

RURAL ASSOCIATE DEGREE NURSE PERCEPTIONS OF THE IMPORTANCE OF
INCENTIVES NECESSARY FOR ACADEMIC PROGRESSION

by

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DEDICATION

I would like to dedicate this work to my father, Alan J. Smith, who always believed in me and assisted me through my many years of education; I love and miss you. Thanks to Sue Smith for encouraging, funding, loving and supporting me through this process, I am forever thankful.

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ABSTRACT

Multiple routes of educational entry into nursing exist. Associate and baccalaureate prepared nurses take the same licensing exam and practice based on the same scope of practice. With minimal difference in salary, the current and future problem involves encouraging associate degree registered nurses to continue their education. Once the associate registered nurse is licensed and working, advancing to a baccalaureate degree may not be a priority. Evidence suggests improved patient outcomes, a decrease in morbidity and mortality rates, and higher job and personal satisfaction with bachelor prepared registered nurses. Because of this evidence, the Institute of Medicine (2010) recommends 80% of registered nurses in our nation hold a baccalaureate degree by the year 2020. Statistics suggest that the majority of rural registered nurses are educated at the associate degree level, which is true of rural Montana. This study examined the perceptions of associate degree registered nurses in rural Montana with regard to importance and incentives that would motivate nurses to return for a bachelor's degree in nursing or higher. For this phenomenological qualitative study eight associate degree registered nurses that currently live and work in Montana underwent face-to-face interviews, which were then analyzed and themed for trends in perception. Questions were open-ended which allowed each subject to speak freely about their experiences, thoughts, and opinions. Eight associate degree registered nurses were interviewed. Common perception themes included: education is important; education is expensive; associate nurses should not be required to return for a bachelor's degree or higher unless they choose; bachelor and master degrees are important for management or advanced practice; and higher degrees can increase career options. Incentives that would motivate nurses to pursue a higher degree included: tuition reimbursement; flexible scheduling; higher wage/differential; on-site/on-line courses; and time off for class hours. Barriers to returning for a higher degree included: cost; less personal/family time; getting back into "school mode"; difficulty getting time off work; and no increase in wage for BSN. Results indicate that rural Montana associate degree registered nurses do value education. Cost and time are the perceived barriers and monetary support and time flexibility are the perceived incentives.

CHAPTER ONE

INTRODUCTION TO THE STUDY

Introduction

Nursing as a profession has progressed from a menial labor vocation in the early nineteenth century to a scientific and evidenced-based practice profession today. The path from low-skill caregivers to nurses with educational preparation based on standards of care evolved over time and was initially influenced through the work and writings of Florence Nightingale. Although caring for the sick was dominated primarily by men in association with religious orders during and prior to the Middle Ages, the background for this study highlights the development of educational reform aligned with Western medicine beginning with the Nightingale era.

Florence Nightingale established the first school of nursing in 1860 at the St. Thomas' Hospital in London, England and was the first to introduce the scientific basis of the profession. Nightingale was dedicated to the education and training of nurses and defined the educational needs and practice standards of her era. Florence Nightingale is known for her theories in nursing related to the environment and altering that environment to "assist nature in healing the patient" such as providing light, fresh air, clean water and facilities, nutritious foods, decreased noise. Her early childhood years were spent assisting her mother to help poor families improve their living conditions. This experience sparked her calling to

nursing. Nightingale was educated in mathematics and philosophy by her father early in life. This training grounded the principles of science, experience, observation, and mathematics (statistics) into her practice. Nightingale used empirical data to find common trends to solve problems. Her thoughts and observations are documented in her classic book *Notes on Nursing* along with her belief that “good practice could result only from good education” (Alligood, 2011, p. 81).

Educational History of the Profession

While Florence Nightingale was the first nurse champion for education reforms 150 years ago, subsequent changes within the profession represent both subtle and dramatic influences. Prior to the 1960s, the majority of nursing students were educated “on the job” and counted as a part of the hospital labor pool, which allowed a hospital to benefit from lower overhead. “The hospital nursing administrator directed the school and relied on students to work” (Benner, 2010, p. 34). Labor exploitation and a perceived lack of “intellectual rigor” during the era of hospital-trained nurses resulted in a call for more oversight. Committees of academicians and external review agencies were formed to examine the state of nursing education. During the period between 1923 and 1948, three landmark reports were introduced.

First, the Goldmark Report of 1923 recommended that the change in nursing education should have “[an] educational standard, and that schools of nursing should have a primary focus on education, rather than on patients. [...] nursing

education [should] be moved to universities, and nurse educators [should] receive the advanced education that was required for their roles” (Egenes, 2009, p. 19).

The focus behind this report was to grade and classify nursing schools across the nation, for the betterment of the profession.

Second, the Burgess Report of 1928 recommended, “admission criteria be adopted for applicants to schools of nursing, and that hospital nursing schools focus on education rather than provision of patient care” (Egenes, 2009, p. 19). This report discussed the need to remove the financial burden of training nurses from hospitals. Nurses should be trained with public or private moneys. Continuing a hospital based nursing program to keep wages down was no longer acceptable. Education was to be the forefront of nursing training, not for the purpose of cheap labor (AJN, 1928, p .674).

Third, the Brown Report of 1948 recommended “schools of nursing strive for autonomy from hospital administration, improve the quality of their programs, recruit faculty with baccalaureate or graduate degrees, and use discretion in the selection of sites to be used for students’ clinical experience” (Egenes, 2009, p. 19). Dr. E.L. Brown’s report (1948) discussed multiple issues and trends in nursing such as: the definition of the “professional” nurse, education requirements/expectations, and the current and upcoming changes in health care. She defined the professional nurse as “one who recognizes and understands the fundamental needs of a person, sick or well...” through knowledge of science. She discussed leadership in nursing through contributions of prevention, improvement of skills, developing new skills,

teaching and mentoring other nurses, and collaborating with other professionals of the health care team (Allen et al., 1948, pp. 736-37).

A fourth historical transition occurred following World War II when Mildred Montag of Columbia University developed the idea for a two-year associate degree program in 1951 to address the nursing shortage. These schools prepared technical nurses to work at the bedside. Students were allowed to sit for licensure as a registered nurse thus increasing the number of nurses needed to meet the demand. These two-year associate programs were eventually combined with community colleges and funded with public money.

In 1966, the American Nurses Association House of Delegates adopted the famous 1965 position paper on entry into practice which can be summarized as:

Education for all who practice nursing should take place in institutions of higher education; the minimum preparation for beginning professional nursing practice should be a baccalaureate degree in nursing; and the minimum preparation for technical nursing practice should be an associate degree education in nursing. (Allen et al., 2006, p. 123)

By 1974, “the number of nurses educated in a college or university equaled those educated in a diploma program” (Benner, 2010, p. 34).

Entry to Practice

Today, the three “entrance-to-practice” avenues for registered nurses are a regular source of debate within the professional community. The baccalaureate degree nurse is the preferred point of entry into the profession among nursing leaders and professional organizations. The baccalaureate degree nurse must

complete the same amount of coursework as the associate and diploma prepared nurse, but with additional work in the liberal arts, research, leadership, and public health. Throughout the 20th and 21st century, “policy makers and practice leaders have recognized that education makes a difference” in patient/practice outcomes (AACN, 2012, p. 3). In 2007, the Council on Physician and Nurse Supply released a statement suggesting an expansion of baccalaureate nursing programs as the “growing body of research supports the relationship between the level of nursing education and both the quality and safety of patient care”(AACN, 2012, p. 4). Research conducted by Aiken et al. (2003) and Estabrooks (2005) indicating a reduction in 30-day mortality rates in hospitals with higher numbers of baccalaureate (BSN) prepared nurses has advanced the call for more rather than less education for nurses. In 2010 an Institute of Medicine (IOM) report, *The Future of Nursing*, called for advancing nursing education and emphasized nurses achieving higher levels of education. “This recommendation was made to prepare nurses for the more complex care needed by sicker patients and the sophisticated new technologies available for providing care” with a goal to “increase the proportion of nurses with a bachelor’s degree to 80 percent by 2020” (HRSA, 2013, p. 20).

The educational history of the nursing profession has been one of change and challenge. The importance of baccalaureate nursing education has been suggested for decades but with the ongoing and increasing nursing shortage, the emphasis today focuses on valuing multiple entry points while encouraging progression to higher levels of education.

Background

Today, multiple entry routes in nursing education fulfill the requirements necessary to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN), administered by the National Council of State Boards of Nursing (NCSBN). A student graduates from a program accredited by one of two accrediting bodies. These two bodies have been established to evaluate and ensure “quality and integrity” of these programs: the former National League for Nursing Accrediting Commission (NLNAC), now the Accreditation Commission for Education in Nurses (ACEN), and the Commission on Collegiate Nursing Education (CCNE). The CCNE accredits only baccalaureate, master, and doctoral nursing programs. The ACEN accredits six nursing program types: practical, diploma, associate, as well as baccalaureate, master, and doctorate. The two professional accrediting bodies share similar purposes of assessing the educational preparation, quality, goals, and outcomes of nursing programs across the United States.

Various educational programs lead to registered nurse licensure through the NCLEX-RN exam. A baccalaureate nursing degree can be obtained by completing

“[...] an approved generic baccalaureate program (four years), [a fast-track] second baccalaureate degree program (fourteen to eighteen months), or a master program designed for students who already have a baccalaureate degree in another discipline (three years)” (Benner, 2010, p. 33).

The non-baccalaureate degree pathways to sit for the NCLEX-RN exam include: the “associate degree (three or more years) or diploma (two to three years)” programs (Benner, 2010, p. 33). In 2011, 75,824-baccalaureate degree prepared candidates

sat for the NCLEX-RN exam compared to 33,414 candidates in 2001 (United States [U.S.] Department of Health and Human Services [DHHS], Health Resources and Services Administration [HRSA], 2013, p. 37). Additionally in 2011, 86,337 non-baccalaureate prepared candidates sat for the NCLEX-RN exam compared to 43,927 in 2001. Despite the larger growth in BSN degree licensure over these 10 years, “59.7 percent [of licensed registered nurses] are not bachelor’s prepared” (U.S. DHHS, HRSA, 2013, p. 38). For those non-baccalaureate prepared registered nurses, colleges and universities are now offering post licensure bridge-programs. These programs allow the licensed registered nurse to finish a baccalaureate degree often via correspondence or online courses. Post licensure associate-to-master’s degree bridge programs exist as well. These multiple pathways and education requirements have “fragmented the nursing community” but have also created “numerous opportunities for women and men of modest means and diverse backgrounds to access careers in an economically stable field.” (Robert Wood Johnson Foundation [RWJF], 2010, p. 4-3)

Evidence has indicated that, “hospitals’ employment of nurses with BSN and higher degrees is associated with improved patient outcomes” (Aiken, 2003, p. 1621). Aiken et al (2003) concluded the following:

[There is] a statistically significant relationship between the proportion of nurses in a hospital with bachelor's and master's degrees and the risks of both mortality and failure to rescue... Each 10% increase in the proportion of nurses with [bachelor's or master's] degrees decreased the risk of mortality and of failure to rescue...by 5%. (p. 1620)

Goode et al. (2001) and Nagler (2006) further supported the baccalaureate prepared nurse; they have “better critical thinking skills, [are] less task-oriented, exhibit more professional behaviors, have stronger leadership and communication skills, and have a greater focus on continuity of care and outcomes, psychosocial components of care, and patient teaching” (Starr, 2010, p. 131).

The IOM partnered with the Robert Wood Johnson Foundation in 2010 to recommend that 80 percent of all registered nurses be prepared at the baccalaureate level by 2020.

Formal education associated with obtaining the BSN is desirable for a variety of reasons, including ensuring that the next generation of nurses will master more than basic knowledge of patient care, providing a stronger foundation for the expansion of nursing science, and imparting the tools nurses need to be effective change agents and to adapt to evolving models of care. (RWJF, 2010, pp. 4-9)

The AACN (2010) also reported results.

