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## Hospital Employer Perceptions of Baccalaureate Registered Nurse Competency-Based Education to Meet Workforce Needs

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*Walden University*

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# Walden University

College of Education

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Regina Q. Cash

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Walden University  
2021

Abstract

Hospital Employer Perceptions of Baccalaureate Registered Nurse Competency-Based  
Education to Meet Workforce Needs

by

Regina Q. Cash

MA, California State University, Dominguez Hills, 2014

BS, University of Phoenix, 2004

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Education

Walden University

November 2021

## Abstract

Competency-based education (CBE) is an alternative educational system of instruction that allows students to earn academic credit based on demonstration of learned skills and knowledge. This study addressed a gap in research related to the differences between the way hospital employers currently perceive potential employees' educational credentials through traditional degrees and through CBE credentialing programs. The purpose was to explore the way hospital hiring employers perceive potential employees' registered nurse Bachelor of Science in nursing (RN BSN) CBE credentials relative to traditional degrees to meet their workforce needs, which the research questions were focused on. Bailly's model of employers' beliefs was used in this qualitative research to explore perceptions of seven hospital hiring employers selected through snowball sampling. Open, in vivo, and axial coding was used to analyze the data. Findings from the data collected through live online semi-structured interviews indicated that in general, hospital hiring employers (a) had a positive perception of RN BSN CBE graduate credentials to meet their workforce needs and (b) perceived RN BSN CBE graduates to meet facility required competencies and to be better prepared to perform their job duties immediately. Additionally, employers held both groups to the same expectations and evaluated based on the same criteria. This study contributes to social change by informing hospital hiring employers about the potential of RN BSN CBE meeting workforce needs through collaborations between CBE educators and hospital hiring employers.

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## Dedication

I dedicate this accomplishment and give special thanks to my beloved husband Aaron and daughter Harison. Thank you both, for your encouragement, support, laughter, and love throughout this journey. I am truly blessed and grateful for having you both in my life as my biggest and loudest cheerleaders. This work is also dedicated to my parents Francisco and Gloria Quiambao who were the most selfless, kind, generous, supportive, and loving parents. I miss them both dearly. I also give thanks to my pups Alfie, Talulah, Layla, and Spikey for always being by my side and comforting me especially through this process. You are the best rescue rascals a doggy mom could ask for.

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## Chapter 1: Introduction to the Study

Employers often consider an applicant's educational achievements when making hiring decisions, and their perceptions of what the educational accomplishments mean play a major role in those employers' hiring decisions (Bailly, 2008). But although most employers are familiar with traditional educational models (e.g., degree and certificate programs), their awareness of competency-based education (CBE) programs is low (Book, 2014; Cunningham et al., 2016; Franklin & Lytle, 2015; Henrich, 2016; Howell et al., 2019). CBE allows a student to earn credit through demonstration of learned knowledge and skills, regardless of the amount of time it takes to master it (Boykin et al., 2020; Cummins & Floten, 2016; Gervais, 2016; Ryan & Cox, 2017; Sullivan & Downey, 2015). CBE is an alternative to the traditional Carnegie learning model that is based on credit hour or seat time in a classroom equating to knowledge and skill attainment resulting in the awarding of a traditional degree as means to show mastery (Cavanagh, 2012; Ryan & Cox, 2017; Silva et al., 2015).

This study is distinctive because of the anticipated global workforce needs of nurses due to the projected shortage of 7 million nurses worldwide by 2030 (Drennan & Ross, 2019). In addition, research has suggested that there is an increasing number of CBE programs, including registered nurse Bachelor of Science in Nursing (RN BSN), being developed with an increasing number of CBE graduates (Fuscaldo, 2015; Howell et al., 2003; Marcus, 2017; Mason & Parsons, 2019) and employer unfamiliarity of CBE programs (Book, 2014; Cunningham et al., 2016; Franklin & Lytle, 2015; Henrich, 2016; Howell et al., 2019). However, there are the unknown perceptions of hospital hiring

employers regarding RN BSN degrees through a CBE program. The results of this study may help identify hospital hiring employers' perceptions of RN BSN CBE programs and graduates' employability to meet workforce needs. By identifying the connection between CBE graduate credentials to employers' hiring needs, CBE programs may produce a "powerful set of industry-validated learning experiences" that may supersede the traditional degree (Weise, 2014, para. 24). The findings may facilitate positive social change by informing hospital hiring employers about the potential of RN BSN CBE meeting workforce needs through collaborations between CBE educators and hospital hiring employers.

This chapter provides a background of the identified problem, purpose, and research questions of the study. It also includes the conceptual framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study. The chapter ends with a summary.

### **Background**

CBE was originally integrated into American higher education in the 1960s when teacher training reform and vocational education were first established (Nodine, 2016). Prior to that, outcomes-based learning and mastery learning laid the foundation for CBE implementation in postsecondary education (Nodine, 2016). Though CBE models historically focused on higher education and the adult learner, it is estimated that between 200–600 institutions were developing CBE courses and programs (RPK Group, 2016). During a speech in 2011, former U.S. Secretary of Education Arne Duncan stated that the old traditional practice of awarding degrees based on seat time in a classroom, rather than

on a demonstrated competence, is now being questioned in a world in which there are opportunities for learning and gaining skills at your own pace (Ordonez, 2014). Duncan further stated that CBE programs should be the norm (U.S. Department of Education, 2011).

Various offerings of CBE programs have been successful over the years (Long, 2020). Western Governors University (WGU) offers CBE programs and courses, including a bachelor's in nursing program, which graduated 10,470 students in 2019 (Pulsipher, 2019). Through their online learning modality, students earn credit and advance based on mastering the content and not through seat time (Marcus, 2017; Thomas, 2015). Online CBE offers adaptability for various abilities, learning styles, and knowledge levels (Cummins & Floten, 2016). Adaptability tends to lead to accelerated credential completion through learning that happens at times and locations convenient for students.

The opportunity to apply competencies to minimize the amount of time required to earn a certificate or degree could be beneficial to at least a portion of the millions. In December 2019, 7.9 million employers were seeking qualified employees (U.S. Department of Labor, 2020), but over 34 million Americans had some college credits and no formal degree (U.S. Census Bureau, 2020). One of the biggest barriers to educational success was the lack of career-relevant learning options (Pulsipher, 2019). According to the Council for Adult and Experiential Learning (CAEL, 2013), people who had some college credits but no degree might have stopped their formal education, but they did not stop learning by acquiring a wealth of knowledge, skills, and abilities through life

experience and on-the-job training. Additionally, U.S. employers needing to fill vacancies in a timely fashion with qualified employees would also reap the rewards that could include CBE graduates (CAEL, 2013; Pulsipher, 2019). Finally, the educational institutions that decide to embrace and implement CBE will be poised to generate a revenue stream of great proportions (CAEL, 2013).

The number of CBE degree programs has increased within the past several years and is predicted to grow significantly within the next decade (Dragoo & Barrows, 2016; Krauss, 2017). In 2019, the American Institute of Research surveyed 602 postsecondary institutions across the United States to understand their interest and adoption of CBE. The results of the survey found that 61% of the postsecondary institutions with current CBE programs planned to increase their offerings and 51% without CBE programs were in the process of adopting or implementing such programs (Mason & Parsons, 2019). The most common undergraduate CBE discipline was nursing (Mason & Parsons, 2019).

According to the U.S. Department of Labor (2021a), from 2019 to 2029 employment opportunities for RNs are projected to increase at a faster rate than any other occupation, and nurses who possess a BSN degree will have more job prospects than those that do not (U.S. Department of Labor, 2020). A call to action was initiated in response to a 2011 landmark article, “The Future of Nursing,” by the Institute of Medicine, recommending that an increase in nurses possessing a baccalaureate degree be at least 80% by 2020 (Carissimi & Burger, 2017). In 2020, 65% of U.S. job opportunities in health care, education, science, technology, engineering, mathematics, community service, and arts required a postsecondary education (Howell et al., 2019; Krauss, 2017).

In response to this, many educational institutions began to develop BSN CBE programs to bridge the gap between diplomas and baccalaureate-degree programs (Carissimi & Burger, 2017). In 2013, Southern New Hampshire University, which also offers a RN BSN CBE program, became the first to gain federal approval from the U.S. Department of Education for their CBE program, College for America (Fain, 2017). However, though CBE programs in general are on the rise, additional research is needed on how employers view CBE graduate credentials against the traditional earned degrees to address workforce needs (Book, 2014; Franklin & Lytle, 2015; Henrich, 2016).

### **Problem Statement**

CBE is changing the traditional postsecondary education model (Franklin & Lytle, 2015). CBE can close the increasing gap between the traditional postsecondary educational model, thereby meeting workforce needs (Weise, 2014). However, for hiring purposes, the value of CBE credentials needs to be perceived by employers as being under the same qualifications as a traditional degree (EDUCAUSE, 2014; Gauthier, 2020). Though students choose CBE for its flexibility and the opportunity to earn credit for prior knowledge (Gravina, 2017), the success of CBE is also dependent on the employers' positive perceptions of CBE credentials (Marcus, 2017). But questions are being raised regarding employer knowledge and awareness of CBE or lack thereof (Book, 2014). Employer unfamiliarity and perceptions of CBE correlates with a lack of understanding of the potential benefits to employers who hire CBE graduates (Franklin & Lytle, 2015). Additionally, employers continue to focus on the traditional degree as an indication of general skill attainment and believe that graduates who hold a traditional



degree possess a higher level of maturity and professionalism, in addition to commitment, follow-through, and the ability to critically think (Fadulu, 2017; Mattison, 2016; Sigelman, 2014). Furthermore, the interpretation of educational credentials by employers is based on cultural perceptions of value that are linked with evaluators' own selves and their socioeconomic status (Rivera, 2011).

Though several researchers highlighted CBE's future in program growth, their findings lack a clear focus on hospital hiring employers' perceptions of RN BSN CBE graduates and their employability (Dragoo & Barrows, 2016; Gravina, 2017; Gruppen et al., 2016; Marcus, 2017). Thus, there is a gap in research related to the differences between the way hospital employers currently perceive and compare potential employees' educational credentials through an earned traditional degree and respectively through the new RN BSN CBE credentialing programs and their impact on hiring practices. This study addressed this gap.

### **Purpose of the Study**

The purpose of this study was to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. A qualitative methodological approach using semi-structured interviews was used to explore the perceptions of hospital hiring employers regarding RN BSN CBE to meet their workforce needs.

### **Research Questions**

Research Question 1: What are the perceptions of hospital hiring employers regarding potential RN BSN CBE employees to meet their workforce needs?

Research Question 2: How do hospital hiring employers view RN BSN CBE credentials in relation to traditional credentials?

### **Conceptual Framework**

Bailly's (2008) model of employers' beliefs framed the research and provided a contextual lens of the phenomenon, which was hospital hiring employers' perceptions of RN BSN CBE credentials. Bailly proposed that a person's educational background and credentials are evaluated subjectively by each employer and their interpretation of the value of the person's educational background, credentials, and competencies.

Furthermore, belief systems are used to process information and employers tend to use belief systems with hiring decisions (Bailly, 2008). A belief system, in broad terms, can include a mixture of factors, including perceptions, expectations, and one's image (Cai, 2012). As a belief system becomes part of an employer's unconscious, it will dominate the employer's hiring decisions (Cai, 2012). The key elements of this framework helped to understand employers' perceptions of RN BSN CBE graduates in relation to traditionally educated applicants during the hiring process. The framework thus supported the purpose of this study. A more thorough explanation of the framework is presented in Chapter 2.

### **Nature of the Study**

The nature of this study was qualitative, and a basic interview methodological approach was used. Specifically, semi-structured interviewing was used, which allows the researcher to explore the interviewee's feelings, thoughts, and perceptions of a topic (Creswell, 2013; Kaliber, 2019; Merriam & Tisdell, 2015; Mirhosseini, 2019; Ravitch &

Carl, 2016; Rubin & Rubin, 2012). Furthermore, using “inductive theorizing based on qualitative data is particularly appropriate in new or understudied empirical contexts where there is relatively little prior work” (Bansal et al., 2018, p. 1190). Understanding hospital hiring employers’ perceptions of potential employees’ RN BSN CBE credentials relative to traditional degrees to meet their workforce needs is a new and understudied topic (Franklin & Lytle, 2015). Therefore, a qualitative interview approach and inductive analysis were appropriately used.

