Program Evaluation of RN to BSN Academic Progression At an Academic Medical Center

Mary Dixon

Charlottesville, Virginia

Master of Science in Nursing, George Mason University, 1991

Bachelor of Science in Nursing, The Catholic University of America, 1976

A Scholarly Practice Project presented to the Graduate Faculty of the University of Virginia in Candidacy for the Degree of Doctor of Nursing Practice

School of Nursing

University of Virginia

May, 2021

Regina DeGennaro DNP, RN, CNS, AOCN, CNL

Kenneth White PhD, AGACNP, ACHPN, FACHE, FAAN

Tomeka Dowling DNP, RN

Amelia Black DNP, RN NEA-BC

Abstract

Objective: To evaluate programmatic elements and identify improvements to support baccalaureate attainment by employed associate degree and diploma nurses.

Background: Studies have demonstrated the importance of increasing the percentage of baccalaureate-prepared nurses to improve clinical outcomes in health care settings. This project setting has had a requirement for nurses to attain the baccalaureate degree with a concomitant education support program since 2013; a formal program evaluation need was identified.

Methods: The Center for Disease Control and Prevention (CDC) Framework for Program Evaluation in Public Health was used. A mixed methods design was employed using virtual focus groups (n = 14) and an internet-based questionnaire (n = 137) to explore use and importance of programmatic elements to BSN attainment, and motivators and barriers for degree pursuit.

Results: Quantitative study results revealed a significant proportion of nurses who achieved the BSN degree used the education assistance benefit, x^2 (df 1, N= 137) = 4.03, $p < .05$. The perceived importance of education assistance benefits ($U(N_{no\ BSN}=64, N_{BSN}= 58) = 2189.00$, z= 2.39, r= .22, $p < .05$) and education fairs ($U(N_{no\ BSN}=50, N_{BSN}=44) =1362.5$, z= 2.125, r= .22, $p < .05$) were significant for degree attainment. Qualitative study results supported these findings as well as other academic, technological, employer and individual level motivator and barrier themes such as "counselor" concept for selection of BSN program, schedule flexibility, manager encouragement, financial assistance, and recognition on degree attainment.

Implications for Practice: Identification of the most useful and important organizational tactics is essential to meeting the goal of 80% baccalaureate-prepared nurses. The results may be beneficial for nurse executives for instituting organizational benefits and facilitators for RN to BSN advancements.

Keywords: RN to BSN program, program evaluation, academic progression, Bachelor of Science in Nursing, Baccalaureate-prepared nurses

Table of Contents

Background and Significance 4

Review of Literature 7

PRISMA Flow Chart 9

Organizational Context/Assessment 21

Purpose Statement 24

Theoretical Framework 25

Methods 25

Implementation Framework 25

Project Design 27

Definition of Terms 27

Setting 29

Approvals 29

Procedures (CDC 6 Step Process) 29

Sustainability Plan 49

Strengths and Limitations of Design 49

Nursing Practice Implications 50

Products of Scholarly Practice Project 51

References 52

Appendices 59

Draft Manuscript for JONA Submission 113

Background and Significance

The Institute of Medicine's (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* (2010) raised the bar for nursing education and practice by challenging hospitals, health care delivery systems, educational institutions and the nursing profession to support the attainment of a Bachelor of Science in Nursing (BSN) degree for eighty percent of practicing registered nurses (RNs) by 2020. This goal was supported by evidence that links a highly educated nursing workforce with improved clinical outcomes (Aiken et al., 2017; Aiken et al., 2008; Aiken et al., 2003; Aiken et al., 2011; Blegen et al., 2013). Yakusheva et al. (2014) bolstered the IOM's goal with an economic analysis that showed evidence of care delivered by higher percentage of baccalaureate-prepared RNs yielded a positive impact on reducing hospital costs by reducing length of hospitalization, patient mortality and readmission rates.

Nursing has evolved and adapted to shape its professional boundaries in response to a more complex healthcare environment (Shivnan et al., 1999; White and Begun, 1996). The 21st century RN is required to have advanced knowledge, apply critical thinking skills, be clinically competent and proficient, and develop and possess financial acumen, technological savvy, inter-professional collaborations, performance improvement skills, and leadership. Other contributing factors to the ever-expanding role of the professional RN are expectations that include: caring for patients with more complex, serious illnesses and increasing numbers of co-morbidities requiring complex treatment modalities, shorter hospitalizations for patients with a greater emphasis on shifting care across the delivery continuum, increasing demand for knowledge about clinical technologies to support care delivery, changing financial reimbursement models focused on patient outcomes and satisfaction, and ensuring health equity to eliminate health disparities (Healthy People 2030).

In the American Association of Colleges of Nursing's (AACN) 2014 report: *The Impact of Education on Nursing Practice,* a call to action was issued to employers to create healthy work environments to support professional development, academic progression and role expansion. AACN also challenged baccalaureate-prepared RN graduates to explore practice settings in which the RNs' knowledge and advanced competencies had contributed to successful patient and organizational outcomes.

A review of the literature identified actions occurring at the state level to increase RN to BSN academic progression. In 2017, New York took a major step by enacting the law on "BSN in 10" which requires RNs to achieve a BSN degree within ten years of attaining a diploma or associate degree in nursing (ADN) (Newland, 2018); New Jersey followed suit (New Jersey S 803. 2018). Other states - including California and North Carolina - have taken specific actions to increase baccalaureate-prepared RN percentages by implementing dual ADN/BSN programs of study; these states have also worked to improve academic and practice partnerships to increase baccalaureate-prepared RN percentages within their states (Close et al., 2015); Schuler et al., 2017). Nine states were part of a Robert Wood Johnson Foundation national collaborative entitled Academic Progression in Nursing (APIN); APIN provided funding to remove barriers for nursing students in degree attainment and to further promote academic and practice partnerships (APIN Final Program Summary and Outcomes October 1, 2017).

This initial literature review revealed measures being taken by nursing schools in both state and private colleges and universities to increase enrollment in RN to BSN programs to include revising curricula, shifting to on-line study opportunities, expanding faculty, and promoting diversity in higher education. The University of Tennessee at Chattanooga School of Nursing dramatically changed their curriculum in 2007 to include a hybrid program of on-line

and in-person instruction and then in 2010 converted to an entirely on-line program of study (Davidson et al., 2014). The University of Virginia also moved their RN to BSN program to a hybrid model in the fall 2019 to meet the needs of working RNs (Tomeka Dowling, Director of Baccalaureate Programs, University of Virginia School of Nursing, personal communication, June 2020).

The responsibility and motivation for RN to BSN academic progression rests with the individual RN; however, the organization in which these RNs practice also has a stake in partnering for degree attainment as the reported evidence on clinical and financial outcomes support. Hospitals and health systems pursuing Magnet® designation or re-designation must demonstrate increasing BSN rates within their organizations in order to be considered for these distinctions by the American Nurses Credentialing Center (ANCC). Chief Nursing Executives (CNEs) must be transformational leaders in achieving a percentage of at least 80% baccalaureate-prepared RNs and ultimately enhancing patient safety, clinical quality and organizational outcomes. A survey of 52 Kentucky Chief Nursing Executives (CNEs) reported that 38% of them do not have a goal for academic progression for their RNs without a BSN degree (Warshawsky, Wiggins, et al., 2015).

There is a paucity of evidence describing the effectiveness of CNE/hospital/health system strategic initiatives and School of Nursing (SON) partnerships to promote academic progression by removing barriers and stimulating academic learning. The purpose of this scholarly project was the completion of a program evaluation of an academic medical center's (AMC) RN to BSN Academic Progression Program that was implemented in 2013, evolved over seven years and had not been formally evaluated. The Centers for Disease Control and Prevention (CDC) Framework for Program Evaluation in Public Health was used in the program evaluation.

Review of the Literature

The review of literature centered on this question: "What are motivators and barriers for practicing RNs in pursuit of RN-to-BSN academic progression?" Following a integrative literature approach (Grant and Broom, 2009), the search process examined evidence that links clinical outcomes of hospitalized patients with increased BSN rates and relevant strategies for CNE's to consider for achieving the 80% level of baccalaureate-prepared RNs. The review highlights the importance and relevance of the Magnet-Designated AMC's quest to increase their percentage of baccalaureate-prepared RNs.

Search Strategy

Inclusion criteria for this literature search comprised published journal articles and studies that address motivators and barriers for working RNs in pursuing RN-to-BSN academic progression, the role of the CNE in supporting academic progression, organizational initiatives to enhance academic advancement of their employed RNs, and the impact of higher rates of baccalaureate-prepared RN caregivers to patient outcomes. All levels of evidence were included; there were no randomized control trials (RCTs) on academic progression.

Exclusion criteria included non-English language publications from outside the United States. Excluded in this review of the literature were publications related to educational institution and legislative strategies, articles of ideas/editorials/opinion, and dissertations.

The electronic search databases included PubMed, CINAHL, and Web of Science. Years of publication were restricted to 2010 through 2020; this span was chosen because of the new directives from the IOM's 2010 report, *The Future of Nursing: Leading Change, Advancing Health.* Only journal articles were searched; the articles were all written in English and from the

United States. Search terms included “academic progression”, “BSN”, “ADN”, “Baccalaureate of Science in Nursing”, “Associate Degree”, “motivators”, “barriers”, “career mobility”, “nursing”, “education”, “returning to school”, “80% BSN”, and “RN to BSN program”.

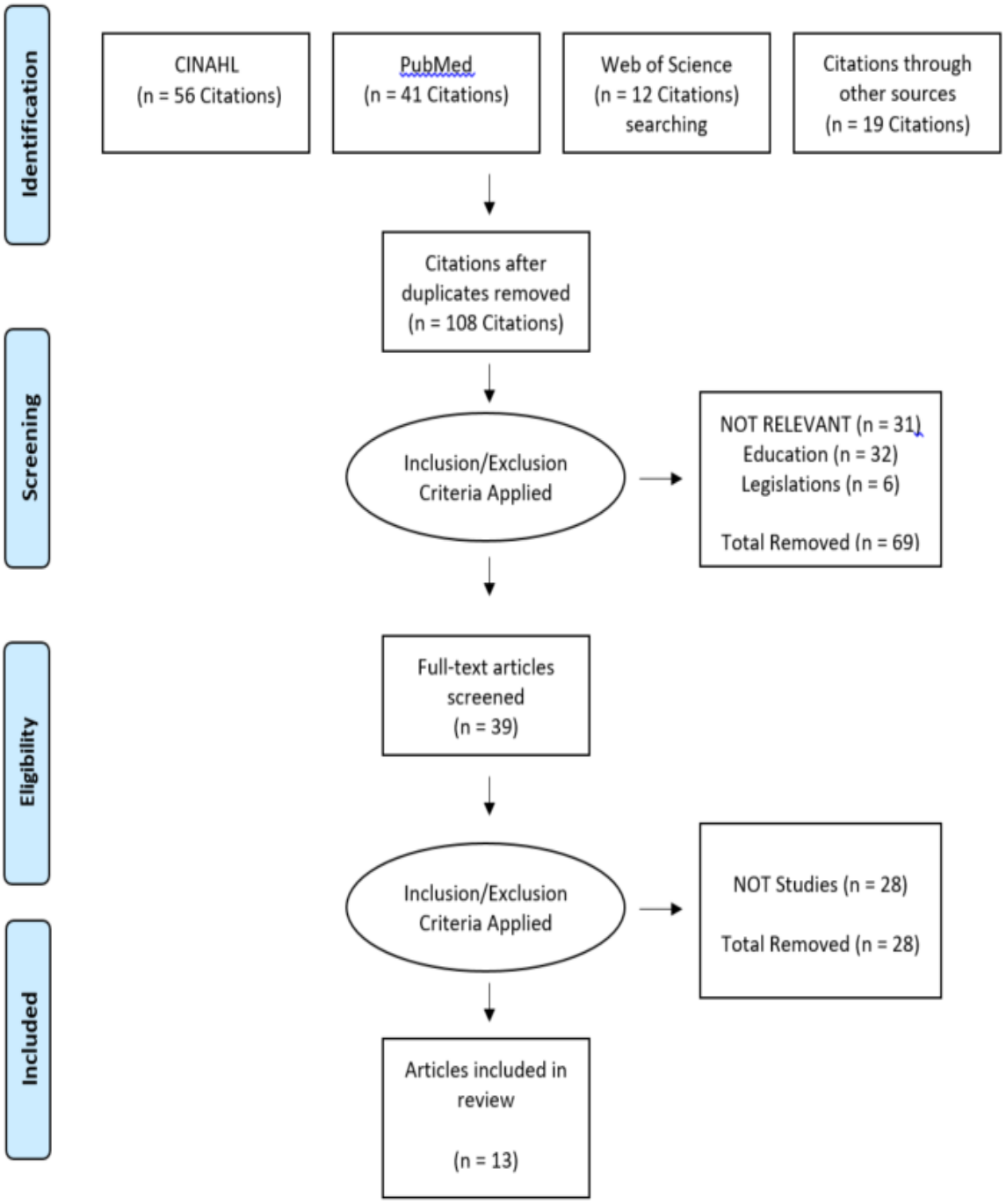
Additionally, secondary methods included grey literature search, ancestry search and expert consultation, utilizing the same inclusion and exclusion criteria. The grey literature search did not have a time limit using Google Scholar for articles and information about RN to BSN academic progression. Articles used for background information included *New Jersey S 803, BSN in 10: It’s the Law, and Academic Progression in Nursing Initiative, the halfway point.* No other new articles were retained for this literature review. Through ancestry searching, two articles were identified for inclusion. A nursing scholar contributed to additional references for consideration (Kenneth White, Professor Emeritus, University of Virginia School of Nursing, personal communication, June 2020).