Tri-Council for Nursing, which consists of the American Nurses Association (ANA), American Organization of Nurse Executives (AONE), National League for Nursing (NLN), and American Association of Colleges of Nursing (AACN), (which) released a consensus policy statement calling for a more highly educated nursing workforce, citing the need to increase the number of BSN-prepared nurses to deliver safer and more effective care. (RWJF, 2010, pp. 4-9)

Completion of an accredited diploma, associate, or bachelor degree registered nursing program will allow the graduate nurse to sit for the NCLEX-RN exam. The licensure test is the same format for each graduate and is not delineated by the degree a student has attained. With this said, average earnings for these different degrees appear comparable. According to the RWJF (2010), average

earnings include: diploma nurse (\$65,000 per year), associate nurse (\$61,000 per year), and baccalaureate nurse (\$66,000 per year) (pp. 4-8).

The history and background of today's profession is complex and multi-faceted. Recommendations by professional organizations encourage the diploma and associate nurse to continue their education as there is evidence of improved quality, outcomes, and patient safety with increased education. However, with no difference in pay and the ability of the graduate of each degree program to sit for the same licensure exam, obtain the same license, and work in the same positions, the incentives to pursue a higher degree may appear meager to an associate or diploma prepared nurse.

Problem

Studies by researchers suggest better patient outcomes under the care of baccalaureate prepared nurses over non-baccalaureate nurses (Aiken et al, 2003; Estabrooks, 2005). Increased complexity, safety, and quality issues call for an increasing number of nurses educated at the BSN level or higher. With multiple entry levels for the profession and minimal difference in salary, the current and future problem involves urging and enticing practicing and new graduate associate registered nurses to continue their professional education. Once the associate registered nurse is licensed and working, advancing their degree may not be a priority. Often the "viewpoints that advocate advanced nursing education dominate

the professional literature, but [are] not necessarily held in high regard in the work arena” (Lillibridge & Fox, 2005, p. 12).

Purpose

The purpose of this phenomenological study was to explore the perception of importance of baccalaureate education and incentives necessary to return to school among rural Montana nurses with an associate of science degree in nursing.

Research Question

The following qualitative research questions were examined:

- 1) What importance does the associate degree RN perceive in attaining a baccalaureate degree in nursing?
- 2) What incentives are likely to motivate the associate degree nurse to pursue a baccalaureate degree or higher?

Conceptual Framework

The work of Patricia Benner (2001; 2010), a well-known nursing theorist, researcher, and advocate for the profession was used to explore the lived-experience questions of this study. Benner recognizes the experiential steps that a nurse must take to achieve the knowledge and skills of a professional. Using the Dreyfus model, Benner applied the “five levels of skill acquisition and development” to nursing practice (Benner, 1984 p. 177). Her published work, *From Novice to*

Expert (1984) examined the step-wise progression of professional development from: 1) novice, 2) advanced beginner, 3) competent, 4) proficient, to 5) expert. Benner's theory suggests, "expertise takes time to develop" and "the person with limited background knowledge will lack the tools needed to learn from experience" (Benner, 1984, p. 184). Benner had "a vision of transformation for nursing education that addresses the advanced knowledge, judgment, skills, and ethical standards needed by those who aspire to be nurses" (Benner, 2010, p. 8). She believed that with the advances in health and medical care, "the role and responsibilities of nursing have increased" (Benner, 2001, p. 174). She advocated for the BSN role in nursing with the following statement:

[Nurses] have the advantage of learning more, and in greater depth... [are] exposed to further opportunities to learn to write clearly, marshal evidence for an argument, conduct research, make connections across various domains of knowledge, articulate issues of ethics, and continue to develop knowledge and skills independently. (Benner, 2010, p. 38)

With 60% of nurses prepared with an associate degree, Benner identified the needs for a curriculum program of seamless transition to further encourage nurses to continue on in their professional education. Benner believed that "the baccalaureate degree should be but one point on a continuum of degrees" and supported the "completion of a baccalaureate degree program in ways that are feasible, fair, and affordable for all nursing students" (Benner, 2010, p. 38).

Definitions

Accreditation:

“a nongovernmental process conducted by members of postsecondary institution and professional groups”...“focuses on the quality of institution of higher and professional education and on the quality of educational programs within institutions” (AACN, 2013, p. 2)

ADN is defined by many nursing entities as:

“an entry-level tertiary education nursing degree” (Degree Prospects, 2012).

Associate degree registered nurse (ADN):

An academic degree awarded on satisfactory completion of a two to three year course of study, usually at a community or junior college.

The recipient is eligible to take the national licensing examination to become a registered nurse (Free Dictionary, 2012)

Baccalaureate degree registered nurse (BSN/BAN):

University or Community College education of 4-5 years. The American Nurses Association “recognizes the BSN degree as the minimum educational requirement for professional nursing practice” (Degree Prospects, 2012).

Barriers:

“something that separates one thing from another”, “anything that prevents progress or makes it difficult for someone to achieve something”, “Something that prevents people from communicating or working together” (MacMillan Dictionary, 2012).

Critical Access Hospital (CAH):

A Critical Access Hospital (CAH) is a hospital certified under a set of Medicare Conditions of Participation (CoP), which are structured differently than the

acute care hospital CoP. Some of the requirements for CAH certification include having no more than 25 inpatient beds; maintaining an annual average length of stay of no more than 96 hours for acute inpatient care; offering 24-hour, 7-day-a-week emergency care; and being located in a rural area, at least 35 miles drive away from any other hospital or CAH (fewer in some circumstances). The limited size and short stay length allowed to CAHs encourage a focus on providing care for common conditions and outpatient care, while referring other conditions to larger hospitals (HRSA, 2013).

Curriculum:

“the subjects that students study at a particular school or college” (MacMillan Dictionary, 2012).

Elements of a Level III trauma center/facility include:

1. 24-hour immediate coverage by emergency medicine physicians and the prompt availability of general surgeons and anesthesiologists.
2. Incorporates a comprehensive quality assessment program
3. Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.
4. Provides back-up care for rural and community hospitals.
5. Offers continued education of the nursing and allied health personnel or the trauma team.

6. Involved with prevention efforts and must have an active outreach program for its referring communities (American Trauma Society, 2013).

Frontier:

“the definition of frontier means sparsely populated rural areas with a population density of six or fewer people per square mile. The frontier may be defined at the county level, by zip code or census tract” (Sackett. 2012).

Incentive(s):

“Inducement or supplemental reward that serves as a motivational device for a desired action or behavior” (BusinessDictionary.Com, 2012).

Level III Trauma center/facility:

A Level III Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations (American Trauma Society, 2013).

Nursing:

[...] is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (ANA, 2012, p. 14).

Rural:

a non-urban area located outside a metropolitan/urban statistical area. A rural town is defined as inhabitants of fewer than 2,500 people (HRSA, 2013).

Assumptions

1. Registered nurses enter the profession at different degree levels: diploma, associate, and baccalaureate.
2. Associate degree registered nurses often practice in rural areas.
3. Associate degree registered nurses are likely to return to school when incentives are adequate.
4. Educational preparation of registered nurses differs based on the type of program attended. Students do not want to repeat courses already completed in another program.

Limitations

Limitations to this study include the following:

1. the amount of time the researcher will have to conduct interviews;
2. small sample size of six to ten associate of science degree prepared registered nurses in rural Montana willing to undergo interview and questionnaire;
3. lack of available data from male nurses; male nurses make up 5.8% of the nursing population, incentives may differ between genders;
4. age of interviewed nurses; incentives may differ between younger and older nurses;
5. bias of self-reported data from interviewed nurses.

Currently, there are few studies that discuss the perceived incentives or motivators for associate registered nurses to pursue a BSN or higher. There are no past or current research articles that target associate of science degree registered nurses in rural Montana and perceived incentives associated with the pursuit of an advanced degree.

Summary

Nightingale was the founder of formal nursing education and initiated some of the standards for which nurses still practice today. The history of nursing has been progressive with the overall intention of improving the nurse, the profession, and thus patient outcomes. Theorist Patricia Benner contributed by studying and examining the learning process of nurses and stated, “professionals with expanding responsibilities in an increasingly complex field, even seasoned expert nurses must continuously learn across domains of knowledge and skill” (Benner, 2010, p. 19). The continued learning process is cited as crucial for the profession to progress laterally with the rest of the healthcare disciplines. Improved patient outcomes, lower mortality and morbidity rates, lower failure to rescue rate trends, and recent national efforts support the need for more baccalaureate prepared nurses. The associate degree registered nurse has a place at the bedside and they are needed to fill the gaps in the nursing shortage. The purpose of this study is to explore the perception of importance of attaining a baccalaureate education and incentives to

return to school among rural Montana nurses with an associate of science degree in nursing.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

A review of relevant, current, and past literature was performed to identify perceptions of incentives for associate registered nurses to return to school to achieve a bachelor degree. Additionally, outcomes associated with bachelor degree nurses and personal/job satisfaction associated with a higher nursing degree were explored. This chapter discusses the literature search process, review of relevant articles, strengths and limitations, and research gaps to assist in identifying trends related to incentives, outcomes, and satisfaction in obtaining a bachelor degree in nursing.

Literature Searches

The data bases used for this literature review include CINAHL, Cochrane, Medline, Medline advanced search, PubMed, Science Direct, and Google Scholar. The terms searched within each database include: “rural Montana,” “perception of incentives,” “motivation,” “patient outcomes,” “job satisfaction,” “career satisfaction,” “personal satisfaction,” “patient morbidity and mortality rates,” was added to combinations of, “professional education,” “associate registered nurse,” “bachelor’s degree registered nurse,” and “RN to BSN.” Inclusion criteria include: peer-reviewed articles written between 2000-2013, located in the United States,

and those written in English. Exclusion criteria include: traditional bachelor degree registered nurses, diploma registered nurses, articles prior to 2000.

Perception of Incentives

The Global Health Workforce Alliance (2008) stated, “incentives are important levers that organizations can use to attract, retain, motivate, satisfy and improve the performance of staff” (Dols, 2009, p. 171). Using the combinations of, “perception of incentives,” “associate registered nurse,” “bachelor degree registered nurse,” and “education,” revealed no results in all databases except Google scholar. Google scholar was then used to further narrow the search, using the key terms of “RN to BSN,” “incentives,” “education,” and “return to school,” which revealed 42 results. The search was further narrowed by using “RN to BSN,” “incentives,” “motivation,” “professional education,” “return to school,” “Institute of Medicine,” which revealed five sources: One article was curriculum related, one was a dissertation and three books associated with the topics were found. Of these sources, using their references, the search revealed multiple resources related to perceptions of incentives. There were, however, no results in all databases that discussed “rural Montana”.

Incentives for Academic Progression

Megginson (2008) performed a qualitative study using six female associate degree nurses, using purposive sampling, currently attending an RN-BSN program at a southeastern university. These nurses were asked:

(a) What incentives are motivating you to pursue a BSN? (b) What do you perceive to be barriers to acquiring a BSN? (c) What barriers did you or are you experiencing in pursuing a BSN? (d) Has anyone, such as your manager or your contemporaries, influenced a decision, either to pursue or to not pursue a BSN? (e) Do you believe a BSN will be a requirement during your lifetime? (f) How has your associate degree or diploma nursing school experience affected your views on pursuing a BSN? (p. 49)

Results revealed that incentives encountered by RN-BSN students included: being at the right time and place in life; continuing to work with options; advancing education was achieving a personal goal; believing a BSN provided a credible professional identity; being encouraged by contemporaries to return to school; finding accepting and user-friendly RN-BSN programs. The age range was 23 to 52 with a mean age of 41. The validity of this study and the information of these six women is likely honest and true, but the sample size was small. Megginson (2008) emphasized the need for further analysis of associate registered nurses regarding different demographics, geographical location, and curriculum components.

Warren and Mills (2009) used a descriptive cross sectional study to analyze “organizational rewards and incentives in influencing nurses to return for an additional nursing degree” (p. 202). A mail survey was sent out to 1800 licensed non-baccalaureate nurses working at least 20 hours per week not enrolled in an RN-BSN program. Of these 1800, 552 nurses responded, with only 297 meeting eligibility criteria. Incentives identified and ranked from highest to lowest included:

1. pay to attend class,
2. classes at the work site,
3. tuition reimbursement,

4. match work and class hours,
5. paid sabbatical,
6. forgivable loans for service,
7. web-based training classes,
8. 36-hour workweek,
9. weekends only,
10. subsidized child- or elder-care (p. 204).

