PERCEPTIONS OF ASSOCIATE DEGREE NURSING STUDENTS
REGARDING THE EFFECTS OF PREVIOUS WORK EXPERIENCES ON THEIR
ACADEMIC PROGRESS

by

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Abstract

The vision of nursing education is to provide competent graduate nurses who are equipped with critical thinking skills to perform high-quality patient care independently and through the collaboration with multidisciplinary healthcare teams. Limited data were found regarding the experiences of associate degree nursing graduates who had worked previously or continue to work in healthcare. The purpose of this basic qualitative study was to explore how nursing students who are eligible to graduate described how their healthcare work experience affected their academic progress and success in nursing school. The sample included 20 associate degree nursing students from community colleges in the South Atlantic region of the United States. Data were collected using semi-structured interviews. The information was evaluated, coded, and categorized into three themes. The themes that emerged were valued work experience, financial support, and faculty support. Students valued their work experience. Students found their healthcare work experience to be valuable as they progressed through their associate degree nursing program. The students expressed that while working and attending nursing school was challenging, working was a necessity. The students perceived that the nursing faculty did not place the same value on their healthcare work experience. An important implication is for faculty to acknowledge the learner’s prior experience and build upon that knowledge. A recommendation for future research includes repeating the study using a mixed-method design to allow a larger sample to offer rich data by combining quantitative and qualitative methods.
Dedication

I dedicate this dissertation to my beloved mother. She always said, “You can do anything that you put your mind to.” I also dedicate this dissertation to my husband and three daughters. They also believed in me even though there were times when I doubted myself.
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CHAPTER 1. INTRODUCTION

The Institute of Medicine (IOM, 2011) conducted a study to investigate the quality of nursing care in hospitals. The outcome yielded that nurses were inadequately educated to care for patients with such complex infirmities (IOM, 2011). The awareness of the complexity of healthcare and changes in technology prompted the IOM to develop a report on enhancing nursing education so graduate nurses would be better equipped to deal with the evolving changes in the workplace. The IOM published the *Future of Nursing Report* that mandated changes in nursing education. Two important recommendations that affected associate degree-prepared nurses were increasing the number of baccalaureate-prepared nurses (BSN) by 80% by 2020 and entry-level nurses should be BSN prepared (IOM, 2011).

The nurse shortage in the healthcare industry has prompted the nursing profession to search for innovative possibilities to expand the nursing workforce (Orsolini-Hain, 2012b). Nursing students bring diverse knowledge and experiences that could either enhance or hinder their learning as they work toward the completion of their nursing degree. Nurse educators are tasked to promote positive learning experiences that would enhance nurse graduates’ proficiencies in critical thinking and evidence-based practices once they have completed their nursing program.

The vision of nursing education was to provide competent graduate nurses who were equipped with the critical thinking skills to perform high-quality patient care independently and through collaboration with multidisciplinary healthcare teams (Orsolini-Hain, 2012b). Nursing schools were tasked to evaluate applicants for their potential to achieve successful completion of
the nursing program (Battié, 2013). A variety of factors could influence the academic success of nursing students. Some of those factors included tutoring, student-faculty relationship, acclimation to a nursing program, and preadmission testing (Smith, Engelke, & Swanson, 2016). Other factors were related to individual students, such as family support, employment, motivation, and self-concept (Raman, 2013). The topic of this study included an exploration of how associate degree nursing (ADN) students who were eligible to graduate described how prior or concurrent healthcare work experience affected their academic progress and success in nursing school.

Chapter 1 includes the examination of the background of the study, the need and purpose of the study, and the significance of the study. Chapter 1 also includes the description of the research design, the research questions, the limitation and assumptions of the study, and definitions of terminology used in the study. The conclusion contains the organization of the remainder of the study.

**Background of the Study**

Previous researchers addressed factors that could affect academic success of nursing students, as described in their upcoming paragraphs. Phillips, Kenny, Smith, and Esterman (2012) conducted an interpretive descriptive study to explore how working while enrolled in an Australian university school of nursing affected the graduate’s academic progress. The participants were first-year registered nurses. The inclusion criteria covered graduates who worked while attending nursing school and those who did not. Phillips et al. discovered that graduates that worked while attending school identified ease of transition upon graduation,
financial freedom, autonomy, and future work opportunity at their healthcare work environment. Institutional and individual factors attributed to learners’ experiences of their academic journey. Examples of the institutional factors were the competitive admissions process, faculty support, mentorship, tutoring programs, and financial support (Smith et al., 2016). Fontaine (2014) focused on proper academic planning, counseling, and peer tutoring as some examples of the factors which promoted retention. The outcome of Fontaine’s study supported increased retention in associate degree programs. Individual elements involved family and financial aid, previous academic and work experience, and self-concept. Raman (2013) and Tharani, Hussain, and Warwick (2017) focused on emotional well-being and learning environment. Tharani et al. discovered that faculty involvement, academic expectations, and teaching strategies affected the learners’ emotional well-being. When nursing educators and administrators acknowledge and understand the experiences of learners as they progress through their academic journey, faculty support and resources may promote completion of nursing programs. Conversely, Hasson, McKenna, and Keeney (2013) explored the effect of learners working part-time as healthcare assistants in the United Kingdom while attending a four-year nursing program. Hasson et al.'s. revealed that pre-licensure nursing students reported working part-time negatively impacted their academic performance.

Kolb’s experiential learning theory and Knowles’s (1980) adult learning theory served as the theoretical framework for the study. Kolb (2015) stated that experiential learning theory involved the natural course of experiences and learning from those experiences. The results of self-reflection lead to the pursuance of personal goals. The evaluation of the new experiences
generated another cycle of experiential learning. Kolb defined experiential learning theory as “a particular form of learning from life experience; often contrasted it with lecture and classroom learning” (p. 306). Based on Kolb’s theoretical framework, educators can disseminate new information to students with prior and concurrent work-related healthcare experiences, as well as modify knowledge derived from those experiences that may hinder the acceptance of new information (Kolb, 2015).

Knowles posited as learners mature, they accumulate a vast amount of experiences that can prove to be valuable resources during their academic journey (Knowles, Holton, & Swanson, 2012). According to Knowles et al., adult learner readiness to learn is affected by their life reflections. Therefore, the motivation to learn is impacted by the relevancy of new knowledge to the learners’ life situation (Knowles et al., 2012).

**Need for the Study**

Prior researchers have demonstrated a variety of factors as being influential in the overall experience of nursing students and can impact attrition and retention rates (Hoeve, Castelein, Jansen, & Roodbol, 2017; Schwarz & Leibold, 2014). One factor may be prior work experience (Adams-Miller, Kimble, Sudia, & Gee, 2016; Hickey, Sumson, & Harrison, 2012). Conversely, Tower, Cooke, Watson, Buys, and Wilson (2015) performed an integrative review to explore the transition experiences of students with “non-degree nursing qualifications” (p. 1174) in baccalaureate nursing degree programs and found that those with prior healthcare work experience faced more academic challenges than those who did not have prior healthcare work experience. The majority of studies addressed baccalaureate and accelerated nursing programs.
A gap exists in the literature regarding how prior healthcare work experiences influenced the experiences and progress of nursing students in associate degree programs. Understanding how ADN students interpreted their prior healthcare work experiences as they progressed through the associate degree program was anticipated to assist nurse educators to develop effective strategies to promote a positive learning environment and completion of the nursing program for future students.

**Purpose of the Study**

The purpose of this basic qualitative study was to explore how ADN nursing students eligible to graduate, with prior or concurrent healthcare work experience describe their academic experiences and progress in an associate nursing degree program. The experiences that adult learners brought to the academic world posed both positive and negative influences (Crow & Bailey, 2015). Adult learners may possess such intense conviction of past experiences that the learner would be reluctant to be open to new knowledge (Adams-Miller et al., 2016; Stombaugh & Judd, 2014). Nurse educators must acknowledge the characteristics of adult learners within nursing programs and how learners perceive their life experiences as a valuable resource in order to promote a positive learning environment.

**Significance of the Study**

The American Association of Colleges of Nursing (ACCN, 2014) professed that with the nursing workforce projected to increase only 22% by 2018, the current supply of nurses is not adequate to meet the anticipated demand. The Bureau of Labor Statistics (2018) projected the registered nurse workforce to increase by 14.8 percent by 2026. Unless this imbalance is
corrected, AACN estimated that the United States would be short more than one million registered nurses (RN) by 2020. Exploration of factors promoting the academic success of ADN students can provide insight into how academic performance can be supported in future nursing students (Amankwaa, Agyemang-Dankwah, & Boateng, 2015). Amankwaa et al. also interjected that understanding student-related experiences, academic performance, and predictors of students’ success in nursing schools are crucial for not only the nursing institutions but also students, and the society as a whole. From the viewpoint of nursing education, it is vital for nurse educators and curriculum developers to identify and acknowledge factors that can promote the success of nursing students.

**Research Question**

How do recent nursing students eligible to graduate with healthcare work experience describe their academic experiences and progress in an ADN program?

**Definition of Terms**

Terms defined in this section are intended to explain and assist the reader in understanding the full meaning of the study. The following terms are defined as follows:

**Accelerated Nursing Program**

Accelerated nursing programs are designed for students with a bachelor’s degree in another field to enroll in and complete a baccalaureate or master’s degree program within 11 to 18 months. “These programs build on previous learning experiences and provide a way for individuals with undergraduate degrees in other disciplines to transition into nursing” (AACN, 2019a, par. 1).
American Association of College of Nursing

The American Association of College of Nursing is an organization that assists academic nursing institutions in establishing and implementing “quality standards for nursing education, research and practice” (AACN, 2014, par. 1).

Associate of Science in Nursing or Associate Degree in Nursing

Associate of Science in Nursing or Associate Degree in Nursing (ASN/ADN) is a program which typically takes two to three years to complete at a community college. The learners who earn 72 credits are awarded an associate degree in nursing. Learners who complete the associate degree nursing program are eligible to take the National Council Licensure Examination-Registered Nurse (NCLEX-RN) examination and apply for licensure as a Registered Nurse (National Council of State Boards of Nursing, 2019).

Diploma-Prepared RN

Diploma-prepared RNs are nurses who received their nursing education from nursing programs administered in a hospital setting. The length of the setting is generally three years. The curriculum of diploma nursing focused on task-oriented nursing care (AACN, 2019b).

National Council Licensure Examination for Registered Nurse

National Council Licensure Examination for Registered Nurse (NCLEX-RN) is a nationwide examination for licenising individuals who graduate from a state-approved nursing school. The licensing examination was developed by the National Council of State Boards of Nursing (NCSBN, 2019).
National League for Nursing (NLN)

The National League for Nursing is the premier organization for nurse faculty and leaders in nursing education. The NLN offers professional development, networking opportunities, testing services, nursing research grants, and public policy initiatives to its 40,000 individual and 1,200 institutional members. NLN members represent nursing education programs across the spectrum of higher education, health care organizations, and agencies. (NLN, 2019, para. 1).

Nontraditional Nursing Students

Nontraditional nursing students are defined as students that meet at least one of the following criteria: 25 years or older, commutes to school, enrolled part-time, male, a member of a racial or ethnic group, speaks English as a second language, has dependent children, holds a general equivalency diploma, and/or has required remedial classes (Jeffreys, 2012).

Nondegree Nursing Qualifications

Nurses with nondegree nursing qualifications have a certain level of competency in practice and are considered more work ready. Tower et al. (2015) considered individuals with non-university nursing qualification as a diploma-prepared nurses.

Prior Healthcare Work Experience

Prior healthcare work experience is both paid and unpaid work in a health or health-related field where the individual is responsible for direct patient care within the scope of their practice before enrolling in a nursing program (Houghton, Casey, Shaw, & Murphy, 2013).
Research Design

The methodological design for the research study was a basic qualitative design. Creswell (2014) stated that using qualitative research avails the researcher of the opportunity to explore and understand the meaning of the individual’s experiences of social and human phenomenon. Basic qualitative research, which is synonymous for basic qualitative research, can solicit richer data than conventional qualitative research (Percy, Kostere, & Kostere, 2015). Conventional qualitative research such as ethnography, case study, phenomenology, and ground theory concentrate on specific data collection process that includes methods of deriving data unique to the specific conventional qualitative methods (Percy et al., 2015).

According to Percy et al. (2015), basic qualitative research is appropriate for studies where the researcher’s focus is on the participants’ perception of the meaning of external rather than internal events. Generic qualitative research has two subcategories: descriptive qualitative and interpretive descriptive qualitative. A descriptive qualitative design is noted as a research design that involves minimal interference which in turns promotes closeness between the researcher and the data (Kahlke, 2014). Kahlke stated that the interpretive qualitative research approach developed by Thorne, Kirkham, and McDonald (1997), was designed for nurse researchers who study focused on experiences and clinical practice.

Although the qualitative interpretive method is used for clinical studies, other “healthcare disciplines and education” (Kahlke, 2014, p. 41) also used this approach. The generic qualitative researcher elects this approach when the research questions do not fit the conventional qualitative methodology. Ultimately, when the researcher attempts to fit their research question
within the boundaries of conventional qualitative design, the study will lack rich, in-depth data and interpretative validity is compromised (Kahlke, 2014). Most generic qualitative researchers collect data through semi-structured interviews (Kahlke, 2014; Percy et al., 2015).

Selection of the appropriate research design requires an understanding of the advantages and disadvantages of the proposed research design. The same applies to basic qualitative research design. Despite the negative assumptions, basic qualitative researchers professed advantages to the basic qualitative approach. The basic qualitative process gives researchers the flexibility needed when conventional qualitative methods are not appropriate for the research questions (Percy et al., 2015). Consequently, when utilizing generic qualitative approach, the researcher must have an in-depth understanding of all qualitative methods in order to select the best method to yield a real understanding and interpretation of the research participants’ beliefs, values, and meaning of their life events. Generic qualitative researchers find that they can analyze data at different angles secondary to basic qualitative broad approach (Kahlke, 2014). The basic qualitative method allows the researcher to apply theory and concepts as the foundation for the research project. Basic qualitative research focuses on exploring the individuals’ account of their experiences as they interact with external life events (Percy et al., 2015). Understanding the meaning of the prior or existing healthcare work experiences of ADN students while they were enrolled in the nursing program can assist educators with developing strategies to facilitate the learners in experiencing a positive learning environment. Thus, a basic qualitative approach was selected as the best choice to assist with answering the research question for this study.
Assumptions and Limitations

Vogt (2005) defined an assumption as a statement that is presumed to be accurate or at least plausible, by those who will read a research study. In other words, the reader will assume that certain aspects of the study is true given the population, statistical test, research design, or other delimitations. Roberts and Hyatt (2019) defined limitations as to specific areas over which the researcher has no control. Some typical limitations are sample size, methodology constraints, length of the study, and response rate compared to delimitations including inclusion and exclusion criteria. Limitations of a research study can be perceived as a weakness of the study, but those limitations do not mean that the study is less credible. It is essential not only to identify all known assumptions, limitations, and delimitations, but those assumptions should not contradict limitations.

Assumptions

The following assumptions were identified in this study. The first assumption was that all participants met the minimal requirements of completing the Nurse Assistant 1 certification or had worked or were working in the healthcare industry. The second assumption was that all participants could read, write, and understand the English language. Finally, the third assumption was that all study participants were honest and forthcoming with their perception during the interview process.

The following methodological assumptions were identified. The first methodological assumption was that the basic qualitative approach was the appropriate research design to assist in answering the research question. The best strategy for data collection was the use of a semi-
structured interview was considered the second assumption. The third assumption was that the interview questions would provide in-depth responses from the study participants.

The theoretical assumption was that the experiential learning theory and the adult learning theory would provide a guiding framework for the study. The theoretical assumption implies that students gain new knowledge based on their past experiences. Students reflect on their past experiences to determine what paths to take towards self-improvement. Most students believe that their past experiences assist them in making a smooth transition towards professional advancement.