Supporting the recommendations for additional research on employer perceptions by Book (2014) and Franklin and Lytle (2015), a combination of random and purposeful sampling to recruit subjects for this study were initially used (Creswell, 2013; Palinkas et al., 2013; Ravitch & Carl, 2016). Random sampling is helpful when the potential number of cases is too large (Ravitch & Carl, 2016, p. 13). Furthermore, it allows for the avoidance of a potential controversy associated with selection bias (Ravitch & Carl, 2016). Purposeful sampling allows the researcher to identify and select participants for the study who can provide information and “an understanding of the research problem” (Creswell, 2013, p. 156).

Using the random sample method, hospitals were identified. I searched the hospital’s website directory to identify those in charge of hiring. The population were hospital employers listed in the U.S. Department of Homeland Security, Homeland Infrastructure Foundation – Level Data (HIFLD) website database. Hospital hiring representatives who were involved in the hiring of nurses were identified and invited to participate in this study. However, this did not yield any participants, so snowball

sampling was implemented. Snowball sampling also known as chain or referral sampling allows the researcher to ask people who have already participated in the study to refer or recommend others who may have similar or differing perceptions on the subject matter (Griffith et al., 2016; Kirchherr & Charles, 2018; Marcus et al., 2017; Ravitch & Carl, 2016). Hiring representatives were sent an email invitation and consent form to participate in the study.

Participants were interviewed one-on-one and asked semi-structured, open-ended questions regarding their perceptions of RN BSN CBE programs in comparison to traditional programs. A total of seven hospital hiring employer representatives were interviewed reaching data saturation, which is the point when no new information or themes are observed in the data (Boddy, 2016; Trotter, 2012). Data analysis of the interviews included inductive coding to aid in the development of categories to highlight patterns, trends, and themes (Saldana, 2016). An explanation of the methodology is further discussed in greater detail in Chapter 3.

### **Definitions**

The following key terms are fundamental to this study.

*Carnegie unit model*: Developed in the late nineteenth century and named after millionaire and philanthropist Andrew Carnegie, the Carnegie unit aims to standardize the post-secondary educational experience. The Carnegie unit model is time-based. Simply, the amount of time a student spends in a classroom equates to academic unit attainment (Cavanagh, 2012; Ryan & Cox, 2017; Silva et al., 2015; Sullivan & Downey, 2015).

*Competence*: The ability to do something efficiently and successfully (Abas & Imam, 2016; Ho, 2015; Pang et al., 2018). “A set of demonstrable characteristics and skills that enable and improve the performance of a job” (Al-Jibreen, 2019, p. 1).

*Competency-based education (CBE)*: CBE awards credit to students based on their competence. It is an educational system of instruction that allows a student to earn credit through demonstration of learned knowledge and skills, regardless of the amount of time it takes to master it (Gervais, 2016). CBE learning is student-centered and is focused on the student’s ability to actively demonstrate what they have learned and mastered through engaging in activities and experiences that align with course and program outcomes rather than the amount of time spent in teacher classroom instruction (Cummins & Floten, 2016; Gervais, 2016).

*Employability*: A set of knowledge, skills, competencies, and personal attributes that make an individual prepared to perform job duties successfully and to the satisfaction of the employer (Pengate, 2018; Silva et al., 2013; Suleman, 2016; Tejan & Sabil, 2019).

*Registered nurse (RN)*: A licensed professional who provides and coordinates patient care, as well as educates the public about various health-related conditions (Condliffe et al., 2020; U.S. Department of Labor, 2021b). An RN can possess a diploma from a nursing program and or a higher education credential (e.g., associate’s degree, bachelor’s degree, master’s degree, or doctorate; U.S. Department of Labor, 2021b).

*Registered nurse, bachelor of science in nursing (RN BSN)*: RN BSN programs are designed to help RNs advance their knowledge and skills previously obtained from their past formal education and practical experience (Knecht et al., 2020). RN BSN

programs focus on providing a broader understanding of issues pertaining to patient care and health care delivery. They can include courses such as critical thinking, public health, leadership, and nursing research (Conner & Thielemann, 2013).

*Traditional degree:* Traditional degrees measure educational progress by using the Carnegie unit model of seat time/credit hour equating to a student's knowledge and skill attainment. Traditional degrees incorporate course test taking and writing papers, and students must pass a designated number of courses to meet degree requirements. The average number of units to earn an undergraduate degree is 120 (Best Colleges, 2017; Lindsay, 2018).

### **Assumptions**

Ontology refers to the “nature of reality” or how we come to know something (Al-Ababneh, 2020, p. 82). In this study, my ontological view involved assuming that participants had varying experiences and perceptions of CBE; therefore, they were open, honest, and focused on the interview during the interview. Additionally, epistemology is the theory of the nature of and grounds of knowledge and general bias (Al-Ababneh, 2020). I assumed that the interview questions were suitable to produce relevant information and that a 1-hour interview was enough time to ask open-ended questions and obtain answers from the participants. My axiological assumption concluded that the true value of CBE was understood through the data collected in the study. My methodological assumption was that using a basic qualitative and inductive process produced themes and data saturation would be reached (Al-Ababneh, 2020). The

assumptions were necessary to provide a baseline for the development of the interview questions and conduct of interviews.

### **Scope and Delimitations**

The focus of this study was hospital hiring employers' perceptions of RN BSN CBE to meet their workforce needs. Hospital hiring employers' perceptions were chosen because hospital hiring employers play a pivotal role in meeting health care workforce needs. Hospital hiring employers' perceptions of RN BSN CBE and RN BSN CBE graduates are important, and the information gleaned from the study could facilitate collaborations between CBE educators and hospital hiring employers to meet their workforce needs.

Two delimitations were intentionally considered by me: the geographic scope and the choice of conceptual framework. The focus of the data collection was from hospital employers with operations in southern California. This limits results to be generalized to hospital hiring employers' perceptions of RN BSN CBE in other parts of the world, which may lead to different results. But focusing on the United States provides a snapshot of hospital hiring employers' perceptions of RN BSN CBE, which could inform other geographic areas like the United States and be used to inform additional studies in other countries.

The human capital theory was a consideration for the framework for this study. Elements of the human capital theory framework assume that there is an existing relationship between higher education and the labor market (Cornacchione & Daugherty, 2013). Human capital theory posits that a person's knowledge, skills, education, and

training can determine their productivity of labor, and productivity determines earnings (Griffith, 2017). This suggests that students will invest in their education to become competent and marketable to employers, and in turn, employers will hire those qualified and competent students (Marginson, 2015; Simona, 2015). Though this framework is related to knowledge, skills, and education, it lacks a connection to employer perceptions. Hospital hiring employers' perceptions of RN BSN CBE were the focus of this study, so Bailly's model of employers' beliefs framework was selected to provide a contextual lens instead of human capital theory.

### **Limitations**

In this section, I describe limitations of the study, methodological weaknesses, any biases, and how they were mitigated. The geographical location of the data collection may limit transferability to other geographic regions. Dependability may be affected by my personal bias as an employee of a state university that offers and manages traditional degrees. To check my bias, I only asked carefully drafted interview questions that aligned with the research questions and framework. During analysis, I conducted a round of coding focused exclusively on detecting my own bias toward traditional education and degrees to address the potential limitation of personal bias.

### **Significance**

The significance of this study is based on the contributions that can be made to CBE and meeting workforce needs in the health care industry. Based on the recommendations from the literature about CBE, I aimed to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to



traditional degree credentials to meet their workforce needs. Understanding hospital hiring employers' perceptions is crucial to RN BSN CBE graduates' employability and to the future of CBE to meet workforce needs. This study has the potential to create positive social change by understanding hospital hiring employers' perceptions of RN BSN CBE educational offerings. With employer understanding, CBE educators will be able to inform employers about the potential of meeting the health care shortage of nurses through collaborations between CBE educators and employers.

### **Summary**

The context of this study was outlined in Chapter 1, which included the background, problem statement, purpose of the study, and research questions. Also included was the conceptual framework, nature of the study, definitions, assumptions, scope and delimitations, and significance. Chapter 2 provides a comprehensive review of current peer-reviewed literature on CBE and the conceptual framework that was used for this study.

## Chapter 2: Literature Review

The Carnegie model of education is the traditional method of measuring competency through seat time in a classroom resulting in awarding of a degree (Adler, 2020; Ryan & Cox, 2017; Schulte, 2016). Many employers use the basis of a traditional education to inform their hiring decisions and gauge employee competency (Di Stasio et al., 2016; Kaupins et al., 2014). CBE is an alternative model of education that grants credit based on demonstration of learned skills and measured competency (Boykin et al., 2020; Ryan & Cox, 2017; Sullivan & Downey, 2015). Graduates with CBE credentials may only be successful if employers perceive them to be credible and a positive alternative to the traditional education and degree (Cunningham et al., 2016; Marcus, 2017). But there is a gap in research about the practice between the way hospital hiring employers currently perceive and compare potential employees' educational credential through an earned traditional degree and RN BSN CBE credentialing programs. The purpose of this study was to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. This chapter includes the search strategy taken to find literature, details on Bailly's model of employers' beliefs as a contextual lens for the study, and a literature review related to key variable and concepts. Chapter 2 ends with a summary.

### **Literature Search Strategy**

Peer-reviewed scholarly articles published in journals were sought, as were seminal works related to CBE and traditional degrees. Articles were accessed through databases available through the Walden University Library. These databases included but

were not limited to Academic Search Complete, Business Source Complete, CINAHL, Education Source, ERIC, MEDLINE, and SAGE Journals. The Boolean search terms used in the database searches included *attitude, Bailly's framework, boss, Carnegie model, Carnegie unit, Competency-Based Education (CBE), direct assessment, employability, employer, experience, graduate, hospital, human resources, labor market, manager, nurse, opinion, perception, perspectives, registered nurse, supervisor, traditional degree, worker, and workforce* as outlined in Table 1.

**Table 1***Literature Search Strategy*

Keyword	Literature Search						
	AS	BS	C	ES	E	M	S
Attitude		X		X	X		X
Bailly's Framework	X			X	X		X
Boss		X		X	X		X
Carnegie Model	X			X	X		X
Carnegie Unit	X			X	X		X
CBE	X	X	X	X	X	X	X
Direct Assessment	X			X	X		X
Employability	X	X	X	X	X	X	X
Employer	X	X	X	X	X	X	X
Experience		X	X	X	X	X	X
Graduate	X	X		X	X		X
Human Resources	X	X	X	X	X	X	X
Labor Market		X		X	X		
Manager	X	X	X	X	X	X	X
Nurse		X	X			X	
Opinion		X		X	X		
Perceptions	X	X	X	X	X	X	X
Perspectives	X	X	X	X	X	X	X
Registered Nurse			X			X	
Supervisor	X	X	X	X	X	X	X
Traditional Degree	X	X		X	X		X
Worker	X	X	X	X	X	X	X
Workforce	X	X	X	X	X	X	X

*Note.* AS = Academic Search; BS = Business Source; C = CINAHL; ES = Education Source; E = ERIC; M = MEDLINE; S = SAGE

In support of the study, reports from reputable governmental agencies, universities, organizations, associations, and similar sources were also researched. These included, but were not limited to, American Association of Colleges of Nursing; American Enterprise Institute; American Institute of Research; Association of American Colleges and Universities; Association for Continuing and Higher Education; Brandman University; California Edge Coalition; Chronicle of Higher Education; CBE Network; Corporation for a Skilled Workforce; CAEL; EDUCAUSE; Inside Higher Education; Jobs for Our Future; Lumina Foundation; Rand Education and Labor; RPK Group; University Professionals in Continuing Education Association; U.S. Department of Education; Walden University; and WGU.

### **Conceptual Framework**

The concept explored in this study was hospital hiring employers' perceptions of potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. Research indicates that CBE offerings are increasing (Book, 2014; Franklin & Lytle, 2015; Henrich, 2016; Mason & Parsons, 2019), and graduates possessing a higher education credential can have employability (Donald et al., 2018) and meet workforce needs (Cai, 2013). Spence's (1973) signaling theory suggests that academic credentials benefit college graduates, but hiring individuals is like the lottery for employers; employers do not know if they picked the right person or made the right investment (Cai, 2012; Karasek & Bryant, 2012). Spence suggested that a way to help employers reduce potential financial risks in investing in hiring an individual is to employ "signals" and "indices." Signals provide information in which individuals have

some level of control, such as education (Spence, 1973). Education signals knowledge acquisition, which can increase employer confidence. Indices convey information that individuals cannot change, such as demographics and background information (Spence, 1973). A criminal background, as an example, can have a negative impact on an individual's employability. Bailly's model of employers' beliefs expands on Spence's theory and was the chosen conceptual theory for this study.

