REGISTERED NURSES IN BACCALAUREATE PROGRAMS

OF NURSING: PROBLEMS AND MOTIVATIONAL

FACTORS AFFECTING REGISTERED NURSES

PURSUING A BSN DEGREE

By

CAROLE MATTINAT BRYANT

Bachelor of Science in Nursing
Georgetown University
Washington, DC
1956

Master in Education
Oklahoma City University
Oklahoma City, Oklahoma
1971

Master in Nursing
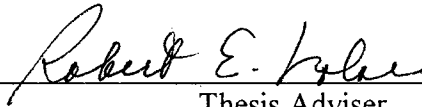University of Oklahoma
Norman, Oklahoma
1978

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF EDUCATION
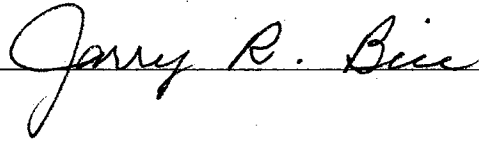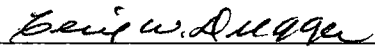July, 1997

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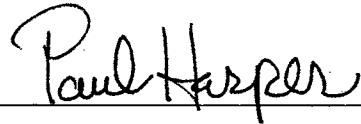
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Thesis Approved:

Robert E. Kyler
Thesis Adviser

Jarry R. Bice

Benj W. Dugger

Paul Harper

Thomas C. Collins
Dean of the Graduate College

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CHAPTER I

INTRODUCTIONS

Background

In 1978, at the American Nurses' Convention, the delegation decided to put a time

frame on the profession's effort to standardize nursing education. The action supported by

the Association was threefold: to study the competencies required of today's nurses, to

support flexible approaches to facilitate career mobility, and to set 1985 as the point at

which anyone entering the profession of nursing would have to have a baccalaureate

education. This action also protects today's nurses who hold professional licensure

regardless of which education route they may have taken to achieve it (Schoor, 1979).

The "1985 Resolution" has been and still is an extremely controversial issue. The

controversy over the appropriate educational requirements for entry into professional

practice has been a recurring issue since the early 1920's to the present day (Schoor,

1979). Efforts to standardize nursing education have not only been confounding and

dividing the nursing profession but have also caused confusion among consumers of health

care services (Kohke, 1981). The forces marshaling against the 1985 Resolution are loyal

diploma graduates, the diploma and associate degree graduates who give lip service to the

1985 Resolution but feel they are the best prepared, as well as physicians, hospital

administrators and nurse educators who have vested interests in the programs in which they teach (Schoor, 1979).

Review of the literature has verified that the movement toward optimal pathways for the registered nurse in baccalaureate education has been extremely slow. Barbara Nichols, president of the American Nurses' Association, at the 1980 convention in Houston, Texas, reaffirmed the Association's position in regard to professional education. In her convention address she emphasized that educational mobility is essential if nurses are to move into the professional mainstream of this country. The House of Delegates of the American Nurses Association supported her statement and was committed to more rapid movement towards this goal, along with increased accessibility to academic programs for all nurses (White, 1980). Finding ways to facilitate the educational advancement of mid-career diploma and associate degree registered nurses has become an urgent professional priority.

Nursing, like many other professional disciplines, has pressing need for its members to participate in continued learning. Rapid technological advances have mandated the availability of continuing education to upgrade skills and provide for career mobility. Many professional groups now require specific amounts of additional exposure for a learning situation to obtain renewal licensure or for professional advancement. Nursing has the additional impetus for continued education of practitioners, the desire to increase the knowledge base of the profession and to broaden the level of preparation of the majority of practicing nurses. Much of nursing, including many nurses who received their initial training/education through diploma and associate degree programs, views the baccalaureate degree as desirable (Baker, 1978, Dineen, 1975, Schoor, 1979).

Two societal imperatives have brought the problem of educational advancement of the diploma and associate degree registered nurses to the forefront. First, there is a great need to increase the supply of baccalaureate nurses so that the profession will be better equipped to respond to increasing societal demands for nursing services. Second, there is an emerging professional sensitivity to the fact that in a democratic society such as ours, educational dead-ends are intolerable, that no occupational group can change the standards for entry into it's practice without providing some means for those already in the field to achieve the new standards if they wish to do so (Zorn, 1980).

The Problem of Supply and Demand

In today's society nurses are called upon to take on a number of expanded roles and to assume responsibility for patients and their families in a variety of settings. In addition to providing direct care to the sick, nurses also manage the delivery of care, anticipate in health-illness screening, monitor health maintenance, and provide health education (Kramer, 1981, Nicols, 1981, Zorn, 1980). In order to be effective in these roles nurses need the broad educational background provided at the baccalaureate level in nursing education.

Throughout the history of nursing, there have been cycles in which there were inadequate numbers of nurses to meet societal needs for safe nursing, Once again, as confirmed by the Report of the Secretary's Commission on Nursing (Department of Health and Human Services, 1988) a shortage of registered nurses has become a major societal issue in the United States. Unlike previous nurse shortages, the current shortage is primarily one of increased demand. Although the number of licensed nurses and the

number of nurses currently practicing is higher than at any other time in history, this increased demand coincides with a decline in student applicant pools for all disciplines and with changes in society that are making previously male-dominated professions more accessible to women (National League for Nursing, 1989).

Additionally, the complexity of health care technology, the aging of the population, the AIDS epidemic, changes in federal regulations and reimbursement policies, and reductions in support services for nurses themselves, in conjunction with an expanding health care system required to offer more services with less funding, have skyrocketed the demand for nurses. The increased acuity level of ill persons and the comprehensive care they require necessitates a more highly skilled, better qualified nurse to work directly with patients (Findings and Recommendations, Oklahoma State Health Manpower Task Force, 1988). There will be a deficit of 506,000 baccalaureate nurses and a surplus of 332,000 diploma and associate degree nurses when the current supply of nurses country-wide is referenced to estimates of patient care needs (National League for Nursing, 1989).

The profession cannot depend entirely upon the supply of newly licensed baccalaureate nurse graduates to close this gap between supply and demand. A satisfactory resolution of the problem will be impossible unless a concerted effort is made to upgrade a large portion of the identified surplus of those prepared at the diploma and associate degree levels.

The Problem of Educational Mobility

Registered nurses without a baccalaureate degree with a major in nursing constitute the largest single category of nurses in the United States (Muzie and Ohashi,

1978, NLN, 1989). Although there is an increase in the number of registered nurses seeking baccalaureate education, sixty-seven percent of the nursing care providers are nondegreed (National League for Nursing, 1989).

Search of the literature has provided many positive factors which have influenced the steady increase in registered nurses seeking a bachelor's degree in nursing, In 1967, Mary Dineen's research indicated that hospital graduates were seeking college degrees as a means of enhancing quality of patient care, self improvement, and advancement of nursing as a profession (Dineen, 1975). Boldt (1978) identified the above mentioned factors plus coping with changing patterns of health care, quest for personal identity and status, and greater economic recompense. Other researchers have identified such factors as employment demands, open door to greater number of nursing positions, possible future requirement for licensure and resocialization, the taking on of new attitudes , concepts and roles.

Registered nurses who wish to return to school for a baccalaureate degree often believe that the path to educational mobility will be littered with barriers. First, there is the matter of fulfilling prerequisite requirements. Next comes the issue of validation of prior nursing knowledge in the form of challenge exams, advanced placement exams or other methods of articulation. Finally, the registered nurse is ready to begin baccalaureate level nursing courses, only to encounter additional barriers, As a result, their period of enrollment is often prolonged and many are forced to drop out (Creasis, 1989).

In a study conducted by the National League for Nursing to identify motivators and barriers to enrollment in a RN-BSN program, four barriers were identified as moderate to major hindering factors by at least 77% of the 369 respondents. There were:

lack of flexibility, inconvenient scheduling, geographic inaccessibility, and duplication of nursing knowledge and experience by available programs (1987). Programs that seek to reduce these barriers must take into account the unique characteristics and needs of the RN student. Specifically, RN-to BSN students are usually adult learners who come from a diversity of backgrounds and experiences. They maintain a variety of personal, family, and employment responsibilities, necessitating organization of their time in the most efficient manner possible (Roudonis, 1987). The fact that many student commute fairly long distances to attend classes serves to further complicate an already complex lifestyle (Creasia, 1989).

Most schools of nursing encourage continuing education for registered nurses by facilitating their entry into existing baccalaureate in nursing degree programs through challenge examinations, special transition courses, and advanced placement. There has also been a significant growth in the number of upper division programs designed specifically for the registered nurse who wishes to earn a bachelor of science in nursing degree (BSN). These endeavors have resulted in a substantial increase in the number of RN students enrolled in BSN programs for 15,000 in 1975 to 45,000 in 1986 (Rosenfeld, 1986). These figures infer a legitimate need to address those reasons or motivational dimensions that precipitate the RN's return to a college campus to continue their education. Even with the increase in RN's seeking a BSN, the percent who completed the requirements for the BSN degree in 1987 was a -2.3% from the previous academic year (AJN, 1988, pg. 529).

No doubt, recent strong stands taken by nursing organizations in support of baccalaureate education in nursing and growing acceptance of the career ladder approach

to nursing education have resulted in an increase in the number of registered nurses in institutions of higher education. As schools of nursing attempt to respond to the continuing education needs and career goals of the registered nurse by facilitating their enrollment in courses for academic credit, it is equally important for them to go one step further and respond to the special needs of registered nurse students who are in a setting that is accustomed to responding to the needs of the younger student (Fotos, 1987).

Nature of the Problem

Although the problems of returning registered nurse students have been discussed at length, until recently, they have seldom been studied systematically. The American Nurses Association resolved in 1978 that the minimum preparation for all the nursing profession would be the BSN by 1985. Despite the recommendation of the nursing leadership to have established by 1985 the BSN as the minimal entry level into practice, currently, diploma and associate degree nurses still make up the largest pool of practicing nurses. The demographic data for nurses show an enormous disparity between the farsighted goal and the reality of nursing education. In the United States today there is a demand for better educated nurses which is urgent and growing. By the year 2000, the U. S. Department of Health and Human Services projects that there will be twice as many jobs for nurses with master's and doctoral degrees as nurse available to fill the positions, and a 30 percent shortfall of baccalaureate prepared nurses to fill BSN required positions (Bureau of Health Professions, U. S. Department of Health and Human Services, as cited in Lass, 1990). By contrast, the same study predicted that there will be 75 percent more nurses prepared at the hospital diploma or associated degree level that positions which

require them. The need for nurses with additional educational credentials has dramatically

increased within the health care system (UNDHHS, 1989).

Problem Statement

In 1981, the Institute of Medicine's study of nursing and nursing education

reported that "nurses who chose to upgrade their education may find confusing, often

circuitous and expensive pathways" (p. 6.17). The problem with which this study is

concerned: What are the conditions perceived as barriers by RN students that impede their

progress toward obtaining a baccalaureate degree?

Purpose of the Study

It is the purpose of this study to describe some of the relevant characteristics of

registered nurse students and the reasons which motivate them to return to school to

continue their eduction to the baccalaureate level in nursing and to describe the conditions

in the educational environment that help or hinder returning registered nurse students in

achieving their educational goals.

Significance of the Study

At this time, increasing numbers of registered nurses are returning to school to

earn the baccalaureate degree in nursing. Despite the high risk of attrition (Vaughn,

1980), nurse educators need to know more about these students and the educational

conditions that help and hinder them in achieving their educational goals. By providing

data about the characteristics of the returning registered nurse student, and identifying the

conditions in the educational environment that contribute to or interfere with their progress in the baccalaureate curriculum,. this study may offer some assistance in educational planning to increase the RN students' chance for success and contribute to resolving the manpower supply problems of the nursing profession.

Research Questions

There are four questions to be answered by this study:

1. What are the relevant characteristics of registered nurse students?

2. What are the reasons that precipitate their return to a college or university to continue their educations?

3. What are the conditions in the educational environment that help the returning registered nurse students in achieving their educational goals?

4. What are the conditions in the educational environment that hinder the returning registered nurse students in achieving their educational goals?

Definitions of Terms

The following definitions of terms will be used in this study:

<u>Diploma Nursing Program</u> - a three-year, hospital-based program in nursing which prepares for registered nurse licensure and awards a diploma as certification of successful completion of the program of study.

<u>Associate Degree Nursing Program</u> - a two-year, community college program in nursing which prepares for registered nurse licensure and awards an associate's degree as certification of completion of the program of study.

Baccalaureate at Nursing Program - a for-year, college or university program in nursing which prepares for registered nurse licensure and awards a baccalaureate degree as certification of successful completion of the program of study. These programs are of two types: 1) generic baccalaureate nursing programs, those which are designed primarily for the generic student but to which registered nurses are admitted with advanced placement, and 2) RN only baccalaureate nursing programs, those to which only registered nurse students are admitted. Both are commonly called BSN or RN-BSN programs.

Registered Nurse Student (RN student) - a registered nurse (RN) who graduated previously from either a diploma or associate degree nursing program and is currently enrolled in a baccalaureate nursing program.

Traditional/Generic Student - is a student who is enrolled in a baccalaureate nursing program to acquire basic preparation for nursing practice and the bachelor of science in nursing simultaneously.

Educational Environment - the aggregate of all the conditions both personal and environmental which exert an influence upon the behavior of individuals within an educational setting.

Assumptions Underlying the Study

1. To provide appropriate and effective educational programs and services for RN's returning to school, providers of these programs need to identify the characteristics and motivational factors of that student segment.

2. To improve existing educational programs and services for R.N.s returning to school, colleges and universities value efforts to identify areas in which satisfaction or dissatisfaction is perceived by that student segment.

Limitations of the Study

1. The results of this study are limited by the characteristics of the populations studied. The findings of this study cannot be directly generalized without additional research using a larger sample of the institutions and RN students.

2. The results of this study are limited by the characteristics of the questionnaire used. Even though subjects will be granted anonymity, subjects differ in their willingness to express personal opinions. For that reason, responses are limited by what the subjects choose to reveal.

3. This study is also limited to the extent that it does not reflect the important view of RN students who did not succeed.

Summary

Large numbers of RN students seeking a baccalaureate degree are returning to baccalaureate education in nursing. Although there has been a steady increase in the number of registered nurses enrolled in baccalaureate programs in nursing during the last decade, RN students continue to encounter barriers that hinder their pursuit of the BSN.

The purpose of this study is to describe the characteristics of returning RN students and identify the conditions that help or hinder their progress toward obtaining the BSN.

Organization of the Study

There are five chapters in this study. The introductory chapter identified the need for the study describing the characteristics of the registered nurses and their returning to school experience. In addition, the significance of the study, the research questions, the definitions of the terms, and assumptions and limitations were identified.

Chapter II includes a review of selected literature in nursing education to find out what is known about the characteristics of RN students and to identify the conditions in the educational environment that contribute to or interfere with their progress toward the BSN.

Chapter III describes the approach of the study and the procedures for sampling, instrumentation and data analysis. Chapter IV contains the data analysis and findings of the study. Chapter V concludes with a summary, implications and recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter will review prior research related to RNs returning for BSN degrees.

First, the conceptual framework which guided the literature review is described. Second,

the investigator will discuss the motivational factors influencing RN students returning to

school and discuss the unique problems that they may encounter. Then, the educational

conditions which have been shown to help and hinder the RN student in their return to

school will be identified. The review will concludes with a summary.

Conceptual Framework

Implicit in this study is the belief that education should be for every member of

society and that the greater the educational opportunities, the greater will be the

individual's contribution to society.

In exploring the concept of educational mobility, Notter and Robey (1979) wrote,

"It is almost rhetorical to ask whether upward mobility is or should be possible. The

entire thrust of social thought in this century has been toward allowing the individual to

reach his (or her) highest potential." The National League for Nursing believes that it is

imperative for nurse educators to exercise leadership in developing an academically,

fiscally and socially responsible system of nursing education that will assure the

educational mobility of individuals who elect to pursue additional academic preparation in

nursing (NLN, 1991). Educational mobility for registered nurses is imperative if the

profession is to remain vital in the future.

Lack of articulation of credits has significantly restricted movement of RN students

between programs and institutions (Thomas & Thomas, 1987). Nurse educators have

begun to respond to the issues raised by RNs returning to school for higher degrees and to

recognize that drastic program changes are needed to remove barriers and enhance

articulation. As more and more RNs demand the bachelor's degree in nursing to enhance

their marketability in a rapidly changing health care environment, it is essential that

educators respond to this need (Hillsmith, 1978; Inman, 1982; Murdock, 1986; Greenleaf,

1990; NLN, 1991). Those barriers which have been reported by returning RN students to

be particularly hindering as well as helpful to them in achieving their educational goals will

be identified.

<center>Profiles of Returning RNs From Selected Studies</center>

Overall, adult students comprise an increasingly significant proportion of the total

enrollment in higher education. Between 1980 and 1985, enrollments of students under

age 25 decreased by five percent, while the enrollments of persons age 25 and older

increased by 12 percent (Digest of Educational Statistics, 1987).

Data from recent surveys (American Association of Colleges on Nursing, 1994;

U.S. Department of Health and Human Services, 1995) reveal that after a sharp decline,

nursing school enrollments are up. RNs are returning to school in increasing numbers to earn the BSN degree. In 1980, almost 55% of registered nurses held a hospital diploma as their highest educational credential, 22% held the BSN, and 18% an associate degree. By 1992, a diploma was the highest educational credential for only 34% of RNs, while the number with BSN degrees climbed to 30%, with 28% holding an associate degree.

Most of what is known about these students comes from local studies or from faculty observations, and as a result the data are limited in scope. One national study provides some insight into the demographic characteristics of registered nurses who return to school to earn the baccalaureate degree. A longitudinal study initiated by the National League for Nursing in 1962 describes the characteristics of a cohort of 6,893 registered nurses, and examines their subsequent educational and work experiences one, five and fifteen years after graduation from their basic programs. This study revealed biographical differences among nurses from the various nursing programs. The nurses from diploma and baccalaureate programs were mostly young, single, white women who had been in the top half of their high school class. Nurses from diploma programs were less likely to have college educated parents and their family income was generally less than for baccalaureate students (Knopf, 1983).

