are other issues that affect those public health things. It's not just "these people are coming and taking advantage of our system." There is so much more to that.

Again, I see myself now as needing to be even more of an advocate to patients, especially those who don't have the resources. My community is a very well off community and we are not used to seeing the patients who may not have the resources, the patients who come in and haven't had ongoing health care or they aren't able to be compliant with health care or whatever because of their financial situation, because of their economic status or whatever. So it has helped me to be a little more compassionate to that, to say, "These people aren't in this position by their own choice. This is where life has put them." And how blessed I am to not be them.

The participants conveyed an overall growth in knowledge and professional perspective as a result of their BSN education. The study by Lillibridge and Fox (2005) supports this theme, with statements by nurses regarding a change in their thinking process and their application of their new critical thinking skill to their workplace. Lillibridge and Fox remarked, "Nurses talked about being challenge to think to be research consumers, to be leaders, about having more confidence" (p 14). This theme was also supported by the participants in the current study.

Role modeling for children and peers

The participants valued their families' support and also conveyed the need to be a positive role model for their children as well as other nurses. Sally had a proud moment when her son featured her as a role model in a current presentation at his work:

> *My son was selected as one of the under 40 businessmen in [city]. They have to give a speech and one of the things they have to give is Who Is Your Role Model? He listed me as his role model because of my life-long learning. So, my son regards me as a role model for life-long learning.*

Mary did not want her children to get a college degree before she finished her BSN, and redoubled her efforts to finish her BSN program. She was also encouraging in regards to other nurses who want to return school to achieve their BSN:

> *My oldest one [child] was heading for college and I thought, "Oh, my gosh, she's going to graduate before me. I can't have that" [laughter]. I thought, too: "OK, this shows that I can be an example to my kids, showing them what a dedicated student does and the ethics of what a college student does."*

My kids...I think they benefited from seeing their mother study, and I studied a lot. I think adult learners try harder or something. Do you know what I mean? Like, was it OK to get that A- or a B? You wanted that A. That's what I found out about myself; that I was a high achiever. Whereas in high school, I might have been satisfied with something less.

I think there are a lot of nurses who have gone back. I'm not going to say that it is all because of me that they went back, but I think that I was an example and I think that there were many nurses who have gone back since. I always try to encourage them along or do what I can do to help them or ask them about school because that was always good when somebody asked me about school.

Ann felt her children needed to see her finish. She made them attend her

graduation from nursing school to be an example of achievement:

When I got my Master's degree, I walked at [BSN graduation] for only 1 reason. Because I thought that they [my children] are going to remember this, and they were so agitated to take Sunday afternoon to go down there and sit by me. But I did it because: (1) I was proud of myself, and (b) I wanted them to experience this.

Pat extended her idea of a role model to her grandchildren as well. She also

and wanted to convey it is never too late to continue your education:

I think it is very positive for my grandchildren seeing their grandmother pursuing an education. Yes, not only for my grandchildren but for my daughters as well. That it's never too late to go back and get more education.

Lucy wanted to set an example of achievement for her children as well:

One positive thing is that I could be a good role model for my kids. I got good grades and seeing that I am going to sit down and do my homework. I could say, "Go do yours," and they could see that I...

Most of the participants in the study mentioned positive role modeling as an

important component of their BSN experience. They also mentioned other nurses,

children and grandchildren in their interviews, and talked about their role as an example of the development of others.

       The following section reveals how Bronfenbrenner's model applies to this study. This model provided the context for understanding the meaning of the participants' environments and the influences of these environments on their development individually.

CHAPTER 5. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this phenomenological qualitative study was to gain an understanding of the personal, social, academic, and professional experiences of ten nurses who began as ADN (Associate Degree) or Diploma RNs and completed their educational transformation to BSN (Bachelor of Science in Nursing). The participants were nurses who were employed in two different Midwest hospitals, worked in different specialties, and were management or staff nurses. Data were collected through individual interviews, participant observations, member checking, field notes, and self-reported empirical data from the participants. These data provided accounts of the lived experiences of the ten RNs who reentered into a nursing program to obtain the BSN degree. During the research process, seven themes emerged, providing insight as to the meaning these participants constructed regarding their experiences while attending a BSN nursing program: (1) Need of support; (2) Negative responses from other nurses; (3) BSN as a personal goal; (4) Importance placed on convenience of BSN education program; (5) Advancement within the profession; (6) Growth of knowledge, personally and globally; and (7) Role modeling for children and peers.