Further analysis of this survey revealed that nurses that were satisfied with their current position, wage, and schedule were less compelled to return for a higher degree. Those nurses that were not satisfied in these areas considered a higher degree to increase their eligibility for other job opportunities.

Delaney and Piscopo (2007) used a phenomenological study to analyze the RN to BSN experience. A sample of 12 nurses were interviewed and incentives and barriers were identified in the process of deciding to return to school for a baccalaureate degree in nursing. Incentives identified included job opportunities, ability to continue to keep their current nursing position, “springboard” to an advanced degree, and personal reward (p. 170). Terms such as, “love of learning” and “gift to myself” were identified as personal incentives (p. 170). Results from this study revealed that associate nurses:

Recognize the personal development and professional growth that accompany furthering their education, lack of support and recognition from employers and the difficulties of finding time, financial resources, and flexible class schedules are perceived as major barriers to returning to school. (Delaney & Piscopo, 2007, p. 168)

Lillibridge and Fox (2005) organized a pilot, qualitative study of RN to BSN graduates and their experience in obtaining a baccalaureate degree in nursing. A total of 41 subjects received a mailed survey with the option of participating in an interactive interview. A total of 23 RNs completed the survey and eight volunteered for the interview, however due to time, only five were interviewed. Incentives or motivation identified for this group of nurses for continuing their education was a “solution to burn out, the need to expand their knowledge base, and specific career goals” (p. 15). One area that could be improved to promote motivation was peer support from coworkers and management. Many nurses were faced with their peers verbally belittling their efforts by stating, “their education was not particularly valued, when compared with experience” (p. 14). Developing a work culture that values education and personal achievement can greatly affect the RN’s perception of an advanced degree.

Cheung and Aiken (2006) evaluated six hospitals that “demonstrated investment in the educational level of their nurses” (p. 357). Information for this article was obtained by personal contact with administrators and nurses. The article provided the following examples to inspire other institutions to motivate their nurses to continue their professional education.

1. The North Short-Long Island Jewish Health System (NSLIJHS), a group of Magnet accredited hospitals, suggests “bringing the classroom to the nurses” (Cheung & Aiken, 2006, p. 356). They discuss cultivating an environment for learning by bringing programs to the hospitals and

using a partnership between university and facility. By offering a flexible class schedule and individually paced programs, the nurse can in turn effectively balance life, work, and school. The NSLIJHS also offers tuition reimbursement without financial or work payback. The overall cost for the undergraduate and graduate program is one million dollars per year.

2. Hackensack University Medical Center (HUMC), also a Magnet certified facility, offers “staff incentives and flexibility” (Cheung & Aiken, 2006, p. 358). This facility uses a trilevel approach of: a) “providing financial support,” b) “establishing partnership with academic institutions,” and c) “providing incentives to encourage nurses to seek certification or advance degrees” through tuition benefits or reductions, scholarships, and grants (Cheung & Aiken, 2006, p. 359). This hospital also offered a differential for higher educational degrees, certification, and management positions.
3. Premier Health Partners of Ohio use an “exchange of commitments” with the goal of producing BSN prepared nurses in a short amount of time. “Premier offers a \$30,000 stipend to attend the 15-month-long Baccalaureate Entry Accelerated Career Opportunities in Nursing (BEACON) program” (Cheung & Aiken, 2006, p. 359). After completion of the program the nurse is required to work a minimum of 3 years in return. Cost for this program is approximately one million dollars per

year. This facility suggests success of this program as indicated by “patient satisfaction, workforce recruitment and retention, educational level, and effect on patient safety” (Cheung & Aiken, 2006, p. 359).

4. St. Mary Medical Center in Langhorne Pennsylvania has identified the need for a “challenging and rewarding environment” as a motivator for continued education (Cheung & Aiken, 2006, p. 359). They have partnered with a local university that offers on-site training. They have a benefits package that includes a tuition reimbursement with a 2-year work service agreement and options for employment advancement.
5. The Children’s Hospital of Philadelphia (CHOP), a top-ranked children’s hospital, also offers financial incentives for associate nurses to achieve a baccalaureate degree. They, too, are partnered with a local university that uses on-site, weekly class meetings that allows nurses to complete their degrees in 18-24 months. Scholarships are offered up to \$10,000 dollars per year.
6. The Mayo Clinic in Phoenix Arizona, partnered with a local university, and offers a flexible RN to BSN and MSN program to assist in retention of their nurses and higher job satisfaction. The concern that “nurses become restless in their career” has motivated this facility to identify incentives to encourage further education in hopes of nursing retention and thus lower turnover costs to the organization (p. 361).

A look at these different organizations and the examples of their incentives can give the health care community ideas to incentivize and motivate their nurses to continue in their pursuit of baccalaureate degrees.

Orsolini-Hain (2008) conducted a phenomenological study for her dissertation (advisor Pat Benner). The topic focus was related to why associate RNs had not returned to school for their BSN or higher. This study involved 22 urban California associate-degree registered nurses that were not currently enrolled in an RN-BSN program and without baccalaureate degree in another profession, with 8 to 10 years of RN experience. Interviews were conducted using semi structured, yet open-ended questions. Mean age was 48 years; mean years of nursing experience were 19.5. Results revealed multiple barriers to returning to school. Incentives identified within these barriers included: pursuit of a new nursing role, fear of ability to continue to work at the bedside, and management opportunities. Conclusions of this study revealed that associate degree nurses do not see a difference in quality of care between themselves and baccalaureate degree nurses. They verbalized that obtaining the degree was merely a stepping-stone for avenues other than staff nursing.

Jezuit and Luna (2013) used a large descriptive study design to survey associate degree programs in Illinois to assess needs and barriers of their current-nursing students. Using 12 questions, this survey was distributed to all 39 participating community colleges in Illinois over one semester. This voluntary electronic survey was available over a three-week period; 2,929 responses were

received. Associate degree nursing students were asked if they planned to pursue a BSN degree and 76% responded "affirmatively" (Jezuit and Luna, 2013, p. 60). Of those who did not respond affirmatively, the main reason for not continuing on was cost, family obligations, inconvenience and no desire. The incentives for advancing education identified in this study included "scholarships and grants" (p. 61). Conclusions of this study indicated that further research and discussion needs to occur with regards to incentives and overcoming the barriers unique to the associate degree registered nurse.

Broussard and White (2013) constructed a survey to analyze incentives and barriers associated with Louisiana associate degree registered nurses in the field of school nursing. Just as there is an increase in patient complexity in the acute care setting, complexity in the community and school setting is also seen. A 13-item survey addressing patient demographics, nursing education, intention to pursue an advanced degree, and motivators and barriers were sent to members of the Louisiana School Nurse Organization (LSNO). Members of this organization consisted of 75% of the total population of school nurses; 110 members responded. Findings indicated that 48% of the responders had already attained a baccalaureate degree in nursing, while 30% were associate degree prepared, 12% diploma prepared, 8% master prepared, and 1% held a doctoral degree. Motivators among the non-baccalaureate degree nurses included: "professional goal attainment, job stability, increased salary, and opportunities for advancement" (p. 4). Assistance motivators were identified as "financial aid (scholarships, stipends, tuition

assistance), online program delivery, flexible work schedule, and accelerated program format” and seamless curriculum transition (pp. 4-5).

Kovner et al. (2012) developed both a quantitative and qualitative study to identify predictors associated with associate degree nurses returning for a baccalaureate degree. A three wave, 16-page survey was randomly mailed to RNs residing in “selected metropolitan statistical areas [and] nine rural counties in 34 states” (p. 335). Using the 1,560 respondents to all three waves, predictors to returning for a higher degree included: African American race, unmarried, positive affect, reside in rural areas, previous health care experience, work in ICU, and day shift nurses. Kovner et al. (2012) stated, “the mechanism that drives RNs who live in rural areas following their pre-RN licensure education to obtain higher education requires further research” along with incentives and motivating factors (p. 341). Kovner et al. (2012) speculated that rural nurses move to non-rural areas to eventually achieve as baccalaureate degree to “increase employability” (p. 341). Motivating factors identified in the qualitative responses include: higher wage earnings, career advancement, job satisfaction, and accelerated programs.

Morrison and McNulty (2012) organized a qualitative study to assess the Southwest Florida community hospital nurses perception of barriers and incentives to pursue a higher degree in response to the IOM recommendations. An email survey consisting of four “inviting and brief” open-ended questions related to each nurse’s experience in nursing education was sent out; results were interpreted by themes. Only 23% of the nurses in all three-community hospitals responded to the

questionnaire. Conclusions of this study suggested that incentives or motivators for associate nurses to return for a baccalaureate degree or higher include: “employer adaptability and flexibility”, tuition reimbursement, salary differentials, loan forgiveness, professional recognition, and seamless transition (Morrison and McNulty, 2012, p. 57).

Einhellig (2012) produced a qualitative, phenomenological dissertation of RN to BSN graduates that addressed their experiences, including motivating factors for returning for an advanced degree. Ten RN-BSN graduates were interviewed using open-ended questions. All subjects were associate registered nurses; diploma registered nurses were excluded. Mean age was 46.5 years; mean years of nursing experience were 17 years. Theme words used for incentives to return to school included: “more marketable,” “give me a step ahead,” “open doors,” “necessary for my job,” “future opportunities,” “facility financial support,” “emotional/mental support from nursing supervisor,” “escape from work environment,” “tuition reimbursement,” “flexible scheduling,” “supervisor response to needs while in school,” “hospital support,” and “unhappy with my job” (pp. 84-90). Upon review of the themes within these responses, it is apparent that work environment and support, whether emotional or financial, is a strong factor in a nurse’s drive to return for a baccalaureate degree. This conclusion allows for an opportunity for nursing leaders to have a positive impact on their staff, and encourage and promote the IOM’s position of continued active learning along with increasing the proportion of professional nurses.

Nash (2013) conducted a study through the University of Wisconsin-Milwaukee in completion of her doctoral dissertation looking at “self-efficacy beliefs,” “contextual variables,” “and outcome expectations” of associate nurses with intent to return for a baccalaureate degree (p. 86). An online survey was administered after recruiting 28 facilities in the Midwest region of the United States. Of these 28 facilities, only 15% of surveys were completed and returned to the researcher. Nash (2010) found that increasing a nurse’s self-efficacy in learning or ability to achieve goals or outcomes directly correlated with nurses continuing their professional education. The ability to attain a specific goal increases the chance of nurses achieving future goals. The major incentive found in this study was financial in nature; however, flexible work schedules were also mentioned by many of the participants. To increase the proportion of associate registered nurses in returning for a baccalaureate degree, organizations were encouraged to provide “financial incentives” along with emotional and openly verbal support (Nash, 2013, p. 117).

Bahn (2007) performed an exploratory study analyzing “reasons why registered nurses take part in formal and informal learning and higher education” (p. 715). Bahn (2007) discussed the pressure on practicing nurses to continue in their pursuit for knowledge brought on by pressure and expectations of “employers, peers, and patients” (p. 715). A random sample of 162 nurses was invited to participate in this study; 25 non-baccalaureate nurses responded. Using a three focus group interview design, four topics were addressed including a vocation, academic, personal, and learning experience category. Overall, these nurses

recognized the need to continue to educate themselves whether formally or informally. Negative incentives identified in this study included loss of job and judgment among physicians and peers for holding an inferior degree. Positive incentives were not specifically mentioned, but financial support with “career and employability” was mentioned as “reasons to engage in academic study” (p. 720).

Osterman et al. (2009) carried out a qualitative research study using a formal, “in-depth interview” process to identify the “meaning of personal and professional growth” for non-baccalaureate registered nurses who return for a BSN degree (p.110). Eleven registered nurses volunteered to be a part of the study, all women, working in a variety of acute care settings with more than ten years of experience. Each volunteer began as a non-baccalaureate registered nurse who was currently in his or her last semester of an RN-BSN program. Factors that “supported” the associate registered nurse to continue for a BSN degree included their institutions’ ability to partner with a university to offer on-site hospital classes, tuition assistance (which was essentially covered for all participating nurses), and an encouraging nurse manager who openly supported their efforts via communication and flexible work hours.

