Purpose of the Study

The purpose of this study was to isolate and define the barriers (hereafter called "discouragements," or "D's" for short) and enhancements (hereafter called "inducements," or "I's" for short) for students nationwide who are in academic transition from associate-degree to baccalaureate-degree status in nursing.

Specific Aims/Hypotheses

Specific Aim 1: To discover actual inducements and discouragements as described by RN to BS/BSN students currently enrolled in baccalaureate nursing programs

> H1: There are statistically significant relationships between I's/D's and student demographic data.
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> H2: There are statistically significant relationships between I's/D's and non-demographic data.
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> H3: There are statistically significant relationships between I's/D's and working status of RN to BS/BSN students

Theoretical/Conceptual Framework

The call for a nursing workforce with an entry level baccalaureate degree has been in existence since the mid 1960's (ANA, 1065). In 1995, the PEW Health Professions Commission also called for a standardized entry into practice requirements (PEW, 1995). More recently, the American Association of Colleges of Nursing (AACN) has also taken a stance supporting the baccalaureate degree as preferred for entry into practice as a professional nurse (AACN, 2000). According to the AACN (2000), the nursing workforce in 1980 was skewed towards diploma nurses, with 55% of those employed holding this degree. At that same time, only 22% of the nursing workforce had earned a baccalaureate degree and 18% had entered into the workforce with an associate degree in nursing (AACN, 2000). According to data from 2010, the workforce consists of 45.2% prepared at the associate degree level, 34.2% prepared at the baccalaureate or graduate level degree, and 20.4% holding diploma degrees (HRSA, 2010).

The state of Oregon has attempted to respond to not only the shortage of Nurses, but the call for the baccalaureate degree as the degree preferred for entry into practice (Tanner, C. Gubrud-Howe, P., Shores, L. 2008). The so called 'Oregon Model' has helped to increase the number of baccalaureate nurses entering into practice for the state of Oregon, but the impact nationally is not known. While gains in the number of nurses who have earned baccalaureate degrees have been made, the majority of the workforce is educated at a level other than the baccalaureate degree level. Nursing education and practice are attempting to address this imbalance in the workforce by encouraging, or even mandating, that currently practicing nurses holding associates degrees return to school for a baccalaureate degree in nursing.

As nursing education and practice seek to address the need for increased numbers of nurses prepared at the baccalaureate level, decisions related to the educational needs and programing are being made without solid national data related to the RN to BS/BSN population. The exploration and study of a concept is one way in which to generate knowledge. The lack of knowledge related to I's/D's for students enrolling in a RN to BS/BSN program is talked about, but the data to support the talk has not been found. This exploratory study aims to address the gap in the literature related to I's/D's surrounding the RN to BS/BSN experience.

Methodology

Research design

The study utilized a survey administered via REDCap. The survey collected demographic data (non-identifying) and had multiple-choice selections for questions related to I's/D's. Participants will also provided answers to open-ended questions, adding richness to the data.

As an exploratory study, this proposed project focused on analysis of demographic variables (e.g. age, gender, marital status, race) and inducement/discouragement factors (I's/D's) that the participants have identified as impacting their program of study. Correlation, frequency, and other appropriate exploratory analyses will be undertaken to evaluate if there are any relationships between demographic factors and I's/D's.

Additionally, non-demographic variables (i.e., educational background, years of nursing experience, working status during program, age at graduation from ADN program, and reason for returning to school for the BS/BSN degree) was analyzed using correlation, frequency and other appropriate exploratory analysis methods to determine if there are any relationships between the non-demographic variables and I's/D's.

Research questions

In this exploratory study, the guiding question is as follows: What are the I's/D's that RN-to-BS/BSN students currently experience as they return to school?

Participants were asked questions about the following: basic demographic data (i.e., age, gender, marital status, and race); location of residence of the participant; reasons for returning to school for the RN-to-BS/BSN degree; I's that were present for the student as they initiated the return to school for the RN-to-BS/BSN degree; D's that discouraged their return to school for the RN to BS/BSN; information about how they selected the RN-to-BS/BSN program; the type of program they are attending (i.e., online, onsite, on campus, hybrid); and important factors in program selection.