Nurses from associate degree programs actually comprised two subgroups: young, single, post-high school students; and older, usually married or divorced students. In addition, the associate degree group contained a higher proportion of men and minority students (Knopf, 1983).

This study also revealed the scope of the returning-to-school phenomenon. Fifteen years after graduation from their basic programs, 23 % of the associate degree graduates

and 16% of the diploma graduates had completed a baccalaureate program. An additional

8% were enrolled in a degree-granting program at the 15-year interval, and between 9%

and 15% reported that they had attended but not completed a degree program.

In 1988, the American Association of Colleges of Nursing (AACN) published the

results of a national study that included a sample of 742 fourth year RN nursing students

of whom 93% were female, with a mean age of 36. The majority (60%) were married and

over half (55%) had children. The main reason given for returning to school for the BSN

was an opportunity for career and educational mobility (87%). Other reasons included a

desire for a bachelor's degree (85%), more opportunity for personal and professional

growth and development (77%), and current employment limitations (66%).

A study by Bja (1985) conducted with 251 generic and RN students in California

revealed that 82% of the traditional students were full-time students, 35% were married or

divorced, 42% received financial aid, and 76% came from a family whose mother's

education did not continue beyond high school. In contrast, 40% of the RNs were full-

time student, 57% were married or divorced, 14% received financial aid and 46% came

from a family whose mother's education did not continue beyond high school.

This study also revealed the RN students were older than traditional students (32

vs.23 years) and worked more hours per week (27.07 vs. 11.49 hours). Twenty-eight

percent of the traditional students had one or more dependents compared to 38% of the

RN students.

Jackson's (1984) descriptive study surveyed 195 RNs enrolled at the University of

Victoria, Canada, in 1977 and 1982. Findings indicated that the mean age was 28.5 years

in 1977 and 31.6 years in 1982. In 1977, 36% of the students were single, 46% were

married and 18% were divorced, In 1983, 41% of the students were single, 41% were married, and 18% were divorced. For both years, 67% had enrolled in the completion program within 10 years of graduating from their basic program. In 1977, 25% of the students had worked for more than 7 years compared to 51% of the students in 1982.

Another profile of RN students was completed by Zorn (1980). A survey of 210 students at the Youngstown State University in Ohio revealed that 63% of returning RNs were from diploma programs compared to 37% from ADN programs. The average age of students was 33 years, the majority were working, with one third of the students employed in hospitals. In addition, Zorn found that 85% of the students were from the local area, living with a 25 mile radius of the campus.

Fotos (1987) surveyed 57 full-time and part-time RN students enrolled at Marshall University, Huntington, West Virginia. Fifty-eight percent were 25 years or older with an average age of 27% years; they had practiced nursing for a average of 4 years; and 79% were employed an average of 33.2 hours per week. Fifty-six percent of the RN students were married, 30% had dependent children at home, and 39% drive over 15 miles one way to attend classes.

Motivational Factors of Adults Returning to School

Many researchers have explored the reasons adults participate in voluntary educational activities. Early studies focused on the characteristics of adults who participated in diverse educational settings. These studies found distinct patterns of participant characteristics: the learners were young, white, middle-class, well-educated and married (Anderson & Darkerwall, 1979; Johnstone & Rivers, 1975; National Center

for Educational Statistics, 1980). Other studies explored adult participation in educational activities and focused on individual needs and interest (Carp, Peterson & Roelfs, 1974; Aslanian & Brickell, 1980 and 1988).

One of the first researchers to go beyond descriptive studies was Cyril Houle. Houle (1961) identified three types of learning orientations, each represented by a type of learner: 1) goal-oriented learner, 2) activity-oriented learner, and 3) the learning-oriented participant. These learning orientations served as the basis for a line of research focusing on orientations for participation in educational activities. A number of studies have examined a variety of essential and incidental influences believed to distinguish high participators from low participators. The results of these studies have been labeled motivational orientations (Merriam & Caffarella, 1991).

Motivational Factors of RN Students

RN students may be characterized as highly motivated adult learners often managing work and family responsibilities while seeking further education. Stressors from these multiple roles and reasons for seeking the BSN have been described in the literature.

In a survey conducted with a sample (N=420) drawn from among the subscribers to Nursing 74, Moore (1974) found that the most commonly mentioned reasons for returning to school were "to become a better nurse" and "to enter a field where it's needed." The third most common reasons were for personal satisfaction and educational growth.

In studying the motivation of a sample of registered nurse students enrolled in a baccalaureate program in Canada, Jackson (1981) found the desire to obtain a promotion,

to work in community health and to teach ranked high. Motivational factors for returning to school were ranked in the following order: 1) to increase nursing knowledge, 2) to obtain a promotion, 3) to give better nursing care, 4) to work in community health, 5) to obtain a degree in 2 years, and 6) to avoid working shifts.

Fotos (1987) surveyed 57 full-time and part-time RN students and the motivational factors for returning to school were listed in the following order: 1) to earn a degree, 2) to keep up-to-date professionally, 3) to learn something new, and 4) "to acquire credentials for my record."

A comprehensive summary of the most commonly mentioned motivating forces is contained in a book by Hiraki and Parlocha (1983). Based on their long-term observations of RN students, they identified the following internal and external motivators. The internal motivators cited were: 1) to become more professional, 2) to update clinical knowledge, 3) to gain greater personal satisfaction, 4) to achieve self-improvement, 5) to achieve career advancement, 6) to prepare for leadership positions, and 7) to overcome feelings of burnout. The external motivators cited were: 1) changes in personal or family life, 2) the professional nursing issues (ANA Entry into Practice Resolution), 3) the need to provide extra income, 4) the desire for greater career mobility, and 5) the desire for increased career choices and leadership opportunities. The authors note that each nurse is motivated toward her decisions to return to school by a unique combination of these various concerns.

In a study by Rendon (1988), RN students were highly motivated to obtain the BSN but reported feeling overwhelmed by school responsibilities. Thurber (1988) characterized a sample of RN students as highly motivated academic achievers with the

following reasons for pursuing the BSN: enjoyment and career advancement, skills advancement, desire to attend graduate school, and financial security.

Barriers to Participation in Adult Education

Reasons why adults do not participate in organized learning activities have been clustered by some researchers into types of barriers. Cross (1981) grouped twenty-four nonparticipation items into three categories of barriers: situational barriers relating to a person's situation at a given time; institutional barriers consisting of "those practices and procedures that exclude or discourage working adults from participating in educational activities"; and dispositional barriers arising form a person"s attitude toward self and learning (p. 98).

Darkenwald and Merriam (1982) cite situational, institutional, and dispositional barriers like Cross, but added a fourth category, informational, which reflects the lack of awareness as to what educational opportunities are available.

Barriers to Continuing Education Encountered
by RN Students

Registered nurses who wish to return to school for a baccalaureate degree often believe that the path to educational mobility will be cluttered with barriers. The amount of prerequisite work applicable to the baccalaureate nursing program, the existence of current articulation agreements among lower and upper division programs, and the program's way of handling clinical experiences may affect student perceptions and educational needs to attend school. Reasons for seeking the baccalaureate degree,

whether personal, professional, or job-related, may further compound differences and needs among these individual adult learners.

In a study conducted by the National League for Nursing (1987) to identify facilitators and barriers to enrollment in an RN-BSN program, four barriers were identified as moderate to major hindering factors by at least 77% of the 396 respondents. These were: 1) lack of flexibility; 2) inconvenient scheduling; 3) geographic inaccessibility; and 4) duplication of nursing knowledge and experience by available programs.

In a survey of a cross-section of their readers (N=335), the editors of RN magazine found that time (mentioned by 71% of the sample) and cost (63% of the sample) ranked first and second, respectively, as the major obstacles to returning to school (Bardossi, 1980). A similar survey conducted by Nursing 84 (N= 420) revealed that 75% of that sample would have to work to support themselves while attending school (Moore, 1984).

Jackson (1981), in her survey of 106 RN students enrolled in one school in Canada, found that insufficient funding was a major obstacle for all of the students in her sample. Informal faculty and student self-reports also point to time and costs as a major obstacle. Faculty members with experience with RN students document these issues as major obstacles for returning students (Hisake and Parlocha, 1983, Muzio and Ohashi, 1979, and Woolley, 1978).

Adapting to multiple role lifestyles associated with a return to school is also a problem for many RN students. Survey results and faculty and student self-reports verify that role strain is a problem for many returning RN students (Hillsmith, 1978; Woolley,

1978). Some RN students receive little support from their families or peers, which further accelerates the stress of returning-to-school (Hirak and Parlocha, 1983).

Frequently, support from co-workers is also absent. Schoen (1982), in a survey of a random sample of all registered nurses in Illinois found widespread misunderstanding of and hostility toward the ANA Entry into Practice resolution.

RN students face an additional conflict not typically experienced by other adult students. In the course of their educational experiences in the nursing curriculum, their previous values, knowledge and accustomed ways of thinking and practicing are challenged and their self-image as a nurse is threatened. This creates conflict and high levels of anxiety, often accompanied by considerable anger (Shane, 1983). For some RN students, namely the graduate of a diploma program, the academic system is full of frightening unknowns. The application process, the language of credits and semesters and the routines of lectures, library research are unfamiliar and hold the threat of failure. Admitting ignorance of these mechanisms can further lower individuals self-esteem (Murdock, 1987).

Enrollments of registered nurses in BSN programs continue to grow, with the majority of these students holding part-time or full-time employment in nursing while attending school. The adult learner's need to master academic requirements occurs in concert with ongoing employment and family responsibilities. Ongoing employment can be an overriding concern for many RN students in light of the current economic situation and the numbers of nurses serving as major wage earners for the family. Other factors that influence the RN student include the student's work schedule and distance from the work

site, financial resources and anxiety (Rathert, Talarczyk, Currier-Jayne, & McCarthy, 1988).

<div align="center">Institutional Barriers to Continuing Education</div>

<div align="center">of RN Students</div>

Although institutional barriers are being lowered rapidly by colleges and universities seeking to attract adults to their campuses, they rank second in importance to situational barriers in hindering adult enrollment (Cross, 1979). The inflexible nature of many institutional policies and procedures continues to place adults at a disadvantage. Although affected by these institutional barriers, returning RN students have some unique problems. For example, concerns about crediting mechanisms, curriculum rigidity and scheduling may be even more acute among RN students than adults students returning to school.

Most institutions of higher education require at least the last 30 credit hours of degree course work, including a certain number of credit hours in a major, to be taken within a specified time frame prior to the date the degree is to be granted. Along with this, there is frequently a residency requirement for taking classes on campus (Greenleaf, 1990). These policies present problems to RN students who are inaccessible to degree-granting institutions because of distance, or who have a conflict between work and school because of an overriding need to meet financial obligations.

Another example of institutional barriers is the variance in total number of units or credit hours required for graduation. Slaninka (1988) found that graduates from a BSN program required credit hours ranging from 123 to 144. From this same survey, a wide

variation was found in the maximum possible number of credits that an RN could transfer from an associate degree program to a baccalaureate program, with as few as two or as many as 36 credit hours reported. Because diploma schools of nursing are outside the system of higher education, credits earned in these institutions do not meet the criteria for direct credit transfer. It is often difficult to equate diploma course work to particular courses in a baccalaureate curriculum.

Access to flexible scheduling options is another area in which RN students may experience more problems. Scholen (1982) found that the lack of convenient scheduling was a major reason for the non-participation of RNs in baccalaureate programs, Baj (1985) found distance and schedules were the major hindering factors for students anticipating enrollment. Faculty attitudes to RN education and to RN students continue to create barriers for RN students. Some faculty still resist the curriculum changes needed to make programs more responsive; some are reluctant to teach RN students (Hale and Boyd, 1981). Beeman (1990) has documented the high level of personal and professional stress and frustration RN students have experienced while enrolled in baccalaureate programs. A possible reason cited by Baj (1985) for these unacceptable high levels of stress and frustration may be conflict in the learning theories that traditional baccalaureate programs uphold. Other frequent complaints voiced by RN students have been the lack of respect from faculty for their previous knowledge and work experience and the repetitiveness of the content in many of the nursing courses (Murdock, 1987, and Beeman, 1990).

Personal Adaptations Helpful to

Returning RN Students

RNs returning to school have both educational and personal needs; the need to balance multiple roles, the need for part-time study, the need to develop a commitment to learning as well as those needs related to the special characteristics of adult learners and for professional resocialization. Meeting the needs of RN students is a concern for nurse educators.

The literature describing the experiences of RN students emphasizes the importance of time management and effective family, work and school support networks in making a successful transition into the student role. Like other adult students, many returning RN students feel guilty about the impact their divided attention will have upon their families (Malarkey, 1979, and Green, 1987). Hiraki and Parlocha (1983) emphasize the importance of the support provided by families, faculty and other students. They urge students to start student support groups; to participate in the school's RN committee, or to start one if none exists; and to maintain close contact with their faculty advisors. Shane (1983) notes that the cumulative amounts of stress generated by the returning-to-school experience may overwhelm RN students unless they adopt some effective strategies for stress reduction, set realistic goals and seek help when it is needed.

Institutional Adaptations Helpful to

Returning RN Students

As the RN returns to school, a new and additional role must be assumed - that of

the learner. Academic skills may have decreased due to non-use and time conflicts creates

a situation in which education cannot be the learner's top priority. The curriculum must be

designed so that it challenges the learner (Baj, 1985). When Linarer (1989) considered

individual learning styles with an emphasis on adult learning principles, more of the RN

students' educational goals and learning needs were met. She stressed that nurse

educators must realize that RNs returning to school should be evaluated in terms of their

learning needs on an individual basis rather than be grouped with the traditional generic

nursing student.

Beeman (1988) conducted a descriptive study to examine differences between RNs

and generic students in their perceptions of their academic programs. Results of

qualitative analysis indicated the need for greater flexibility in scheduling, more credit for

previous experience, and different requirements for entry RN students. Flexibility,

negotiations and compromise are key concepts in faculty success with RN students.

Flexibility, especially in scheduling, is perceived by RN students as a necessity in a

baccalaureate program (Baker and Barlow, 1988; Creasia, 1989).

Flexible clinical and class scheduling addresses some of the major barriers that

hinder the enrollment of RN students. Duplication of nursing knowledge is averted when

students can design their own learning objectives. Flexibility is enhanced when RN

students can select the clinical site and schedule of hours. This process makes use of

principles of adult learning by involving students in planning relevant learning experience
(Creasis, 1989).

All nurse educators share one common problem as they strive to make their
programs responsive to the needs of RN students - how to grant appropriate credit for the
RN's previous learning. Most nurse educators agree that diploma, associate degree and
baccalaureate nursing programs have objectives and approaches which distinguish them
from each other. They also agree that there are some common areas among programs in
terms of the competency and skill in nursing achieved by their graduates (Perry, 1986). It
is these common areas that must be validated in awarding advanced placement credit in
the baccalaureate program.

Various mechanisms such as standardized tests, teacher-made tests, video and
computer simulations, transfer credit for equivalent content, a systematic evaluation of
students' life experiences and clinical performance evaluations have been utilized for
validating prior learning of the RN student and determining their advanced placement in
the baccalaureate curriculum (Arlton and Miller, 1987). Awarding credit by written and
performance examination has been the most extensively used mechanism for crediting the
RNs prior nursing knowledge and experience.

In some institutions transfer credit is awarded for the RN's previous nursing
education (Slaninka, 1980); in others, portfolio review has been utilized (Marsh and
Lasky, 1984). Alton and Miller (1987) conducted a national survey of 328 programs to
identify advanced placement policies for awarding nursing and general education credit to
RN students. Ninety-five percent of all schools provided the opportunity for RNs to
obtain academic credit prior to the nursing major. Results showed that associate degree

nurses were allowed to transfer credits from one academic institution to another, but diploma RNs were required to take some form of challenge examination. The most frequent types of examination were teacher-prepared (70 percent) in comparison with the ACT/PEP exams (53 percent). The majority of programs allowed approximately one half of the nursing major to be challenged. The most frequently used clinical challenge examinations were the NLN and ACT/PEP tests, along with preparation of a care plan when enrolled in a course. Actual clinical examinations were required by 23 percent of the programs. Many programs were generous with their challenge policies, but prohibited challenge in specific content areas, for example, research, leadership/management, professional practice, community health and advanced practice. Although some RN students may resent or be dissatisfied with some elements of advanced placement policies, the majority of nursing programs have made a sincere effort to provide advanced placement for the RN returning to school.

Many institutions have provided study guides to help the RN student prepare adequately for the advanced placement or so-called "challenge" exams. Review courses which highlight the essential content may also be helpful. Scheduling of the examinations at frequent intervals and developing clear guidelines for repeat attempts would address other common concerns of the RN student.

Beyond these crediting issues, Hale and Boyd (1981) note that RN students require special counseling and assistance to deal with the problems frequently associated with the returning-to-school experience. They report several successful strategies for helping RN students to maximize their experiences.

One way to avert problems is to provide accurate, consistent information and explanation about program requirements, policies, and procedures (Hale and Boyd, 1981). They recommend that one person on the faculty be designated to serve as counselor/advocate for RN students so that the student's needs might be better met. This person can both interpret the school's policies and serve as an advocate in keeping the policies responsive to student needs. Centering this responsibility in one person provides a clear channel for student feedback and a visible source of support within the college/university setting. By creating a non-threatening environment in which the RN student can air and test the reality of their concerns, and by providing information about the purposes of baccalaureate education, a counselor can reduce the student's anxiety and help them make rational decisions (Murdock, 1987).

Although overall responsibility may be centered with one person, other faculty also serve important functions in helping the RN student make a successful transition to the student role. Lee (1988) believes that educators need knowledge about students' coping methods in response to academic and clinical success. Then, in high stress times, faculty can help students focus on goals, keep focused , and adhere to priorities.