Article Selection: PRISMA Flow Chart

The search strategy resulted in 107 unique articles. After review of titles and abstracts, 39 journal publications were read in full and 13 were relevant articles retained for final analysis based on inclusion/exclusion criteria (*Figure* 1, PRISMA flow chart). These 13 studies were identified as related to the main aims and goals of this review (Appendix A, Table 1); the majority were observational, descriptive qualitative or quantitative in nature, two were cross-sectional studies, two included observational patient-level analysis, one was a case control study using motivational interviewing as the intervention, and one was a mixed methods study. Hand searches were done from the reference lists of these 13 articles and this author identified four additional articles/documents to support this literature review (Appendix A, Table 2). These resources included a meta-analysis article (capturing research prior to review timeframe), a

concept analysis article, and two documents (Institute of Medicine report and the Magnet® Overview).

Figure 1. PRISMA flow chart for article selection



Findings

From the 17 publications presented in Appendix A, Tables 1 and 2, several major themes emerged. These included: attitudes and beliefs of non-BSN RNs, professional growth and development, organizational support for nursing advancement, motivators and barriers, leadership engagement, CNE leadership drivers, and CNE organizational drivers:impact on clinical and financial outcomes. The three most salient points from this review of the literature involved the linkage of care delivery by baccalaureate-prepared RNs for improving patient outcomes and the necessity to reinforce this "why" to RNs and organizational leaders; the importance of utilizing, recognizing and rewarding baccalaureate-prepared RNs differently within organizations; and last, the accountability a CNE has for removing barriers for RNs in RN to BSN academic progression.

Attitudes and Beliefs

Orsolini-Hain (2011) examined attitudes and beliefs that may present a barrier for an associate degree (ADN)-prepared RN from desiring to return to school. Organizations have an opportunity to use these perceptions as catalysts for change to increase percentages of baccalaureate-prepared RNs. In this interpretive phenomenological study, the sample size was small: 22 practicing ADN RNs in urban California were interviewed individually which makes it difficult to generalize to other organizations or ADN RNs in other geographic locations. The findings revealed three primary themes: (1). RNs with advanced degrees were not employed with different scopes of responsibility compared to ADN RNs and experience is valued more than education; (2). tshe RNs perceived that "just in time" training opportunities provided all they needed to provide effective care; and (3). RNs had opportunities for growth and effecting change without formal education through other means to include clinical ladders without degree

expectations and research participation. The researchers found that these RNs did not see their responsibility to address systems or interprofessional issues.

Baur et al. (2017) identified a lack of understanding of the importance of pursuing a BSN degree as a significant barrier of attitudes and decision-making on returning to school. In this qualitative mixed methods study, the researchers conducted a pilot project with a small sample size of eight RNs to examine attitudes using the Attitudes Toward BSN Education (ATBSNE) tool before and after a motivational interview (MI). The Influencer Model and Lewin's Theory of Planned Change served as the theoretical framework for the MI. The study was conducted in a midwestern, Magnet©-designated, large Trauma level 1 hospital. The quantitative findings demonstrated statistically significant improvement in seven dichotomous adjectives: (1). useless/useful, (2). boring/stimulating, (3). unfamfiliar/familiar, (4). unpleasant/pleasant, (5). negative/positive, (6). uninformative/informative, and (7). irrelevant/relevant. Results of the qualitiative data analysis from MI revealed the following major themes: fear of failure, self-awareness of being a better RN, influence of others, family stressors/obligations, facilitator for return to school/BSN completion, lack of knowledge about returning to school, barriers to return to school and educational journey.

Professional Growth and Development

Reese et al. (2018) identified RNs' growth and development as the most impressive theme for RNs in RN to BSN programs, hence the title of the article beginning with "I am surprised at the change in me". In this qualitative descriptive study, the researchers interviewed individually 16 RN to BSN students working in a Magnet® designated hospital using a semistructured interview guide; average number of classes completed by particpants was five with a range of one to fourteen. The interviews lasted 17-34 minutes. The researchers identified

173 distinct codes from the data which were sorted into ten different categories encompassing support needed from employers (financial support, scheduling flexibility), faculty/school (responsiveness, technology support), and the students themselves (time management, personal motivation to do well, eliciting support from others, setting priorities and making adjustments for school). Reese et al. (2018, 313) stated that "no previous studies were identified that examined the experiences of students currently enrolled in an RN to BSN program".

Organizational Support for Nursing Advancement

Duffy et al. (2014) conducted a qualitative study with 41 participants who were placed into six different focus groups based on their status of BSN completion (four groups were non-BSN RNs and two were baccalaureate-prepared RNs). The group discussions were facilitated by a master's degree (MSN)-prepared RN. As shown in Appendix A, Table 1, thematic analysis was completed by three researchers and six themes were identified. This study was unique by having the two different types of focus groups; both groups gave valuable insight to health system leadership for strategies to consider in supporting academic progression including financial aid, flexible schedules, emotional support from leaders, mentor programs with recent graduates, computer rooms for school/study use, and textbook program. There was no prioritization of these strategies. This study validated findings from previous studies regarding RNs approaching retirement and lack of personal motivation to attain a BSN. Based on the findings from this study, the authors highlight for CNE's the importance of reinforcing the value of higher nursing education on clinical, organizational and professional outcomes. The authors discussed recommendations made to senior nursing leadership within this setting to include: on-site classess towards BSN degree attainment, partnership with human resources to enhance benefits

and resources for BSN pursuit, and a communications campaign on "the "whys" and "hows" of BSN attainment" (Duffy et al., 2014, p. 236). .

Motivators and Barriers

Romp et al. (2014) focused their study on identifying motivators and barriers for practicing non-BSN RNs to return to school. This descriptive, correlational study used a web-enabled survey of 250 participants from different areas within one metropolitan health system in Kentucky. Cavanaugh (1990) completed a similar study for dissertation and Romp et al. (2014) modified Cavanaugh's instrument for use in this study. This study demonstrated a moderate negative correlation for the likelihood of returning to school within the next five years (0.39 and 0.41, $p < .01$). Of the RNs surveyed, 59% were not considering pursuing or enrolling in a BSN program within five years. This study demonstrated a moderate positive correlation between both years of age and years of practice, with participants expressing intimidation with returning to school the longer they had been out of school (0.32 and 0.40, $p < .01$). The researchers found the lack of personal motivation and the fear of returning to school were the biggest barriers for organizations to surmount.

Winokur et al.(2016) identified motivators and barriers for returning to school and factors that impede completion of degrees by non-BSN RNs practicing in a Magnet® facility. In this study, all practicing RNs were invited to participate in an on-line survey and a total of 191 (20% of nursing workforce) completed the survey. Of the participants, 78% started their nursing careers as ADNs or diploma RNs; at the time of the study, 84% had achieved a minimum of a BSN or MSN degree. The data showed that the highest motivator for returning to school was support from other nursing colleagues at all levels within the hospital (70% of participants). The two top barriers, on the other hand, were time (60% of participants) and money (34% of

participants). In examining factors contributing to degree completion, educational programs designed for working RNs were seen as the most influential (37% of participants), while financial constraints (47% of participants) and static competence level (38% of participants) were the highest impeders. The authors also noted that, besides a lack of understanding the value of BSN education to practice and care delivery, the fear of failure with school compounded by lack of technology skills were factors holding RNs back from returning to school.

Warshawsky, Brandford, et al. (2015) conducted an on-line study in Kentucky to examine the motivators and barriers for achieving a BSN degree for 1363 RNs practicing across the state. These participants practiced in both rural and urban areas, and only 40% held at least a BSN degree. The highest motivator for returning to school was a personal goal of career advancement (only 6% of these are interested in becoming a nurse leader compared to 17% interested in the APRN role). The two highest barriers, on the other hand, were the perception of limited value or benefit by achieving BSN education (38%) and financial constraints (32%). Also in this RN workforce study, there were limited statistically significant differences in barriers or motivators for rural versus non-rural practicing RNs. The significant differences involved program attendance (part-time or full time) and financial aid.

Gillespie and Langston (2014) conducted a descriptive study using on on-line survey (5 point Likert scale) of 128 employed students in 12 RN to BSN academic programs in Virginia; these researchers noted that, in 2011 in the state of Virginia, 66% of new RNs graduated from ADN and diploma programs. This study was relevant to this review of literature because the findings reflected issues and opportunities for impacting academic progression of the nursing workforce. In this study, time and family serve as both biggest aids and obstables for RNs returning to school. Internal motivators included pursuit of graduate degrees (4.31), desire for

positions requiring a BSN degree (3.98), and personal love of learning (3.8). The authors examined the importance of initial supports and continuing supports for academic progression with the most highest factor in both phases being encouragement and support from family (4.15 to 4.11). Identified workplace incentives include flexible scheduling and tuition assistance; a de-motivator was the lack of perceived remuneration or expanded responsibilities after BSN attainment. The authors identified the importance of creating a culture of life-long learning within organizations so that academic progression becomes the norm.

Sarver et al. (2015) published not only the study they conducted but the organization's creative response to the findings of the study and their outcomes. The study was conducted in an urban medical center to explore perceived benefits, motivators and barriers for academic progression in RN to BSN programs; 332 RNs participated in an on-line survey. The authors stated that their findings were consistent with the literature. They documented two additional findings: the average time for RN to BSN degree completion was 2.63 years and that only 37% of those in school used financial assistance; the survey comments from participants also revealed a lack of knowledge of resources available to RNs returning to or in school and a misperception of RN to BSN program average timeframe. The results of this study prompted the nursing leaders in this medical center, to create an internal web page titled "Return to School" which became a primary communication vehicle for all resources including links to tuition assistance policies, scholarship information, computer assistance, book rental, timeframes for degree completion, and rewards and recognition. This organization on follow-up study had a three percent increase in RN to BSN enrollment.

Nurse Leader Engagement

Phifer et al. (2018) conducted the only quality improvement project found in the literature that presented a specific intervention to build RN readiness and confidence in RN to BSN academic progression. Phifer et al. (2018) used motivational interviewing by nurse leaders to impact ADN RNs with returning to school. The study was conducted at a rural hospital which required BSN attainment within five years of employment. The first phase of this project was the education of nursing team leaders on motivational interviewing using a script. In the second phase, the nurse leaders conducted individual interviews with 88 bedside ADN RNs using measurements of importance for returning to school and confidence in returning to school as part of the interview script. In the last phase, a survey of study participants was conducted approximately four months after the motivational interview intervention. The researchers reported no statistically significant difference between initial and followup survey scores for readiness and confidence; scores for RNs < 35 years of age had the highest degree of change, however. The researchers concluded the opportunity nurse leaders have in impacting personal confidence and readiness for academic progression through meaningful, respectful dialogue.

CNE Leadership Drivers

Warshawsky, Wiggins, et al. (2015) conducted a study in Kentucky that explored the role of the CNE in achieving 80% BSN by 2020. In this study, 52 CNEs participated with 70% being master's prepared RNs. The researchers conducted a bivariate analysis of the data and identified significant associations between different hospital characteristics and BSN percentages. The most impressive association was hospitals who have a preference for hiring baccalaureate-prepared RNs which yielded a higher percentage of baccalaureate-prepared working RNs compared to hospitals that did not have a stated preference (p = .003). Also, hospitals with

ANCC Magnet© designation or pursuing the designation had a higher percentage of BSN working RNs than those without designation or pursuing designation ($p = .005$).

CNE Organizational Drivers: Impact on Clinical and Financial Outcomes

The final two articles in this review support the expanding body of knowledge on the impact of higher percentage of baccalaureate-prepared nursing care with clinical outcomes. These authors demonstrated the improvement in clinical outcomes when patient care is provided by baccalaureate-prepared RNs.

Aiken et al. (2011) completed a qualitative descriptive study and a retrospective observational patient-level analysis using logistic and regression modeling to explore the impact of hospital RN staffing levels, percentage of baccalaureate-prepared RNs and work environment on patient outcomes; only the findings related to BSN percentages are described in this review. Data was collected over two years from hospital databases on 1,262,120 general surgical patient discharges in four different states, from mailed surveys of 39,038 RNs who worked in these hospitals and from American Hospital Association (AHA) Data. These authors found that the odds of both deaths (model fully adjusted: OR 0.957, $p < 0.001$) and failure-to-rescue (model fully adjusted: OR 0.955, $p < 0.001$) in hospitals decreased by four percent with a ten percent rise in baccalaureate-prepared RNs.

Yakusheva et al. (2014) conducted a study that examined the linkage between the percentage of care being provided by baccalaureate-prepared RNs to quality and financial outcomes. The results support a business case for organizations to achieve higher BSN percentages. The researchers conducted a retrospective observational patient-level analysis of electronic data using linear and logistic regression modeling. The results of this study showed

that hospitalized patients had a lower mortality with an increasing percentage of care provided by baccalaureate-prepared RNs (OR =0.891, $p < 0.01$), decreased odds of readmission (OR = 0.813, $p = 0.04$) and a 1.9% shorter length of hospitalization ($p = 0.03$) when care was delivered by more than 80% baccalaureate-prepared RNs, compared with patients who received care from fewer than 80% non-baccalaureate-prepared RNs.

Discussion

This integrative review was conducted as the basis for this scholarly project on RN to BSN academic progression in an AMC. The review examined the recent evidence regarding the rationale for increasing BSN percentages in hospitals, the motivators and barriers to RN to BSN academic progression for working RNs, and the strategies being instituted by hospitals to advance academic progression of non-baccalaureate-prepared RNs. Achieving higher percentages of baccalaureate-prepared RNs should be a focus for all CNE's in order to improve clinical and organizational outcomes. Phillips and Titzer Evans (2017) identified that 60% (or 402,000 RNs) of current ADN and diploma RNs must return to school for their BSN degrees in order to meet the 80% goal as a nation.

Aiken et al. (2011) and Yakusheva et al. (2014) in their retrospective observational patient-level analysis studies clearly demonstrated the improvement in clinical outcomes when patient care is provided by higher numbers of baccalaureate-prepared RNs. Yakusheva et al. (2014) did an excellent job in creating the business case that CNE's can use for increasing percentages of baccalaureate-prepared RNs within their organizations. These two studies supported the premise behind the IOM's report *The Future of Nursing: Leading Change, Advancing Health* and its recommendation to achieve 80% baccalaureate-prepared RNs in hospitals by 2020.