Bronfenbrenner's biological systems theory of human development provided the framework for this study. The levels of influence outlined in this theory that were applied to this study were revealed in the development of the participants. The current researcher theorized that the participants' personal meaning and reflection

on their experiences within their environments would provide insight regarding their development.

It was anticipated that the understanding the participants' reflections on their experiences during their BSN education and their meaning could be used to facilitate future development of nursing education. According to Lillibridge and Fox (2005), "Whatever the initial educational level of the nurse, ongoing education can enhance practice" (p. 16). There must be a clear vision of the value of advanced education of nurses in order to buying into the advancing their nursing education (Lillibridge & Fox). These findings may be used to inform nursing scholars and institutions of medicine regarding new methods to effectively tap into the experienced pool of RN who have a Diploma or ADN nursing education, and facilitate this group of nurses in the educational process of BSN preparation.

This chapter provides conclusions, implications, and recommendations based this study. The discussion focuses on contributions to the excising literature on the experiences of ADN and Diploma prepared nurses who returned to attain a BSN degree. Implications for practice regarding nursing education are given based on the nurses' experiences and the meaning they placed on the process of acquiring their BSN. Recommendations for future research are provided based on the findings of this study and the changes that are occurring in nursing education.

Limitations

The study was conducted in light of several limitations. Therefore, the findings and conclusions should be interpreted with caution. As mentioned previously, only

females agreed to participate; therefore, the findings may not be representative of all nurses. In addition, one interview was incomplete because the tape recorder did not start at the beginning of the second interview. This was realized in the first five minutes; therefore, the entire interview could not be completely transcribed, resulting in the loss of some data. Handwritten field notes taken during this time were used during data analysis and coding process, emphasizing the importance of detailed field notes in case of equipment failure.

Finally, my experience of obtaining a BSN after practicing as a diploma nurse should also be considered. Although the participants knew that I was a nurse and, obviously, had a BSN because I was conducting research for a PhD; nevertheless, they spoke freely and verbalized their experiences. I tried to speak as little as possible, allowing their experiences to be the focus. I believe I achieved a non-biased approach with the participants.

Conclusions

In this study, support was important to the participants as outlined in the distinct levels of support provided by Bronfenbrenner's (1994) biological systems theory of human development. The participants discussed their individual values, families, work peers, student peers, nursing management, their work institution, and the nursing environment as a whole. The influences these participants received from their microsystem, mesosystem, exosystem, macrosystem, and chronosystem were not always in agreement. These multiple influences contributed to the meaning of their experiences constructed by the participants.

When the participants described their support, they were explicit to its origin and how it affected their experience. Positive support from families, other nursing students, and nursing management was widespread among the participants. However, a majority of the participants experienced some lack of support from other nurses as a result of returning to further their education. These findings are supported by an earlier study conducted by Fox and Lillibridge (2005):

> …most indicated a definite lack of support in the workplace. Many nurses were overcoming financial hardship, long work and study hours, only to be told by their peers that their education was not particularly valued when compared with experience. (p. 14)

Several of the participants in the current study revealed similar behavior within the nursing educational arena. Six participants stated they experienced negatively from nursing peers, although it was not enough to stop them from continuing in the program. All of the participants in this study had completed their BSN education. It would be interesting to know how many nurses do not pursue their education as a result of lack of support from their nursing peers. The participants finished despite negative influences, and they verbalized strong support in other microsystems. They expressed the need for strong support and this was a theme that strongly emerged from the data.

Most of the participants revealed a personal goal of a BSN education that was not tied to any job requirement, monetary reward, or promotion. These were all potential benefits from the advancement to a BSN level but were not cited as the primary reason for academic achievement. According to Benner et al. (2010):

> At this point, nurses are left to their own self-assessment and selection of continuing education from a range of continuing education classes.

> Although most health care organizations have become centers of teaching and learning in their own right, they focus mainly on teaching new technologies and new regulations, both of which are necessary but do not office the clinical knowledge and skilled know-how needed for a self-improving practice. (p. 19)

This may explain why setting a personal goal was important in the participants' successful completion of their BSN program. These participants were self-driven, and they revealed a felt a sense of self-satisfaction when they attained their BSN. Several of the participants were surprised by their own response to finishing their programs and how much they grew as professionals. All of the participants perceived benefits from obtaining a BSN at the conclusion of the process. This is supported by Lillibridge and Fox (2005) whose study revealed, "The RN's interviewed all saw benefits in obtaining the BSN despite barriers and general perceived lack of support. What is perhaps noteworthy is that all held clear-cut goals, motivations, or expectations related to attaining the BSN" (p. 15). The participants in the current study all voiced the benefits. They also exclaimed they were pleased they had advanced to a BSN and experienced positive effects, personally and professionally.