Limitations

Using basic qualitative design constitutes the selection of a small sample, which may not provide an actual representation of the general population (Creswell, 2014). The second limitation was the researcher’s experience in research studies, as this is the first formal research study conducted. The third limitation was also related researcher’s experience. The novice researcher developed the semi-structured, open-ended interview questions for the research study. In order to minimize these limitations, field testing was used to review the interview questions for appropriateness and preconceptions. Mentor and committee members also reviewed the interview guide, as well as the interview questions for appropriateness to the research question. The fourth limitation was the participants were from three community colleges in the southeastern region of the United States and may not be generalizable associate degree nursing student population within that region.
Delimitations

One of the admission requirements of the community colleges in the southeastern region of the United States was to complete the Nurse Assistant 1 course, pass the certification examination, and be listed on the State Nurse Assistant Registry. There was no requirement for the students to obtain healthcare work experience before applying for admission. Students without healthcare experience were not recruited for the study, because they could not provide meaningful data to the study. Students who were not eligible to graduate were not able to provide meaningful data if they had not completed the nursing curriculum.

Organization of the Remainder of the Study

This qualitative research study comprises five chapters. Chapter 1 included a discussion regarding the background of the research study, as well as the significance of the study to nursing education specialization. Chapter 1 identified the gap in the literature, and the research question developed based on the gap in the literature. Terms that may not be familiar to the reader were also identified in Chapter 1. Finally, the assumptions and limitations of the research study were described.

Chapter 2 focuses on the theoretical framework of the study and includes synthesis, analysis, and critique of the topic. The information in Chapter 3 focuses on the research design selected to explore the research problem and questions. Chapter 4 presents the analysis of the data collected. Chapter 5 includes a summary of the findings of the data, the interpretation, and the implication of the data analysis. Chapter 5 also includes a recommendation for practice and future research.
CHAPTER 2. LITERATURE REVIEW

The purpose of the literature review is to deliver a thorough analysis of research findings regarding nursing students with healthcare experience and their success in an associate degree nursing program. Chapter 2 begins with methods used to search for the literature that was relevant to the research study. A detailed description of the theoretical framework will be provided in this chapter. A significant portion of this chapter includes an in-depth review of literature. Existing literature findings will begin with a discussion of associate degree nurse status in the realm of professional nursing, followed by a discussion of nursing students’ healthcare work experience and their transition to a nursing program. The majority of the current literature findings focused on baccalaureate degree nursing students, substantiating the gap in the literature regarding associate degree nursing students with healthcare work experiences and completion of an associate nursing degree program. The chapter concludes with a synthesis and critique of previous literature.

Methods of Searching

The literature reviewed was obtained through extensive online search techniques. The peer review feature and date parameters from 2012 to 2019 were selected for the search engine. Searching outside of the university library was also selected. The assistance of the librarian was also solicited to identify other keywords. The search engines utilized were *Summons, ERIC, Wiley, EBSCO, ProQuest, Open Access, Google Scholar*, and *CINAHL*. The literature contained recent research that was relevant to the study yet focused more on baccalaureate degree nursing students than associate degree nursing students. The titles of articles that were identified were
sent through Google Search to locate additional literature. The authors of articles focused on associate degree nursing students cited through Summons and Google Search for additional articles relevant to the study. Keywords used in the search included associate degree nursing program, career transition, healthcare experience, ADN, paraprofessionals, licensed practical nursing, emergency medical technician, paramedics, certified nursing assistants, qualitative studies, quantitative studies, adult learning theory, and experiential learning theory.

Theoretical Orientation for the Study

Two theories served as the guiding framework for the study. Those theories included Kolb’s experiential learning theory and Knowles’s adult learning theory. The theories were selected because of the relevancy to the research study secondary to the focus on adult life experiences, and will be addressed in the upcoming paragraphs.

Experiential Learning Theory

Experiential learning theory consists of four stages: experience, observe and reflect, abstract conceptualization, and active experimentation (Knowles et al., 2012; Kolb, 1984). Kolb hypothesized that learning is a continuous process which is grounded in experiences. Kolb (2015) stated that in order for individuals to become active learners, they must be fully open to new experiences, be able to observe and reflect on their experiences from different viewpoints, and develop assumptions that incorporate into logical theories, finally, use those theories for their decision-making and problem-solving processes. Kolb (1984) attributed the development of his experiential learning theory to Dewey. Kolb’s theory is frequently used in nursing education research. Experiential learning theory is considered a process which involved “education, work
environment, and personal development” (Kolb, 2015, p. 4). Kolb (2015) maintained that the learning process does not encompass a group of fixed thoughts or ideas, but rather a dynamic conglomeration of experiences. Acknowledging that learning is a process involving continuous events of experiences impacts the realm of education in that all learning is relearning. Individual’s cognitive inventory is filled with past and present experiences (Kolb, 1984). These experiences can impact or hinder the development of future experiences. Kolb (1984) stated that because the continuous process of learning is grounded in experiences, it imposes educational implications. He stated that “all learning is relearning” (Kolb, 2015, p. 39). Learners with experiences related to the academic program they are entering, enter with preconceived assumptions of the topic and its relevance to their academia (Benner, 1984). Leh’s (2007) seminal analysis of preconception in nursing revealed that nursing students formed thoughts of courses related to the study before they begin their nursing program. The concept is known as preconception and may have an unfavorable impact on learning and critical thinking of nursing students (Leh, 2007). Occasionally, educators may be required to recognize and manage preconceptions in order to promote a productive learning environment (Kolb, 2015).

Henoch et al. (2014) conducted an exploratory study that focused on third-year nursing students’ experiences in a clinical research project. Henoch et al.’s study was grounded in Kolb's experiential learning theory. The learning activity used in the study was” experiential learning through the involvement in the research project” (p. 189). The outcome of Henoch et al.’s study revealed that nursing students’ interest in nursing research increased, with a higher level of deep learning. Victor (2017) conducted a retrospective study regarding clinical nursing judgment in
prelicensure students involved in scenario-based activities. Victor’s study was grounded in experiential learning theory. Victor’s data confirmed that the use of experiential learning theory may improve clinical judgment of baccalaureate nursing students during scenario-based activities. The accumulation of the students’ experiences influences the future of the students (Kaylor & Strickland, 2015).

**Adult Learning Theory**

Knowles (1980) developed four principles of adult learning theory; however, as he continued to reflect on the assumption of adult learning, his list evolved to six principles. Knowles identified six common characteristics of adult learners (Knowles, 1980). Adult learners are defined as independent individuals with goals that direct and motivate their perception of self (Knowles, 1980). Learners relied on their life experiences as the foundation for future learning. Adult learners must understand the relevance of the application of new knowledge (Knowles, 1980). People generally want to be able to apply new knowledge to present circumstances. Learners predominantly are driven by internal factors instead of external factors (Knowles, 1980).

Knowles’s (1980) adult learning theory is a concept that works well with Kolb's (1984) experiential learning theory in that both theories focus is on the individual's life experiences. Knowles et al. (2012) stipulated that in adult education, the learner becomes cognizant of the value of their experiences. Knowles’s adult learning theory is considered a process model versus a content model. The content model is typically used in the pedagogical approach and is generally teacher driven. The students in a content model environment are expected to adjust
themselves to absorb the content dissimulated. In the process model, the learner is primary, and the educator role is multifaceted. “The educator in a process model may take on the role of a facilitator, consultant, or change agent” (Knowles et al., 2012, p. 114). In a learning environment that is grounded in the adult learning model, the roles of the educator and the learner are interchangeable because they receive new information from each other.

The use of adult learning theory as the foundation of curriculum development requires nurse educators to be cognizant of the characteristics of adult learners and identify areas where other approaches are needed to promote a learner-centered curriculum for a generational diverse learner populace (Knowles et al., 2012). Understanding the characteristics of adult learners, the importance of his or her life experiences, and acknowledge those experiences as valuable resources are also beneficial in promoting a positive learning environment. Nurse educators who are sensitive to the needs of adult learners understand the importance of prior work experience and why it is vital to incorporate their real-world experience into the content of their nursing studies. Using this teaching strategy will foster a trusting relationship between educator and learner.

**Review of the Literature**

The review of literature begins with the history of associate degree nursing (ADN) programs, followed by a description of different levels of nursing programs. The remainder of the literature review includes in-depth descriptions of factors influencing ADN students’ success, types of prior healthcare work experiences, and the influence of work experience on ADN students and graduates.
History of Associate Degree Nursing Programs

ADNs were pivotal in providing care during the World War II era (Staykova, 2012). After World War II, many women left nursing to return care for their own families (Staykova, 2012). Women who served as nurses in the war did not want a diploma-level license. At the same time that women were leaving the nursing profession, the baccalaureate of science in nursing (BSN) program only produced 15% of the nurse graduates needed to meet the demand required for the hospitals (Orsolini-Hain, 2012b). The attrition of diploma-level nursing students, coupled with the small number of BSN prepared nurse graduates, lead to a need to research alternative methods for meeting the need for more nurses. President Truman assigned the Commission on Higher Education to develop a plan to move technical nurses academically to the professional level. During the post-World War II era, ADN prepared nurses were categorized as semi-professional nurses, while diploma or hospital-prepared nurses were technical nurses (Orsolini-Hain, 2012b). Catalano (2015) reported that ADN programs were initially planned to be a quick fix to the nursing shortage during the World War II era.

The rise of Baby Boomers and the need for more nurses made the ADN program became an appealing solution. Brown’s (1948) seminal report to the National Council of Nursing included a recommendation that nursing education transition from hospital training to colleges and universities to improve the quality of nursing education. Montag’s (1950) seminal work stressed the importance of college-prepared nurses. Montag's recommendation was to relieve nursing shortages by decreasing the number of years that an individual spends in nursing academia to two years. Montag focused on generating technical nurses at the two-year college
level and professional nurses being bachelor’s-prepared nurses. Montag believed that there should be two constituents of nursing: technical and professional nursing. The proposal also included that professional nurses could provide high-quality care when technical nurses sustained them. Montag also proposed a nursing curriculum consisting of half the curriculum of general studies and the other half consisting of different clinical specialties. ADN programs generally took two years from commencement to graduation. Some students took up to three years (Orsolini-Hain, 2012b). Outside organizations, such as the Institute of Medicine (IOM) and the Robert Woods Johnson Foundation had a more recent historical influence on ADN programs, as described in the upcoming content.

Influence of the IOM report on ADN programs. The IOM conducted a study to investigate the quality of nursing care in hospitals. The result demonstrated that nurses were inadequately educated to care for patients with many infirmities (Battié, 2013). The complexity of health care and changes in technology had prompted the IOM to develop a report that focused on the enhancement of nursing education so graduate nurses would be better equipped to deal with the evolving changes in the workplace. The IOM published the report to mandate changes in nursing education. The recommendations noted in the IOM’s report (2011), *The Future of Nursing: Leading Change, Advancing Health*, addressed the quality of the nursing profession and dictated the renovation of the methods used to disseminate nursing education (Battié, 2013; Kowalski, 2012; Shaffer, Davis, Dutka, & Richardson, 2014). When the IOM published the report, the three entry-level nursing programs were a diploma, associate, and baccalaureate. The
IOM felt that to provide a high quality of nursing care for patients with highly complex illnesses and injuries, baccalaureate-prepared nurses must be entry-level nurses in the hospital setting.

Orsolini-Hain (2012b) asserted that within the IOM report, eight recommendations and 42 sub-recommendations were included to aid in accomplishing the four key components. Four of the eight recommendations focused on nursing education. Orsolini-Hain conducted a study focused on the recommendation related to ADN education, which focused on interdisciplinary collaboration. Orsolini-Hain suggested the incorporation of interdisciplinary nursing education in colleges and universities that also housed other healthcare professional training programs, such as those for respiratory therapists and pharmacy technicians could foster interdisciplinary collaboration. Orsolini-Hain recommended pairing medical students and ADN students in virtual classes to promote interdisciplinary collaboration.

Orsolini-Hain (2012b) suggested a solution to IOM’s (2011) recommendation of BSNs by 80% by 2020 involved interdisciplinary healthcare teams. Orsolini-Hain maintained that the complexity of healthcare and technology is an active component of the interdisciplinary team. While the registered nurse (RN)-BSN programs promote lifelong learning as an innovative resolution, Orsolini-Hain stated that most of the ADN prepared nurses returned to school only one time during their careers. Orsolini-Hain recommended developing an ADN to master’s of science in nursing (MSN) program similar to the RN-to-BSN bridge program. Orsolini-Hain stressed the need for competency-based education through collaboration between faculty and healthcare organizations to incorporate the competencies needed to provide a high quality of care.
to a diverse, complex population while also providing an opportunity for interdisciplinary education.

**Influences of the quality and safety in ADN programs.** The IOM report prompted the Robert Wood Johnson Foundation to offer a grant to the American Association of Colleges of Nursing (AACN) to develop Quality and Safety Education for Nurses (QSEN) (AACN, 2012). The initiative outlined core competencies for each level of nursing education with the intent to promote a high quality of care through evidence-based practices (Barnsteiner, Disch, Johnson, Chappell, & Swartwout, 2012). According to Barnsteiner et al., incorporating core competencies into the nursing curriculum via knowledge, skills, and attitudes (KSAs) allows the nurse educator to develop quality nursing curriculum. Barnsteiner et al. identified four phases of the QSEN initiative. Phase 1 outlined the six core competencies. During Phase 2, the Institute for Healthcare Improvement’s learning collaborative method was used to develop, test, and disseminate teaching strategies to 15 pilot nursing schools. Phase 3 emphasized the promotion of continued innovation in the development and evaluation of methods to elicit and assess students learning the KSAs for the six core competencies. The goal of Phase 4 was centered on faculty development, so faculty would be better prepared to disseminate information to learners.

Jones (2013) conducted a study to evaluate associate nursing student’ awareness of safety while performing quality nursing care. The pre-test/post-test methodology conducted during the first semester validated the ADN students’ understanding and the comprehension of QSEN proficiencies (Jones, 2013). During the pretest phase, numerous discrepancies were discovered that could have compromised patient safety, such as missing patient identification bands,
incorrect positioning of nasal cannulas, and not responding to low oxygen saturation. After the QSEN discourse and post-test, the nursing students were cognizant of elements that would compromise the patients’ surroundings and immediately reported issues to their clinical instructor. The pilot project substantiated the implementation of QSEN teaching strategies in order to enhance safety awareness.

Levels of Nursing Programs

Individuals interested in ADN programs were considered non-traditional who are seeking the shortest and most economical path towards a professional career (Francois, 2014; Hadenfedlt, 2012; Staykova, 2012). Keating (2015) stated that ADN programs offered affordable tuition, which also attracted individuals with challenged financial means. Currently, there are several types of nursing programs; ADN, BSN, Master of Science in Nursing (MSN). Eligible ADNs can transition to BSN or MSN programs, as will be described in the upcoming paragraphs.

ADN versus BSN. There were concerns among ADNs that there would be no differentiation between associate-prepared nurses and baccalaureate-prepared nurses. Some ADNs felt that they performed efficiently in the clinical setting and in management as well as BSNs, and would not pursue a BSN (Fauteux, 2013). Some universities offered associate degree nursing programs (Billings & Halstead, 2012). The ADN could be obtained in two years “consisting of 30 credit hours of general education, including biology and social sciences” (Billings & Halstead, 2012, p. 126). Upon completion of the nursing program, an individual is eligible to take the National Council Licensure Examination (NCLEX) for the registered nurse licensure. Four-year colleges and universities offer BSN programs (Fauteux, 2013). Billings and
Halstead (2012) reported that BSN programs prepare nursing students to deliver care holistically to individual patients and communities. The BSN curriculum includes leadership and management and nursing concepts alongside traditional nursing courses. Upon completion of the BSN program, the nurse graduate is eligible to take the NCLEX for registered nurse licensure. BSN prepared nurses had more experience with “nursing theory, research, community health, and management” (Schwarz & Leibold, 2014, p. 172) than ADN prepared nurses.