Perception of the incentives to return to school to obtain a baccalaureate degree in nursing appears to be unique to each individual nurse. These articles suggest the assumptions listed in chapter one to be real. Associate degree registered nurses studied voiced the incentives of financial support, whether paid tuition, increased wage, or scholarship opportunities, as a primary motivator for returning

to school. (Warren and Mills, 2009; Delaney and Piscopo, 2007; Cheung and Aiken, 2006; Jezuit and Luna, 2013; Broussard and White, 2013; Kovner et al., 2012; Morrison and McNulty, 2012; Einhellig, 2012; Nash, 2013; Bahn, 2007; Osterman et al., 2009). While some associate registered nurses vocalized positive career incentives such as advancement in position or eligibility for a position away from the bedside, negative career incentives were discovered to be due to job burnout, possibility of job loss, and judgment among employers and peers for not holding a baccalaureate degree (Warren and Mills, 2009; Delaney and Piscopo, 2007; Lillibridge and Fox, 2005; Orsolini-Hain, 2008; Broussard and White, 2013; Kovner et al., 2012; Einhellig, 2012). One common theme within these articles is these nurses conveyed the need for support either from their families and/or employers when considering or when pursuing a higher nursing degree (Megginson, 2008; Warren and Mills, 2009; Delaney and Piscopo, 2007; Cheung and Aiken, 2006; Jezuit and Luna, 2013; Broussard and White, 2013; Kovner et al., 2012; Morrison and McNulty, 2012; Einhellig, 2012; Nash, 2013; Bahn, 2007; Osterman et al., 2009). Only one article discussed the incentives for rural associate nurses to pursue a baccalaureate degree. This article emphasized the need for further analysis of incentives for the rural population, as Kovner et al. (2009) suggested the data from their study was possibly skewed. Overall, incentives for academic progression appear to focus on the time and money. Rural incentives were absent within these findings, further spurring the need for this study of rural Montana nursing incentives.

Outcomes

Since the beginning of the 21st century, there have been a handful of studies that have suggested there are improved patient outcomes with higher proportions of baccalaureate prepared nurses. Identification of these articles was found by searching the key words “outcomes,” “patient outcomes,” “associate degree nurses,” and “bachelor degree nurses” in the stated above data bases. These key words were used in combination with other keys words consisting of: “morbidity and mortality,” “professional education.” Results revealed no results in all databases except Google Scholar, which unveiled 17,000 results. Searching articles published from 2000-2013, and adding “education” results displayed 4,760 articles, further narrowing these results. Adding the key words “failure to rescue” revealed 1000 results. After reviewing these articles by relevance to these key words, three primary research articles were found. From these articles, using their resources, two other primary research articles were found. There were three articles that met criteria via key words but the studies were conducted in Canada, so they were excluded from this review. Articles that did not find an association with education and patient outcomes were found. Two of these articles were excluded because they were performed prior to 2000 and the other one article was excluded, as it was a study performed in Thailand.

Aiken et al. (2003) is the earliest study that found a relationship between outcomes and employment of baccalaureate degree registered nurses. A study examining 210 Pennsylvania hospitals that report quality data to the state were

used in identifying outcome trends. Of these 210 hospitals, exclusions were made due to lack of data, inadequate number of nurses, or did not report to the state. Hospitals were further categorized by bed size (<100, 101-250, >250). Questionnaires were sent out to nurses in these hospitals to assess demographics, education, experience, shifts, and average nurse to patient ratios. Discharge data from 232,342 patients were obtained from the Pennsylvania Health Care Costs Containment Council. These patients underwent surgical procedures (orthopedic, general surgery, vascular) between April 1, 1998, and November 30, 1999 from 168 of these Pennsylvania hospitals. These patients were cross-analyzed with nurse education and readmission, complications, and mortality within 30 days of their discharge. Surgeon qualifications and board certification attainment was also taken into account. End results reveal

. . . a statistically significant relationship between the proportion of nurses in a hospital with bachelor's and master's degrees and the risks of both mortality and failure to rescue, both before and after controlling for other hospital and patient characteristics. (Aiken et al., 2003, p. 1620)

For every 10 % increase in baccalaureate degree nurses working in direct patient care, there is a 5% decrease in "risk for mortality and failure to rescue" (Aiken et al., 2003, p. 1620). Interestingly, a nurse's years of experience were not a predictor in patient outcomes, according to this study. Three factors that were identified in the reduction of morbidity, mortality, and failure to rescue rates include: nurse education, nurse staffing ratios, and surgeon board certification. Proposed suggestions for increasing the number of baccalaureate degree registered nurses

comprised of “public financing of nursing education” and employers investing in their nurses in order to improve patient outcomes (Aiken et al., 2003, p. 1623).

Friese et al. (2008) used a review of four datasets within the United States to identify hospital oncology patients and their outcomes in relation to nurses and their education background. For this study, nurses who met inclusion criteria for analysis were working on a medical/surgical unit, oncology unit, or critical care unit in a hospital setting that performed patient care on patients with some form of cancer (breast being excluded). Researches categorized hospital via bed size (<100, 101-250, >250), nursing characteristics, and patient characteristics were explored similarly to Aiken et al.’s study in 2003. Total sample size was 24,618 with a majority of patients being diagnosed with prostate or colorectal cancer. Findings were similar to the Aiken et al. (2003) study, as Friese et al. found that “hospitals whose nurses had more advanced educational preparation had lower mortality rates” (pp. 1154-1155). Other significant findings that were associated with improved patient outcomes was a positive practice environment, patient to nurse ratios of four patients or less, and those patients treated in a National Cancer Institute (NCI) designated hospital.

McHugh and Smith et al. (2013) discussed outcome evidence between 56 Magnet and 508 non-Magnet hospitals using “patient, nurse, and hospital data” (p. 383). Differences and similarities were investigated between these two types of entities with regards to mortality and failure to rescue rates among surgical patients. Magnet hospitals across the country have been recognized for “nursing

excellence” and the positive characteristics associated with this accreditation. Magnet hospitals are known to have “significantly better work environments, higher proportions of nurses with bachelor’s degrees, and promote specialty certification” (p. 387). Comparative results found in this study stated that Magnet hospitals “had 14% lower odds of mortality and 12% lower odds of failure-to-rescue” (p. 387). These Magnet hospitals invest in their nurses and the quality outcomes that are associated with ongoing education.

Kendall-Gallagher and Aiken et al. (2011) used data derived from four U.S. states including: California, Florida, New Jersey, and Pennsylvania and the relationship between nursing certification and “inpatient 30-day mortality and failure-to-rescue rates” (p. 189). Results were specific to nursing certification among diploma, associate, and baccalaureate registered nurses; however, this study also concluded that the BSN nurse with a specialty certification had a significant effect on patient outcomes. They too concluded that “every 10% increase in the percentage of BSN nurses in hospitals is associated with a 6% decrease in the odds of patients dying” (p. 192). Those BSN nurses with a specialty certification decreased the odds of dying by an additional 2% with similar findings for failure-to-rescue.

Blegen, Goode et al. (2013) executed a study using data from 21 University Health System Consortium hospitals. Risk-adjusted patients were analyzed with nursing and hospital characteristics to identify if there was an association between nurse education preparation and patient outcomes. Average size of the hospitals

used in this study was 557 beds that were also teaching hospitals. Findings were supportive of higher nursing education:

. . . hospitals that have higher proportions of BS-educated RNs had lower rates of congestive heart failure (CHF) mortality, hospital acquired pressure ulcers (HAPUs), failure to rescue, deep vein thrombosis/pulmonary embolism, and shorter lengths of stay. (p. 92)

Surprisingly, this study did note that an increase or decrease in hospital-acquired infections was not associated with nursing education, however “nurse staffing levels did” (Blegen & Goode et al., 2013, p. 93).

Kutney-Lee, Sloane and Aiken (2013) conducted a study in response to the IOM’s recommendation for an increase in baccalaureate degree nurses to 80% by 2020. Using three sources for data obtainment between 1999 and 2006, a retrospective study was performed to identify trends in nursing education and postsurgical patient outcomes. By analyzing the changes between this time period, researchers found that with a ten percentage point increase in BSN nurses, there would be a “reduction of 2.12 deaths for every 1,000 [post-surgical] patients”(Kutney-Lee and Sloane et al., 2013, p. 582). Patients with postsurgical complications were also analyzed with the corresponding 10% increase in baccalaureate prepared nurses and findings estimated a “reduction of 7.47 deaths per 1,000” (Kutney-Lee and Sloane et al., 2013, p. 582). These results confirm the idea that nurses are at the forefront of patient care and advanced education does make a difference in patient outcomes. Suggestions for increasing the proportion of BSN nurses in this article included supporting the hiring of baccalaureate degree nurses over associate, requiring associate and diploma registered nurses to

complete a BSN in 10 years from hire, and increasing the funding to support education.

The ongoing assessment and ability to detect even the slightest change in a patient's condition can be the difference between a life saved and a life lost. Evidence that baccalaureate degree registered nurses are more attuned to these changes and are able to assist these patients to a positive outcome is significant. The finding of 10% increase in BSN nurses at the bedside is associated with at least a 5% reduction in negative patient outcomes, consistent in the postsurgical, medical, or acute care arena (Aiken et al., 2003; Friese et al., 2008; Kendall-Gallagher and Aiken et al, 2011; Blegen and Goode et al., 2013; Kutney-Lee and Sloane et al., 2013). The recommendation for increasing the proportion of BSN nurses to 80% appears to be essential for the safety of our patients and community.

Personal/Job Satisfaction

Searches performed in the previous two topics revealed sources that discussed incentives and outcomes along with satisfaction related to pursuing a higher degree in nursing. Key words were searched on the chosen databases using: "job satisfaction," "associate degree nursing," "bachelor degree education," "career satisfaction," "RN to BSN," revealed 2,100 results in Google Scholar. Articles were sorted by relevance and out of country studies were excluded. Multiple articles discussed job satisfaction related to nursing. Articles used for this review were specific to personal and/or job satisfaction and associate registered nurses continuing on to a baccalaureate degree.

As stated above, Warren and Mills (2009) evaluated incentives for non-baccalaureate nurses in returning for further education. Career satisfaction or dissatisfaction was ranked as an important barrier and incentive to pursuing a higher educational degree. Those associate registered nurses experiencing dissatisfaction in their current position were more likely to pursue a BSN. The increase in education was thought to engage the nurse in the profession, creating a professional commitment and an increase in opportunities, thereby increasing satisfaction in their nursing position.

Broussard and White (2013) school nurse respondents indicated that “personal goal attainment” was also an element to the pursuit of further education. When compared to salary, job opportunities, and job stability, attainment of “professional goals” was ranked as the highest motivator in this study. These school nurses believed that the increased education would empower them to make a difference in the lives of the children for whom they are responsible.

Zuzelo (2001) addressed the RN to BSN role and perceptions of registered nurses within these programs. Using female subjects only, interviews of 35 women were recorded and analyzed, and 18 major themes were identified. Among these themes, nurses expressed their views on personal and job satisfaction related to pursuing a higher degree. The phrases, “accomplishing a personal goal,” “wanting to set an example for [my] children,” and “needing the BSN in order to move on” in their careers was highly reported. Some nurses described the feelings of wanting to “do something different,” and the wanting to “feel intellectually stimulated” (Zuzelo,

2001, p. 59). The transformation of self was described as “seeing change within,” “increasing confidence when interacting with other health care professionals,” and “feeling good about oneself” (Zuzelo, 2011, p. 59). Professional growth was also addressed and nurses felt they were able to “understand research articles,” and “see patients differently”; the additional education provided confidence in the ability to “access information,” “develop [a] broader knowledge base,” develop “leadership skills” and finally the “job of nursing became a career” (Zuzelo, 2001, p. 59). This study provides evidence that a nurse’s perceptions of personal and professional growth are highly influential in their drive to pursue a higher degree. Zuzelo (2001) encouraged a supportive environment from employers and nurse faculty to assist in meeting the needs and goals of their nurses.