Procedure

The survey instrument was sent by email to administrative leaders of all accredited (NLNAC or CCNE) programs in the United States, who will then opt to/opt not to forward the survey link to all

their students enrolled RN-to-BS/BSN programs. The introduction letter outlined the purpose of the study and provide informed-consent information. Additionally, information about the study was presented to Nursing Educators via a nursing educator specific list-serve and via LinkedIn.

The students who choose to participate were the sample participants. By nature of the programs, all participants will be over 18 years of age, enrolled in an accredited Bachelor of Science (BS) or Bachelor of Science in Nursing (BSN) degree for RN-to-BS/BSN completion students in an institution of higher education. Students from all accredited RN-to-BS/BSN degree programs in the US were invited to participate in this study via a letter sent to their program administrator. The sample was selected for this study based on the researchers' need to assure regional, inclusive data and equal representation from all populations of students. Diversity of subjects will be random and based on participation. Students who do not wish to participate will be excluded from this study.

Data-collection methods

Letters introducing the study, consent process, and survey-linkage access were sent to each College/School/Department Director or Dean, allowing them to forward the letters on to their students without compromising student contact information or data. If the RN-to-BS/BSN students decided they were interested in participating, they could access the research materials via the email link. Data from the surveys was collected and processed through the REDCap survey tool.

Sample size

This study had a total of 396 participants. Using a r = 0.15and an alpha of 0.05, power analysis, 0.91 that an adequate number of participants were engaged in the study.

Subject selection, recruitment, and retention

Participants were selected via their willingness to participate, providing all an equal opportunity to participate. Participants were asked to complete one electronic survey which includes demographic data and study questions. Students acknowledged that they did consent to the survey by completing this survey tool. They were also informed that they can opt out of the study at any time by not submitting the survey. This tool took approximately 10 minutes to complete. There was no deception used in this study.

Summary of Findings

Demographics

Participants were 11.3% male, 88.7% female with 75.1% being of White background, 13.8% identifying as African American or Black, 5.8% identifying as Hispanic, 4.0% identifying as Asian or Pacific Islander or Native Hawaiian, and 1.3% identifying as American Indian or Alaska Native.

Of all the participants, 19.2% were between 25 and 29 years of age, 15.3% were between 35 and 39 years of age, 14.3% were between 30 and 34 years of age, 14.1% were between 40 and 44 years of

age, and 13.6 were between 45 and 49 years of age. Additionally, 55.3% were married or in a partnership and 44.7% were single/separated or divorced.

The majority of participants were working more than 25 hours per week, with 64.2% working 25 to 40 hours, 20.7% working more than 40 hours, 8.1% working between 0 and 24 hours per week. The remaining 6.8% were not working at all within nursing.

Top Inducement Factors

Personal motivation (66.4%) was the number one inducement factor. Family support (48.7%), tuition support (41.7%), short acceptance time into the program and family/significant other support (40.9%) were the top five inducement factors for the students who were pursuing their BS/BSN degree.

Top discouragement Factors

Cost was the largest discouragement factor with 63.4% of the participants noting that this was an issue. Family responsibilities (54.3%), time away from employment (24.4%), obtaining pre-requisites for admission (15.7%) and lack of motivation (12.4%) were identified as the other top discouragement factors.

Hypothesis 1: There are statistically significant relationships between I's/D's and student demographic data.

Inducement factors: Age is significantly associated with provision of child care: (chi-square=5.159 p=.030); family/significant other support: (chi-square=3.941 p=.049), and other: (chi-square=4.712 p=.036). The odds of reporting child care (OR=4.867 CI=1.083, 21.872) and family/significant other support (OR=1.518 CI=1.004, 2.295) as an incentive is higher for those in the younger age group compared to those in the older age group. The odds of reporting some other incentive not listed is lower for the younger age group compared to the older age group(OR=.365 CI=.142, .937).