Bailly's model of employers' belief can help to understand the perceptions of employers regarding higher education, specifically CBE, as meeting workforce needs. Bailly's model provides a framework for understanding the process by which employers evaluate higher education credentials of individuals. Bailly contended that humans use belief systems to process information, and the signals an employer receives are dependent on their beliefs (Cai, 2012). Therefore, employers do not measure educational credentials objectively; rather, they are evaluated subjectively by the employer's understanding of the value of the credentials (Cai, 2012).

According to Bailly (2008), there are three stages in the development of an employer's belief system. In the first stage, the employer has no experience hiring applicants with a certain educational credential (CBE was assessed in this study). Therefore, the employer must make their recruitment decisions based on the signal received and their initial beliefs about the applicant's educational credentials. The second stage starts upon hiring. As the employer observes the employee's performance, the employer's initial beliefs are either confirmed or adjusted. If the employee's performance quality meets the initial assumption of the employer, then the employer's beliefs are

confirmed. But if the employee's quality of performance exceeds the employer's initial belief, then the employer will begin to adjust their beliefs to a "new" system. Critical to this stage is the employee's productivity and performance, which shapes the employer's beliefs regarding employee employability (Cai, 2013; Suleman, 2016). The third stage continues until an equilibrium is reached. Through a continuous process of observing the employee's work performance, the employer accumulates enough experience to perceive the employee's true value (Bailly, 2008), thus continuing to shape the employer's beliefs.

Previous researchers have used Bailly's model to examine perceptions of the employability of graduates. Gamage and Henegedara (2019) used the framework to explore the issues affecting the employability of graduates in Sri Lanka. They found that graduate employability is affected by employer beliefs, among other things. Furthermore, researchers Nogales et al. (2020) also used Bailly's model to demonstrate the relationship between Bolivia's rapidly expanding educational system and the low rate of graduate employability in the country. They found that recruiters' perceptions and interpretations of an applicant played a role in their hiring decisions.

Bailly's model aligned with my dissertation topic based on hospital hiring employers' perceptions regarding RN BSN CBE to meet their workforce needs. It provided a framework to understand how employers may perceive a candidate's educational credentials, earned through a CBE program or traditional program.

### **Literature Review Related to Key Concepts and Variable**

This section of the study provides a detailed review of current literature related to hospital hiring employers' perceptions of RN BSN CBE to meet workforce needs. The

information gleaned from the literature review justified the inclusion of the following key concepts: history of CBE, history of the Carnegie Unit (traditional degree), CBE models, CBE programs, various perceptions of CBE, and the labor market and workforce.

### **Carnegie Unit Model and Traditional Degree**

Andrew Carnegie was a 19th-century entrepreneur, business mogul, and philanthropist who, in the late 1890s, was the world's richest man (Blackford, 1998; Humphreys et al., 2019; Ris, 2016). Carnegie reflected on his financial security in his retirement and was concerned about college professors, who he thought were unfairly compensated despite holding one of the most notable professions in the country (Silva et al., 2015). Due to the low wage, these professors had to forego retirement and teach longer than they should (Schulte, 2016). To finance a pension system for these professors, he created the Carnegie Foundation for the Advancement of Teaching and donated 10 million dollars to the foundation's trustees, led by Harvard President Charles Eliot (Laitinen, 2012; Silva et al., 2015). Though the donation was generous, it was not enough to cover the pensions of all the professors (and their spouses) at every college and university in the nation; therefore, the trustees were forced to develop a pension eligibility criterion (Laitinen, 2012; Schulte, 2016; Silva et al., 2015).

Researching and using some standards at the time from the College Entrance Examination Board and the National Education Association's committee, in 1906, the trustees established eligibility requirements and standards (Schulte, 2016; Silva et al., 2015). The trustees announced that to be ranked as a college—and therefore eligible for a pension—an institution must have at least six professors working full time at a college or



university, with a course of 4 full years in liberal arts and sciences and should require 4 years of academic or high school preparation, or its equivalent for admissions (Silva et al., 2015). As a result, the “standard unit” or “Carnegie unit” was created to measure faculty workload to quantify their qualifications for retirement (Laitinen, 2012). Many colleges wanted to join this new retirement system and quickly aligned their admissions requirements to the new Carnegie unit (Schulte, 2016). By the 1950s, the Carnegie unit or credit hour was widely used throughout the American educational system as it provided a common currency that was recognized and accepted by most educational institutions (Garn, 2019; Silva et al., 2015).

Colleges and universities across the nation began creating degree programs based on the Carnegie unit and it soon evolved into the traditional educational model characterized by instructor-led and text-driven curriculum, based on time and credit, and delivered to all students at the same time without regard to individual ability (Adler, 2020; Sullivan & Downey, 2015). Likewise, the Carnegie credit system had influenced almost all aspects of education to include faculty workload, admissions, degree requirements, academic calendars, course sequencing, financial aid, and regulatory policies, which it was not originally intended to do (Laitinen, 2012). The Carnegie unit has been around for over a century and is integral in the organization of higher education (Fabris, 2015).

Although the Carnegie unit model has been around for a while, some have argued that it has resulted in colleges and universities improperly equating seat time in a classroom to students’ learning (Gauthier, 2020; Schulte, 2016; Silva et al., 2015). Amy

Laitinen (2012), deputy director for higher education at New America, emphasized the fact that faculty are at the core of the Carnegie unit, but it should be students. Laitinen contends that if students were at the core, the Carnegie unit would be based on learning as opposed to time sitting in a classroom. In 2015, the Carnegie Foundation issued a report recognizing the need to reexamine the traditional Carnegie unit based on the necessity for a more transparent and flexible delivery of education, which CBE could provide (Sullivan & Downey, 2015). Additionally, studies report that by the year 2025, over 60% of all new jobs will require a college degree and CBE could be an alternative to the traditional degree to fill the need (Brower et al., 2017; Ordonez, 2014).

## **CBE**

The CBE Network (2020), a nationally recognized policy and best practices educational advocacy group comprised of CBE leaders from across the nation, defines CBE as an approach to curricular design in which the expectations about learning remain constant, regardless of the time it takes to demonstrate competency. Students gain the skills and knowledge through learning activities that have specific programmatic outcomes. Furthermore, students receive guidance and coaching throughout their learning from faculty and staff and earn credentials by demonstrating mastery through various forms of assessments.

The history of outcome-based approaches goes back hundreds of years to guilds, apprenticeships, and technical training programs (Akos et al., 2018). The grounds of CBE are not new as it centers on the idea that a student must successfully demonstrate knowledge and mastery of learned skills regardless of time, method, place, or pace of

learning (Boykin et al., 2020; Camacho & Legare, 2016; Dailey, 2016). The 1940s and 1950s saw an increase in trade schools, using this model to meet demands from World War II and provide training to veterans. At the close of World War II, prior learning assessments were developed to provide nontraditional students with the opportunity to prove their competency of learned material in a graded format and the American Council on Education began conducting credit evaluations of military training (Adams & Wilder, 2016; Camacho & Legare, 2016).

During the 1960s, course offerings such as woodshop, home economics, and the like became more popular, and CBE started to gain momentum due to the criticism of the current educational system not teaching students important life skills (Dailey, 2016). In addition, vocational schools began to create advisory boards to ensure students were learning skills important to employers. In 1967, the College-Level Examinations Program was established to help universities and colleges address the learning opportunities of nontraditional students to include military service members (Camacho & Legare, 2016). At the time, their exams permitted professors to assess and evaluate a veteran's college-level learning as applied in real-world scenarios (Camacho & Legare, 2016).

In the 1970s, the *U.S. Department of Education Fund for the Improvement of Postsecondary Education* awarded funding for the development of CBE programs to institutions with existing adult learning programs (McClarty & Gaertner, 2015). Although institutions received funding for CBE development, the interest in competency-based higher education dwindled, as it seemed competencies were mainly focused on behaviors (Camacho & Legare, 2016; McDonald, 2018). However, the beginning of the 1980s saw

a resurgence of institutions educating students using the CBE model and the definition of competencies slowly changed from centering on behaviors to the combination of knowledge, skills, and abilities needed to produce results (McDonald, 2018).

Since 2010, CBE degree programs have experienced another surge in response to employer concerns that college graduates do not possess the skills and competencies needed to perform the requirements of the job (Kaufman et al., 2019; Wax & Klein-Collins, 2015). Studies indicated that program competencies should align with the expectations and needs of employers in the workplace, and institutions should collaborate with employers to map out the required competencies (Akos et al., 2018; Kaufman et al., 2019). Eloy Oakley, Chancellor of the California Community Colleges, concurs by stating that employers should be at the table working with higher education in helping to shape curriculum; linking skills to employment is critical (E. Oakley, personal communication, August 31, 2020).

CBE programs seek to build bridges between academics and employers, resulting in an understanding of the knowledge, skills, and abilities students will need to succeed in the workplace (Koys et al., 2019). Furthermore, McClarty and Gaertner (2015) contend that CBE programs are a viable alternative pathway to a postsecondary degree, allowing graduates to describe to employers the knowledge, skills, and abilities they had to successfully demonstrate to earn their degree.

### **CBE Models**

There are three models of CBE that incorporate competency-based learning in which students can earn college credits towards a degree; *course-based with credit*

*equivalency, direct assessment, and hybrid approach* (Book, 2014; CAEL, 2016; Cunningham et al., 2016; Kelchen, 2015; McClarty & Gaertner, 2015). According to Johnstone and Soares (2014) the course-based model ties student learning and progress to the traditional Carnegie Unit. A predetermined number of units must be successfully completed to achieve academic progress and degree requirements. Institutions convert various competencies into specific subjects that can be articulated into courses of appropriate lengths of time (Book, 2014). Although the credit-hour is not the primary measure of student learning, the credit-hour equivalence is needed to qualify students for financial aid (McClarty & Gaertner, 2015).

The direct assessment model is not tied to the Carnegie Unit of seat time or credit hour (McClarty & Gaertner, 2015). In this model, the student must demonstrate mastery of predetermined competencies through direct assessments that can include projects, papers, examinations, presentations, performances, and portfolios (CAEL, 2016; McClarty & Gaertner, 2015). The student determines the pace of their program and moves forward only after successfully passing each assessment.

The CAEL (2016) reported that the hybrid approach measures students' progress using both direct assessment and course-based credit equivalency models. However, unlike the first two models, the hybrid model is not Title IV eligible. Title IV of the Higher Education Act authorizes approved postsecondary institutions, which include public, private non-profit, and proprietary, to provide financial assistance to students seeking a post-secondary education (Hengji & Library of Congress, C. R. S., 2019). Students enrolled in hybrid programs are not eligible to receive student aid (CAEL,

2016). In all three models, the major role of the faculty is that of a coach who provides guidance and support to the students, as opposed to a traditional college professor who must include lectures in their teachings (Book, 2014; Gallagher, 2014; Springer, 2020).

### **CBE Program Offerings**

Kelchen (2015) inventoried CBE programs and reported that in 2014 there were approximately 34 institutions offering CBE programs in the United States, with another 18 institutions not yet operational. Because these programs operated outside of the Carnegie model of seat time, they were not eligible for financial aid, and therefore, students had to pay out of their own pockets (Kelchen, 2015). While CBE programs were typically a fraction of the cost of traditional programs, if a student progressed at a slower pace, they could have ended up exceeding the cost of a traditional program (Kelchen, 2015; Ordonez, 2014).

Included in the list was an early adopter of CBE, WGU, an online, private, nonprofit school known proverbially as the grandfather of CBE programs (Marcus, 2017; Morris, 2017; Thomas, 2015). WGU was founded in the 1990s by 19 western governors who had an interest in the burgeoning tech industry and saw a need for online education that would reach and serve residents in western states that lived in areas remote from colleges and universities (Morris, 2017; Thomas, 2015). The online degrees centered on a student's existing competencies and work experience (Morris, 2017). In 1997, WGU began to offer online CBE programs through the direct assessment model. They received full accreditation in 2003 and have since mapped their programs to a course-based model (Book, 2014; Marcus, 2017; Thomas, 2015). Since becoming fully accredited, WGU

narrowed its program focus to four areas: teaching, business, Information Technology, and health, which includes an RN BSN, resulting in a student population growth of over 100,000 students (Marcus, 2017; Morris, 2017; Pulsipher, 2019; Thomas, 2015).