Bahn (2007) studied formal and informal learning experiences among non-baccalaureate nurses. Personal outcomes identified with continued formal education were improved critical thinking skills, becoming more knowledgeable and assertive, and the ability to initiate change within their organizations. Interestingly, these nurses were surprised by their personal transformation as “they had expected to gain nothing more than an academic qualification” (Bahn, 2007, p. 720).

Osterman (2009) examined the perception of the meaning of attaining a BSN degree. Nursing participants described their perceptions as a feeling like they “deserved” the opportunity to gain a higher degree for themselves (Osterman, 2009, p. 112). These nurses reported wanting to “achieve a higher goal,” do less physical work, and become role models for their family, staff, and other nurses. Another

common finding within this study was these nurses felt the need to challenge themselves and expressed a fear of being left behind with the current health care trending toward the BSN prepared registered nurse. Some non-baccalaureate registered nurses expressed the opinioned question of “what do you think you can teach me that I don’t already know?”(Osterman, 2009, p. 115). Nurses with many years of experience returned for a higher degree for personal goal attainment and as a stepping-stone for future career transitions. One RN to BSN student verbalized the personal and professional “rewards” that she experienced with continuing her education. These rewards appear to be specific to each individual. Osterman (2009) encouraged nurse managers to advocate, encourage, and recognize nurses with the personal drive to continue in their professional education and provide the necessary support (incentives) to ease the burden.

Rambur and McIntosh et al. (2005) conducted a study in Vermont comparing associate degree registered nurses and baccalaureate prepared and their perceptions of job satisfaction. Sample size consisted of 379 associate degree nurses and 499 baccalaureate prepared nurses. Job satisfaction scores were lower than the national normal with regards to pay and benefits within this study. However, satisfaction with “the opportunity for autonomy and growth and with job security” was higher than the national average for both associate and baccalaureate nurses. Specifically, baccalaureate nurses were found to be more satisfied than associate nurses in the arena of “job opportunity for autonomy and growth, job stress and physical demands, and job and organization security” (Rambur and McIntosh et al.,

2005, p. 189). Baccalaureate nurses were also found to put in more years of work than associate nurses overall, which is viewed as finding a professional “niche” and contentment which promotes retention and stability in a career. This study confirms the personal satisfaction associated with holding a higher degree in nursing. The suggestion for “further return on investment” for associate nurses to continue in their professional careers was offered to promote a more satisfied nurse and retention among career fields (Rambur and McIntosh et al., 2005, p. 192).

Other studies have found a small correlation between the level of education and job and life satisfaction (Cimete and Gencalp et al., 2003; Ruggiero, 2005). However, other factors are correlated with job satisfaction including work environment, shift work, wage, depression, age, schedule control, physical and mental workload, sleep, depression, etc., making overall results difficult to interpret as direct relationships to education. Personal incentives consisting of a “love of learning” and pursuing a long-term goal of attaining a professional nursing degree is a common theme among those associate nurses that would consider returning to school (Megginson, 2008; Delaney and Piscopo, 2007; Osterman, 2009; Zuzelo, 2001; Broussard and White, 2013). There is evidence from these studies suggesting that a baccalaureate degree nurse experiences a higher level of personal and professional satisfaction. This evidence can further support the need to encourage our associate degree registered nurses toward a higher degree and the possibility of increased satisfaction within their own careers.

Strengths

While there is evidence that suggests there are incentives, improved outcomes, and an increase in personal and job satisfaction related to obtaining a baccalaureate degree in nursing, there is no literature that addresses these topics among rural registered nurses. The strengths of the current literature suggest that urban associate registered nurses view incentives for academic progression to include: financial support, seamless transition between curriculum, flexible work hours, emotional support from family and employers, and on-site hospital courses (Warren and Mills, 2009; Delaney and Piscopo, 2007; Cheung and Aiken, 2006; Jezuit and Luna, 2013; Broussard and White, 2013; Kovner et al., 2012; Morrison and McNulty, 2012; Einhellig, 2012; Nash, 2013; Bahn, 2007; Osterman et al., 2009). Over the last decade, research evidence has suggested significant improvement in patient outcomes when staff nurses are educated at the baccalaureate degree level (Aiken et al., 2003; Friese et al., 2008; Kendall-Gallagher and Aiken et al, 2011; Blegen and Goode et al., 2013; Kutney-Lee and Sloane et al., 2013). Studies have added the possibility of obtaining a higher level of personal or career satisfaction with additional education, even though there are multiple contributing factors associated with satisfaction (Delaney and Piscopo, 2007; Osterman, 2009; Zuzelo, 2001; Broussard and White, 2013; Rambur and McIntosh et al., 2005, Warren and Mills, 2009). The existing literature helps support the need for further investigation among rural associate degree registered nurses and the incentives they may perceive in pursuing a baccalaureate degree.

Literature Gaps

Primary research articles discussed in this chapter have taken place in higher population (urban) states such as California, Pennsylvania, Florida, New York, Wisconsin, Florida, and other populated areas in the Midwest. No articles were identified to have taken place in rural states, further stimulating the need for investigation of associate registered nurses perceptions of incentives, specifically in Montana. Only one article incorporated Patricia Benner's views on education. Many of these studies focused on female registered nurses; identifying incentives for male associate registered nurses would also be valuable.

Summary

The goal of this study is to identify incentives for rural associate degree registered nurses of Montana and their perceptions of the importance in returning for their baccalaureate degree. With the support of this literature and Benner's views on continued education, pursuing this research can further assist employers, educators, and the profession in supporting nurses through academic progression.

CHAPTER 3

METHODS

Introduction

A qualitative, phenomenological approach will be utilized to allow the researcher to better understand the subject's thoughts, feelings, and reasoning. This chapter will discuss the population and sampling details, research design, methods, procedures, and protocol for data collection, instruments used in data collection, rights of human subjects including consent.

Population/Sample/Setting

This purpose of this study was to identify personal and professional incentives that motivate the associate-registered nurse to continue in the pursuit of a baccalaureate degree in nursing. Study participants tapped for their expertise were selected based on the following inclusion criteria: registered nurses practicing in Montana; men and women between the ages of 25 and 58; an active registered nursing license. Six to ten subjects who are associate RNs (2 or 3 year degree) not currently enrolled in a program to continue their education were invited to participate. Exclusion criteria included: Baccalaureate prepared RN who attended a 4 or 5 year university, diploma prepared RN, and a new graduate RN. This study's accessible sample included subjects that are current registered nurses in Montana. Using a combination of volunteer, nominated, and networked (snowball) sampling

methods, the researcher identified six to ten subjects that met inclusion criteria. The snowball sample method involved recruiting subjects from acquaintances of other subjects. This form of sampling can promote “trust and credibility” of the researcher from one subject to another (Norwood, 2010, p. 240). Volunteer sampling or “soliciting participants” was done via phone calls and emails, and allowed for voluntary participation from interested subjects (Norwood, 2010, p. 239). Nominated (referral) sampling is similar to snowball sampling but involves obtaining a referral to a source that is “able to identify potential suitable informants” (Norwood, 2010, p.240). The researcher used secondary selection with these methods to exclude subjects that are not appropriate by using exclusion criteria.

Choosing eight associate RN subjects gave a good sample. Norwood (2010) states that the qualitative sample size is “ultimately a matter of judgment about the quality and sufficiency of the information collected [...] it is important not to select too many informants at the outset of the study” (pp. 240-241). The setting was established at a time and place that was convenient and comfortable for the subject whether this was at their place of employment, in a public place, or in their home. Consent was obtained prior to interview and data collection.

Design/Framework

The goal of this research was to obtain valid opinions and perceptions from associate prepared registered nurses with regards to incentives in furthering their

professional education. The qualitative phenomenological design used was an emergent design in a naturalistic setting. Phenomenological research focuses on “discovering and developing understanding of experiences as perceived by those who live them” (Norwood, 2010, pp. 49-50). This method allowed the researcher to review the subject’s descriptive and interpretive experience. An emergent design is “a flexible design that unfolds along with sampling data collection, analysis decisions as the study progresses so that it can be responsive to the research situation and the needs of the study” (Norwood, 2010, p. 209). Flexibility was necessary in this qualitative study, as each subject had his or her own unique opinion, perception, and background in nursing education. The setting was flexible and in its natural occurrence where the subject feels most comfortable. This research design was used to interview and document the responses of the nurses interviewed, and were then analyzed to find trends and themes in those responses. Patricia Benner’s views on the importance of continuing education were used to further support the need and the findings of this study. Rural nursing theory was also used to better understand the unique needs among rural nurses (Winters, 2013).

Procedures/Data Collection

Accessing the sample, conducting interviews, and data collection for this study began December 2013 and ended January 2014 using the methods described. A combination of open-ended questionnaire/interview was performed along with a set of scaled questions using the Likert scale (see Appendix A). The benefit to an

open-ended interview is the “respondents provide whatever information they want [...] results in rich and unanticipated responses” (Norwood, 2010, p. 275). Personal and professional incentives to continuing education can involve many variables that the researcher may not have anticipated; open-ended (qualitative) questions can allow for those variables to present themselves. Using a scaled response allows the subject to “reflect a continuum of how much/how strongly to how little [...] permit (ting) efficient quantification of subtle graduation in the strength or quantity of a characteristic” (Norwood, 2010, pp.275, 278). The Likert scale: strongly disagree, disagree, not sure, agree, and strongly agree will be used to quantify the subjects’ responses. These two collection strategies provided a variety of opportunities for the subject to express his/her feelings, opinions, and perceptions.

Using sampling methods as described above, the researcher/interviewer obtained subjects that met inclusion criteria, obtained informed consent (Appendix B), and set up an interview at a time and place that was convenient. Verbal interviews were recorded. Time commitment for the interview/questionnaire was anticipated at 30-60 minutes. Cost for the questionnaire/interview was low and included, paper, recording device, fuel to drive to the location of the interview, and time of the subject and researcher (\$200).

Instrumentation

The three-part questionnaire used for this study was developed by the researcher and included: (a) demographic information: age, gender, race, marital

status, employment status, and educational background (b); open-ended questions written by the primary investigator that address personal and professional incentives that drive nurses to pursue and attain a baccalaureate degree; (c) questions that address the feelings of importance with relation to education and their position as an RN, using nominal data in the form of a Likert Scale. The questionnaire is two pages in length and took 30-60 minutes to complete. An interview protocol (Appendix A) was adapted from Creswell (2014).

Demographic information gathered was used to assess the trends/comparisons of responses in relation to demographic variables. Open-ended questions assessed the subject's beliefs, opinions, and perceptions of nursing, their education and current practice, and motivational factors. Nominal questions using the Likert scale of "strongly disagree" to "strongly agree" on a scale of 1-5 was also used (see Appendix A). Validity of questions developed by the researcher was examined by expert/thesis committee reviewers prior to administration of this measurement tool.

Right of Human Subjects/Consent

Submission of the appropriate forms to the Montana State University Institutional Review Board (IRB) was completed and approved. The researcher, 9/2012, reference # 8689577, completed the Collaborative Institutional Training Initiative (CITI) research courses. Informed consent from each subject was obtained prior to administration of the interview/questionnaire (Appendix B).

Planned Analysis

Infield reflection, field notes, and bracketing were applied by the researcher/interviewer. Infield reflection can add “subjective observations, thoughts, and insights” by the researcher/interviewer that may strengthen or weaken a subject’s verbal answer (Norwood, 2010, p. 344). Field notes also offer “objective observations” such as “nonverbal behaviors and interruption” (Norwood, 2010, p. 343). Bracketing is the researcher’s challenge “recognizing and setting aside any pre-existing beliefs, experiences, or biases about a phenomenon” allowing the subject to be heard objectively (Norwood, 2010, p. 344).

The researcher exhausted familiarization of the narrative data. Data was sorted into key words, themes, trends, and common statements. Coding the data using a symbol or abbreviation can “classify a word or phrase to represent a theme” creating a “word picture” (Norwood, 2010, p. 345). Using a quasi-statistical method of “tallying the frequency with which a theme, variation, or pattern occurs” can assist the researcher in further analyzing the narrative data by quantifying common trends (Norwood, 2010, p. 354). After analysis and coding of the common themes, inductive analysis placed the meanings of these findings into general concepts and readable results. The descriptive questions using the Likert scale focus on how strongly a subject feels about a certain statement. These results were calculated into a mean, median, and mode and analyzed and used to support the answers from the verbal interview.