Many individuals have pursued an ADN program as their entry level into the nursing profession. Schwarz and Leibold (2014) conducted a mixed-method study to determine the barriers that affected ADN’s decision not to advance to the BSN level of nursing. Schwarz and Leibold used a survey and interview processes to collect data. The outcome of Schwarz and Leibold’s data analysis and interpretation emerged ADN prepared nurses identified family and work constraints, lack of financial assistance, and lack of distinction between ADNs and BSNs (Schwarz & Leibold, 2014). Schwarz and Leibold stated that the lack of distinction between ADNs and BSNs was confirmed by BSNs who were formally ADNs remained in the same positions as ADN prepared nurses.

Auerbach, Buerhaus, and Staiger (2015) conducted a study comparing the different education levels of nursing. The researchers’ analysis included a two-year associate degree program, a three-year hospital-based program, and a four-year baccalaureate degree program. Auerbach et al.’s study revealed the dissolution of the three-year hospital-based program, leaving only the two-year associate degree and four-year baccalaureate degree program for comparison.
Rice (2015) conducted a descriptive correlation study that focused on the clinical success of ADN students. Rice proposed that new nursing graduates at any level of nursing showed differences in performance competency levels in the clinical setting. Rice used the General Self-Efficacy Scale, Self-efficacy in Clinical Performance Scale, the Mayer-Salovey-Caruso Emotional Intelligence Test, Short Nursing Competence Questionnaire, and clinical evaluation completed by the nursing instructors. “Many students (57%) had worked as licensed practical nurses, emergency medical technicians, or licensed nursing assistants prior to attending the nursing program. The majority of participants had attended (20%) or completed (68%) a college degree prior to pursuing their current ADN” (Rice, 2015, p. 209). The outcome of Rice’s study revealed that students who rated high in emotional intelligence and self-efficacy also rated high in student perceived clinical competency.

Orsolini-Hain (2012a) conducted a study that identified the elements which impacted ADNs rationale for abstaining from seeking a higher level of education. Orsolini-Hain’s phenomenological study revealed that ADNs in the target population felt that a higher level of education would not change the quality of their nursing care. Also, the level of higher education did not impact their relationship with their colleagues. The outcome of the Orsolini-Hain’s study revealed impeding factors such as “work commitment and family obligations, plus institutional barriers, such as inaccessibility to courses as a result of large commute distance and lack of credit for previous learning, cost issues, and advancing age” (Orsolini-Hain, 2012a, p. 82). ADNs also felt intimidated by the rigorous curriculum, scholarly writing requirements, the transition from an expert to a novice role in the classroom, and the uncertainty of a new role
(Orsolini-Hain, 2012a). Orsolini-Hain suggested that hospitals partnering with healthcare organizations and universities could develop a curriculum in which courses can be completed online or at the place of employment. A revision of the hospital salary policy should include an increase in salary as an incentive for obtaining a higher level of nursing education. The message conveyed to ADN prepared nurses who are interested in nursing advancement, should promote optimal patient care and not send undertones of lack of competency. Nurses of all levels are critical in healthcare and should feel that their skills are adequate, as there is a need for nurses in all aspects of patient care. As the complexity of patient care increased, concerns that licensed practical/vocational nurses and ADN prepared nurses might not be able to process the skills to handle the complexities of patient care.

RN-to-BSN programs. ADN programs appeared to be the level of nursing that prospective student preferred because of the cost of tuition and the length of the curriculum (Salamonson et al., 2014). After completing the ADN program and passing the NCLEX-RN, nurse graduates can easily transition to BSN or MSN with the credits earned and professional experience.

Conner and Thielemann (2013) reported that many ADN prepared nurses lived and worked in rural areas because the location of many community colleges were in rural communities. Upon graduation and obtaining licensure, the ADNs worked in their communities. Many rural residents were low income or below the poverty line. The rural residents were also generally underinsured or uninsured and relied much on ADNs for nursing care (Conner & Thielemann, 2013). It is pivotal that ADNs are equipped with the skills to handle the
complexities of illness and injuries, hence establishing the rationale for RN-to-BSN programs. Allen and Armstrong (2013) evaluated the design of RN-to-BSN curriculum, supporting the assumption that nurse educators of the community colleges and universities must work together to develop a seamless RN-to-BSN program. The success of the RN-to-BSN program required the agreement on prerequisite courses, core courses, and clinical and credit hours by the partner schools. The agreement would avoid redundancy, a lengthy curriculum, and higher tuition. The curriculum should focus on the adult learner by addressing “previous experience, relevant assignments, and environmental trends as well as incorporating evidence-based practices” (Allen & Armstrong, 2013, p. e41).

Heglund, Simmons, Wink, and Leuner (2017) evaluated a concurrent ASN-to-BSN program in Central Florida. Heglund et al. stated that the purpose of the concurrent program was to address educational alternatives that would accommodate more students. In an attempt to meet the IOM’s BSN by 2020 recommendation, concurrent ADN-to-BSN programs were developed to motivate ADN prepared nurses to advance to the BSN level. The sample in Heglund et al.’s study were students enrolled in both university and state colleges simultaneously similar to the RN-to-BSN program. The outcomes of the ADN-to-BSN program proved to be a positive experience as well as being compliant with the IOM's BSN in 2020 recommendation.

McNiesh, Rodriquez, Goyal, and Aspen (2013) addressed the students' interpretation of the value of an ADN-to-BSN program. McNiesh et al. conducted an 18-month qualitative study to explore the experiences of ADN nursing students as they progress through the transition program. The ADN program and the BSN program were synchronized. Courses in the ADN
program were presented in the classroom environment, whereas the BSN courses were
dissimilated either in class or online (McNiesh et al., 2013). The faculty maintained an open-
door policy for student support. Initially, the students felt confident about completing the
program, but later, some students found it challenging to acclimate to BSN as they progressed
from a systematic curriculum to a conceptual curriculum. Some of the learners' anxiety was due
to the fear of failing the BSN program. As the student progressed, they felt that the curriculum
was less rigid, and the teaching style was less systematic. Towards the end of the program, the
learners felt that the “higher concentration of learning skills from the ADN program dictated a
highly directed and linear style” (McNiesh et al., 2013, p. 331). The students also appreciated the
length of time spent on BSN classes on different concepts.

**ADN-to-MSN programs.** Fogel (2015) discussed the development of a program to
transition from an ADN to an MSN program. The method used to disseminate information was
grounded in the adult learning theory because the learners were established ADNs or RNs with a
second degree. Students were required to pass a BSN equivalency exam before admission into
the program. Fogel professed that developing a curriculum that eliminated repetitive courses and
incorporated essential BSN information, offered the majority of the courses online, and allowed
the learners to continue to work, and incorporating courses required for the learners to obtain
MSN competencies to include “the art of nursing and theory, research and theory” (Fogel, 2015,
p.243).

Gorski, Farmer, Sroczynski, Close, and Wortock (2015) steered a funded project to
evaluate four models developed to promote academic success in nursing education. One of the
models was RN-to-MSN programs. The accelerated alternative was developed to expedite the transition to advanced degree smoother than the transitional method. Gorski et al.’s study noted that ADN-to-MSN had been an archetype of the accelerated option to advanced nursing programs. The ADN-to-MSN program was developed for ADNs who had not completed their BSN. The program focused on reducing course redundancy and easing career transition (Gorski et al., 2015). The programs included the required BSN courses, thereby providing ADNs with the essential course content of BSN and MSN curriculum. Gorski et al. reported that these programs enabled entry into leadership roles and advanced nursing practice.

Jezuit and Luna’s (2013) study focused on the barriers ADN students perceived while returning to school to advance their nursing education. A survey comprised of 12 questions with comments section was distributed to all ADN students enrolled in community colleges in the mid-eastern region of the United States. A total of 2,920 ADN students completed the survey (Jezuit & Luna, 2013). Over half of the ADN students (59.9%) reported that they plan to obtain their MSN at some point during their career and 62.5% were interested in an accelerated alternative program such as RN-to-MSN program (Jezuit & Luna, 2013). The prominent barriers were family obligations and financial support. The majority of the study participants preferred blended classroom settings, and only 15% of the participants prefer online learning environment (Jezuit & Luna, 2013). Jezuit and Luna reported that the outcome of the survey prompted universities in the mid-region of the United States to explore options for developing nursing curriculums that would meet the needs of ADN students.
Factors Impacting ADN Students’ Success

ADN educators, administrators, and curriculum developers examined many elements that may affect the success of nursing students. Academic institutions strived to create strategies to increase retention and reduce attrition rates. These factors may not be exclusive to cultural, gender-specific, or socio-economic. Examples of these elements may include ethnic diversity, age, gender, previous occupational experiences, cultural beliefs and values, finance, and familial support and obligations. This section will include student diversity, learning strategies, factors that influence attrition in ADN programs, the perspectives of ADN students, challenges of working while attending ADN programs, the impact of prior healthcare experiences on academic success and other factors that influence ADN students’ success.

Student diversity. Seago, Keane, Chen, Spetz, and Grumbach (2012) steered a descriptive correlation study to investigate the prognosticators that may have contributed to the success of ADN students. The researchers surveyed ethnically diverse student participants from four ADN programs. The majority of the study participants were married women with children. The ethnic diversity consisted mainly of White, African American, and Hispanic students. The results of the survey yielded that African Americans had a higher attrition rate than the other ethnic groups. Some students missed class because of their employment obligations. Students with a high pre-nursing and science grade point average (GPA) were successful in the nursing program. Seago et al. also discovered that the graduation rate varied, which lead to the assumption that community colleges may have used different models to promote success. Acknowledging the diversity of the student populace, such as their ethnicity, gender, generation,
and cultural specificities, nursing faculty and administration can impact students’ success in academia.

Registered nurses are considered the most significant population within the healthcare workforce, yet the number of minorities who are nurses does not represent the general population as a whole (Loftin, Newman, Dumas, Gilden, & Bond, 2012). Planas’ (2017) phenomenological study explored Hispanic nursing students at a university in the northeastern region of the United States. The researcher wanted to understand how Hispanic nursing students in a BSN program perceived their lived experiences in academia. Planas stated that learners felt that their secondary education did not prepare them for the sciences required for nursing. Other learners felt that English as a second language, hindered their comprehension of the courses. Many Hispanic learners felt that it was challenging to fit into another culture that was unfamiliar to them. Learners found it challenging to balance school and family obligations. Planas reported that developing an academic community that was culturally sensitive to the diverse nursing student populace could assist in a positive learning environment. However, the learners must take the initiative to seek out resources that would assist in their success.

Stroup and Kuk (2015) conducted a cross-sectional survey to identify whether Hispanic nursing students developed increased self-efficacy secondary to their interest in nursing, as well as identifying factors that may contribute to their success in their nursing program. The randomly selected participants were students from one community college and three universities located in the Pacific region of the United States. The instrument used in the research study was The Career Search Questionnaire (Stroup & Kuk, 2015). The results of the study identified (a) English as a
second language did not impact the Hispanic students and (b) there was a significant relationship between the Hispanic nursing students’ interest in nursing and self-efficacy. Another contributing factor was that Hispanic nursing students felt that healthcare work or volunteer experiences in healthcare industry gave them additional knowledge or practical skills that were helpful during their academic journey (Stroup & Kuk, 2015).

Rabitoy, Hoffman, and Person (2012) performed a multiple regression analysis investigating community college students’ demographics, socioeconomic factors, and the association with supplemental instructions. The participants in the study were predominately minority students: Asian, African American, Hispanic/Latino, and Native Hawaiian (Rabitoy et al., 2012). Data analysis revealed that minority students were not sufficiently prepared for post-secondary education in math and sciences. When minority students entered college, they found math and science courses challenging. Rabitoy et al.’s study substantiated the need for early intervention through assessment upon admission to address the students’ academic concerns. Students who received supplemental instruction received passing grades by the end of the semester, substantiating the need to implement supplemental instruction.

**Learning strategies that promote ADN success.** Fitzgerald (2013) a nurse educator, conducted a cognitive assessment using the think-pair-share method that was developed by Frank Lyman (1981). The target population included ADN students. Think-pair-share was a teaching strategy used in Fitzgerald’s study to promote student engagement and learner satisfaction. The educator initiated a discussion by posing a question to the learners. The learners were grouped into pairs or small groups to discuss their responses to the questions. At the end of the discussion
session, the pairs shared their responses with the rest of the class. This strategy fostered engagement and knowledge retention, as well as students’ ownership of their learning process.

An alternative teaching strategy was Karsten’s (2012) discussion on the use of electronic portfolios to assess competence in ADN students. Karsten initiated a case study of nursing students at an urban community college in New York. The purpose of the study was to identify the effectiveness of electronic portfolios at the associate degree level. The outcome of Karsten’s study validated the use of electronic portfolios concerning knowledge retention and clinical competencies through reflection and assigned projects (Karsten, 2012).

Mills et al., (2014) postulated that the development of clinical skills was a crucial component of any nursing curriculum and a replicated clinical environment provided students the chance to develop and discover problem-solving skills, clinical skills, and critical thinking in a patient-centered environment. Simulation labs are a teaching models that incorporated unfolding case studies, high-fidelity human patient simulation, a simulation hospital ward, videotaping, video playback, and debriefing (Mills et al., 2014).

Hardin and Richardson (2012) discussed conceptual teaching in nursing education. “Concepts were defined as a collection of social, cultural, and historical constructions and ideas that, over time, maintain similar form, structure, and patterns” (Hardin & Richardson, 2012, p. 1). Hardin and Richardson stated that conceptual teaching consists of identifying and analyzing misconceptions and preconceptions. The teaching strategy was crucial, particularly for learners with prior or concurrent healthcare work experiences. Conceptual teaching consists of building the learner’s understanding of becoming a life-long learner by developing metacognition. The
use of conceptual teaching techniques provided the learners with the ability to understand the concepts of nursing education and to make the connection between the concepts and their thinking and decision-making process (Hardin & Richardson, 2012).

**ADN student perspectives.** Raman (2013) studied academic success from the perspective of the ADN learners. The purpose of Raman’s study was to examine the relationship among the learner’s perception of academia and the resources offered, commitment to the nursing program, self-management, and the first year grade point average. The target populace included nursing students enrolled in an ADN program in the northeastern region of the United States. The outcome of the Raman’s study identified minimal or lack of faculty support, math courses that encompassed dosage calculations, prior experience related to the profession, and self-motivation. The recommendations derived from the results were (a) an increase in faculty presence and accessibility and (b) offer pre- and post-assessment for specific courses to proactively identify the need for remedial intervention.

Chen and Lo’s (2015) conducted a study to analyze nursing students’ satisfaction with an ADN program. A nationwide survey was conducted to understand students’ total experience and their expectations of the ADN program. The presumption was that learners’ satisfaction was directly related to the structure of academia, the presentation of the curriculum, and engagement with faculty. Chen and Lo found that students were more satisfied with the curriculum areas when they were relevant to current nursing practice, syllabus that described the expectations, and faculty who were experts in the subjects that they taught. The study also confirmed that positive psychosocial interaction was a significant element of satisfaction with education. To ensure an
effective curriculum, high-quality nursing program, and realistic expectations of students, nurse educators should consistently conduct pre- and post-assessments for validation or improvement (Chen & Lo, 2015).