In 2013, using the direct assessment clause in the 2005 Higher Education Act, the Department of Education approved the awarding of financial aid to institutions that used direct assessment (Ordonez, 2014). The federal direct assessment allows the practice of direct assessment to measure student learning, as opposed to the traditional credit hour (Fain, 2014; Porter, 2016). The U.S. Department of Education initially identified and granted six institutions, including Walden University, the ability to offer direct assessment CBE programs with financial aid eligibility (Fain, 2015; Ordonez, 2014). Through this approval, Walden University launched “Tempo Learning” and its first CBE program in early childhood studies (Walden University, 2015). Tempo Learning programs focus on competencies and rigorous assessments that have been validated by employers. The programs allow students to apply their real-world work experience, knowledge, skills, and abilities toward earning their degree. Students work at their own pace and receive assistance from faculty and coaches to pass assessments that mimic workplace needs, thus linking education and the workplace (Walden University, 2018). Since the launch of the early childhood studies program, Walden University has developed and launched seventeen additional degree programs, including business administration, criminal justice, psychology, and an RN BSN (Walden University, 2018).

The 2019 Annual National Survey of Postsecondary CBE reported that there are over 600 CBE programs offered through colleges and universities in the United States

(Mason & Parsons, 2019). In this report, to classify as a CBE program, the entire program must have included one of the following characteristics: “1) learning is measured in competencies and either quantified without reference to seat time or mapped to measures of seat time; 2) students advance from the course or complete the program based on mastering all required competencies; or 3) courses or programs offer flexible pacing” (Mason & Parsons, 2019, p. 9). Certificate, undergraduate, and graduate programs listed included but were not limited to biological and life sciences; business administration; education; nursing and health professions; and social sciences (Mason & Parsons, 2019).

The Carnegie Foundation’s Flexner centenary report issued in 2010 supported a competency-based approach to curriculum development, calling it a “gold standard” for medical education in the United States (Morcke et al., 2013, p. 854). In a 2011 report, Institute of Medicine suggested that nurses should progress in their post-secondary education through an educational system that encourages seamless academic progression (Carissimi & Burger, 2017). Based on the recommendation from Institute of Medicine, a strategy arose from state collaborative conversations about “what, how, and where” nursing students would achieve higher levels of education, including baccalaureate degrees in nursing (Carissimi & Burger, 2017, p. 1). There were several state coalitions on both the west and east coasts that began to adopt this strategy for change.

In January of 2021, The American Association of Colleges of Nursing website listed approximately 1,000 baccalaureate nursing programs offered in the United States, with 626 member institutions that offered RN BSN programs, which included WGU and



Walden University RN BSN CBE programs. Furthermore, in 2020, the American Association of Colleges of Nursing conducted its eighth yearly online survey asking nursing schools if employers in their region required new nurses to have at least a bachelor's degree in nursing (American Association of Colleges of Nursing, 2021). Results indicated that of the 647 responses, 41.1% of employers (e.g., hospitals, clinics, etc.) were requiring a minimum of a bachelor's degree, and the rest of the employers expressed a strong preference for BSN graduates (American Association of Colleges of Nursing, 2021).

Traditional RN BSN programs are designed to help RNs advance their knowledge and skills previously obtained from their past formal education and practical experience (Knecht et al., 2020). In addition, traditional RN BSN programs focus on providing a broader understanding of issues pertaining to patient care and healthcare delivery (Conner & Thielemann, 2013). CBE program outcomes align with the traditional programs (Fan et al., 2015). A study by Fan et al. reported that undergraduate CBE nursing students performed academically better in a healthcare course than did other students in a traditional course. Furthermore, the nursing CBE students' core competence levels were found to be significantly increased as opposed to students in traditional courses (Fan et al., 2015).

### **Perceptions of CBE**

While CBE programs are on the rise, skeptics question CBE and the ability of learners to obtain general education skills over a short period of time (Camacho & Legare, 2016). Critics argue that these types of programs may be heavily focused on

occupational preparation as opposed to preparing for an educated citizenry (Wax & Klein-Collins, 2015). Camacho and Legare (2016) reported that providing academic credit for work performed outside of a traditional classroom would potentially delegitimize traditional academic knowledge and certifications.

Some observers feel that CBE undermines the professionalism of college faculty by the huge influx of adjunct faculty/coaches and the decrease in tenure track faculty teaching these courses (Gallagher, 2014). Additionally, the CBE model would benefit only the highly motivated student, adult learner with solid college skills, or a certified professional and not necessarily the traditionally marginalized student who will likely be more confused and excluded than they had been before due to the independent learning model of CBE (Gallagher, 2014). Finally, there is no data that supports students graduating from CBE programs as being more competent than those who graduate from traditional programs (Gallagher, 2014; Kelly & Columbus, 2016).

### **Labor Market and the Workforce**

Dennis' (2017) survey results indicated that 52% of employers in the United States are having difficulties filling job openings due to the lack of qualified candidates. According to a study by Haddad et al. (2020) due to the lack of potential educators, the nursing profession continued to see shortages. Juraschek et al's. (2019) research results forecasted a significant nursing shortage until 2030. The U.S. Department of Labor (2021a) reported that employment opportunities for RNs are projected to increase at a faster rate than any other occupation from 2019-2029, and those who possess a BSN degree will have more job prospects than those that do not. Additionally, over 34 million

Americans have some college credits but no degree (the U.S. Census Bureau, 2020). By the year 2025, 60% of all jobs in the United States will require a postsecondary credential (Brower et al., 2017). CBE programs may be the way for students to gain the knowledge, skills, and competencies needed to fill the workforce gap.

According to Alic (2018) educational attainment signals potential in the eyes of employers. However, Wax and Klein-Collins (2015) contend that employers are concerned with traditional college graduates and credential workers not having the skills and competencies needed to succeed in the workplace. Gauthier (2020) reported that employers valued competency and experience over a traditional college degree. While college transcripts identify how well a job candidate did in college, transcripts do a poor job in identifying whether a person gained the competencies needed to do the job.

Camacho and Legare (2016) asserted that 21<sup>st</sup> Century employers prefer potential employees who are ready to perform the requirements of the job. Therefore, instituting competency-based curriculum in undergraduate programs could help students gain successful employment experiences (Wu & Lewis, 2019). Additionally, partnerships between industry and colleges in the creation of CBE programs would not only allow employers to provide feedback to validate assessments for real-world skills but help promote student employment upon graduation (Akos et al., 2018; Boykin et al., 2020; Camacho & Legare, 2016; Cunningham et al., 2016; Pulsipher, 2019). Thus, allowing employers to match job openings with candidates with relevant competencies (McClarty & Gaertner, 2015; Pulsipher, 2019). To further substantiate this, in 2018, The White House created the American Workforce Policy Advisory Board, comprised of 25

distinguished leaders from government, education, and the private sector (The White House, 2018). The Board was created to develop strategies that would better align education with workforce needs. One of the Board's most critical objectives was to "create the agile and resilient workforce of the future, centered around skills and competencies" (Pulsipher, 2019, p. 38).

### **Summary and Conclusions**

This chapter provided a literature search strategy and comprehensive review of the literature about CBE. The research suggests that while CBE is continuing to steadily grow as an educational option for students, there is a gap in practice in the way employers currently perceive and compare CBE with an earned traditional degree. Also included in this chapter was the conceptual framework that was used for this study.

Chapter 3 describes the Research Methods of the study and includes the Research design and rationale, Role of the researcher, and the Methodology of this study. It also incorporates the Interview protocol, and procedures for Participant selection, recruitment, participation, and data collection. Data analysis, Trustworthiness, and Ethical procedures are also discussed. Chapter 3 ends with a Summary.

### Chapter 3: Research Method

The purpose of this study was to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. This chapter begins with my research design and rationale, followed by the role of the researcher and methodology. The methodology discusses participant selection, instrumentation, procedures for recruitment, participation, and data collection and analysis. Also included in this chapter are procedures to strengthen trustworthiness and ensure the ethical conduct of the research. Chapter 3 concludes with a summary.

#### **Research Design and Rationale**

This qualitative study was conducted to understand how hospital hiring employers perceive potential employees' RN BSN CBE relative to traditional degrees to meet their workforce needs by addressing the following questions:

1. What are the perceptions of hospital hiring employers regarding potential RN BSN CBE employees to meet their workforce needs?
2. How do hospital hiring employers view RN BSN CBE credentials in relation to traditional credentials?

A variety of designs to use for qualitative studies were reviewed before a decision was made to use a basic qualitative approach. Many researchers use this approach as it seeks to promote a general understanding of the topic (Merriam & Tisdell, 2015; Mirhosseini, 2019; Ravitch & Carl, 2016). Basic qualitative research is useful when the researcher is not interested in the lived experiences of the participant, as in a phenomenological study,

but the viewpoint or perception of the participant (Merriam & Tisdell, 2015). Because my research was focused on hospital hiring employers' perceptions of RN BSN CBE to meet their workforce needs, this method was the most appropriate choice. Following sections provide information on other designs and the rationale for not selecting them to guide my study.

### **Action Research**

Action research is “situated, interpretive, reflexive, collaborative, ethical, democratic, and practical” (Ravitch & Carl, 2016, p. 20). Action research is used to engage the dynamics involved in a social context and, by design, is continually investigated to reveal solutions to problems experienced in specific situations (Stringer, 2014). This design is designed to change the status quo documenting the problem while examining proposed solutions (Bloomberg & Volpe, 2019; Rubin & Rubin, 2012). It can be a collaborative and democratic process in which researchers take a shared approach in the responsibility of the goal of the research and investigation (Ravitch & Carl, 2016). I did not choose this design as I was not researching a specific problem and did not include a collaborative effort.

### **Case Study**

A case study is a form of empirical inquiry that studies real-life phenomena that are understood as being bounded by time and place (Bloomberg & Volpe, 2019). The intent of a case study is to develop an understanding of or illustrate a unique case, process, program, event, or activity (Bloomberg & Volpe, 2019; Creswell, 2013; Ravitch

& Carl, 2016). This design was not considered because I did not seek to understand a process, program, event, or activity.

### **Ethnography Research**

This design stems from anthropology and allows the researcher to gather data by immersing themselves in studying an entire culture and environment for a long period (Ravitch & Carl, 2016). The data describe the shared patterns, values, behaviors, beliefs, and language of a culture-sharing group (Bloomberg & Volpe, 2019; Creswell, 2013). This research design was not considered, as the purpose of my project was to study the perceptions of employers regarding CBE, not to study an entire culture and environment over time.

### **Grounded Theory**

Grounded theory is focused on developing a theory based on direct information and numerous data that comes from the field (Ravitch & Carl, 2016). The researcher generates a theory of a process, action, or interaction resulting from the views of the participants (Bloomberg & Volpe, 2019; Creswell, 2013). My study is not based on developing an abstract theory from the views of the participants, making grounded theory not appropriate.

### **Narrative Research**

Researchers use the narrative design to report the life experiences of individuals, communicate stories about the participants, and provide chronological narratives about the participants' experiences (Creswell, 2013). Individuals construct reality through the narration of their stories and narrative research gives importance to the experiences lived

by the individuals (Bloomberg & Volpe, 2019; Ravitch & Carl, 2016). This design did not align with my study, as I was not seeking to research the lives of the participants and provide a chronological report of their experiences.

### **Participatory Action Research**

Participatory action research focuses on social transformative change through local stakeholder knowledge generation and dissemination (Ravitch & Carl, 2016). It questions hierarchical and unbalanced relationships “between research and action and between researchers and members of the community that are minoritized or marginalized” (Ravitch & Carl, 2016, p. 23). I did not consider this research design because the focus of my study did not include studying local stakeholders of minoritized or marginalized communities.

### **Phenomenological Research**

The purpose of a phenomenological study is to describe the commonalities of several individuals’ experiences with an identified concept or phenomenon (Bloomberg & Volpe, 2019; Creswell, 2013; Ravitch & Carl, 2016). This design helps to develop a comprehensive description or descriptions based on the individuals’ experiences with the phenomenon. I did not choose this design because the focused was not on participants’ lived experiences with a phenomenon.

### **Role of the Researcher**

In this study, my role as researcher was as an observer or external researcher as I was not part of the phenomena that was being studied (Creswell, 2013; Ravitch & Carl, 2016). I do not directly work in the health care industry but am an associate dean



employed by a state university system supervising undergraduate nursing programs consisting of a traditional BSN program and an accelerated BSN program. Therefore, my positionality was not related to this study because I did not directly work with or supervise hospital hiring employers. Based on the target participant population being hospital hiring employers in the United States, there was a slight chance that I may have been affiliated with a participant through a personal or professional relationship because I had friends who worked at hospitals but were not involved in hiring RN BSN potential employees.