Together, using the data from the Likert scale questions and the qualitative phenomenological interview, results determined the difference in feelings, opinions, and perceptions of incentives in nursing education for associate degree registered nurse.

Summary

The target sample of nurses that were interviewed in Montana will provide the nursing profession detailed information on the incentives that motivate or discourage the associate degree registered nurse to return for a baccalaureate degree in nursing.

CHAPTER 4

FINDINGS

The purpose of this study was to identify associate degree registered nurses in rural Montana and their perceptions associated with attaining a baccalaureate degree in nursing or higher. A qualitative, face-to-face interview was performed to identify the incentives and motivating factors these nurses recognize in their own lives with regards to furthering their professional education. The research questions answered were:

1. What importance does the associate degree RN perceive in attaining a baccalaureate degree in nursing?
2. What incentives are likely to motivate the associate degree nurse to pursue a baccalaureate degree or higher?

A total of eight subjects were interviewed face-to-face. Three subjects were obtained via “backyard research” sampling which includes studying the “researchers own organization, friends” and coworkers (Creswell, 2014, p. 189). One subject was found via snowball sampling. The other four subjects were obtained via a committee member’s connection with critical access hospital Directors of Nursing (DON). These DONs were emailed by the researcher and asked for names of associate degree registered nurses that they thought would be willing to be interviewed. These nurses were emailed and provided explanation of the study topic. Responses were obtained through email and times were set up for each interview. Each subject was

consented and interviewed. All participants selected for this study live and work in the rural state of Montana. The interviews were conducted at a place of convenience for the subject and lasted between 30-45 minutes. A standardized introduction (see Appendix B) was stated prior to each interview to ensure alignment and avoid deviation. Verbal consent to record was received from each interviewee; recordings were transcribed by the interviewer. Demographics were obtained along with education history. Each question was then analyzed for themes by the interviewer to identify the trended feelings and perceptions of these associate degree nurses. Table 1 contains the demographic information for these subjects.

Table 1. Demographics

Age	Gender	Race	Marital Status	Employment Status	Agency Setting	Education Background	YRS. As RN
45	Male	White	Single	Employed-Part Time Gallatin County	Orthopedic RN-First Assist Trauma III	3 year ADN with RNFA certificate	24 years
52	Female	White	Married	Employed-Full Time Gallatin County	Post Anesthesia Care Unit Trauma III	7 years total for ADN	17 years
52	Female	White	Married	Employed-Full Time Gallatin County	Post Anesthesia Care Unit Trauma III	3 year for ADN + other undergrad work	24 years
29	Male	White	Married	Employed-Full time Lewis & Clark County	Medical/Oncology, Mental Health Trauma III	3 year ADN	5 years
58	Female	White	Married	Employed-Full time Madison County	Critical Access Hospital	3 years for ADN + other undergrad work, +EMT courses	20 years

Table 1. Demographics, continued

Age	Gender	Race	Marital Status	Employment Status	Agency Setting	Education Background	YRS. As RN
48	Female	White	Married	Employed-Full time Madison County	Critical Access Hospital- ER/ Medical	3 year ADN	29 years
28	Female	White	Married	Employed-Full time Park County	Critical Access Hospital	3 years total for ADN	6 years
35	Female	White	Single	Employed-Full Time Park County	Critical Access Hospital	4 years total for ADN	15 years

The subject age range was from 29 to 58 with two participants in their 20s, one in her 30s, two in their 40s, and three in their 50s. Six out of eight were women and all but two participants were married. All subjects were Caucasian. Seven out of eight subjects are working full time with one subject working part time. Each subject was asked about their educational background and information regarding length of time it took for them to obtain their associate RN degree. All of the participants took three years or longer to achieve the degree. Range for RN years of experience was between 5-29 years with two <10 years; three 11-20 years; and, three nurses with 20 years of practice. Four of the subjects are currently working at a critical access hospital (CAH) while the other four currently work for Level III trauma facilities.

Interview Questions

Interview Question One

The first research question of this study was “Do you plan to pursue a bachelor’s or master degree in nursing at some point in your career?” and “why or why not?” Of these eight subjects two answered yes, five answered no, and one answered maybe. Table 2 contains the results of the first question with the trends of reasoning.

Table 2. Plan to Pursue Bachelor’s or Master’s Degree and Why.

Response	n	%	Response (#)
YES	2	25%	Master’s degree preferred as no incentive for BSN (2) Need to obtain BSN to move on to master’s (1) More career options (1)
NO	5	62.5%	No pay raise in current position (5) BSN would not change practice or position (4) Cost (3) Advanced Age (3) Manager position not wanted (3) Time (3)
MAYBE	1	12.5%	Possibly moving to area where facility offers incentives and assistance to achieve BSN within 5 years of hire (1)

Of the two “yes” responses to returning for a bachelor’s and master degree, both subjects agreed that there is no incentive that would motivate them to pursue a baccalaureate degree only. Both of these subjects verbalized wanting to pursue a

master's degree at some point to expand their professional knowledge and career options. One subject was unaware of the option to skip the BSN and do an associate to master program. This subject saw the BSN as a gateway or "stepping stone" to the master's degree.

Of the five "no" responses to returning for a bachelor's and master degree, all subjects believed there would be no difference in pay in their current position. Four of these subjects agreed that a bachelor's or master's degree would not change the nature of their current job or position. They verbalized not wanting a position change or not being interested in management. One comment was "because I like bedside nursing and I have no desire to do anything different." Another participant said, "It wouldn't change the duties, position, or pay of the current job I have." Three of these subjects verbalized that cost and time was a major factor in their lack of motivation to obtain a higher professional degree. One individual stated, "I think education is important, but it is very expensive and if it is not going to help me financially then I don't feel it to be necessary." Another person commented, "Taking time away from my family [...] paying for it [...] I'm not going to get a pay raise." Advanced age was mentioned with three subjects stating that if they were younger they might pursue an advanced degree, however, all three subjects stated that they would want to possibly seek a non-nursing bachelor's or master' degree. The one subject who said "maybe" to returning for a bachelor's and master's degree stated that she was possibly moving to a locale where the facility offers financial incentive to achieve a BSN within five years of hire. This subject did state that she has wanted

to pursue a higher professional degree in nursing but life events over the years have made it difficult, in addition to cost of schooling and time from family and job.

The prompt question, “What are your thoughts and feelings about pursuing additional education?” generated the following responses (Table 3):

Table 3. Thoughts and Feelings on Additional Education

Response	#
I do believe it is important	5
Very expensive	2
I get plenty of education with current requirements (PALS, ACLS, TNCC, specialty certification, CEUs, etc)	2
Creates sense of personal satisfaction and reward	2
Creates more career options	1
If I were younger I would consider a higher degree	1
I know I can only go so far with an associates	1
Experience should count for something	1

When asked about their thoughts and feelings about “pursuing additional education”, five subjects agreed that continued or ongoing education was important. Each nurse reported to the ongoing required education each registered nurse must have to uphold his or her two-year license. Each nurse discussed the certifications they have including: “BLS, ACLS, PALS, TNCC, ENPC, STAPLE, SANE” along with certifications in their specialty such as “CPAN” and other organization and facility specific education requirements. One subject stated, “[...] that’s enough extra stuff that I want to do [...].” Again, the price of education was mentioned as a deterrent to

pursue formal education outside of their employer. Subjects did mention that attaining a higher professional degree would create a great sense of personal satisfaction. These subjects also stated that they would be “getting the degree for themselves, not anyone else” and that financial gain would not be the ultimate goal. With that said, they also mentioned that nearing retirement, advanced age, and the amount of experience they already had counted for more than classes toward a baccalaureate degree.

The second prompt question asked, “Would you be more likely to pursue an RN-BSN or RN-MN degree?” (Table 4).

Table 4. Degree More Likely to be Pursued

Degree	<i>n</i>
RN-Master’s Degree	4
RN-Bachelor’s Degree	2
Neither	2

Four subjects stated they would be “more likely” to pursue a master’s degree than a baccalaureate degree in nursing. Reasoning for master’s over a baccalaureate degree was viewed as a way to advance career options, bill Medicare/Medicaid for operating room assisting fees, teach at the university level, specializing, advanced practice positions, and personal/professional satisfaction. Two subjects stated they would be “more likely” to pursue a bachelor’s degree than a master’s degree. Thoughts behind this were stated as “cost” and no reason to get a master’s when they don’t want to change their job/position or pursue an upper management position. The two subjects that stated that they would not want to pursue and attain

either degree discussed that they were happy in their current position, current pay, and have other things they want to do with their personal time.

Interview Question Two

The next question was an incentive and motivation question stated as, “Describe the personal or professional incentives that would motivate you to pursue and attain a bachelor’s or master’s degree?” (Table 5).

Table 5. Personal or Professional Incentives

Response Theme	#
Increase in wage/differential	6
Employer financial assistance	2
Enjoy learning	3
Job/personal satisfaction	2
Increase knowledge to better care for patients	1
Increase in responsibility	1
None	1

When asked what personal or professional incentives create motivation to pursue a BSN degree or higher, the most common incentive given by these subjects was an increase in wage or differential for obtaining the higher degree. Per these subjects, there is no difference in pay between an associate and bachelor degree registered nurse and they both perform the same jobs and duties. Employer financial assistance was also reported to be “important”, as they said tuition reimbursement for courses completed would be helpful. Other subjects said that if they did return for a higher degree that personal satisfaction, enjoyment of learning,

and “doing it for me” would be the reward. One subject stated that the increase in responsibility and knowledge with a master’s degree would be rewarding and exciting. There was only one subject that reported that there were no professional or personal incentives that would motivate to attaining a higher degree in nursing.

Interview Question Three

Question three was both an incentive and disincentive question stated as “Describe the barriers you would anticipate in pursuing and attaining a bachelor’s or master’s degree?” (Table 6).

Table 6. Barriers

Response	#
Time	7
Cost of returning to school	6
Less personal/family time	5
Getting back into “school mode”	3
Difficulty getting time off work	2
No increase in wage for BSN	1

Seven of the subjects viewed “time” as the major barrier to pursuing and attaining a bachelor’s degree in nursing or higher. One subject stated, “I work full time” another stated “the time required to obtain it” and “time from work and personal time” as the reasons for difficulty. Again, cost was viewed as a major barrier. Some of these subjects are the sole provider of their family and taking hours and dollars away from their paycheck is not an option. One subject remarked on the “burden that goes along with being a student” which was later specified as time,

money, studying, assignments, and more student loans. Two subjects voiced concern about getting time off work or rearranging of their schedule in order to accommodate classes or clinical hours. Finally, the point of no increase or financial incentive for obtaining a bachelor's degree was discussed as a barrier to motivation.

Interview Question Four

Question four asked "Would your manager or employer support you in your decision to return for a higher degree in nursing? Describe how" (Table 7).

Table 7. Manager and Employer Support for Higher Degree

Emotional/Moral support, NOT financial	6
Emotional/Moral support, AND financial	2

All subjects agreed that their employer would likely support them emotionally but only two subjects stated their employers offer financial support. Of the subjects who are not offered financial support to continue their professional education, statements such as "it would be like 'yay, good for you'" and "there is no incentive [...] no financial gain." One subject mentioned that her manager would likely offer flexible scheduling in order to accommodate a school schedule but no financial assistance.

Of the subjects who verbalized their employer would support them financially, they mentioned a "small amount of money incentive program" that would be rewarded once a course was completed, which was an incentive, but the subject had to pay for the class upfront, which was a strain. The other subject talked

about possible funds offered through their facility foundation but didn't know the terms and conditions because she had not pursued this avenue at this point.

Prompt question "Which supports are most important to you?" A list of supports was provided and the subject was asked to either prioritize, rate, or circle the supports that were most important to them. Subjects prioritized their answers as 1-most important, to 7-least important (Table 8).

