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Implications of an all BSN Workforce Policy

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Mary Ellen Clifford

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Walden University
2018

Abstract

Implications of an all BSN Workforce Policy

by

Mary Ellen Clifford

MS, Walden University, 2013

BS, Walden University, 2011

Project Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2018

Abstract

Discussion continues about requiring a Bachelor of Science in Nursing (BSN) as the minimum requirement for entry into registered nursing practice. A Magnet® recognized hospital located in the Northeast United States is requiring all registered nurses without a BSN (n=284 or 28%) to obtain their BSN by 2022 as a condition for employment. The purpose of this project was to quantify the potential number and rationale of nurses who are not planning to return to school. The 2 practice focused questions are (a) What is the rationale for nurses who do not plan to pursue their BSN degree and (b) What is the potential cost to the organization due to projected gaps in the workforce by 2022. The theory of reasoned action was utilized as a model of decision making. A total of 29% of non-BSN nurses responded to a questionnaire, with 54.55% replying that they plan to obtain their BSN by 2022. The primary barriers for not planning to return for a BSN were a perceived lack of the degree's value and financial issues. More than 1/3 of those respondents not planning to obtain the BSN are planning to retire, which is consistent with national trends. An extrapolation of data showed the nursing turnover rate rising to 10.62% as 2022 approaches, significantly higher than the normal rate of 5.3%. The turnover rate may increase recruiting and orientation costs for the hospital facility over both the short and long term in a state where nearly 38% of graduates have either a diploma or an associate degree in nursing. The social change implication is a need for a re-examination of roles for various levels of registered nursing or a consensus on the BSN for nursing licensure.

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Dedication

I would like to dedicate this work to my family. For my beloved parents, William and Helen Roberts who instilled in me the need to advance my education and to keep my eye on my goals. To my husband, and best friend, Terrence, for his tireless editing of papers. To my son William, for his patience in teaching me how to use technology to create tables and spread charts. My daughter, Maureen, whose constant encouragement and belief in my abilities kept me focused. To Toni, my daughter-in-law, for her sense of humor and for her knowledge of goal writing. For my precious granddaughter, Charlotte Maureen, who has the ability to charm me no matter how stressed I am. I love you all for your strength and patience. Thank you for all you do. Without your sacrificing and understanding none of this would have been possible.

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Section 1: Nature of the Project

Introduction

The preferred entry into practice educational level of a registered nurse (RN) in the United States (US) has been debated for years. In 1966 an important position paper called for a two-tiered approach to classify nurses with associate degrees in nursing (ADN) as technical nurses and those with baccalaureate of science in nursing (BSN) degree as professional nurses (Hudspeth, 2016). This approach was an effort to provide a transition of nursing education from hospital-based diploma programs to institutions of higher learning (Hudspeth, 2016). This goal has yet to be achieved. In practice, nurses have been hired by hospitals regardless of the nurses' educational background (Matthias & Kim-Godwin, 2016). Nursing licensure still allows for diploma, ADN, and BSN nurses entry into practice today (Hudspeth, 2016).

Research demonstrates that nurses who hold a BSN are more likely to rescue patients in distress and decrease mortality rates (Haskins & Pierson, 2016). Hospitals that employ a higher percentage of bachelor prepared nurses have demonstrated a positive impact on nurse sensitive diagnoses (Blegen, Goode, Park, Vaughn, & Spetz, 2013). Research studies were conducted in 21 hospitals located in the US to determine the impact of BSN-prepared nurses on nurse sensitive health outcome indicators (Kutney-Lee, Sloan, & Aiken, 2013). The evidence documented a reduction of hospital acquired pressure ulcers, postoperative deep vein thrombosis, pulmonary emboli, decreased length of stay, and mortality due to heart failure (Blegen et al., 2013). Research data consistently showed that a 10% increase of BSN nurses could have saved the lives of 500 patients in

each of these 21 hospitals (Tydings, 2014). It is important to recognize the improved outcomes for patients cared for by nurses with a BSN.

These findings were reflected in the report by the Institute of Medicine (IOM). Their 2011 report recommended that 80% of practicing nurses hold a BSN degree by the year 2020 (Duffy, Friesen, Speroni, & Swengros, 2014; IOM, 2010). Evidence also supports that BSN prepared nurses are generally more satisfied with their work, resulting in work place longevity (Kutney-Lee et al., 2013). BSN-prepared nurses are also four times more likely than associate degree graduates to continue on with graduate education (Tydings, 2014). The American Nurses Association (ANA), the American Nurse Credentialing Center (ANCC) Magnet Recognition Program, and the Tri Council for Nursing have recommended increasing the percentage of practicing nurses to hold a BSN (Haskins & Pierson, 2016). Many high-level professional organizations, leadership within the nursing profession, and nurse educators in academic settings have achieved consensus to increase the percentage of practicing nurses who hold a BSN (Matthias & Kim-Godwin, 2016). Healthcare organizations are answering the call of the IOM and the push to become a Magnet-recognized hospital and, as a result, are encouraging and aiding their nurses to return for a BSN (Romp et al., 2014). The hospital utilized for this capstone project has instituted an all BSN workforce policy by 2022. While many nurses are pursuing their BSN degree with hospital supported tuition, many others have not returned to school.

The purpose of this quantitative descriptive study is to elicit an understanding of the number and rationale of nurses who do not intend to pursue their BSN. This

information will be used to inform organizational leadership of possible incentives for employees to return to school and the potential staffing shortages should these nurses be let go in 2022. Should the projected shortage prove significant, leadership may want to reconsider the all BSN policy.

Problem Statement

Current data is reporting that only 55% of nurses in the US hold a BSN degree and nurses practicing in rural areas are reporting on 34% with BSN degrees (Health Research Systems Analyses, 2013). The State of New Jersey (NJ) reported slightly over 48% of nurses hold a BSN or graduate degree (New Jersey Collaborating Center for Nursing, 2014-2015). Despite the extensive research regarding the impact of education on patient outcomes, the nursing profession is well below the 80% recommendation of the IOM (Haskins & Pierson, 2016). The US reports that only 20% of ADN and 30% of diploma educated nurses continue to further their education (Altmann, 2011). Failure to meet the 2020 proposal would jeopardize Magnet recognition for hospitals and may impact financial reimbursement.

In 2012, the chief nursing officer (CNO) of a Magnet-recognized hospital announced that all RNs must obtain their BSN by December 31, 2022. Since 2012 the hospital has offered tuition reimbursement, in-house nursing courses, and partnerships with both distance learning and brick and mortar colleges, all who offer discounted tuition rates and flexible schedules. While 714 nurses have taken advantage of these programs, 284 have not (C. Saffer, personal communication, February 13, 2017). Currently, 72% of the nurses employed at this facility have a BSN.

Potentially, 25% of the nursing workforce may have to be laid off in the coming years. In addition to routine turnover rates and planned retirements, this could leave the hospital with a serious shortage of nursing personnel. The estimated cost to recruit and train a new nursing employee is $65,000-85,000, thus adding a significant cost to a hospital at a time of increasing economic strain and regulation (Li & Jones, 2013). Since many hospitals have put similar policies in place, this project may inform nurse leaders about potential economic and workforce difficulties that may be unintended consequences of a sweeping organizational policy.

Purpose Statement

The purpose of this study was to quantify the potential number of nurses who are not planning to return to school and the rationale behind their decision. While the hospital may not be able to influence those planning to retire or leave nursing, leadership may be able to offer additional incentives or eliminate work-related barriers to returning to school for the BSN. Knowing the approximate numbers of nurses who will be leaving employment may allow for a more accurate succession planning process. Should the economic burden prove too great, hospital leadership may need to reconsider the 100% policy or make adjustments based on specific roles.

The practice question was, "What is the rationale for nurses who do not plan to pursue their BSN degree." The second practice question asked, "What is the potential cost to the organization due to projected gaps in workforce by 2022?"

Nature of the Doctoral Project

In researching the topic of nurses advancing their education the following search engines were utilized: CINAHL, MEDLINE, PsycINFO, OVID Nursing Journals, Cochrane Data Base of Systematic Reviews, Pro Quest Nursing & Allied Health Source, and Joanna Briggs Institute EBP Data Base. The key terms used in conducting this search were *nursing education, continuing education, advancing education, RN-BSN, motivators in advancing nursing education,* and *barriers in advancing nursing education.* This literature review resulted in several themes reported as reasons nurses fail to return to school and what motivates them to return.

Reported barriers for nurses to obtain a BSN are inclusive of both time and financial commitment (Sarver et al., 2015; Warshawsky, Brandford, Barnum, & Westneat, 2015). Additional research demonstrated further barriers include lack of incentives to obtain a degree, perceived lack of value in obtaining a degree, and a fear of returning to school due to academic challenges (Duffy et al., 2014).

Cheung and Aiken (2006) discussed facilitators for nurses to return to school including bringing BSN programs on site, providing financial support, establishing partnerships with academic institutions, providing incentives for national certification, offering clinical scholarships, and mentorship programs. Schwarz and Leibold (2014) reported other motivators such as professional and career enrichment, personal growth, encouragement by others, and an easy access to programs and or courses. Recognizing ways to facilitate, support, and encourage continuing formal education are critical to

being successful. Removing the barriers and creating an improved access and ability will aid in the success of these efforts.