There was a significant relationship between race and: Tuition support: (chi-square=4.696 p=.031); employer support: (chi-square=5.884 p=.020); family/significant other support: (chi-square=6.117 p=.016); many RN to BSN programs to choose from: (chi-square=5.682 p=.016); and employer encouraged: (chi-square=7.047 p=.008). The odds of listing tuition support (OR=.586 CI=.360, .953), employer support (OR=.476 CI=.259, .875), family/significant other support (OR=.540 CI=.330, .883), many programs to choose from (OR=.396 CI=.181, .867) and employer encouraged (OR=.461 CI=.258, .824) as incentives are lower for minorities compared to whites.

Discouragement factors: Age (chi-square=10.043 p=.002) and marital status (chi-square=48.96 p=.000) are significantly associated to family responsibility. Those in the younger age groups (OR=.515 CI= .341, .778) and those not in a relationship (OR=.226 CI=.147, .346) are less likely to list family responsibility as a barrier. Race (chi-square=4.137 p=.054) was almost found to be associated to family responsibilities, but the p-value was just slightly higher than the .05 alpha level. However, the odds ratio was found to be significant (OR=.616 CI=.385, .984) suggesting that

minorities are also less likely to list family responsibility as a barrier. Marital Status showed a significant relationship (chi-square=4.821 p=.034) to no barriers. The odds of not listing any barrier is 2 times higher for single individuals compared to those in a relationship (OR=2.043 CI=1.069, 3.902). Gender did not have a significant association to any of the barriers.

Hypothesis 2: There are statistically significant relationships between I's/D's and non-demographic data.

Incentive factors: Marital Status showed a significant relationship with: family support: (chi-square=8.559 p=.004) and family/significant other support: (chi-square=25.600 p=.000). The odds of family support (OR=.549, CI=.367, .822) and family/significant other support (OR=.338 CI=.221, .518) as incentives are lower for single individuals compared to those in a relationship.

Discouragement factors: Residence was significantly associated with family responsibilities: chis-square=5.394 p=.026); lack of childcare: 4.292 p=.048; obtaining prerequisites for admission: chi-square=6.624 p=.011; and lack of BSN program in area: chi-square=4.337 p=.045.. The odds of reporting family responsibility (OR=1.645 CI=1.079, 2.506), lack of childcare (OR=2.219 CI=1.028, 4.790), and lack of BSN program (OR=2.827, CI=1.023, 7.817) as barriers is higher for those living in rural areas compared to those living in urban/metropolitan areas. The odds of reporting obtaining prerequisites for admission (OR=.454 CI=.247, .837) is lower for those living in a rural area compared to those in a metropolitan or urban area.

Hypothesis 3: There are statistically significant relationships between I's/D's and working status of RN to BS/BSN students

Inducement factors: Working Status and residence were not significantly associated with any of the incentives.

Discouragement factors: For the association between working status and long acceptance time into BSN program, one of the cells of the contingency table had a count of 0 so the odds ratio could not be calculated. There was no evidence of a significant relationship based on the chi square test (chi-square=2.407 p=.214).

Recommendations

Based upon study results, personal motivation and family support are critical components for the RN to BS/BSN student who is returning to school. Encouraging students to discuss this key change with their family and significant others is a key component to facilitating the best opportunity for student success. Additionally, tuition support from some source is very important as well as the overall cost of the program when students are considering returning to school.

So, what does this mean for nursing education? Nursing Education can change the model by heeding the call for innovative RN to BS/BSN programs that address: Admissions requirements;

overall cost of the program (tuition, fees, books, number of courses); and how quickly academic programs respond to prospective students as they inquire about programs. Additionally, Nursing education should partner, where possible, with employers to not only create innovative tuition models, but to provide support for family responsibilities and to create innovative class/course structures allowing for some level of work/school/family balance for the returning students.