Table 8. Prioritized Supports

Supports	Average Score	Mode Score
Tuition reimbursement	1.71	(1) (2)
On-site/online classes	4.14	(4) (6)
Time off for class hours	4.14	(3)
Tutoring/facility and personal recognition	5.43	(4) (5) (7)
Higher wage for advanced degree	3	(1)
More responsibility/higher position with an advanced degree	5.43	(6) (7)
Flexible scheduling	2.85	(2)

Of all the supports that were listed, tuition reimbursement ranked number one on average amongst these eight subjects with the most common rating being (1) and (2). Flexible scheduling ranked second as an important incentive with the most common score of (2). Higher wage was ranked number three on average, with the most common ranking being (1). On-site and online courses along with time off for class hours were ranked fourth on average, equally. Finally, tutoring and personal

recognition along with more responsibility and higher position was ranked last on average.

Interview Question Five

Question five: “Does living in the rural state of Montana affect your decision or ability to pursue and attain a higher professional degree? Why or why not? Explain” (Table 9).

Table 9. Rural Montana Influence

<i>n/N (%)</i>	Response (#)
NO-6/8=75%	Online programs available (4) In state University resources are available (3)
YES-2/8 =25%	Less access/more travel/distance (2) Online courses not preferred way of learning (1) Less financial reimbursement (2)

When asked if living in the rural state of Montana influenced their abilities or decision to attain a bachelor’s degree in nursing or higher, six of the subjects responded “no.” When asked for their reasoning, four subjects mentioned the online programs offered throughout the nation that could assist them in continuing for a higher degree. Three of the subjects mentioned the fact that Montana State University-Bozeman is now offering a “bridge program” for associate registered nurses and there are other university resources around the state that could assist them.

The subjects that answered “yes” to rural Montana influencing their decision or ability to attain a higher degree acknowledged distance and reimbursement as major factors. Comments such as “much less access” and “everything has to be online or travel” were made. Concerns about clinical placement were also voiced, as “there aren’t as many options like a big city would have.”

Interview Question Six

Question six: “Explain your thoughts and opinions on the difference between an Associate-prepared RN and a Baccalaureate-prepared RN?” The intent was for the subject to rate the importance or unimportance of pursuing and attaining a baccalaureate degree in nursing. The most and least frequent themes were captured in Table 10.

Table 10. Perceptual Difference between Associate and Baccalaureate RN

Response	#
I don’t see a difference	6
We perform the same duties	5
Same basic nursing knowledge and skills	5
BSN and ADN/ASN take same licensure exam	4
Associate nurses have more clinical hours in school	4
BSN has more courses/non-nursing education	3
Need BSN for management position/increase in career options	2
Perceptions of “BSN is better” and ADN/ASN are “looked down upon”	2
ADN/ASN nurses are better at the bedside	1

Asking about the perceptions of the difference between the associate degree and bachelor’s degree registered nurses revealed very strong feelings among these associate nurses. Six of the associate nurses voiced that they really don’t see any

difference between the two nurses at the bedside. One subject summed up these feelings well by stating, “if you lined us up and watched us clinically, there would be no way to tell a difference.” These nurses agreed that essentially, they perform the same duties when working at the bedside and have obtained the same clinical knowledge having taken the same licensure exam. Other subjects expressed that they had more clinical hours in their associate degree program than the bachelor’s students at adjacent universities. While three of the subjects confirm that bachelor’s degree registered nurses take more courses and have more non-nursing education, generally these nurses felt associate nurses were better prepared to care for patients because of more hands-on experience. One subject summed up these feelings as “[associate degree registered nurses have] more on the job training or hands-on experience [...] more meat and potatoes [...] they are focused in on the core I think.” Two subjects agreed that a BSN is needed for many supervisor and managerial positions, which-in-turn offers more career opportunities. Two other subjects voiced that the general feeling among nurses is that “BSNs are better” and ASN/ADNs are “looked down upon.” These subjects suggested that the bachelor’s degree nurses feel like they are “better” because they have a higher degree, even though they hold the same license and compete for the same positions with bedside nursing. One comment on this topic was

“I don’t feel like I’m beneath the bar at all [...] but I feel like there is that perception [...] I think it’s more the bachelor’s degree nurses a little bit [...] and I’m not sure why [...] I feel like they should be proud of themselves for finishing their bachelor’s degree [...] I’m not sure why...”

A prompt question “Do you feel experience is worth more than education” revealed a 7/8 response that experience is worth as much if not more than education. One subject summed it up for the group best by saying “Experience is the best educator.”

Interview Question Seven

Question seven asked the subjects, “Tell me what you think about the importance of associate degree nurses returning to school for a baccalaureate degree or higher? Should it be required or optional?” and generated the following themes (Table 11).

Table 11. Importance for Associate Degree Nurses to Return for BSN

Response Themes	#
Should not be required/optional	8 = 100% of subjects
Specialty certification/department education more interesting and applicable to practice	5
Should not be forced to get BSN when already passed “clinical knowledge test”	2
BSN important for management positions	2
Profession is pushing for associates to return for BSN	1
Eventually associate degree nurses will be phased out like diploma nurses	1
Associate and diploma nurses more prepared for “nursing”	1
BSN liberal art classes not going to help me in practice	1
No increase in wage for BSN	1

When subjects were asked to describe their thoughts on associate degree nurses returning for a bachelor’s or master degree and/or if associate degree registered nurses should be required to return for an advanced degree, all eight subjects voiced that it should not be required. All eight subjects agreed that it should

be up to the nurse to decide to return for an advanced nursing degree. The thought that there is already continuing education that is required along with specialty certifications that require time and money, are generally seen as “more beneficial” and applicable to their practice than returning for a bachelor’s degree. There is also a wage differential offered to specialty certified nurses as opposed to bachelor’s degree nurses. Two subjects mentioned that associate degree registered nurses pass the same clinical knowledge test to practice as the bachelor’s degree nurses. The question of whether the liberal arts classes required for BSN completion will really help their practice was voiced. There is acknowledgement that the nursing profession is pushing toward bachelor’s degree registered nurses as “they want the profession to be respected” and in line with other health care professions. However, the concern of phasing out the associate degree nurse like the diploma nurse was discussed by one subject, who said she had more clinical hours in her associate program than most bachelor’s programs, better preparing her for “nursing.” Experience was discussed as a major factor in the success of the registered nurse. One subject summed it up by saying, “In the nursing field, I feel that you learn and grow the longer you are a nurse and the more experience you get being a nurse the better the nurse you are going to be [...] It takes time [...] I’m still learning [...] having a BSN would not change what I continue to learn now as a nurse.”

Interview Question Eight

Question eight: “Do you believe a bachelor’s degree in nursing would change your practice? How?” (Table 12).

Table 12. Would a BSN Change Your Practice?

Response	#
NO	7
Can't say-I haven't taken the courses	1
No increase in wage or change in current position	4

Seven of the eight subjects agreed that a bachelor's degree in nursing would not change their practice, and one subject stated that they are unable to give a fair assessment since they haven't actually completed the necessary courses to complete a bachelor's degree. Four subjects agreed that a bachelor's degree would not change their current position, job description, or wage. One subject, who is not currently enrolled, but has taken a couple courses toward a bachelor's degree stated that "from the classes that I have taken from the associate to bachelor's degree [...] not at all [...] it hasn't changed anything from how I've practiced from the six classes I have taken." Comments regarding the benefit of leadership and management courses were voiced within BSN curriculum, but again were not seen as beneficial in "bedside nursing."

Interview Question Nine

Question nine: "Do you believe a master's degree in nursing would change your practice? How? (Table 13).

Table 13. Would a MN Change Professional Practice?

Response	#
NO	1
Not in the position I hold now	5
I don't desire supervisor/manager/or advanced practice position	2
YES	5
I would consider teaching/education field of nursing	2
I would consider management	1
Specialize in nursing field/advance practice	2
Different focus/position	1
Would want to pursue a different degree in a non-nursing field	2

Three subjects stated that a master's degree in nursing would not change their current practice and they are not interested in a different position that would require a master's degree. Five other subjects also agree that a master's degree would not make a difference in the current position they hold now, but it would depend on what type of master's degree they would pursue. Subjects agreed that if they did go back for a master's degree, they would pursue a degree so that they could teach, hold a management position, specialize or pursue an advanced practice degree, or attain a master's degree in a field other than nursing. One subject stated that a master's degree, depending on the focus, could give a "better understanding of pathophysiology and a broader knowledge of general medicine." Another subject stated a belief that nurses should have to attain an associate degree and then continue for a bachelor's degree to continue to build upon their knowledge. The concern about BSN nurses going right into management rather than working at the bedside was voiced as "they just don't have a concept of what nursing really is [...] and don't understand the nurse's perspective."

Interview Question Ten

Question ten was asked to help the researcher find additional subjects “Do you know others I should talk to about this topic?” Four subjects replied yes and four subjects replied no. Of the nurses who had other potential subjects, these names were taken and reviewed for inclusion criteria.

Strength of Opinion Questions

The next six questions were used to rate how strongly each nurse agrees or disagrees with each statement related to continuing to pursue and attain a bachelor’s or master degree in nursing. Each subject rated his or her feelings as: strongly disagree (SD), disagree (D), not sure (NS), agree (A), strongly agree (SA) (Table 14).

Table 14. Strength of Opinion

Question	SD	D	NS	A	SA
1. It is important for associate degree registered nurses to obtain a baccalaureate degree.	12.5%	37.5%	25%	25%	0
2. It is important for associate degree registered nurses to obtain a master degree.	12.5%	50%	25%	12.5%	0
3. A baccalaureate degree would increase job and personal satisfaction within my profession.	25%	37.5%	12.5%	37.5%	0
4. Associate prepared registered nurses should be required to pursue and attain a baccalaureate degree in nursing within 5-10 years following graduation from an ASN program	62.5%	37.5%	0	0	0
5. Obtaining a baccalaureate degree in nursing will enhance my practice and will improve the care I provide patients.	25%	62.5%	12.5%	0	0
6. My employer offers incentives to obtain a baccalaureate degree or higher that motivates me to pursue additional education	50%	37.5%	0	12.5%	0

When asked whether or not it is important for associated degree nurses to obtain a BSN degree, the majority of subjects at 37.5% disagreed, while 25% agreed, 25% were not sure, and 12.5% strongly disagreed.

When asked if it is important for associate degree nurses to obtain a master's degree in nursing, half of subjects disagreed, 25% of these subjects were not sure, 12.5% agreed, and 12.5% strongly disagreed.

When asked if a baccalaureate degree would increase job and personal satisfaction within their profession, 37.5% agreed and 37.5% disagreed, while 25% strongly disagreed and 12.5% were not sure.

When asked if associate nurses should be required to attain a bachelor's degree within 5-10 years following graduation, 62.5% strongly disagreed while 37.5% only disagreed.

When asked if obtaining a bachelor's degree in nursing would enhance the individual's practice and provide improved patient care, the majority of subjects at 62.5% disagreed, 25% strongly disagreed, and 12.5% were not sure.

When asked if the individuals' employers offer incentives that motivate them to pursue and attain a bachelor's degree in nursing, the majority strongly disagreed at 50% with 37.5% disagree and only 12.5% agreed.

CHAPTER FIVE

DISCUSSION

Summary

There is evidence that suggests that registered nurses that hold a bachelor's degree in nursing or higher experience more personal and job satisfaction and better patient outcomes. Because of this evidence, the Institute Of Medicine (2010) has recommended that 80 percent of all registered nurses be prepared at the baccalaureate level by 2020. Identifying the incentives and motivators for the associate degree nurses in Montana can assist with this national recommendation.

The purpose of this study was to identify the views and opinions of associate degree registered nurses living and working in rural Montana with regards to furthering their formal education for a BSN or higher. Qualitative interviews were conducted to get the unique perspective of these nurses located in four rural/frontier counties in Montana. The theoretical education model of Patricia Benner and was used to frame this study. A review of conclusions from the data analysis will be discussed in the following sections.

Limitations

The analysis of the qualitative interviews was limited to eight subjects living and working in rural Montana (2014). Additional analysis of associate degree

registered nurses located in the other fifty-two counties of Montana could yield additional themes and/or information pertinent to this study.