There are many studies as this integrative review reflects, that have further explored motivators and barriers for non-BSN RNs with returning to school. The majority of the articles over the past ten years give credence to studies prior to 2010 and the themes on motivators and barriers have remained relatively consistent (Reese et al., 2018; Baur et al., 2017; Romp et al., 2014; Duffy et al., 2014; Warshawsky, Brandford, et al., 2015; Winokur et al., 2016; Gillespie and Langston, 2014; Sarver et al., 2015). Only one of these studies, however, discussed organizational learning from the study, and specific actions the organization took in response to these learnings and their outcomes (Sarver et al., 2015); these authors identified a major point of consideration for CNEs on how well an organization communicates and makes resources available to the bedside clinicians to overcomes barriers or limitations for academic progression.

The studies by Warshawsky, Wiggins, et al. (2015) and Warshawsky, Brandford, et al. (2015) on *Achieving 80% BSN by 2020* reflected the same concern but in different ways: this concern is how will the state achieve this 80% BSN goal if the CNE's don't have defined strategies to achieve the BSN mark (only 62% of CNE's surveyed did) and if the non-BSN RNs have no plans to return to school (61.5% of non-BSN RNs surveyed). It is not clear if these results could be generalizable to any other states. These studies, due to their sample size, reported demographic data and survey questions that provided rich, quantifiable data for deeper understanding of the state's current position and call for action. These study frameworks would be valuable to replicate in other states to further understand the national picture and opportunities.

A major factor that CNEs must consider is the level of personal motivation of non-baccalaureate-prepared RNs for returning to school. The concept analysis presented by Phillips

and Titzer Evans (2017) and the study by Gillespie and Langston (2014) highlighted the love of learning and the innate drive RNs articulated as a motivator for pursuit of BSN degrees.

Winokur et al. (2016) and Gillespie and Langston (2014) captured the importance of nursing colleague support in returning to school and completing degrees. The concept of peer support warrants further study and research because this author's literature review did not search for peer-to-peer mentoring. Duffy et al (2014) did mention the value of mentoring in their study.

CNEs need to consider how baccalaureate-prepared RNs are utilized in their organizations for fostering an environment honoring and rewarding academic progression and advancement. All the studies in this integrative review captured differing views from RNs. Romp et al. (2018) found that opportunity for advancement was a top motivator; the study by Orsolini-Hain (2011) found the opposite: non-baccaulaureate–prepared RNs did not see a value in returning to school from nursing care delivery or advancement perspectives. The Orsolini-Hain (2011) study would be useful to replicate using a larger sample size as the results have limited generalizability due to its small number of respondents.

Summary of the Literature Review

The literature review found only one article reflecting a quality improvement project (Phifer et al., 2018) that involved a specific intervention and its outcomes. No publications were identified during the timeframe of 2010-2020 on hospital-based program evaluations describing initiatives to support RN to BSN academic progression. This suggests the need for further research on specific interventions CNEs can take for increasing BSN percentages within their organizations.

The three most salient points from this literature review are: (1). linkage of care delivery by BSN RNs for improving patient outcomes and the necessity to reinforce this "why" to RNs and organizational leaders; (2). importance of utilizing, recognizing and rewarding baccalaureate-prepared RNs differently from non-baccalaureate-prepared RNs within organizations; and (3). accountability a CNE has for removing barriers for RNs pursuing RN to BSN academic progression.

Organizational Context/Assessment

The organization of study is a 612-bed Certificate of Public Need (COPN)-approved, Level 1 Trauma AMC, located in a mid-Atlantic region of the United States and is part of a thriving public research university. It is accredited by The Joint Commission (TJC) and has maintained the top hospital ranking in its state for five years by US News and World Report. The medical center received Magnet© Re-Designation in 2020 by the American Nursing Credentialing Center (ANCC) Magnet Recognition Program©. All of these designations reflect the clinical excellence of the organization.

The study organization has an embedded culture of continuous performance improvement and utilizes a LEAN methodology approach for root cause problem solving and daily management of team-based patient care delivery. The organization is focused on interprofessional engagement and team-based problem-solving for improved patient outcomes. The leaders in the organization demonstrate a core value and commitment to transparency, open communication and strong interprofessional collaborative relationships.

During the time of this program evaluation, this organization was challenged by the COVID-19 Pandemic which created significant financial concerns, as well as added strain and

stress on the system and all team members. This organization, under new executive health system leadership, also embarked on a major performance improvement initiative for organizational effectiveness and efficiency. The senior leaders were cognizant of the impact of these leadership changes, the COVID-19 Pandemic, the performance improvement initiatives, and the importance of stabilizing and re-building trust within the organization. It is important to note that the national landscape was unsettled as well during this study period not only from the pandemic but with civil unrest and large scale protests and violence leading up to and beyond the Presidential Election in November 2020.

An on-going challenge for the Nursing division of this AMC has been the recruitment and retention of RNs; two contributing factors include the limited number of local new graduate RNs to populate this AMC's nursing vacancies and ability to recruit experienced RNs to this university-centered, yet rurally located town. In 2013, the percentage of baccalaureate-prepared RNs working in the AMC was 61.1%. The CNE at that time made a crucial decision of opening up external hiring to non-baccalaureate-prepared RNs with an expectation that these new graduates or experienced RNs would attain a BSN degree within five years of employment. This decision was essential for stabilizing the nursing workforce into the future (Appendix H for Policy created in 2013 and revised three times). The faculty in the School of Nursing also negotiated with the CNE for all enrolled RN to BSN students to have a guaranteed interview for positions within the medical center, serving as an immediate new pipeline for hiring RNs. Over the subsequent seven years, nursing leadership has put a solid program of evidence-based strategies in place to support RN to BSN academic progression. A document developed in 2016 titled "Sources of Influence Grid" became a cornerstone of the AMC's program (Appendix I). The organization has steadily hired an increasing annual number of ADN and diploma RNs since

2013 (total of 727 RNs); of these, 538 were still employed by the AMC of as November 2020. A further breakdown of these employed RNs showed 26.4% have attained a BSN degree (142/538) and 73.6% are still pending degree attainment. Of the 193 ADN and diploma RNs who had terminated from the AMC during this seven-year period, an undocumented number did separate from the organization due to lack of degree attainment.

The commitment and decisions of the CNE have remained essential to this AMC's RN to BSN Academic Progression Program. A new CNE who joined the leadership team in March 2017 recognized the importance of a strong partnership with the university's School of Nursing (SON) for continuing to raise the percentage of baccalaureate-prepared RNs within the AMC. Data from March 2017 showed 66% of RNs being baccalaureate-prepared, reflecting an increase of 5% in four years. In discussions with many ADN RNs during rounding, the CNE quickly learned that the majority of the AMC's RNs pursuing BSN degrees needed the flexibility of on-line learning as working professionals and were enrolled in other programs outside of this university setting. The CNE was instrumental in influencing the SON's dean and faculty to explore new models of education for the school's RN to BSN program. By the fall 2019, the SON implemented a hybrid program of both on-line and classroom study. The enrollment rate of ADN and diploma RNs from the AMC in this university's RN to BSN program increased by 25% percent from fall 2018 to fall 2020 as a result of this positive, programmatic academic-practice partnership.

The BSN percentage in this AMC has continued to increase from 77.3% at the start of this program evaluation in July 2020 to 79.71% as of March 2021. The BSN percentage remains a priority for improving clinical and organization outcomes as reflected in the organization's Magnet© Re-Designation documents and Site Visit.

Purpose Statements

The purpose of this scholarly project was the completion of a program evaluation of RN to BSN academic progression at a large Magnet©-Designated Level 1 Trauma AMC in the Mid-Atlantic region of the United States. This program evaluation could also be called a process evaluation per Rossi et al. (2004) due to three reasons: (1). this RN to BSN Academic Progression Program was well-established (this program has been in effect since 2013 and evolving over seven years with various iterations); (2). the evaluation was conducted to determine the effectiveness of this program's elements based on input from RNs with an academic progression requirement; and (3). the evaluation was done to identify opportunities for programmatic improvement to support RNs in academic progression with the organization's goal to have 80 percent of RNs being baccalaureate-prepared.

Based on stakeholder involvement and consensus, the program evaluation answered three questions through data gathering and analysis:

1. Is there a relationship between Academic Progression Program elements that were used (e.g. Education Assistance benefit, milestone tool and education fairs) and completion of a BSN degree?

2. Is there a difference in terms of achieving the BSN degree and the perceived importance of Academic Progression Program elements?

3. What are the motivators and barriers for RNs pursuing BSN achievement (e.g. family support, personal confidence and self-motivation, technology tools, and education assistance)?

Theoretical Framework for this Scholarly Project

The theory on program evaluation developed by Jennifer C. Greene (2005) was used for this scholarly project. Greene (2005) outlined an approach that reflects several essential elements for conducting a program evaluation. A significant emphasis is placed on the involvement of stakeholders for successful program evaluations. The participants must be fully engaged in the program evaluation and actively contribute to dialogue and deliberation. Stakeholder participants need to be sensitive to nuances of the context of the evaluation, and demonstrate consideration for the perspectives and values of diverse perspectives. Greene's justification for including stakeholders is three-fold: (1). Pragmatic - to increase outcome utilization from the evaluation; (2). Emancipatory - stakeholders are subject matter experts who are empowered to be change agents from evaluation learnings; (3). Deliberative - stakeholders must demonstrate fairness and equity when implementing changes from learnings.

Greene supports the use a mixed methods design and fieldwork in order for the conclusions to be integrative and the evaluation to be thorough and comprehensive. The analysis of the data lends to the richness and effectiveness of continuous programmatic improvement.

Methods

Implementation Framework

The Center for Disease Control and Prevention's Framework for Program Evaluation in Public Health (1999) (CDC Framework) guided the implementation of this scholarly project (Appendix B through G). This framework consists of six sequential steps that outline a plan for a program evaluation to include: 1. Engage the stakeholders; 2. Describe the program; 3. Focus the

evaluation design; 4. Gather credible evidence; 5. Justify conclusions; and 6. Ensure use and share lessons learned (*Figure* 2. CDC Framework for Program Evaluation in Public Health).

Figure 2. CDC Framework for Program Evaluation in Public Health

Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11)

The CDC's Framework originated in 1997 when a need was recognized for an organized approach to evaluate programs in public health (CDC, 1999). In 2011, the Framework was updated by the US Department of Health and Human Services (USDHHS) in 2011. The Framework is a tool for evaluating programs and integrating continuous program improvement. Even though the methodology was originally designed specific to public health initiatives, it serves as an excellent approach for health systems to use for program evaluation purposes.

Project Design

For this scholarly project, an evaluation of the RN to BSN Academic Progression Program was conducted using the CDC (1999) framework for program evaluation in public health. The evaluation took place in the fall 2020.

Definition of Terms

BSN Graduate: For the purpose of this program evaluation, BSN graduate refers to RNs who have completed an RN to BSN Program or RN to MSN program (MSN, not BSN achieved) during employment at this AMC from 2013 to December 2020.

Chief Nursing Executive: A CNE (also termed Chief Nursing Officer/CNO) is the primary spokesperson for an organization's nursing staff who oversees and coordinates all nursing operations. The CNE is accountable for fostering and sustaining a nursing environment and culture in which excellence in clinical care, research and professional development are achieved. The CNE is responsible for coordinating and implementing new nursing strategies to achieve this level of excellence.

Clinical Career Ladder (CCL): The CCL, a process for career advancement, was initiated in 1998 in this project setting and was instituted to promote individual growth as a professional RN according to personal goals and stage of demonstrated nursing practice. It is grounded in Benner's 2001 book From Novice to Expert and behaviors of each ladder level integrate the ANA 2015 Nursing: Scope and Standards of Practice, Third Edition, the ANA Code of Ethics for Nurses with Interpretive Statements (ANA, 2015), and the AMC's professional practice model.

Magnet© Designation: The Magnet Recognition Program® recognizes health care organizations for quality patient care, interdisciplinary collaboration, nursing excellence and innovations in professional nursing practice. Developed by the American Nurses Credentialing Center (ANCC), Magnet© is the leading source of successful nursing practices and strategies worldwide.

Magnet© Program Coordinator: An experienced, MSN-prepared RN who works under the direction of the CNE and with RNs and the inter-professional team to sustain Magnet© Designation within the AMC of this project setting.

Nursing Retention Program Coordinator: An experienced, baccalaureate-prepared RN who works under the direction of the CNE and with RNs and the inter-professional team to develop, implement and monitor strategies and tactics for improving RN retention within this project setting.

RN to BSN academic progression: A pathway for RNs with an Associate Degree in Nursing or a Nursing Diploma to earn a Bachelor of Science (BSN) degree, advancing knowledge and practice expertise.

RN to BSN Mentorship: Relationship in which a more experienced or more knowledgeable baccalaureate-prepared RN helps to guide a RN colleague who is enrolled and taking classes toward attainment of a BSN.

Stakeholder: Team members from the AMC and the affiliated SON who are involved in ADN to RN Academic Progression Program operations, are committed to increasing the percentage of baccalaureate-prepared RNs within the AMC, and are primary users of this program evaluation.

Thematic Analysis: Common form of analysis within qualitative research, emphasizing the identification, analysis and interpretation of patterns of meaning within qualitative data.

Voluntary RN Turnover: Turnover that occurs when RNs choose to leave the organization.

Setting

This scholarly project took place in the AMC presented in the organizational context/assessment. The nurses involved in RN to BSN academic progression worked in inpatient, perioperative, procedural and ambulatory practice areas (see section on Organizational Context/Assessment for additional information).

Approvals

Approval for this program evaluation was granted by the Chief Operating Officer of the AMC on June 13, 2020 (Appendix Q) and by the Chief Compliance Officer of the AMC on June 16, 2020 (Appendix R). Final approval was granted by the Institutional Review Board Social and Behavioral Sciences (IRB-SBS) of the university on February 5, 2021 (Appendix S). Approval was granted by M. Duffy, the Principal Investigator for use of the qualitative questions and format from her published study (M. Duffy et al. 2014) (Appendix T). .