Factors influencing attrition in ADN programs. Knauss and Willson (2013) conducted a correlation study to explore the relationship between academic success and Health Education Systems Incorporated (HESI) admission examination at a university in Sydney, Australia. The purpose of the study was to examine the relationship between HESI admission assessment scores and academic performance in the first two semesters of an ADN program. Knauss and Willson selected their sample from the first two semesters for their study because the highest attrition rate occurs within the first year of the ADN program. The results revealed a significant correlation between the HESI score and the final grade for each course, in that the higher the HESI score, the higher the final grade of each course. This study confirmed that using admission criteria is prudent for promoting student success. The use of HESI admission exams assisted the administrators in making evidence-based decisions for admission, reducing attrition rates, and promoting academic success.

Retention and attrition are just as crucial to the academic success of nursing students as the quality of the curriculum. Harding, Bailey, and Stefka (2017) took a different approach to discovering what factors influenced nursing students after readmission. The purpose of Harding’s et al. study was to investigate factors that influenced the academic success of ADN nursing students after readmission. Data was collected using the archival design. Despite perceived confidence and pre-nursing curricula preparation, some students ultimately found
themselves withdrawing or getting dismissed from school. Harding et al. reviewed archived records of 107 students who were re-admitted between 2009 and 2015. Other archival data collected for the study was mid-curricular HESI scores and GPA after readmission. No significant relationship between the HESI score, GPA, and program collection emerged from the data analysis. The interpretation of the data revealed that readmitted students who progressed to the second and third semesters were likely to complete the nursing program. Students with excessive absenteeism were not likely to complete the nursing program.

Other factors influencing ADN student success. Learners, regardless of their diversities, experience life events that may disrupt their academic journey. Lewis’ (2018) narrative inquiry explored the experiences of ADN nursing students who failed the required courses and had to repeat the failed courses. Participants were recruited from community colleges from the southeastern region of the United States. Face-to-face interviews produced the data for the study. Data analysis and interpretation yielded a variety of emotions. While most of the students felt devastated, some students were positive about repeating courses because they had another opportunity to see the concepts in a different light. Lewis the students went through a grieving process, but all returning students eventually repeated the failed course because their desire to become a nurse overpowered the desire to leave the nursing program.

The goal of nurse faculty and administration is to promote the success of nursing students through strategic teaching styles and techniques. Karsten and DiCicco-Bloom (2014) conducted a qualitative study grounded in theory to discover what students experienced when they failed nursing courses, the acceptance of their failures, and how they progressed toward completing
their ADN program. Data was collected during the face-to-face interviews. The analysis and the interpretation of data revealed that students miscalculated the rigor of the nursing program. The researchers discovered that students with a previous degree, a high GPA, or prior work experience assumed that they would have no cause to be concerned in the ADN program. When the learners acknowledged and accepted their failure, they were able to develop a strategic plan to repeat the course and continue through to graduation (Karsten & DiCicco-Bloom 2014).

Reader (2015) conducted a qualitative study to explore ADNs’ experience with moral distress as they progressed through nursing school. Fifteen senior ADN nursing students had undergone a face-to-face interview. The study participants spoke of incivility, lack of respect, lack of trust, and avoidance experiences as they progressed through the nursing program. Nursing students who experienced emotional distress, such as anxiety and distraction, also experienced a decreased ability to grasp new information (Reader, 2015). Some participants experienced kind words, trust, support, and a safe learning environment from the nursing faculty. Reader stated that the outcome of this study called for an environment that is respectful and supportive.

**Types of Prior Healthcare Work Experiences**

The review of the literature revealed several types of prior healthcare work experiences of ADN graduates and students. This section includes healthcare assistants, diploma-prepared nurses, and the experiences of licensed practical nurses (LPN) and military healthcare providers. This section also takes into account the strategies recommended to promote the success of individuals with prior healthcare experience.
Healthcare assistants. A qualitative study conducted by Draper (2018) discovered the experiences of healthcare assistants when they transitioned from nursing students to professional nursing. The study participants were 14 four-year nursing students in the United Kingdom. Draper noted that the study participants worked while enrolled in their nursing program. The healthcare assistants (HCA) were enrolled in a program that partnered with the study participants’ workplaces while attending an organization-sponsored program. The students worked as healthcare assistants (HCAs) while in nursing school. Their clinical practice took place at their place of employment. Study participants initially expressed confusion with the dual roles. They found themselves periodically reverting from student to HCA when they were involved in their clinical practice. Some students stated that their colleagues treated them as though they were working as HCAs while they were in their student roles. Ultimately, the students found that as they progressed through the ADN nursing program, concepts started to come together as they compared what they learned and practiced to what the nursing staff was doing. The transition program prepared nursing students for real-world practice. If students do not have the opportunity to experience the reality of nursing, attrition will increase (Draper, 2018).

Diploma-prepared nurses. Tower et al. (2015) conducted a study in Australia to investigate the experiences of non-degree students with previous nursing qualifications such as diploma-prepared nurses as they embarked on a nursing degree program. The challenges that arose from the study were (a) the inability to meet academic expectations, (b) unfamiliarity with self-directed learning, (c) conflicting demands of their life outside of academia, (d) lack of
confidence in their role as a student, and (e) threat to professional identity (Tower et al., 2015). Tower et al. reported that the recruitment of students with previous nursing qualifications was instrumental in the nursing shortage campaign. Retention would be challenging if specific interventions were not in place. The recommendations consisted of acclimation to the academic environment, tutoring by peers who were doing well, workshops to improve learning skills, and pre-assessment to identify and address deficiencies (Tower et al., 2015). These strategies would promote a positive academic experience and increase retention.

**LPN experience.** Encouraging other healthcare-related professionals to transition to the nursing industry can positively affect the nurse shortage. Jones, Tole, Knafl, and Beeber (2018) looked at transitioning licensed practical nurse (LPN) who advanced their careers to registered nurses. The retrospective design study conducted by Jones et al. contained data from the Health Professions Data System in the southeastern region of the United States. The researchers discovered that out of 39,398 LPNs, only eight percent transitioned to registered nurses between 2001 and 2013. The researchers suggested there was a need to encourage LPNs to consider advancing their careers to registered nurses, particularly in rural areas. The healthcare experience of LPNs avails a smooth transition into ADN program.

**Military healthcare experience.** Veterans with military healthcare experience are another resource for minimizing the nursing shortage. While most of the literature regarding veterans focused on their enrollment in BSN programs, the results could also be applied to veterans who choose to enroll in ADN programs. Voelpel, Escalier, Fullerton, and Rodriguez (2017) discussed the veteran baccalaureate degree nursing program (VBSN), which was
developed and implemented at Stony Brook University. The goal of this program was to assist veterans in transitioning through the BSN program. This program was unique in that the faculty and administration were tasked with addressing the multiple physical and psychological barriers that veterans incurred during their military service. Voelpel et al. identified lack of trust, communication, misconceptions of nursing care, differentiation of roles, and post-traumatic stress syndrome secondary to military service as some of the barriers. The school of nursing developed a curriculum that was sensitive to the needs of the veterans and provided the students with the tools and skills needed to be successful academically. The school of nursing used tools such as test-taking techniques, computer literacy, and tutoring specific studies. Those veterans who successfully transitioned to RNs, took on the role of liaisons and supporters to other veterans in the RN transitioning program (Voelpel et al., 2017).

A similar grant-sponsored study, steered by Keita, Diaz, Miller, Olenick, and Simon (2015) examined the transition of military medics to registered nurses. The outcome of Keita et al.’s study was similar to Voelpel et al.’s (2017) study. The objective of Keita et al.’s program was to build upon the clinical and leadership skills that the veterans brought to the learning environment from their military experiences. The VBSN program was conducted at Florida International University Nicole Wertheim College of Nursing and Health Sciences (NWCNHS). The civilian occupations of the veterans were licensed practical nurses, laboratory technicians, emergency medical technicians, healthcare specialists, and preventive medicine technicians. The admission requirements were more rigorous than the previous VBSN program noted in this study. Prospective students were required to be veterans. Navy corpsmen and Army and Air
Force medics were preferred; however, the school would accept people with private healthcare experience. Prospective learners had a grade point average of 2.5 before admission and maintained at least a 3.0-grade point average while enrolled in the program. These requirements assisted in the potential success of the learners. The physical and psychological concerns of the veterans were addressed at NWCNHS. As a result of the criteria for admission, the learners were better equipped to meet the demands of the nursing program. There are many RN transition programs throughout the United States that included, partnerships between universities and community colleges to promote a smooth transition for military healthcare providers through RN programs (Allen, Armstrong, Saladiner, Hamilton, & Conrad, 2014; Allen, Billings, Green, Lujan, & Armstrong, 2012; D’Aoust, Rossiter, Itle, & Clochesy, 2016; Hitt et al., 2015).

Influences of Prior Healthcare Work Experience

Many factors impact individuals’ decision to pursue nursing. Some factors included promotion prestige, self-gratification, family influence, and work experience. The focus of this study was on healthcare experience and how ADN nursing students perceive the value of their work experience to their academic success. This section of the literature review includes influence of work experiences on career choice, types of work experiences, the impact of prior work experiences on academic success, and challenges while attending the ADN program.

Influence of work experience on career choices. Salamonson et al. (2014) conducted a longitudinal study to examine why individuals selected nursing as a career. The study participants were undergraduate students enrolled in a nursing program at an Australian university. Salamonson et al. discovered that undergraduate students selected nursing because
their current employment was a nurse-related position. “Students who chose nursing were more likely to complete the program and male students or those who worked more than 16 hours per week were less likely to complete the nursing program” (Salamonson et al., 2014, p. 129).

Impact of prior healthcare work experience on academic success. Reyes, Hartin, Loftin, Davenport, and Carter (2012) conducted a study to determine the impact of working while in school had on the students’ academic progress. The descriptive correlation study of Reyes et al. focused on the relationship between the number of hours worked and the nursing students’ GPA. The sample was baccalaureate degree nursing students. The students attributed their low GPA to not having enough hours to study secondary to their work schedule. The results of the Reyes et al.’s study confirmed that the more hours the students worked, the lower their GPA was. These results were not indicative of all nursing students. The researchers reported that only one baccalaureate nursing degree program was studied. Nursing students worked while in school to minimize the financial burden of student loans. Reyes et al. also recommended that colleges and universities assist in reducing working hours with grants and scholarships. Nursing faculty and counselors could advise students about time management techniques and part-time options.

Stombaugh and Judd’s (2014) conducted a descriptive correlational study to examine pre-license nursing students’ confidence as they progressed through their basic nursing care curriculum. Licensed nursing students referred to nursing students enrolled in a BSN program (Stombaugh & Judd, 2014). “The instrument used was a self-developed 50-item survey that included 53 items about primary nursing care” (Stombaugh & Judd, 2014, p. 164). Basic nursing
care skills consist of tasks such as patient transfer, personal hygiene, manual blood pressure, and donning gown and gloves. The results of the survey confirmed that nursing students with previous certified nursing assistant experience practiced their necessary nursing care skills successfully and confidently.

Birkhead, Araldi, and Cummings (2016) reported that licensed practical nurses are a viable part of the healthcare resources, who are capable of transitioning to RN with the appropriate institutional support. Birkhead et al. investigated the effectiveness of the New York State LPN-RN Articulation Model (NYSLRAM). The purpose of NYSLRAM was to transition qualified LPNs to ADN level. The program required LPNs to complete one year of liberal arts courses. Also, the 12 to 15 credits that were earned during the LPN program allowed the LPN-prepared nurse to be placed in the second year of the New York State AD program (Birkhead et al., 2016). Two colleges implemented this program and developed the same curriculum and used the same educational resources to maintain consistency. The institution offered academic assistance to those LPNs who sought help. Birkhead et al.’s retrospective analysis discovered that the implementation of the program was successful. When nursing administrators acknowledge the LPNs’ previous healthcare experiences by offering academic credit, LPNs experience a sense of satisfaction. The NCLEX-RN’s passing rate of those program graduates was 83% (Birkhead et al., 2016).

Adams-Miller et al. (2016) directed a phenomenological study to explore the perception of ADN students with prior healthcare experience value their experience during a simulation laboratory. Licensed practical nurses (LPN) and emergency medical technicians were the
previous occupations of the study participants. Study participants were traditional and non-traditional learners. Adams-Miller et al.’s data collection was through a semi-structured interview process. Students perceived that their learning experiences were in line with their previous healthcare experience. Some of the students found differentiating their previous healthcare provider role in their nursing role to be challenging. However, the majority of the students felt that the simulation scenarios were similar to their previous training and requested more complex scenarios to challenge their critical thinking and skills (Adams-Miller et al., 2016). Nursing students with healthcare experiences felt confident after they had gone through the primary nursing care curriculum.

**Challenges of working while attending ADN programs.** Garcia-Vargas, Rizo-Baeza, and Cortés-Castell (2016) conducted a mixed method study to explore whether paid work affected academic performance. The participants were university nursing students. The sample consisted of working and non-working students. Those students who worked were employed as nursing assistants. Students worked a minimum of 20 hours per week on and off campus. Some students worked both on and off campus. Garcia-Vargas et al. discovered that students who worked more than 20 hours were more likely to fail. Most of the students worked for economic reasons. Data analysis revealed that students with a GPA of 3.0 or higher worked less than 20 hours per week or did not work at all while working students earned a GPA less than 3.0 and would likely need to repeat a course or withdraw from the program.

Triventi (2014) conducted a qualitative study to explore the impact of working while pursuing higher education on academic progression. The study participants were first-year
university students in Italy. The students’ majors included health, law, socioeconomics, science, and humanities. Triventi found that fewer students work while in school than in the United States. Working students appeared to be more motivated to succeed academically than non-working students. Students from a lower socioeconomic background are likely to work while in school in order to pay for their tuition, and working fewer hours had no impact on the students’ academic progress. Many students worked in order to offset the cost of tuition and avoid student loans.

Chachula, Smith, and Hyndman (2018) conducted a qualitative study exploring how practical nurses perceived their lived experiences while they returned to nursing school to pursue their BSN degree. The sample consisted of LPNs enrolled in the third year of their BSN program. The work experience from 2 to 15 years. Five themes arose from the data analysis: “seeking advancement, stepping back into the student role, juggling work, school, and family, struggling to be understood, and seeing things differently” (Chachula et al., 2018, pp. 54-55). LPNs returned to school to review nursing skills and information, seek other work opportunities. LPNs discovered that the BSN curriculum was more rigorous than they anticipated. LPNs considered themselves professional nurses before enrolling in the BSN program. LPNs expressed frustration when their nursing experience was not acknowledged and appreciated by the nursing faculty. Nursing faculty could provide a positive learning environment when they acknowledge and appreciating nursing students with different healthcare experiences (Chachula et al., 2018).
Synthesis of the Research Findings

The purpose of this section is to provide an analysis and synthesis of the literature relevant to this qualitative study. The review of the literature included elements and motivators that impact the academic success of students enrolled in BSN or higher programs. The literature also included a discussion of incentives that assist associate prepared nurses in transiting to BSN and MSN levels (Conner & Thielemann, 2013; Orsolini-Hain, 2012b; Tower et al., 2015). There were limited studies that specifically addressed the association among ADN students eligible to graduate, with healthcare-related experiences and their academic success in an ADN program. ADN programs may be considered a conduit between licensed practical nurses and associate degree-prepared nurses and associate degree-prepared and bachelor’s or master’s degree prepared nurses (Allen & Armstrong, 2013; Birkhead et al., 2016; Cook, 2012; Schwarz & Leibold, 2014). The review of the literature revealed factors that not only impact the decision to return to school but also posed as obstacles to completing the curriculum (Crow & Bailey, 2015; Raman, 2013; Reader, 2015; Salamonson et al., 2014). Examples of these elements were financial constraints, familial responsibilities or support, age, ethnicity, and previous academic and occupational experiences (Lewis, 2018; Rabitoy et al., 2012; Stroup & Kuk, 2015; Tower et al., 2015).