This quantitative descriptive study used a web-based survey to determine the number of nurses who do not plan on achieving their BSN and their rationale. It was linked to the nursing website and introduced by the Doctor of Nursing Practice (DNP) student to all nurses in the facility via email. The facility where the doctoral project took place has been recognized as a Magnet hospital for nearly 20 years. It is a 478 bed teaching hospital located in New Jersey. In 2012, the CNO announced to the nursing department that the expectation for employment is for all RNs to obtain their BSN by December 31, 2022. The investigator-generated tool was developed after a thorough review of the nursing literature regarding the barriers and facilitators noted by nurses regarding returning to school for a BSN.

The data may inform leadership on additional supports that may enhance the nurses' ability to return to school in order to meet the 2022 goal. The data will also assist the organization's leadership plan for the potential attrition due to failure to attain the BSN in the timeframe as part of succession planning.

Significance

The stakeholders of this doctoral project included staff nurses, nursing administration, nurse educators, the human resources department, and the hospital finance department. A survey was conducted to obtain a better understanding of the factors and/or barriers the 284 nurses who practice at this facility without a BSN are facing in returning to school. The survey offered insight into possible strategies to assist

them in their return. The creation of this survey involved input from nursing administrators, nurses who have recently received a BSN, and a nurse researcher.

Research demonstrates the value of BSN-prepared nurses caring for patients. The value of BSN-prepared nurses is seen through a decrease in medical errors, improvement of nurse sensitive indicators, and a decrease in morbidity and mortality (Kutney-Lee et al., 2013). The profession of nursing can no longer practice under the idea that basic nursing education will prepare a nurse for a lifetime of practice (Altmann, 2011). The US is aggressively attempting to increase its rates of BSN prepared nurses in order to improve patient outcomes (Schwarz & Leibold, 2014).

Healthcare has experienced an increase in patient acuity. The nursing workforce must be competent and demonstrate high levels of competencies pertaining to clinical reasoning and clinical leadership in their practice (Goudreau et al., 2015). However, the hiring of nurses in hospitals is often completed without regard of the nurse's education (Matthias & Kim-Godwin, 2016). Despite the IOM report calling for 80% of the nursing workforce to be educated at a BSN level, nationally hospitals report their BSN employment rate at 55% (Health Research Systems Analyses. (2013). The gap in currently practicing RNs with a BSN and the expected recommendation is important to explore in order to identify potential solutions to increase the BSN workforce.

This project may present a positive social change in assisting other healthcare facilities who are working to increase RN to BSN percentages. Nurses who are prepared at the BSN level are more satisfied with their practice which results in workplace longevity (Kutney-Lee et al., 2013). Transformation of the nursing role requires

competencies in leadership, evidence-based practice and population health (Warshawsky et al., 2015). The BSN curriculum concentrates on these competencies.

Summary

The entry level of a registered nurse in this country has been contentiously debated for years. Nurses are considered the front line of defense in the prevention of negative patient outcomes (Sarver et al., 2015). Research has evidenced that nurses who hold a BSN are more likely to rescue patients in distress and decrease mortality rates (Haskins & Pierson, 2016). Many high-level professional organizations, leadership within the nursing profession, and nurse educators in academic settings have achieved a consensus to increase the percentage of practicing nurses who hold a BSN (Matthias & Kim-Godwin, 2016). Healthcare organizations are answering the call of the IOM and the push to become a Magnet-recognized hospital and as a result are encouraging and aiding their nurses to return for a BSN (Romp et al., 2014).

Based on initiatives placed at the site of this practicum project, potentially 25% of the nursing workforce may have to be laid off in the coming years if the nurses are unable or unwilling to obtain their BSN. The purpose of this study was to quantify the potential number of nurses who are not planning to return to school and the rationale behind their decision. While the hospital may not be able to influence nurses who are planning to retire or leave nursing, leadership may be able to offer additional incentives or eliminate work-related barriers for those returning to school for the BSN. Knowing the approximate number of nurses who will be leaving employment may allow for a more accurate succession planning process. Should the economic burden prove too great, hospital

leadership may need to reconsider the 100% policy or make adjustments based on specific roles.

Section 2: Background and Context

Introduction

Current data report that 55% of nurses in the US hold a BSN degree and 34% of nurses practicing in rural areas have BSN degrees (Health Research Systems Analyses, 2013). NJ reports slightly over 48% of nurses hold a BSN or graduate degree (New Jersey Collaborating Center for Nursing, 2014-2015). Despite the extensive research regarding the impact of education on patient outcomes, the nursing profession is well below the 80% recommendation of the IOM. The US reports that only 20% of ADN and 30% of diploma-educated nurses further their education (Altmann, 2011). The practice question is, "What is the rationale for nurses who do not plan to pursue their BSN degree." A second practice question is, "What is the potential cost to the organization due to projected gaps in workforce by 2022?"

The purpose of this study was to quantify the potential number of nurses who are not planning to return to school and discover the rationale behind their decision. While the hospital may not be able to influence those nurses planning to retire or leave nursing, leadership may be able to offer additional incentives or eliminate work-related barriers to those interested in returning to school for the BSN. Knowing the approximate numbers of nurses who will be leaving employment may allow for a more accurate succession planning process. Should the economic burden prove too great, hospital leadership may need to reconsider the 100% policy or make adjustments based on specific roles.

This section of the proposal will describe the concepts model and theories that will inform the doctoral proposal. The proposal will demonstrate relevance to nursing

practice. This will be accomplished through a description of local background and context. The role of the DNP student will be fully addressed. A summary of this section will be provided.

Concepts, Models, and Theories

The utilization of theory is vital in guiding the planning and development of programs which seek to benefit healthcare. Theory provides the starting point which forms a basis that is reflective of current research and is comprehensive of any given profession (Hodges & Videto, 2011). Theory describes and explains phenomenon that is of concern to the nursing profession (Smith & Parker, 2010).

The theory of reasoned action (TRA) is the theory that was utilized with regards to a model of decision making (Ajzen, 2011). This theory states that a person will follow through on a specific behavior as a result of attitude and the subjective norm (Newton, Newton & Ewing, 2014). The concepts of behavioral beliefs with a perceived sense of control along with expected normal behavior are influenced by a proposed outcome and are considered the underpinnings of this particular theory (Ajzen, 2011).

This theory was developed in the 1960's. Ajzen and Fishbein were social psychologists that hypothesized that most individuals are rationale and will make decisions based on information that is provided to them (Smith & Parker, 2010). Paramount to this theory is a person's intention to change their behavior (Garner, 2014). According to Fishbein and Ajzen (2010), predicting human behavior is not difficult if based on the concepts of attitude, intention, behavioral expectation, and willingness. Attitude or behavioral beliefs alludes to a person's positive or negative appraisal with

regards to performing the behavior or salient belief (Garner, 2014). The intention of an individual varies regarding characteristics which includes the ability to remember, their confidence, and how valuable they perceive the change (Fishbein & Ajzen, 2010). However, an individual who self-predicts is more likely to change their behavior. When an individual self-predicts they eliminate any possible impediments with regards to taking action (Fishbein & Ajzen, 2010). As the intention is to identify limiting factors among nurses having not returned for a BSN, this model aligns with the aims of the doctoral project.

TRA has been utilized in nursing practice. In particular, the beliefs, attitudes, and intentions of healthcare providers were studied with regards to various topics (Garner, 2014). Experienced RNs returning to school will require a behavioral change. Change is often complex and is not always embraced by the profession of nursing (Roussel & Ratcliffe, 2013). There are strong influences that impact behavioral change. These influences are inclusive of psychological, environmental, and social conditions (Garner, 2014). Again, recognizing the behavioral changes as it pertains to nurses' return for a BSN is guided by the theory of TRA and will provide the foundation for answering the practice focused questions.

Relevance to Nursing Practice

The preferred entry into nursing practice has been debated for years. Fifty years ago, the profession of nursing proposed a two-tiered system to identify nurses as technical nurses (RNs without a BSN) and professional nurses (RNs with a BSN) (Hudspeth, 2016). Today, nurses continue to enter into practice with multiple educational

preparations. These include diploma, ADN, and BSN. These programs prepare nurses to sit for the National Council Licensure Examination (NCLEX) which is the ultimate requirement to enter the workforce as an RN (Haskins & Pierson, 2016).

Diploma and ADN programs are expected to continue because of the anticipated nursing shortage (Snavely, 2016). It has been reported that a nursing shortage will occur over the next several years (Snavely, 2016). The impact of the baby-boomer generation's anticipated retirement along with the complicated financial and social factors affecting nations world-wide are adding to the reports of a shortage (Griffith, 2012). It is estimated that 120,000 nurses will exit the workforce as the country recovers from the economic recession along with those nurses who are eligible for retirement (Snavely, 2016). It is important to recognize that the demand for nurses has resulted in the continuation of the diploma and ADN programs despite recommendations of 80% of the RN workforce having a BSN by 2022.

Complicating this issue further is that hospitals often hire nurses without regard for their educational background (Matthias & Kim-Godwin, 2016). An additional complication is a smaller work pool of entry level employees which is a result of a decrease in nursing faculty which forces universities to turn away nearly 100,000 qualified nursing applicants per year (Snavely, 2016). The decreased supply as a result of limited access from lack of faculty impacts the ability to have a sufficient workforce with a BSN.

Preventable medical errors are responsible for over half of the estimated 2.9 to 3.7% of hospitalizations in the US and result in adverse events causing between 44,000

and 98,000 deaths a year (IOM, 2000). The nursing profession is considered to be at the front line of providers who prevent negative patient outcomes (Sarver et al., 2015). Strong research demonstrates that nurses with a BSN are more likely to rescue patients in distress and decrease mortality rates (Haskins & Pierson, 2016). Higher percentages of BSN-prepared nurses positively impact nurse-sensitive diagnosis, which demonstrates a reduction in hospital-acquired pressure ulcers, postoperative deep vein thrombosis, pulmonary emboli, decreased length of stay, and mortality due to heart failure (Blegen et al., 2013). Despite the positive impact of BSN-prepared nurses at the bedside only 55% of nurses hold a BSN degree (Health Research Systems Analyses, 2013).

