AD RNs' Perceived Facilitators & Barriers to BS Nursing Education



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Objectives

By the end of this session, participants will be able to:

- articulate AD RN's perceived facilitators and barriers to progressing to BS level nursing education.
- describe interventions that may be enacted to increase academic progression.

Significance

- Better Outcomes with Greater %
 BS RNs
 - -Patients, families, and society
 - -Profession
 - –Nurses themselves

Background

- 50% US RNs presently hold BS
- Strong National Movement to increase % BS prepared
 - -IOM (2011) increase to 80% by 2020
 - -Carnegie Foundation: "seamless" and swift transition (Benner, Sutphen, Leonard, & Day, 2010).
- Employers prefer/require

Background

- Current RNs' First Degree as a Nurse (HSRA, 2010)
 - 45% AD
 - 35% BS or higher
- New RNs in the US now (RWJF, 2013)
 - -AD: 53% new RNs
 - -BS: 43% New RNs

Background

- Just 21% of AD RNs progress to BS
 - —average of 7.5 years after graduating with AD (HRSA, 2010).
- Why do some AD RNs go on for BS education, while many more do not?

Purpose

Identify AD RNs' perceived barriers and facilitators to progression on to baccalaureate level nursing education

Gap in the Literature

- Few studies on Barriers and Facilitators-only 3 recent studies of relevance
- Most purely qualitative
- With lack of research on barriers/facilitators it is difficult to know how effective present strategies will be

Methods

- IRB approved, used informed consent
- Convenience sample (n=82) of AD RNs
 - One public university
 - One private university
- E-mail invitation to complete survey
- Qualitative and quantitative data on perceived facilitators and barriers

Perceived Facilitators & Barriers Instrument

- Developed for use with pharmacists: barriers/facilitators continuing education
 - (Hanson & DeMuth, 1991)
- Permission to use & modify
- Expert & content validity determined
 - 3 nursing education experts
 - 2 statisticians

Constructs

- 23 Facilitator questions
- 31 Barrier Questions
- 5-point Likert: Strongly Agree to Strongly Disagree
- Demographics

Results-Demographics

- N=81 currently enrolled in RN-BS program
 - -22 Private Christian
 - -58 Public
- Enrollment status 68% part time (<12 credits/semester)
- Employment Status-69% full time

Results-Demographics

- 91% female
- Most common age range 30-39
 - -Private/public 50-59/30-39
- 64% returned to BS </= 6 years
 - -34% returned to BS </= 2 years
 - Private university took longer to return, 50% >10 years

Results-Facilitators

Factor	n*	%
Personal desire to learn/advance knowledge	75	93.8
Professional/career advancement	71	88.8
Ability to better serve patients	63	78.8
Ease of access to program/courses	55	71.6
Opportunity to increase recognition from		59.3
& ability to serve the professional		
community		
* N varies due to missing data		

^{*} N varies due to missing data

%

50.6

45.5

43.0

40.7

39.5

35.8

41

37

34

33

32

29

	Results-racilitators
Factor	

Articulation agreement/ease of transferring

Ability to meet entrance requirements

Encouragement through external sources

(e.g. employer, professional organization)

Encouragement through family

Tuition Reimbursement

previously earned credits

Required for graduate studies

N varies due to missing data

Facilitators-Difference

- "Opportunity to increase recognition from and ability to serve the professional community"
 - -Private university participants=68.2%
 - —Public university participants =55.2%

Data Clusters-Facilitators

- 1. Desire for personal growth
- 2. Professional and career enhancement
- 3. Tuition reimbursement
- 4. Programmatic and articulation friendliness
- 5. Encouragement by others

	results-barriers
Factor	

Lack of differential treatment between AD and

Family constraints (eg: spouse, children,

personal)

Job constraints

Lack of increase in pay after completing BS

Cost

BS RNs

level education

Lack of financial assistance

Prior student loans * N varies due to missing data

N* 66

53

36

35

33

%

80.5 64 79.0

65.8

45



42.0

40.7

Differences Barriers

- "Cost"
 - -86.4% of the private university
 - -74.1% of the public university
- "Lack of increase in pay after completing BS level education"
 - -45.5% private university
 - -58.6% public university

Data Clusters-Barriers

- 1. Family and job constraints
- 2. Financial concerns
- Lack of differential treatment between AD and BS RNs

Recommendations Employers

- Generous tuition reimbursement
- Consider requiring all RNs to BS within reasonable time
- Child and eldercare, flexible scheduling, paying for attending classes, paid time off, and loan forgiveness.
- Acknowledge the differences: Distinguish between AD and BS RNs
- More generous pay increase for obtaining BS

Recommendations-Governing Bodies

- Publicize benefits of BS education: campaigns and advertisement
- Loan forgiveness and generous tuition assistance for all AD RNs returning for BS.
- Legislation mandating all AD nurses in all states return for a BS degree within reasonable time.

Recommendations-Higher Ed

- Provide ease of access to programs/courses: offer online/convenient time/place
- Offer acceptance to all qualified applicants
- Encourage continue to graduate studies
- Provide dedicated advisement and information on loans and scholarships.
- Provide articulation agreements and readily accept transfer credits rather than require repeat of content.

Conclusions

- First step toward informed interventions that will help ensure academic progression for a greater percentage of AD RNs becomes a reality.
- We aspire that this knowledge will ultimately serve to increase the percentage of BS and higher prepared RNs in the U.S.
- We recommend further study
 - Respective amplitude of facilitators/barriers
 - Repeat the study with AD RNs not already enrolled in BS Completion

Questions?



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