The effect of the nurse shortage on the quality of patient care had prompted nursing organizations, nursing schools, and governmental agencies to develop innovative strategies to recruit individuals from other healthcare resources into professional nursing programs. Due to the extensive training of LPNs and military healthcare providers, colleges and universities that
offered ADN programs can award credits hours and advanced placement into the ADN program (Heglund et al., 2017; Jones et al., 2018). Another resource can include CNA programs, which offer fundamentals of nursing care such as personal hygiene, vital signs, and patient transport.

Armed forces medics and corpsman are excellent healthcare resources; however, their psychological and physical concerns related to their military experience could pose an impediment to their academic success (Allen et al., 2014; D’Aoust et al., 2016; Keita et al., 2015). Allen et al. (2014) and Keita et al. (2015) identified several elements that impact the success of veterans in nursing programs. Post-traumatic stress disorder (PTSD) is an example of psychological concern for veterans. Unresolved issues may result in high attrition rates. Providing a support group of faculty members trained to meet the needs of military healthcare resources may ease the transition to ADN programs and eventually, civilian life (Voelpel et al., 2017). Other factors that impact most students with healthcare experience are the fear of failing, acclimation to new academic teaching and learning styles, role confusion, and perception of skills new information (Harding et al., 2017; Karsten & DiCicco-Bloom, 2014). It is essential for nurse educators and counselors to be mindful that adult learners with prior or concurrent healthcare work experiences may require pre-assessment to identify strengths and weakness and develop goals specific for that learner to promote positive outcomes (Daly & Landis, 2014).

Critique of Previous Research Methods

Review of the literature exposed a variety of quantitative and qualitative studies that focused on nursing students with previous or concurrent health care work experience and their academic success. The quality of research studies depends on selecting the research design that
would achieve the best outcome of the research questions as well as the credibility and validity of the research study (Merriam & Tisdell, 2016). This section includes the critique of different quantitative and qualitative studies related to nursing students and prior healthcare experiences and success in nursing school.

**Quantitative Studies**

Researchers have chosen the quantitative methodology to formulate a hypothesis regarding nursing students and success in associate degree nursing programs. The use of surveys and analytical instruments established the credibility and validity of quantitative studies (Martin & Bridgmon, 2012). The literature review included three quantitative studies, including Reyes et al.’s (2012) and Stombaugh and Judd (2014). The strength of the quantitative studies was that statistical measures substantiated the outcomes. The sample consisted of over 100 participants at each research site, which represented the general population of the research site. Questions in the surveys yielded data that was relevant to each study. The sample represented the nursing population at each research site. The weakness of the studies was its objectivity, which did not allow the researchers to take into account human perspectives.

Jones et al.’s (2018) quantitative studies included use of archival data to derive their study outcome. Olsen (2017) conducted an integrative review to investigate factors that impacted the success of ADN students. Researchers reviewed existing studies to formulate a list of elements that affected the success of ADN students. The strength of using archived data is that the information has been established and there is no threat of compromising privacy (Merriam &
Tisdell, 2016). A weakness is that archived data does not give the reader information that applies to issues of current ADN programs.

**Qualitative Studies**

Qualitative research design is the preferred methodology for researchers who want to explore human perception, beliefs, and values as data (Creswell, 2014). Interviews, observations, and documentation were the sources of data collection. Review of the literature included three qualitative studies, including Adams-Miller et al. (2016), Reader (2015), and Draper (2018). Both qualitative studies focused on either students’ perspective or experience of ADN programs. The sample consisted of 14 to 20 study participants. Face-to-face interviews were used to collect data. The interview questions were developed to obtain in-depth data. The strength of qualitative studies is the ability to obtain and understand human values and beliefs, which is not available in statistical data. Basic qualitative design, the preferred methodology for this study, gave the researcher the ability to incorporate the characteristics of other qualitative studies in the study thereby giving the researcher more flexibility during the data analysis and interpretation phase (Percy et al., 2015). Basic qualitative design avails the researcher to explore the meaning of the study participants’ opinion, beliefs, and reflections of their health care work experiences and ADN program.

**Summary**

ADN programs have been in existences since the post-World War II era and have been the conduit between LPN and advanced nursing education (Orsolini-Hain, 2012b). Despite the IOM’s recommendation to mandate BSN as the entry level in the clinical setting, ADN appears
to be the first choice for entering into the nursing industry (Orsolini-Hain, 2012a). Dominant factors which impact students’ decision to enter an ADN program were the cost of tuition and length of the program, which was essential to non-traditional students (Salamonson et al., 2014). ADNs who chose to advance their nursing education had found the transition to BSN or MSN smoother than those students with no previous healthcare experience (Allen & Armstrong, 2013).

Extensive review of the literature revealed barriers that impeded completion of ADN program Examples of barriers were role confusion, financial constraints, and the lack of employer, peer, and family support. These barriers affected the retention and attrition rates for students who were committed to completing ADN programs would seek assistance and support to promote success (Schwarz & Leibold, 2014). Review of the literature revealed limited information regarding ADN students with prior healthcare experiences, and their academic success in the ADN program. The global healthcare mission is to meet the demands of complex patient care and innovative, evidence-based technology with competently skilled nurses (Allen & Armstrong, 2013; Jones et al., 2018; Keita et al., 2015). The strategy used to meet this goal was to recruit individuals from civilian and military with qualified healthcare experiences and educated them with essential courses of the BSN or MSN curriculum consequently, avoiding redundancy and the length of the programs (Conner & Thielemann, 2013; Jones et al., 2018; Voelpel et al., 2017). Review of the literature revealed limited studies that focused on strategies to promote recruitment and smooth transition for individuals with healthcare work experiences through ADN programs. The current study will address this gap in the literature. Chapter 3 includes details regarding the study methodology.
CHAPTER 3. METHODOLOGY

The topic of this study was related to the associate degree nursing (ADN) students’ perspective on the importance of healthcare work experience and success in their associate nursing program. A detailed description related to the methodology used to conduct the study is included in this chapter. The chapter begins with the purpose, research questions, and a description of the research design. Detailed information regarding participant selection, data collection, data analysis, and how ethical issues was addressed in this chapter.

Purpose of the Study

The purpose of this basic qualitative study was to explore how recent graduates, or nursing students eligible to graduate, with prior or concurrent healthcare work experience describe their academic experiences and progress in an associate nursing degree program. Nursing students attending ADN schools in the South Atlantic region of the United States are required to attend and pass a certified nursing assistant (CNA) program as well as register as a CNA in the state registry. Although the prospective students were not required to have healthcare experience, many students decided to attend nursing school based on their prior healthcare work experiences.

Healthcare work experiences may positively impact the students’ academic journey in various ways. Validating healthcare work experience with academia could avoid redundancy of the curriculum and reduce tuition. Nursing students who were interested in advancing their nursing education felt that their healthcare experience was a valuable asset (Stombaugh & Judd, 2014). The nurse shortage requires innovative programs, policies, and regulations from
governmental and academic institutions as well as nursing organizations and employers to develop programs that ease the transition to the nursing profession (Allen et al., 2012). The cooperation of policymakers, school administrators, curriculum developers, and nursing educators could assist with recruitment, nurturing and empowering nursing students with healthcare work experience to become competent nurse professionals.

**Research Question**

How do nursing students eligible to graduate with healthcare work experience describe their academic experiences and progress in an ADN program?

**Research Design**

The design and methodology used in this study was a basic qualitative design. After an extensive review of the literature, a gap was found regarding how ADN students valued their healthcare work experience and its effect on their success throughout their ADN program. Qualitative designs such as phenomenology and ethnography were not appropriate because of the lack of flexibility. Basic qualitative design draws on the attributes of conventional qualitative designs. Kahlke (2014) reported when researchers attempted to fit a research question within the restrictions of conventional qualitative research designs, the researcher was unable to collect rich data. Basic qualitative researchers have the flexibility to gain a full understanding and interpretation of in-depth data collect related to students’ healthcare work experience during their academic journey (Percy, et al., 2015).
Target Population and Sample

A target population is a group of people whose personalities or characteristics represents the general population with the same personalities or characteristics (Merriam & Tisdell, 2016). Generally, the target population is a group of individuals who are easily accessible and have the ability to offer in-depth data related to the research study (Polit & Beck, 2012). This section includes a description of the population and sample.

Population

The population included ADN students who met graduation criteria from three community colleges. Two community colleges offered two ADN programs: traditional ADN program, and licensed practical nurse (LPN) to ADN transition program. The LPN to ADN program was a hybrid program. The nursing students were required to meet on campus once or twice per month for practicum testing or make-up exams. The rest of the curriculum was online. One community college offered a traditional ADN program. The community colleges were selected because the institution required prospective students to complete the nursing assistant one (NA1) course and pass the certified nurse assistant examination. After taking the class, students were able to work in a healthcare setting as a certified nursing assistant (CNA) if they choose to do so. Additionally, some students who already had prior healthcare experience may choose to enroll in ADN programs.

Sample

The sample was comprised of ADN students who met the graduation criteria at a community college in the southeastern region of the United States. While some students may
have worked as a nurse assistant or in other healthcare occupations before and while enrolled in the associate degree program, the college did not require the students to have work experience as a prerequisite. The sample selected for this study included only those students who have previously worked or continued to work in a healthcare setting.

Creswell (2014) stated that the sample size depends on the type of qualitative design. The sample size for the study was 15 to 25 participants. Because data were collected and analyzed simultaneously, Creswell professed that the data saturation approach could be used to determine the sample. The data saturation approach is the process of collecting and analyzing data until the data collected becomes redundant (Merriam & Tisdell, 2016). Data saturations was met with 20 participants.

Those included in this study were those individuals who were 18 years of age and older with healthcare experience. The study participants were associate degree nursing students eligible to graduate with healthcare experience at the time of the study.

Those excluded from this study were those individuals with no healthcare experience, minors, and those who were not eligible for graduation at the time of the study. During the interview scheduling call, four screening questions validated the participant’s eligibility. These questions ensured that the participants meet the inclusion criteria (Maxwell, 2013). The screening questions were:

1. Are you 18 years of age or older?
2. Are you an associate degree nursing student eligible to graduate this year?
3. Did you work in healthcare before nursing school; if so, what type of work?
4. Did you work in healthcare while enrolled in your associate degree nursing program; if so, what type of work?

**Procedures**

Purposeful and convenience sampling were the strategies used to select participants who have information related to the purpose of the study and are located in an area convenient for the researcher (Merriam & Tisdell, 2016). Purposeful sampling is the process of intentionally selecting individuals, specific activities, and settings that are relevant to the research problem and question (Maxwell, 2013). Convenience sampling is a strategy similar to purposeful sampling in that one selects participants with whom an individual can establish the most productive relationships which will best enable a person to answer the research questions (Maxwell, 2013). The upcoming paragraphs include detailed descriptions regarding participant selection, protection of participants, expert review of interview questions, data collection, and data analysis.

**Participant Selection**

ADN students who met the graduation criteria at three community colleges in the South Atlantic region of the United States comprised the study sample. While some students may have worked as a nurse assistant or in other healthcare occupations before and while enrolled in the ADN program, the colleges in the South Atlantic region of the United States did not require the students to have work experience as a prerequisite for admission to ADN programs. The sample for this study included only those who had previously worked or continued to work in a healthcare setting.
After receiving IRB approval, the nursing department chairman scheduled a faculty meeting to allow the researcher to discuss the purpose of the study and the recruitment process with nursing students who were eligible to graduate. The students who had met the requirements for graduation and enrolled in the ADN program attended an informal meeting in a site’s designated classroom. Flyers were posted on announcement boards in the nursing education building and on the study site’s Moodle platform. The nursing chairperson released a list of emails of those students who were unavailable to attend the informal meeting. An invitation to participate in the research project with an attached informed consent was emailed to the students on the list.

Volunteers were provided with a copy of the consent form for the study. The consent form included the purpose of the study, the description of the study and inclusion criteria. The consent form also stated that participation was voluntary with no repercussions for withdrawing from the study. Participants received information related to data collection and storage security process. The consent form included the phone number and email address of the Capella University IRB and researcher. Study participants who returned signed consent forms in person or via email were contacted to verify inclusion criteria, ask questions related to the study, and schedule an interview.

Protection of Participants

Names of the participants were not disclosed to the campus faculty or staff in order to avoid possible compromise of confidentiality and privacy. An informal meeting with potential participants was conducted advising them of the purpose of the study and how the study may
benefit future nursing students (Creswell, 2014). Participation in the study was voluntary with no repercussion for withdrawing from the study. There was no cost or payment for participation. Participants received the contact information of Capella University Institutional Review Board for any questions or concerns.

Several steps were taken to maintain confidentiality. The first occurred during recruitment. Those students who were interested in the study picked up the consent forms on a table near the classroom door as they left the meeting. Students who decided to participate in the study emailed their signed consent form. The interviews were scheduled for one hour. A 30-minutes window was included to allow the study participant to leave the interview area without running into another study participant and compromise confidentiality. The interviews were conducted in rooms away from students’ classrooms for privacy purposes. Alphanumeric codes replaced the names of study participants.

**Expert Review**

Expert review was another strategy to enhance credibility. Expert review was used to determine whether the interview questions were appropriate for the study participants and would yield in-depth data relevant to the research problem (Creswell, 2014). The expert reviewers received information regarding the problem statement, the purpose of the study, the research question, and interview questions. The expert reviewers received the following criteria questions to consider during their review.

1. Are the questions appropriate for the population?
2. Will the questions make sense to the population?
3. Will the questions represent the perspective of the field?

4. Will the questions provide the researcher with enough data so the researcher will be able to answer the research question?

5. Will the questions thoroughly address the problem identified in the problem statement?

Reviewer #1 was awarded her PhD in psychology and counseling and was an expert in qualitative studies. Reviewer #2 is a registered nurse. She received her master’s degree in the science of nursing education. She conducted a project investigating obstacles to completing nursing programs. Reviewer #2 earned her EdD in leading and managing higher and post-secondary institutions and is a nurse educator. Reviewer #2 is also an expert in qualitative studies. Reviewer #3 was awarded her PhD in nursing education and is currently working as a nurse educator. Reviewer #4 was awarded his DNP in family nurse practitioner/adult-gerontology nurse practitioner. He is currently working as a nurse educator.

Reviewers #1 and #2 reported that the interview questions were appropriate for the research study. Reviewer #3 recommended that the researcher give examples of challenges in question five and replace “work experience” with “healthcare experience” in question seven. Reviewer #4 suggested that question #2 should address healthcare experiences before nursing school and continuing to work while in the program.

Data Collection

Data were collected using semi-structured interviews. Prior to each interview, informed consent was obtained and participants were provided the opportunity to ask questions. The interview process lasted approximately one hour. Participants could stop the interview at any
time without repercussions. Participants’ responses were audio recorded. The upcoming paragraphs provide a description of the steps taken during the data collection process.

**Use the interview guide.** The use of an interview guide ensured that the interview questions relevant to the research problem were asked (Merriam & Tisdell, 2016). The researcher used a semi-structured interview process using open-ended questions (Merriam & Tisdell, 2016). Probing questions were asked to gain clarification and fully understand the participants’ beliefs and values.

**Proceed with interview.** The data collection process consisted of face-to-face and telephone interviews. These methods were chosen for the convenience of both researcher and participant and also allowed the participants to be in comfortable surroundings with minimal distractions. Face-to-face interviews gave the researcher the opportunity to observe as well as actively listen to the participants while audio recording the interviews (Merriam & Tisdell, 2016). Merriam and Tisdell reported that telephone interviews were helpful when the students could not be directly observed.

**Take notes during the interview.** Notes taken during the interview process were used for clarification and observation purposes. It was essential for the researcher to gain the trust of the participant with the intent to obtain in-depth responses (Merriam & Tisdell, 2016). To maintain the trust of the participant, the researcher offered to share the researcher’s notes or final report. Sharing notes before the final report gave the participants an opportunity to clarify and elaborate on their responses (Creswell, 2014). It was also crucial to maintain impartiality during the data collection process.
**Close interview.** Closure of the interview process involved three steps; allowing the participants the opportunity to review their responses for accuracy and clarification and asking participants if they had any additional questions and comments. Participants were reminded of the contact information for both the researcher and Capella IRB should they have any questions or concerns after the interview. Finally, the participant was told their participation was appreciated at the end of the interview process.