Many baccalaureate programs consciously plan opportunities for RN students and faculty to meet together. The purpose of these contacts varies considerably. In some instances, the purpose is for faculty to help the RN student cope with the conflicts inherent in their returning-to-school experiences; in others, planning the RN student's academic program is the goal. Other forms of contact such as RN committees or student/faculty forums elicit feedback from the students to be used in evaluating and revising programs to be more responsive to student needs (Shane, 1983; Rice, 1992).

Peer support was also reported by Hale and Boyd (1981) as an essential ingredient within the student support structure. Peer group support can have an impact in many ways. Shane (1983) says, "the list is endless" (p. 125). It can include such student activities as studying together, sharing triumphs, crying on each others' shoulders, helping to manage child care and transportation, sharing books, xeroxing each other's notes, trying out new skills on each other, or just laughing together. Group support and buddy systems among students provide avenues for students to verbalize frustrations and receive needed encouragement. To avoid a focus on negativity without a problem-solving component, faculty can facilitate or consult with a student group and generate a valuable educational experience (Rice, 1992). Hale and Boyd (1981) observed that the aid of a faculty advisor or counselor . . . "is critical to ensuring the success of both formal and informal support structures" (p. 540).

RN students returning to school have been identified as undergoing resocialization as they move from a primarily technical focus to a more professional orientation. According to Woolley (1978), resocialization is the key to successful change. Styles (1978) described this process as the "development of a professional soul." Shane (1983) described the difficulties encountered in the resocialization process as a crisis and suggests that two key elements that promote effective coping and enhance resocialization are having the right attitude and a strong support system. Preadmission counseling and student contact with advisors throughout the program provides opportunities to monitor student progress and encourage the development of professional attitudes. Advisors can help through developing a trusting relationship, emphasizing professional goals and guiding critical thinking (Murdock, 1987).

Many programs require a course early in the curriculum referred to as a "bridge" course, designed especially to facilitate the transition between diploma or associate degree nursing and professional practice at the baccalaureate level. This special course should provide an orientation to and an overview of the curriculum, an introduction to new role expectations and new content areas, and provide a supportive environment in which the conflicts associated with resocialization can be addressed and resolved (Woolley, 1984). In some schools, it was felt that the separate transition or "bridge" course was the major vehicle by which socialization and professionalization occurred (Blatchley and Stephan, 1985).

In nursing, faculty members' positive attitudes are critical to the RN students' success. To achieve educational success with RN students, their beliefs and attitudes must be acknowledge, RN students are adults who want a measurable return for their expenditure of time, money and energy; and they want to be taught by the most effective methods to meet their needs (Rice, 1992). Nursing faculty need to offer RN students meaningful, useful knowledge and skills in a way that acknowledges their stressors, utilize their experiences and recognize and respect them as nursing peers.

Summary

This review has explored selected literature in nursing education to establish a profile of what is known about the characteristics of RN students and to identify the conditions in the educational environment most likely to influence their academic success. Existing literature and educators' accounts suggest that the learning needs of RN students

differ from those of their generic counterparts. RN students believe that they benefit from different educational approaches.

Typically, RN students are older than generic students, have family and wage earning responsibilities, and pursue their education on a part-time basis, necessitating completion of the baccalaureate program at a slower pace. Although family structures vary, most RN students have multiple roles, including homemaker, partner, parent, employee and student. These students have varying incentives for returning to school but are motivated more frequently by the desire for professional advancement and to serve the needs of society.

The personal and environmental conditions identified in the literature as those that help and hinder RN students as they return to school are a follows:

1. RN students are confronted with situational barriers created by the lack of access to responsive programs, the cost of returning to school, and the necessity of leading a multi-role lifestyle when the role of student is added to their other role obligations.

2. They face their own personal barriers created by a lack of self-confidence, threats to their self-image, and for some, weak academic skills.

3. They are confronted by institutional barriers created by the lack of flexibility and individualization of the institution's policies and procedures, its program of study and the teaching approaches of the faculty.

The helpful conditions were shown to be the students' skill in time and stress management and their ability to build a support network. These were identified as important personal coping strategies. More flexible admission and credit review policies,

more flexible and individualized curriculum patterns and teaching approaches were

identified as adjustments needed to make the educational environment more compatible

with the needs of RN students.

CHAPTER III

RESEARCH METHODS AND PROCEDURES

Introduction

This chapter describes the population and sample, development of the
questionnaire, and the procedure for data collection and analysis of the data. Four
research questions have guided this study. These questions are:

1. What are the relevant characteristics of registered nurse students?

2. What are the reasons that precipitate their return to a college or university to
continue their education?

3. What are the conditions in the educational environment that help the returning
registered nurse students in achieving their educational goals?

4. What are the conditions in the educational environment that hinder the
returning registered nurse students in achieving their educational goals?

A survey (descriptive) research approach was used for this study. A survey
approach, using a one-time mailed questionnaire format, was chosen to address the
research questions proposed in the study. Mailed questionnaires were used to facilitate
data collection with a stratified random sample of registered nurse students respondents.

From a list of state-approved baccalaureate programs which are accredited by the
Council of Baccalaureate and Higher Degree Programs of the National League for nursing

(Directory of RN to BSN Programs, 1993), all the schools in New Mexico, Oklahoma and Texas that admit RN students and had graduated at least two groups of RN students prior to May 1994 were contacted to elicit their participation in the study. These criteria were selected to assure that the schools included in the sample would be accredited and would represent the various types of baccalaureate programs currently available to RN students.

Thirty-two baccalaureate programs of nursing met the criteria fpr inclusions in the study. Both public and private institutions which serve both generic and RN only baccalaureate programs were included in the sample. In March 1994, the Dean or Director of each of these nursing programs was contacted by mail. The letter describing the purposes of the study and the criteria for inclusion, asking their cooperation in requesting their May 1994 registered nurse graduates participation in the study. Deans/Directors of the schools who agreed to participate in the study were assured anonymity. Of the 300 questionnaires mailed, 165 (55%) were returned and used in the analysis.

Development of the Questionnaire

The data for this study were gathered through the use of a questionnaire. The design of the data collection instrument was generated from *Characteristics of Registered Nurse Students and Their Returning-to-School Experience in New England* by Dr. Jane E. Murdock (1987). To help break the access barriers, Murdock's study suggests that schools of nursing develop pre-admission counseling services to support the educational ability of motivated registered nurses returning to school for their BSN. This data collection instrument consisted of open-ended and closed-ended questions pertaining to

the RN-BSN educational experience and reasons for returning to school, educational and work experience and personal information. A copy of this instrument is included in Appendix A.

Murdock's (1987) instrument was modified to collect data on returning RN students' perception of the educational conditions that helped and hindered them in achieving their personal goals. Measures were employed to reduce the overall length of the questionnaire.

In contrasting the data gathering instrument, the investigator included statements and questions to enhance interest and to provide greater flexibility. The response format for this main body of the questionnaire was simplified and the directions rewritten. Reasons why RN's return to school for the BSN were measured through a Likert Scale response format with four possible responses (1=no influence, 2=little influence, 3=moderate influence, 4=much influence). When researchers want to force the respondent to respond either positively or negatively, they supply an even number of scale steps (Waltz, Strickland and Lenz, 1991). Likert Scale measures with uneven number of scale steps were used to measure student perception of helpful conditions and hindering conditions in their educational endeavor and to determine which helpful conditions and which hindering conditions were perceived to be the greatest.

Closed-ended questions were used for the purpose of achieving greater uniformity of response, to facilitate processing and to further objectively in coding responses. Most responses were designed to be exhaustive and "other (please specify)" category was also included.

An attempt was made to phrase the questions in a simple, clear and concise manner. There was also an attempt to include questions of relevance to the respondents and to exclude those which could not be responded to honestly and reliable. Effort was made to eliminate terms and questions open to misinterpretation and to avoid questions which could be construed as biased. Questions relating to the source of assistance RN students used to make their individual decisions to return to school, reasons for selecting the baccalaureate program in which they are currently enrolled and why returning RN students did not complete a BSN program were not central to the purpose of the study and were deleted without adversely affecting the results of the study.

With respect to the format used in the questionnaire, questions which focused on the students' personal motivation for returning to school and the nature of the conditions which helped or hindered them in achieving their educational goals were placed first in the questionnaire in order to capture the respondents' attention and interest and increase the likelihood of their response. There was an overall concern with achieving a reliable data gathering instrument which could be easily read and answered -- one which the participants would respond to positively in terms of the kinds of questions posed and the time and effort required to respond. A copy is included in Appendix B.

Piloting the Questionnaire

After suggestions from the doctoral committee had been incorporated into the questionnaire, and to establish content validity, the questionnaire was reviewed by eight nurse faculty who were involved with teaching registered nurse students in baccalaureate programs of nursing. The eight nurse educators were employed in baccalaureate

programs in Oklahoma. All were master's prepared in nursing. Two of the nurse

educators had an earned doctorate and three currently pursuing a doctorate degree. The

preliminary draft of the questionnaire along with a cover letter, a critique form and a self-

addressed stamped envelop were distributed in person or by mail with a request to return

within two weeks. No changes were required. A copy of the faculty cover letter and

critique form are included in Appendix C.

A pilot study to confirm the ability of the questionnaire to elicit the appropriate

information was obtained from ten RN students currently enrolled in the University of

Central Oklahoma, Department of Nursing RN to BSN nursing program. Care was taken

to insure that they were not included in the study. A copy of the student cover letter and

critique form are included in Appendix D.

Participants in the pilot study were asked to offer their comments and suggestions

about the survey instrument itself and about the amount of time required for its

completion. Returns were encouraging with no further suggestions for revisions. The

amount of time required to complete the questionnaire was considered satisfactory and no

changes were required for the purpose of brevity. The questionnaire was printed and

ready for distribution in March, 1994.

Procedure for Data Collection

In March 1994, the Dean or Director of each of the 32 baccalaureate nursing

programs in New Mexico, Oklahoma, and Texas was contacted by telephone and asked

for assistance in the study. This was followed by a letter to the Dean or Director of each

of these institutions seeking permission for registered nurse students who meet the criteria

to participate in the study. The letter described the purpose of the study and requested

cooperation in distributing the questionnaire to the RN students expected to graduate in

the Spring 1994. A copy of the initial letter, the guidelines and the text of the response

are included in Appendix E. The materials were mailed to the designated faculty member

with directions for administering and returning the completed questionnaire. A copy of

the letter which accompanied the questionnaire is included in the Appendix. A copy of the

follow-up letter sent to those who did not respond to the original correspondence is

included in Appendix F.

Twenty-seven baccalaureate nursing programs participated in the study, 2

programs did not respond to either the initial or follow-up request and 3 programs

indicated that they did not have any RN graduates in May 1994. A description of the

school sample by type of program and geographic location is included in Table 1.

Three hundred questionnaires were bulk mailed to designated faculty members in

April 1994. The number of questionnaires sent to each school varied according to the

estimates made by the faculty member at those schools of nursing. One hundred sixty-five

completed questionnaires were returned for a response rate of 55%. A description of the

response rate by type of program and geographic location is included in Table 2.

Data Analysis

The responses were coded and entered into a computer data file. The data analysis

were performed by an IBM computer using the Statistical Package for the Social Sciences

TABLE 1

SCHOOL SAMPLE, INVITED (N=32) ACCEPTED (N+27)
BY TYPE OF BACCALAUREATE PROGRAM AND
GEOGRAPHIC LOCATION

| | Type of Baccalaureate Program | | | | | | | | | | | | | | |
| | Public Generic | | | Private Generic | | | Public RN Only | | | Private RN Only | | | Total | | |
Geographic Location	Inv.	Acc.	%	Inv.	Acc.	%	Inv.	Acc.	%	Inv.	Acc.	%	Inv.	Acc.	%
New Mexico	2	2	100	-	-	-	-	-	-	-	-	-	2	2	100
Oklahoma	7	7	100	5	3	60	1	1	-	-	-	-	13	11	84.6
Texas	11	10	90	6	4	66.7	-	-	-	-	-	-	17	14	82.4
TOTAL	20	19	95	11	7	63.6	1	1	100				32	27	84.4

TABLE 2

RESPONSE RATE OF QUESTIONNAIRES MAILED (N=300), RETURNED (N=165)
BY TYPE OF BACCALAUREATE PROGRAM AND GEOGRAPHIC
LOCATION

| | Type of Baccalaureate Program | | | | | | | | | | | | | | |
| | Public Generic | | | Private Generic | | | Public RN Only | | | Private RN Only | | | Total | | |
Geographic Location	M	R	%	M	R	%	M	R	%	M	R	%	M	R	%
New Mexico	67	30	44.8	-	-	-	-	-	-	-	-	-	67	30	44.8
Oklahoma	57	23	40.4	16	9	56.3	7	3	42.9	-	-	-	80	45	43.8
Texas	120	65	62.5	33	25	75.8	-	-	-	-	-	-	153	90	65.4
TOTAL	244	128	52.9	49	34	69.4	7	3	42.9				300	165	55.0

(SPSS, 1993) computer program. A factor analysis was performed on the motivational scale data and the helpfulness and hindrance scale data from 165 subjects.

For the questions in part two which focused on the respondents' demographic characteristics, and educational and work histories, the responses were tabulated for each item and the differences for those who formally attended diploma and associated degree nursing programs were identified. Both frequency counts and percentage tabulations were included.

Summary

The design of the research and the methodology used in this study were presented in this chapter. Particular attention was paid to the setting and population, the development of the data collection instrument, and the technique used for data analysis. The following chapter will analyze the data collected from the questionnaire.

CHAPTER IV

ANALYSIS OF DATA

In 1981, the Institute of Medicine's study of nursing and nursing education reported that "nurses who chose to upgrade their education may find confusing, often circuitous and expensive pathways" (p. 6.17). The problem of this study was to identify the conditions perceived as barriers by RN students that impede their progress toward obtaining a baccalaureate degree.

The purpose of this study was to describe some of the relevant characteristics of registered nurse students and their experiences in returning to school to continue their education to the baccalaureate level in nursing and to describe the conditions in the educational environment that help or hinder returning registered nurse students in achieving their educational goals.

This chapter presents and interprets the findings collected from the data gathering instrument in response to the four research questions presented in this study. These questions are:

1. What are the relevant characteristics of registered nurse students?

2. What are the reasons that precipitate their return to a college or university to continue their education?

3. What are the conditions in the educational environment that help the returning registered nurse students in achieving their educational goals?

4. What are the conditions in the educational environment that hinder the returning registered nurse students in achieving their educational goals?

This chapter is divided into three sections. The first section provides a demographic description of the characteristics of the sample population according to 1) educational history; 2) employment status; and 3) personal characteristics.

Section 2 presents data related to the reasons for the RNs return to school. The concluding unit of the chapter, section 3, presents an analysis of educational conditions that helped in the return to school and the educational conditions that hindered in the return to school.

Educational History

Seventy-six percent of the respondents graduated from associate degree programs (Table 3). Their graduation dates spanned more than three decades from 1960 to 1992. Fifty-five percent (55%) graduated in the decade from 1983 to 1992, 34% from 1973 to 1982, and 10% from 1963 to 1972. Only 2% graduated prior to 1962 (Table 4).

The cross-tabulation of the data by date of graduation and type of school in Table 4 reveals that the associate degree nurses in the sample were more recent graduates of their basic programs than the diploma nurses. All of the associate degree nurses graduated between 1963 and 1992. Of these, 68% graduated during the ten-year period from 1983

TABLE 3

RESPONDENTS BY TYPE OF BASIC NURSING PROGRAM

Type	N	%
Associate Degree	126	76.1
Diploma	39	23.9
Total	165	100.0

TABLE 4

RESPONDENTS BY YEARS OF GRADUATION FROM BASIC PROGRAM

Years of Graduation	Diploma Graduates		Associate Degree Graduates		Total	
	N	%	N	%	N	%
1962 & Before	3	7.7	--	--	3	1.8
1963-1972	11	28.2	5	4.0	16	9.7
1973-1982	20	51.13	36	28.5	56	34.0
1983-1992	5	12.8	85	67.5	90	54.5
Total	39	100.0	126	100.0	165	100.0

to 1992. In contrast, only 13% of the diploma nurses graduated during this same period;
the majority (87%) graduated prior to 1983.

Employment Status

Fifty-two percent (52%) of the total sample reported more than 10 years of active
involvement in nursing practice. Twenty seven percent (27%) had from 1 to 5 years of
work experience while 25% had from 6 to 10 years (Table 5).

Almost all respondents (96%) reported employment status. Table 6 shows that
75% were employed full-time; 4% were not employed. Twenty-one percent (21%) were
employed on a part-time basis. Table 7 shows that 74% were employed in public
institutions and 23% were employed in private institutions.

Personal Characteristics

A summary of the personal characteristics of the respondents is presented in Table
8. The overwhelming majority of the sample population were female, 95%, while only
5% were male. Of the 8 males in the sample, two were diploma graduates and six were
graduates of associate degree programs.