Procedures (CDC 6 Step process)

Step 1: Engage Stakeholders (Appendix B)

Stakeholders were chosen for this program evaluation team based on their subject matter expertise, their previous involvement in aspects of academic progression, and their ability and commitment to be effective change agents from evaluation learnings. The stakeholders included: the Nursing Retention Program Coordinator, the Magnet© Program Coordinator, the Administrator for Nursing Practice, Education and Research, the Director of Nursing Professional Development Services, the RN Research Coordinator, two RNs who attained BSN

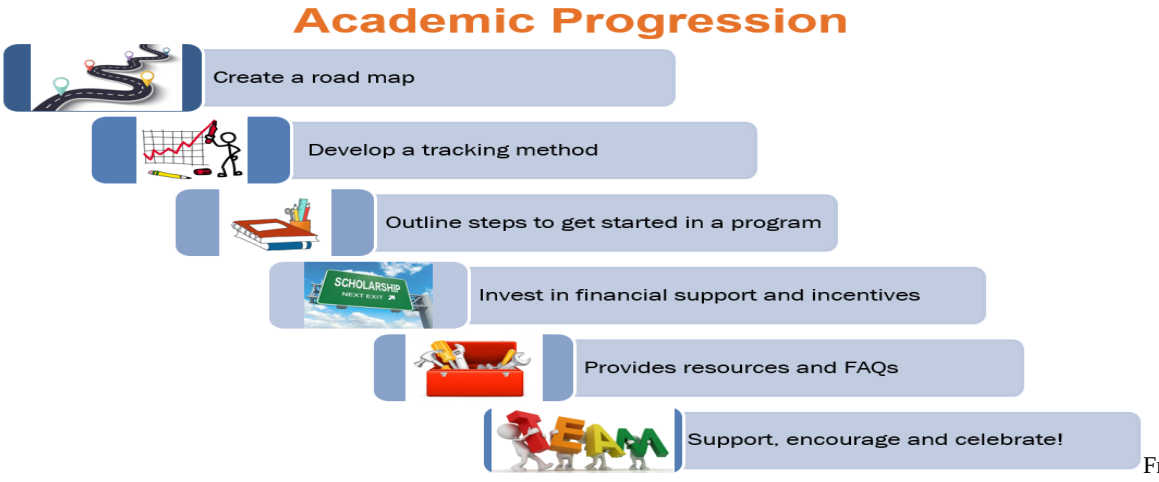
degrees, the Assistant Vice President for Human Resources, the School of Nursing Director of Baccalaureate Programs, and the School of Nursing Statistician.

Meetings of the Stakeholder Team started on September 3, 2020 and continued throughout the project. In the first meeting, roles and responsibilities of each member of the team were defined and communicated. The stakeholders routinely attended each meeting and demonstrated enthusiasm and passion during all steps of this project.

Step 2: Describe the Program (Appendix C)

In the second meeting, the Stakeholder team reviewed the history of this AMC's Academic Progression Program and documents on its timeline (Appendix P), all program elements, including a previous survey on academic progression conducted in 2017 (Appendices H through O), and the Academic Progression Model of the AMC (*Figure* 3). The team learned the mission of developing a comprehensive program supporting academic progression of RNs, with a goal of increasing the percentage of baccalaureate-prepared workforce by 2020.

Figure 3. Academic Progression Model of the AMC



From presentation by L. Glanzer and M. Dixon entitled "Investing in Retention: An Innovative Program Retaining RNs" for American Organization of Nurse Leaders Conference, March 2020

Logic Model.

The stakeholder team finalized the logic model (Table 1. Logic Model) that served as the foundation for the focus of this program evaluation. It demonstrated the program's inputs, activities, outputs and intended outcomes (US Department of Health and Human Services, 2011).

Table 1.

Logic Model

Inputs	Activities	Outputs	Outcomes		
			Short-term	Intermediate	Long-term
• Offer letter with commitment • Educational Assistance Policy & Scholarships • Nursing Education Requirements Policy • Resources on website • Mentorship Program • Information on Accredited Schools • Milestone Tool • Data tracking • Annual PD Goal • Informational Forums • Incentive • PPM – Lifelong Learning	Literature Review on RN to BSN Academic Progression	RN Team Members Participate in Survey	RNs make realistic plans for BSN Achievement	Achieve BSN degree	80% BSN degree or higher Nursing workforce
	Stakeholder Meetings on Academic Progression	RN team members participate in Focus Groups	RNs become aware of resources available to them	RNs advance on CCL after BSN degree obtainment	Resources are consistently maximized and expanded
	Survey Tool Development	Analysis of Data is Completed	RNs and Mgrs understand accountability plan		Sustained culture of accountability
	IRB Approval	Learnings are shared with RN team members, nurse managers and executive leadership	Team members gain support from peers		Culture of lifelong learning and mentorship
	PNSO and Nursing Retention Steering Committee Communications	Recommendations for Program changes are made	RNs create plan to complete BSN degree and receive salary increase		Retain engaged and experienced team members
	Data Gathering (Surveys, Focus Groups, Other Data sources)	Policies, protocols, tools and incentives are enhanced			

Logic model template from: https://templatelab.com/logic-model/

Step 3: Focus the Evaluation (Appendix D)

The stakeholders finalized what would be measured in this program evaluation to address the effectiveness of this AMC's strategic initiatives for RN to BSN academic progression. The

stakeholders, after determining what tools would be used to gather data, updated the Evaluation Plan (Table 2. Evaluation Plan).

Table 2.

Evaluation Plan

Evaluation Plan

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Statistical Test
Is there a relationship between Academic Progression Program elements that were used and completion of a BSN degree?	RN use of elements and BSN Completion RN Perception of Motivators and Barriers to Academic Progression	Survey Focus Groups	On-line Qualtrics Survey Demographics Question H, Survey Question 1 Focus Group Questions 3, 4	Chi-square from SPSS data
Is there a difference in terms of achieving the BSN degree and the perceived importance of Academic Progression Program elements?	RN Perception of importance of elements and BSN Completion RN Perception of Motivators and Barriers to Academic Progression	Survey	On-line Qualtrics Survey Demographic Question "H", Survey Question 2 Focus Group Questions 1, 2	Mann-Whitney U Test
What are the motivators and barriers for RNs returning to school	RN Perception of Motivators and Barriers to Academic Progression	Survey Focus Groups	Qualtrics Survey Questions 3, 4, 13 Focus Group Questions 1-7	Spearman's Rho

Step 4: Gather credible evidence (Appendix E)

This scholarly project used a mixed methods approach of quantitative and qualitative data to evaluate the effectiveness of this RN to BSN Academic Progression Program.

Quantitative Data. The stakeholder team developed a Qualtrics survey to gather data from RNs in the use and importance of academic progression elements as well as motivators and barriers for baccalaureate achievement. The survey included both descriptive and survey data questions (Appendix U). Face and content validity were determined, but internal validity may have been compromised due to events during this study period (see Organizational

Context/Assessment, p. 21) and the timing of the survey during the major holiday period (November 24 to January 3, 2021). Links to the survey were sent electronically through the AMC's Outlook email address system from the nursing retention address "R Nursing Retention" to 538 RNs at different stages of academic progression (not yet enrolled, in progress, or achieved) and was open for a period of 42 days. This mode of survey communication was used to ensure participant anonymity and prevent any perception of coercion with the principal investigator for the study being the AMC's Chief Nursing Officer. An email reminder from the nursing retention address was sent after two and four weeks of the data collection period. Submitting any portion of the survey indicated informed consent. Anonymity was maintained in the data collection and all IRB-SBS requirements were met.

Qualitative Data. The stakeholder team agreed that focus groups would be beneficial to gather data from RNs on their lived experiences with academic, employer and individual level motivators and barriers. Based on permission granted from the principal investigator of the Duffy et al. (2014) study (Appendix T), their questions were used verbatim in addition to their format; content validity was determined. An invitation was sent to baccalaureate-prepared RNs who had completed RN to BSN academic progression using this AMC's weekly nursing electronic communication in October 2020 with a plan of three sessions and six participants in each session. Informed consent was obtained prior to participation and participant anonymity was preserved. The sessions were conducted virtually over two weeks in November 2020 by the AMC's Nursing Retention Coordinator to prevent any perception of coercion by the participants for the same reason as the survey. The sessions were recorded and transcribed via WebEx. Anonymity was maintained in the data collection and all IRB-SBS requirements were met.

The questions were:

1. What are some of the barriers you encountered in continuing on to get your BSN?
2. What were some of the greatest challenges you faced in going back to school?
3. What helped you overcome these challenges and barriers?
4. What incentives did you receive to assist you or encourage you to go back to school?
5. What incentives do you think need to be offered to RNs today to support/encourage them to go back to school?
6. How has receiving your BSN changed your nursing practice?
7. Share with us the value you see in having obtained your BSN.
8. Do you think all RNs should be required to obtain their BSN?
9. Is there anything else that you would like to share regarding this topic?

A questionnaire was distributed to the focus group participants after the sessions were completed to gather demographic data.

Step 5: Justify Conclusions (Appendix F)

The quantitative and qualitative data identified in Step 5 were analyzed by the stakeholders group using the steps outlined by (Milstein & Wetterhall, 2000). The steps include: analysis/synthesis, interpretation, judgements, and recommendations.

The stakeholders used standard descriptive summary statistics to examine characteristics for the survey and the focus group participants. To answer the questions posed in the evaluation plan using the survey data, the stakeholder team conducted Chi-square and Mann-Whitney U tests to tabulate the use and importance of academic progression elements, and motivators and barriers for baccalaureate achievement. For Question 1, the Chi-square statistical test was used since the variables were nominal. For questions 2 and 3, the Mann-Whitney U statistical tests

was used since the sample data was not normally distributed for comparing achievement or non-achievement of the BSN degree. All analyses were performed using SPSS 26 (IBM, 2019). $p \leq .05$ was considered statistically significant. For the focus groups, the stakeholder team used the Dedoose platform (Dedoose, 2009) for analyzing patterns of responses and identification of themes; 97 leve1 one codes were identified with 21 level two codes.

Sample Demographic Results.

The on-line Qualtrics survey was opened and begun by 195 participants. Demographic information was completed by 188 respondents, but due to respondent missing data (15) and a data entry error (36), only 137 participants completed the entire survey (Table 3). The participants in the survey were predominantly in the 31-40 age range (29.2%), Female (89.1%), and White, European, Middle Eastern or North African (78.8%). 93.4% of the RN participants were informed of the five-year baccalaureate requirement upon hire, the majority were in practice for less than one to five years (45.3%) and practiced in the inpatient setting (44.5%).

Of the respondents who completed the survey and those who did not, the only statistically significant relationship was in the year hired data. Of those who were hired in 2013-2017, over 83 percent completed the full survey, but of those who were hired in 2018-2020, only 60 percent completed the full survey. All other characteristics were not statistically significant.

The Focus Groups had 14 baccalaureate-prepared RNs participate. The demographic data from the focus groups revealed similar findings to the demographics of the survey participants (Table 3).

Table 3.

Demographic Characteristics of the RN to BSN Academic Progression Survey Participants

Characteristic	*Focus Groups*		*Survey Group*	
	n	*%*	*n*	*%*
Age (years)				
18-30	0	0.0	33	24.1
31-40	6	42.9	40	29.2
41-50	4	28.6	33	24.1
51+	4	28.6	30	21.9
Not given/unknown	0	0.0	1	0.7
Gender				
Male	1	7.1	13	9.5
Female	13	92.9	122	89.1
Unknown	0	0.0	2	1.5
Race				
Asian/Asian American	0	0.0	2	1.5
White/European/ Middle East or North	10	71.4	108	78.8
Africa Black/African American/African Caribbean	2	14.3	11	8.0
Hispanic/Latina/Latin	1	7.1	6	4.4
Another Race	0	0.0	6	4.4
Not given/unknown	1	7.1	4	2.9
Year of Hire				
2013-2017	12	85.7	86	62.8
2018-2020	2	14.3	51	37.2
Informed of Required BSN				
Yes	12	85.7	128	93.4
No	1	7.1	5	3.6
Do not Recall	1	7.1	2	1.5
Not given/unknown	0	0.0	2	1.5
Years of RN Practice				
<1-5	5	35.7	62	45.3
10-Jun	4	28.6	28	20.4
15-Nov	3	21.4	13	9.5
>15	2	14.3	33	24.1
Not given/unknown	0	0.0	1	0.7
Current Workplace Setting				
Inpatient Care	6	42.9	61	44.5
Outpatient/Ambulatory	5	35.7	49	35.8
Procedural/Perioperative	3	21.4	19	13.9
Other	0	0.0	7	5.1
Not given/unknown	0	0.0	1	0.7

RN = Registered Nurse

BSN = Bachelor of Science in Nursing

Survey Quantitative Results.

Three independent reviewers (CM-D, IH, and SG) and this author completed the statistical analyses on the survey data and the results were presented, reviewed and analyzed with the stakeholder team.

Question 1. Is there a relationship between Academic Progression Program elements that were used by the participants and completion of the BSN degree?

A Chi-square test for independence (with Yates continuity correction for all but two elements that violated five cell minimum) indicated a significant association between degree completion and use of education benefits, x^2 (df 1, N = 137) = 4.03, $p < .05$. There were no other program elements associated with degree completion. Two elements (education fairs and extension plan) violated the expected frequency of five cases/cell. Fisher's Exact Test was used for these elements, but no significant association was revealed. (Table 4).

Table 4.

Use of Academic Progression Program Elements and BSN Completion Chi-Square Analyses

	BSN Completion Yes	*BSN Completion No*		
Program Element	***n***	***n***	X^2	***p***
Milestone Tool	31	18	2.46	.08
Manager Check	25	12	3.40	.07
Education Assistance Benefit	47	52	4.03	.03
Mentorship Program	8	9	0.08	.77
Annual Nurse Scholarship	-	-	-	-*
Flex Work Schedule	15	13	0.00	.97
PNSO Academic Progression Website	7	10	0.66	.42
Education Fairs	2	5		.25**
Extension Plan	6	2		.28**

BSN = Bachelor of Science in Nursing

PNSO = Professional Nursing Staff Organization

*Annual Nurse Scholarship was a constant between groups

**Violated assumption of 5 cases per cell; used Fisher Exact Test (2-sided test)

Question 2. Is there a difference in terms of achieving the BSN degree and the perceived importance of Academic Progression Program elements?

