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# RN–BSN Programs: Associate Degree and Diploma Nurses’ Perceptions of the Benefits and Barriers to Returning to School

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RN TO BSN PROGRAM

The nursing profession is facing a serious shortage in all areas including BSN completion programs. The purpose of this study was to explore associate degree and diploma nurses’ perceptions of the benefits and barriers to RN-BSN programs. In addition, factors that would facilitate degree completion in academia and work environments were examined.

RN–BSN programs offer graduates of associate degree (AD) and diploma programs an opportunity to transform their practice and improve patient outcomes. An important outcome in a post-RN program is the ability of its graduates to see familiar situations in different ways and to demonstrate these changes in new and different approaches to patient care (Callin, 1996). This study explored perceptions held by practicing RNs who graduated from AD and diploma programs of the benefits and barriers to enrolling in an RN–BSN program. In addition, factors that would facilitate degree completion by academia and work environments were examined. Recommendations for staff development educators based on partnerships with academia are presented.

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## BACKGROUND: THE ACADEMIC ROAD LESS TRAVELED

In spite of the advantages to higher education and the number of articulation agreements in place, only approximately 16% of AD and 24% of diploma nurses complete their baccalaureate in nursing (BSN) (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000). Like the famous poem by Robert Frost, *The Road Not Taken* (1920), enrollment in an RN–BSN program is the path less traveled by most AD and diploma graduates. The nursing profession is facing a serious shortage in all areas. Although nursing school enrollments have increased in the past year, BSN programs had a 2.7 decline in enrollment, continuing a trend that began in 1998. The lack of BSN-prepared nurses is a formidable problem resulting in a shortage of nurses entering the workforce, a shortage in specific geographical areas, and, most importantly, a shortage in nurses adequately prepared to meet certain areas of patient need in a changing healthcare environment (National League for Nursing [NLN], 2002). It has been recommended that by 2010, at least two thirds of all registered nurses hold baccalaureate or higher degrees; currently, only

32% of nurses hold a BSN (National Council on Nurse Education and Practice, 2001).

RN–BSN programs are also an area less researched. An extensive review of the literature revealed that few studies have examined RNs’ thoughts about returning to school to complete their BSN; most studies were conducted after nurses had returned to school. Central to understanding why AD and diploma nurses choose to return or not to return to school is to examine their thought processes as they make this important decision. Research questions were aimed at this objective.

## PROCEDURE

Consent to perform this study was obtained from the university and participating organizations. In addition to the researcher-developed survey, participants were asked to complete a demographic form. Demographic characteristics relative to age, race/ethnicity, marital status, work status, educational level, income level, and number of children were collected.

Data were analyzed using Miles and Huberman’s (1994) method of content analysis consisting of the following process: (1) The researchers first read the surveys independently to become familiar with the overall findings. Similar statements from participants were coded to represent the essence of the quotes. The researchers then compared coding until consensus was achieved and interrater reliability was established. (2) Codes were later placed into categories. (3) Categories were clustered allowing identification of central themes. Tables 1 and 2 present a partial audit trail depicting these steps. (4) A model of the relationship between central themes was then constructed. (5) The final step was validation of the themes by several of the study participants.

## SAMPLE

The convenience sample consisted of 101 practicing RNs in Connecticut who graduated from an AD or

diploma program. The majority were Caucasian, female, married with one or two children, and with a mean age of 42.5. Most were working full time with an average income range of \$20,000–30,000 prior to becoming an RN and an average income range of \$40,000–60,000 after becoming an RN.

## RESULTS

Most AD and diploma graduates will eventually arrive at a fork in the road faced with the decision whether to return to school. This is a crucial decision that most nurses will seriously ponder. Study results reveal the factors nurses consider as they decide which path to take.

The first research question addressed benefits of completing a BSN. The major theme that emerged was *raising potentials*. The responses focused on growth, both personal and professional, that the respondents anticipated would ultimately raise the potential of who they could become. Respondents identified personal satisfaction, improved self-image, feelings of achievement and success, and an expanded knowledge base as personal reasons for seeking the BSN. Respondents identified a raised level of professionalism, career advancement and job mobility, increased salary and more job opportunities, and increased skill in caring for patients as some of the professional reasons for seeking the BSN.