At the time of data collection, 50% of the sample population were between 34 and
43 years of age during their last year of enrollment in the baccalaureate program; the mean
age was 38.88. Two percent (2%) were younger than 24 years and 12% were 49 years of
age and older. Although the difference was not great, the associate degree graduate
tended to be younger than the diploma graduate. Fifteen percent (15%) of the diploma
graduates were less than 34 years of age during their last year of enrollment in the

TABLE 5

YEARS OF WORK EXPERIENCE IN NURSING

Years of Work Experience	No Response	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
0-5 years	-	9	23.1	35	27.8	44	26.7
6-10 years	-	10	25.6	31	24.6	41	24.8
11-15 years	-	9	23.1	16	12.7	25	15.2
16-20 years	-	5	12.8	26	20.6	31	18.8
Over 21 years	-	6	15.4	18	14.3	24	14.5
Total		39	100.0	126	100.0	165	100.0

TABLE 6

STATUS OF EMPLOYMENT

Work Status	Diploma Graduates		Associate Degree Graduates		Total	
	N	%	N	%	N	%
Full-time	29	74.4	95	75.4	124	75.3
Part-time	8	20.5	27	21.4	35	21.2
Unemployed at Present	2	5.1	4	3.2	6	3.6
Total	39	100.0	126	100.0	165	100.0

TABLE 7

PLACE OF EMPLOYMENT

Employing Agency	Diploma Graduates		Associate Degree Graduates		Total	
	N	%	N	%	N	%
Private Institution	10	25.6	27	21.4	37	22.4
Public Institution	27	69.2	95	75.4	122	74.0
No Response	2	5.2	4	3.2	6	3.6
Total	39	100.0	126	100.0	165	100.0

TABLE 8

DEMOGRAPHIC CHARACTERISTICS

Demographic Characteristic	Diploma Graduates		Associate Degree Graduates		Total	
	N	%	N	%	N	%
Sex						
Female	37	94.9	120	95.2	157	95.2
Male	2	5.1	6	4.8	8	4.8
No Response	-	-	-	-	-	-
Total	39	100.0	126	100.0	165	100.0
Age (during last enrollment)						
23 years or less	1	2.6	2	1.6	3	1.8
24-28 years	2	5.1	8	6.3	10	6.1
29-33 years	3	7.7	13	10.3	16	9.7
34-38 years	14	35.9	36	28.6	50	30.3
39-43 years	7	17.9	25	19.8	32	19.4
44-48 years	6	15.4	29	23.1	35	21.2
49-54 years	4	10.3	11	8.7	15	9.1
Over 54 years	2	5.1	2	1.6	4	2.4
No Response	-		-		-	
Total	39	100.0	126	100.0	165	100.0
Marital Status						
Single	6	15.4	13	10.3	19	11.5
Married	24	61.5	89	70.6	113	68.5
Divorced	8	20.5	19	15.1	27	16.4
Separated	1	2.6	3	2.4	4	2.4
Widowed	-	-	2	1.6	2	1.6
Total	39	100.0	126	100.0	165	100.0
Number of Children						
None	11	28.2	21	16.7	32	19.4
One	7	17.9	20	15.9	27	16.4
Two	9	23.1	43	34.1	52	31.5
Three	6	15.4	28	22.2	34	20.6
Four	5	12.8	11	8.7	16	9.7
Five	1	2.6	1	0.8	2	1.2
Six	-	0.0	1	0.8	1	1.2
Seven	-	0.0	1	0.8	1	0.8
Total	39	100.0	126	100.0	165	100.0

baccalaureate program while 18% of the associate degree graduates were within the age range of 23 to 33 years.

The majority of the sample population (66%) were married (Table 8). Sixteen percent (16%) were divorced, 12% were single, and the remainder (4%) were either separated or widowed. Analysis of the data revealed that a significantly greater proportion of the associate degree graduates (71%) were married. In contrast, married diploma graduates made up 62% up their group. Eighty-one percent (81%)of the total sample were responsible for one or more children while attending the major portion of their baccalaureate programs as seen in Table 8.

Reasons For Returning To School

In the questionnaire, 165 respondents selected from a list of twelve possible reasons for returning to school all that had influenced their own personal decision. The items selected from the literature to represent the range of reasons why RN students enter a baccalaureate nursing program.

Exploratory Factor Analysis

Exploratory factor analytic procedures were utilized for lack of adequate theoretical basis from which to predict the factor structure of the twelve items comprising Part I-A of the questionnaire. A principle components extraction with orthogonal rotation was performed. Factor extraction was guided by a plot of eigenvalues and the criterion that variables with factor loadings .45 or greater be retained, a slightly more conservative criterion than Nunnally (1978) suggested. The twelve factors extracted by principal

components analysis met the criterion for retention (an eigenvalue of 1.0 or greater). Four different terminal factor solutions were computed using the Varimax procedure. After inspection of the rotated factor matrix, the four factor solution was selected as the theoretically most meaningful representation of the data, according to 82.5% of the scale variance as listed in Table 9.

Table 10 presents the retained items, factor loadings ordered by magnitude for each of the four factors and items means. It is noteworthy that only two of the items loaded on more than one factor which means that two of the four factors share a least one common variable (V6 and V10).

Internal consistency estimates were calculated for each of the four subsets using Cornbach's alpha. Overall scale reliabilities for the four factors are listed in Table 11.

Interpretation of Factors: Reasons For Returning to School

Factor 1: The variables with substantial loadings on this factor consisted mainly of perceptions related to one's professional status and eagerness to pursue knowledge for its own sake. "Professional Advancement" seemed an appropriate label for Factor 1 since those items with the highest loadings tended to convey this quality.

Factor 2: The variables comprising this factor represented perceptions of job-related learning. Consequently Factor 2 was labeled "Personal Goals".

Factor 3: The variable that loaded highest on this factor ascribed to the feeling of a sense of belonging and was labeled "Social Expectations".

Factor 4: The highest loading item regarding this factor pertained to the fulfilling of obligations and was labeled "External Expectations".

TABLE 9

CHARACTERISTICS OF FOUR FACTORS AFTER ROTATION
(N = 165)

Factor	Eigenvalue	Percent of Variable	Cumulative Percent
1	6.06894	50.6	50.6
2	1.58003	13.2	63.7
3	1.19145	9.9	73.7
4	1.06445	8.9	82.5

TABLE 10

MOTIVATIONAL FACTORS--REASONS FOR RETURNING TO SCHOOL

Variable	*Loading Item Value	Mean
Factor 1: Professional Advancement		
To acquire new knowledge	.93	3.27
Because I enjoy the academic environment	.92	2.76
To improve the quality of patient care	.90	2.85
To increase my professional status	.89	3.53
To feel better about myself	.86	3.30
To prepare for extended/expanded roles in nursing	.85	3.51
To increase my competence on the job	.81	2.74
To meet prerequisites for a graduate degree	.52	3.29
Factor 2: Personal Goals		
To obtain a promotion	.86	2.72
Because the BSN is required/expected in my job	.67	1.84
Factor 3: Social Expectations		
To become more effective as a citizen of my community	.80	2.10
Because the BSN is required/expected in my job	.58	1.84
Factor 4: External Expectations		
Because the BSN will be required as entry level	.91	2.60
To meet prerequisites for a graduate degree	-.54	3.29

*Items loaded @ .45 or above on each factor and listed from highest to lowest loadings.

TABLE 11

RELIABILITY ESTIMATES OF FOUR SUBSETS

Factor	Cronbach's Alpha
Professional Advancement	.94
Personal Goals	.60
Social Expectations	.42
External Expectations	.52

N = 165

The motivational factors which influenced RN students to return to school are not unidimensional construct but contains four different independent aspects. The importance of the four dimensions identified in this study can be determined by the percentage of variance and the strength of the responses as measured by the item means. The first factor, Professional Advancement, accounted for 50.6% of the variance with four of the eight item means ranging from 3.27 to 3.53, the highest of the entire scale. Factor 2, Personal Goals, Factor 3, Social Expectations, and Factor 4, External Expectations were responsible for a small percent of variance (13.2%, (9.9% and 8.9% respectively) but occupied third, fourth and second place in terms of the relative importance of their item means. For the large number of respondents who took part in this study the factor labeled as Professional Advancement was perceived as having had the most influence as reasons for returning to school while the factors labeled External Expectation, Personal Goals and Social Expectations were perceived as having influenced them to a lesser degree than did Professional Advancement in their reason to return to school to continue their education.

The following findings relate to research question number 2: What are the reasons that precipitate the registered nurse students' return to a college or university to continue their education?

To increase one's professional status, to prepare for extended/expanded roles in nursing, to feel better about oneself and to meet prerequisites for a graduate degree were cited by the respondents in this study as the most influential reasons for entering the baccalaureate nursing programs. There reasons are similar to the findings of Jackson (1981), Hiraki and Parlocha (1983), Fotos (1987) and Thurber (1988).

Helpful and Hindering Educational Conditions

In the questionnaire 165 respondents selected from a list of 30 helpful and a list of thirty hindering educational conditions all that had influenced their own circumstances. These items represent the range of educational conditions that have been shown to contribute to or hinder the academic achievement of adult and RN students.

The respondents were asked to identify which items were or were not present in their circumstances and to indicate on a 4-point scale the degree to which the condition influenced their educational experiences. A sample of a helpful item and a hindering item is given below.

#14. Nursing challenging   0= condition not   1= 2= 3= 4= condition present and
     exams were offered   present in my   helped me greatly.
     frequently   experience.
     (helpful item)

The descriptors between the polar values were 1) condition present but did not help me, 2) condition present and helped me slightly, 3) condition present and helped me moderately.

#44. I had to balance the   0= condition not   1= 2= 3= 4= condition present and
     demands of multiple   present in my   hindered me greatly.
     roles (hindering item)   experience.

The descriptors between the polar values were 1) condition present but did not hinder me, 2) condition present and hindered me slightly, 3) condition present and hindered me moderately.

Helping Scale

Exploratory factor analytic procedures were utilized to predict the factor structure
of the thirty items (#14-44) comprising Part I-B of the instrument. In presenting the
findings, a principle components analysis was chosen as the best exploratory procedure for
the data. The number of factors retained for rotation was determined by the Kaiser
criterion. Orthogonal rotation using the Varimax procedure was utilized to obtain the
simplest possible structure.

Factor extraction was guided by a plot of eigenvalues of 1.0 or greater and only
those variables with factor loadings of .45 or greater were used to define a given factor.
The thirty variables extracted by principle components analysis met the criterion for
retention. After inspection of the rotated factor matrix, the seven factors were selected as
the theoretically most meaningful representation of the data according to 79.2% of the
scale variance as listed in Table 12.

Table 13 presents the retained items factor loadings ordered by magnitude for each
of the seven factors and item means. One of the items (V31) loaded on more than one
factor (2 and 5) and only one item "Classes were offered on weekends" failed to load on
any factor. Overall scale reliabilities (alpha) for factors one through five were .97, .88, .75,
.66, and .63 respectively. Factor six and factor seven each had only one item and could
not be processed (Table 14).

TABLE 12

FACTOR STRUCTURE OF CONDITIONS FAVORING CONTINUED
BSN EDUCATION, WITH EIGEN VALUES AND AMOUNT
OF VARIANCE EXPLAINED

Factor	Eigenvalue	Percent of Variable	Cumulative Percent
1. Stimulating Learning Environment	12.41091	41.4	41.1
2. Institutional Supports	3.51858	11.4	53.1
3. Facilitators	2.55496	8.5	61.6
4. Program Flexibility	1.61114	5.4	67.0
5. Teaching Strategies	1.47633	4.9	71.9
6. Peer Support	1.15829	3.9	75.8
7. Nontraditional Setting	1.03285	3.4	79.2

TABLE 13

SEVEN FACTOR SOLUTION TO CONDITIONS FAVORING
ANTICIPATION IN BSN PROGRAMS, ALONG
WITH ITEM LOADING AND MEANS

Variable	*Loading Item Value	Mean
Factor 1: Stimulating Learning Environment		
The nursing program was intellectually challenging	.96171	3.01
The nursing program widened the scope of the nursing practice	.91013	3.15
The nursing program provided new theoretical insights without undue repetition of what I already knew	.90609	2.78
I learned to establish realistic expectations of what I could do and what I could not do	.86374	2.96
Faculty were willing to plan individualized ways for RN students to meet course and/or clinical requirements	.80152	2.75
Most faculty provided a class environment where RN students could learn from each other as well as from the instructors	.79879	2.67
RN students actively participated in planning their own learning experiences	.79465	2.61
My academic adviser was readily available	.77318	2.52
The program requirements were very clear	.75102	2.91
My academic adviser provided sensitive support/counseling	.73336	2.74
Classes were offered in a block on one or two days per week	.72636	3.22
Most faculty were flexible about the nature of assignment and/or deadlines when student pressures became overwhelming	.69761	2.65
The sequence of nursing courses was flexible to permit me to complete the program without unnecessary loss of time	.68848	2.71
The RN students in the program were taught separately in special class sections throughout most or all of the program	.51712	2.78
Factor 2: Institutional Supports		
Study guides were provided to help in preparing for nursing challenge exams	.83444	2.32
The financial aid office provided counseling regarding sources of funding for adult students	.77510	1.71
An orientation program was provided for adult students to ease their entry into the college environment	.77510	2.17
Nursing challenging exams were offered frequently	.71906	2.40
Formal support groups were scheduled to help RN students make the transition to the student role	.64806	2.08
RN students' work setting could be used for their clinical experiences	.58738	2.74
Review classes were provided to help in preparing for nursing challenge exams	.56389	1.96
Factor 3: Facilitators		
RN students formed study groups to share resources and/or help each other prepare for assignments and tests	.76912	2.33
My employer was willing to be flexible about my work schedule	.75235	3.37
One person on the faculty was identified as the RN student coordinator/counselor	.71546	2.84
Factor 4: Program Flexibility		
Classes were offered in the evening	.77405	2.89
Part-time study was permitted during more or all of the program	.70732	3.00

TABLE 13 (Continued)

Variable	*Loading Item Value	Mean
Factor 5: Teaching Strategies		
A transition or "bridge" course was provided to ease our entry to the nursing program	.67332	2.67
Review classes were provided to help in preparing for nursing challenge exams	.55676	1.96
Factor 6: Peer Support		
My co-workers provided encouragement and support	-.78694	2.92
Factor 7: Nontraditional Setting		
Classes were offered off campus	.82214	2.80

*Items loaded @ .45 or above on each factor and listed from highest to lowest loadings.

TABLE 14

RELIABILITY ESTIMATES FOR FACTORS ONE THROUGH SEVEN

Factor	Cronbach's Alpha
1. Stimulating Learning Environment	.97
2. Institutional Supports	.88
3. Facilitators	.75
4. Program Flexibility	.66
5. Teaching Strategies	.63
6. Peer Support	not processed
7. Nontraditional Setting	not processed

Interpretation of Factors: Helpful Conditions

Factor 1: The variables loading on this factor pertained to educational approaches and faculty efforts to provide a supportive climate in which the student can derive maximum benefit from the educational process. Mean importance scores for all items in this factor are above 2.50. "Stimulating Learning Environment" was considered an appropriate label for this factor.

Factor 2: Five of the items comprising this factor convey a feeling of support and coordination essential for a smooth transition for the returning RN student into the academic setting. "Institutional Supports" was an appropriate label for this factor.

Factor 3: Implicit in this group of variables were the connotations of aiding, helping, supporting, networking. "Facilitators" seemed an appropriate label for Factor 3 particularly since two of the items (V24 and V25) tended to convey this quality.

Factor 4: This factor hardly needs interpretation. The highest loading item pertained to flexible scheduling, part-time study and therefore the factor was labeled "Program Flexibility".

Factor 5: This factor clearly refers to strategies that enhance the experience of the RN returning to school and are perceived as being helpful. It seemed appropriate to label this factor "Teaching Strategies".

Factor 6: The variable loading on this factor pertains to a source of help and support utilized by the returning to school RN. "Peer Support" was the label which best captured the meaning of this item.

Factor 7: This factor consist of one variable which referred to the location of off campus classes as being beneficial and accommodating. For obvious reasons this factor was labeled "Nontraditional Setting".

The relative importance of the seven dimensions identified in part I-B which lists conditions in the educational environment that help the returning RN student can be determined by the percent of variance explained and by examining the strength of the response as measured by the item means. The first factor, Stimulating Learning Environment accounted for 41.4% of the variance and showed high item means compared to other components. This would indicate that a majority of the respondents viewed these conditions as being most helpful to a greater degree than did other factors. Factor 2, Institutional Supports, accounted for 11.7% of the variance with five of the seven item means ranging from 2.08 to 2.74 and two item means among the lowest of the entire scale. This is the component showing the greatest variation. The third factor, Facilitators, accounted for 8.5% of the variance and its item means are the third highest after factor 1 and 4, with one item having the highest item mean of the entire scale. Factor 4, Program Flexibility accounted for 5.4% of the variance. Only two items were factored on this component but the item means are relatively high, 2.89 and 3.00 respectively. The items comprising factor 3 and factor 4 had much influence regarding conditions in the educational environment that were helpful to the RN student. Factors 5, 6 and 7 were responsible for a small percent of the variance (4.9%, 3.9% and 3.4% respectively). Factor 6 and 7 each had only one item factored on each component and each item mean was relatively high; item mean for factor 6 was 2.92 and item mean for factor 7 was 2.80. For a large number of RN students who took part in this study, the components labeled

Peer Support and Nontraditional Setting were perceived as having a relatively high amount of positive influence.

For a large number of respondents who took part in this study the factor labeled Stimulating Learning Environment was perceived as having the most potential benefits followed by Program Flexibility, Facilitators and Institutional Supports.

These findings are encouraging and suggest that having a stimulating and responsive educational environment was very important to the respondents and that these conditions helped them in their return to school. It would appear that efforts to provide these educational environments would enhance the experiences of a considerable number of RN students.

The following findings relate to research question number 3: What are the conditions in the educational environment that help the returning registered nurse students in achieving their educational goals?

Ten of the thirty items appear among the top ranks as having the most potential benefit. These conditions are:

-employer willing to be flexible about my work schedule.

-classes offered in a block on one or two days a week.

-the nursing program widened the scope of nursing practice.

-the nursing program was intellectually challenging.

-part time study was permitted during most or all of the program.

-learning to establish realistic expectations of what one can do and

 and what one could not do.

-coworkers providing encouragement and support.

-program requirements were very clear.

-classes offered in the evening.

-one faculty identified as the RN student coordinator and counselor.

Hindering Factors

Exploratory factor analytic procedures were utilized to predict the factor structure of the thirty items (#44-73) comprising Part I-C of the instrument. In presenting the findings, a principle components analysis was chosen as the best exploratory procedure for the data. The number of factors retained for rotation was determined by the Kaiser criterion. Orthogonal rotation using the Varimax procedure was utilized to obtain the simplest possible structure.

Factor extraction was guided by a plot of eigenvalues of 1.0 or greater and only those values with factor loadings of .45 or greater were used to define a given factor. The thirty variables extracted by principle components analysis met the criterion for rotation. After rotation of the rotated factor matrix, the five factor solution was selected as the theoretically most meaningful representation of the data according to 78.6% of the scale variance as listed in Table 15.