Researcher bias consists of influences that skew the results of a study (Thorne et al., 2015). Researchers in a qualitative study should also consider the concepts of rigor and trustworthiness, as they are more relative to the reflexive nature of qualitative research (Galdas, 2017). Furthermore, self-awareness is critical for a researcher to understand before a study, as it can impact the collection and results of the data (Bleiker et al., 2019). Therefore, I ensured my interviewing techniques and questions were not biased toward any preconceptions I had regarding RN BSN CBE based on my current research. I remained neutral without expressing my opinions relating to RN BSN CBE.

## **Methodology**

### **Participant Selection**

The target population for this study consisted of hospital hiring employers. The participants were known to meet the hospital hiring employer criteria as they were one of the over 7,500 hospitals listed in the U.S. Department of Homeland Security HIFLD website. Random and purposeful sampling was initially used for this study (Creswell,

2013; Ravitch & Carl, 2016). Due to the lack of response and inability to recruit participants for the study using random and purposeful sampling, I switched to snowball sampling.

Sample sizes in a qualitative study are generally smaller than a quantitative study (Vasileiou et al., 2018). The small sample supports the in-depth analysis that is fundamental to the qualitative method of investigation (Vasileiou et al., 2018). The number of interviews should be enough to derive data that can demonstrate the trustworthiness and consistency of a study that, in turn, can contribute to CBE research (Thorne et al., 2015). It is suggested that data saturation can be reached within a sample size of six to 12 participants, which I used to guide this study of hospital hiring employer representatives (Guest et al., 2006; Hennink et al., 2019; Young & Casey, 2018).

### **Interview Protocol**

An interview protocol with semi-structured interview questions for individuals was used to collect data (Appendix B). The protocol was produced by me, the researcher, and therefore no permissions to use were needed. The face validity of this instrument was ensured through its revision by the specialized research methodologist that was part of the doctoral committee. Additionally, because the study involved perceptions, there were no historical or legal documentation sources used. The interview protocol included the necessary components to establish sufficiency in my data collection, such as questions aligned with my research questions and follow-up or probing questions (Creswell, 2017). The protocol guide included the following steps needed to ensure I 1) recorded the name of the participant, including the date and time of the interview; 2) reconfirmed the

participant's consent to participate in the interview; 3) reconfirmed the participant's consent to the recording of the interview; 4) properly welcomed the participant to my study and provided their rights which included declining to answer specific questions, skipping questions, asking the researcher questions to clarify a study question being asked, or stopping the interview at any time; 5) thanked the participant for their participation; 6) provided the next steps to the participant that would include a summary of their interview to ensure I captured what they were conveying and; 7) asked if they would like a copy of the final study.

### **Procedures for Recruitment, Participation, and Data Collection**

To recruit hospital hiring employers to participate in this study, I retrieved the list of U.S. hospitals through the U.S. Department of Homeland Security HIFLD website. The HIFLD website provides National foundation-level data that can be used to support research, among other things. This website contains a list of over 7,500 hospital employers throughout the United States.

To generate a pool of possible participants, random sampling was used. Using the "RANDBETWEEN" function in Excel, a random number was generated. I used the random number and started counting the first hospital on the HIFLD list as number one, and the second on the list as number two and continued counting until I got to the hospital that corresponded to the random number. The hospital following the first identified hospital reverted to number one, and I repeated the count to identify the second hospital. This process continued until all the hospitals were selected and listed on a spreadsheet. Then using purposeful sampling, I accessed each hospital's website

directory and identified the person who oversaw hiring. The person who oversaw hiring was sent an email invitation to participate in the study, along with a consent form. They were asked in the email if they were familiar with traditional degrees and RN BSN CBE credential programs. I received no responses from the first round of recruitment. I repeated the process a second time, and again received no responses. I then switched to snowball sampling.

The first participant recruited was referred by the chief executive officer (CEO) at a local hospital. The CEO sent an email introduction to his contacts introducing my study and me. I was copied on the emails. I sent individual emails to each of the contacts with an invitation to participate in the study, along with a consent form. They were asked in the email if they were familiar with traditional degrees and RN BSN CBE credential programs. One contact responded that they consented and were familiar with both traditional degrees and RN BSN CBE credential programs. They were listed on a spreadsheet as "Participant 1". Participant 1 was asked for referrals and subsequently repeated the same type of email introduction as the CEO to their contacts. I repeated the process and sent individual emails to each contact of Participant 1 with an invitation to participate in the study, along with a consent form. The snowball sampling recruitment process was repeated with each participant in the study. until I identified enough participants to reach data saturation.

Because human participants were part of the study, I completed an application and submitted it to Walden University's Institutional Review Board for review and approval prior to any interaction with participants. Additionally, I ensured that the

previously emailed signed informed consent form was on file for each volunteer participant before scheduling the interview.

To collect data for my study, hospital hiring employer representatives were interviewed one-on-one and asked semi-structured open-ended questions focusing on the research questions. Individual interviews using a responsive interviewing style allows for in-depth conversations whereby interviewees are treated as partners as opposed to subjects of research (Hammarberg et al., 2016; Rubin & Rubin, 2012). Responsive interviewing style results in the interpretation of the answers as neither right nor wrong, but as different perspectives on the subject matter (Rubin & Rubin, 2012). The goal of open-ended questions is to obtain the most information to develop themes (Weller et al., 2018). Because my study involved participant perceptions, open-ended questions were asked to allow the participants to expand on their answers by providing more thoughts and ideas than a 'yes or no' questionnaire or survey with forced choices (Allen, 2017).

The interviews were held via online conferencing tools. Williams (2020) suggested that an audio recording of an interview is a necessary tool to be used in capturing the entirety of what was said, which helps to alleviate having to rely on memory. Therefore, audio recordings were used to ensure a complete accounting of the interview for analysis later. In addition to recordings, field notes were used and analyzed. According to Phillippi and Lauderdale (2018) field notes have been used in qualitative studies since the early 1900s and are now considered to be an essential component of rigorous research. Field notes serve many functions, including encouraging the researcher to reflect and identify bias, facilitating preliminary coding, and providing context to assist

in informing data analysis (Phillippi & Lauderdale, 2018). Additionally, the use of notes allowed me to write down follow-up questions during the interview.

Once the interview had concluded, I thanked the interviewee for their participation. Transcription of the individual interviews occurred within 5-7 days after the interview. I protected the identity of the participants by documenting each interview on a spreadsheet and assigning participants an alphanumeric code. The spreadsheet was kept on a flash drive in a locked cabinet only accessible by me. I continued to interview employer representatives until data saturation was reached, which is the point when no new information or themes are observed in the data (Boddy, 2016; Ravitch & Carl, 2016; Tran et al., 2017; Trotter, 2012).

### **Data Analysis Plan**

Qualitative research attempts to analyze non-numerical data, in this study, the perceptions of hospital hiring employers (Ravitch & Carl, 2016). Additionally, content analysis is the categorization and thematic analysis of qualitative data and was applied to this research study (Saldana, 2016). Data analysis occurred within 72 hours after the completion of the transcription of the interviews. A thematic analysis of the transcriptions utilizing open, in vivo, and axial coding strategies were conducted, According to Ravitch and Carl (2016) thematic analysis is an appropriate method for this study as it extracts themes from the text notating the relationships, similarities, and differences in the data.

There were three cycles of coding development. Linneberg and Korsgaard (2019) posited that coding is a simple way to identify segments of meaning in the data by labeling them with a short phrase or word. For this research, open, in vivo, and axial

coding were used. Open coding is a useful first round of coding method, as it helps to summarize sections of the data (Ravitch & Carl, 2016). In vivo coding is inductive and useful when doing exploratory studies, as the codes are developed directly from the phrases and terms used by the participants (Linneberg & Korsgaard, 2019; Ravitch & Carl, 2016; Saldana, 2016). Additionally, in vivo coding is more likely to capture the inherent meaning of perceptions, helping me to draw implications from hospital hiring employers' perceptions of RN BSN CBE (Saldana, 2016). Axial coding or pattern coding occurred after in vivo coding to establish categories and ultimately develop themes (Creswell, 2013; Ravitch & Carl, 2016).

Before the first cycle of data analysis, I uploaded and transcribed the interview audio files. The first cycle of open coding method to document repetitive words, phrases, and terms from each transcript were completed (Ravitch & Carl, 2016). I continued to review each transcription a second time to identify and document data specifically related to the research questions. The second cycle was inductive and incorporated the use of in vivo coding. A query was performed to find repetitive words, phrases, and terms, to develop codes from specific words used by participants and that I felt seemed best to describe the data (Creswell, 2013). Axial coding was applied to the final coding development cycle. The third query was conducted to find the relationship among the in vivo codes to form categories and, ultimately, identify patterns to form themes (Creswell, 2013). A maximum of seven themes that occurred most in the data were kept as recommended by Creswell (2013). Because this study was about hospital hiring employers' perceptions of RN BSN CBE to meet their workforce needs, there were no

discrepant cases or theories to elaborate, modify, or refine because this study sought to understand the perceptions of hospital hiring employers. (Hackett, 2015; Ravitch & Carl, 2016).

### **Trustworthiness**

Trustworthiness in a qualitative study refers to the “quality and rigor of a study” (Ravitch & Carl, 2016, p. 186). Researchers can employ many strategies to establish trustworthiness in a study, including credibility, dependability, confirmability, and transferability (Amankwaa, 2016). Ravitch and Carl (2016) posit that qualitative credibility is the way researchers affirm that the findings of their study are an accurate description of the participants' experiences. Therefore, to ensure credibility, I conducted member checking and an open peer review.

Member checking is a process by which a transcription summary of the interview is shared with the participant to check for accuracy (Birt et al., 2016). I shared a summary of the transcriptions with the participants and ask them to review the summary and return it to me within five days with their comments. According to Creswell (2013) an open peer review is the process by which the researcher’s work is checked by another expert in the field and both parties are familiar with each other. I shared my findings with my peer and asked for feedback.

Dependability is the stability and consistency of the data addressing and answering the research questions (Amankwaa, 2016; Ravitch & Carl, 2016). An external audit provides confirmation that the data supports the findings and is one of the processes to confirm dependability (Creswell, 2013; Ravitch & Carl, 2016). I asked my chair to



perform an external audit of the findings. I also used an audit trail, which is an approach that deals with detailed descriptions and record-keeping of all the steps taken from the beginning of the research to the development to the final report (Amankwaa, 2016; Ravitch & Carl, 2016).

To establish confirmability, reflexivity was implemented. The concept of reflexivity is that the writer is conscious of their biases that they bring to a study (Barrett et al., 2020; Creswell, 2013; Ravitch & Carl, 2016). Therefore, at each stage of the research process, utilizing my field notes, I paused for self-reflection of any biases that could impact the accuracy of the data and results of the study.

According to Daniel (2018) transferability is the degree to which the results of a study can be applicable or transferrable to other contexts or settings. It provides detailed information in a broader context for possible further exploration by others (Ravitch & Carl, 2016). I used the thick description strategy to support transferability. Journaling allowed me to include copious amounts of detailed information (Amankwaa, 2016).

### **Ethical Procedures**

My study focused on human participants, and therefore, ethical procedures were adhered to, which included approval from Walden University's Institutional Review Board (IRB). I completed and submitted all the necessary IRB paperwork and waited for the approvals before I contacted or engaged with any potential participants. As previously mentioned, the HIFLD is freely accessible via their public website; therefore, no approval was necessary to access hospital employer contact information for recruitment purposes. Participants were given a consent form to review and sign. Participants were informed

that they could choose not to answer any question that they did not want to. Additionally, they could withdraw from the study at any time by email, text message, or phone call to the researcher.

Following the IRB guidelines, the data were kept confidential, and an alphanumeric code replaced real participant names. The data were kept on encrypted flash drives in a locked file cabinet only accessible by the researcher. The data will be destroyed after 5 years.

To thank the hospital hiring employers for participating in my study, I sent them an electronic gift card (e.g., Starbucks or Amazon) in the amount of \$10.00. The participants had the opportunity to choose which gift card they preferred after the completion of the interview.

### **Summary**

Chapter 3 included several sections outlining the methodology used for this qualitative study. Following Research design and rationale, the chapter highlighted the Role of the researcher and the Methodology, including Participant selection, Interview protocol, Recruitment procedures, Participation, Data collection, and the plan for Data analysis. The chapter also discussed Trustworthiness and Ethical procedures.