A Mann-Whitney U Test revealed a significant difference ($U(N_{no\ BSN}=64, N_{BSN}= 58) = 2189.00$, z= 2.39, r= .22, $p < .05$) in perceived importance of education benefits between those who had achieved a BSN (mean = 67.24, n = 58), and those who had not achieved the degree (mean = 56.30, n = 64). Important to note that the effect was small (Table 5).

A Mann-Whitney U Test revealed a significant difference ($U(N_{no\ BSN}=50, N_{BSN}=44) =1362.5$, z= 2.125, r= .22, $p < .05$) in perceived importance of education fairs between those who had achieved a BSN (mean = 53.47, n = 44), and those who had not achieved the degree (mean = 42.25, n = 50). Important to note that the effect was small (Table 5).

Table 5.

Perceived Importance of Academic Progression Program Elements Related to BSN Completion Mann-Whitney U Tests

	BSN Completion Yes	*BSN Completion No*			
Program Element	***n***	***n***	***Z***	***p***	***r***
Milestone Tool	47	62	0.29	.77	
Manager Check	47	56	0.93	.36	
Education Assistance Benefit	58	64	2.39	.02	.12
Mentorship Program	46	51	1.29	.20	
Annual Nurse Scholarship	44	53	1.27	.20	
Flex Work Schedule	48	54	1.27	.21	
PNSO Academic Progression Website	43	51	1.21	.23	
Education Fairs	44	50	2.13	.03	.22
Extension Plan	41	53	-1.17	.24	

BSN = Bachelor of Science in Nursing

PNSO = Professional Nursing Staff Organization

The stakeholder team, in reviewing these results for the second question, did a deeper dive into the importance of communication elements. A Mann-Whitney U Test revealed no significant difference in achieving the BSN degree and any of the program elements related to communication (Table 6).

Table 6.

Perceived Importance of Academic Progression Program Elements Related to Communication and BSN Completion Mann-Whitney U Tests

	BSN Completion Yes	*BSN Completion No*		
Program Element	***n***	***n***	***Z***	***p***
Email reminders	62	64	2317.5	.30
Manager Check	62	69	2084.5	.80
PNSO Academic	62	69	2297.0	.43
Progression Website				
Academic	62	69	2395.5	.20
Progression Email				
Information Forums	62	68	2336.5	.25
Tip Sheets	61	68	2256.5	.35

BSN = Bachelor of Science in Nursing

PNSO = Professional Nursing Staff Organization

Question 3. Do the elements related to promotion, professional development goal, and salary increase help motivate RNs to pursue the baccalaureate degree as evidenced by current enrollment in a BSN program?

The survey tool had three specific questions regarding salary increase, professional development and clinical ladder promotion as motivators and barriers for degree pursuit.

A Mann-Whitney U Test revealed no significant difference between enrollment in a baccalaureate program and promotion opportunity on the clinical ladder, influence of a professional development goal on performance appraisal, or salary increase upon degree completion (Table 7).

Table 7.

Relationship of Salary, Professional Development Goal, and Promotion with Motivation to Pursue the BSN by Current Enrollment in a BSN Program Mann-Whitney U Tests

	Salary Increase (n = 135)	***Professional Development Goal (n=132)***	***Clinical Ladder Promotion (n=134)***
Mann-Whitney U	1949.00	2008.50	2114.50
Median	4.00	4.00	5.00
Z	-1.44	-.76	-.55
Asymp Sig (2-tailed)	.15	.45	.58
r	.13	.07	.05

BSN = Bachelor of Science in Nursing

Asymp = Asymptotic

Grouping variable: Currently enrolled in a BSN degree program

* $p \leq .05$

The Stakeholder team, in reviewing these results for this question, also wanted to look at these motivators and barriers for those RNs who had achieved their BSN degree.

A Mann-Whitney U Test revealed a significant difference ($U(N_{no\ BSN}=71, N_{BSN}=64)$ =2707.5, z=1.97, r=.11, $p \leq .05$) between influence of salary increase for degree completion and degree achievement (median = 4.0, n = 64) or not achieved degree (median = 3.0, n = 71). Important to note the effect of salary increase on degree achievement is small. There was no significant difference between degree achievement and promotion opportunity on the clinical ladder or influence of a professional development goal on performance appraisal (Table 8).

Table 8.

Relationship of Salary, Professional Development Goal, and Promotion with BSN Degree Achievement Mann-Whitney U Tests

	Salary Increase (n=135)	***Professional Development Goal (n=132)***	***Clinical Ladder Promotion (n=134)***
Mann-Whitney U	2707.50	2453.00	2507.00
Median	4.00	4.00	5.00
Z	1.97	1.30	1.21
Asymp Sig (2-tailed)	.05*	.19	.23
r	.11	.11	.11

BSN = Bachelor of Science in Nursing

Asymp = Asymptotic

Grouping variable: Achieved the BSN degree since hire

* $p \leq .05$

Reliability Statistics for RN-BSN Academic Progression Program Evaluation Survey

Scales: The Cronbach's alpha is very low for the items that identify the elements used during the course of the BSN degree completion (alpha = .309). These results indicate that respondents do not answer all of the items the same way. In future studies, the items with the weakest relationships should be eliminated from the scale. For the importance of the elements used (alpha = .893) and the importance of elements related to communication (alpha = .912), the Cronbach's alphas showed good to excellent reliability. The item USE ANS Used UVA Annual Nursing Scholarship had no selections, so it was not included in the analysis. The weakest items for elements used were in order of weakest: USE_FWS: Used Flex Work Schedule, USE_OTHER USE_EDU: Used Education Assistance Benefits. Their removal, however, will only get a Cronbach's alpha above .50, which is only considered acceptable by very few researchers. Most references consider .50 to show a low reliability.

Table 9.

Reliability Statistics for RN-BSN Academic Progression Program Evaluation Survey Scales

	N of Items	Cronbach's Alpha	Mean	Variance	Std Dev
Please select each of the following RN-BSN Program elements you have used at least once during the course of BSN degree completion.	8	.309	1.956	1.601	1.265
Please rate the level of importance on the following RN-BSN Program elements in helping you achieve program goals.	9	.893	25.557	70.939	8.423
Please rate the level of importance, of the following RN-BSN Program elements that relate to communication in their ability to help you stay on course through the BSN degree.	7	.912	17.586	60.622	7.786

Std Dev = Standard deviation

Focus Group Qualitative Data Results.

Two independent reviewers (CD-M and IH) and this author analyzed the data using Dedoose and Word. The data was coded and grouped into themes. The stakeholder team came to consensus on the thematic analysis. Four themes emerged:

1. Value of the baccalaureate degree (to self, to patient, to organization, to community)
2. Support from others (from family, manager, peers, “counselor” concept, BSN Program)
3. Financial and technology support resources
4. Need for personal and professional resilience

The stakeholder team, in analyzing the data, recognized that the participant responses could be further categorized into the following stages of baccalaureate degree pursuit: getting started, getting through the program of study, and getting recognized at degree attainment (Table 9).

Table 10.

Stages of Baccalaureate Pursuit and Perceptions of Participants

Time Period	**Descriptors**
Getting started	-Understanding the vision, the "why" and the benefit to practice -Organizational culture supporting professional development -Personal confidence and self-motivation -"Counselor" advise -Technology tools -Tuition assistance
Getting through the program of study	-Tuition assistance and scholarships -Manager and peer coaching/mentorship -Family support -Technology and library resources -Time management (including flexible work schedule) -Work/life/school balancing strategies
Getting recognized at degree attainment	-Unit/ organizational celebration events -Manager recognition -Salary advance -Broader health care knowledge, skills and leadership

Discussion.

The results of this study reflect the importance of a mixed methods approach for integrating quantitative and qualitative data in evaluating the effectiveness of this AMC's strategic initiatives (program elements) for RN to BSN academic progression. This findings of

the program evaluation were consistent with the identified themes from the literature as previously described, and highlight the importance of knowing academic, employer and individual level motivators and barriers for on-going programmatic improvement for baccalaureate achievement.

The thematic analysis completed as part of this scholarly project was compared to the results of the Duffy et al. (2014) study. In the original study, the major themes identified by those authors included sacrifices, barriers/challenges, incentives/supports and value. The findings of the thematic analysis of this programmatic evaluation were consistent with that of Duffy et al. (2014) and categorized using different headings and the phases of degree pursuit. This is an important finding which increases the reliability and validity of this research integrity.

In the focus groups, none of the participants used the word "resilience" in their responses. The stakeholder team captured several specific responses under this theme "need for resilience" to include:

- "When I started my RN to BSN, my youngest daughter was one year old, and so a part of me was like, oh, I can do that because when I started my associates nursing program, I had a four month old. So I was like, I could survive that, I can survive anything, but it definitely was a struggle to try to figure out how to balance that and structure my time and be very thoughtful and I love to procrastinate and I love to stay up the night before I'm writing a paper, which I knew it was terrible. "
- "I did it not because it was a requirement, but because it was something that I worked hard for, and I overcame so many things to get it accomplished."
- "For me, it was my own personal timeline of growth. It took me ten years to get this bachelors because life happens. And I went from working in a nursing home to now

> working at the number one hospital in Virginia and you know, I'm able to overcome all of these hurdles that just keep coming up in your life and, And now there's even more opportunity because I have my bachelor, so I can go on to get."

The richness of participant comments in the focus groups and the survey added to a better understanding of the lived experiences of RNs pursuing a baccalaureate degree, the use and perceived importance of the programmatic elements for these RNs and the perceived value of attaining a baccalaureate degree. It was evident from the data and the comments that the majority of participants were aware of the five-year BSN commitment upon hire, but many were not aware of all of the resources available to help them through their academic progression journey. This was a very important finding and has many implications for the CNE, HR and entire organization.

The data from this study identified a limited number of programmatic elements that revealed statistical significance for degree completion to include use of educational assistance (p = .03), perceived importance of this education assistance (p = .02) and education fairs (.03), and salary increase ($p \leq .05$). The anecdotal accounts of the participants in the focus groups validated these findings but also revealed how important support was for degree attainment and one's resilience through the academic progression journey, including flexibility in work schedule and technological support. The "counselor" concept for entering and pursuing academic progression was identified as a need by the focus group participants.

In each session of the focus groups, the value of attaining the BSN degree was discussed. These specific comments reflect the participant understanding of degree importance:

- "I feel like it made me stronger in the understanding of not just the health effects of everything, but the whole, the patient and the whole, the hospital system as a whole, research as a whole, and how all of that ties together".
- "I would agree with the value of the love for learning and just continuing with that, and also with the opening doors".
- "I think it adds value, regardless of whether you're in your twenties or your forties or your fifties and sixties. It does give you exposure to a broader base of knowledge and experience, which is always good for anybody".

Recommendations.

The stakeholders used the learnings from the quantitative and qualitative data to identify specific recommendations. As reflected by Rossi et al. (2004) programmatic evaluations need to be an on-going process for continuous improvement.

Based on the results of the program evaluation, this organization remains committed to maintaining the RN to BSN program and its elements. During the time of this AMC's program evaluation, results of a statewide survey of barriers and supports for RN to BSN program enrollment was published in the *Virginia Nurses Today* (2020). This Virginia study validated the findings of this program evaluation with the need for innovative and collaborative partnerships between practice and academia, the need for organizations to explore new strategies for supporting RNs in academic progression (to include advising and career coaching), and the importance of baccalaureate preparation for achieving the best patient outcomes.

The stakeholder team identified several other areas for program enhancement. There needs to be increased awareness of resources available for RNs in academic progression. The

stakeholders plan to conduct a follow up survey of these RN to BSN nurses to find out what information they want to know for selecting the right baccalaureate program. This data will be gathered from the top ten schools that our RN to BSN nurses attend and will augment future information sessions, education fairs and on-demand internal website resources. The stakeholder team is very interested in the "counselor" concept accordant with the Wilson et al. (2021) article, and how to operationalize this with the resources already available through the Health Sciences Library. Recommendations from this stakeholder team's work have already spurred upcoming changes to our educational financial assistance and RN Scholarship programs within the AMC and School of Nursing.

The learning from this data analysis reflects the need to further develop nurse managers on their important role in supporting academic progression. The manager's ability to support and coach, and provide opportunities for flexible, creative scheduling contributes to the RNs success in balancing work, school and family life. The manager serves as the linchpin for recognition and celebration at the unit level for baccalaureate achievement.

Step 6: Ensuring use and lessons learned (Appendix G)

An executive summary of this study was developed and shared with senior leadership, nursing leadership, and the Nursing Research Collaborative Committee on April 2, 2021 (Appendix V). This summary was shared with the nursing division in the weekly electronic communication on April 8, 2021. The thematic analysis was shared specifically with the focus group participants on April 5, 2021; these baccalaureate-prepared nurses were asked to serve as future ambassadors and mentors on the value of academic progression within this AMC.

The thematic analysis completed from the focus groups was shared with the principal investigator and researcher of the Duffy et al. (2014) study on April 5, 2021 since this aspect of program evaluation builds on their original findings.

Sustainability Plan

This scholarly project enriched the value of the study organization's Academic Progression Program and reinforced the importance of routine program evaluations as part of overall program management. The evaluation resulted in recommendations to augment support and enhance resources for nurses in RN to BSN academic progression. This AMC plans to continue to hire nurses with ADN and diploma preparation into the future, necessitating effective strategic initiatives for academic progression success.

Further research needs to investigate the cost-risk benefits ratio of sponsoring this RN to BSN program, for example by comparing costs of financial assistance with nurse attrition for this RN to BSN group. Research needs to investigate the cost-benefit ratio for nurses hired with years of RN experience for example by comparing the costs of financial assistance with additional years of practice from date of hire. Research needs to explore retention service requirements for education assistance benefits or scholarships.