Attaining a BSN had different meanings to each participant. Some of the participants perceived their degree a personal achievement. Carol and Mary spoke in depth about how they always knew they would eventually advance to a degree someday. Linda and Lucy returned to advance their education as a result of a job requirement. Although these nurses had very different reasons for attaining a BSN, they all verbalized that they could see the benefits to a BSN degree.

Ellen experienced the most negative comments from other nurses; however, this sentiment was shared by seven of the ten participants. Pat, Mary, Lucy, Lori, Sally, and Carol had negative experiences with nursing peers. There were some direct comments and some innuendo of negativity but it was present in their experiences. Yet, these same participants also spoke of very positive support from other nurses during their BSN program. Conclusions may be reached regarding the ways these participants dealt with the mixed messages they received from colleagues. These participants continued their education even though they did have negative influences. As stated previously, the personal goal of attaining a degree superseded any detrimental communication.

It is also interesting to note that three of the five participants in management did not experience negative comments and were not aware negativity existed among other nurses. The work environment of these participants was comprised of others who were BSNs or had acquired a Master's degree. The culture in these environments was different in the staff nursing environment. Their positions required a BSN and returning to academics to attain a degree, which had a very different meaning for this group. Nurses who are at the management level need to be aware of the lack of peer support from some staff nurses and actively try to change this negative environment. The high level management within the hospital should also be aware of these attitudes and work to create a nurturing peer environment for nurses who are considering a BSN degree.

Bronfenbrenner's bioecological systems theory of human development outlines the complex influences and environments these participants experienced.

The Bronfenbrenner model presents multiple systems that contribute to the development of nursing professionals. Participants' experiences with family, nursing peers, nursing school peers, and nursing manager comprise the immediate level of influence. Each participant had her own mesosystem built on personal microsystems which played a major role in the meaning of her BSN experience. Each participant had to engage in the environment specific to her experiences and decide how to position herself within the environment.

Participants received conflicting messages from these environments and they had to manage themselves within their world. Some nursing peers do not visualize the value of a BSN. Yet, nursing managers want BSN nurses on their staff. Nursing staff at large institutions highly promote the advancement of nurses to a BSN level. Often, face-to-face contact arises from nursing peers and managers, but the macrosystem of the nursing practice does not have direct contact with the participants. This shifting of influence is often confusing to nurses and can make it difficult for them to stay the course. In this study the participants chose to listen to the positive message and completed their BSN program.

Implications

Based on the findings, several implications are suggested for nursing policy, practice, and future research. Faculty shortages as well as a shortage of qualified practicing nurses indicate there is need for "radical transformation" in nursing education (Benner et al., 2010). The meaning of the experiences of these participants can lend insight and direction to this transformation. The individual's

personal transformation is a critical component to understand changes in nursing roles within the ever evolving health care system. This study included the personal journal of each participant which may have contributed to understanding how this transformation should unfold.

Policy

Nurses are an important part of the health care team and need a voice in policy that guides nursing practice. "Unfortunately the public including legislators and other policy makers underestimate the preparation necessary for today's nurses" (Benner et al., 2010, p. 7). The data from this study indicated that the participants perceived they had gained tools necessary to implement policy changes with in the profession. According to the participants, they acquired these tools as a result of their BSN education:

- Mary became a member of a governance committee:

  My Chief Nursing Officer invited me to be part of Shared Drug Governance. Since then I started out sharing with the Quality Council. I led a group of nurses for 3 years working on projects.

- Carol also commented on the legislative piece of her BSN education. She thought this was lacking in her ADN preparation she felt more empowered to be a part of policy that directly affects her practice of nursing.

  The one thing that was really big to me was the whole legislative piece of it that we were required to participate in. I've come back and said to my coworkers, "You know what? We as nurses complain about things and we want change but if we don't get involved on a political level...if some of our peers, if some of us don't get involved and write letters and know what is going on politically, those are the people who dictate

our practice." I guess I had never even thought about that. My practice has always been a narrow focus of "These are my patients. This is my hospital. This is what I do. All of 'that' is for someone else."