Although most of the participants identified several benefits, a few (10%) saw none. One nurse captured the tone of the responses with, “I do not feel it’s worth it. I have a management level job and feel I have a strong knowledge base.”

The second research question addressed barriers to completing the BSN. The major theme that emerged was *competing priorities*. Respondents identified multiple role demands, combined with limited resources, as the greatest barriers to their enrolling in a BSN program. Specifically, they described the demands of managing family and work as major barriers. Competing priorities, relative to multiple role

TABLE 1

**Selected Examples of Participants’ Quotes Related to Perceived Barriers with Corresponding Codes**

1. “Life, nursing takes most of my time.”	Work presented a major barrier to returning to school.
2. “Working full time, caring for family, too many years to complete.”	Work, family, and time combined were perceived barriers.
3. “Having to pay for tuition up front and wait for reimbursement is difficult when you’re a single parent working full time.”	Finances presented another barrier.
4. “I want to take this time to enjoy my grandchildren.”	Age was occasionally identified as a barrier.

TABLE 2

## Example of Two Theme Clusters with Their Corresponding Quotes

*Simplify the process: Nurses wanted BSN completion programs to be flexible and accessible.*

"Flexible hours, home study, financial aid."

"Meet with nurses to review program requirements."

"Offer online classes."

"Scholarships."

"Eliminate the fluff courses and add more job-related courses."

"Be realistic, as adult learners we expect our experience to be taken into account."

*Make it worthwhile: Nurses wanted employers to recognize the value of education and support and reward their efforts.*

"Better scheduling and reimbursement."

"Employer should pay school not nurse, so we don't have to pay first and wait for reimbursement."

"Offer courses at hospitals."

"Hours to attend classes be part of worked hours."

"Offer sabbatical to complete BSN."

"Make it worth striving for."

responsibilities and multitasking, left little time and energy to devote to their education. The lack of financial resources presents an additional barrier. Repeatedly, nurses identified time, work, family, and money as the main barriers. A few nurses identified advancing age as a barrier, echoing national trends of an aging nursing workforce.

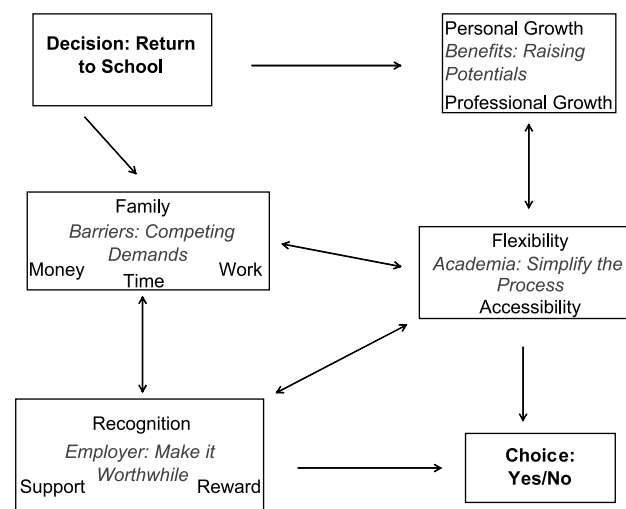
The third research question asked if respondents planned to return to school and 28.7% indicated they planned to do so. In conjunction with this question, the fourth research question asked those who planned to return to school when they believed they would do so, and if they did not plan to return to school, why not. While most respondents chose not to answer this question, those who did (8.9%) indicated they would do so in 2–3 years, indicating a gap in time between completing their initial professional education and returning to school for additional education.

The fifth research question asked what academia could do to facilitate enrollment in a BSN program. The major theme that emerged was *simplify the process*. The respondents wanted practical courses with flexibility and accessibility. Specifically, they identified the need for flexible hours, home study, financial aid, advisement, online courses, and scholarships, to name a few.

The sixth research question asked what employers could do to facilitate enrollment in a BSN program. The major theme that emerged was to *make it worthwhile*. Respondents wanted employers to recognize the value of education and support and reward their efforts. Specifically, respondents wanted employer support for time off, tuition reimbursement, and professional rewards. Respondents offered insight into what they believed would facilitate their return to school, noting the need for better scheduling and reimbursement, the need for employers to provide

tuition reimbursement at the time of registration and not at the completion of a course, and to offer courses on the hospital premises, to name a few.