Strengths and Limitations of the Design

The CDC Framework for Program Evaluation provided an organized, systematic approach to this scholarly project. Other identified strengths for this project included the expertise of the key stakeholders and faculty advisors, the organization's commitment to academic progression since 2013 as evidenced by Appendices H through O, and the data

routinely collected and analyzed by the CNE, the Nursing Retention Program Coordinator, the Magnet© Program Coordinator and executive leadership prior to this program evaluation.

The significant limitation of this study design was its timing. The focus groups and on-line surveys were held during the period of highest COVID-19 volumes in the inpatient setting for this AMC and resulting nurse staffing challenges. The on-line survey was conducted during the major holiday season and announcements regarding the survey came out on the same days as other important organizational announcements. The organization started COVID-19 vaccinations using RN volunteers from all practice settings during the survey time period which contributed to competing priorities and may have impacted the participation rate for the survey.

This study did not examine cost implications for this AMC's RN to BSN Academic Progression Program; looking at the financial return on investment should be completed as another aspect of the CDC Framework for Program Evaluations.

Nursing Practice Implications

This scholarly project added to organizational knowledge and contributed to evidence-based practice. This study corroborated the published evidence from previous studies on motivators and barriers to academic progression. Integrating findings from quantitative and qualitative data collection added to the strength of the evaluation conclusions and recommendations. This study validated the importance of strong partnerships between practice and academia in meeting the IOM's 2010 recommendation of higher percentages of baccalaureate-prepared RNs for improving clinical and organizational outcomes. Additionally, it validated the value of stakeholder and CNE collaboration for effecting change and programmatic improvement.

Products of the Scholarly Practice Project

The program evaluation of RN to BSN academic progression was the primary product of this scholarly project. A manuscript has been written for submission and publication in the Journal of Nursing Administration (JONA) (See Appendix W for JONA Guidelines and Appendix X for manuscript). This final document including manuscript for JONA submission was also submitted to Libra, the university's scholarly repository.

References

Aiken, L.H., Sloane, D., Griffiths, P., Rafferty, A.M., Bruyneel, L., McHugh, M., Maier, C.B., Moreno-Casbas, T., Ball, J.E., Ausserhofer, D., & Sermeus, W. (2017). Nursing skill mix in European hospitals: association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety, 26*(7), 559-568.

Aiken, L.H., Clare, S.P., Sloane, D.M., Lake, E.T. & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration, 38*(5), 223-229.

Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M. & Silber, J.H. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association, 290*(12), 1617-1623.

Aiken, L.H., Cimiotti, J.P., Sloan, D.M., Smith, H.L., Flynn, L., & Neff, D.F. (2011). Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Medical Care, 49*(12), 1047-1053.

Altmann, TK. (2011). Registered nurses returning to school for a bachelor's degree in nursing: issues emerging from a meta-analysis of the research. *Contemporary Nurse, 39*(2), 256-272.

American Association of Colleges of Nursing. (2014). Fact sheet: the impact of education on http://www.aacn.nche.edu/media:relations/fact-sheets/impaction-of-education.

American Nurses Association. (2015). *Nursing: scope and standards of practice*. Nursesbooks.org.

American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*. Nursesbooks.org. https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

American Organization of Nurse Executives. (2005). *Practice and education partnership for the future*. American Organization of Nurse Executives.

APIN Final Program Summary and Outcomes. (2017). *National Education Progression in Nursing*. https://nepincollaborative.org/apin-final-program-summary-outcomes/

Baur, K., Moore, B., & Wendler, C.M. (2017). Influencing commitment to BSN completion; a pilot project using motivational interviewing. *Journal of Nursing Administration, 47*(3), 172-178.

Begun, J. W., & White, K. R. (1999). The profession of nursing as a complex adaptive system: strategies for change. In J. J. Kronenfeld (Ed.), *Research in the Sociology of Health Care* (Vol. 16, pp. 189-203). JAI Press.

Benner, Patricia E. (2001) *From novice to expert: excellence and power in clinical nursing practice.* Prentice Hall.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Education nurses: a call for radical transformation*. Carnegie Foundation for the Advancement of Teaching. Jossey-Bass.

Blegen, M.A., Goode, C.J., Park, S.H., Vaughn, T. & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration, 42*(2)89-94.

Castlebery, A. & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning, 10*(6), 807-815.

Cavanaugh, B. (1990). Factors influencing education mobility for associate degree nurses (Dissertation. University of Denver, Denver, CO.

Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *U.S. Department of Health and Human Services. Morbidity and Mortality Weekly Report, 48*(No.RR-11), 1-40. https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf.

Close, L., and Orlowski, C. (2015). Advancing associate degree in nursing-to-baccalaureate degree in nursing academic progression: the California collaborative model for nursing education. *Journal of Nursing Education, 54*(12), 683-688.

Davidson, S.C., Metzger, R.L., & Finley, S. (2014). Comparison of hybrid and completely online RN-to-BSN curricula: aspects of program structure that lead to success. *The Journal of Continuing Education in Nursing, 45*(5), 219-233.

Djukic, M. Stimpfel, A.W., & Kovner, C. (2019). Bachelor's degree nurse graduates report better quality and safety educational preparedness than associate degree graduates. *Joint Commission Journal on Quality and Patient Safety, 45*(3), 180-186.

Duffy, M.T., Friesen, M.A., Speroni, K.G., Swengros, D., Shanks, L.A., Waiter, P.A., & Sheridan, M.J. (2014). BSN completion barriers, challenges, incentives and strategies. *Journal of Nursing Administration, 44*(4), 232-236.

Gerardi, T. (2015). The academic progression in nursing initiative: the halfway point. *Journal of Nursing Administration, 45*(11), 531-533.

Gillespie, A.B., and Langston, N. (2014). Inspiration for aspirations: Virginia nurse insights about BSN progression. *Journal of Professional Nursing, 30*(5), 418-425.

Grant, M. and Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal, 26*(2), 91-108.

Greene, J.C. (2005). Context. In S. Mathison (Ed.), *Encyclopedia of evaluation*. Sage, (pp.82-84).

Hawkins, J.E., Wiles, L.L., Karlowicz, K., & Tufts, K.A. (2018). Educational model to increase the number and diversity of RN to BSN graduates from a resource-limited rural community. *Nurse Educator, 43*(4), 206-209.

Healthy People 2020 Website. https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People 2030/Framework.

Images for logic model templates. https://www.google.com/search?q=logic+model+template&rlz=1C1GCEB_enUS878US878&oq=logi&aqs=chrome.0.69i59l2j0j69i57j69i60l3j69i65.5363j0j4&sourceid=chrome&ie=UTF-8

Institute of Medicine. (2010). *The future of nursing, leading change, advancing health*. National Academies Press.

Magnet Recognition Program® Overview. (2013). *American Nurses Credentialing Center*. http://www.nursecreentialing.org/Magnet/ProgramOverview.

Milstein, B., & Wetterhall, S. (2000). A framework featuring steps and standards for program evaluation. *Health Promotion Practice, 1*(3), 221-228.

Newland, A. (2018). BSN in 10: it's the law. *The Nurse Practitioner, 43*(2), 6.

New Jersey S 803, BSN in 10. (2018). *The New Jersey Hospital Association*.

Orsolini-Hain, L. (2012). Mixed messages: hospital practices that serve as disincentives for associate degree-prepared nurses to return to school. *Nursing Outlook, 60(2),* 81-90.

Phifer, L., Robeano, K., Ivey, A., & Blood-Siegfried, J. (2018). Using motivational interviewing to impact readiness of RNs to return to the classroom. *Journal of Nursing Administration, 48*(6), 349-351.

Phillips, T. & Evans, J.L. (2017). RN to BSN transition. *Journal for Nurses in Professional Development, 33*(2), 79-85.

Pittman, P., Herrer, C-N.S., Horton, K., Thompson, P.A., Ware, J.M., & Terry, M. (2013). Healthcare employers' policies on nurse education. *Journal of Healthcare Management, 58*(6), 399-410.

Reese, C.E., Ruppel, K.J., Matulis, B., & Wendler, C.M. (2018). "I am surprised at the change in me": what is it like for nurses to be in the process of completing a baccalaureate degree in nursing. *The Journal of Continuing Education in Nursing, 49*(7), 307-314.

Romp, C.R., Kiehl, E.M., Bickett, A., Bledsoe, S.F., Brown, D.S., Eitel, S.B., & Wall, M.P. (2014). Motivators and barriers to returning to school: RN to BSN. *Journal for Nurses in Professional Development, 30*(2), 83-86.

Rossi, P., Lipsey, M., and Freeman, H. (2004). *Evaluation: A systematic approach.* (7th Edition). Sage Publications.

Sarver, W., Cichra, N., & Kline, M. (2015). Perceived benefits, motivators, and barriers to advancing nurse education: removing barriers to improve success. *Nursing Education Perspectives, 36*(3), 153-156.

Schuler, M.E., Johnson, M.P., Stallings, K.D., & Li, Y. (2017). Chief nursing officer survey: BSN and higher degree initiatives in North Carolina. *Nursing Education Perspectives, 38*(5), 8-12.

Shivnan J.C., Kennedy M.M. (2019) *The nurse in the modern hospital.* In: Latifi R. (Eds) The Modern Hospital. Springer, Cham.

US Department of Health and Human Services. (2011). Introduction to program evaluation for public health programs: a self-study guide. *Centers for Disease Control and Prevention*.

Warshawsky, N.E., Brandford, A., Barnum, N. & Westneat, S. (2015). Achieving 80% BSN by 2020, lessons learned from Kentucky's registered nurses. *Journal of Nursing Administration, 45*(9), 449 – 456.

Warshawsky, N.E., Wiggins, A.T., Lake, S.W. & Velasquez, C. (2015). Achieving 80% BSN by 2020, chief nurse executive role and ANCC influence. *Journal of Nursing Administration, 45*(11): 582-588.

White, K., and Begun, J. (1996). Profession building in the new health care system. *Nursing Administration Quarterly, 20*(3), 79-85.

Wilson, V., Lockhart, E., and Carter, K. (2020). A statewide survey of barriers and supports for RN-BSN program enrollment. *Virginia Nurses Today, 24*(4), 14-17.

Winokur, E.J., Rutledge, D.N., & Hayes, A. (2015). Magnet® facility nurses: pursuing a baccalaureate degree in nursing. *Journal of Professional Nursing, 32*(4), 283-291.

Wormser, T., and Bliss-Holtz, J. (2011). Thinking strategically: academic-practice relationships: one health system's experience. *Journal of Professional Nursing, 27*(6), 114-118.

Yakusheva, O., Lindrooth, R., & Weiss, M. (2014). Economic evaluation of the 80% baccalaureate nurse workforce recommendation, a patient-level analysis. *Medical Care, 52*(10): 864-869.

Appendix A

Table 1.

Primary Search Study Table

Reference and Overall Design	**Subjects & Setting Period of Data collection**	**Intervention and Control/ Comparison**	**Outcomes based on stated Aims**
"I Am Surprised at the Change in Me": What Is It Like for Nurses to Be in the Process of Completing a Baccalaureate Degree in Nursing? Reese, et al. (2018) Qualitative, Observational Descriptive Study	**Participants**: N = 16, single group **Setting:** Magnet®-designated Midwestern hospital in the United States. **Duration of Data Collection:** 17-34 minute single person interviews **Study Tool**: Face-to-Face Semi-Structured Interview	Descriptive, Qualitative design	Even though the N is small, this study did capture specific benefits and barriers for working RNs in RN-to-BSN programs at the employer, employee and faculty level. The strongest theme identified by the authors was personal growth and development (a surprise to the participants when results shared). The analysis of the data also highlighted specific opportunities for employers: flexible schedules, supportive environment, clear expectations for BSN achievement, and financial support. Authors emphasized to employers the need to focus on career advancement and financial rewards upon RNs' degree achievement.
Motivators and Barriers to Returning to School Romp, et al. (2014) Observational Descriptive Correlational Study	**Participants: N =** 250, single group **Setting:** Large metropolitan health system in Kentucky **Duration of Data Collection**: On-line survey open for 4 weeks **Study Tool**: On-line survey using the Cavanaugh instrument (1990), modified by this study research team	Cross sectional descriptive design	This study did provide valuable insight for employers on motivational influencers and barriers for non-BSN RNs to return to school. Surprisingly, 59% of the RNs surveyed did not intend to pursue or enroll in a BSN program within the next 5 years (moderate negative correlation with likelihood of going back to school in the next 5 years (0.39 and 0.41, $p < .01$). Also reflected in this study was a moderate positive correlation between both years of age and years of practice with respondents feeling intimated to return to school the longer out of school (.32 and 0.40, $p < .01$). The highest motivators in this study were financial support (3.41), opportunity for advancement (3.13), personal

			satisfaction (2.84) and ease of obtaining another nursing position in general (2.83); the highest barriers are lack of financial rewards (3.11), prohibitive financial situation (3.10) and inflexible work schedules (2.85). These motivators and barriers all serve as opportunities for organizations.
BSN Completion Barriers, Challenges Incentive and Strategies Duffy, et al. (2014) Observational Descriptive Qualitative study	**Participants**: N = 41, 6 groups (purposive sampling by BSN level) **Setting**: 5-hospital system in the mid-Atlantic region of the United States **Duration of Data Collection**: Not stated **Study Tool**; Question guided focus groups	Descriptive Qualitative Design	This study did provide insight on perceived motivators and barriers for BSN achievement at the Academic, Employer and Individual level. The themes had both positive and negative interpretations and included: sacrifices, barriers/challenges, incentive/supports, value, how to begin, and pressures. This study highlighted the need for improved access and financial support for education, and the opportunity for improved partnerships between hospitals and academic institutions.
Achieving 80% BSN by 2020, Chief Nurse Executive Role and ANCC Influence Warshawsky, et al. (2015) Observational Descriptive Correlational Study	**Participants**: N = 52, single group **Setting**: Kentucky, United States. **Duration of Data Collection**: 1 month in 2013 **Study Tool**: On-line Survey developed by the authors and approved by Kentucky Nursing Capacity Consortium	Descriptive Correlational Design	The results of this study identified key opportunities for CNEs in setting strategic direction for an organization in achieving 80% BSN rate. Interesting to note that 30% of the participating CNEs did not hold a graduate degree and 38% had no goal defined for their organizations. The outcomes of this study demonstrated statistically significant results for specific hospital characteristics to increase percent of baccalaureate-prepared RNs to include: Hiring preference for BSN, p = .003 Magnet® or Pathway to Excellence® designation or pursuit, p = .005 Of the participating CNEs/organizations in Kentucky, no hospital was meeting 80% BSN rate with only 15% having 40% to 80% of RN workforce at BSN level. 25% of the CNE's also reported practice/academic partnerships.