This study revealed that RNs who are non-degree prepared may lack the preparation and means to direct policy within their profession. Benner et al. (2010) described this as "opportunity at a time of crisis" (p. 5). The empowerment these study participants experienced might inspire other nurses who are considering advancing to a BSN education. "The fact that the profession is largely female may contribute to the persistent perception, in some quarters, of nurses as relatively unskilled but compassionate caregivers" (Benner et al., p. 7). This was not the case in the current study; nurses were aware of the increasing demands they face.

The data from this study may be of interest to nurses who are seeking a voice within their profession. Policy is a part of the curriculum of BSN education and is typically lacking in an ADN or diploma nursing education. Understanding policy formation and how it fits within current nursing practice will facilitate nurses when defining their practice.

Practice

This study revealed the changes in practice of the participants. Some of the participants moved to management or leadership positions as a result of their BSN preparation. According to the data, participants gained a global perspective in their practice. This was a surprise to some, but every participant mentioned an increase personal knowledge. The nurses' sense of control over their practice may inspire other nurses to move their careers forward by widening their scope of knowledge

and their opportunity for promotion into leadership positions. Mary was excited by

the influence of her BSN studies on changes in her nursing practice:

> *Quality projects—we worked on things like medication errors, multi-drug resistant organisms, standardizing wrist bands information, just various things like that. It was part of that transformation....we were used to that pattern of: I came to work and my manager would have all of those things in place for us and they would just tell us what we needed to do. Whereas, this was very exciting to me because we were a group of nurses from all departments coming together and working on projects, making decisions about our own practice.*

This study may inform potential BSN candidates of the benefits of a BSN

education and how to gain support to complete the process. If nurses do not

understand the relevance of a BSN education, the challenges may appear to be too

great despite the potential benefits. The participants also expressed the importance

of support and how it helped them through the educational process. The

encouragement from other nurses in similar situations who had completed their BSN

may be a catalyst for other nurse to follow suit. This would have a positive effect on

the quality of nursing practice.

Research

On one hand, ADN and diploma nursing programs are limited in the research

component of the curriculum. On the other hand, BSN nurses are exposed to the

research process supporting the focus on research-based practice within nursing. In

order to close the gap between education and practice, nurses need to have a

research background in their education:"…to be safe and effective practitioners

nurses need to enter practice ready to draw on knowledge from a wide range of

fields" (Benner et al., 2010, p. 4). The participants talked about the benefits of their

exposure to reading and interpreting research and how it affected their practice. They believed they were more prepared to utilize research-based practice and face the challenges of the changing health care system. This may also convey the relevance of a BSN to other nurses who are considering a return to academics.

Recommendations for Practice

Several recommendations for practice emerged from the findings of this study:

1. *Provide programs that working nurses can attend.*

All of the participants in this study were working fulltime during their BSN education and had family obligations as well. Most of the participants stated that scheduling was critical to their attendance in nursing programs. They stressed the scheduling and convenience of the program before checking curriculum because they needed to maintain their nursing position while attending classes. Several participants mentioned they had to schedule classes that fit into their family schedule. Not one participant mentioned considering curriculum first when selecting her program. Only one participant mentioned the quality of the BSN program, but even this participant stated that convenience and ease of attendance was the most important consideration.

While curriculum is important in planning educational programs, educators must be aware of the circumstances of nurses who could potentially attend a BSN program. Even if the program has a strong curriculum, it is not enough to entice potential students. Most nurses must be able to coordinate school and work. Nursing

educators and medical institutions also need to consider their support of nurses who are working as well as attending a BSN program.

The community college is under-utilized in the current BSN programs. Community colleges can provide valuable support by providing flexibility and lower cost. At the current time, community colleges offer ADN programs and are in competition with BSN programs. Students are lead to believe they can complete their ADN in two years as opposed to four years. According to Orosolini-Hain, 2008) this student complete the ADN programs in an average of 3.69 years. They are not saving time and are sacrifice important course work in policy, leadership, community health, and specialty areas of nursing (Benner et al, 2010).Rather than compete these entities could work together to provide nursing education for prospective students. This could be achieved by collaboration and agreement on the standard education of BSN level education for nurses by these institutions and cooperation within the BSN programs. The collaboration could follow the example of other fields who have good working relationships with community college preparation.

2. *Provide an environment of peer support within the clinical setting.*

The participants in this study overwhelmingly named support as very important in their experience of acquiring a BSN education. While there was some positive support in the clinical setting, six of these participants vocalized negative verbal and non-verbal communication from their nursing peers. Findings of a similar study by Lillibridge and Fox (2010) revealed, "Most RN's were told by their peers that experience counted much more than education" (p. 15).