Tables 16 presents the retained items factor loadings ordered by magnitude for each of the five factors and item means. Nine items loaded on more than one factor: V51, V58, V64, V72 loaded on factor 1 and 2; V50, V55, V73 loaded on factor 1 and 3; V70 loaded on factor 3 and 4 and V 46 loaded on factor 3 and 5.

TABLE 15

NAMES AND EIGEN VALUES OF FIVE
FACTORS AFTER ROTATION

Factor	Eigenvalue	Percent of Variable	Cumulative Percent
1. Institutional Barriers	17.39411	58.0	58.0
2. Lack of Confidence	1.96269	6.5	64.5
3. Multiple Role Strain	1.74639	5.8	70.3
4. Cost and Geographic Constraints	1.44238	4.8	75.2
5. Work Constraints	1.03409	3.4	78.6

TABLE 16

FIVE FACTOR SOLUTION TO CONDITIONS HINDERING
PARTICIPATION IN RN PROGRAMS, ITEM
LOADINGS AND ITEM MEANS

Variable	*Loading Value	Mean
Factor 1: Institutional Barriers		
Too little credit was granted for my previous knowledge/experience in nursing	.82232	2.34
Too few challenge exams were available for non-nursing subjects	.82063	1.75
I lost transfer credit because of restrictive college/university credit policies	.81490	2.02
Most nursing faculty were not responsible to the special needs of the RN student	.78747	1.97
There was too much repetition of content in the nursing courses	.77665	2.01
There was little individualization of the learning experiences in the nursing classes	.76639	1.83
College/university requirements are inappropriate for adult learners	.74544	2.08
Nursing courses were not relevant to my needs	.70379	1.79
I felt out of place with the younger student	.68293	1.83
It was difficult to learn to deal with the academic system	.62409	1.79
It was difficult to prepare adequately for wide range of content in the nursing challenge exams.	.61054	1.92
The people closest to me (family, friends) were not supportive	.54762	2.24
Financial aid was not available	.52878	2.09
I had to invest a long period of time to complete the degree requirements	.54240	1.95
Classes, labs, faculty office house were scheduled at inconvenient times	.53374	2.00
Financial aid was not available		2.09
Factor 2: Lack of Confidence		
My co-workers are not supportive	.78872	1.97
I lacked confidence in my academic ability	.73026	1.78
It was difficult to deal with my own anger/hostility in the process of taking on new values and roles in nursing	.72630	1.77
I expected too much of myself	.66218	2.30
My employer was not supportive	.63005	2.29
The time limits for completing the degree requirements are too restrictive	.61451	1.95
It was difficult getting used to studying and meeting deadlines	.61076	2.01
It was difficult to sustain my motivation over the prolonged period required to complete the degree requirements	.55514	2.18
I felt out of place with the younger student	.54165	1.83
It was difficult to deal with the academic system	.51714	1.79
The people close to me (family, friends) were not supportive	.50425	2.25

TABLE 16 (Continued)

Variable	*Loading Value	Mean
Factor 3: Multiple Role Strain		
I have to balance the demands of multiple roles	.81315	2.55
It was difficult to deal with the stress created by the multiple demands of my time and energies	.74113	2.35
It was difficult to manage my time to meet all requirements and obligations	.69211	2.08
I had to invest a long period of time to comlete the degree requirements	.62576	2.41
Classes, labs, faculty office hourse were scheduled at inconventient times	.59520	2.00
I had to work full-time	.55274	2.21
Financial aid was not available	.52274	2.09
It was difficult to find sufficient funds for school related expenses	.50574	2.21
Factor 4: Cost and Geographic Constraints		
I had to commute long distances to attend classes/clinics	.62328	2.21
It was difficult to find sufficient funds for school related expenses	.51786	2.21
Factor 5: Work Constraints		
I have to work part-time	.90312	2.43
I have to work full-time	-.60036	2.77

*Items loaded @ .45 or above on each factor and listed from highest to lowest loadings.

Overall scale reliabilities (alpha) for factors one through five were .97, .95, .92, .74, and .72 respectively (Table 17).

Interpretation of Factors: Hindering Conditions

Factor 1: The variables correlating with this factor conveyed a connotation of dissatisfaction with policies regarding articulation and course offerings. Implicit in this grouping of variables were issues relating to too little credit awarded for previous knowledge and experience, faculty not responsive to needs of adult learners, and much repetition and little individualization of learning. "Institutional Barriers" seemed an appropriate label for Factor 1, particularly since those items with the highest loading tended to convey this notion although the item means were rather low.

Factor 2: The variables with substantial loadings on this factor imply feelings of inadequacy, low expectations and a lack of involvement and independence in relation to one's learning ability within the academic setting. This grouping of items clearly denotes a lack of confidence in one's capabilities and for obvious reasons this factor was labeled "Lack of Confidence".

Factor 3: The eight variables comprising this factor consisted mainly of perceptions related to the influence of familial role and role expectations on participation. Mean importance scores for all items tended to be moderate to high. The means for dealing with the stress created by multiple demands on one's time and energy and the need to work full time were among the highest of the scale. It seemed appropriate to label this factor "Multiple Role Strain".

TABLE 17

RELIABILITY ESTIMATES FOR FACTORS ONE THROUGH FIVE

Factor	Cronbach's Alpha
1. Institutional Barriers	.97
2. Lack of Confidence	.95
3. Multiple Role Strain	.92
4. Cost and Geographic Constraints	.74
5. Work Constraints	.72

Factor 4: This factor consists of two variables which refer to cost. The first variable "I had to commute long distances to attend classes/clinicals" implies expenses incurred traveling to educational settings. The second variable clearly refers to cost. These two variables were rated moderate importance by the respondents. For obvious reasons this factor was labeled "Cost and Geographic Constraints".

Factor 5: The two variables that comprised this factor consisted mainly of perceptions relating to time constraints imposed by work environment. These variables ascribed high magnitude of influence by the respondents. "Work Constraints" was considered an appropriate label for this factor.

The relative importance of the five factors identified in Part I-C which list conditions in the educational environment that hinder the returning RN student can be determined by examining the strength of the responses as measured by the item means. The first hindering factor, Institutional Barriers, accounted for 58% of the variance with nine of the sixteen items ranging from 1.79 to 2.00, five items above 2.00 and two items being among the highest of the entire scale. The low item means of this factor would indicate that these conditions were viewed by the participants as being slightly to moderately hindering. Factor 2, Lack of Confidence, accounted for 6.5% of the variance and also showed low item means compared to the other factors indicating that a majority of the respondents viewed these items as having some influence as deterrents. Only two of the item means were among the highest of the entire scale. The third factor, Multiple Role Strain, accounted for 5.8% of the variance and showed the highest item means compared to the other factors indicating that a majority of the respondents perceived these items as being most hindering throughout their experiences. Factor 4 and 5 were

responsible for a small percent of variance (4.8% and 4.3% respectively) but occupied third and first place in terms of the relative importance of their item means. The items comprising these two factors were perceived by the respondents as major barriers in the educational environment that hindered the returning RN student.

For a large number of respondents who took part in this study, the factors labeled Work Constraints and Multiple Role Strain were perceived as being the most hindering of conditions in the educational environment followed by Cost and Geographic Constraints, Lack of Confidence and Institutional Barriers.

The impact of the hindering conditions was less than might have been projected from the findings of other studies reported in the literature. The range of item mean scores for each condition was from 1.75 to 2.77. The median score was 2.00. These scores indicate that the conditions were viewed as only slightly to moderately hindering. Eight (8) of these conditions appear as the most hindering by the respondents who experienced them.

Four conditions in the category of multiple role strain were among the most frequently occurring items. The difficulty the respondents experienced were 1) having to work full-time, 2) balancing the demands of multiple roles, 3) investing a long period of time to complete the degree requirements, and 4) difficulty dealing with the stress created by the multiple demands on time and energy.

Issues related to work were also a major concern. Many of the respondents felt hindered by having to work full-time or part-time while attending school. These items ranked first and third among all 30 conditions. The issue of time was also included among the with most hindering conditions. Respondents felt hindered by having to invest a

prolonged time to complete degree requirements. The issues related to cost did not occur with sufficient frequency to be included among the top eight conditions. These items ranked 11th and 13th.

These findings are consistent with those of other surveys of adult and RN students. In her review of over 100 prospective needs assessments conducted with adult students, Cross (1979) concluded that the barriers of time, cost, distance, home and family responsibilities deterred the largest number of potential learners from enrolling in educational programs. Similar prospective studies with RNs revealed similar findings (Hillsmith, 1978, Woolley, 1978, NLN, 1987). This study affirms that these variables continue to be key hindering factors during the students' period of enrollment.

The variables of time, cost and multiple role strain have conceptual relationships. The necessity of maintaining a part-time or full-time work schedule to meet the costs of enrollment puts pressure on the time available for study and adds to the stresses associated with multiple role strain. They have a circular impact upon one another. These variables are the most powerful of any other cluster of hindering conditions reported in the study.

Only one condition in the institutional barrier category was included among the 8 highest ranking conditions. Many of the respondents felt that too little credit was granted by their institution for their previous knowledge and experience. This item ranked 6th while inconvenient scheduling of classes, labs and office hours ranked 11th among all hindering conditions. College/university requirements inappropriate for adult learners and the loss of transfer credit because of restrictive credit policies were somewhat problematic.

These concerns intimately tied to the curriculum have been long-standing and continuing complaints among RN students who return to school. Despite the

recommendations in the literature directed toward increasing the accessability of programs for RN students and developing effective crediting mechanisms, progress in accomplishing these lag behind the achievements in other areas. This finding suggest that in addition to making the curriculum more relevant, non-repetitive and individualized, many nurse educators must examine their crediting practices and improve their scheduling patterns to make baccalaureate programs more accessible to RN students.

Only one of the items within the lack of confidence category was among the eight most frequently occurring hindering conditions. The respondents felt hindered by the fact that they expected too much of themselves. It is no doubt more difficult to cope with the demands of family, work and school when students' expectations of themselves are unrealistically high.

The following findings relate to research question number 4: <u>What are the conditions in the educational environment that hinder the returning registered nurse students in achieving their educational goals?</u>

Eight (8) of the thirty conditions can be considered to be the most hindering of all conditions. These conditions are:

--having to work full-time.

--having to balance the demands of multiple roles

--having to work part-time.

--having to invest a long period of time to complete the degree requirements.

--difficulty dealing with the stress created by the multiple demands on one's time and energies.

--too little credit granted for previous knowledge and experience in nursing.

--expecting too much of one self.

--employer not supportive.

Summary

This chapter has presented the findings for the four research questions proposed in the study. The characteristics of the RN students and their returning-to-school experiences were described. This was followed by a presentation of the conditions in the educational environment that help or hinder returning RN students in achieving their educational goals.

CHAPTER V

SUMMARY, CONCLUSION AND

RECOMMENDATIONS

This chapter presents a discussion of the conclusions drawn from the findings for the four research questions. Following the conclusions and also based on the findings are several recommendations for creating a more responsive educational environment for registered nurse students and suggestions for further study.

Summary

This exploratory study had two purposes: 1) to describe the relevant characteristics of registered nurse students as those characteristics relate to their experiences in returning to school to pursue a baccalaureate degree in nursing, and 2) to describe the conditions in the educational environment that help or hinder them in achieving their educational goals.

To accomplish these purposes, the study was guided by the following research questions:

1. What are the relevant characteristics of registered nurse students?

2. What are the reasons that precipitate their return to a college or university to continue their education?

3. What are the conditions in the educational environment that help the returning registered nurse students in achieving their educational goals?

4. What are the conditions in the educational environment that hinder the returning registered nurse students in achieving their educational goals?

Conclusions

The conclusions drawn from the analysis of the data are presented in the following order: 1) the characteristics of registered nurse students, 2) reasons that precipitate the returning-to-school experience, 3) the educational conditions that helped in the return-to-school experience, and 4) the educational conditions that hindered the return-to-school experience.

This study has provided data regarding the characteristics of RN students and a description of their returning-to-school experiences. Examination of the data shows the reasons for returning to school, the helpful factors and hindering factors as experienced by the returning RN student. The helpful factors were more frequently occurring while the hindering factors were found to be less powerful than might have been projected from the review of the literature. Despite these encouraging signs, returning RN students continue to encounter a number of barriers that impede their progress toward obtaining a baccalaureate degree in nursing.

Conclusions related to research question number 1: What are the relevant characteristics of registered nurse students?

The majority of the respondents graduated from associate degree programs while less than a fourth received their basic nursing education in diploma schools of nursing.

Diploma schools of nursing continue to decline in number. At the time of this study there were two diploma programs in nursing located in Texas; none in Oklahoma or New Mexico. The majority of associate degree nurses graduated during the ten-year period from 1983-1992, while the majority of diploma nurses graduated prior to 1983. The majority of respondents initiated their baccalaureate enrollment within 5 years of graduation from their basic nursing program. The largest proportion of the respondents starting this soon after graduation were associate degree graduates.

From the demographic information it is apparent that a high percentage of RN students are working many hours each week in addition to either carrying a part-time or full-time academic load. The majority of the respondents were female. Only 5% of the respondents were male. At the time of data collection, half of the respondents were between 34 and 43 years of age during their last year of enrollment in the baccalaureate nursing program. Most RN students are beyond the traditional age of college students and represent an adult learner group with different needs and varying life experiences. The majority of the respondents were married. A greater proportion of the married respondents were associated degree graduates. The majority of the respondents were responsible for one or more children while attending the major portion of their baccalaureate program and shared this responsibility with their spouse in an intact marriage.

Conclusions related to research question number 2: <u>What are the reasons that precipitate the registered nurse students' return to a college or university to continue their education?</u>

Examination of the data shows that RN students presently enrolled in baccalaureate programs were motivated for professional rather than social reasons. They wanted, first, to increase their professional status and, second, to prepare for extended/expanded roles in nursing. Responses to external pressures, such as obtaining a promotion and changing educational standards for entry into practice ranked lower then their professional concerns. Feeling better about themselves, meeting the prerequisites for a graduate degree and acquiring new knowledge were also important considerations.

Conclusions related to research question number 3: <u>What are the conditions in the educational environment that help returning registered nurse students in achieving their educational goals?</u>

The number of helpful conditions actually present in the respondents' experiences was more than might have been projected from the review of the literature. Ten (10) of the 30 helpful conditions were the most frequently occurring and had the highest mean influence ratings. They were the most powerful of all the helpful conditions actually present.

Two (2) of the ten most helpful conditions actually present in the respondents' experiences were related to support and help they received in dealing with their return-to-school experience. The greatest source of support came from the willingness of their employers to be flexible about their work schedule. This is a prominent factor and ranked first on the frequency scale making it the most powerful helpful condition actually present. In addition, the respondents valued having an academic advisor readily available, one who provided sensitive support and counseling.

Five (5) of the 10 most helpful conditions actually present in the respondents' experiences were related to the stimulating learning environment provided by the institution. These conditions were given the second highest mean value. The majority of the respondents reported that the content of their programs was intellectually challenging and widened their scope of practice. The majority of the respondents reported that having access to classes in which block scheduling was used helped them greatly. They were also helped by having a sequence of courses flexible enough to permit completion of the program without unnecessary loss of time.

The two conditions related to program flexibility provided to the respondents were included among the 10 most helpful conditions. The majority of the respondents reported that classes were offered in the evening and opportunity for part time study during most or all of the program was helpful.

Although not included among the 10 most helpful conditions, the respondents valued having an educational program where learning experiences were individualized, where assignments and deadlines were flexible, and where students could learn from each other. The mechanisms put in place at the school level contributed positively to the respondents' experiences. Positive findings of this study have shown marked improvement in both attitudes and teaching approaches that faculty bring to their interactions with RN students. The educational setting presented here is a far more positive one than has been presented previously in the nursing literature.

Conclusions related to research question number 4: <u>What are the conditions in the educational environment that hinder returning registered nurse students in achieving their educational goals?</u>

The number of hindering conditions actually present in the respondents' experiences was less than might have been projected from the findings in the review of the literature. This suggests that changes are already occurring within educational environments to assist RN students in achieving their educational goals.

Eight (8) of the 30 hindering conditions were the most frequently occurring and the most hindering for the respondents who experienced them. The majority of the respondents reported that multiple role strain was a strong hindering force in their experiences. They had difficulty in dealing with the stress created by the multiple demands on their time and energy, in balancing the demands of multiple roles and in managing time to meet all their obligations.

One area of role stress frequently occurring related to the issues of work. The majority of the respondents had to maintain either a full time or part time work schedule. For those who had to commute long distances to attend class and clinical laboratory experiences or find sufficient funds for school related expenses, these variables only added to the demands on their time and energies.

Issues related to institutional barriers were a major concern as well. The majority of the respondents felt that too little credit was awarded by their institutions for their previous knowledge and experiences. In addition, they had to invest a long period of time to complete the degree requirements.

Two other issues which are connected to curriculum were also a concern. They felt hindered by the inconvenient scheduling of classes, labs and office hours and that the requirements of the institution were inappropriate for adult learners.

The majority of the respondents also reported that they expected too much of themselves, their employer was not supportive of their endeavors and they had difficulty in sustaining their motivation over prolonged periods of time required to complete the degree requirements. This cluster of conditions is important and contributes to the stress created by the hindering forces reported previously.

Implications of the Study

This study presents a profile of the characteristics of registered nurse students and a description of their returning-to-school experience. It also presents a more positive view of the returning-to-school experience than has been portrayed in the past. In this study, the hindering conditions were found to be less powerful and the helpful conditions more frequently occurring than might have been projected in the review of the literature. However, despite these encouraging signs of positive change, the findings of this study indicate that these changes are not universal. The findings of this study can direct the efforts of nurse educators as they continue to create more responsive educational environments for registered nurse students.

Characteristics of the Students and Their Experiences

Diploma and associate degree graduates returning to professional schools of nursing are a highly motivated group. They return to school for professional advancement and to achieve higher status within their health care organization. They also return to prepare for new and emerging roles in the health care field. Many listed among their

reasons for returning to school at the baccalaureate level the desire to meet the

prerequisites for graduate education in nursing.