Several motivational strategies have been mentioned since 2006. These strategies are inclusive of bringing BSN programs on site, providing financial support, establishing partnerships with academic institutions, providing incentives for national certification, offering clinical scholarships and mentorship programs (Cheung & Aiken, 2006). More recent motivators have been mentioned in the literature including professional and career enrichment, personal growth, encouragement by others, and easy access to programs and/or nursing courses (Schwarz & Leibold, 2014). Transformation of the role of nursing requires competencies in leadership, evidence-based practice, and population health (Warshawsky et al., 2015). The BSN curriculum focuses on these competencies.

BSN-prepared nurses have a positive impact on delivering safe quality care to patients (Haskins & Pierson, 2016). Higher numbers of RN's educated with BSN degrees result in improved patient outcomes (Byrne, Mayo, & Rosner, 2014). BSN-prepared nurses impact nurse-sensitive indicators (Tydings, 2014). Hospital-acquired pressure

ulcers, postoperative deep vein thrombosis, pulmonary emboli, decreased length of stay, and mortality due to heart rate failure are all reduced as a result of nurses who are prepared at the BSN level (Byrne et al., 2014). Hospitals could save the lives of hundreds of hospitalized patients by increasing the BSN ratio of practicing nurses by 10% (Tydings, 2014). Patients who are cared for by BSN prepared nurses have a 5% lower risk of 30-day mortality and 6% chance of decreasing the scenario of failure to rescue (Haskins & Pierson, 2016). Evidence supports that BSN prepared nurses are more satisfied with their practice which results in workplace longevity (Kutney-Lee et al., 2013). Finally, BSN prepared nurses are four times more likely to progress their education at a graduate level (Tydings, 2014). These findings support the efforts of requiring the BSN for entry to practice based upon the improved patient outcomes as well as the impact of professional satisfaction and retention.

The literature is robust with issues which are negatively impacting a nurse's decision to return to school for a BSN. Several of these barriers are inclusive of financial and psychosocial factors (Stalter, Kiester, Ulrich, & Smith, 2014). Others report barriers associated with personal sacrifices, fear of navigating a complicated academic educational process, lack of confidence, and questioning the value and benefit of obtaining a BSN (Duffy et al., 2014).

Many successful strategies assisting nurses to return for a BSN have been reported in the literature as well. These strategies include taking the first step and enrolling in a class, determine how one will finance their education, select mentors who have completed their BSN, enhancing technology abilities, believe in one's abilities, seek

support from family and friends, and take care of oneself (Stalter et al., 2014). Other strategies and/or motivators were described as tuition reimbursement, distance learning opportunities, flexible schedules, partnerships with universities, and offering courses on hospital grounds (Sarver et al., 2015).

According to hospital leadership at the program site, approximately 72% of nurses currently have their BSN. This number is low despite the hospital offering several motivators including tuition reimbursement, in-house nursing courses, and partnerships with both distance learning and brick and motor colleges offering both discounted tuition rates and flexible schedules.

Although there is a plethora of research in regards to the positive value to requiring the BSN including patient quality, safety, and nursing satisfaction there are some negative ramifications. In particular, nurse turnover rates along with a predicted nursing shortage will result in a higher expenditure of dollars spent on retention and recruitment of nurses (Kutney-Lee et al., 2013). It has been reported that a nursing shortage will occur over the next several years (Snavely, 2016). The impact of the expected retirement by the baby-boomer generation, along with the complicated financial and social factors affecting nations world-wide are also adding to the reports of an impending nursing shortage (Griffith, 2012). Current estimations report that 120,000 nurses will leave the workforce as the US recovers from the economic recession combined with the anticipated nurses who will be eligible to retire over the next 10 years will only further compound the shrinking of the nursing workforce (Snavely, 2016). Additionally, this issue of the impact of a smaller work pool of entry level employees as a

result of a decrease in nursing faculty which forces institutions of higher learning to turn away nearly 100,000 qualified nursing applicants per year (Snavely, 2016).While there is consensus about the benefits of nurses with a BSN these challenges must also be carefully considered as to how they impact the ability to implement such a requirement.

With fewer nurses available, hospitals must find ways to replace them. The financial impact of replacement through advertisement, recruitment, and training is costly. Added to this issue is the experience that seasoned nurses bring to hospitals by way of their intellectual capital and associated productivity loss (Li & Jones, 2013). The nursing profession contributes everywhere to society through their skills of observation, knowledge, compassion, and their impact to not only their patients but to families, communities, and our country (Snavely, 2016). The annual cost of replacing a nurse is estimated at $10,098 to $88,000 per nurse and the total turnover cost range is anywhere from $550,000 to $8.5 million annually (Li & Jones, 2013).

Local Background and Context

The landmark *The Future of Nursing: Leading Change, Advancing Health* report recommends that 80% of practicing nurses must hold a BSN degree by the year 2020 (IOM, 2010). The ANA, ANCC Magnet® Recognition Program, and the Tri Council for Nursing have recommended increasing the percentage of practicing nurses with a BSN (Haskins & Pierson, 2016). A number of high-level professional organizations, leaders within the nursing profession, and nurse educators in academic settings have achieved consensus to increase the percentage of practicing nurses who hold a BSN. Healthcare organizations are answering both the call of the IOM and the push to become a Magnet

recognized hospital. As a result, these organizations are encouraging and aiding their nurses to return for a BSN (Romp et al., 2014).

Evidence supports that nurses who hold a BSN are more satisfied with their job which results in workplace longevity (Kutney-Lee et al., 2013). They are also four times more likely than ADN graduates to continue on with graduate education (Tydings, 2014). Nurses with a BSN are more likely to demonstrate professional values. These values are at the core of the nursing profession. The professional values are described as integrity, altruism, social justice, and human dignity (Conner & Thielemann, 2013). Despite the positive impact on patient safety, the US reports only 20% of ADN and 30% of diploma educated nurses continue to further their education (Altmann, 2011). The value of BSN prepared nurses is seen through a decrease in medical errors, improvement of nurse sensitive indicators and a decrease in morbidity and mortality. The nursing profession can no longer practice under the misnomer that basic nursing education will prepare a nurse for a lifetime of practice (Schwarz & Leibold, 2014). Creating a culture that promotes nurses obtaining a BSN degree benefits not only the patients through improved outcomes, but also the organizations employing those nurses with improved professional values and commitment to advancing their education.

In 2012 the CNO announced to the nursing department that the expectation for employment for all RNs is to obtain their BSN by 2022. Since then the hospital has offered tuition reimbursement, in-house nursing courses, and partnerships with both distance learning and brick and mortar colleges, all whom offer discounted rates and flexible schedules. Many of the nurses with BSN degrees (714) have taken advantage of

these programs however, 284 have not resulting in 72% of the nursing staff with a BSN degree. While this rate is higher than the national average, it falls below the recommendation of both the IOM and Magnet (Romp et al., 2014). The CNO is concerned that in order to maintain Magnet status in 2020 more nurses will need to return to school for their BSN. Another concern is whether this facility will meet the 2022 requirement and at what expense.

<div align="center">**Role of the DNP Student**</div>

My role in the doctoral project is to quantify the potential number of nurses who are not planning to return to school and the rationale behind their decision. With this knowledge the facility may be able to offer additional incentives or eliminate work-related barriers for nurses returning for their BSN. Determining the approximate number of nurses who may need to leave employment will assist the facility in succession planning.

I developed and piloted a survey which will explore the attitudes, values, and beliefs of the nurses who have not returned for a BSN. Information obtained from the survey will be reviewed to determine several factors including age of the nurse, years of experience, intent to return to school, intent to resign or retire prior to 2022, factors impacting their return to school, and potential programs to assist in their return.

As someone who returned to school later in life to obtain my BSN and a Master of Science Degree in Nursing (MSN) I feel a need to assist others in their return. Through my current role as a nursing supervisor I am in a unique position to be a role model and mentor staff. My motivation behind this project is to increase the number of nurses with a

BSN in order to provide quality care to our patients and avoid losing the valuable intellectual capital of the nursing staff.

Summary

Nurses are reluctant to return to school for their BSN as a result of many factors including financial, time constraints, inability to see the value, lack of confidence, and conflicting priorities. Despite all of the research presented regarding the benefits of BSN prepared nurses only 55% of RNs in the United Sates hold a BSN (Health Research Systems Analyses, 2013). However, the practicum site currently reports 72% of their staff now holds a BSN degree. While 72% of nursing staff is a good starting point it does not currently meet either the IOM or Magnet® recommendation of 80% of the workforce having a BSN. The Magnet program has a strong fundamental belief in education. In alignment with Pittman et al. (2013) the practicum site required all nurse managers and leaders to have a BSN or higher nursing degree. The Magnet organization is now requiring that hospitals demonstrate a plan that provides progress regarding that 80% of the RN staff is prepared at the BSN level or higher by 2020 (Conner & Thielemann, 2013).

This DNP project sought to answer two questions. The first question was what is the rationale for nurses who do not plan to pursue their BSN degree? A second practice question was what is the potential cost to the organization due to projected gaps in workforce by 2022? These questions were explored through a survey which identified attitudes, values, and beliefs of the nurses who have not returned for a BSN. It is through

the responses of the survey that led to the collection of quantitative information that assist in providing answers to the project questions.