Conclusions

The eight qualitative interviews conducted January 2014 revealed a generous amount of data, information, and opinions related to this research topic. This research provides valuable insight into the perceptions of importance of attaining a higher professional degree and the personal and professional motivators that will incentivize associate degree registered nurses in Montana to do so.

Perceptions of Importance

In general, the associate degree registered nurses that were interviewed in this study viewed continued education as important; however, the importance of achieving a bachelor's degree, while continuing in their current position in nursing, was meager. These nurses all agreed that associate nurses should not be required or forced to attain a bachelor's or master's degree unless that individual nurse had the desire. Each nurse voiced the continuing education that is required to uphold their current nursing license (24 CEU hours in a two-year period) along with the typical education they must maintain to keep their current position (ex. BLS, ACL, PALS, etc.). Generally these nurses viewed these education hours as more valuable than courses they would need to take to attain a bachelor's degree, as it usually is specialty specific and improves their thoughts and skills in their current nursing position. Some subjects also discussed attaining certification in their specialty as

important, interesting, and advantageous especially since there is typically a wage differential. A majority of these nurses agreed that a bachelor's degree would not change their current practice, while some voiced that they were unsure because they had not taken the courses. Overall, a bachelor's degree in nursing was not seen as an important and necessary component of their practice, other than the ability and personal satisfaction to say "I have a BSN."

They did, however, agree that if an individual nurse wanted to pursue a management position, that attaining a bachelor's or master's degree would be helpful. Some subjects believed that a bachelor's or master's degree in a field such as health care management may be more beneficial than a bachelor's or master's in nursing, as it may be more applicable to that position. Some subjects agreed that attaining a master degree in nursing would be more beneficial than a bachelor's degree because a master's degree opens up many avenues for advanced practice, teaching, and upper management positions. These subjects agreed that a master's degree would change their practice just for this reason; they would want to change their position and practice in some way.

Additionally, experience was viewed as an important component to nursing practice. Each nurse discussed how their nursing experience and educational background has affected their current nursing practice. These nurses agreed that their associate program offered more clinical hours at the bedside than competing bachelor's programs, better preparing them for the "nursing." Two nurses summed up "experience" best by stating "[associate degree registered nurses have] more on

the job training or hands-on experience [...] more meat and potatoes [...] they are focused in on the core” and

I feel that you learn and grow the longer you are a nurse and the more experience you get being a nurse the better the nurse you are going to be [...] It takes time [...] I'm still learning

A majority of these subjects were 40 years of age or older with greater than 15 years of RN experience. Age and years of experience appear to be related with the motivation or lack of motivation in pursuing a bachelor's degree in nursing.

Thoughts and feelings about the amount of experience already obtained and the cost of attaining a bachelor's degree will not benefit them at this point in their career.

Subjects voiced that they did not want to accrue student loans when they only had approximately ten years of work left before retirement. The perception of importance are a valuable piece to understanding why an associate degree registered nurse would or would not pursue and attain a bachelor's degree in nursing or higher.

Incentives

Generally, monetary support/gain was seen as the primary incentive to pursuing and attaining a higher professional degree. Tuition reimbursement or assistance along with a higher wage was viewed as the biggest incentive. Flexible scheduling and time off for class hours were also influencing factors. Many of these subjects expressed that it is difficult to want to spend their free time back in school when they have families and other activities that are important. Incentives that were ranked less important than the above included onsite/online courses, tutoring,

and personal recognition. A majority of these subjects stated that access to BSN programs was not necessarily difficult as many courses are offered online; however, any travel for clinical hours was seen as a potential problem. The perception of incentives can aid employers and/or professional organizations in understanding what they can do to assist their associate degree registered nurses in pursuing and attaining a baccalaureate degree or higher.

Implications

The findings of this study have implications for nursing education and the perception of incentives and importance with pursuing a higher professional degree. Findings may be helpful for all states, but are specific to Montana. Findings can be used to guide future research of associate degree registered nurses in rural and urban areas.

Montana is the fourth largest state in the United States with 145,552 square miles of land area and a population density with an average of 6.6 people per square mile (WorldAtlas, 2012). When compared to California, which has 155,959 square miles of land area and a population density of 235 people per square mile, it is apparent that Montana is a large rural state (WorldAtlas, 2012). These rural associate degree nurses of Montana have given good insight to the perceptions of importance of pursuing and attaining a baccalaureate degree or higher and the incentives that would assist them. In general, advanced age and higher years of experience as a registered nurse limits the motivation and perceptions of

importance in pursuing a higher professional degree. Many have other things they want to do during their free time. Nurses younger than forty planned to pursue a higher degree at some point in their career, but due to financial and life point situations, not at this time.

Cost of returning to school was seen as a major barrier to returning for a higher professional degree. There were multiple comments throughout the interviews from all subjects that there are minimal financial incentives offered to assist with the costs. Within these subjects, only one employer/facility offered assistance with tuition. Additionally, all of these nurses stated that there is no wage gain associated with obtaining a bachelor's degree in their current position. This lack of differential has made it difficult for these nurses to see the benefit of taking on more financial burden. These nurses did not view a bachelor's degree as beneficial to their practice and one subject, who has taken a few courses toward his BSN, denies any change so far. This is a very important finding. If these nurses do not see the educational benefit to obtaining a higher professional degree, it will be difficult to motivate them to attain one. The literature review reveals evidence that BSN nurses have patients with better outcomes, along with lower patient morbidity and mortality rates. The additional education hours/courses these nurses have appear to count for something. Patricia Benner (2010) noted the "rapid changes in science, technology, and clinical practice [that] require a higher level of scholarship and more clinically oriented teaching in all arenas of nursing education" (p. 31). This rings true in any state whether urban or rural. These associate degree nurses

may not know of the evidence associated with better outcomes or personal and job satisfaction associated with attaining a bachelor's degree in nursing. With the multiple pathways into the nursing profession, we are able to fill the gaps with the ongoing nursing shortage; however, "the system of multiple pathways into the profession [...] does not support the high-quality teaching and learning so crucial to nurses' preparation and improved patient outcomes" (Benner, 2010, p. 33). Because of the time and expense associated with returning for a bachelor's degree, "only 21 percent of ADNs go on for further formal education" (Benner, 2010, p. 35).

The goal is not to eliminate the associate degree registered nurse, but to allow for a progression of education that will stimulate the mind, allow for career opportunities, satisfaction, confidence, research, and improve patient outcomes. Benner (2010) acknowledges, "the baccalaureate degree should be but one point on a continuum of degree and formal learning experiences" (p. 38). Educating associate degree nurses on the evidence and importance of pursuing a higher professional degree may influence their perception and motivate them to do so.

Recommendations

Future research studies could further explore the correlation of age and years of experience with the perception and intention of returning for a higher professional degree. Additional research including the other counties of Montana may prove to be pertinent and applicable to understanding rural associate degree registered nurses' perceptions.

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APPENDICES

APPENDIX A

INTERVIEW/QUESTIONNAIRE

Participation is voluntary, and you can choose to not answer any questions that you do not want to answer, and you can stop at anytime.

Demographics

Age:

Gender:

Race:

Marital status:

Employment status:

Agency setting:

Educational background:

Years of RN experience:

Date_____Place_____Interviewee_____

Introduction: My name is Hillary Smith and I am a graduate student at Montana State University (College of Nursing). Thank you for meeting with me today. As you know, I am conducting a qualitative research study with associate degree nurses to explore perceptions of importance and incentives related to decisions to return to school for a BSN or master.

(Opener)

1. Do you plan to pursue a bachelor's or master's degree in nursing at some point in your career?
 - a. Prompt: Why or why not? What are your thoughts and feelings about pursuing additional education?
 - b. Prompt: Would you be more likely to pursue an RN-BSN or RN-MN degree?

(Incentives/Disincentives)

2. Describe the personal or professional incentives that would motivate you to pursue and attain a bachelor's or master's degree. (Incentive)

3. Describe the barriers you would anticipate in pursuing and attaining a bachelors or master's degree? (Incentive/disincentive)
4. Would your manager or employer support you in your decision to return for a higher degree in nursing? Describe how. Which supports are most important to you? (Prioritize)
 - a. ___ Flexible scheduling,
 - b. ___ Tuition reimbursement,
 - c. ___ On-site classes/Online classes
 - d. ___ Time off for class hours,
 - e. ___ Tutoring, facility and personal recognition,
 - f. ___ Higher wage for advanced degree,
 - g. ___ More responsibility /higher position with an advanced degree
 - h. ___ Other
5. Does living in the rural state of Montana affect your decision or ability to pursue and attain a higher professional degree? Why or why not? Explain.

(Importance/Unimportance)

6. Explain your thoughts and opinions on the difference between an Associate-prepared RN and a Baccalaureate-prepared RN?
 - a. Prompt: Tell me more about this . . .
7. Tell me what you think about the importance of associate degree nurses returning to school for a baccalaureate degree or higher?
8. Do you believe a bachelor's degree in nursing would change your practice? How?
9. Do you believe a master's degree in nursing would change your practice? How?
10. Do you know others I should talk to about this topic?

Please answer the following questions using the 1-5 rating scale provided.

1. It is important for associate degree registered nurses to obtain a baccalaureate degree.
1- **strongly disagree** 2-**disagree** 3-**not sure** 4-**agree** 5-**strongly agree**
2. It is important for associate degree registered nurses to obtain a master's degree.
1- **strongly disagree** 2-**disagree** 3-**not sure** 4-**agree** 5-**strongly agree**
3. A baccalaureate degree would increase job and personal satisfaction within my profession.
1- **strongly disagree** 2-**disagree** 3-**not sure** 4-**agree** 5-**strongly agree**
4. Associate prepared registered nurses should be required to pursue and attain a baccalaureate degree in nursing within 5-10 years following graduation from an ASN program.
1- **strongly disagree** 2-**disagree** 3-**not sure** 4-**agree** 5-**strongly agree**
5. Obtaining a baccalaureate degree in nursing will enhance my practice and will improve the care I provide patients.
1- **strongly disagree** 2-**disagree** 3-**not sure** 4-**agree** 5-**strongly agree**
6. My employer offers incentives to obtain a baccalaureate degree or higher that motivates me to pursue additional education.
1- **strongly disagree** 2-**disagree** 3-**not sure** 4-**agree** 5-**strongly agree**

APPENDIX B

SUBJECT CONSENT FORM FOR PARTICIPATION IN HUMAN
RESEARCH AT MONTANA STATE UNIVERSITY

Importance of Incentives Necessary for Associate Degree Registered Nurses to Continue Formal Education for a Bachelor's Degree or Higher

You are being asked to participate in a research study that will analyze importance of incentives offered to the associate degree registered nurse to continue their formal education and obtain a baccalaureate degree in nursing or higher. The *Future of Nursing in the U.S.* report (Institute of Medicine [IOM], 2011), has recommended increasing the proportion of nurses with BSNs from 50 to 80% by 2020. The goal of this study is identify the incentives that motivate the associate-RN to pursue and attain a BSN or higher.

Subjects will consist of: associate degree registered nurses who are not enrolled in a BSN bridge program, who have an active license in the State of Montana, male and female between the ages of 25 and 58.

Participation is voluntary. If you agree to participate you will be asked to attend a 30-60 minute, one-time interview. Participation is voluntary and you can choose to not answer any questions you do not want to answer and/or you can stop at anytime. There are no foreseen risks, however, adverse affects associated with the interview can be anxiety or stress related to discussion of life events and education. If you decline to participate your information will be discarded. All subjects will be coded but no names or initials will be attached to the data. This study is of no benefit to you. The source of funding is from the researcher only. There is no cost to the subject other than his or her time.

If you have any questions please direct them to the researcher.

Confidentiality will be maintained by not attaching names or initials to data or recordings. Coding systems to identify each subject will be attached for the purpose of anonymity.

Should the participant have questions about the research, they can contact Hillary Smith RN, BSN-Graduate Nursing Student at 406-459-2175. If they have additional questions about the rights of human subjects they can contact the Chair of the Institutional Review Board, Mark Quinn, 406-994-4707 [mquinn@montana.edu].

For one's own participation:

I have read the above and understand the discomforts, inconveniences, and risk of this study. I, _____ (*name of subject*), agree to participate in this research. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed: _____

Witness: _____

Investigator: _____

Date: _____