Educational Conditions

The findings of this study can be used to direct meaningful changes in making

educational institutions more responsive to student needs. Identification of multiple role

strain as a primary hindering force in the respondents' experience is a major finding of this

study. Efforts should be made to provide an environment where informal support systems

can flourish and to provide more formal mechanisms for students to learn essential coping

skills. Nursing faculty aware of adult development and learning needs can help the RN

student identify and cope with problems and stresses as they attempt to meet academic

demands. One person should be designated to serve as counselor/advocate for RN

students so that their particular student needs might be better met.

Accomplishing these objectives may be an important prerequisite to achieving the

objectives of the program. If a transition or "bridge" course is included in the curriculum,

this would be an appropriate mechanism for these objectives. Bridge courses have

traditionally been utilized to socialize registered nurse students into the professional

portion of the baccalaureate curriculum and to give them the particular perspective of the

program in which they are enrolled. Bridge courses are also a means to introduce these

students to skills of scholarship: writing, reasoning, and thinking. If such a course is not

provided, the importance of these student needs may necessitate the development of such

a cause.

Issues related to the curriculum were also a major concern. Although less clear, the findings suggest that further efforts must be made to plan for further individualization of students' learning experiences, to provide flexibility with the schedule, the assignments and deadlines, planned for the nursing courses and to re-examine the amount of credit awarded for the students past educational and work experience.

Many of the respondents reported that there was too much repetition of content and the courses were not relevant to their needs. Individualization of experiences seems to be one key to success in planning a curriculum that is responsive to the diverse needs and interests of RN students. Independent study options, learning contracts, computer assisted learning, and learning modules have been reported to be successful strategies in individualizing programs to student needs.

Flexibility was also another important concept in planning responsive programs. Part time and evening classes, block scheduling and flexible course sequence were valued by those who experienced them. A good deal of progress seems to have been made in this area of curriculum planning and development. However, the findings of this study indicate that these options were not universally available. If introduced in those institutions where they are not currently available, these approaches aimed at increasing the flexibility of the program would enhance the experience of many more students.

More RNs than ever before are seeking and demanding an education beyond their basic associate degree or diploma in nursing. Nurse faculty in colleges and universities are faced with providing non-traditional and flexible educational experiences while maintaining quality in the programs. Based on the findings of this study the following specific conclusions were made.

1. Orientation programs for incoming RN students in schools of nursing need to include information about special student services and programs available to them on campus.

2. Nursing faculty, student advisers and counselors need to become cognizant of adult development and learning needs to help RN students identify and cope with problems and stresses as they attempt to combine work and family responsibilities with academic demands.

3. Courses need to be scheduled and offered in time frames and locations convenient for students. This provides for more flexibility for the RN student and facilitates the return to school by decreasing barriers of time, travel and distance.

4. Policies relating to the transfer of credits need to be carefully evaluated in order to prevent needless repetition of content. Carefully described articulation agreements with associate degree programs is a way to facilitate the transfer of credit. Easy access to BSN programs for RNs returning to school is imperative.

5. It is important to provide a means for the RN student to obtain social support to help them deal with the stresses generated by re-entry into the "student role" so that they are able to cope with the feelings of inadequacy. Building learning experiences into each course that will introduce the RN student to academia, such as writing papers, studying for exams, using the conceptual framework, applying principles and discovering tools to deal with academic stress.

6. Giving the RN student the option of flexible scheduling of clinical experiences and classes may help accommodate the demands of their work schedules and also may serve as an attractive incentive for other RNs to enroll in BSN programs.

7. Adult learning principles, supporting individualized goals and recognizing student autonomy should be utilized. Instructional television (ITV), distance learning and video teleconferencing are alternative modes of instruction that go beyond the walls of the classroom and provide a way of reaching learners at sites distant to the main campus.

This study reemphasizes the importance of BSN education and minimum entry requirements in this changing healthcare environment. Nurses' commitment and need for educational mobility appear to be fulfilled when reasonable pathways are created for them. The nursing profession needs to mobilize all of its political influences to support this endeavor.

Recommendations for Further Study

Although not part of this study, additional research questions could be examined by further analysis of the data generated in the study.

1) Is there a difference in response to the overall helpfulness and hindrance scores for single and married respondents? For those who graduated from their basic nursing program more than 10 years prior to their baccalaureate enrollment and the more recent graduate of a basic nursing program? For those who attended generic baccalaureate programs and those who attended RN only programs?

2) Is there a relationship between multiple role strain and the extent of employer support? Employment status? Length of time to complete the program?

Replication, in multiple sites, of research that has been conducted related to educational re-entry RN/BSN students needs to be done to enhance the credibility of

validation of the findings. It would be important to sample the RN student population at different times during their enrollment and after their graduation.

Also it is essential that this study be replicated with students who were unable to continue to graduation. Examination of those factors which contributed to their drop-out would provide important information for program planning.

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APPENDIXES

APPENDIX A

INSTRUMENT

**University of
Central Oklahoma**

COLLEGE OF MATHEMATICS & SCIENCE
DEPARTMENT OF NURSING

May 8, 1993

Jane E. Murdock, EdD, RN
Assistant Dean for Student Affairs
University of Connecticut
231 Glanbrook Road
Storrs, Connecticut 06268

Dear Dr. Murdock

I am an Assistant Professor of Nursing and on the faculty at the University of Central Oklahoma in Edmond, Oklahoma. At the present time I am also a doctoral student in Adult Education at Oklahoma State University in Stillwater, Oklahoma. In spite of years of rhetoric, resolutions, and reports about the need for nurses to hold the BSN, nearly 70% of practicing nurses still have not achieved this goal. Barriers to returning-to-school still exists. The purpose of my research is to collect information on the RNs perception of their baccalaureate program's ability to meet their needs and identify and describe those factors that deter the RN toward continuing their education.

In your research on the RN student and their return-to-school experiences, you developed a questionnaire concerning those factors that help or deter them in achieving their educational goals. I would like to inquire as to the possibility of receiving a copy of your instrument to be considered as a means of gathering data for my study.

Thank you in advance for considering this request. If you have any questions, please feel free to contact me by mail or telephone (405) 737-1848.

Sincerely,

Carole M. Bryant, MSN, RN
3008 N. Glen Oak Drive
Midwest City, Oklahoma 73110

INTERDEPARTMENTAL
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Obtain "STATE EMPLOYEE SUGGESTION" forms from, and send your ideas to: Employee's Suggestion Awards Program, 165 Capitol Avenue Hartford, CT 06106.

	NAME, TITLE	DATE
To	*Carol Bryant*	
	AGENCY, ADDRESS	

	NAME, TITLE	TELEPHONE
From	*Jne hendack*	
	AGENCY, ADDRESS	

Subject:

Here at last is the copy of my instrument you requested.

Hope it will be useful.

PART I. THE RN-BSN EXPERIENCE: REASONS FOR RETURNING, WHAT HINDERS, WHAT HELPS.

1. The following have been identified by RNs as reasons why they return to school for the BSN. Which of these influenced your personal decision to enter a BSN program? (Check all that apply. Later you will be asked which reason was the most influential. Keep this in mind as you read through the items.)

    _____ 1. To prepare for extended/expanded roles in nursing
    _____ 2. To keep up with the education of my spouse, children, friends, associates
    _____ 3. Because the BSN soon will be required as entry level
    _____ 4. To improve the quality of patient care
    _____ 5. To increase my professional status
    _____ 6. To obtain a promotion
    _____ 7. To meet the prerequisites for a graduate degree
    _____ 8. To acquire new knowledge
    _____ 9. Because I enjoy the academic environment
    _____ 10. To learn just for the sake of learning
    _____ 11. To feel better about myself
    _____ 12. To obtain a well-rounded education
    _____ 13. Because the BSN is required/expected in my job
    _____ 14. To become more effective as a citizen of my community
    _____ 15. To make better use of my leisure time
    _____ 16. To increase my competence on the job
    _____ 17. Other:_____
                               (please specify)

2. Which one of the reasons for returning to school listed above in question #1 was the most influential in your personal decision to enter a BSN program? (Enter the item number of the most influential reason on the line provided below.)

(Item #) _____ most influential reason for returning to school

3. From which of the following sources did you receive guidance when making your decision to return to school for the BSN? (Check all that apply. Later you will be asked which source was the most helpful. Keep this in mind as you read through the items.)

    _____ 1. publications from professional organizations
    _____ 2. staff of professional organizations
    _____ 3. faculty in associate degree or diploma nursing programs
    _____ 4. BSN faculty
    _____ 5. RN-BSN students
    _____ 6. boss
    _____ 7. co-workers
    _____ 8. instructor in staff development department
    _____ 9. publications from BSN programs
    _____ 10. continuing education workshop
    _____ 11. career counseling center
    _____ 12. other:_____
                               (please specify)

4. Which one of the sources of guidance listed above in question #3 was the most helpful to you when you were making your decision to return to school for the BSN? (Enter the item number of the most helpful source on the line provided below.)

(Item #) _____ most helpful source of guidance

5. The following have been identified by RNs as factors influencing their selection of a particular BSN program. Which of these influenced you to select the BSN program from which you eventually graduated? (**Check all that apply. Later you will be asked which selection factor was most influential. Keep this in mind as you read through the items.**)

    _____ 1. only choice available
    _____ 2. affordable tuition and fees
    _____ 3. close to home/work
    _____ 4. satellite/outreach courses available
    _____ 5. reputation of school
    _____ 6. size of student body
    _____ 7. responsiveness to needs of RN students
    _____ 8. separate track for RN students
    _____ 9. stability of program
    _____10. NLN accreditation
    _____11. credits awarded for past knowledge/experience
    _____12. availability of financial aid
    _____13. friends, family are alumni
    _____14. other:_____
                           (please specify)

6. Which one of the selection factors listed above in question #5 was the most influential in your choice of your BSN program? (**Enter the item number for the most influential selection factor on the line provided below.**)

(Item #) _____ most influential factor in selecting your BSN program

7. The following conditions have been identified by RNs as those that hinder them in their return to school for the BSN. Some may have been present in your experience, others may not. Please use the following code to indicate how each of these conditions influenced you as you progressed through your BSN program. (**Circle the appropriate number to the right of each condition. Later you will be asked which condition was the most hindering. Keep this in mind as you read through the items.**)

0 = condition not present in my experience	1 = condition present but did not hinder me	2 = condition present and hindered me slightly	3 = condition present and hindered me moderately	4 = condition present and hindered me greatly

Conditions	Influence upon your experience
1. I had to balance the demands of multiple roles	0 1 2 3 4
2. I had to work part-time.	0 1 2 3 4
3. I had to work full-time.	0 1 2 3 4
4. It was difficult to sustain my motivation over the prolonged period required to complete degree requirements.	0 1 2 3 4
5. College/university admission requirements were inappropriate for adult students.	0 1 2 3 4
6. Child care was difficult to arrange.	0 1 2 3 4

0 = condition not present in my experience	1 = condition present but did not hinder me	2 = condition present and hindered me slightly	3 = condition present and hindered me moderately	4 = condition present and hindered me greatly

Conditions	Influence upon your experience
7. I had to overcome a weak academic background (e.g., math, writing, reading).	0 1 2 3 4
8. My co-workers were not supportive.	0 1 2 3 4
9. Most general college faculty were not responsive to the special needs of adult students.	0 1 2 3 4
10. Financial aid was not available.	0 1 2 3 4
11. The time limits for completing the degree requirements were too restrictive.	0 1 2 3 4
12. I lacked confidence in my academic ability.	0 1 2 3 4
13. Too few challenge exams were available in non-nursing subjects.	0 1 2 3 4
14. Nursing courses were not relevant to my needs.	0 1 2 3 4
15. Classes, labs, faculty office hours were scheduled at inconvenient times.	0 1 2 3 4
16. It was difficult to prepare adequately for the wide range of content in the nursing challenge exams.	0 1 2 3 4
17. It was difficult to deal with the stress created by the multiple demands on my time and energies.	0 1 2 3 4
18. I felt out of place among younger students.	0 1 2 3 4
19. It was difficult to deal with my own anger/hostility in the process of taking on new values and roles in nursing.	0 1 2 3 4
20. My employer was not supportive.	0 1 2 3 4
21. The college/university had restrictions on part-time study.	0 1 2 3 4
22. I expected too much of myself.	0 1 2 3 4
23. It was difficult to get used to studying again.	0 1 2 3 4
24. Too little credit was awarded for my previous knowledge/ experience in nursing.	0 1 2 3 4
25. College/university residency requirements were too restrictive.	0 1 2 3 4
26. The people closest to me (family, friends) were not supportive.	0 1 2 3 4

3

99

| | 0 = condition not present in my experience | 1 = condition present but did not hinder me | 2 = condition present and hindered me slightly | 3 = condition present and hindered me moderately | 4 = condition present and hindered me greatly |

Conditions	Influence upon your experience
27. There was too much repetition of content in nursing courses.	0 1 2 3 4
28. I had to commute unreasonably long distances to attend class/clinical.	0 1 2 3 4
29. It was difficult to manage my time to meet all my obligations.	0 1 2 3 4
30. The school of nursing did not provide support services for RN students	0 1 2 3 4
31. Most nursing faculty were not responsive to the special needs of RN students.	0 1 2 3 4
32. There was too little individualization of the learning experiences in nursing courses.	0 1 2 3 4
33. It was difficult to find funds for school-related expenses.	0 1 2 3 4
34. I lost transfer credit because of restrictive college/university credit review policies.	0 1 2 3 4
35. Support services were not provided for adult students.	0 1 2 3 4
36. It was difficult to learn to deal with the academic system.	0 1 2 3 4
37. I had to invest a prolonged period of time to complete degree requirements.	0 1 2 3 4

8. Which one of the conditions listed above in question #7 hindered you the most in your return to school for the BSN? (**Enter the item number of the most hindering condition on the line provided below.**)

(Item #) _____ most hindering condition

4

100

9. The following conditions have been identified by RNs as those that help them in their return to school for the BSN. Some may have been present in your experience, others may not. In this question, you are asked to make two responses for each condition:

First: Indicate if the condition was or was not present in your experience. (Circle 'Yes' if the condition was present; circle 'No' if it was not present.)

Second: Indicate the extent to which each condition either helped or would have helped you, using the code below for your response. (Circle the appropriate number to the right of each condition. Later you will be asked which condition actually helped you the most, and which one would have helped you the most. Keep this in mind as you read through the items.)

1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You			
1. Student services (e.g., registrar, bursar, bookstore) were open off-hours.	Yes No	1	2	3	4
2. Nursing challenge exams were offered frequently.	Yes No	1	2	3	4
3. I learned to take things one day at a time, not letting myself become overwhelmed by the whole.	Yes No	1	2	3	4
4. Most faculty provided a class environment where RN students could learn from each other as well as from the teacher.	Yes No	1	2	3	4
5. Nursing challenge exams could be repeated without penalty.	Yes No	1	2	3	4
6. Classes were offered off-campus.	Yes No	1	2	3	4
7. Most faculty were flexible about the nature of assignments and/or deadlines when student pressures became overwhelming.	Yes No	1	2	3	4
8. My academic advisor provided sensitive support/counseling.	Yes No	1	2	3	4
9. The RN students' work setting could be used for their clinical experiences.	Yes No	1	2	3	4
10. Classes were offered on weekends.	Yes No	1	2	3	4
11. Tutoring was available.	Yes No	1	2	3	4
12. I learned to plan ahead for the most efficient use of my time.	Yes No	1	2	3	4
13. An orientation program was provided for adult students to ease their entry into the college environment.	Yes No	1	2	3	4

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(Continue to Page 6)

1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You			
14. Contacts between RN students and the generic students in the program enhanced the experiences of both groups.	Yes No	1	2	3	4
15. The financial aid office provided counseling regarding sources of funding for adult students.	Yes No	1	2	3	4
16. RN students formed study groups to share resources and/or help each other prepare for assignments and tests.	Yes No	1	2	3	4
17. Remedial assistance was available (e.g., study skills; math, reading, writing skills).	Yes No	1	2	3	4
18. One person on the faculty was identified as the RN student coordinator/advocate.	Yes No	1	2	3	4
19. The program requirements were very clear.	Yes No	1	2	3	4
20. There was an adult student information and counseling center on campus.	Yes No	1	2	3	4
21. Conferences with faculty could be held by phone or tape.	Yes No	1	2	3	4
22. Self-directed or independent study projects were used as one way of individualizing the program to varying student interests.	Yes No	1	2	3	4
23. A transition or 'bridge' course was provided to ease our entry to the nursing program (e.g., to explore gaps in content, clarify values, to explore reactions to new professional roles).	Yes No	1	2	3	4
24. Nursing courses were offered in the summer.	Yes No	1	2	3	4
25. Classes were offered in the evening.	Yes No	1	2	3	4
26. I learned not to spend my energy in non-productive ways (e.g., fighting the system, overpreparing).	Yes No	1	2	3	4
27. Part-time study was permitted during most or all of the program.	Yes No	1	2	3	4
28. Review classes were provided to help in preparing for nursing challenge exams.	Yes No	1	2	3	4
29. The sequence of nursing courses was flexible enough to permit me to complete the program without unnecessary loss of time.	Yes No	1	2	3	4

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1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You			
30. The RN students in the program were taught separately in special class sections throughout most or all of the program.	Yes No	1	2	3	4
31. My family pitched in to help me keep up with the demands on my time.	Yes No	1	2	3	4
32. The nursing program provided new theoretical insights without undue repetition of what I already knew.	Yes No	1	2	3	4
33. Tuition and fees bill could be paid in smaller monthly installments.	Yes No	1	2	3	4
34. Formal support groups were scheduled to help RN students make the transition to the student role (e.g., for ventilation and support; to learn skills in time and stress management).	Yes No	1	2	3	4
35. Many faculty were former associate degree and diploma graduates; they were especially empathetic/supportive as a result.	Yes No	1	2	3	4
36. My academic advisor was readily available.	Yes No	1	2	3	4
37. The nursing program was intellectually challenging.	Yes No	1	2	3	4
38. Faculty asked for feedback from RN students (e.g., student representatives on committees, regularly scheduled student meetings).	Yes No	1	2	3	4
39. Child care services were provided on campus.	Yes No	1	2	3	4
40. My employer was willing to be flexible about my work schedule.	Yes No	1	2	3	4
41. Student feedback usually led to changes, even if only small ones.	Yes No	1	2	3	4
42. I learned to establish realistic expectations of what I could do and what I could not do.	Yes No	1	2	3	4
43. Classes were offered in a block on one or two days a week.	Yes No	1	2	3	4
44. Faculty were willing to plan individualized ways for RN students to meet course and/or clinical objectives.	Yes No	1	2	3	4

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1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

		Condition Present?	Extent to Which Condition Helped or Would Have Helped You
45.	When the going got really rough I would step back and re-focus myself on my goal.	Yes No	1 2 3 4
46.	Informal RN student groups which emerged over coffee, after class, in carpools, etc. provided a source of support for us in dealing with our mutual concerns.	Yes No	1 2 3 4
47.	RN students actively participated in planning their own learning experiences.	Yes No	1 2 3 4
48.	Most faculty made RN students feel welcome in the program.	Yes No	1 2 3 4
49.	The nursing program widened the scope of my nursing practice (e.g., new practice areas, new roles).	Yes No	1 2 3 4
50.	Study guides were provided to help in preparing for nursing challenge exams.	Yes No	1 2 3 4
51.	My co-workers provided encouragement/support.	Yes No	1 2 3 4
52.	Most faculty seemed to enjoy teaching RN students.	Yes No	1 2 3 4

10. Which one of the conditions listed above in question #9 actually helped you the most in your return to school for the BSN? (**Enter the item number of the most helpful condition on the line provided below.**)

(Item #) _____ most helpful of the conditions actually present in my experience

11. Which one of the conditions listed above in question #9 would have helped you the most if it had been available to you in your return to school for the BSN? (**Enter the item number of the condition that would have helped you the most on the line provided below.**)

(Item #) _____ condition that would have helped the most if it had been available.