Section III addresses sources of evidence. This will be provided through an analysis of the evidence generated for the doctoral project. The analysis includes the participants, procedures, protections, and a description of how items are recorded, tracked, organized and analyzed.

Section 3: Collection and Analysis of Evidence

Introduction

While 55% of nurses in the US hold a BSN degree, only 34% of nurses practicing in rural areas have obtained a BSN degree (Health Research Systems Analyses, 2013). NJ reported that 48% percent of nurses currently hold a BSN or graduate degree (New Jersey Collaborating Center for Nursing, 2014-2015). Despite the extensive research regarding the impact of education on patient outcomes, the nursing profession is well below the IOM's recommendation of 80% of nurses having a BSN. The US reports that only 20% of AD and 30% of diploma educated nurses continue to further their education (Altman, 2011).

In 2012, the CNO of a Magnet-recognized hospital announced to the nursing department that all RNs needed to obtain their BSN by December 31, 2022. In an effort to support the initiative, the hospital has continued to offer tuition reimbursement along with the establishment of in-house nursing courses and partnerships with both distance learning and brick and mortar colleges who offer discounted tuition rates and flexible schedules. While many nurses have taken advantage of these programs, 284 have not. Currently, 72% of the staff nurses have a BSN.

It is possible that up to 28% of the nursing workforce may have to be laid off in the coming years due to the failure to obtain a BSN within the expected timeframe. In addition to expected turnover rates and planned retirements, this could leave the hospital with a serious shortage of nursing personnel. The estimated cost to recruit and train a new nursing employee is $65,000-85,000, thus adding a significant cost to a hospital at a time

of increasing economic strain and regulation (Griffith, 2012). Since many hospitals have put similar policies in place, this may inform nurse leaders about potential economic and workforce difficulties that may be the unintended consequences of a sweeping organizational policy.

The purpose of this study was to quantify the potential number of nurses at a community hospital who are not planning to return to school and the rationale behind their decision. While the hospital may not be able to influence nurses planning to retire or leave nursing, leadership may be able to offer additional incentives or eliminate work-related barriers to returning to school for the BSN and therefore prevent any further reduction in workforce. Anticipating the approximate number of nurses who will be leaving the organization may allow for a more accurate succession planning process. Should the economic burden prove too great, hospital leadership may need to reconsider the expectation or make adjustments based on specific roles and departments.

Practice–Focused Question (s)

The two practice questions were (a) What is the rationale for nurses who do not plan to pursue their BSN degree and (b) What is the potential cost to the organization due to projected gaps in workforce by 2022?

Sources of Evidence

A quantitative descriptive design study is used for many purposes. This type of design assists researchers in adding more information regarding the characteristics of a particular field of study (Grove, Burns, & Gray, 2013). The data source for this quantitative descriptive study was a web-based survey to determine the number of nurses

who do not plan on achieving their BSN and the rationale behind their choice. Web-based

surveys are best designed to be brief so they can be completed in a short period of time

(Terry, 2015b). While personal survey is considered the gold standard in research, it can

be expensive and time consuming. Internet surveys are economical, but may result in a

lower response rate (Polit & Beck, 2014a). As such the primary investigator sent out

reminder emails.

The survey was linked to the nursing website and introduced by the DNP student

to all nurses in the facility via email. The TRA model served to guide the development of

the survey tool. The utilization of surveys assists in the construction of data that is based

on real-world observations which can be generalized to the population in question (Terry,

2015b). The questions included primary and secondary reasons for not returning to

school. The questionnaire also inquired as to what strategies might assist the nurse in

returning to school. The survey was piloted by four nursing leaders at the practicum site

along with six nursing staff who recently completed a BSN degree. They were asked to

review and make comments regarding the tool. Their suggestions were included in the

final survey (Appendix A).

Evidence Generated for the Doctoral Project

Prior to implementation, this doctoral project was approved by the Institutional

Review Board (IRB) and was given approval number 07-20-17-0157052. The

participants of this doctoral project were a convenience sampling of all staff nurses at a

Magnet® health care system in NJ. Considering a 10% margin of error, 95% CI, the

expected sample size of 72 of the 284 nurses without a BSN were needed to participate in

the survey (Creative Research Systems, n.d.). These nurses were requested to voluntarily respond to a survey (Appendix B). Those choosing to participate in the survey first answered a question as to whether they currently have a BSN. Only those respondents without a BSN continued to the rest of the survey. The initial questions were demographic including a description of the department in which they are currently employed, employment status (full-time, part-time, or on-call), role within the department, years' experience, birth year, and marital status.

Nursing literature documents issues which are negatively impacting a nurse's decision to return to school for a BSN. Several of these barriers are inclusive of financial and psychosocial factors (Stalter et al., 2014). Other's report barriers associated with personal sacrifices, fear of navigating a complicated academic educational process, lack of confidence, and questioning the value and benefit of obtaining a BSN (Duffy et al., 2014). Understanding the barriers impacting a decision to return to school are necessary to help identify how organizations may be able to help facilitate the desired change.

Strategies to achieve a BSN have also been reported in current nursing literature. These strategies include (a) take the first step and enroll in a class, (b) determine how to finance the education, (c) select mentors who have completed their BSN, (d) enhance technology abilities, (e) believe in one's abilities, (f) seek support from family and friends, and (g) take care of personal needs (Stalter et al., 2014). Other strategies and/or motivators to encourage nurses to earn their BSN were described as (a) tuition reimbursement, (b) distance learning opportunities, (c) flexible schedules, (d) partnerships with universities, and (e) offering courses on hospital grounds (Sarver et al.,

2015). Recognizing small, yet impactful options are steps that can be taken to help motivate and initiate the return to school and achieve the ultimate goal of enrollment in a BSN program.

The confidentiality of the staff was maintained through the Survey Monkey© site, which is protected as the survey does not request the participant's name. This site provided a secure and safe method for collection of data through the utilization of Secure Sockets Layer (SSL) Norton and TRUSTe and HIPAA compliant features are what provide for encryption, data protection, and validation (Survey Monkey, 2015). The data in this survey obtained quantitative information from a descriptive study gathering data from a clinical population. I only had access to the results without any identifying information. All results were reported in the aggregate without names. The results remained in a locked desk in a locked office. The data was stored and backed up in a private password protected computer.

Analysis and Synthesis

The problem of RN to BSN focuses on several social components which are inclusive of intention, beliefs, and attitudes. The information for this type of study is noted in regard to prevalence, distribution, and interaction of variables within a population (Polit & Beck, 2014b). The first question was whether the nurse does not plan to enroll in a BSN program because they plan to retire or leave the profession. This information is crucial for the development of a cost/effectiveness analysis described below. It was expected that this decision would correlate with age and years of experience.

The first analysis examined the relationship between the decision not to return to school and the demographic variables. In this analysis the decision served as the independent variable and the demographic factor of age as the dependent variable. The second analysis was frequency analysis of the primary and secondary reasons for not returning to school. The data was further analyzed based on these key factors to determine if age, years of experience, and questioning the value of a BSN predicted an intention to return to school. This information assisted in determining barriers not currently contained in the literature and provided a potential for developing a program to encourage a return to school for a BSN.

Descriptive statistics assist researchers in their ability to furnish a synopsis of the sample that was studied and measures the variables that were used to describe the sample (Terry, 2015a). All statistical analysis was conducted utilizing SPSS V.23. Through the utilization of the independent samples t-test the DNP student extrapolated the test of significance. The t-test compared two unrelated groups on the same dependent variable. When conducting independent samples t-test, a 95% confidence interval was used and a p-value ≤ 0.5 was considered statistically significant. However, a χ^2 test examined the frequency of the demographic questions as they related to those nurses who are returning for a BSN as opposed to those who are not. The chi-squared statistic is calculated by noting the relationships among the variables (Polit & Beck, 2014b).

This project assisted in developing a better understanding of the impact of losing experienced nurse clinicians along with the expense of nurse turnover which is further compounded by the predicted nursing shortage. Based on this information a cost-

effectiveness approach revealed the potential financial impact of this policy. A probability table for the loss of nurses and the projected cost of replacement was created.

The expected turnover rate of nurses was compared to the percentage of nurses who, according to the survey, will no longer be eligible for employment. If this number is higher, then a cost analysis may be performed. This information is presented by nursing division to facilitate better understanding of the investment required. Finally, sample size and a confidence interval must be addressed. Confidence levels assist researchers in the development of estimate of effect (Polit, 2010). The results of the survey are an example of a binominal distribution which is examining the nurses' intent to return to school versus those who do not intent to return. Determining a confidence interval with regards to a binominal distribution is complex and requires the utilization of a computer program.

Summary

The overall aim of this study was to explore the factors related to nurses' decision not to return to school for a BSN and evaluating the potential economic impact of this population leaving the workforce in this particular hospital. The target population was nurses working at New Jersey at a Magnet® Hospital. These nurses received notice that they must obtain their BSN as a means for continued employment by December 21, 2022. A descriptive survey collected quantitative data assisted in the determination of the factors impacting their decision to return to school. It is through this data that may guide the organization in offering additional programs to assist them in their return. The data may also assist hospital leadership in making other determinations based on the financial impact of mandating the nurses obtain a BSN.

Section IV addresses findings and recommendations that the study reveals. Solutions are offered not only to the practicum site, but to other hospitals who wish to increase the percentage of BSN nurses. Section IV reveals whether a proposed 100% BSN workforce is viable due to the financial impact and loss of the experienced nursing workforce.