**Data Analysis**

Data analysis is a systematic process of which data was dissected, examined, and categorized in such a way as to interpret the full meaning the information collected (Creswell, 2014). Merriam and Tisdell (2016) recommended novice researchers transcribe their data. Data were transcribed to maintain the accuracy of verbal and non-verbal responses. Merriam and Tisdell reported that data analysis in qualitative studies involves identifying recurring words or phrases that depicted a pattern in the data. The primary descriptive source used in this research study was inductive and comparative data analysis. Inductive and comparative data analysis is a process where the researcher compares segments of data to identify similarities and differences and generates themes or hypotheses secondary to the comparisons (Guest, Namey, & MacQueen, 2012; Merriam & Tisdell, 2016). The following paragraphs include the detailed process of which the data were analyzed.

**Prepare data.** The researcher transcribed audio-recordings of the interview at the end of each session. The researcher transcribed the data with the assistant of MAXQDA Plus. Non-
verbal responses were in brackets and included in the transcript page adjacent to the appropriate responses as described by Creswell (2014).

**Review and organize data.** A review and comparison of the audio recordings and transcriptions was performed to identify any discrepancies. As outlined by Creswell (2014) the process was conducted several times during the analysis for accuracy and assuring that the true meaning of the participant’s feelings and thoughts and values was identified. The initial review was an overview of the participants’ responses. A copy of the transcription was emailed to the participants to review and confirm the accuracy of the participants’ responses and the preliminary analysis of their comments.

**Coding.** As recommended by Creswell (2014), the coding process consisted of reexamining the data, breaking down data into words or phrases, categorizing the words or phrases with commonalities, and labeling the categories with words that represent the groups. MAXQDA Plus software was used in the coding process. The coding process helps to generate descriptions and themes by designating data with key words for easy accessibility (Merriam & Tisdell, 2016). A detailed description of the participants’ responses, their nonverbal reactions, and the setting was noted. Capturing the rich description of the participants and their setting is a crucial component of grasping the full meaning of the data (Creswell, 2014).

**Generate themes.** Coded data were used to create themes that represent data with similar characteristics. Merriam and Tisdell (2016) stated themes help organize ideas, which the researcher used to explain the discovery. Themes also help develop a logical interpretation of data.
**Interpretation.** Re-examination of the data was performed to verify the categories, coding, and themes. As outlined by Creswell (2014) reflection of the data analysis was conducted to confirm that the research question and problem were addressed and also confirmed that no bias or perceptions were in the results. A report describing the findings of data analysis and the interpretation of the data was completed after a final examination and reflection of the data.

**Instruments**

Maxwell (2013) defined instruments as any tools used to collect and interpret data. In qualitative research, the researcher is the instrument because the researcher listens to how participants answers questions and observes the participants’ body language during the data collection process. Interview questions were developed by the researcher to obtain information relevant to the research question. This section includes the role of the researcher and the guiding interview questions including type of interview and the interview questions.

**The Role of the Researcher**

Obtaining rich and in-depth information from participants requires an individual to be cognizant of their preconceptions and bias as well as being able to control verbal and non-verbal reactions. Merriam and Tisdell (2016) stated researchers who are aware of their behavior will avoid doing things that may affect the participants’ responses. After reflection, the researcher presumed that students with previous healthcare work experiences would transition smoothly through ADN curriculum secondary to their work experiences and interactions with healthcare staff in the clinical setting. The researcher perceived that while the level of acclimation to the
ADN program would vary according to the students’ occupation, their academic experiences would be positive. To ensure that the researcher’s preconceptions did not influence the participants’ answers, the researcher did not ask leading questions and was an objective, active listener. The researcher was careful not to exhibit verbal or nonverbal actions that might influence the participants’ responses. The researcher asked probing questions for clarification and affirmation of the participants’ responses (Merriam & Tisdell, 2016). The researcher was the instrument in a qualitative study. Communication and confirming the true meaning of participants’ feeling was anticipated to produce comprehensive data (Collins & Cooper, 2014).

**Guiding Interview Questions**

A semi-structured interview was the method used to collect information for this research study. According to Merriam and Tisdell (2016), the semi-structured interview process includes structured questions but also allowed for flexibility. The use of questions in this study rendered a rich, in-depth meaning of the participants’ work experiences and academic journey.

The questions were open-ended to give the participants the opportunity to freely discuss their perspective of their work experiences and the effect their work experiences had on their academic career. Broad, open-ended questions were asked first to obtain an overview of the participants’ thoughts, ideas, and feelings as outlined by Malagon-Maldonado (2014), followed by questions that focused more on the research problem. The interview questions are listed below.

1. Tell me about your work experience in the healthcare setting.
2. Did this experience occur before nursing school, while you were enrolled in nursing school, or occurred before nursing school and continued through your nursing program?

3. Do you believe your work experience affected your nursing school experience? If so, in what way? If not, could you describe why you think it did not?

4. Describe the advantages that your healthcare work experience had on the didactic phases of your nursing program.

5. Describe the challenges or obstacles your healthcare work experiences had on the didactic phase of your nursing program.

6. Describe the advantages that your healthcare work experiences had on the clinical phase of your nursing program.

7. Describe the challenges that your healthcare work experience had on the clinical phase of your nursing program.

8. If you had an opportunity to advise future associate degree nursing students related to prior work experiences, what would you tell them?

9. If you had an opportunity to give feedback to nursing faculty that would benefit future nursing students with prior health care experiences, what feedback would you give them?

10. What additional information do you have for me to ensure that I fully understand your perspective of healthcare experiences on academic success in associate degree nursing program?
Ethical Considerations

Ethical consideration pertains to the participants’ right to privacy, informed consent and assurance that no harm will come to them (Merriam & Tisdell, 2016). A systematic evaluation of any possible ethical issues was performed to ensure that any possible compromises were identified and addressed. Upon receipt of site approval, it was important to review and adhere to the research site’s guidelines to ensure that there is no disruption to the natural environment (Creswell, 2014). The names of the participants were not revealed in order to avoid compromise of confidentiality. As described by Creswell, an informal meeting with potential participants was conducted to advise them of the purpose of the study and how the study may benefit future nursing students.

Merriam and Tisdell (2016) reported that ethical issues are likely to emerge concerning the collection of data and in the distribution of findings. Researchers must be careful with the handling of data during the collection process. The names of the participants on any data collection, analysis and storage were replaced with a code to maintain the participants’ privacy (Doody & Noonan, 2016). All electronic data, such as notes and transcriptions, will be stored electronically with a secured passcode for seven years. Hard copies of all data about the study including audiotapes remain in a secured file cabinet for seven years, afterward the destruction of all forms of media related to the study will occur. An attestation to no conflict of interest or financial gain as a result of conducting this research project is available.

The need to address ethical concerns in research stemmed from the seminal Belmont Report, developed by the United States Department of Health and Human Services (1979) as a
result of the exploitation of study participants in research like the Tuskegee syphilis experiment and Nuremberg war crime trials (Greaney et al., 2012; United States Department of Human and Health Services, 1979). During the Tuskegee experiment, exposure of 399 African American men to syphilis occurred in order to investigate the effects of tertiary syphilis for those who were not allowed treatment when it was available. The study participants were not aware of the actual purpose of the study. The biomedical experiments were conducted on concentration camp prisoners in Nuremberg without their knowledge or agreement.

As a result of these unethical conducts exhibited in the Tuskegee syphilis experiment and trials of war criminal located in Nuremburg, three ethical principles were developed. The ethical principles are (a) respect for persons, (b) beneficence, and (c) justice (Greaney et al., 2012; United States Department of Human and Health Services, 1979). Respect for person mandates that one give the potential study participants all information regarding the study so that the participant can make an informed decision to participate in research without coercion. Respect for the person also includes protection of participants such as minors, elderly, and physically and mentally disabled individuals. Beneficence refers to weighing the risk of participating in a research study versus the benefits. The goal of beneficence is to exhibit more benefits and less harm (United States Department of Human and Health Services, 1979). The ethical principle of justice in the Belmont Report denotes that all persons should be treated equally throughout the research study (United States Department of Human and Health Services, 1979). When a researcher applies the principles mandated in the Belmont Report, one has performed their due diligence to protect and respect the study participants.
Summary

There is limited information in the literature regarding ADN students with healthcare work experience, and the meaning of their experience to the academic nursing journey. Stombaugh and Judd (2014) reported that nursing students who chose to advance in their nursing education expressed that their healthcare work experience was a valuable asset to their academic journey. A basic qualitative design was an appropriate methodology for collecting in-depth data relevant to the research question due to the flexibility of the design.

ADN students were selected for the sample because they possess characteristic and information relevant to the research study. Although the colleges did not require the students to have healthcare experience before enrolling into the nursing program, they all possessed healthcare work experience. Inclusion questions were used to verify the eligibility of the volunteers. Steps were taken to protect the students’ privacy and confidentiality.

The instruments identified in this study were the researcher and interview questions developed by the researcher. Expert review was conducted to verify credibility. An interview guide was used to ensure that the researcher focused on semi-structured questions relevant to the research problem. The face-to-face and telephone interview process included obtaining sign consent forms and allowing the volunteer to ask any questions. Notes were taken for clarification and observation purposes. At the closure of the interview, the participant was allowed to review their responses for accuracy and ask additional questions and comments. The data analysis process included reviewing and comparing data in order to develop codes and themes for interpretation of the information collected. Ethical consideration was examined to ensure that
protection, confidentiality, and privacy of the study participants. The next chapter will include the results and interpretation of the data analyzed for this study.
CHAPTER 4. PRESENTATION OF THE DATA

The purpose of this basic qualitative study was to explore how associate degree nursing students eligible to graduate and with prior or concurrent healthcare work experience describe their academic experiences and progress in an associate nursing degree program. The information in Chapter 4 focuses on the understanding of the data explored, the method which the data was collected, as well as the examination of the findings. Information regarding the study and the role of the researcher, the description of the sample and basic qualitative approach used is also included in Chapter 4. The exhibition of the data, the data results and the summation of the analysis are included in this chapter. The tables illustrated in this chapter were developed by the researcher.

The Study and the Researcher

The role of the researcher was that of a novice collecting data via face-to-face and telephone interviews. The researcher examined, transcribed, and interpreted the data collected from the study participants. The interest of the topic stemmed from the belief that the life experiences of all adults impacted their future endeavors. Whether the effect of those experiences had a positive or negative influence depends not only on the individual but their external support. The researcher had no personal stake in the project other than the hope to assist in acknowledging creditworthy healthcare experiences as valuable resources academically for future nursing students.

The researcher was motivated to explore this topic because of the similarities in healthcare work experiences. The researcher worked as a nurse assistant and obtained an
additional 12 years of experience as a Navy Hospital Corpsman. Upon honorable discharge, the researcher challenged and passed the National Council Licensure Examination for practical nursing (NCLEX-PN). After working four years as a licensed practical nurse (LPN), the researcher completed associate degree nursing program (ADN) and passed the NCLEX-RN. After 10 years of professional nursing experience, the researcher completed RN to MSN bridge program. The attribute that the researcher brought to the project was the experience of applying healthcare work experience to the academic nursing journey. The experience rendered an appreciation of how the students valued their healthcare work experience. The weakness was the researcher’s closeness to topic and study population. The researcher had to understand that the level of healthcare experience and determination of the individual could impact academic success.

The qualitative study, which encompassed the data collection and analysis protocols and procedures, was the first study conducted by the researcher. The training and experience of qualitative methodology resulted from university courses, mock assignments, and consultation from the mentor and course professors. The personal aspect that the researcher brought to the study was that all academic experience was either completed during active duty or as a veteran employed in the Pacific region of the United States. The researcher learned that the assessment of healthcare work experiences related to academic enrollment requirements differed by regions.

**Description of the Sample**

Four colleges were approached for research site approval; three colleges agreed. The sample included ADN students eligible to graduate with healthcare work experience. The
participants met the inclusion criteria and were able to offer relevant responses to assist with answering the research question. Participants originated from three community colleges located in the South Atlantic region of the United States.

A faculty meeting was conducted to discuss the purpose of the study and the recruitment process. Verbal recruitment was presented to all ADN students during a face-to-face recruitment meeting. Email recruitment was sent to all LPN to ADN students and students absent on the day of the verbal presentation. There were 138 consent forms distributed in-person or via email to students. Twenty-four students returned the signed consent form and 20 students participated in the study, three students signed the consent form but did not respond to schedule an interview, and one student did not meet the inclusion criteria. LPN to ADN students attended class remotely and therefore participated in the study via telephone interviews. The sample consisted of female nursing students from two programs: the traditional ADN program and LPN to ADN transition program.

The occupations of the ADN students included certified nurse assistant (CNA) I and II, medication technician, certified medical technician, phlebotomist, licensed practical nurse (LPN), emergency medical technician (EMT), surgical technologist, and paramedic as outlined in Table 1. The work experience time frame ranged from 1.5 to 15 years. The majority of the healthcare experience existed outside of the hospital setting such as nursing homes, outpatient clinics, surgery centers, home health, assisted living facilities, ambulance services, and a community counseling center. Over half of the students worked in two or more job occupations
during their work experience before enrolling into the ADN program. The ages of the sample ranged from 21 to 52. Ethnicity of the participants is documented in Table 2.

Table 1.

*Healthcare Occupations*

<table>
<thead>
<tr>
<th>Occupations</th>
<th>Total Participants per Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nursing Assistant</td>
<td>13</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>8</td>
</tr>
<tr>
<td>Medication Technician</td>
<td>1</td>
</tr>
<tr>
<td>Paramedic</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Medical Technician</td>
<td>1</td>
</tr>
<tr>
<td>Certified Medical Technician</td>
<td>3</td>
</tr>
<tr>
<td>Surgical Technologist</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2.

*Student Ethnicity*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>14</td>
</tr>
<tr>
<td>Afro-American</td>
<td>2</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3</td>
</tr>
<tr>
<td>Asian-Pacific</td>
<td>1</td>
</tr>
</tbody>
</table>
Research Methodology Applied to the Data Analysis

The goal for the study was to explore the meaning of healthcare work experience of ADN students had on the academic nursing journey. This study recounted the importance of a unique event of an individual’s life, basic qualitative was elected as the appropriate methodology for this study. Merriam and Tisdell (2016) professed that the objective of basic qualitative research was to comprehend an individual’s experience, how they value those experiences, and how those experiences affect their life goals.

Data were collected using interview questions during either the face-to-face or telephone interviews. The interviews were audio recorded and the data retrieved was transcribed and compared to the audio recording for accuracy. The DGFAN multifunction voice recorder automatically coded each interview recording as RNCXXX. These codes were used for participants to maintain consistency in the data collection process. RNC001 and RNC002 were used to perform two tests before interviewing the participants. RNC014 was discovered to be ineligible during the interview process, totaling 20 participants who participated in the study. The transcriptions were emailed to all participants to review for accuracy. Only three participants responded confirming accuracy of their transcription.

Data analysis was conducted in two stages. The first phase was performed at the end of each interview. The next phase occurred after all transcription. MAXQDA software was used to import each audio recording and to transcribe each recording, as well as code and store data. As outlined by Maxwell (2013), the lines of each transcription were reviewed and categorized for specific statements that were similar to other transcriptions and relevant to the research question.
The categories consisted of phrases or words that best described the statements. This process was used for all 20 interviews.