PART II. EDUCATION AND WORK HISTORY

12. In which type of program did you receive your basic nursing education? (Check one.)

_____ 1. Diploma
_____ 2. Associate Degree

13. What year did you graduate from your basic nursing program? (Enter the year of your graduation on the blank provided below.)

_____

14. How many years have you been actively involved in nursing practice? (Check one.)
_____ 1. 0- 5 years
_____ 2. 6-10 years
_____ 3. 11-15 years
_____ 4. 16-20 years
_____ 5. 21-25 years
_____ 6. 26-30 years
_____ 7. over 30 years

15. How soon after you graduated from your basic nursing program did you take the first course toward the BSN degree? (Check one.)
_____ 1. less than 1 year
_____ 2. 1- 5 years
_____ 3. 6-10 years
_____ 4. 11-15 years
_____ 5. 16-20 years
_____ 6. over 20 years

16. From the time you took the first course, how many years did it take you to complete all of the degree requirements? (Check one.)
_____ 1. 2 years or less
_____ 2. 3- 5 years
_____ 3. 6-10 years
_____ 4. 11-15 years
_____ 5. 16-20 years
_____ 6. over 20 years

17. How many colleges/universities did you attend in all while fulfilling the BSN degree requirements? Please include your basic nursing program and your BSN program in the total. (Check one.)
_____ 1. 1- 2 colleges/universities
_____ 2. 3- 4 colleges/universities
_____ 3. 5- 6 colleges/universities
_____ 4. 7- 8 colleges/universities
_____ 5. 9-10 colleges/universities
_____ 6. more than 10 colleges/universities

18. Looking at your BSN program as a whole (no matter how many years it took you to complete it), what percentage of the financing for your educational experiences came from each of the following sources? (Insert approximate percent (%) on each of the appropriate lines being sure that the total does not exceed 100%.)

_____ % 1. personal or family savings
_____ % 2. current earnings of self and/or spouse
_____ % 3. scholarships
_____ % 4. loans
_____ % 5. tuition reimbursement from employer
_____ % 6. G.I. benefits
_____ % 7. other:_____
                        (please specify)
100 % TOTAL

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19. When you enrolled in your BSN program, approximately how many credits were you granted from each of the following sources? (**Check the appropriate box for each of the sources listed below.**)

Source	none	1-15 credits	16-30 credits	31-45 credits	over 45 credits
1. Transfer credits for general college courses					
2. Transfer credits for nursing courses.					
3. Credits by examination for general college courses (i.e., CLEP, ACT)					
4. Credits by examination for nursing courses (i.e., NLN, ACT/PEP, teacher-made tests)					
5. Credits from evaluation of life/work experiences (i.e., portfolio review)					

20. Approximately how many transfer credits did you lose because your college courses were either too old or did not apply to degree requirements? (**Check one.**)

     _____ 1. none
     _____ 2. 1-15 credits
     _____ 3. 16-30 credits
     _____ 4. 31-45 credits
     _____ 5. more than 45 credits

21. What was your overall grade average in high school? In your basic nursing program? In your BSN program? (**Check the appropriate box in each of the columns below.**)

Grade Average	High School	Basic Nursing	B.S.N. Program
1. A			
2. A-			
3. B+			
4. B			
5. B-			
6. C+			
7. C			
8. C-			
9. D or less			

22. What is the highest educational level achieved by your mother? Your father? Your husband, if applicable? (**Check the appropriate box in each of the columns below.**)

Educational Level	Mother	Father	Husband
1. less than high school			
2. high school			
3. apprenticeship in trade			
4. diploma or other training certificate			
5. Associate's degree			
6. Bachelor's degree			
7. Master's degree			
8. professional degree (MD, DDS, JD, etc.)			
9. doctorate (PhD or EdD)			
10. not applicable or don't know			

23. At the present time, what is the highest degree you plan to attain in your professional nursing career? (**Check one only.**)

_____ 1. Bachelor's degree in nursing
_____ 2. Master's degree in nursing
_____ 3. Master's degree in another field
_____ 4. Doctorate in nursing
_____ 5. Doctorate in another field
_____ 6. other_____

24. What type of nursing position were you employed in before you entered the BSN program? What is your current position? (**Check the appropriate box in each of the columns below.**)

Nursing Position	Position Before BSN	Current Position
1. none--unemployed		
2. none--student		
3. staff nurse--hospital		
4. staff nurse--ambulatory care		
5. staff nurse--temporary agency		
6. public health nurse		
7. school nurse		
8. office nurse		
9. occupational health nurse		
10. head nurse--any setting		
11. nursing administrator--any setting		
12. instructor--inservice		
13. instructor--nursing school		
14. clinical specialist		
15. nurse practitioner		
16. other:		

(please specify)

11

PART III. PERSONAL INFORMATION

25. What is your sex?   (**Check one.**)
    ____ 1. female
    ____ 2. male

26. What is your age?   (**Check one.**)
    ____ 1. 25 years of age or less
    ____ 2. 26-30 years of age
    ____ 3. 31-35 years of age
    ____ 4. 36-40 years of age
    ____ 5. 40-45 years of age
    ____ 6. 45-50 years of age
    ____ 7. over 50 years of age

27. What is your ethnic group?
(**Check one.**)
    ____ 1. white
    ____ 2. Black
    ____ 3. Hispanic
    ____ 4. Asian
    ____ 5. other (please
specify)_____

28. What is your marital status?
(**Check one.**)
    ____ 1. single/never married
    ____ 2. married
    ____ 3. separated
    ____ 4. divorced
    ____ 5. widowed

29. How many children do you have?   (**Check one.**)
    ____ 1. none———————►
    ____ 2. one
    ____ 3. two
    ____ 4. three
    ____ 5. four
    ____ 6. five or more

> If you selected this response, you may stop here. The remainder of the questions relate to children and child care and are not pertinent to you. Thank you for your cooperation in completing the questionnaire. Your assistance is greatly appreciated! If you have additional comments, please feel free to write them on the back of this page.

30. While you were attending the major portion of your BSN program, how many of your children were pre-schoolers? In grades K-8? In high school? In college? On their own? (**Check the appropriate box in each of the columns below.**)

# Children	Pre-Schoolers	Grades K-8	High School	College	On Their Own
1. none					
2. one					
3. two					
4. three					
5. four					
6. five or more					

31. Which of the following types of child care did you provide for your children when you were away from home because of school commitments? (**Check all that apply.**)

   _____ 1. none needed, no young children
   _____ 2. none needed, children in school
   _____ 3. grandparents or other close relatives
   _____ 4. spouse
   _____ 5. close friend/neighbor
   _____ 6. housekeeper
   _____ 7. babysitter, at home
   _____ 8. babysitter, away from home
   _____ 9. day care center
   _____ 10. cooperative care in a commune or joint household
   _____ 11. other: _____
                                (please specify)

This is the end. Thank you for your cooperation in completing the questionnaire. Your assistance is greatly appreciated! If you have additional comments, please feel free to write them here.

Additional comments (if any):

APPENDIX B

RN QUESTIONNAIRE

rnquestionnaire(rnquest).2

PART I   THE RN-BSN EXPERIENCE: WHAT HELPS, WHAT HINDERS

A.   The following have been identified by RNs as reasons why they
     returned to school for the BSN degree. Please use the
     following code to indicate how each of the reasons for
     returning to school was influential in your personal decision
     to enter a BSN program.

1= No influence	2= Little influence	3= Moderate influence	4= Much infulence

Influential Factor	Degree of Influence
1. To prepare for extended/expanded roles in nursing.	1 2 3 4
2. Because the BSN soon will be required as entry level.	1 2 3 4
3. To improve the quality of patient care.	1 2 3 4
4. To increase my professional status.	1 2 3 4
5. To obtain a promotion.	1 2 3 4
6. To meet prerequisites for a graduate degree.	1 2 3 4
7. To acquire new knowledge.	1 2 3 4
8. Because I enjoy the academic environment.	1 2 3 4
9. To feel better about myself.	1 2 3 4
10. Because the BSN is required/expected in my job.	1 2 3 4
11. To become more effective as a citizen of my community.	1 2 3 4
12. To increase my competence on the job.	1 2 3 4
13. Other; Specify_____	

B.   The following conditions have been identified by RNs as
     those that help them in their return to school for the BSN
     degree. Some may have been present in your experience, others
     may not. In this question, you are asked to make two
     responses for each condition:

     First: Indicate if the condition was or was not present in
     your experience. (Circle "yes" if condition was present;
     circle "no" if it was not present.)

     Second: If you circled "yes" (condition was present)
     indicate the extent to which each condition helped you,
     using the code below for your response. (Circle the
     appropriate number to the right of each condition.)

     1 = did not   2 = did help   3 = did help   4 = did help
         help   slightly   moderately   greatly

		Condition Present?	Extent to Which the Condition Helped
1.	Nursing challenging exams were offered frequently.	Yes No	1 2 3 4
2.	Most faculty provided a class environment where RN students could learn from each other as well as from the teacher.	Yes No	1 2 3 4
3.	Classes were offered off campus.	Yes No	1 2 3 4
4.	Most faculty were flexible about the nature of assignments and/or deadlines when student pressures became overwhelming.	Yes No	1 2 3 4
5.	My academic advisor provided sensitive support/counseling.	Yes No	1 2 3 4
6.	The RN students' work setting could be used for their clinical experiences.	Yes No	1 2 3 4
7.	Classes were offered on weekends.	Yes No	1 2 3 4
8.	Study guides were provided to help in preparing for nursing challenging exams.	Yes No	1 2 3 4

9. An orientation program was provided
    for adult students to ease their entry
    into the college environment.   Yes No   1 2 3 4

10. The financial aid office provided
    counseling regarding sources of funding
    for adult students.   Yes No   1 2 3 4

11. RN students formed study groups to share
    resources and/or help each other prepare
    for assignments and tests.   Yes No   1 2 3 4

12. One person on the faculty was identified
    as the RN student coordinator.   Yes No   1 2 3 4

13. The program requirements were very
    clear.   Yes No   1 2 3 4

14. My employer was willing to be flexible
    about my work schedule.   Yes No   1 2 3 4

15. A transition or "bridge" course was
    provided to ease my entry to the
    nursing program.   Yes No   1 2 3 4

16. Classes were offered in the evening. Yes No   1 2 3 4

17. Part-time study was permitted during
    most or all of the program.   Yes No   1 2 3 4

18. Review classes were provided to help
    prepare for nursing challenge exams. Yes No   1 2 3 4

19. The sequence of nursing courses was
    flexible to permit me to complete the
    program without unnecessary loss of
    of time.   Yes No   1 2 3 4

20. The RN students were taught separately
    in special class throughout most or
    all of the program.   Yes No   1 2 3 4

21. The nursing program provided new
    theoretical insights without undue
    repetition of what I already knew.   Yes No   1 2 3 4

22. Formal support groups were scheduled
    to help RN students make the transition
    to the student role.   Yes No   1 2 3 4

23. My academic advisor was readily
    avaliable.   Yes No   1 2 3 4

24. The nursing program was
    intellectually challenging.   Yes No   1 2 3 4

25. I learned to establish realistic
    expectations of what I could do
    and what I could not do.   Yes No   1 2 3 4

26. Classes were offered in a block
    on one or two days a week.   Yes No   1 2 3 4

27. Faculty were willing to plan
    individualized ways for RN students
    to meet course and/or clinical
    requirements.   Yes No   1 2 3 4

28. RN students actively participated
    in planning their own learning
    experiences.   Yes No   1 2 3 4

29. The nursing program widened the
    scope of my nursing practice.   Yes No   1 2 3 4

30. My co-workers provided encouragement
    and support.   Yes No   1 2 3 4

C. The following conditions have been identified by RNs as those that hinder them in their return to school for the BSN degree. Some may be present in your experience, others may not. Please use the following code to indicate how each of these conditions influenced you as you progressed through your BSN program. Circle the appropriate number to the right of each condition.

| 0 = condition not present in my experience | 1 = condition present but did not hinder me | 2 = condition present and hindered me slightly | 3 = condition present and hindered me moderately | 4 = condition present and hindered me greatly |

Condition	Influence upon your experience
1. I have to balance the demands of multiple roles.	0 1 2 3 4
2. I have to work part-time.	0 1 2 3 4
3. I have to work full-time.	0 1 2 3 4
4. It is difficult to sustain my motivation over the prolonged period required to complete the degree requirements.	0 1 2 3 4
5. College/university requirements are inappropriate for adult students.	0 1 2 3 4
6. My co-workers are not supportive.	0 1 2 3 4
7. Financial aid was not available.	0 1 2 3 4
8. The time limits for completing the degree requirements are too restrictive.	0 1 2 3 4
9. I lacked confidence in my academic ability.	0 1 2 3 4
10. Too few challenge exams were available for non-nursing subjects.	0 1 2 3 4
11. Nursing courses were not relevant to my needs.	0 1 2 3 4
12. Classes, labs, faculty office hours were scheduled at inconvenient times.	0 1 2 3 4
13. It was difficult to prepare adequately for wide range of content in the nursing challenge exams.	0 1 2 3 4

14. It was difficult to deal with the stress   0   1   2   3   4
created by the multiple demands on my
time and energies.

15. I felt out of place with the younger student.   0   1   2   3   4

16. It was difficult to deal with my own anger/   0   1   2   3   4
hostility in the process of taking on new
values and roles in nursing.

17. My employer was not supportive.   0   1   2   3   4

18. I expected too much of myself.   0   1   2   3   4

19. It was difficult getting used to
studying and meeting deadlines.   0   1   2   3   4

20. Too little credit was granted for my
previous knowledge/experience in nursing.   0   1   2   3   4

21. The people closest to me (family, friends)
were not supportive.   0   1   2   3   4

22. There was too much repetition of content
in the nursing courses.   0   1   2   3   4

23. I had to commute long distances to attend
classes/clinicals.   0   1   2   3   4

24. It was difficult to manage my time to
meet all requirements/obligations.   0   1   2   3   4

25. Most nursing faculty were not responsive
to the special needs of the RN student.   0   1   2   3   4

26. There was little individualization of
the learning experiences in the nursing
courses.   0   1   2   3   4

27. It was difficult to find sufficient funds
for school related expenses.   0   1   2   3   4

28. I lost transfer credit because of
restrictive college/university
credit policies.   0   1   2   3   4

29. It was difficult to learn to deal with
the academic system.   0   1   2   3   4

30. I had to invest a long period of time
    to complete the degree requirements.   0   1   2   3   4

31. Is there any further comment you would like to make?

    _____
    _____
    _____

rnsurvey

Part II   BACKGROUND DATA

Directions: Indicate your answer to the following
by placing a check (v) in the
space provided or by providing an answer
where indicated.

1.   In which type of program did you receive your basic nursing
education? (Check one)
_____1.   Diploma
_____2.   Associate Degree

2.   Enter the year of your graduation:_____

3.   How many years have you been actively involved in nursing
practice? _____years.

4.   How many years after you graduated from your basic nursing
program did you take the first course toward the BSN
degree? _____years.

5.   From the time you took the first course, how many years will
it take you to complete all of the degree requirements?
_____years.

6.   Indicate the type of institution you are now currently
enrolled. (Check one)
_____1.   public institution
_____2.   private institution

7.   At the present time, if you are working while attending
college, indicate your employment status. (Check one)
_____1.   employed full-time in nursing
_____2.   employed part-time in nursing
_____3.   employed full-time in area other than nursing
_____4.   employed part-time in area other than nursing
_____5.   unemployed at this time

Part III   Please complete the demographic information below.

1. Sex. Male_____ Female_____

2. Age: _____

3. Marital Status: Single_____ Divorced_____ Married_____
Separated_____ Widowed_____.

4. Number of children_____. Number of children over 18_____.

Thank you for your helpful cooperation in completing the
questionnaire.

APPENDIX C

PILOT LETTER- FACULTY

Dear Faculty Member,

Thank you for agreeing to help me by critiquing the attached questionnaire. It will be used in a study entitled "Problems and Motivational Factors Affecting RN Students Pursuing a BSN Degree."