Achieving 80% BSN by 2020, Lessons Learned From Kentucky's Registered Nurses Warshawsky, et al. (2015 Observational Quantitative, Descriptive Study	**Participants**: N = 1363, single group **Setting**: rural and non-rural practice settings in Kentucky, United States **Duration of Data Collection**: 10 weeks in 2013 **Study Tool**: Electronic questionnaire developed by lead author and 2 doctoral students	Descriptive Quantitative Design	The data from this study clearly identified specific barriers and motivators for academic progression, with currently only 40% of participants in this study holding BSN degrees. Two top barriers included lack of perceived benefit (38%) and financial impact (32%); two top motivators included career advancement (46%) and future APRN (17%). The demographics of this study also indicated the older the nurse is, the less likely they are to return to school. The authors compared rural and non-rural home residences and only statistically significant differences were type of school attendance (non-rural attending school full-time ($x^2_1 = 4.39$, $p = .036$) and more non-rural RNs reported receiving employer tuition benefits ($x^2_1 = 7.76$, $p = .005$).
Magnet® Facility Nurses: Pursing a Baccalaureate Degree in Nursing Winokur, et al. (2016) Observational Descriptive Study	**Participants**: N = 191 single group **Setting**: Magnet® designated hospital in Southern California **Duration of Data Collection**: Month of February, 2014 **Study Too**l: On-line survey developed by one of the co-authors and nurse researcher	Descriptive Qualitative Design	This study reinforced findings from other studies on obstacles and motivating factors for BSN pursuit by RNs. Data demonstrate the highest barrier to academic progression is time constraints (59.7%) and the most helpful facilitator is encouragement from other RNs (70.2%). Study results did highlight fear of failure and lack of understanding the "Why" or vision for returning to school. One study finding that was different from previous studies was the positive effect of peer and leadership support for returning to school.
Mixed Messages: Hospital practices that serve as disincentives for associate degree-prepared nurses to return to school Orsolini-Hain, L. (2011) Interpretive Phenomenological Study	**Participants**: N = 22 single group **Setting**: Unknown practice setting in urban California **Duration of Data Collection**: 60-90 minute single person interviews **Study Tool**: Semi-structured interview tool	Interpretative Phenomenology design	This study has important insight for aiding hospital leaders and CNEs in creating the right environment for encouraging RNs to return to school by examining perceived de-motivators (limited sample size makes it however difficult to generalize to all ADN RNs on returning to school). Three themes emerged from

			interviews: Experience trumps education due to no distinction in roles, skills or clinical ladder position for direct care givers; "Just in Time On the Job" training effective, and there is ability to impact system changes as direct care provider; opportunities for advancement still exist without formal education, for example clinical ladders without degree expectations, research initiatives with mentor.
Using Motivational Interviewing to Impact Readiness of RNs to Return to the Classroom Phifer, et al. (2018) Descriptive Study (Case Control Study)	**Participants**: N = 88 single group **Setting**: Midsized rural hospital in the Southeast United States **Duration of Data Collection**: 4 months **Study Tools**: Motivational Interview by trained leader followed by electronic survey 4 months later	Motivational Interview	This study demonstrated the positive effect a leader can have on ADN RNs considering returning to school with the use of motivational interviewing skills. Through this timed study, the researchers saw a greater impact in RNs < 35 on importance of and confidence in returning to school.
Influencing *Commitment to BSN Completion* Baur, et al. (2017) Mixed Methods descriptive Study	Participants**:** N = 8 single person **Setting:** Large, Magnet-designated, Trauma Level 1 hospital Duration of Data Collection: Undefined Study Tools: Attitudes Toward BSN Education (ATBSNE) completed pre- and post- a Motivation Interview by project leader	Mixed Methods Descriptive Quantitative and Qualitative design	This pilot study demonstrated the effectiveness of using a motivational interview discussion to influence RNs' attitudes and decision-making with returning to school. The researchers showed a statistically significant improvement in 7 dichotomous adjectives on the ATBSNE and identified 10 categories of barriers/motivators through motivational interviewing
Inspiration for Aspirations: Virginia Nurse Insights about BSN Progression Gillespie, A. and Langston, N. (2014) Observational Descriptive Study	**Participants**: N = 128 single group **Setting:** RN-to-BSN educational programs in Virginia **Duration of Data Collection**: Study conducted in 2012 **Study Tool**: On-line Survey developed from work done by Morrison and McNulty (2012) and Megginson (2008) looking at 3 areas: personal, work, and education program	Descriptive Qualitative Design	This study quantified specific motivators and barriers for RN to BSN students (88% employed and 73% in hospital settings) that CNE's need to be aware of to support academic progression. The RNs in these RN to BSN programs valued professional development and were personally motivated: Personal Love of Learning (3.80), Opportunity for work advancement (3.98), and Opportunity for Higher Education (4.31).The data from the study showed Family support (4.15), Tuition reimbursement (3.59) and Academic advising

			from BSN Program (3.48) as the drivers of initial and continuing support for academic progression. Major obstacles identified include Family/School balance (3.14), Work/School balance (2.88), and resultant time for study (3.08).
Perceived Benefits, Motivators and Barriers to Advancing Nurse Education: Removing Barriers to Improve Success Sarver, et al. (2015) Descriptive Cross-sectional study	**Participants**: N = 332 single group **Setting**: Urban medical center, unknown location **Duration of Data Collection**: Not stated in article **Study tool**: On-line investigator-developed survey	Cross-sectional design	The valuable learning from this study for CNE's was the participants' lack of knowledge on resources/importance of communication regarding these resources for returning students. The article described the system's creative use of an intranet "Return to School" page which contributed to a 3% increase in academic progression and a 4% increase in overall BSN numbers on follow-up survey of RNs. The authors identified that findings were consistent with the literature on benefits including expanded knowledge (M = 4.35), job opportunities (M = 4.22), personal satisfaction (M = 4.20); motivators including: tuition reimbursement (M = 4.56), length of program (M = 4.45) flexible work schedule (M = 4.29); barriers including time commitment (M = 4.34), expenses (M = 4.02), lack of tuition assistance (M = 3.66).
Economic Evaluation of the 80% Baccalaureate Nurse Workforce Recommendation, A Patient-Level Analysis Yakusheva, et al. (2014) Retrospective observational patient-level analysis using linear and logistic regression modeling	**Participants**: N = 10,310 adult patients and N = 1477 RNs **Setting**: Urban Magnet®-designated academic medical center in Eastern United States **Duration of Data Collection:** June 1, 2011 to December 31, 2011 Study Data: electronic hospital databases Study Tool: data extraction from electronic databases at the study hospital	Retrospective observational design: comparison of patient outcomes based on percent of BSN provided, categorical variable (BSN proportion ≥0.80)	This study serves as further validation of the improvement in clinical outcomes based on the proportion of care being provided by baccalaureate-prepared RNs. Demonstrated results: BSN proportion associated with lower mortality (OR = 0.891, $p < 0.01$); care delivery by > 80% baccalaureate-prepared RNs compared to non-baccalaureate-prepared RNs with lower odds of readmission (OR = 0.813, $p = 0.04$) and 1.9% decreased length of hospitalization ($p = 0.03$).
Effects of Nurse Staffing and nurse education on patient deaths in hospitals with	**Participants**: N = 1,262,120 patients, N = 39, 038 RNs **Setting**: 665 hospitals in 4 states (California,	Qualitative Descriptive design, observational	This research article serves as background information for this scoping review on the value of baccalaureate-prepared bedside

different nurse work environments. Aiken, et al. (2011) Qualitative Descriptive study and Retrospective observational patient-level analysis using and logistic regression modeling	Pennsylvania, New Jersey and Florida). **Duration of Data Collection**: 2005-2007 Study Data: Patient Discharge Data, mailed survey to RNs, and American Hospital Association data	patient-level design	RNs and staffing ratios to hospitalized patient mortality rates; the research done by Aiken et al. has been cited in several of the scoping review articles above. This study reflected a 4% drop in odds on outcomes of patient death and failure to rescue with 10% more baccalaureate-prepared RNs.

Table 2.

Other Resources Table

Reference	Summary of relevant Material
Registered nurses returning to school for a bachelor's degree in nursing: issues emerging from a meta-analysis of the research. Altmann (2011). (Important to note: timeframe for my scoping review: 2010 and present).	This article is a systematic review of the literature prior to 2011 on RNs' attitudes and perceptions regarding academic progression. Societal influences on RNs returning to school: lack of personal motivation, improved patient care outcomes in hospital with higher percentages of baccalaureate-prepared RNs, poor economy during nursing shortages resulting in less incentives for academic progression, and lack of faculty resulting in less RNs being trained.
The Future of Nursing: Leading Change, Advancing Health Institute of Medicine (2011).	This report, released in October 2010, serves as background information for this scoping review and highlights the rationale for achieving 80% BSN rates by 2020. The report is a framework for the necessary changes (to include 80% BSN by 2020) within the nursing profession in order to best meet the health needs of our diverse, evolving patient populations across the lifespan.
Magnet Recognition Program® Overview. American Nurses Credentialing Center (ANCC)	This clinical excellence professional model serves as background information for the scoping review on increasing the percentage of baccalaureate-prepared RNs in the hospital setting and supporting academic progression of ADN/Diploma RNs. Hospitals with Magnet designation have achieved an average of 68% baccalaureate-prepared RNs. This award requires demonstration by hospitals of clinical excellence reflected in improved patient outcomes and increasing percentages of baccalaureate-prepared RNs over time.
RN to BSN Transition, A concept Analysis Phillips, T. and Titzer Evans, J. (2017)	Authors developed an RN to BSN concept map consistent with their literature review that reflect these critical attributes: RN Personal motivation/incentive for academic progression, educational programs designed to meet needs of learner, and necessary support from practice organization. Hypothetical cases (Model case, Borderline case, Contrary Case) are presented to demonstrate concept and stimulate thought and action by organizational and academic leaders.

Appendix B

Step 1

CDC Program Evaluation Framework Checklist for Step 1

Engage Stakeholders

The first step in the CDC Framework approach to program evaluation is to engage the stakeholders. Stakeholders are people or organizations that are invested in the program, are interested in the results of the evaluation, and/or have a stake in what will be done with the results of the evaluation. Representing their needs and interests throughout the process is fundamental to good program evaluation. A program may have just a few or many stakeholders, and each of those stakeholders may seek to be involved in some steps or all six steps. This checklist helps identify stakeholders and understand their involvement in the evaluation.

Although "Engaging Stakeholders" is the first of the 6 steps, the first three steps of the CDC Framework are iterative and can happen in any sequence. For instance, identifying the right stakeholders may make more sense to do for your evaluation after drafting the purpose, user, and use of the evaluation that happens in Step 3. That said, this checklist will help you think through the key points in identifying and engaging stakeholders throughout your evaluation.

☐ Brainstorm potential stakeholders. These may include, among others:
- ☐ People affected by your program
- ☐ People involved in implementing the program or conducting the evaluation
- ☐ People who will use the results of the evaluation. These may include internal staff, partners, program participants, community members, and other organizations, among others

In brainstorming the list be sure to think broadly, including in your list:
- ☐ People in the above categories who share your priorities, and people who don't
- ☐ People in the above categories who are critics as well as supporters

☐ Especially if the list is very long, try to extract the subset of most important stakeholders. Some helpful criteria for identifying whether a person or organization is a key stakeholder include that they:
- ☐ Increase the credibility of your program or your evaluation
- ☐ Are responsible for day-to-day implementation of the program activities that are being evaluated and will need to implement any changes
- ☐ Can advocate for the changes to the program that the evaluation may recommend, OR actively oppose the recommended changes
- ☐ Fund or authorize the continuation or expansion of the program

Centers for Disease Control and Prevention
Program Performance and Evaluation Office

☐ Discuss with key stakeholders individually the best way to engage them—in person, phone, email etc. Regardless of chosen medium, in the engagement discussions get clarity on the following questions: [NOTE: If a preliminary logic model for the program has been completed, then use it to help frame and target the questions.]

- ☐ What do you see as the main outcomes of the program?
- ☐ What do you see as the main activities of the program?
- ☐ Which of the activities and outcomes are most important to you? That is, to retain your involvement and support, which activities must be effectively implemented and/or which outcomes achieved?
- ☐ What do you see as the most important evaluation questions at this time?
- ☐ [If outcomes are included] How rigorous must the design be?
- ☐ Do you have preferences regarding the types of data that are collected (e.g., quantitative, qualitative)?
- ☐ What resources (e.g., time, funds, evaluation expertise, access to respondents, and access to policymakers) might you contribute to this evaluation effort?
- ☐ In what parts or steps of this evaluation would you want to be involved? All or just some specific ones?
- ☐ How would you like to be kept apprised of this evaluation? How best to engage you in the steps in which you want to be involved?
- ☐ (How) will **you** use the results of this evaluation?

☐ Examine the results of the stakeholder discussion for insights related to development/refinement of the program description and logic model. Also examine for a starter set of important evaluation questions, which will be elaborated during Step 3.

☐ Especially if there are many stakeholders, summarize the results of the engagement discussions with a [simple or detailed as you prefer] plan for stakeholder involvement, including which stakeholders will participate/provide input during the major stages of the project and what their roles and responsibilities will be for each step.