The next phase consisted of interpreting the data as related to the research question. As described by Merriam and Tisdell (2016), during the re-examination of the data reoccurring words and phrases lead to key phrases that encompassed the commonalities of the data. The key phrases were identified as codes that helped the researcher assemble data with similar characteristics. Themes arose from the analysis of the coded data. The themes that emerged were (a) valued work experience, (b) family and financial obligations, and (c) faculty support. The meticulous process of the data analysis yielded results presented in the narrative below, with direct quotes that affirmed credibility.

**Presentation of Data and Results of the Analysis**

There were three themes that emerged from the analysis of the data collected during the face-to-face and telephonic interviews. The themes associated with the research question included valued work experience, financial obligations, and faculty support. During the data analysis stage, nine subthemes arose as outlined in the upcoming content. There were no cut-offs of the primary and sub-themes.

**Theme 1: Valued Work Experience**

The first theme that emerged from the data analysis was associated with the value that participants placed on their work experience. The students felt that their health work experience was beneficial during their academic nursing journey. The subthemes associated with valued work experience were healthcare work experience, confidence, role confusion, and work in
healthcare prior to attending ADN program. The upcoming content includes detailed descriptions of each theme, with quotes from participants to support each theme. Some of the quotes were lightly edited for readability. Table 3 displays the number of codes, the number of responses, and the participants responding to each subtheme within the overarching theme of Valued Work Experience.

Table 3.

*Codes and Numbers of Responses Associated With the Theme Valued Work Experience*

<table>
<thead>
<tr>
<th>Code</th>
<th>No. Responses</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare work experience</td>
<td>18</td>
<td>RNC003, RNC004, RNC005, RNC006, RNC007, RNC008, RNC009, RNC010, RNC011, RNC012, RNC013, RNC016, RNC017, RNC018, RNC019, RNC020, RNC021, RNC022</td>
</tr>
<tr>
<td>Confidence</td>
<td>11</td>
<td>RNC003, RNC004, RNC005, RNC007, RNC010, RNC012, RNC015, RNC016, RNC020, RNC021, RNC022</td>
</tr>
<tr>
<td>Role Confusion</td>
<td>10</td>
<td>RNC003, RNC004, RNC005, RNC007, RNC008, RNC011, RNC012, RNC017, RNC018, RNC023</td>
</tr>
<tr>
<td>Work in healthcare prior to</td>
<td>7</td>
<td>RNC003, RNC004, RNC005, RNC006, RNC008, RNC009, RNC020</td>
</tr>
<tr>
<td>attending an ADN program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Healthcare work experience. Healthcare work experience represents any occupation that involves direct patient care. Examples of these occupations are paramedics, emergency medical technicians, CNAs, LPNs, and surgical technologists. Healthcare work experience may have occurred before or during the ADN program. Many of the participants indicated that their healthcare experience made them feel more comfortable when they interacted with patients, families, and the multidisciplinary healthcare team during the clinical experience of their ADN program. The participants stated that they would recommend that all future nursing students work in some form of healthcare before enrolling in a nursing program. RNC 008, RNC009, RNC011, RNC013, RNC017, and RNC019 provided detailed description regarding healthcare work experience. Particularly, RNC003 stated,

I feel like everybody should have their CNA and should have some sort of work experience going in because you need to be able to do those basic things. You need to be able to communicate with those patients and their families, know how to care [for] them. Things as simple as helping them ambulate to the bathroom, getting a bedpan, helping them get in a dry gown and clean sheets. You know those are very vital things with [Maslow’s] hierarchy. If you are not comfortable and you don’t feel safe then you can’t proceed with the other things with those patients. So I feel like it gives the patient comfort if they can tell that that student nurse has that background and that [confidence]. And I think it helps the student nurse go in with, you know, “I can do this” kinda attitude: I can help this patient. I could be a good student nurse today.
Students with LPN experience felt more comfortable performing nursing care during their clinical rotation in their nursing program. RNC010 felt that experience prior to clinical made academic clinical a lot easier. The LPN experience promoted more confidence. RNC018 declared, “the experiences in performing activities of daily living and passing meds in a nursing home helped me not to be afraid to jump in.”

**Confidence.** Many participants expressed a sense of ease as they progressed through practice labs and clinical rotation, primarily when they were tasked to perform basic nursing skills. Students indicated a level of comfort while progressing through the didactic phase of their ADN program secondary to their familiarity with nursing terminology and diagnoses. RNC015 indicated, “I had a wide variety of patients that had different issues.” Those experiences helped me feel more comfortable in the clinical setting. Those experiences also help me understand certain concepts that were presented in classroom.

Students stated that they were able to interact with patients and their families effortlessly compared to some of the students with no healthcare work experience. For example, RNC016 responded,

I am comfortable with patients. I know other students who have not worked in healthcare prior to going to clinical felt awkward and nervous going into patients’ rooms. I am more comfortable giving my patients bath and transporting them the restroom. That can be awkward if you have never done that before.

**Role confusion.** Healthcare experience can have a downside for nursing students. Participants with work experience in the clinical setting stated that they had to be cognizant of
role separation, particularly nursing students with LPN work experience. Students also stated that they had to remember that the way they performed their job duties was not the same procedures that were taught in their ADN curriculum. For instance, RNC012 declared:

The disadvantages is [sic] especially for me, is switching hats. [Chuckling] I do my clinical where I work. Sometimes I have to look down and see what color scrubs I’m wearing and remind myself which role I’m in because there’s a very large difference. At least in our facility, some of the scopes of practice for an LPN versus an RN or even an RN student are different. So just remembering to switch from an LPN to a student nurse can be a disadvantage.

RNC005 stated,

Transitioning from the LPN mindset to the RN mindset was challenging. I waited quite a while before I went back to school so I’m kinda set in what I do. During my clinical rotation I experienced how different the role of an RN was from an LPN. I’d be thinking what would I do at work and I’d have to stop myself and be like no, what would I do like as an RN because what I do at work is not what I’m gonna be doing for the school.

**Work in healthcare before attending the ADN program.** This subtheme represents the same occupations as the healthcare work experience with the exception that the focus is on healthcare work experience that incurred only before the nursing program. Prior healthcare work experience was not a requirement for the study participants. However, over half of the participants worked in some capacity previously or continued to work in healthcare while enrolled in their nursing program. Most participants stated that their anxiety level lessened
during their clinical rotation due to their familiarity with the clinical setting and basic nursing care. For instance, RNC020 posed,

   I believed we’re required to have a CNA license to be eligible for the associate degree nursing program. A lot of people get their CNA, but they won’t pursue it. My advice would be to pursue it. Try and get a job as a CNA in the hospital if you ultimately want to be an RN. The quote from RNC004 was modified for readability.

RNC004 said,

   I would tell them at least do at least six months experience with a CNA job even if it is part-time or PRN as needed just to get their feet wet. You will become familiar with medical terminology and the workplace setting. I think that prior healthcare experience would ease their anxiety when they are familiar with the clinical setting and would help them adapt to the nurse’s role.

**Theme 2: Financial Support**

The second theme that emerged was related to financial support. The participants identified work and school conflicts. While the participants spoke of work and school conflicts, they stated that they needed to maintain employment. The subthemes associated with the theme of financial support included work conflict with the ADN program and financial need. Students who identified with work/school conflicts were asked why they continued to work while enrolled in the nursing program. Students stated that working was a necessity. Table 4 illustrates subthemes, participants, and the number of responses related to Theme 2.
Table 4.

*Subthemes and Number of Responses Related to Theme Financial Obligation*

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>No. responses</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work conflict with ADN program</td>
<td>11</td>
<td>RNC003, RNC005, RNC007, RNC009, RNC010, RNC012, RNC013, RNC015, RNC016, RNC018, RNC020</td>
</tr>
<tr>
<td>Financial need</td>
<td>9</td>
<td>RNC003, RNC004, RNC005, RNC007, RNC008, RNC009, RNC019, RNC020, RNC022</td>
</tr>
</tbody>
</table>

**Work conflict with ADN program.** Students who worked full time stated that it was very challenging to coordinate their work shifts with their clinical rotation. Many students expressed the need to work on their time management skills in order to manage family obligations, study time, and clinical rotation. Most students elected to work part-time or per diem temporary until they graduated from nursing school. For example, RNC005 stated,

The clinical phase was definitely the worst because the classroom portion, is online for our program. So that was a lot easier to schedule around my work. I could study when I got home, or sometimes I could study at my break, but for the clinical you have to actually be in a place. You can’t do both at the same time. My first job that I had when I started this school program was not very accommodating to my clinical. My employer also put me on night shift for clinicals. I worked I worked day shift for my job so that was
a challenge trying to work day shift three or four days a week and then turn around and do night shift one or two days a week and turn around and go back to day shift. Even being off now Monday through Friday now that I took [a different shift at a different job] I thought that would just be so simple you know just work on the weekends 7 am to 11 pm, stay home Monday and sleep and then do night shift for clinical and then switch back, like I thought it was going to be just nothing, but it’s a lot more challenging than I thought it would be. Night shift is not my thing at all so. I will be sticking with that.

Also, RNC10 stated,

The challenges are is that [sigh] I work full time and being in an online program that’s very independent; it makes it very hard to manage time. Especially when it comes to clinicals. So I, I honestly can say that the biggest challenge that I’ve had is time management and not really having the time to sit and read all the chapters, word for word, and spending more time than I would like to invest in studying. I can honestly say that’s the one thing that has been very difficult for this program was trying to work full time and maintaining your grades and move to the next semester without slipping behind at work and hurting my job. Somethings have to being sacrificed. You do what you have to do but it’s definitely very hard. It’s very, very, challenging to continue to work full time and take an online nursing program that is also, you know full time and not enough hours in the day.

Financial need. Most of the students stated that they continued to work throughout their nursing program because they must work to maintain their household expenses and
transportation. If the participant lived in a two-income household, the participant would elect to work part-time or per diem. Most participants were not fortunate to have accommodating employers. RNC020 reported,

Well, one challenge was work. I worked full time and went to school full time, and there was not a lot of flexibility about my hours at work. I was eventually to cut because I worked weekends, three 12 hour shifts, Friday, Saturday, and Sunday and I eventually able to cut four hours from my shift on Sunday night so that I could go home and sleep an hour or two cause I would have school all day on Monday; like from 8 am until 3 pm.

Also, RNC005 posed,

If you are in a position like most of us are you still have to work too. It’s not like you can just quit your job. Most people that like, whatever you have to do to make school the priority that you can do. You just have to make the sacrifices like for me to cut my hours back was not something I really wanted to do. I used to having a certain lifestyle and you know having a certain amount of money, living a certain way and being comfortable. And I had to kinda revert back to like pre-LPN school the days when I was broke all the time cause I wasn’t working yet. And I cut some corners at home and save some money in different places, quit going out and spending and you know, that sort of thing. But you just have to make the sacrifices and make school your priority if you wanna finish it.

**Theme 3: Faculty Support**

The third theme that emerged addressed faculty support. The three subthemes included faculty’s value of students’ healthcare experience, combining multiple levels of healthcare
experience in one program, and course redundancy. Most participants felt that the nursing faculty at their school exhibited support and attentiveness towards the students. Table 5 displays the subthemes, the number of responses, and participants associated with the theme faculty’s value of students’ healthcare experience. Subthemes arose from the responses of ADN students with LPN experience. Students with prior healthcare experience higher than CNAs expressed concerns about course redundancy and being in a program with students with minimal or no healthcare experience. Participants’ quotes were lightly modified for readability.

Table 5.

Subthemes and Number of Responses Related to Theme Faculty Support

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>No. Responses</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty’s value of students’ healthcare work experience</td>
<td>8</td>
<td>RNC004, RNC005, RNC006, RNC007, RNC008, RNC018, RNC019, RNC022</td>
</tr>
<tr>
<td>Combining multiple levels of healthcare experiences in one classroom</td>
<td>5</td>
<td>RNC005, RNC006, RNC007, RNC012, RNC018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RNC003, RNC004, RNC006, RNC007, RNC008, RNC012, RNC018</td>
</tr>
<tr>
<td>Course redundancy</td>
<td>7</td>
<td>RNC08, RNC012, RNC018</td>
</tr>
</tbody>
</table>

Faculty’s value of students’ healthcare experience. The majority of the participants with an LPN background stated that faculty members did not acknowledge their years of healthcare work experience as an LPN. The participants reported that they did not receive any
credit from their clinical experience. Some participant expressed that the faculty did not acknowledge them as nurses. For instance, RNC005 stated,

In the beginning of the semester there was a few times I noticed when we came for orientation the nursing instructors were going over how the program was going to work, what you would learn, what you would do, and what was the difference between LPN and RN. There was one instructor in particular that kept saying “Well when you become a nurse” and “Well someday when you’re a nurse.” I was wanted to be like [sic] we’re already nurses like give us credit for already being a nurse. Like we’re working as LPNs, the “N” stands for nurse. You’re still a nurse. You know that’s just like a little personal thing it bugs me when people don’t give LPNs credits for being nurses also.

RNC006 posed,

We are already licensed professionals, and we have tested nationally for our licensure. Our education needs should be more specific and less generalized. For example, teaching more pathophysiology is redundant since we already have the foundations of that from our prior learning. The nursing faculty needs to focus more on the specific transition from our current practice as an LPN into the RN role. It is frustration to be place in the same curriculum with those student who are not LPNs. Reviewing the basic nursing fundamentals, basic patient care, turning, oral care, and then eventually somehow that becomes the RN role is expensive and time-consuming.

Multiple levels of healthcare experiences in one program. Students voiced frustration when they enrolled in an ADN program with students with no healthcare experience. Previously,
prospective nursing students were only required to receive their CNA before enrolling in the ADN program. However, they were not required to have healthcare experience. Study participants with more than four years as a CNA and other participants with work experiences higher than a CNA desired credit for basic nursing skills such as patient transport and bed baths, and vital signs. RNC007 voiced,

Students who have prior like healthcare experience shouldn’t have to go through the same program as somebody that doesn’t know anything. I feel there should be an accelerated program for the people with prior healthcare experience. This college actually used to have one and I was on the waiting list for that and then they cancelled it. It was a paramedic to RN for ADN. Just because some of this basic stuff, I mean you already know how to take a blood pressure, you already know how to do all basic vital signs. You can do a basic assessment in general even if you’re a CNA you can look at a patient and know their color doesn’t look right, they’re breathing too fast, they’re breathing slowly. The curriculum starts everyone from nothing to a CNA and then into the nursing program. I just feel like it’s not fair for somebody who already has experience.

**Course redundancy.** Students with healthcare experience higher than CNA desired a nursing program designed to their advanced education needs or a shorten curriculum by awarding credit hours for their specific experiences. Many students expressed frustration when they were required to repeat courses they have taken for their previous licensure, degree, or certifications. Some participants felt demeaned because their credentials and work experiences
were not acknowledged. RNC008, RNC012, and RNC019 expressed thorough account of course redundancy. Specifically, RNC012 stated,

Personally, I don’t like having to be set down to a lower bar because I’m starting off as a student. I’d like to be able to claim my experience. So I shouldn’t be belittled. I feel like if we have experience, we should be able to utilize that experience instead of everyone being set at the same bar of expectations. As far as if I know what something means in clinical terms and in my clinical journal I used that terminology. If I’ve already shown you that and informed of my 12 years of experience in the medical field then I shouldn’t have to repeat the fundamental of nursing. If that makes sense. I guess just recognizing that my experience should count versus someone who’s not had any experience.

Similarly, RNC007 said,

In emergency medicine you go over all the body systems, the heart, the GI system, respiratory, the skin, endocrinology. Honestly, I already knew everything and I might have more of an advantage than a lot of the other people do. I made lots of 100s, 90s, way higher than some of the other students.

