The Institute of Medicine (IOM) (2010) recommends 80% of the nursing workforce be prepared at the baccalaureate level by 2020. To accomplish this goal, the IOM endorses partnerships between academic nurse leaders and employers. The Tricouncil of Nursing (2010) further supports participation of employers in this initiative and stresses the inclusion of financial and professional incentives. Researchers have identified multiple barriers for nurses returning to complete their baccalaureate degrees. These barriers include (a) lack of time due to family commitments and work, (b) cost of secondary education, (c) fears related to returning to school, and (d) concern about technological changes in academia (Conner & Thielemann, 2013; Duffy et al., 2014; Sportmann & Allen, 2011). Academic leaders and employers must address these barriers in collaboration to move the nursing workforce towards completion of this goal.

In early 2016, nurse administrators from a local healthcare system approached nursing faculty from an established nursing program to begin a collaboration aimed at facilitating BSN completion of their nurses. Since degree status of RNs employed within the healthcare system had not be tracked, their percentage of BSN prepared nurses within the system was unknown. Thus, a needs survey was developed that included demographic information, preferences, and perceived barriers to degree completion. The survey was distributed via the hospital email system to all registered nurses employed by the healthcare system (N=887). Two hundred eighty-six nurses completed the survey for a response rate of 32%. Demographic data revealed that the average nurse was female (91.6%), more than 40 years of age, and white (94.4%) with more than 15 years experience as a nurse. Only 45% of nurses were prepared at the BSN level or higher. The majority of nurses (51.7%) completed their associate degree in nursing more than ten years ago. Additionally, 58.5% of nurses stated they had a moderate to very strong interest in completing a BSN degree. Top barriers identified by nurses included cost, time commitment, family responsibilities, and work schedule. Using these data as a basis, an RN-BSN completion program was designed.

Survey data emphasized that a fair amount of nurses within the system were older and had been out of school for a number of years. Comments from the survey reinforced that many were fearful of going back to school due to limited exposure to computers and online formats. With these factors in mind, support components that included implementing preparatory classes prior to beginning the program, assigning a designated program advisor, providing onsite classes, and using a cohort model where students progress with the support of peers were included. Due to their eligibility for tuition reimbursement benefits, fulltime working nurses were the target audience for the program; therefore, the program design includes a part time plan of study with two classes per term over an 18 month period. A hybrid class format with alternating face to face onsite classes and online coursework was adopted as it offers increased flexibility in scheduling, but also provides students with opportunities for interactions with peers and faculty.

Recruitment of nurses began in spring of 2016 for the fall 2017 cohort. Multiple general information sessions, transcript reviews, an application open house, and participation in the hospital's education fair resulted in attracting over 60 prospective RN-BSN students. Since completion of prerequisite courses prior to beginning the cohort is desirable, early identification of additional prospective students is essential as time may be needed for them to complete prerequisite coursework. This aspect of early identification and planning for cohort entry has proven to be a major challenge as much time and energy must be used to continually track student progress prior to entry into the cohort.

Currently, admission of the first cohort is underway. Creation of a revenue model revealed that a modest group of eight students could be self-sustaining, thus this is the target number of participants for the initial cohort. Continual collaboration between nursing faculty and nurse administrators has been essential in
recruiting the initial cohort. Also, the university admissions department and healthcare system’s human resources department have provided crucial support.

Evaluation of the program will be accomplished through tracking of student retention and program completion. Participants will also complete exit surveys addressing effectiveness of preparatory classes, program advisor, plan of study, class format, and program cost. Data derived from these sources will be used to revise the program as indicated.

Title:
Partnering to Increase the BSN Prepared Workforce

Keywords:
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References:

http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-workforce


Abstract Summary:
The development of an RN-BSN Completion Program using a cohort model is showcased. This initiative grew out of collaboration between hospital administrators and nurse educators. Development and results of a needs survey, as well as program design, participant recruitment, and program evaluation are discussed.

Content Outline:
I. Introduction
   A. Review of literature
   B. Collaboration between hospital administrators and nurse educators

II. RN Survey
   A. Development
   B. Results

III. Program Design
   A. Addressing perceived barriers
   B. Preparatory classes
   C. Program advisor
   D. Plan of study
   E. Class format/site
   F. Financial assistance/tuition reimbursement

IV. Implementation
   A. Recruitment
   B. Key players: administrators, educators, admissions, human resources

V. Program evaluation
   A. Retention and completion
   B. Exit survey
      1. Program outcomes
      2. Barriers addressed

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