Section 4: Findings and Recommendations

Introduction

The purpose of this quantitative descriptive study was to understand the number of and rationale of nurses who do not intend to pursue their BSN. While the hospital may not be able to influence nurses planning to retire or leave nursing, leadership may be able to offer additional incentives or eliminate work-related barriers to returning to school for their BSN and therefore prevent any further reduction in workforce. However, should the projected shortage prove significant, leadership may want to reconsider the all BSN policy. The two practice focused questions were (a) What is the rationale for nurses who do not plan to pursue their BSN degree and (b) What is the potential cost to the organization due to projected gaps in workforce by 2022?

I developed and piloted a survey based on current literature that describes the barriers and motivators RNs report when returning to school for a BSN. This survey explored the attitude, values, and beliefs of the nurses who have not returned to school for their BSN. The survey provided the data source for this quantitative descriptive study.

The participants of the doctoral project consisted of a convenience sampling of all staff nurses at a Magnet® healthcare system in NJ. These nurses were requested to voluntarily respond to the survey (Appendix A). A letter of invitation (Appendix B) was e-mailed out to the entire nursing department inviting them to take part in the web-based survey. The Survey Monkey© site was selected to protect the confidentiality of the staff. The aggregate results of the survey were placed in an excel spread sheet.

Findings and Implications

Of the 998 nurses at the practice site, 284 do not currently have a BSN. Eighty-three (83) non-BSN nurses responded to the survey, or 29% of the non-BSN working population. The responding nurses were evenly distributed across all units: Medical Surgical (*n*= 13 or 16%), Critical Care (*n*= 10 or 12%), Peri-operative (*n*=7 or 8.4%), Pediatric Services (*n*=15 or 18.8%), Obstetrical Services (*n*=14 or 16.9%), Mother Baby (*n*=8 or 9.6%), and Community (*n*=16 or 19.3%).

The majorities of these nurses are employed full-time, have practiced longer than 30 years, were born between the years of 1951-1960, and are married. Sixty-nine percent (69%) had 20 or more years of nursing experience, with only 14% with less than 10 years of experience. This corresponded with 59.1% reporting age over age 57. Eighty percent (80%) were married.

While 83 nurses responded to the survey that did not have a BSN, only 77 completed the survey and were included in data analysis. There was however, a significant finding in that 21 nurses out of the 77 who responded to the survey are currently advancing their education by obtaining their BSN. This number represents 27% of the respondents. There was no way to factor this into the remaining responses.

The survey asked the question "Do you plan on obtaining a BSN by 2022?" This question was answered by 77 respondents with 42 answering yes they plan on obtaining their BSN by 2022 (54.55%). Thirty-five of the respondents answered no (45.45%), they would not obtain a BSN by 2022.

Barriers to Returning to School

The two most frequent answers to the question regarding the primary reason that is preventing going back to school were questioning the value of the degree and personal sacrifices. None of the respondents identified family support as a primary reason for not returning to school. Additional reasons included perceiving themselves as too old and financial. A total of 4% reported other. Complete results can be seen in Table 1.

Table 1

Surv*ey Questionnaire: What is Your Primary Reason Preventing Your Return to School (N=77)*

Reasons	# of Respondents	Percentage of Respondents
Financial	6	7.8%
Personal Sacrifices	7	9.1%
Previous Negative Experience in Navigating a complicated Academic Educational Process	2	2.6%
Perceive Yourself as Too Old	8	10.4%
Questioning the Value and Benefit of Returning to School and Its Impact on Nursing Practice	20	26%
Family Support	0	0%
Young Children Under the Age of 14 Years	3	3.9%
Children Approaching College Age or in College	5	5.2%
Returning for BSN	21	27.2%
Other *		

The most frequent responses to the second question, the secondary reason that is preventing you from going back to school were financial (*N*=21 or 27.2%) and personal sacrifices (*N*=17 or 22%). Eight (10.3%) reported a previous negative experience in

navigating a complicated academic educational process. Complete results for secondary

reasons can be seen in Table 2.

Table 2

What is Your Secondary Reason Preventing Your Return to School (N=77)

Reason	# of Respondents	Percentage of Respondents
Financial	21	27%
Personal Sacrifices	17	22%
Previous Negative Experience in Navigating a complicated Academic Educational Process	8	10.3%
Perceive Yourself as Too Old	0	0%
Questioning the Value and Benefit of Returning to School and Its Impact on Nursing Practice	10	13%
Family Support	1	1.3%
Young Children Under the Age of 14 Years	1	1.3%
Children Approaching College Age or in College	0	0
Other*	28	36.4%

The third question asked about additional strategies that may assist the nurse in

returning to school. Forty-five respondents (58%) answered that there were no other

options they would recommend. Fourteen (14) responses called for prospective rather

than retrospective tuition reimbursement, increased tuition reimbursement, additional

reimbursement for part-time employees, and reimbursement for per diem staff. In

addition, several comments addressed the need to offer incentives once the degree has

been obtained.

The final question asked about plans to retire by 2022. Twenty-nine respondents or 37.66% responded yes, with forty-eight (62.34%) responding no.

Implications

Seventy-seven nurses answered the questionnaire section of the survey. This represents 27% of the non-BSN nursing staff. The primary reasons for not returning to school were questioning the value and benefit of returning to school and its impact on nursing practice. This lack of value and benefit was also noted by Duffy et al. (2014). The secondary reason nurses gave for not completing the BSN was financial. This barrier aligns with the findings of Stalter et al. (2014).

Nearly 38% of the nurses without a BSN who responded report they plan to retire or resign by 2022. This is consistent with estimates that 120,000 nurses will exit the workforce as the country recovers from the economic recession along with those nurses who are eligible for retirement (Snavely, 2016). These issues have the potential to negatively impact the intellectual capital of the nursing workforce at this particular hospital. This may prove problematic to the institution, as nurses still continue to enter into practice with multiple educational levels. Thus, there will continue to be nurses without the BSN entering into practice. Should the hospital adopt a BSN-only hire decision, this may restrict the pool of applicants.

If the data is representative of all 284 non-BSN nurses in the hospital and 37.7% do not plan on returning for a BSN, the hospital may be faced with a deficit of 106 nurses or 10.62% of the total nursing population by 2022, compared to the facility's current turnover rate of 5.3% (L. Lazar, personal communication, September 15, 2017). While

these numbers are influenced by the aging population of nurses and plans to retire, this will still contrast with the current annual turnover rate of 5.3%. The average cost to recruit and onboard a new nurse is estimated to be $65,000. The hospital may need to significantly increase the orientation budget as well as dollars for recruitment efforts. The impact of these nurses who are currently returning to school coupled with the those nurses who intend to retire by 2022 supports the policy enacted by the CNO in 2012. In consideration of the anticipated turnover rate the administration of the practicum site may want to increase their recruitment of nurses in the coming years.

Recommendations

The facility where this DNP Project is taking place currently offers the recommended facilitators associated with nurses returning to school for a BSN. These facilitators include offering BSN programs on site, provision of financial support, establishment of partnerships with academic institutions, and the provision of incentives for national certification. With nearly one-third of respondents currently taking advantage of these opportunities there are nurses taking the initiative seriously however, there is still a need to promote, support, and encourage the return to school. This may be obtained through continued discussion and reinforcement by nursing leadership.

With more than a quarter of the respondents reporting their primary reason for not returning to school as not seeing the value of obtaining a BSN, the development of a Power Point Presentation which addresses the rationale and value behind obtaining a BSN could be viewed by nurses who currently do not have a BSN. This, along with a panel discussion of nurses who recently returned to school for a BSN, who could describe

the change in their practice as well as additional opportunities that have resulted may generate additional interest in returning to school. This method was successfully utilized in the State of New York in increasing their percentage of BSN prepared nurses (Tydings, 2014).

In consideration of the financial concerns associated with returning to school, the second most reported barrier, identifying ways to mitigate this may be helpful. Several research findings have found tuition reimbursement to be a valuable tool in assisting nurses in the advancement of their education (Cheung & Aiken, 2006; Sarver et al., 2015; Warshawsky et al., 2015). The doctoral project site does offer tuition reimbursement however, several respondents noted that reimbursement should be offered prior to the start of the course and not at its conclusion. A discussion regarding the possibility of up fronting tuition should be explored by nursing leadership, human resources, and the finance department. Furthermore, an examination of increasing tuition for part time nurses as well as offering tuition reimbursement for per diem staff should also be considered as alternatives to current practices.

Understanding the importance of how mentoring may motivate and impact the return to school may also facilitate efforts to increase the number of nurses enrolling in BSN programs. The facility where the project takes place does have a mentoring program for nurses entering practice. A third recommendation is to offer a mentor through this program for any nurse returning to school and who desire a mentor to guide them through the process. Registered nurses returning to school for a BSN are distinctive in that while

they are licensed they lack experience in areas such as public health or nursing management (Cheek, Dotson, & Ogilvie, 2016).

Strengths and Limitations of the Project

The strength of this study is that it is easily replicated and is based on the current research noted in the literature. The study will assist nursing leadership in planning for replacement of staff in 2022 through increased nurse recruitment. The study also allowed for staff to voice their feelings regarding the policy. The limitations of this study are the small sample size. The survey was unable to identify any new facilitators or barriers to obtain a BSN. The respondents often made comments to the researcher despite all of the steps taken to protect confidentiality however, only survey data was used in analysis.

Recommendations to improve the study would include a change in the design of the survey itself. The survey may have yielded more information if it had delineated those with a BSN, working towards BSN, or not having a BSN. By dividing out the questions we may have been able to determine a more robust understanding of the barriers and facilitators of this project. Additional limitations include (a) the tool was investigator developed and not tested for reliability and validity, (b) the investigator holds a leadership position at the practicum site and may introduce bias in how participants perceive they should answer questions, and (c) includes a small sample size from a single site location. Additional consideration should be given to the fact that this organization, in comparison to others around the nation has a relatively high percentage of RNs with BSNs and therefore may not be generalizable.