## Chapter 4: Results

I conducted this basic qualitative study to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. Using Bailly's model of employers' beliefs framework, I designed the research instrument and conducted semi-structured interviews with hospital hiring employers to identify their perceptions. Seven hospital hiring employers participated in the semi-structured interviews, which focused on two research questions:

1. What are the perceptions of hospital hiring employers regarding potential RN BSN CBE employees to meet their workforce needs?
2. How do hospital hiring employers view RN BSN CBE credentials in relation to traditional credentials?

In this chapter, I present the setting, participant demographics and characteristics, data collection process, and analysis of the study. Also included is the description of evidence of trustworthiness and the results of the study. The chapter concludes with a summary.

### **Setting**

All participants in the study were southern California hospital employers partially responsible for interviewing and hiring RNs. Their working titles included director, manager, and recruiter. The average length in their position was 4.57 years. At no time was I informed or aware of any personal or organizational conditions (e.g., changes in personnel, budget cuts, other trauma, etc.) that influenced the participants or their experiences that may have affected the interpretation of the results of the study.

## Data Collection

The eligibility criterion to participate in this study was that participants had to be hospital hiring employers listed in the U.S. Department of Homeland Security HIFLD website. Random and purposeful sampling were initially used as the method for participant recruitment. I retrieved the list of over 7,500 U.S. hospitals through the HIFLD public website and converted it to an Excel spreadsheet. I sorted the spreadsheet according to open and closed hospitals; 321 were closed hospitals. I resorted the list to exclude the closed hospitals and renumbered the list with the first open hospital as number one. Using the RANDBETWEEN function in Excel, I generated a random number between one and 7,276. Using the random number generated, I systematically selected every kth hospital on the list until the list was exhausted. This first round of sampling identified 34 hospitals.

From the 34 hospitals, 20 hospital hiring employer publicly accessible email addresses were obtained. A recruitment email with the subject line: *Workforce Development Interview* and containing an explanation of the study, along with a consent form, and response deadline was sent to the 20 hiring employers. Four emails were returned as undeliverable. After 2 weeks of no responses, a second follow-up email was sent to the remaining 16 employers. After an additional week of no responses, I repeated the random and purposeful sampling process and identified another 26 hospitals.

From the 26 hospitals, nine hospital hiring employer publicly accessible email addresses were obtained. The same recruitment email, with a different response deadline was sent to the nine hiring employers. After 2 weeks of no responses, I consulted with my

chair and decided to change the subject line in the email to read: *Assistance Needed Nursing Degree Research*. This email was sent to the nine employers and the initial 16 usable contact from the first sampling round. After the response deadline had passed and 2 weeks of no responses, I consulted with my chair and methodologist about the challenges of randomly contacting hospital hiring employers during the time of the COVID-19 pandemic. A determination was made to change the sampling method to my IRB approved secondary method, snowball sampling (see Kirchherr & Charles, 2018), because the initial random and purposeful sampling method did not yield any participants.

To recruit the first participant, I contacted the chief executive officer at a local hospital and asked for referrals, which resulted in Participant 1. Participant 1 referred participants, and those participants referred participants, and so on. An email was sent by each participant to their list of contact referrals introducing my study and me. I was copied on the emails. I thanked each participant for the introduction and sent a separate email to their referral, which contained an explanation of the study, along with a consent form and response deadline. Upon receipt of their response and consent, I scheduled and conducted Zoom platform video conferencing interviews due to COVID-19 social distancing restrictions. Each interview was scheduled for a maximum of 60 minutes and was recorded using the Zoom platform-recording tool. No interviews exceeded the 60-minute timeframe. A total of seven participants were recruited and interviewed.

At the start of each interview, I received verbal consent from the participants to record the interview and reminded them of the purpose of the study, that their

participation was voluntary, and that they could ask questions at any time or end the interview at any time without repercussions. During the interview, I used the IRB approved Interview Protocol Guide (Appendix B) to ensure I included all the semi-structured, open-ended interview questions. Field notes were taken. After the interviews concluded, I thanked the participants for their time and sent them a \$10 gift card for their participation in my study.

I then transcribed and summarized the interviews. To ensure accuracy, validity, and credibility of the data collected, member checking was conducted (Birt et al., 2016). Each participant was given 5 days to review and approve their transcription summary or respond with questions or additional information. If the participants did not reply in 5 days, I concluded that they approved the transcript summary. Most participants approved their summaries, with only one participant responding with a clarification statement to their summary.

Participant confidentiality was maintained by assigning alphanumeric codes. All identifying information that allowed the participants to be identified in the data by their responses was omitted in the study and results. All information and data were saved on a flash drive in a locked cabinet and password protected computer in a secure physical location. Data will be securely stored for 5 years from the completion date of the study, at which time all data and information will be destroyed.

### **Data Analysis**

I conducted a thematic analysis of the transcripts utilizing open, in vivo, and axial hand-coding techniques. A thematic analysis was appropriate for this study as it derives

themes from the text notating the relationship, similarities, and differences in the data (Ravitch & Carl, 2016).

After interviews concluded, I transcribed the recordings using the Microsoft tool TRANSCRIPTION function. Once the transcriptions were complete, they were checked for accuracy and edited accordingly. After the transcriptions were edited, I began three rounds of data analysis. Starting with open coding, I read the transcripts and my field notes twice to identify repetitive words used (Ravitch & Carl, 2016). Using the Microsoft tool FIND function, I then highlighted all the repetitive words. The top 15 repetitive words used included bachelors, BSN, competent(cy), degree, education, experience, hire(d)(s), hospital, interview, magnet, nurse, prepare(d), program, traditional, and work(s)(ed).

The second inductive cycle of coding involved in vivo coding to develop additional codes from the specific highlighted words, phrases, and terms identified through open coding (Creswell, 2013). The codes developed were as follows: magnet hospital facility requirements, nursing competencies, CBE graduates are better prepared, RN BSN hires only, performance expectations for CBE and traditional graduates are the same, and CBE and traditional graduates have the same evaluation criteria.

Using axial coding for the third round of the coding cycle, seven themes were identified (Creswell, 2013; Ravitch & Carl, 2016). The themes were (a) RN BSN CBE graduates meet facility required competencies; (b) RN BSN CBE graduates are better prepared than traditional graduates with real world experience that can be immediately applied in the workplace; (c) RN BSN CBE program curriculum is a good educational

option that meets facility required competencies; (d) RN BSN CBE and traditional graduates are held to the same expectations and evaluated based on the same criteria; (e) employers see a positive trend toward RN BSN CBE programs to meet hiring needs as it increases the talent pool of competent nurses; (f) RN BSN CBE graduates do not receive preference over traditional BSN graduates; and (g) colleges and universities should collaborate with hospitals and subject matter experts when developing CBE programs to ensure programs incorporate current real-life scenarios.

Though there were no significant discrepant cases, it should be noted that Participant 1 was a RN BSN and MSN CBE graduate and Participant 7 was currently enrolled in a RN MSN CBE program during the interview process.

### **Results**

The results section of this study discusses themes related to hospital hiring employers' perceptions regarding RN BSN CBE to meet their workforce needs. The first cycle of coding identified the most used words by each participant as outlined in Table 2. Table 3 presents code results from the second round of in vivo analysis.



**Table 2***First Phase of Coding: Open Coding*

Participant	Recurring Words and Frequency of Occurrences						
	P1	P2	P3	P4	P5	P6	P7
Nurse	4	13	2	63	15	6	0
Program	7	10	11	14	12	7	20
BSN	3	0	5	4	21	7	16
Bachelor's	0	0	4	41	1	5	1
Nursing	12	0	2	19	13	3	1
Hire(d)(s)	4	1	9	5	9	14	5
Degree	1	1	1	21	4	4	7
Competency	1	14	0	8	4	0	6
Work(s)(ed)	2	2	11	6	5	2	3
Hospital	7	1	2	2	6	7	3
Education	0	1	10	4	4	2	3
Experience	2	3	4	0	6	6	3
Prepare	1	1	0	17	0	1	0
Traditional	0	9	3	0	2	4	2
Working	3	0	2	3	8	1	0
Interview	2	3	3	2	1	1	0
Magnet Hospital	1	1	0	1	2	3	3
ADN	0	1	1	0	5	1	1
Partner	2	1	1	2	0	2	0
Candidate	3	0	0	2	1	0	1
Workforce	2	0	1	0	1	0	1

*Note.* ADN = Associate Degree in Nursing

**Table 3***Second Phase of Coding: In Vivo Coding*

Participant	Codes
1	RN BSN CBE meets facility required competencies. CBE graduates have proven that they are the best fit for the facility. CBE graduates have proven to be best prepared. Positive trend for CBE. No hiring preference for CBE or traditional graduate. Partner with hospitals
2	CBE grads better prepared than traditional grads. CBE grads are more successful with facility on-the-job training. Quality of CBE graduates much higher versus traditional graduates. CBE graduate seamless transition to on-the-job. Hire CBE graduates. CBE graduate quality and knowledge are up to par. CBE graduates have more practical knowledge. CBE graduates think outside the box and can see the whole picture. Both traditional and CBE graduates are evaluated based on the same criteria. CBE graduates are more competent than traditional graduates. CBE graduates are easier to teach. CBE graduates learn faster. CBE graduates critically think. CBE graduates are more confident in the ability to do their jobs. Expectations are the same for CBE and traditional graduates. Positive trend for CBE. No hiring preference for CBE over traditional graduate. Course content must be relevant with real-life scenarios.
3	CBE is a needed educational option. BSN CBE greater depth of nursing scope and practice. CBE is an education option. CBE promotes career and professional development. Hire CBE graduates. No difference in evaluations between CBE and traditional graduates. CBE graduates are equally as good as traditional graduates. Expectations are the same for CBE and traditional graduates. Positive trend for CBE. No hiring preference for CBE or traditional graduate. Develop curriculum with advisory boards and collaborators.
4	BSN CBE greater depth of nursing scope and practice. BSN CBE graduates are better nurses. CBE graduates have greater knowledge and understanding of scope of work. CBE graduates provide better care to patients. CBE graduates are successful with passing credentials and certifications. Hire CBE graduates. One competency validation tool used for all nurses. CBE grads are more articulate, can verbalize concerns in a timely manner. CBE graduates have excellent bedside manner. CBE graduates are more prepared. CBE graduates are equally as good as traditional graduates. Expect more from CBE graduates. Positive trend for CBE. No hiring preference for CBE or traditional graduate. Engage with hospitals. Collaborate with other nursing schools. Collaborate with human resource partners.
5	CBE grads have the experience and knowledge that can be immediately applied. CBE is more meaningful. CBE validates competencies. Hire CBE graduates. Both traditional and CBE graduates are evaluated based on the same criteria. CBE graduates are better at articulating both orally and in writing. CBE graduates see the bigger picture. CBE graduates are more competent than traditional graduates. Positive trend for CBE. Hiring preference for CBE graduate over a traditional graduate. Collaborate with hospitals on curriculum development. Align with real-life scenarios and workforce trends.

*(table continues)*

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Participant	Codes
6	BSN CBE meets facility required competencies. RN BSN CBE requirements and curriculum match facility requirements. RN BSN CBE curriculum is more expansive. Hire CBE graduates. All nurses have the same evaluation that include specific competencies. CBE graduates know how to prioritize to execute patient care. Expectations are the same for CBE and traditional graduates. Positive trend for CBE. No hiring preference for CBE or traditional graduate. Partner with local hospitals.
7	CBE is a good educational option. CBE model mirrors facility job duties. CBE graduates are competent. CBE graduates have real-world experience. Hire CBE graduates. Same evaluation for CBE grads and traditional grads. CBE graduates have bedside manner experience. CBE graduates can hit the ground running. CBE graduates are comparable to traditional graduates. Expectations are the same for CBE and traditional graduates. Positive trend for CBE. No hiring preference for CBE or traditional graduate. Involve stakeholders to build real world curriculum and focus on employer expectations.

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The final development cycle resulted in categories and themes as related to the two research and nine of the 13 interview questions. The first interview question asked about the participant's job title. The second question asked about how long the participant had been in their position. Demographic data were presented in the Setting section. The last question asked if the participants had any further information to add or any questions. These three questions are not included in the final table. I used a color-coding system to summarize and organize the themes. The results are outlined in Table 4.