> However most (nurses getting their BSN) indicated a definite lack of
> peer support in the work-place. Many nurses were overcoming
> financial hardships, long work and study hours only to be told by their
> peers that their education was not particularly valued when compared
> to experience. (Lillibridge & Fox, 2005, p. 14)

Thus, there is a need to provide an environment that enables peer support with the
nursing clinical setting.

Emphasis placed on facilitating nursing education is lacking in non-
management positions within the hospital setting. The only four participants who did
not mention any negative comments or undercurrents were in high management
positions, revealing that some of nursing leadership is unaware of the less than
positive communications between nursing peers at the staff level. Nursing leadership
should be aware of the lack of support between nursing peers and work to improve
this situation to encourage more nurses to advance to BSN level. This could include
a mentoring program and staff nursing peer support groups. According to Lillibridge
and Fox:

> Technology has provided more options for RN's to continue their
> formal education. However the majority of RN's will not likely avail
> themselves of these opportunities without clear vision of the value of
> advanced education. Additionally those RN's who do chose to advance
> their education will benefit from the availability of peer support, in the
> work setting and with their academic peers. (p. 16)

There needs to be a conscious effort to market the relevance and value of
advancing the education of nurses with an associate or diploma nursing education
who are practicing in the clinical setting (Lillibridge & Fox, 2005). The challenge
presented by the IOM report (2010) to advance 80% of all RNs to a BSN level by
2020, places the topic at the forefront; nevertheless, nurses need to see the

advance as it relates to themselves and patient care. There must be a buy-in from the nurses. Assessing nurses through qualitative research is one way to determine what they are thinking to gain a better understanding of how to educate this group.

3. *More research is needed to develop nursing programs for RN to BSN programs.*

There is a limited amount of qualitative and quantitative research regarding the experience of acquiring a BSN education after initially attending an ADN and Diploma program. This is a group of experienced nurses who constitute approximately 60-70% of current nurses. According to Benner et al. (2010), "We note that the time and expense to earn a ADN alone discourages many students from continuing their studies and completing a baccalaureate degree, especially when they can get a relatively well-paying position as a staff nurse" (p. 35). This presents the challenge of providing a supportive environment that invites nurses to continue their education and attain a BSN degree. The IOM report (2010) also suggests there is a need for monetary support from medical institutions to supplement the financial need of prospective nursing students.

"Nurse educators have relied too much on general research on education and have developed little domain-specific research on teaching nursing" (Benner et al., 2010, p. 35)*.* More nursing education specific research is needed to tailor programs to the students' needs, academically and personally. Research should be conducted to examine the issues through the lens of the nursing domain. Nursing education is an entity all its own. More research is needed to determine how to best craft nursing education in the future.

Nursing education needs a major expansion and improvement if nursing students are going to receive the quality of education they need to function at par level in the current health care environment (Benner et al., 2010). The nursing shortage and new demands on nursing practice challenge the current nursing educational system to improve and expand (Benner et al.). The nursing shortage is taking its toll on practicing nurses and faculty. There are a significant number of experienced RNs who are ADN and Diploma prepared nurses who would be ideal candidates for a transition to BSN preparation. We need to find ways to facilitate this transition. By learning more about the RN to BSN experience and its meaning to nurses, researcher may help leaders in the field to more effectively engage and enable the expansion of the pool of BSN nurses and support the professional development of the general nursing population.

Recommendations for Future Research

Although this study revealed important information, it also presented other opportunities for future research regarding the transformation from RN to BSN. The participants of this study might include any RN who was initially educated in an ADN or diploma program and completed the BSN program. The participants were all females from Midwest institutions. A qualitative study that in includes the female aspect and the role feminine aggression might play in the BSN process may provide a valuable perspective on this phenomenon. A study in a different geographic region may also reveal different experiences than those of the Midwest participants.

There is limited research directed specifically at nursing education. Nursing education is unique. Much of the qualitative and quantitative research nursing educators utilize and apply is general. Research focused specifically on nursing could provide value insight in the development of programs that address the needs of nursing practice and potential BSN nursing students. Previous studies included nursing education in the general mix of studies, whereas a separate examination may reveal some important differences.