The process of content analysis as described by Miles and Huberman (1994) includes the development of a conceptual model representative of the findings. It is conceptualized in this study that internal factors, such as the perceived benefits and barriers to returning to school, and the external factors, such as academia and employers, are simultaneously interacting as nurses decide whether to complete their BSN. A model of the relationship among themes influencing nurses' decision-making process as they consider returning to school based on the study findings is illustrated in Figure 1.



**FIGURE 1** Conceptual Map of the Relationships among Themes Influencing Nurses' Decision-Making Process Related to Completing their BSN.

Data were analyzed to examine group differences between those nurses who planned to return to school and those who did not. Differences were found between these groups in terms of age ( $p < .001$ ) and income before becoming an RN ( $p < .05$ ). Nurses who planned on returning to school tended to be younger (35.7 years) and had a higher income level (~\$25,000) prior to becoming an RN. In contrast, nurses who were not planning to return to school were older (46.3 years) and had a lower income (\$10,000–20,000) prior to becoming an RN. No difference between these groups was found for number of children, education, race/ethnicity, or marital and work status. These findings suggest that age and income may be significant factors affecting nurses' decision to enroll in a RN–BSN program.

## DISCUSSION: THE CHOICE MAKES ALL THE DIFFERENCE

Findings were consistent with previous research with students already enrolled in RN–BSN programs. Zuzelo (2001) sampled 35 RNs and identified 18 themes as to why RNs enroll in RN–BSN programs. These RNs identified benefits, such as career advancement, personal satisfaction, and professional growth, as some of the reasons for pursuing the BSN. The sample also identified barriers to completing the BSN, such as the quality of advisement and flexibility in terms of scheduling classes, particularly those with a clinical component. Students were also concerned about the need to handle the competing demands of family and work, as well as cost of education, knowing the employer may not value their accomplishment. Krawczyk (1997) sampled 361 RNs and asked them to rank, in order of importance, 10 factors identified by the researcher as important when choosing a program. The researcher found that the three most important factors considered are cost, accreditation, and flexibility when choosing a program. Trainor (2002) sampled 353 RNs to determine their persistence or nonpersistence in school in relation to the work environment. While there was no relationship between the work environment and persistence or nonpersistence in a program, the study did find that 26% did not persist because of family, work, and financial factors. RNs did remain enrolled when work was identified as stressful. It appears that the work environment may influence the decision to return to school. However, this needs further investigation.

This study, in keeping with Zuzelo's (2001) results, found RNs saw the benefits of enrolling in programs as career advancement, professional growth, and personal satisfaction, but also identified competing demands as barriers to the decision to enroll. This study also found

cost to be a factor, as did Krawczyk (1997). The respondents in Krawczyk's study identified not only cost per credit as a factor but also total cost of completing the degree, which includes cost for exemption tests, fees, and number of credits required to be taken at the offering institution. In this study, RNs identified the need to pay for courses at the time of registration, which presents a financial burden for them. In addition, as in Krawczyk's study, these RNs identified flexibility as a concern when deciding to enroll in a program. RNs need to know when classes will be scheduled so they can integrate their school schedule with their family and work schedules. While Trainor's (2000) study identified the work environment as a reason to persist in a program, this study identified the work environment as a barrier to enrolling in a program. Respondents would enroll in an RN–BSN program if employers showed they valued this endeavor by rewarding the RN.

The study provided a unique contribution in that it examined nurses' perceptions prior to returning to school. It further illuminated the need for emotional support upon returning to school as noted by Zuzelo (2001). This study also created a profile of the nurse most likely to complete the BSN. Study findings suggest that the nurse most likely to return to school is Caucasian, married with one or two children, is less than 45 years old, and has experienced a moderate, rather than a large, increase in income after becoming an RN.

The NLN (2000) has proposed the following recommendations for education, work environment, and legislation and regulation. In education, streamline BSN programs, identify the options beyond entry level, and institute education and practice systems to promote equitable compensation. In the work environment, introduce greater flexibility into work structure and scheduling, implement appropriate salary and benefits, and ensure adequate nurse staffing. In legislation and regulation, advocate for increased funding and better identification of RN services within Medicare and other reimbursement systems.