**Table 4***Third Phase of Coding: Axial Coding*

Interview Questions	Code	Theme
RQ1: What are the perceptions of hospital hiring employers regarding potential RN BSN CBE employees to meet their workforce needs?		
3. Please describe your perceptions of RN BSN CBE to meet your workforce needs.	-CBE grads meet facility requirement -CBE grads are better prepared -CBE validates competencies -CBE is a needed educational option	1. RN BSN CBE graduates meet facility required competencies  2. RN BSN CBE graduates are better prepared than traditional graduates with real world experience that can be immediately applied in the workplace
4. Please describe what has influenced your perception of RN BSN CBE.	-CBE graduates have proven competency -Quality of CBE graduates are much higher than traditional graduates -CBE graduates have seamless transition to the job -CBE graduates have better understanding and knowledge of scope of work -BSN CBE curriculum is more expansive -CBE graduates have real-world experience	3. RN BSN CBE program curriculum is a good educational option that meets facility required competencies  4. Employers see a positive trend toward RN BSN CBE programs to meet hiring needs as it increases the talent pool of competent nurses  5. Colleges and universities should collaborate with hospitals and subject matter experts when developing CBE programs to ensure programs incorporate current real-life scenarios
5. Have you hired RNs that possess a BSN through CBE? If yes how many? If no, why not?	-Hire CBE graduates -1/3 to 1/2 of nursing staff are CBE graduates -Yes, unknown number	
7. What are the strengths and weaknesses you perceive in your RN BSN CBE hires?	-CBE graduates can think outside of the box -CBE graduates are more articulate -CBE graduates are well prepared and can hit the ground running	
12. What advice would you give to colleges and universities looking to develop RN BSN CBE programs?	-Program curriculum must meet industry requirements and standards -Program must include real-world scenarios -Collaborate with industry and subject matter experts	

*(table continues)*

Interview Questions	Code	Theme
RQ2: How do hospital hiring employers view RN BSN CBE credentials in relation to traditional credentials?		
6. How would you evaluate the performance of any RN BSN CBE hires?	-All nurses have same competency expectations -All nurses are evaluated on same criteria	6. RN BSN CBE and traditional graduates are held to the same expectations and evaluated based on the same criteria
8. Do you view RNs possessing a BSN CBE credential to be as competent as those with a traditional degree? Why or why not?	-CBE graduates are as competent as traditional graduates -CBE graduates are more competent than traditional graduates	7. RN BSN CBE graduates do not receive preference over traditional BSN graduates
9. Do your expectations of competency differ from a traditional degree vs RN BSN CBE? Why or why not?	-No, competency expectations are the same for CBE and traditional graduates	
11. If you had two RN BSN applicants, one traditional and one CBE, for the same job, would you set preference for one applicant over the other? Why or why not?	-No, hires based on skill and personality -No, interviews are based on knowledge, skills, aptitude, and attitude -Yes, BSN CBE graduates have proven competency	

The following section includes detailed data analysis results for the two research questions with direct quotes from the participant interviews to provide support and evidence of validity. Research question 1 resulted in five themes and research question 2 resulted in two themes.

### **Research Question 1**

What are the perceptions of hospital hiring employers regarding potential RN BSN CBE employees to meet their workforce needs? As presented in Table 4, there were five themes that emerged from this question 1) RN BSN CBE graduates meet facility required competencies; 2) RN BSN CBE graduates are better prepared than traditional graduates with real world experience that can be immediately applied in the workplace; 3) RN BSN CBE program curriculum is a good educational option that meets facility required competencies; 4) Employers see a positive trend toward RN BSN CBE programs to meet hiring needs as it increases the talent pool of competent nurses and 5) Colleges and universities should collaborate with hospitals and subject matter experts when developing CBE programs to ensure programs incorporate current real-life scenarios.

#### ***Theme 1: RN BSN CBE Graduates Meet Facility Required Competencies***

All seven participants attested that their RN BSN CBE graduate employees met their facility educational requirements for the job. All facilities have achieved magnet designation, which includes the recommendation that at least 80% of a hospital's nurse workforce possess a minimum of a bachelor's degree (Carissimi & Burger, 2017). Additionally, all seven participants stated that their facility is only hiring nurses with a

minimum of a bachelor's degree. Participant 5 stated, "We're a magnet facility hospital, so we do require that all our external hires are bachelors prepared." Therefore, by default, a nurse with a RN BSN CBE meets facility requirements. While all nurse applicants with a BSN met the minimum facility requirements, Participant 2 stated, "We felt that their [RN BSN CBE graduate hires] quality and their knowledge was very up to the par that we want them at."

***Theme 2: RN BSN CBE graduates are Better Prepared than Traditional Graduates with Real World Experience that can be Immediately Applied in the Workplace***

The majority of participants found RN BSN CBE graduates to be competent and better prepared than traditional graduates. Participant 2 stated,

I think it's actually that they're more competent, straight out. I feel they were better prepared than the new grads we're getting that have gone through traditional schooling. This year we've actually lost three of the new grads that went through a traditional type of school. But yet, all of our competency-based new grads made it. Competency-based learners think outside the box and can put the whole picture together quickly.

Similarly, Participant 6 stated, "I think they are more competent." While Participant 3 thought that RN BSN CBE graduates were as equally competent to traditional graduates.

***Theme 3: RN BSN CBE Program Curriculum Is a Good Educational Option That Meets Facility Required Competencies***

As previously stated, CBE programs seek to build bridges between academics and employers (Koys et al., 2019). This research revealed that RN BSN CBE programs are a



good educational option that meets facility required competencies for persons who desire employment as a nurse in hospitals. Participant 1 supported this by stating, “We know, you know, if they went through this program versus that program, that they’re the best prepared.” Participant 3 added, “I see those [CBE] as programs that are options for nurses, and I also think that people need educational options that fit within their work-life balance and that’s one of the options people have.” Finally, Participant 7 confirmed this theme by stating, “I think that competency-based education in general is a pretty good way to go and I think that we’re learning over time that it’s not about, you, know, butt in the seat.”

***Theme 4: Employers see a Positive Trend Toward RN BSN CBE Programs to Meet Hiring Needs as it Increases the Talent Pool of Competent Nurses***

All seven participants voiced their perception of seeing a positive trend toward RN BSN CBE programs meeting their workforce needs. Participant 1 stated in support, “I think it’s positive. With the nursing shortages, we can use as many nurses in our workforce as possible.” Participant 2 confirmed by stating, “I think it’s definitely a positive. I think it better prepares your nurses and you’re getting a quality of nurses that you can work with.” Participant 3 added, “I think it’s a positive..., because it’s just another option for education and I think, we need to give people as many choices as we can, and we know having a bachelor’s degree improves the outcomes for patients.” Participant 5 commented, “I definitely think it is a positive, and again, it’s sort of validating that the nurses are taking that academic knowledge and that they are able to apply it.” Participant 7 provided additional confirmation of this theme by stating, “I’d say

positive. It just increases access and the fact that you know what CBE programs are...it gives folks a lot of opportunity to get things done around their existing work and home life schedules.”

***Theme 5: Colleges and Universities Should Collaborate with Hospitals and Subject Matter Experts When Developing CBE Programs to Ensure Programs Incorporate Current Real-Life Scenarios***

All seven hospital hiring employers conveyed the importance of universities collaborating with industry partners when developing RN BSN CBE programs to ensure the inclusion of current industry requirements and real-world scenarios. Participants 1, 4, and 6 emphasized engaging with hospitals from the start when developing curriculum. Participant 4 stated, “Number one, I would ask them to engage with all the local community hospitals.” Participant 6 added, “I think basically just partnering up with certain you know institutions. Maybe their local hospitals around their area.”

Participants 2, 3, 4, 5, and 7 further recommended that from the beginning of the curriculum development process, universities involve stakeholders, including other institutions with existing programs, to build real-world curriculum with practical experiential applications. In support of this theme, Participant 2 stated, “So the best advice I could give is make the course content as relevant as possible. Ask us [hospital employers] what we really need to make a nurse successful in today’s environment.” Participant 3 added, “Like if they were developing a new program, they should partner with people who already have a program.” Participant 4 confirmed by stating, “I would ask them to collaborate with other nursing schools to find out what they’re doing. I would

also ask that they collaborate with HR partners to find out what are the expectations...what are the hospitals looking for.” Additionally, related to curriculum, participant 7 stated, “You know, it needs to be as close as possible to what they would reasonably be expected to do in a real-world environment.”

## **Research Question 2**

How do hospital hiring employers view RN BSN CBE credentials in relation to traditional credentials? This question yielded themes six and seven, 6) RN BSN CBE graduates and traditional graduates are evaluated on the same criteria; and 7) no preference given to RN BSN CBE graduates over traditional graduates.

### ***Theme 6: RN BSN CBE and Traditional Graduates are Held to the Same Expectations and Evaluated Based on the Same Criteria***

All participants, except for one reported that RN BSN CBE graduates and traditional graduates were held to the same expectations and evaluated based on the same criteria. For example, Participant 2 stated that, “We have no difference in expectations. We give them all the same chance, all the same learning, all the same courses.” Participant 3 reinforced this by adding, “We’re trying to hire the best person that fits for our organization over which school did you go to.” Participant 6 also noted, “Once you are hired in, as an RN, expectations are the same no matter if you have your associates, or your bachelor’s. We have to hold you in the same standard so that it’s fair and equitable for everyone.” Participant 7 added, “They’re held to the same job description as everyone else and they go through the same evaluation as everyone else...feels pretty equal.” Only Participant 5 held the CBE graduate to higher expectations stating,

I expect a lot more of the CBE BSN RN, I expect, that they are bringing the evidence and they are, looking at the why. Why am I doing this? I expect them to understand that, and I don't necessarily expect that from a traditional BSN or ADN global RN.

***Theme 7: RN BSN CBE Graduates do not Receive Preference Over Traditional BSN Graduates***

Similar to Theme 6, all but one participant reported that there is no preference given to RN BSN CBE graduates over traditional graduates. Participants 2, 6, and 7 confirmed that they listen to what the applicant has to say and how they answer difficult scenarios questions. The hiring is also based on the applicant's experience and how they present themselves as opposed to if they are a traditional BSN or CBE graduate. Only Participant 5 reported that they would give hiring preference to a CBE graduate, stating that "probably would have preference over them over the traditional. ... Because you know, there's not that risk. ... They've already been able to demonstrate those skills levels."

**Evidence of Trustworthiness**

Ravitch and Carl (2016) posited that trustworthiness is the quality and rigor in a qualitative study. In this section, I describe how I employed strategies to establish trustworthiness by including credibility, dependability, confirmability, and transferability.

**Credibility**

Credibility is the way the researcher asserts the findings of their study are an accurate description of the participants' experiences. To ensure credibility I conducted

member checking and peer review. I provided a transcription summary of the interview to each participant to check for accuracy (Birt et al., 2016). I also implemented an open peer review, whereby I shared my findings with a peer who is an expert in the field, and received feedback (Creswell, 2013). Based on the feedback, I made changes to distinguish between CBE graduates meeting facility requirements and CBE programs meeting facility required competencies.

### **Transferability**

Transferability is the degree to which the results of the study can be applicable or transferrable to other contexts or settings (Daniel, 2018). Participant questions prompted in-depth responses that were beyond a yes or no answer. Using the thick descriptions strategy, I used a journal throughout the interview, recording, and transcription process. Through journaling, I learned of the importance of comparing and crosschecking journal notes with interview transcripts to ensure the participants perceptions were accurately documented and reported. Journaling helped me to remember things I found important during the interview process and to keep track of the data analysis process itself. Journaling also helped me to check my bias about CBE and CBE graduates.

### **Dependability**

According to Amankwaa (2016) dependability is the stability and consistency of the data addressing and answering the research questions. To ensure dependability I asked my chair to perform an external audit of the findings. I also used an audit trail by keeping detailed notes and record keeping of the entire research process from the

beginning of the research to the final report. The audit confirmed the findings of the study.

### **Confirmability**

Confirmability ensures that the findings of the study are reflecting the perceptions and ideas of the participants (Barrett et al., 2020). Reflexivity was implemented to establish confirmability. According to Ravitch and Carl (2016) reflexivity is the writer's awareness of their biases they bring to a study. During each phase of the study, using field notes, I paused for self-reflection of any biases that could impact the accuracy of the data and results. My bias supports CBE and CBE graduates. Therefore, pausing for self-reflection throughout the process allowed me to analyze the data based on the information received from the participants, and not my perception or personal thoughts.