Summary

The information in Chapter 4 included the results of data collected from 20 ADN students who had met qualifications to graduate during the year that study was conducted. The data was collected through face-to-face and telephone interviews. The outcome of this basic qualitative study availed students an opportunity to discuss how they perceived the importance of healthcare work experience to the success in their academic nursing journey.
Chapter 5 will cover a summation and interpretation of the results of the study. Also, the information in the chapter will include a comparison of the results of data to the literature and theoretical framework presented in Chapter 2. The limitations and implications of the study, as well as a recommendation for future research, will be included in the next chapter.
CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

This chapter will concentrate on data from the basic qualitative research dedicated to understanding associate degree nursing (ADN) students with healthcare experience, unique experiences during their academic nursing journey. Chapter 5 will include a detailed summary and discussion of the results of the study, also including conclusions related to the results. This chapter will also focus on the limitations, and implications of the study. Recommendations for future studies based on the outcome will also be included in this chapter.

Summary of the Results

The vision of nursing education is to provide competent graduate nurses who are equipped with critical thinking skills to perform high-quality patient care independently and through collaboration with multidisciplinary healthcare teams (IOM, 20011). Nursing schools are tasked to evaluate applicants for achieving success and completion of the nursing program and balance the nurse to patient ratio deficit secondary to the current nurse shortage (American Association of Colleges of Nursing, 2014). A variety of factors can influence the academic success of nursing students. Some of those factors include tutoring, student-faculty relationship, acclimation to the nursing program, and preadmission testing (Smith et al., 2016). Other factors are related to the individual students such as family support, employment, motivation, and self-concept (Raman, 2013).

This basic qualitative study was an endeavor to explore how recent graduates or nursing students eligible to graduate with healthcare work experience describe their academic experiences as they progressed through their associate nursing degree program. The outcome of
the study included three themes. Three themes arose from the data collected during this study. Those themes were valued work experience, financial obligations, and faculty support. The dominant theme was valued work experience. ADN students highly valued their healthcare work experience and felt the experience increased their confidence level during their nursing program. The second theme was financial support. ADN students stated that working while attending nursing school was out of necessity. The third theme was related to issues regarding faculty support. The participants, particularly those with healthcare experience level above a CNA, perceived that faculty did not place any value on their previous work experience. The information was obtained through interviews with 20 ADN students who were eligible to graduate during the development of this study.

**Discussion of the Results**

Merriam and Tisdell (2016) stated that qualitative research design focuses on discovery and insight into learners’ experience that can ultimately pose an opportunity to make a difference in learners’ lives. The intent of this basic qualitative study was to discover how ADN students valued their healthcare work experience as they completed their ADN program. Before the data collection process, it was anticipated that ADN students with healthcare experience would express positive experiences during their didactic and clinical phase of their nursing program. What was not predicted was the perceived implication that faculty placed very little value on the students’ healthcare experience. The following sections contain a detailed discussion of each theme.
Valued work experience. All of the students stated that their healthcare work experience had proven to be an attribute to their academic nursing endeavor. A small percentage of the students worked in a non-hospital setting, such as outpatient clinics and ambulance services as paramedics. Despite the variation of healthcare experiences, all participants agreed that future nursing students should obtain some healthcare work experience in a clinical setting before enrolling into a nursing program.

Healthcare experience can promote a level of confidence for the students because they are familiar with interdisciplinary team interaction, medical and nursing terminology and patient interaction (Talwalkar, Fahs, Wong, Wong, & Jeon, 2016). Participants expressed concerns and frustrations they encountered while they worked alongside students who had no healthcare experience. One of the requirements of enrollment into an ADN program was to obtain a certified nursing assistant (CNA) credentials. Obtaining a CNA without requiring some work experience before enrolling into an ADN program would make the CNA credential of no value to the student; especially if the student received the same information during the first semester of their nursing curriculum.

Students also voiced concern about role confusion in the clinical setting. Students with healthcare experience as a licensed practical nurse (LPN), paramedic or emergency medical technician expressed the most concern. During their clinical rotation, students found performing their skills challenging. They were constantly differentiating the skills they performed on their job from skills that were required of a professional nurse. Most of the students stated that they
were continually reminding themselves what environment they were in and the role required for that particular environment.

**Financial obligation.** Most of the participants had no dependents, yet they were not exempt from other financial obligations other than tuition and books. Participants had to maintain of their household, transportation, and food, and therefore found that working in some capacity while enrolled in their ADN program was essential. Some students reduced their work hours or changed their employment status to be conducive to their clinical rotation. Students felt that reconfiguring their job status was a temporary sacrifice in order to achieve their ultimate goal. Students also stated their challenges with working and going to school. Some students admitted that they had to re-evaluate their time management skills in order to meet their financial needs and have enough time to study. Despite the accommodations the student made, none of them regretted having some healthcare experience before attending their nursing program.

While most participants felt that faculty support was overall positive, it was interesting to discover that some students, primarily those students who held LPN licensures, felt that some of their faculty did not value their work experience as a nurse. This finding contradicts the adult learning theory (Knowles et al., 2012). The participants also felt that some faculty were not cognizant of the students’ life after school because they were not given enough time to prepare for their clinical rotation. It was unknown how the clinical rotation schedules were devised and when the information was passed on to the students. The students did not mention clinical rotation schedules and employer support.
Students with healthcare experience higher than a CNA also articulated redundancy of course content. Students with LPN experience felt that their ADN curriculum should be condensed to the core courses associated with registered nursing. Their rationale was that they completed the LPN program and passed the LPN licensure. The students who spoke of course redundancy attended a school that did not have an LPN to RN transition program. Also, participants with healthcare experience as a CNA desired to receive credit for their fundamental nursing skills. Participants with the paramedic, emergency medical technician, and surgical technologist experience suggested that they should receive credit for the sciences such as anatomy and physiology. Collectively, the students wanted acknowledgment of their healthcare experience and education from the faculty.

**Conclusions Based on the Results**

The information mentioned in the previous section materialized from the students’ perception of the value of the healthcare experience as it was associated with their academic nursing journey. This section will include information that will focus on how the data gathered in this study compares to previous literature and theoretical framework. This section will also focus on the interpretation of the findings, and relevancy to nursing education.

**Comparison of the Findings With the Theoretical Framework**

The theoretical foundations of this study were Kolb’s (1984) experiential learning theory and Knowles’s (1980) adult learning theory. Kolb’s experiential learning theory was defined as a cyclical process that starts with an actual concrete experience, followed by self-reflection of those experiences, which results in the fulfillment of personal goals (Kolb, 2015). The
The main objective of Knowles et al. (2012) adult learning theory was that adult learners relied on their vast amount of experiences as valuable resources during their academic journey. The motivation to learn was impacted by the relevancy of the new knowledge to the learners’ life situation (Blum, 2014). The ADN students’ experiences stemmed from a variety of healthcare occupations; however, the two principal occupations presented in this study were CNAs and LPNs. Participants strived to advance their careers within the healthcare industry because they felt that the transition from their current role in healthcare to professional nursing would be easier secondary to their actual healthcare experience. Students with LPN experience were more confident that those students with CNA knowledge.

A concern that arose from the outcome of this study that also conflicts with the adult learning theory was the faculty’s perception of the value of ADN students’ healthcare work experience. Overall, the participants stated that ADN faculty supported the students throughout their academic nursing journey even though students stated that they were given minimal credit for their healthcare work experience. According to Knowles et al. (2012) the adult learning theory is a process model, whereas the learner was primary, and the educator role was
multifaceted. “The educator in a process model may take on the role of a facilitator, consultant, or change agent” (Knowles et al., 2012, p. 114). In this study, some participants perceived the learning process to be grounded in the content model. The students in a content model environment are expected to adjust themselves to absorbing the content dissimulated (Knowles et al., 2012). Developing a nursing curriculum grounded in experiential and adult learning theories produces a learning environment where there is a positive discourse between the nurse educator and learner. Also, learners would feel that the experiences that they possessed and valued were viewed as resourceful attributes by the faculty.

**Comparison of the Findings With the Previous Literature**

Students’ personal and work experiences can either enhance or hinder completion of the nursing program. Participants of this study stated that working while attending the ADN program was challenging. Adams-Miller et al. (2016) stated that dependent children, part-time employment, and previous healthcare work experiences are factors that may also affect their academic journey.

Participants stated that they consistently had to differentiate their role as a nursing student from their actual occupation. Hardin and Richardson (2012) conducted a study in which they examined conceptual teaching that was utilized to promote the academic success of students with healthcare experience. Hardin and Richardson stated that conceptual teaching consists of identifying and analyzing misconceptions and preconceptions. This teaching strategy was crucial, particularly for learners with prior or concurrent healthcare work experiences.
Students also expressed that some of the ADN faculty did not value their healthcare experience. Raman (2013) explored factors that influenced the success of nursing students. One of the implications of Raman’s study was the lack of faculty support. Karsten and DiCicco-Bloom’s (2014) reported that the goal of nursing faculty was to develop teaching strategies and techniques to promote ADN students’ success. During the development of the qualitative study, Karsten and DiCicco-Bloom discovered that students with a previous degree and with a high GPA or previous work experience assumed that they would have no cause to be concerned in the ADN program and therefore impacted the perception the students would have regarding their faculty’s caring characteristics.

**Interpretation of the Findings**

Healthcare work experience was one of many factors that impact the completion of a nursing program (Adams-Miller et al., 2016; Hickey et al., 2012). Similar to other studies, the participants expressed a level of confidence as they progressed through their nursing program. Participants reported feeling most comfortable with performing basic nursing care such as bed baths, patient transport, and vital signs. Other skills that were mentioned by the participants included patient and family interaction, medical and nursing terminology, and interdisciplinary team collaboration. Hood et al. (2014) and Talwalkar et al. (2016) included the same implication in their studies.

Financial need was intertwined with work and the preparation for the nursing curriculum. Concurrent work experience posed a positive experience for the students as they progress through their ADN program. Although they were not working in the capacity as an RN in their
current jobs, the students noted that they understood the rationale for the nursing care that they observed. Conversely, working long hours while going to school full time had proven to be challenging for the students. Many of the students stated that not working was not an option for them. The only recourse the participants had was to reduce their work hours and reassessing the budgets until after graduation (Grant-Smith & de Zwaan, 2019). Reyes et al. (2012) reported that students who worked 16 hours or more experienced a high attrition rate. The students viewed financial stress as temporary and felt that enduring the stressful event was worth the pursuit of professional nursing status.

Most of the students particularly, students’ with CNA experience, felt that faculty support yielded to a positive learning environment. However, students with LPN background expressed that some faculty did not consider them as nurses. While the students persevered through the LPN to ADN transition program, students still expressed feeling that their previous nursing licensure was worthless. Placing students with various levels of healthcare experiences in one program fostered frustration and resentment among students with levels of healthcare experience above a CNA. Factors that affected the number of LPN to ADN transitions programs are related to the shortage of faculty and accredited nursing curriculums (Fuller, 2019). Nursing programs are innately rigorous, and such stringent curriculums may give the illusion that nursing faculty and administration are unyielding. Also, most individuals considering an ADN program enrolled in community colleges close to their residence instead of researching the best school that meet their needs.
Limitations

There were three limitations identified in this basic qualitative study. The first limitation was related to the interview questions. Although the questions were field tested, some of the participants appeared not to understand the questions. Some of the participants requested that questions either be repeated or rephrased. Another concern regarding the interview questions included participant hesitancy to answer honestly. While the participants were reminded that their responses would remain anonymous, they still appeared to be reluctant to express their beliefs regarding faculty support.

The second limitation was related to locating participants that met the inclusion criteria. One of the community colleges did not offer an LPN to ADN program. Therefore, there was a limited number of LPNs to recruit at the facility. The variety of healthcare occupations of students enrolled in the community colleges was limited.

The third limitation was related to the interviews. While some interviews were conducted face-to-face, others were conducted via telephone. Telephone interviews limit the researcher’s ability to observe nonverbal cues. The only non-verbal cues that the researcher identified was silence on the phone when asked interview questions. The researcher assumed that students were thinking about their responses.

Implications of the Study

The information collected revealed how the participants valued their healthcare work experience. Students also expressed that some of their nursing faculty’s perception of the
students’ experience was contrary to how they valued their work experience. Some faculty did not acknowledge their prior experience. An important implication is for faculty to acknowledge the learner’s prior experience and build upon their knowledge. Students may then become openly receptive to new information (Henoch et al., 2014; Victor, 2017).

Another crucial implication is related to combining students with healthcare work experiences with those students with no healthcare experiences. Administrators and nursing faculty should consider offering classes or curriculum specifically for students with healthcare work experience. Offering programs that are conducive to students’ level of knowledge implies that the administrators and faculty value the students’ work experience.

Healthcare work experiences provided a foundation for advanced nursing education for ADN students. The participants’ experiences played an essential role in the decision-making process. Knowles et al. (2012) stated adult learner readiness to learn is affected by their life reflections. Therefore, the motivation of the participants to learn was impacted by the relevancy of new knowledge to the students’ life situation (Blum, 2014). When educators are cognizant of ADN students’ academic objectives and provide coursework that is relevant to their personal and work lives, the nursing program becomes more significant.

Dale, Leland, and Dale (2013) specified that it is impossible to identify all experiences of students and develop a learner-centered environment that is relevant. However, it is conceivable to create commons themes based on the experiences of most students. Elements such as faculty and financial support, remedial resources, and healthcare work experiences can be used by nursing faculty, counselors, and administration to develop a learning environment centered on
the academic success of the nursing student. Nursing students’ personal and work experience played a significant role in completing the nursing program (Reader, 2015). While some of the participants felt that balancing the role of an ADN student with their current health care occupation was challenging, other participants felt that their work experience helped them progress through their curriculum smoothly. It is recommended that nurse educators, counselors, and administrators identify these characteristics through pre-assessments and implement the appropriate resources to promote academic success (Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013). Findings from this study may provide additional information to guide stakeholders in assessing such factors to promote student success.

**Recommendation for Further Research**

This basic qualitative study provided an examination of how ADN students valued their healthcare experience as they progressed through the nursing program. However, the sample did not include recent ADN graduates. A recommendation would be to repeat the study with additional efforts to recruit graduates.

Additional research is recommended utilizing a mixed method design that would allow a larger sample and offer more in-depth data by combining quantitative and qualitative methods. An instrument such as a survey could be completed at the participant’s convenience, yet within a set time frame. Merging the assets of both methodological designs would yield a better outcome of a research study.

ADN students perceived that some of the nursing faculty did not place the same value on the students’ healthcare work experience as the participants. A study that explores whether ADN
faculty believe that prior healthcare experience has a place in the nursing curriculum would be beneficial. Some ADN students verbalized concerns regarding attending classes with students with no health experiences. A potential study could be designed to compare retention rates of nursing students with healthcare experienced compared to those without. Another related study could be to offer different curriculum to students with healthcare experience than those without, then compare the outcome for both groups. The development of an ADN program that takes prior healthcare experience into consideration could reduce the amount of time in the program, decrease the cost of tuition, and develop positive interactions between the nurse educator and ADN student.

**Conclusion**

An extensive review of the literature revealed minimal studies regarding ADN students with healthcare work experience and their success in the nursing program. This basic qualitative study included an exploration of how ADN students valued their healthcare experience as they progressed through their nursing curriculum. Information was gathered from face-to-face and telephone interviews with 20 participants. Three themes emerged from the data analysis. The themes were: valued work experience, financial support, and faculty support.

One outcome that emerged from this study was ADN students felt that their healthcare experience was a valuable resource as they progressed through their academic nursing journey. The students expressed that they would recommend to future nursing students that they obtain some healthcare experience before enrolling into the ADN program. The participants also voiced that working during nursing school was a necessity. Although working was challenging, it was
worth reorganizing their personal lives in order to achieve their goal of becoming registered nurses. The unanticipated outcome of this study was the students’ perception of how the ADN faculty perceived their healthcare work experience. Acknowledging, understanding, utilizing the resources that ADN students bring to the nursing program will provide a positive learner-centered environment.
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