Study findings are consistent with and extend upon NLN recommendations. From academia, AD and diploma graduates need to be welcomed back to school, engaged in an innovative curriculum, given the advanced professional skills they seek within an accessible and flexible environment, and receive accurate advisement and emotional support. From employers, nurses need to have their education valued, accommodated, and rewarded.

Partnerships between these two sectors may be the key to increasing BSN program enrollment. Perhaps, the extent that nursing leaders are able to change their perceptions of RN–BSN programs will ultimately

determine the extent to which AD and diploma graduates change theirs.

The opportunity for staff development educators and inservice educators to facilitate BSN completion through a collaborative effort with academia are numerous and varied. They include the following:

- Reciprocal advisory board memberships to provide opportunities for mutual input relating to curriculum development, staff competencies, role description, and so on;
- Joint research ventures to examine diverse topics in clinical practice and patient outcomes;
- Educational information sessions and continuing education programs to increase access and support for degree completion;
- Shared grant applications for financial resources to provide scholarships, loan repayment, improved educational resources;
- Formation of committees with members from academia and work environments to affect policy regarding advanced education, such as reimbursement and scheduling;
- Development of task forces that include RN–BSN graduates to assist in role development and expansion.

An extension of NLN recommendations is made to the RN–BSN population. RN–BSN graduates have a professional responsibility to make their employer recognize them by changing their practice, affecting patient outcomes, and making improvements on the unit through participation on committees. Maybe they have to help the employer understand the difference in the role. Often, RN–BSN graduates do not see themselves being able to change the environment, but they can. They can start by being enthusiastic and passionate about what they do everyday. The difference will become obvious, but it may take time.

The findings from this study provide the foundation for future research efforts and the opportunity to explore the correlation between study variables and the decision to return to school, the affect on patient outcomes, the lived experience of RNs enrolled in RN–BSN programs, and the change in nursing practice.

A major strength of this study is its pertinence to current concerns in nursing education and practice. In addition, it fills a gap in the literature, as this population has been previously underresearched. Finally, the study revealed new themes and information that can be used to guide planning in both the academic and work environments. Limitations of this study include the use of a convenience sample in one specific geographic area, which may limit generalizability to other AD and diploma nurse populations.

Additionally, qualitative findings by their very nature cannot be generalized.

It is realized that inherent in nurses' responses was the historic context in which the survey took place. Today, with a shortage of nurses and abundance of available work, completing a BSN may not be perceived as a high priority as it might during different times when jobs were more competitive.

Tailoring RN–BSN programs to meet the needs of this population has the potential to positively alter nurses' perceptions of the barriers and benefits of returning to school and to facilitate an increase of BSN-prepared nurses. BSN programs may provide a vehicle to transform nursing practice and improve nurses' outcomes as well as patient outcomes. Research suggests that nurses who have higher education levels also tend to have higher satisfaction levels (Spratley et al., 2000). Taking the RN–BSN path can make all the difference in elevating nurses' individually and the profession of nursing collectively.

## REFERENCES

- Callin, M. (1996). The RN to BSN: Seeing familiar situations in different ways. *The Journal of Continuing Education in Nursing, 27*(1), 28–33.
- Frost, R. (1920). *Mountain interval*. New York: Henry Holt.
- Krawczyk, R. (1997). Returning to school: Ten considerations in choosing a BSN program. *The Journal of Continuing Education in Nursing, 28*(1), 32–38.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- National Council on Nurse Education and Practice. (2001). *Nursing: A strategic asset for the health of the nation policy on the nursing workforce shortage, 102nd meeting*. Silver Spring, MD: Author.
- National League for Nursing. (2002). *Strategies to reverse the new nursing shortage*. New York: Author.
- Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2000). *The registered nurse population: Findings from the national sample survey of registered nurses*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Service Administration Bureau of Health Professions, Division of Nursing.
- Trainor, J. M. (2000). *A study of the work environment as a factor in persistence or non-persistence of RN students in a baccalaureate nursing program*. Unpublished doctoral dissertation, Pennsylvania State University.
- Zuzelo, P. R. (2001). Describing the RN–BSN learner perspective: Concerns, priorities, and practice influences. *Journal of Professional Nursing, 17*(1), 55–64.

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