The unanticipated outcome (of nurses currently returning to school) was noted in the survey design. The survey inquired if the respondent had a BSN degree. If the respondent answered yes, the survey closed and thanked the respondent for their participation. If, however, the respondent answered "no," the survey revealed its questions. The survey did not inquire if the RN was working towards their BSN. There were 21 nurses who responded that they were currently working towards their BSN degree.

Summary

Research demonstrates that nurses who are prepared with a BSN degree render value to the patients they care for. This value is seen through a decrease in medical errors, improvement of nurse sensitive indicators, and a decrease in morbidity and mortality (Kutney-Lee, Sloan, & Aiken, 2013). Our profession can no longer practice under the belief that a basic nursing education will prepare a nurse for a lifetime of practice (Altmann, 2011). The US is aggressively attempting to increase its rates of BSN prepared nurses in order to improve patient outcomes (Schwarz & Leibold, 2014). Recognizing and working towards the BSN as the requirement for practice is critical for health care organizations and its leaders.

Healthcare has experienced an increase in patient acuity. The nursing workforce must be competent and demonstrate high levels of competencies pertaining to clinical reasoning and clinical leadership in their practice (Goudreau et al., 2015). However, the hiring of nurses in hospitals is often completed without regard of the nurse's education (Matthias & Kim-Godwin, 2016). Despite the Institute of Medicine report calling for

80% of the nursing workforce to be educated at BSN level, hospitals nationally report their BSN employment rate at 55% (Health Research Systems Analysis. (2013). Identifying and working to remove barriers in achieving higher levels of BSN-prepared nurses must become a priority.

This project may present a positive social change by assisting other healthcare facilities who are working to increase RN to BSN percentages. Nurses who are prepared at the BSN level are more satisfied with their practice which results in workplace longevity (Kutney-Lee et al., 2013). Transformation of the nursing role requires competencies in leadership, evidence-based practice, and population health (Warshawsky et al., 2015). The BSN curriculum concentrates on these competencies. Recognizing the additional qualities that are developed in BSN programs highlight the areas that result in the improved patient outcomes. Section 5 of this project will address how the project will be disseminated. As a practitioner scholar and project manager, I will perform a self-analysis with attention to encounters, resolutions and any new awareness that occurred during this experience.

Section 5: Dissemination Plan

I used the DNP essentials as a guiding force to assist me in a better understanding of the importance of dissemination. Nurses have a responsibility to be accountable for professional growth (Spear, 2016). The hallmarks of the DNP essentials include (a) the application of research to foster practice which is evidence-based, (b) proposing policy to effect reform and thus improving health care, (c) promoting patient safety through technology, (d) managing change, (e) collaborating with interprofessionals to provide optimal care, (f) serving as leaders and mentors, and (g) performing at the peak of clinical practice (Laureate Education, nd). These hallmarks are a reflection of how important it is to ensure that nursing practice is based on sound evidence. As a nurse with a DNP it is expected that I review and appraise the literature and research, and then translate that research into practice. Disseminating the information of how to improve care not only improves nursing practice but enhances the care and health of the population served.

Dissemination strategies include presenting the project results to the stakeholders. This includes an oral presentation to the leadership at the project site. The next steps include addressing the nursing staff regarding the value of the project topic. The utilization of a power point presentation will assist in staying organized during the presentations. Oral presentations may be either formal or informal, conducted among large or small audiences who may or may not be experts in the field (Tijo, Prowse, & Strachan, 2013). Delivering a presentation can be a daunting experience (Medina & Avant, 2015). Oral presentations require a great deal of planning that encompasses (a) an understanding of the audience, (b) how much time available for the presentation, (c) the

presenter's skills, and (d) what take-a-ways to the audience should comprehend (Tijo et al., 2013). Understanding the challenges and preparing for the setting, audience, and time constraints will help achieve the desired results. Recognizing the importance of sharing the results in a manner that can create a positive dialogue will further help guide the goal of the organization in achieving its goal.

Additional dissemination strategies include speaking at meetings, including the local Association of Women's Health Obstetrics and Neonatal Nurses organization and statewide nursing organizations. These organizations also offer an excellent venue for a poster presentation. Poster presentations offer individuals an opportunity to review information of interest and ask questions of the presenter (Hand, 2010). There is a great deal of planning needed along with the many presentation approaches an author can take (Forsyth, Wright, Scherb, & Gaspar, 2010).

Writing a manuscript for a journal article is another way to disseminate the topic. Publishing a manuscript for a professional journal is an excellent example of disseminating information to improve patient care and to enhance our profession (Christenbery, 2011). Upon reflection of the topic of publishing findings in a journal the I realized the DNP proposal was built on information gleaned from journal articles. It is a popular belief that more individuals will read journal articles then will attend the poster presentations and meetings (Christenbery, 2011). Therefore, it is intended that a manuscript of the project will be submitted for publication consideration to journals geared towards nursing leadership, nursing education, and professional development.

Analysis of Self

The practicum experience has had a profound impact on me as a leader and a student. Today, the environment of healthcare is in a constant state of change which calls for a restructure of the way care is provided to patients (Roussel & Ratcliffe, 2013). Understanding how change affects individuals has been a valuable key to the practicum experience.

Behavior is not impacted by knowledge; however, knowledge is needed to better understand personal beliefs, perception of risk, the definition of normal, and one's skills (Hodes & Videto, 2011). The theory that guided my experience has been Ajzen's theory of planned behavior (2011). Understanding the stakeholder's needs and beliefs, along with creating a sense of why change is needed, has proven to be beneficial in both making and sustaining change (Hodges & Videto, 2011).

The practicum experience has prepared me well in my ability to respond to issues in healthcare. The ability to seek out current literature that supports practice has been invaluable. Upon reflection of my leadership growth, I have improved in my ability to listen, engage and understand stakeholder needs, and appreciate the role other disciplines play in the care of patients. I believe my credibility is respected more as a result of my pursuance of a DNP degree.

The DNP essentials have served me well as I have utilized them in planning both my practicum project and experience. The hallmarks of the DNP degree, according to Laureate Education (n.d.), include:

- Application of research to foster practice which is evidence based

- Proposing policy to effect reform and thus improve healthcare

- Promotion of patient safety through technology

- Managing change

- Collaborating with interprofessionals to provide optimal care

- Serving as leaders and mentors

- Performing at the peak of clinical practice

The DNP essentials were at the core of my clinical experiences. The application of research to foster evidence-based practice can be viewed in my work to eliminate the separation of infants from their mothers and to improve infant bonding in the neonatal intensive care unit. The proposal of policy to affect reform and improve healthcare is echoed in my practicum project. The promotion of patient safety through technology is evidenced by the work completed to implement a new electronic medical record and the implementation of a simulation lab. I served as an educator during the implementation of both technologies. By working on and implementing the projects described, and through continual learning, I have been performing at the peak of my clinical practice as a nurse leader.

Over the course of the doctoral program I have learned that quality improvement (QI) is not just about compliance; it is a commitment to our patients and one another. Despite the dollars spent on healthcare and our desire to deliver quality care to our patients we fall short of this goal. This information is located in several reports from the Institute of Medicine (IOM), the Agency for Healthcare Research and Quality (AHRQ) and National Priorities Partnerships (NPP) over the past 20 years. These reports are

inclusive of: *"The Urgent Need to Improve Health Care Quality"* in 1998, "*To Err is Human: Building a safer Health System"* in 2000, *Crossing the Quality Chasm: A New Health System for the 21st Century"* in 2001, *"The National Healthcare Quality Report"* first published in 2003, and *"The National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare"* in 2008 (Joshi & Berwick, 2014).

An emphasis on patient safety, communication, and teamwork are all necessary to promote quality care. Many methods are utilized to promote communication including speech and writing (Manion, 2011a). Teamwork is dependent on perceiving one another as equals and the style of communication being used (Griffin, 2014). Failure to communicate results in errors, unexpected outcomes, and adverse events (Thomson, Outram, Gilligan, & Levett-Jones, 2015). As a result of these findings I have created power point presentations (PPP) which discuss TeamSTEPPS, communication, and safety. These PPP were introduced to the nursing and medical staff at the practicum site.

Over the past several semesters I have had the pleasure of either leading teams or being a team member in projects which improved patient outcomes. Two words come to mind when working to improve healthcare outcomes which are impacted by change. These words are courage and credibility. Leaders must explore the risks and determine if the change is indeed appropriate and then instill in the followers the courage to make the change (Barker, 1992). Upon reflection, I too had to develop the courage to suggest changes and create the sense of why a given change was necessary. The term credibility is how a leader warrants the trust and conviction of their colleagues (Manion, 2011b).

In assisting others with making changes to practice or policy it was vital to demonstrate the evidence as to why the change should take place. Staff needed to understand how the change would improve practice and how the change might impact practice. A good example of this came from a project which recommended not to immediately bathe newborn infants. As a result of change in practice neonatal outcomes and patient satisfaction scores improved.

Several projects that warranted change were in regards to health care policy. The State of New Jersey enacted a law that describes how healthcare facilities should assist women and their families with perinatal bereavement (The Autumn Joy Stillbirth Research and Dignity Act; P.L. 2013 Chapter 17 Title 23 C26:8-40:27, Effective January 17, 2014). Working on this project certainly impacted the perspective of consumers, healthcare providers, and stakeholders. Public forums were held to insure emotional support to patients and their families. The public forum also addressed the financial impact to hospitals. One issue that was addressed regarding finances was the original law required one to one nursing care throughout the patient stay. Our group was able to facilitate the amending of this law as it would have forced hospitals to discharge patients early, prior to receiving additional support and resources.