Several participants said they would like to teach nursing. Currently there is a shortage of nursing faculty, thus understanding what motivates these participants to desire to teach would add to understanding this phenomenon. Understanding how teaching fits into the goals of BSN nurses would be potentially useful. If there is a common denominator, recognizing it in others could identify potential nursing faculty. Replacement faculty are needed, and experienced nurses who have the education necessary to function as faculty should be cultivated to the fullest extent. More qualitative research on this group could provide valuable insights.

Final Thoughts

From the start of their careers, nurses are trained to assess, plan, implement, and evaluate patient care. Conducting this qualitative research of Diploma and ADN educated RNs who advanced to BSN status was an expansion on the nursing process. I thought I knew how demanding this process would be on my time and energy, but the experience took me to a level I did not expect. While it challenged me to reach beyond my perceived capabilities, I was rewarded with an enriching

academic experience. The educational advancement of experienced nurses, as well as the evolvement of nursing education, are topics of great interest to me, personally and professionally. There is a wealth of information experienced nurses have to offer incoming professionals. In order to tap into this group, there must be a better approach to understand how to recruit these nurses to a BSN program, support them during the process, and reward them for the contributions they make as a result of their BSN education.

The ten participants in this study had the drive and grit to advance to a BSN while they were working and taking care of families. They were passionate nurses who understood the new demands placed on nurses by an ever-changing healthcare system. Positive attitudes and pursuit of excellence are a positive force in the nursing profession. These participants gave me their time, stories, and support during the research process. As BSN nurses, they understood the value of research and wanted to be a part of any contrition to the nursing profession. They gave me their attention and allowed me access to their experiences, giving me answers to questions that were personal and meaningful to them. I am grateful for their gift of time and stories.

As a former diploma RN, I also experienced attaining a BSN while working and raising a family. I returned to academics while working fulltime and raising a family as a single parent. When these nurses spoke of support, I was reminded that I also received support and could relate to their experiences. While this study was about their experiences, their stories also reminded me of how important their perception of BSN education was to each participant. This experience was of

interest to me because I was aware of a lack of research regarding the meaning nursing constructed while continuing their education. I have a passion for nursing and have seen many changes in my 36 years in the field. Advancing my education has afforded me career choices within the nursing field, and I would like to support others in the same endeavors. It was a pleasure to hear the stories of these participants, and it was my goal to accurately convey the meaning of their personal experiences. I hope this information will facilitate more research that enhances the understanding of the nursing experience and supports the development of nurses in the future.

APPENDIX A. HUMAN SUBJECTS APPROVAL

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office of Research Assurances
Vice Provost for Research
1138 Pearson Hall
Ames, Iowa 50011-2207
515 294-4267
FAX 515 294-4566

DATE: 7/13/2011

TO: Barbie Doering **CC:** Dr. Daniel Robinson
224 South Iowa St N247 Lagomarcino
Hubbard, IA 50122

FROM: Office for Responsible Research

TITLE: RN to BSN Education: What does it Mean to Nurses

IRB Num: 11-299

Submission Type: New **Exemption Date:** 7/12/2011

The project referenced above has undergone review by the Institutional Review Board (IRB) and has been declared exempt from the requirements of the human subject protections regulations as described in 45 CFR 46,101(b). The IRB determination of exemption means that:

- **You do not need to submit an application for annual continuing review**.

- **You must carry out the research as proposed in the IRB application,** including obtaining and documenting informed consent if you have stated in your application that you will do so or if required by the IRB.

- **Any modification of this research should be submitted to the IRB on a Continuing Review and/or Modification form, prior to making <u>any</u> changes** to determine if the project still meets the federal criteria for exemption. If it is determined that exemption is no longer warranted, then an IRB proposal will need to be submitted and approved before proceeding with data collection.

Please be sure to **use only the approved study materials** in your research, including the **recruitment materials and informed consent documents that have the IRB approval stamp**.

Please note that you must submit all research involving human participants for review by the IRB. **Only the IRB may make the determination of exemption**, even if you conduct a study in the future that is exactly like this study.

APPENDIX B. PARTICIPANT COMMUNICATION AND INFORMED CONSENT

Hello

I am Barbara Doering RNC-MNN BSN MSN and will be conducting the research piece for my PhD dissertation in Educational Leadership and Policy Studies at Iowa State University. I am inviting you to participate in my dissertation study titled: RN to BSN Education: What Does it Mean to Nurses? The purpose of this qualitative study is to examine the experiences of nurses who returned to attain a four year BSN degree in nursing after first practicing as a non-degree RN and to understand the meaning of their experience.