### **Summary**

The previous sections of this chapter included the analysis of the data to identify themes using open, in vivo, and axial coding. The purpose of this study was to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. The research questions and subsequent interview questions focused on the purpose of the study.

Seven themes emerged from the analysis of the data collected as part of this study. In general, the results of the study revealed that hospital hiring employers viewed RN BSN CBE credentials similar to traditional credentials. RN BSN CBE graduates and traditional graduates are evaluated on the same criteria and there is no preference given to either type of graduate, RN BSN CBE or traditional. Employer perceptions regarding

potential RN BSN CBE employees to meet their workforce needs was positive.

Employers perceived RN BSN CBE graduates to be as competent or better prepared than traditional RN BSN graduates. Furthermore, employers perceived CBE programs to be a good educational option for nurses in helping to meet hospital hiring employer workforce needs.

In Chapter 5, I compare the interpretations of the findings with previous research presented in Chapter 2's Literature Review and the conceptual framework of Bailly's model of employers' beliefs. I also include the limitations and recommendation for further research. Finally, I explain the Implications of the study and how it might affect positive social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. The key findings revealed that hospital hiring employers had a positive perception of RN BSN CBE credentials meeting their workforce needs, resulting in the following seven themes: (a) RN BSN CBE graduates meet facility required competencies; (b) RN BSN CBE graduates are better prepared than traditional graduates with real world experience that can be immediately applied in the workplace; (c) RN BSN CBE program curriculum is a good educational option that meets facility required competencies; (d) RN BSN CBE and traditional graduates are held to the same expectations and evaluated based on the same criteria; (e) employers see a positive trend toward RN BSN CBE programs to meet hiring needs as it increases the talent pool of competent nurses; (f) RN BSN CBE graduates do not receive preference over traditional BSN graduates; and (g) colleges and universities should collaborate with hospitals and subject matter experts when developing CBE programs to ensure programs incorporate current real-life scenarios. The key findings of this study confirm and extend beyond the existing literature in the field of CBE and workforce.

### **Interpretation of the Findings**

In this section, I discuss the findings in relation to the existing literature and Bailly's model of employers' beliefs.



### **Findings in Relation to Existing Literature**

Current studies have reported that CBE programs have experienced another surge in response to employer concerns that traditional college graduates do not possess the competencies needed to perform the job requirements (Kaufman et al., 2019; Wax & Klein-Collins, 2015). Employers value graduates with proven competency and experience over graduates with a traditional college degree (Gauthier, 2020). Employers also prefer potential employees who could immediately perform the duties of the job (Camacho & Legare, 2016). Through my study I found that employers perceived RN BSN CBE graduates to meet facility-required competencies and are better prepared than traditional graduates, with real-world experience that can be immediately applied to the workplace. This finding extends the knowledge of the aforementioned studies and contradicts another study that found the absence of data to support CBE graduates as being more competent than those who graduated from traditional programs (Gallagher, 2014; Kelly & Columbus, 2016).

Another key findings in this study indicated that employers would not give RN BSN CBE graduates preference over traditional graduates. Employers also noted that RN BSN CBE and traditional graduates are held to the same expectations and evaluated based on the same criteria. This finding extends the knowledge in the field of CBE and workforce as it is not found in existing research.

Findings also confirmed existing literature indicating the credibility of CBE. Hospital hiring employers attested that RN BSN CBE program curriculum is a good educational option to meet their workforce needs. Additionally, hospital hiring employers

see a positive trend for CBE. Similarly, McClarty and Gaertner (2015) asserted CBE programs are a viable option to a post-secondary degree. The Carnegie Foundation's Flexner 2010 centenary report supported competency-based approach to curriculum as a "gold standard" for medical education in the United States (Morcke et al., 2013, p. 854).

Employers who participated in this study also supported the findings from the existing research by recommending colleges and universities who are interested in offering CBE programs, collaborate with hospitals and subject matter experts to develop curriculum, with real-life scenarios, which meet facility-required competencies. Researchers such as Kaufman et al. (2019) and Akos et al. (2018) reported that CBE program competencies should align with the expectations and needs of the employers. Furthermore, Eloy Oakley, Chancellor of the California Community Colleges, posited that linking skills to employment is critical and therefore suggested employers should be at the table, helping to develop curriculum with colleges and universities (personal communication, August 31, 2020).

### **Findings in Relation to Bailly's Model of Employers' Beliefs**

In Bailly's (2008) model of employers' beliefs, the first stage assumes the employer is inexperienced in hiring and therefore makes hiring decisions based on their initial beliefs about the applicant's educational credentials. This study confirms Bailly's first stage, as all seven employer who participated in this study attested that their RN BSN CBE graduate employees met their facility educational requirements for the job.

Bailly's (2008) second stage posits that as the employer observes the employee while on-the-job, the employer's beliefs are confirmed or adjusted. If the employee's job

performance meets or exceeds the expectations of the employer, the employer's beliefs are confirmed. Conversely, if the employee's performance does not meet the employer's initial beliefs, then the employer will adjust their beliefs. This study showed that employers found the RN BSN CBE employees' job performances either met or exceeded their expectations, thereby confirming their beliefs.

Finally, in the third stage, the employer becomes more experienced by continuing to observe the performance of the employee, thereby influencing the employer's beliefs about the true value of the employee (Bailly, 2008). The employers in this study stated that the RN BSN CBE employees were competent and better prepared with real world experience that could be immediately applied, thereby influencing the employer's belief of the true value of the RN BSN CBE employee and confirming Bailly's third stage of employers' beliefs.

### **Limitations of the Study**

There were a couple of limitations of this study. The first limitation came with the difficulty in recruiting hospital hiring employers throughout the United States due to the COVID-19 pandemic. I changed the random and purposeful sampling method to snowball sampling. This limited the initial national geographical recruitment to a regional recruitment, thus, limiting transferability to other geographic regions. This study included seven participants to reach data saturation; however, questions about demographic (e.g., gender and age) beyond job title and years in the job were not asked, which limited the study.

### **Recommendations For Future Studies**

The purpose of this study was to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs. Based on the findings, there are a couple of recommendations within the scope of this study. The first recommendation is to expand this study by doing a national recruitment to obtain representation of hospital hiring employers throughout the United States. This information would be beneficial to understand the needs of hospital hiring employer workforce needs throughout the country. The second recommendation is to include questions related to hospital location and population demographics. This information would be beneficial in determining if the perceptions of hospital hiring employers vary widely based on hospital location and population demographics in the country.

### **Implications**

This qualitative study explored the way hospital hiring employers perceive potential employees' RN BSN CBE credentials relative to traditional degree credentials to meet their workforce needs. The findings of this study have the potential to create positive social change as evident in the data collected, revealing that hospital hiring employers found RN BSN CBE programs to be a good alternative to traditional degrees and RN BSN CBE graduates to be as competent as traditional graduates to meet their workforce needs. By understanding hospital hiring employers' perceptions of RN BSN CBE, CBE educators will be able to inform hospital hiring employers about the potential of not only meeting their workforce needs but also decreasing the national healthcare

shortage of nurses through collaborations between CBE educators and employers.

Additionally, RNs interested in pursuing a BSN degree have information which confirms they have a choice of educational models from which to choose and so can confidently choose either a traditional or CBE model, which best suits them.

A methodological implication of the findings of this study is that the process of selecting and recruiting hospital hiring employers through random and purposeful sampling during a pandemic to be extremely challenging. Pivoting to snowball sampling to obtain participants for the study proved to be easier and expeditious. Additionally, by having participants refer other participants who were familiar with CBE, supported the purpose of the study to explore the way hospital hiring employers perceived potential employees' RN BSN CBE credentials relative to traditional degrees to meet their workforce needs.

The theoretical implications of the finding of this study align with the peer-reviewed literature regarding the conceptual framework of Bailly's model of employers' beliefs. The data shows that employers' perceptions were initially centered on the RN BSN CBE applicant's credentials and were later confirmed based on the graduate's job performance. This suggests that employers, who hire RN BSN CBE graduates based on their credentials, can be assured that those graduates will be competent enough to meet their job performance expectations.

### **Conclusion**

The nursing profession will experience nursing shortages due to the lack of potential educators until 2030 (Haddad et al., 2020; Juraschek et al., 2019). Furthermore,

employment opportunities for RNs are projected to increase at a faster rate than any other occupation until 2029, and those who possess a BSN will have even more employment opportunities than those who do not (U.S. Department of Labor, 2021a). At the time of this study, the world was hit with the COVID-19 pandemic. Hospitals throughout the United States and world experienced an unprecedented outbreak of life-threatening medical emergencies. The demand for nurses is greater than ever.

This study proposed to explore the way hospital hiring employers perceive potential employees' RN BSN CBE credential relative to traditional degrees to meet their workforce needs. The findings of this qualitative study concluded that in general, hospital hiring employers had a positive perception of RN BSN CBE graduate credentials to meet their workforce needs. Employers perceived RN BSN CBE graduates to meet facility required competencies and to be better prepared to perform their job duties immediately. However, employers would not give RN BSN CBE graduates preference over traditional graduates, and both were held to the same expectations and evaluated based on the same criteria.

The findings of this study should not be generalized as the norm because the population of participants was small and limited to the southern California region. Further research is recommended on a broader scale and with a larger, national population of participants. Understanding on a national level, how hospital hiring employers perceive potential employee's RN BSN CBE credentials relative to traditional degrees to meet their workforce needs, would be helpful to educators in developing RN

BSN CBE programs as an alternative to a traditional degree, while also addressing the projected national nursing shortage as being a possible educational solution.

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## Appendix: Interview Protocol Guide

**Date:****Time:****Name of Participant:****Job Title of Participant:****WELCOME**

Thank you (*participant first name*) for volunteering to participate in this study, *hospital hiring employers' perceptions regarding RN BSN CBE to meet their workforce needs*. My study aims to help facilitate positive social change by bridging the gap between RN BSN Competency-Based Education educators and hospital hiring employers to meet their workforce needs. Your participation in this study is greatly appreciated.

- I would like to remind you that all your information will be kept confidential. I will assign an alphanumeric code so your name will not be identified in the data.
- I respect your time, and the interview is scheduled to last no more than one hour, however, if the interview is running over the one-hour time frame, I will ask your permission to continue. If your answer is no, there will be no negative consequences.
- At any time, you may refuse to answer a question, skip a question, or drop out of the study at any time, without negative consequences.
- You may ask questions related to the study at any time during the interview.
- During the initial interview process, you agreed to have your interview recorded, do you still agree?
- Thank you ... before we begin, do you have any questions for me?
- I will now begin to record the interview.

**QUESTIONS**

1. Please describe your perceptions of RN BSN Competency-Based Education (CBE) to meet your workforce needs.  
Potential F/U Question
  - Would you please tell me more about that?
2. Please explain what has influenced your perceptions of RN BSN CBE.  
Potential F/U Question
  - Why do you think that influenced you?
3. Have you hired RNs that possess a BSN through Competency-Based Education? If yes, approximately how many? In no, why not?  
Potential F/U Questions
  - Why did you hire (X) number of RNs with BSN CBE?
  - Can you please expand on why you did not hire RNs with BSN CBE?

4. How would you evaluate the performance of any RN BSN CBE hires?  
Potential F/U Question
  - Would you please expand on that?
5. What are the strengths and weaknesses you perceive in your RN BSN CBE hires?  
Potential F/U Question
  - Would you please tell me more about that?
6. Do you view RNs possessing a BSN CBE credential to be as competent as those with a traditional degree? Why or why not?  
Potential F/U Question
  - Would you please tell me more about that?
7. Do your expectations of competency differ from a traditional degree vs a RN BSN CBE? Why or why not?
8. Do you view the trend toward RN BSN CBE programs as positive or negative for employers seeking RNs with BSN degrees? Why?  
Potential F/U Questions
  - Would you please expand on why it is positive?
  - Would you please expand on why it is negative?
9. If you had two RN BSN applicants, one traditional and once CBE, for the same job, would you set preference for one applicant over the other and why?
10. What advice would you give to colleges and universities looking to develop RN BSN CBE programs?
11. Do you have any questions or additional comments at this time?

### **THANK YOU and NEXT STEPS**

Thank you again for volunteering to participate in this study. Should you have any questions after the interview, please feel free to contact me by phone (xxx) XXX-XXXX or email [REDACTED]. Also, I will be providing a summary of our interview for your review. If possible, please return any comments to me within five days of receipt. Please let me know if you would like a copy of the final study. I would be happy to provide one to you. Have a nice (*day, afternoon, evening, weekend, etc.*). I am officially concluding this interview.