During the practicum experience I have learned the importance of being proactive rather than reactive. It is imperative to understand what legislature is being written and how this will impact healthcare. Informing health care policy is an area where I still consider myself to be a novice. However, I am becoming more savvy in my awareness of

policy that impacts nursing practice and have a more active role in advocacy for hospital policy.

This has been an incredible journey, and as a result of it, I am a better person and nurse. The experiences and individuals I have met along the way have made a great impression on me and as a result I will continue to lead change and grow through continuous learning. As a nurse entering the twilight of my career I plan to utilize the knowledge gained from my DNP to teach and mentor nursing students.

Summary

Many high-level professional organizations, leadership within the nursing profession, and nurse educators in academic settings have achieved consensus to increase the percentage of practicing nurses who hold a bachelor of science in nursing (BSN) degree. The hospital utilized for this capstone project has instituted an all BSN workforce policy by the end of 2022. Currently, 72% of the nurses at this facility have a BSN. A quantitative descriptive study was conducted to elicit an understanding of the number and rationale of the nurses who do not intend to pursue their BSN and the financial impact to this particular hospital. This study was accomplished via a web-based survey. The survey demonstrated the biggest barriers of nurses returning to school were questioning the value of the degree and personal sacrifices. The secondary rationale was found to be financial.

If the data reported in the survey is representative of all 284 non-BSN nurses in the hospital and 37.66% do not plan on returning for a BSN, the hospital may face a deficit of 106 nurses or 10.62% the total nursing population by 2022. The practicum facility turn-over-rate is reported to be 5.3% (L. Lazar, personal communication,

September 15, 2017). While these numbers are influenced by the aging population of

nurses with plans to retire, this will still contrast with the current annual turnover rate of

5.3%. The average cost to recruit and on-board a new nurse is estimated to be $65,000.

The hospital may be looking at having to significantly increase the orientation budget, as

well as dollars for recruitment efforts. While this organization continues to support its

nurses in returning to school it is not without challenges and opportunities. Continued

efforts by all healthcare organizations is important in order to achieve the overarching

goal which is really to improve patient outcomes.

References

Ajzen, I. (2011, September). The theory of planned behaviour: Reactions and reflections. *Psychology and Health*, *26*, 1113-1127. http://dx.doi.org/10.1080/08870446.2011.613995

Altmann, T. K. (2011, October). Registered nurses returning to school for a bachelor's degree in nursing: Issues emerging from a meta-analysis of the research. *Contemporary Nurse*, *39*, 256-272. http://dx.doi.org/10.5172/conu.2011.256.

Autumn Joy Stillbirth Research and Dignity Act, NJ S2843 (2013).

Barker, J. A. (1992). *Paradigms: The business of discovering the future*. New York, NY: Harper Collins.

Blegen, M., Goode, C., Park, S., Vaughn, T., & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration*, *43*, 89-94. http://dx.doi.org/10.1097/NNA.0b013e31827f2028

Byrne, D., Mayo, R., & Rosner, C. (2014, October). What internal motivators drive RNs to pursue a BSN? *Nursing*, *44*, 22-24. http://dx.doi.org/org.ezp.waldenulibrary.org/10.1016/j.nepr.2015.10.013

Cheek, R. E., Dotson, J. W., & Ogilvie, L. A. (2016). Continuing education for mentors and a mentoring program for RN-to-BSN students. *Journal of Continuing Education in Nursing*, *47*, 272-277. http://dx.doi.org/10.3928/00220124-20160518-09

Cheung, R., & Aiken, L. H. (2006, July/August). Hospital initiatives to support a better-educated workforce. *The Journal of Nursing Administration*, *36*, 357-362.

Retrieved from http://resolver.ebscohost.com.ezp.waldenulibrary.org

Christenbery, T. L. (2011). Manuscript peer review: A guide for advanced practice nurses. *Journal of the American Academy of Nurse Practitioners*, *23*, 15-22. https://doi.org/10.1111/j.1745-7599.2010.00572.x

Conner, N. E., & Thielemann, P. A. (2013, December). RN-BSN completion programs: Equipping nurses for the future. *Nursing Outlook*, *61*, 458-465. http://dx.doi.org/10.1016/j.outlook.2013.03.003

Creative Research Systems [Sample size calculator]. (n.d.). Unpublished instrument. Retrieved from http://www.surveysystem.com/sscalc.htm

Duffy, M. T., Friesen, M. A., Speroni, K. G., & Swengros, D. (2014, April). BSN completion barriers, challenges, incentives, and strategies. *The Journal of Nursing Administration*, *44*, 232-236. http://dx.doi.org/10.1097/NNA.0000000000000054

Fishbein, M., & Ajzen, I. (2010). Defining and predicting behavior. In *Predicting and changing behavior: The reasoned action approach* (pp. 29-73). New York, NY: Psychology Press Taylor & Francis Group.

Forsyth, D. M. (2009). Developing oneself as an innovator. In N. A. Schmidt, & J. M. Brown (Eds.), *Evidence-based practice for nurses: Appraisal and application of research* (pp. 363-381). Sudbury, MA: Jones and Bartlett.

Garner, D. B. (2014). Theories from the behavioral sciences. In M. McEwen & E. M. Wills (Eds.), *Theoretical basis for nursing* (4th ed., pp. 305-330). Philadelphia, PA: Wolters Kluwer Health.

Goudreau, J., Pepin, J., Larue, C., Dubois, S., Descoteaux, R., Lavoie, P., & Dumont, K.

(2015, October). A competency-based approach to nurses' continuing education

for clinical reasoning and leadership through reflective practice in a care situation.

Nurse Education in Practice, *15*, 572-578.

http://dx.doi.org/10.1016/j.nepr.2015.10.013

Griffin, F. A. (2014). Patient safety and medical errors. In M. S. Joshi, E. R. Ransom, D.

B. Nash, & S. B. Ransom (Eds.), *The healthcare quality book: Vision, strategy,

and tools* (3rd ed., pp. 269-296). Chicago, IL: Health Administration Press.

Griffith, M. B. (*20*12). Effective succession planning in nursing: A review of the

literature. *Journal of Nursing Management*, *20*, 900-911. http://dx.doi.org/

Grove, S. K., Burns, N., & Gray, J. R. (2013). Selecting a Quantitative Research Design.

In *The practice of nursing research: Appraisal, synthesis, and generation of

evidence* (7th ed., pp. 214-263). St. Louis, MO: Elsevier Saunders.

Hand, H. (2010). Reflections on preparing a poster for and RCN conference. *Nurse

Researcher*, *17*, 52-59. https://doi.org/10.7748/nr2010.01.17.2.52.c7462

Haskins, S., & Pierson, K. (2016, July). The impact of the Bachelor of Science in Nursing

(BSN) degree on patient outcomes: A systematic review. *Journal of Nursing

Practice Applications and Reviews of Research*, *6*, 40-50.

http://dx.doi.org/10.13178/jnpar.2016.0601.0705

Health Research Systems Analyses. (2013).

http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcef

ullreport.pdf

Hodes, B. C., & Videto, D. M. (2011). Identifying strategies and activities. In *Assessment*

and planning in health programs (2nd ed., pp. 177-191). Sudbury, MA: Jones &
Bartlett Learning.

Hodges, B. C., & Videto, D. M. (2011). Program planning: The big picture. In
Assessment and planning in health programs (2nd ed., pp. 107-126). Sudbury,
MA: Jones & Bartlett Learning.

Hudspeth, R. S. (2016, January-March). The BSN quest 50 years after the 1965 position
paper. *Nursing Administration Quarterly*, *40*, 90-92.
http://dx.doi.org/10.1097/NAQ.0000000000000137

Institute of Medicine. (2000). To err is human: Building a safer health system. Retrieved
from http://www.nationalacademies.org/hmd/Reports/1999/To-Err-is-Human-
Building-A-Safer-Health-System.aspx

Institute of Medicine. (2010). Future of nursing: Leading change, advancing health.
Retrieved from
http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2010/The-
Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf

Joshi, M. S., & Berwick, D. (2014). Healthcare quality and the patient. In M. S. Joshi, E.
R. Ransom, D. B. Nash, & S. B. Ransom (Eds.), *The healthcare quality book:
Vision, strategy, and tools* (3rd ed., pp. 3-29). Chicago, IL: Health Administration
Press.

Kutney-Lee, A., Sloan, D., & Aiken, L. H. (2013, March). An increase in the number of
nurses with baccalaureate degrees is linked to lower rates of post-surgery
mortality. *Health Affairs*, *32*, 579-586.

http://dx.doi.org/10.1377/hlthaff.2012.0504

Laureate Education (Producer). (nd). Introduction: The doctor of nursing practice. In

[Video podcast]. Retrieved from https://class.waldenu.edu

Li, Y., & Jones, C. B. (2013). A literature review of nursing turnover costs. *Journal of Nursing Management*, *21*, 405-418. http://dx.doi.org/10.1111/j.1365-2834.2012.01411.x

Manion, J. (2011a). Communicating with clarity. In *From management to leadership: Strategies for transforming health care* (3rd ed., pp. 115-178). San Francisco, CA: Jossey-Bass.

Manion, J. (2011b). Cultivating the leadership relationship. In *From management to leadership: Strategies for transforming health care* (3rd ed., pp. 31-67). San Francisco, CA: Jossey-Bass.