The criterion for participation in this qualitative study is the participants must be RNs whose initial educational preparation as a Registered Nurse was an Associate Degree in Nursing or a Diploma Designation. Participating RNs must have returned to any type of nursing program to attain a BSN, have **completed** the program, and be currently working in the field of nursing. Please indicate your desire to participate by emailing me at bdoering@grandeivew.edu to volunteer for participation. I would like to have responses by September 20, 2011.

If you volunteer to be a participant in this study, a signed consent is required and will be presented to you at the first meeting. At that time you will meet with the researcher and provide empirical data about yourself as well as determine times for two more interviews. A list of the framework of questions will be given to you at the first meeting for your consideration. At the following two interviews, you will be asked questions regarding your experiences during your educational process. All data and communications between the participant and researcher will be kept confidential. These meetings will be determined at the convenience of the participant. The first meeting should last approximately thirty minutes, the second should last approximately one hour, and the last meeting should last approximately thirty to sixty minutes. These interviews will be taped and transcribed for eventual coding for themes, using a number for identification rather than your name.

The potential benefit of the study is to provide additional data to the body of knowledge regarding the RN to BSN phenomenon. The data obtained will facilitate stakeholders in the future planning for nursing educational programs. As a result of the understanding the phenomenon of the transition to RN to BSN status, stakeholders will have an expanded understanding of how to facilitate nurses to further their education to an advanced degree. As a result, more nurses could potentially be a part of the advanced nursing pool and increase the available nurses and educators within the profession.

Thank you for your consideration.

Barbara Doering RNC-MNN, BSN, MSN

Title of Study: RN to BSN Education: What does it mean to nurses?

Investigator: Barbara Doering, 224 South Iowa Street, Hubbard, Iowa, 50122

515-290-6958, email: bdoering@grandview.edu

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

The purpose of the this qualitative study is to gain an understanding of the constructed meaning of the personal, social, academic and professional experiences of non-degree AND (Associate Degree) or Diploma RNs who complete the educational transformation to BSN (Bachelors of Nursing) status and how their experiences may impact the evolvement of nursing education and health care development. The intent is to understand the meaning non-degree RNs construct from their lived experiences when pursuing their BSN degree and to discover the meaning nurse's place on their educational transformation from RN to BSN. Through the interview process, there will be discovery of the meaning nurses place on their nursing educational experiences, both personally and professionally. The study is intended to build upon the body of knowledge of the participant's constructed meaning of this phenomenon and its potential effect on the evolution of nursing education. This data will also provide an increased understating on the effect this phenomenon has on the nursing population and the nursing profession as a whole. Participants' thick and rich descriptions may provide valuable insight and enable nursing educators and health care organizations to formulate realistic plans to promote and support the educational advancement of nurses as well as facilitate the transformation of nurses from RN to BSN education levels. Health care stakeholders could use this information to create and provide user friendly programs for nurses, thus increasing in the number of practicing degree nurses. An increase in BSN level practicing nurse benefits individuals and the professional as a whole because more nurses to practicing level required by the current health care system strengthens the nursing profession. The potential benefit of the study is to provide additional data to the body of knowledge regarding the RN to BSN phenomenon. The data obtained will facilitate stakeholders in the future planning for nursing educational programs. As a result of the understanding the phenomenon of the transition to RN to BSN status, stakeholders will have an expanded understanding of how to facilitate nurses to further their education to BSN level. As a result, more nurses could potentially be a part of the advanced degree nursing pool and increase the available nurses and educators within the profession. You are invited to participate in this study because you are a diploma or ADN prepared RN who has completed your BSN.

DESCRIPTION OF PROCEDURES

If you agree to participate, your participation will last for the fall of 2011 and the spring of 2012 and will involve at three one hour interview session with the investigator. The study and interviews will take place during October-December of 2011 and January to April 2012. If you volunteer, the first meeting will be to sign a consent of participation, to complete the empirical data sheet provided, and determine the times of the next two one hour sessions. The interviews will be scheduled at the convenience of the participants and the researcher. At that time you will be given the list of questions that frame the interview. During the study, you may expect the following procedures to be followed: you will be asked questions regarding your experiences during the educational process of the RN to BSN transformation. You will be given a number to protect your identity and your interviews will be audio taped and transcribed. These audio tapes and all transcriptions will be kept in a locked cabinet for the duration of the study and confidentiality will be maintained at all times. After coding the information on the auction tapas and not later than December, 2012, these audio –tapes will be erased and destroyed.