The study represents the final step for me in completing the requirements for the doctoral degree from Oklahoma State University, Stillwater, Oklahoma. Essentially, the study asks the following questions: Who are the students? What motivates them to return to pursue the BSN degree? What problems do they fact? What educational conditions contribute most to their success? The questionnaire items were developed on the basis of a review of adult education and nursing literature.

I am particularly interested in your response to the questions on the attached critique form. However, please feel free to write other comments directly on the questionnaire.

Please return the questionnaire and critique to me by _____. Thank you again for your help.

Sincerely,

Carole M. Bryant, MSN, RN
Assistant Professor
University of Central Oklahoma
Department of Nursing

Pilot Study Critique Form---Nursing Faculty

1. Is the questionnaire a reasonable length? Too long? If so,
    what would you delete?

2. Are the directions clear? If not, which ones were unclear?
    What would make them clearer?

3. Are the questions clear? If not, which ones are unclear?
    What would make them clearer?

4. Do the questions address the major aspects of the returning-
    to-school experience? What, if anything, would you add?
    What, if anything, would you delete?

APPENDIX D

PILOT LETTER- RN STUDENTS

Dear RN Student;

Thank you for agreeing to help me pilot the attached questionnaire.
It will be used in a study entitled "Problems and Motivational
Factors Affecting RN Students Pursuing a BSN Degree." The study
represents a final step for me in completing the requirements for
a doctoral degree from Oklahoma State University, Stillwater,
Oklahoma.

Would you please do the following:

1. Complete the questionnaire from your perspective as an RN
    student.

2. Make note of your starting and ending times and calculate the
    amount of time it takes you to complete the questionnaire.

3. Answer the questions on the attached critique form. You may
    also write comments directly on the questionnaire.

4. Return the questionnaire and the critique by the end of this
    class to the person who distributes the questionnaire to you.

Thank you again for your help.

Sincerely,

Carole M. Bryant, RN, MS
Assistant Professor
Department of Nursing

1. How long did it take you to complete the questionnaire?

2. Do you think the questionnaire is too long? If so, what would you delete?

3. Are the directions clear? If not, which ones were unclear? What would make them clearer?

4. Are the questions clear? If not, which ones are unclear? What would make them clearer?

5. Do the questions address the major aspects of the returning-to-school experience? What, if anything, would you add? What, if anything, would you delete?

APPENDIX E

SAMPLE LETTER REQUESTING PARTICIPATION

IN THE STUDY

**University of
Central Oklahoma**

March 21, 1994

COLLEGE OF MATHEMATICS AND SCIENCE
DEPARTMENT OF NURSING

Dear

In partial fulfillment for the degree of Doctor of Education in the College of Education at Oklahoma State University, Stillwater, Oklahoma, I am seeking to determine problems and motivational factors affecting RN students pursuing a baccalaureate degree in nursing. This study is designed to ascertain problems and motivational factors as perceived by registered nurse students enrolled in baccalaureate programs in nursing.

I am writing to the Deans/Directors of NLN accredited baccalaureate programs of nursing in New Mexico, Oklahoma and Texas to ask for your cooperation in obtaining the sample of RN students to be surveyed in this study. Specifically, I am asking each baccalaureate nursing program that enroll registered nurse students to give me permission to request the RN students' participation in my study. The desired population is all associate degree registered nurse students and all diploma registered nurse students enrolled in your RN to BSN program who are scheduled to graduate Spring, 1994.

The registered nurse student survey is in questionnaire form and consists of 85 items. It will take the RN student approximately twenty minutes to complete the questionnaire and can be done in group setting, such as a classroom.

I am asking you complete the enclosed form and return it to me by March 31, 1994. I would like to collect the data in April, 1994. All data will be anonymous and your school will not be identified by name in the data analysis. A stamped, self addressed envelop is enclosed. I will be glad to send a summary of the completed study if you would be interested.

Thank you very much for considering my request.

Sincerely,

Carole M. Bryant RN, MS
Assistant Professor

enclosure: 2

Please complete this form.

I.   Yes,_____ is willing to participate in
            (name of school)
      this study.

II.   Method of distribution desired by participation school.
      _____A.   Packet of questionnaires distributed by assigned
                  faculty member with specific instructions.

      _____B.   Individual mailing to registered nurse students.

III. If number II-A is checked, please identify the faculty member
      who will be responsible for distributing the questionnaires
      to the registered nurse students.
                        Name:_____
                        Title:_____
                        Address:_____
                                _____

IV.   If number II-B is checked, please send me a list of names and
      addresses of the registered nurse students.

Thank you for participating in this study. I realize that this may
be an inconvenience but I truly appreciate the time and effort
involved.

APPENDIX F

COVER LETTER AND QUESTIONNAIRE

University of
Central Oklahoma

COLLEGE OF MATHEMATICS AND SCIENCE
DEPARTMENT OF NURSING

Dear Registered Nurse Student:

As a registered nurse student enrolled in a baccalaureate program of nursing, you are being invited to participate in a study of "Registered Nurse Students in BSN Programs: Problems and Motivational Factors Affecting RN Students Pursuing a BSN Degree". You can help. You are still close to the experience and have a clear perception of what helped you and what did not. I feel that you will want to cooperate in a study of benefit to other RN students. Certainly your assistance will be invaluable.

Will you please take the time to complete the questionnaire and place it in the self-addressed manila envelope provided to the person who distributed the questionnaire to you. One would usually be able to complete it in 20 minutes or less.

Let me assure you that anonymity will be maintained. Your responses will be held in confidence and you will not be identified in any way in the report of the study. The letter/number on the questionnaire is solely for the purpose of monitoring the returns and coding the data for analysis.

Your response is vitally important to the success of this study and return of the completed form by April 30th will be sincerely appreciated.

Sincerely,

Carole M. Bryant, RN, MS
Assistant Professor
Department of Nursing
University of Central Oklahoma

Doctoral Candidate
Oklahoma State University
College of Education

PART I   THE RN-BSN EXPERIENCE: WHAT HELPS, WHAT HINDERS

A.   The following have been identified by RNs as reasons why they
     returned to school for the BSN. Please use the following code
     to indicate how each of the reasons for returning to school
     was influential in your personal decision to enter a BSN
     program.

1= No influence	2= Little influence	3= Moderate influence	4= Much infulence

	Influential Factors	Degree of Influence
1.	To prepare for extended/expanded roles in nursing.	1 2 3 4
2.	Because the BSN soon will be required as entry level.	1 2 3 4
3.	To improve the quality of patient care.	1 2 3 4
4.	To increase my professional status.	1 2 3 4
5.	To obtain a promotion.	1 2 3 4
6.	To meet prerequisites for a graduate degree.	1 2 3 4
7.	To acquire new knowledge.	1 2 3 4
8.	Because I enjoy the academic environment.	1 2 3 4
9.	To feel better about myself.	1 2 3 4
10.	Because the BSN is required/expected in my job.	1 2 3 4
11.	To become more effective as a citizen of my community.	1 2 3 4
12.	To increase my competence on the job.	1 2 3 4
13.	Other; Specify_____	

1

B. The following conditions have been identified by RN as
    those that helped them in their return-to-school for the BSN.
    Please use the following code to indicate how each of these
    conditions influenced you as you progressed through you
    BSN program Circle the appropriate number to the right
    of each condition.

0 = condition   1 = condition   2 = condition   3 = condition   4 = condition
    not present   present but   present and   present and   present and
    in my   did not   helped me   helped me   helped me
    experience   help me   slightly   moderately   greatly

Condition	Influence upon your experience
14. Nursing challenging exams were offered frequently.	0 1 2 3 4
15. Most faculty provided a class environment where RN students could learn form each other as well as from the instructors.	0 1 2 3 4
16. Classes were offered off campus.	0 1 2 3 4
17. Most faculty were flexible about the nature of assignments and/or deadlines when student pressures became overwhelming.	0 1 2 3 4
18. My academic advisor provided sensitive support/counseling.	0 1 2 3 4
19. RN students' work settings could be used for their clinical experiences.	0 1 2 3 4
20. Classes were offered on weekends.	0 1 2 3 4
21. Study guides were provided to help in preparing for nursing challenge exams.	0 1 2 3 4
22. An orientation program was provided for adult students to ease their entry into the college environment.	0 1 2 3 4
23. The financial aid office provided counseling regarding sources of funding for adult students.	0 1 2 3 4
24. RN students formed study groups to share resources and/or help each other prepare for assignments and tests.	0 1 2 3 4
25. One person on the faculty was identified as the RN student coordinator/counselor.	0 1 2 3 4
26. The program requirements were very clear.	0 1 2 3 4

2

27 . My employer was willing to be flexible about
my work schedule.   0 1 2 3 4

28. A transition or "bridge" course was provided
to ease our entry to the nursing program.   0 1 2 3 4

29. Classes were offered in the evening.   0 1 2 3 4

30. Part-time study was permitted during most
or all of the program.   0 1 2 3 4

31. Review classes were provided to help in
preparing for nursing challenge exams.   0 1 2 3 4

32. The sequence of nursing courses was flexible
to permit me to complete the program without
unnecessary loss of time.   0 1 2 3 4

33. The RN students in the program were taught
separately in special class sections
throughout most or all of the program.   0 1 2 3 4

34. The nursing program provided new theoretical
insights without undue repetition of what
I already knew.   0 1 2 3 4

35. Formal support groups were scheduled to help
RN students make the transition to the student
role.   0 1 2 3 4

36. My academic advisor was readily available.   0 1 2 3 4

37. The nursing program was intellectually
challenging.   0 1 2 3 4

38. I learned to establish realistic expectations
of what I could do and what I could not do.   0 1 2 3 4

39. Classes were offered in a block on one or two
days a week.   0 1 2 3 4

40. Faculty were willing to plan individualized
ways for RN students to meet course and/or
clinical requirements.   0 1 2 3 4

41. RN students actively participated in planning
their own learning experiences.   0 1 2 3 4

42. The nursing program widened the scope of my
nursing practice.   0 1 2 3 4

43. My co-workers provided encouragement and
support.   0 1 2 3 4

3

C. The following conditions have been identified by RNs as those that hinder (or deter) them in their return to school for the BSN degree. Please use the following code to indicate how each of these conditions influenced you as you progressed through your BSN program. Circle the appropriate number to the right of each condition.

0 = condition not present in my experience	1 = condition present but did not hinder me	2 = condition present and hindered me slightly	3 = condition present and hindered me moderately	4 = condition present and hindered me greatly.

Condition	Influence upon your experience
44. I have to balance the demands of multiple roles.	0 1 2 3 4
45. I have to work part-time.	0 1 2 3 4
46. I have to work full-time.	0 1 2 3 4
47. It is difficult to sustain my motivation over the prolonged period required to complete the degree requirements.	0 1 2 3 4
48. College/university requirements are inappropriate for adult students.	0 1 2 3 4
49. My co-workers are not supportive.	0 1 2 3 4
50. Financial aid was not available.	0 1 2 3 4
51. The time limits for completing the degree requirements are too restrictive.	0 1 2 3 4
52. I lacked confidence in my academic ability.	0 1 2 3 4
53. Too few challenge exams were available for non-nursing subjects.	0 1 2 3 4
54. Nursing courses were not relevant to my needs.	0 1 2 3 4
55. Classes, labs, faculty office hours were scheduled at inconvenient times.	0 1 2 3 4
56. It was difficult to prepare adequately for wide range of content in the nursing challenge exams.	0 1 2 3 4
57. It was difficult to deal with the stress created by the multiple demands on my time and energies.	0 1 2 3 4

4.

58. I felt out of place with the younger student.   0   1   2   3   4

59. It was difficult to deal with my own anger/
hostility in the process of taking on new
values and roles in nursing.   0   1   2   3   4

60. My employer was not supportive.   0   1   2   3   4

61. I expected too much of myself.   0   1   2   3   4

62. It was difficult getting used to
studying and meeting deadlines.   0   1   2   3   4

63. Too little credit was granted for my
previous knowledge/experience in nursing.   0   1   2   3   4

64. The people closest to me (family, friends)
were not supportive.   0   1   2   3   4

65. There was too much repetition of content
in the nursing courses.   0   1   2   3   4

66. I had to commute long distances to attend
classes/clinicals.   0   1   2   3   4

67. It was difficult to manage my time to
meet all requirements/obligations.   0   1   2   3   4

68. Most nursing faculty were not responsive
to the special needs of the RN student.   0   1   2   3   4

69. There was little individualization of
the learning experiences in the nursing
courses.   0   1   2   3   4

70. It was difficult to find sufficient funds
for school related expenses.   0   1   2   3   4

71. I lost transfer credit because of
restrictive college/university
credit policies.   0   1   2   3   4

72. It was difficult to learn to deal with
the academic system.   0   1   2   3   4

73. I had to invest a long period of time
to complete the degree requirements.   0   1   2   3   4

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PART II   BACKGROUND DATA

> Directions: Indicate your answer to the following by placing a check (v) in the space provided or by providing an answer where indicated.

1. In which type of program did you receive your basic nursing education? (Check one)
    _____a. Diploma
    _____b. Associate Degree

2. Enter the year of your graduation from you basic nursing program. _____.

3. How many years have you been actively involved in nursing practice? _____years.

4. How many years after you graduated from your basic nursing program did you take the first course toward the BSN degree? _____year(s).

5. From the time you took the first course, how many years will it take you to complete all of the degree requirements? _____year(s).

6. Indicate the type of institution you are now currently enrolled. (Check one)
    _____a. public institution
    _____b. private institution

7. At the present time, if you are working while attending college, indicate your employment status. (Check one)
    _____a. employed full-time in nursing
    _____b. employed part-time in nursing
    _____c. employed full-time in area other than nursing
    _____d. employed part-time in area other than nursing
    _____e. unemployed at this time

PART III   PLEASE COMPLETE THE DEMOGRAPHIC INFORMATION BELOW

1. Sex: Male_____ Female_____

2. Age:_____

3. Marital status: Single_____ Divorced_____ Married_____
                     Separated_____ Widowed_____.

4. Number of children: _____.

5. Number of children over 18: _____.

Thank you very much for your helpful cooperation in completing the questionnaire.

APPENDIX G

CORRESPONDENCE

University of
Central Oklahoma

COLLEGE OF MATHEMATICS AND SCIENCE
DEPARTMENT OF NURSING

April 8, 1994

Dear Dean:

On or about March 28, 1994, I wrote asking for your help in conducting a survey of RN-BSN students in your program who will be graduating this May. So far, I have not received a response to this request.

When sending the original letter, I knew that the middle of the spring semester would be a bad time for correspondence of this nature. Unfortunately, with the pressures of full academic work schedule, this was the only time I had available to concentrate on this research project. Recognizing that you may have been away and unable to respond, I am enclosing another copy of the original correspondence and hope that you will be able to assist me.

To date, I have received positive responses from twenty-two of the thirty-one schools contacted initially. I am hoping that you will be able to respond positively also. The value of the data generated in the study will be enhanced if the sample is as representative as possible.

Please complete the enclosed form and return it to me as soon as possible. Thank you for your consideration, cooperation and time. I look forward to your response.

Sincerely,

Carole M. Bryant

Carole M. Bryant, RN, MS
Assistant Professor
Department of Nursing
University of Central Oklahoma

Doctoral Candidate
Oklahoma State University
College of Education

APPENDIX H

IRB REVIEW

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 03-31-94   **IRB#:** ED-94-086

Proposal Title: REGISTERED NURSE STUDENTS IN BSN PROGRAMS:
PROBLEMS AND MOTIVATIONAL FACTORS AFFECTING REGISTERED NURSES
PURSUING A BACCALAUREATE DEGREE IN NURSING

Principal Investigator(s): Dr. Robert Nolan, Carole M. Bryant

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

APPROVAL STATUS SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT
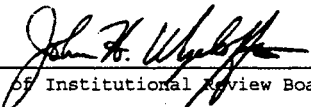MEETING.
APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A CONTINUATION OR
RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL. ANY MODIFICATIONS
TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for
Deferral or Disapproval are as follows:

Provisions received and approved.

Signature: _____   Date: April 12, 1994
              Chair of Institutional Review Board

VITA

Carole Mattinat Bryant

Candidate for the Degree of

Doctor of Education

Thesis: REGISTERED NURSES IN BACCALAUREATE PROGRAMS OF
          NURSING: PROBLEMS AND MOTIVATIONAL FACTORS AFFECTING
          REGISTERED NURSES PURSUING A BSN DEGREE

Major Field: Occupational & Adult Education

Biographical:

    Personal Data: Born in Hubbard, Ohio on January 17, 1935, the daughter of
        Theresa and Joseph Mattinat, married to Palmer D. Bryant; four children,
        Beth, Renee', Michael, and Joseph.

    Education: Graduated from Villa Marie Academy, Villa Marie, Pennsylvania in
        May, 1952; received Bachelor of Nursing degree from Georgetown
        University, School of Nursing, Washington, DC, May, 1956; received
        Master in Education degree from Oklahoma City University, Oklahoma
        City, Oklahoma in May, 1971; received Master in Nursing degree from the
        University of Oklahoma in May, 1978; completed requirements for the
        Doctor of Education degree in Occupational and Adult Education in
        July, 1997.

    Professional Experience: Assistant Professor, Nursing Education, University of
        Central Oklahoma, 1978-Present; Professor of Nursing, South Oklahoma
        City Community College, Oklahoma City, Oklahoma, 1975-1978; Director,
        St .Anthony Hospital School of Nursing, 1973-1975; Instructor, Nursing
        Education, St. Anthony Hospital School of Nursing, Oklahoma City,
        Oklahoma, 1965-1973; Instructor of Nursing Education, Mercy Hospital
        School of Nursing, Oklahoma City, Oklahoma, 1961-1965; Staff Nurse and
        Pediatric Office Nurse, 1956-1961.

Professional Organizations: American Nurses Association, Oklahoma Nurses Association, National League for Nursing, Oklahoma League for Nursing, Association of Women's Health, Obstetrical and Neonatal Nursing, American Association of University Professors, American Association of University Women, Higher Education Alumni Council of Oklahoma, Oklahoma Council of Nurse Executives, National Council of Catholic Nurses, Sigma Theta Tau, Kappa Delta Pi.