Matthias, A. D., & Kim-Godwin, Y. S. (2016, July/August). RN-BSN students' perceptions of the differences in practice of the ADN- and BSN- prepared RN. *Nurse Educator*, *41*, 208-2011. http://dx.doi.org/10.1097/NNE.0000000000000244

Medina, M. S., & Avant, N. D. (2015, July 1). Delivering an effective presentation. *American Journal Of Health-System Pharmacy*, *72*, 1091-1094. https://doi.org/10.2146/ajhp150047

New Jersey Collaborating Center for Nursing. (2014-2015). http://www.njccn.org/wp-content/uploads/2016/09/Workforce-Report-2014-2015.pdf

Newton, J. D., Newton, F. J., & Ewing, M. T. (2014). The dimensional salience solution

to the expectancy-value muddle: An extension. *Psychology & Health*, *29*, 1458-1475. http://dx.doi.org/10.1080/08870446.2014.950657

Pittman, P., Herrera, C. S., Horton, K., Thompson, P. A., Ware, J. M., & Terry, M. (2013, November/December). Healthcare employers' policies on nurse education. *Journal of Healthcare Management*, *58*, 399-410. Retrieved from http://content.ebscohost.com/ContentServer.asp?T=P&P=AN&K=24400456&S=R&D=mnh&EbscoContent=dGJyMNHr7ESep7A4y9fwOLCmr0%2Bep7RSsqq4SbaWxWXS&ContentCustomer=dGJyMPGss0q1qK5IuePfgeyx43zx

Polit, D. F. (2010). Statistical inference. In *Statistics and data analysis for nursing research* (2nd ed., pp. 83-113). Upper Saddle River, NJ: Pearson.

Polit, D. F., & Beck, C. T. (2014a). Mixed methods and other special types of research. In *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed., pp. 339-354). Philadelphia, PA: Wolter Kluwer Lippincott Williams and Wilkins.

Polit, D. F., & Beck, C. T. (2014b). Statistical analysis of quantitative data. In *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed., pp. 214-248). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams and Wilkins.

Romp, C. R., Kiehl, E. M., Bickett, A., Bledsoe, S. F., Brown, D. S., Eitel, S. B., & Wall, M. P. (2014). Motivators and barriers to returning to school; RN to BSN. *Journal for Nurses in Professional Development*, *30,* 83-86. http://dx.doi.org/10.1097/NND.0000000000000046

Roussel, L., & Ratcliffe, C. (2013). Transformational leadership and evidence-based

management in a changing world. In L. Roussel (Ed.), *Management and leadership for nurse administrators* (6th ed. Burlington, MA: Jones & Bartlett.

Sarver, W., Cichra, N., & Kline, M. (2015, May/June). Perceived benefits, motivators, and barriers to advancing nurse education: Removing barriers to improve success. *Nursing Education Perspectives*, *36*, 153-156. http://dx.doi.org/10.5480/14-1407

Schwarz, L. M., & Leibold, N. (2014). Perceived facilitators and barriers to baccalaureate degree completion among registered nurses with an associate's degree. *The Journal of Continuing Education in Nursing*, *45*, 171-180. http://dx.doi.org/10.3928/00220124-20140219-03

Smith, M. C., & Parker, M. E. (2010). Nursing theory and the discipline of nursing. In M. C. Smith & M. E. Parker (Eds.), *Nursing theories & nursing practice* (3rd ed., pp. 3-15). Philadelphia, PA: F.A. Davis.

Snavely, T. M. (2016, March/April). A brief economic analysis of the looming nursing shortage in the United States. *Nursing Economic*$, *34*, 98-100. Retrieved from http://eds.b.ebscohost.com.ezp.waldenulibrary.org/eds/pdfviewerhttp

Spear, M. (2016, July-September). Taking charge of your professional growth and development: Where do I start? *Plastic Surgical Nursing*, *36*, 100-102. http://dx.doi.org/10.1097/PSN.0000000000000144

Stalter, A. M., Kiester, K., Ulrich, D. L., & Smith, S. (2014, March). Overcoming the barriers to achieving a BSN Part 1. *Nursing*, *44*, 50-53. http://dx.doi.org/10.1097/01.NURSE.0000443314.35489.92

Survey Monkey. (2015). https://www.surveymonkey.com/

Terry, A. J. (2015a). Data Analysis. In *Clinical research for the doctor of nursing practice* (2nd ed., pp. 197-209). Burlington, MA: Jones & Bartlett.

Terry, A. J. (2015b). Issues related to survey data and collection. In *Clinical research for the doctor of nursing practice* (2nd ed., pp. 177-195). Burlington, MA: Jones & Bartlett Learning.

Thomson, K., Outram, S., Gilligan, C., & Levett-Jones, T. (2015). Interprofessional experiences of recent healthcare graduates: A social psychology perspective on the barriers to effective communication, teamwork, and patient-centered care. *Journal of Interprofessional Care*, *29*, 634-640. https://doi.org/10.3109/13561820.2015.1040873

Tijo, E., Prowse, S., & Strachan, D. (2013, March). Giving a good oral presentation. *British Journal of Hospital Medicine*, *74*, 34-36. Retrieved from http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edswsc&AN=000316843600018&site=eds-live&scope=site

Tydings, D. M. (2014, December). Evaluation of a toolkit to assist with implementation of the "80/20" recommendation. *The Journal of Nursing Administration*, *44*, 647-652. http://dx.doi.org/10.1097/NNA.0000000000000142

Warshawsky, N. E., Brandford, A., Barnum, N., & Westneat, S. (2015, September). Achieving 80% BSN by 2020: Lessons learned from Kentucky's registered nurses. *The Journal of Nursing Administration*, *45*, 449-456. http://dx.doi.org/10.1097/NNA.0000000000000231

Appendix A: Survey

Survey

1. Do you have a BSN?
   - ☐ Yes: Do not continue with the Survey
   - ☐ No: Please complete this survey

Demographic Information

2. Which department best describes where you are employed?

   - ☐ Medical/Surgical Division (i.e.: 1B, 1D, 1G, 2B, 3G)
   - ☐ Critical Care: (i.e.: ICU, RPCU, CPCU, ED)
   - ☐ Peri-Operative: (i.e.: PACU, Pre-admission, OR, 2D)
   - ☐ Pediatric Services (i.e.: 2G, PICU, Conscious Sedation, NICU)
   - ☐ OB Services: (i.e.: LDR, PET, 4G)
   - ☐ Mother Baby (i.e.: 3A/B, 3D, 4D/E, NBN
   - ☐ Community (i.e.: Van, Senior Community, Clinics)

3. Are you employed?

   - ☐ Full Time (40-35 hours per week)
   - ☐ Part Time (34-12 hours per week)

   - ☐ Per Diem (11 hours per week or less)

4. How many years' experience as a practicing nurse do you have?
   - ☐ 1-4 Years
   - ☐ 5-9 Years
   - ☐ 10-14 Years
   - ☐ 15-19 Years
   - ☐ 20-24 Years
   - ☐ 25-30 Years
   - ☐ Greater than 30 Years

5. What year were you born in?
   - ☐ 1940-1950
   - ☐ 1951-1960
   - ☐ 1961-1970
   - ☐ 1971-1980
   - ☐ 1981-1990
   - ☐ 1991-2000

6. What is your Marital Status?

Questionnaire

1. What is your primary reason that is preventing you from going back to school?

   ☐Financial
   ☐Personal Sacrifices (as example lack of family time)
   ☐ Previous negative experience in navigating a complicated academic educational process
   ☐Perceive yourself as being too old
   ☐Questioning the value and benefit of returning to school and its
      impact on your nursing practice
   ☐Family Support
   ☐Young Children under the age of 14 years
   ☐ Children approaching college age or in college
   ☐Other _____

2. What is your secondary reason that is preventing you from going back to school?

   ☐Financial
   ☐Personal Sacrifices (as example lack of family time)
   ☐ Previous negative experience in navigating a complicated academic educational process
   ☐Perceive yourself as being too old
   ☐Questioning the value and benefit of returning to school and its impact on your nursing practice
   ☐Family Support
   ☐Young Children under the age of 14 years
   ☐ Children approaching college age or in college
   ☐Other _____

3. If we could implement a strategy to assist you in returning to school what would

   that be? _____

4. Do you plan on obtaining a BSN by 2022? ☐ Yes: ☐ No

5. Do you plan to retire or resign by 2022?   ☐ Yes: ☐ No

Appendix B: Letter of Invitation

Dear Registered Nurse Colleague,

I am Mary Ellen Clifford and a DNP student at Walden University. You are being invited to participate in a research study that I am conducting as part of my DNP Capstone project about nursing education. The results may also be utilized by the organization for future strategic planning.

You have been chosen to participate in this survey as a result of being employed at Saint Peter's University Hospital as a nurse (and have not yet completed a bachelor's degree in nursing.) This is an ANONYMOUS survey. You will be the only person to know how you responded. It will not be possible for your immediate supervisor, peers, or the investigator to identify any individual responses. Your participation in this survey is strictly voluntary. There are no consequences should you decide not to take the survey.

If you choose to participate in this brief survey it should only take ten minutes to complete. The survey will be available online from July 10, 2017 to July 25, 2017 till 11:45pm (a two-week time frame). Completing the web based survey indicates your consent to participate in the study. You may access the survey by clicking on the following link

https://www.surveymonkey.com/r/HKH39VS. There is no log-in process required.

If you have any questions regarding this survey, please feel free to contact me at or at.

I greatly appreciate your cooperation and participation in this online survey.

Sincerely,

Mary Ellen Clifford, MSN, RN, C-OB DNP Student, Walden University