RISKS

While participating in this study you may experience the following risks: There are no foreseeable risks at this time from participating in this study. You are not required to respond in any way that makes you uncomfortable. No names will be connected to the data in the report.

BENEFITS

If you decide to participate in this study there the foreseeable benefit to you if you decide to participate is you will provide data to the health care industry that may help facilitate other nurses in the RN to BSN educate experience, encouraging growth of the nursing profession as a whole. It is hoped that the information gained in this study will benefit society by guiding health care facilities and nursing educators when developing, implementing, and providing educational opportunities to the nursing staff.

ALTERNATIVES TO PARTICIPATION

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study, or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

COSTS AND COMPENSATION

You will not have any direct costs form participation in the study. You will not be compensated for participating in this study. You will need to provide you contact information for the investigator to follow up with you. Your contact information allows Iowa State University to fulfill governmental reporting requirements and confidentiality measure are in place to keep this information secure.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Subjects will be assigned a unique code number and this number will be used on forms instead of their name. The investigator will retain the only access to study records and all audio –tapes and transcriptions will be kept confidential in a locked filing cabinet in a locked room until the audio tapes and written records are destroyed no later than December 1, 2012. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study.

- For further information about the study contact Barbie Doering, R.N., M.S.N., 515-290-6958 as principal investigator or Dr. Daniel Robinson, 515-480-0976.

- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, and Ames, Iowa 50011.

****

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study.

Participant's Name (printed) _____

_____   _____

(Participant's Signature)   (Date)

Investigator Statement

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits, and the procedures that will be followed in this study and has voluntarily agreed to participate.

_____   _____

Barbie Doering, Investigator   (Date)

APPENDIX C. INTERVIEW QUESTIONS

Questions for Interviews – Nursing Research

Research Questions

After a though comprehensive review of the literature, to better understand the experience RNs have when advancing to a BSN degree the following research question is proposed.

1. How do nurses who return to attain a BSN degree after ADM or diploma educational preparation construct meaning from their academic experiences and what are their perceptions of their experiences?

Quantitative empirical information: This will be answered on the paper document prior to the interview: age, marital status, gender, family background, years as a nurse (see attached document to be used to attain empirical information)

Interview Questions

1. Why did you become a nurse?
2. Why did you initially choose an ADN or Diploma program over a BSN program?
3. How do you view your professional life?
4. Why did you decide to attain a BSN degree?
5. What type of bachelors program did you attend? For example (online, distance learning, on- campus)
6. What factors supported your decision?
7. Were you a full time or part-time student?
8. How have other nurses responded to your achievement of a BSN degree?
9. What was the experience like for you?
10. What were some positive experiences?
11. What are the challenges you encountered?
12. How did the process affect your personal life?
13. How did the process affect you professional life?
14. What support did you receive during the attainment of your BSN?
15. How were you treated by other nurses during the process?
16. How did your BSN affect your professional status?
17. How did your BSN affect your employment status?
18. How did your BSN affect your monetary compensation?
19. How did your BSN affect your relationships at work?
20. How do you perceive others who are advancing from a diploma or ADN to a BSN?
21. What advice or encouragement would you give to others who are advancing to a BSN?
22. Will you return to further advance your education the nursing?
23. If yes, why?
24. If you do return to attain a Masters or PhD what kind of program will you choose?

Empirical Descriptive Data for Nursing Research
(To be enclosed in the email sent to potential participants)

Name _____Age ____Marital status: ____Number of family members:_____

Contact Information (mailing address)

_____

_____

Email Address: _____

Phone number _____ Cell number _____

Employment History (please include how long you worked at each position)

_____

_____

_____

Current position

_____

Institution

_____

Years of employment at current position _____ Department _____

How long were you a nurse before you started a BSN Program? _____ Were you working

as a nurse when you started the program? _____

Years as a Registered Nurse _____ Year started BSN Program _____ Years to Completed

BSN Program____

Name of Program Attended (also include if you were a part-time or full-time student)

_____

Type of Program Attended (i.e., online, traditional, blended)_____

_____

Did you continue to work in the nursing profession while you were working on you BSN?

_____

If you decide to participate, please fill out this information and return to Barbara Doering
RNC-MNN BSN MSN. All information remain be confidential. If you have any questions you
may call me at the following number: Cell: 515-290-6958.

Researcher Contact Information: Barbara Doering, RNC-MNN BSN MSN, Box 173,

Hubbard, Iowa, 50122   Email: bdoering@grandview.edu Cell Number 515-290-6958

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