Appendix C

Step 2

CDC Program Evaluation Framework Checklist for Step 2

Describe the Program

A **logic model** is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, and outcomes/impacts for your program. It depicts the relationship between your program's activities and its intended effects, in an implicit 'if-then' relationship among the program elements — if I do this activity, then I expect this outcome. Among other things, a logic model helps clarify the boundary between 'what' the program is doing and 'so what'—the changes that are intended to result from strong implementation of the "what."

A logic model can focus on any level of an enterprise or program: the entire organization, one of its component departments or programs, or just specific parts of that department or a program. Of course, the boundary between "what" and "so what" will vary accordingly.

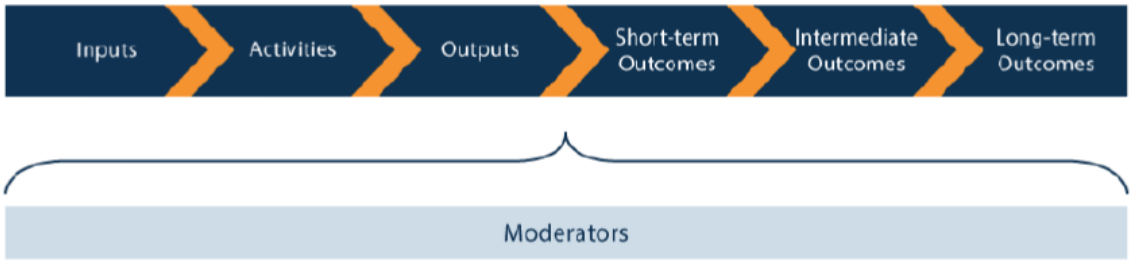
Related Terms

Logic models are the most common, but not the only, name applied to a visual depiction of a program. Here are some names of others approaches that either replicate or closely resemble logic models in their format and intent. There are occasions where one approach/format is a better fit than another, but often any of these will work equally well:

- Program Roadmaps
- Theory of Change
- Theory of Cause
- Theory of Action
- Concept(ual) Maps
- Outcome Maps
- Logical Frameworks (LogFrames)

Logic models differ widely in format and level of detail. Here are some key terms used in logic models, although not all are employed in any given model:

- Inputs: The resources needed to implement the activities
- Activities: What the program and its staff do with those resources
- Outputs: Tangible products, capacities, or deliverables that result from the activities
- Outcomes: Changes that occur in other people or conditions because of the activities and outputs
- Impacts: [Sometimes] The most distal/long-term outcomes
- Moderators: Contextual factors that are out of control of the program but may help or hinder achievement of the outcomes



Let's get started. Here are the key steps to developing a useful logic model:

- ☐ Gather information available on the program, including but not limited to:
  - ☐ Mission and vision
  - ☐ Goals and objectives
  - ☐ Current program descriptions such as websites, program descriptions, fact sheets
  - ☐ Strategic plans
  - ☐ Business, communication, and marketing plans
  - ☐ Existing/previous logic models
  - ☐ Existing performance measures and/or program reviews

- ☐ Review the information and extract from it to create a two-column table including:
  - ☐ Column 1: Activities: What the program and its staff do.
  - ☐ Column 2: Outcomes: Who or what beyond the program and its staff needs to change and how. In generating outcomes, it helps to Identify the target audiences for program activities and the action they must take in order for the activities to be successful.
  - ☐ Within the list in column 2, identify the most distal outcome: What is the big public health problem you aim to address with your program?

- ☐ Clarify the activities and outcomes with stakeholders* to ensure:
  - ☐ Appropriate classification; no activities are actually outcomes and no outcomes listed are actually activities
  - ☐ No major redundancy in list of activities or list of outcomes
  - ☐ No major missing activities or outcomes

☐ Decide whether the activities should be ordered sequentially. If so:
- ☐ Think about the "logical" relationship among the activities—which may or may not be the same as how they unfold over time— and determine if some activities need to occur before others can be implemented
- ☐ Order the activities within the columns into earlier or later activities to reflect the sequential relationships

☐ Decide whether the outcomes should be ordered sequentially
- ☐ Think about the "logical" relationship among the outcomes-- will some outcomes logically need to occur before others can be achieved?
- ☐ Move the outcomes into columns to reflect the sequence in which the outcomes should occur. Label the columns as needed (i.e., short-, mid, long-term; or [proximal, intermediate, distal)

☐ Check in with your stakeholders
- ☐ To ensure the activities and outcomes reflect their understanding of the program to ensure:
  - There are no major missing activities or outcomes
  - The logical progression of activities
  - The logical progression of the outcomes
- ☐ To (re)affirm the intended uses of the logic model (i.e., assess implementation, assess effectiveness, performance measurement, strategic planning)

The intended uses of the logic model, will determine which, if any, of the elaborations below would make the logic model more useful.

☐ If **depicting the program logic** in a roadmap format is desirable, then:
- ☐ Write each of the existing activities and outcomes on a sticky note, or equivalent
- ☐ Move the notes around to allow for drawing of lines to depict logical relationships
- ☐ Draw in lines remembering that lines may go from:
  - One or more activities to a subsequent activity
  - One or more activities to an outcome
  - One or more proximal outcomes to a more distal outcome

☐ If **outputs** are desired because stakeholders would like clarification of the direct result of the activities, then using the logic model table or (better) the roadmap:
- ☐ Identify the activities for which outputs are desired
- ☐ Identify the link between those activities and their successor activities or outcomes
- ☐ Thinking about that logical link, what are the key attributes of the activity that must be present for it to produce its successor activity or outcome
- ☐ Place the outputs in the appropriate place in the logic model table or roadmap

☐ If **inputs** are desired because stakeholders would like clarification of necessary resources to implement the program, then:
- ☐ Identify the key inputs without which the program cannot be implemented. Think about broad categories such as staff, equipment, data, funds, and partnerships.
- ☐ Place the inputs into a column to the left of the activities in the logic model.
- ☐ If it is important to see the link between each input and the activity it affects, then draw arrows from each input to the related activity

☐ If **moderators** are desired because—in the view of stakeholders and users—clarification of potential facilitators or barriers in the larger environment is necessary:
- ☐ Identify the key moderators, thinking of broad categories such as political, economic, social, and technological
- ☐ Identify what links in the program logic will be facilitated or impeded by the presence or absence of sufficient levels of the moderator. Remember moderators can facilitate or impede the ability of one activity/output to generate a successor activity/output, one activity/output to generate an outcome, a proximal outcome to generate a more distal outcome
- ☐ Be especially conscious of key moderators without which the program cannot be implemented
- ☐ Place the moderators into the appropriate place in the logic model table or roadmap.
- ☐ If using a roadmap, decide whether to leave the moderators in one block at the bottom of the logic model or draw lines from each moderator to the logical link it will facilitate or hinder
- ☐ Review and affirm or further refine with stakeholders, especially those who will use the logic model

☐ Review and affirm the elaborations of the logic model with stakeholders to ensure it accurately represents the program and the relationships among the components

☐ Create a narrative to go with the logic model. A one-page logic model will not be able to capture all the nuances of the program. The narrative will help explain the components of the logic model and how they work together to accomplish the outcomes. The narrative should include the following:
- ☐ An expanded description of the activities, outcomes, and other components of the logic model
- ☐ Any key linkages between activities, between activities and outcomes, and between different outcomes
- ☐ Attribution v. contribution to outcomes, etc.
- ☐ Stakeholder expectations for what will be accomplished, etc.

*Stakeholders are people or organizations that are invested in the program, are interested in the results of the evaluation, and/or have a stake in what will be done with the results of the evaluation. This definition is found in *Checklist for Step 1: Engage Stakeholders*.

Appendix D

Step 3

CDC Program Evaluation Framework Checklist for Step 3

Focus the Evaluation

In Step 2 you described the entire program, but usually the entire program is not the focus of a given evaluation. Step 3 is a systematic approach to determining where to focus this evaluation, this time. Where the focus lies in the logic model is determined, in conjunction with stakeholders, through application of some of the evaluation standards. While there are more than 30 standards, the most important ones fall into the following four clusters:

- **Utility:** Who needs the information from this evaluation and how will they use it?
- **Feasibility:** How much money, time, skill, and effort can be devoted to this evaluation?
- **Propriety:** Who needs to be involved in the evaluation to be ethical?
- **Accuracy:** What design will lead to accurate information?

☐ The standards help you assess and choose among options at every step of the framework, but some standards are more influential for some steps than others. The two standards most important in setting the focus are "utility" and "feasibility." Ensure that all stakeholders have common understandings of the phases (formative/summative) and types of evaluations (needs assessment/process/outcome/impact).

☐ Using the logic model, think through where you want to focus your evaluation, using the principles in the "utility" standard:

- ☐ Purpose(s) of the evaluation: implementation assessment, accountability, continuous program improvement, generate new knowledge, or some other purpose
- ☐ User(s): the individuals or organizations that will employ the evaluation findings
- ☐ Use(s): how will users employ the results of the evaluation, e.g., make modifications as needed, monitor progress toward program goals, make decisions about continuing/refunding
- ☐ Review and refine the purpose, user, and use with stakeholders, especially those who will use the evaluation findings

☐ Identify the program components that should be part of the focus of the evaluation, based on the utility discussion:

- ☐ Specific activities that should be examined
- ☐ Specific outcomes that should be examined
- ☐ Specific pathways from activities to specific outcomes or outcomes to more distal outcomes
- ☐ Specific inputs or moderating factors that may or may not have played a role in success or failure of the program

Centers for Disease Control and Prevention
Program Performance and Evaluation Office

☐ Refine/expand the focus to include additional areas of interest, if any, identified in Steps 1 and 2
- ☐ Does the focus address key issues of interest to important stakeholders?
- ☐ Did the program description discussion identify issues in the program logic that may influence the program logic?
- ☐ Are issues of cost, efficiency, and/or cost-effectiveness important to some or all stakeholders?

☐ Refine/expand the focus to include additional areas of interest based on the propriety and accuracy evaluation standards
- ☐ Are there components of the program—activities, outcomes, pathways, or inputs/moderators that must be included for reasons of "ethics" or propriety?
- ☐ Are there components of the program—activities, outcomes, pathways, or inputs/moderators that must be included to ensure that the resulting focus is "accurate"?

☐ "Reality check" the expanded focus using the principles embedded in the "feasibility" evaluation standard
- ☐ The program's stage of development: Is the focus appropriate given how long the program has been in existence?
- ☐ Program intensity: Is the focus appropriate given the size and scope of the program, even at maturity?
- ☐ Resources: Has a realistic assessment of necessary resources been done? If so, are there sufficient resources devoted to the evaluation to address the most desired items in the evaluation focus?

☐ At this point the focus may still be expressed in very general terms—this activity, this outcome, this pathway. Now, convert those into more specific evaluation questions. Some examples of evaluation questions are:
- ☐ Was [specific] activity implemented as planned?
- ☐ Did [specific] outcomes occur and at an acceptable level?
- ☐ Were the changes in [specific] outcomes due to activities as opposed to something else?
- ☐ What factors prevented the activities in the focus from being implemented as planned? Were [specific inputs and moderating factors] responsible?
- ☐ What factors prevented (more) progress on the outcomes in the focus? Were [specific moderating factors] responsible?
- ☐ What was the cost for implementing the activities?
- ☐ What was the cost-benefit or cost-effectiveness of the outcomes that were achieved?

☐ Consider the most appropriate evaluation design, using the four evaluation standards—especially utility and feasibility—to decide on the most appropriate design. The three most common designs are:

- ☐ Experimental: Participants are randomly assigned to either the experimental or control group. Only the experimental group gets the intervention. Measures of the outcomes of interest are (usually) taken before and after the intervention in both groups.
- ☐ Quasi-experimental: Same specifications as an experimental design, except the participants are not randomly assigned to a "comparison" group.
- ☐ Non-experimental: Because the assignment of subjects cannot be manipulated by the experimenter, there is no comparison or control group. Hence, other routes must be used to draw conclusions, such as correlation, survey or case study.

Some factors to consider in selecting the most appropriate design include:

- ☐ With what level of rigor must decisions about "causal attribution" be made?
- ☐ How important is ability to translate the program to other settings?
- ☐ How much money and skill are available to devote to implementing the evaluation?
- ☐ Are there naturally occurring control or comparison groups? If not, will selection of these be very costly and/or disruptive to the programs being studied?

☐ Start the draft of the evaluation plan. You will complete the plan in Step 4. But at this point begin to populate the measurement table (see example below) with:

- ☐ Program component from logic model (activity, outcome, pathway)
- ☐ Evaluation question(s) for each component

Evaluation Questions	Indicators	Data Source(s)	Data Collection Methods

Figure 1: Evaluation Plan Measurement Table

☐ Review and refine the evaluation focus and the starter elements of the evaluation plan with stakeholders, especially those who will use the evaluation results.

Appendix E

Step 4

Gathering credible evidence

Definition☐	Compiling information that stakeholders perceive as trustworthy and relevant for answering their questions. Such evidence can be experimental or observational, qualitative or quantitative, or it can include a mixture of methods. Adequate data might be available and easily accessed, or it might need to be defined and new data collected. Whether a body of evidence is credible to stakeholders might depend on such factors as how the questions were posed, sources of information, conditions of data collection, reliability of measurement, validity of interpretations, and quality control procedures.
Role☐	Enhances the evaluation's utility and accuracy; guides the scope and selection of information and gives priority to the most defensible information sources; promotes the collection of valid, reliable, and systematic information that is the foundation of any effective evaluation.
Activities☐	• Choosing indicators that meaningfully address evaluation questions; ☐ Describing fully the attributes of information sources and the rationale for their selection; ☐ Establishing clear procedures and training staff to collect high-quality information; ☐ Monitoring periodically the quality of information obtained and taking practical steps to improve quality; ☐ Estimating in advance the amount of information required or establishing criteria for deciding when to stop collecting data in situations where an iterative or evolving process is used; and ☐ Safeguarding the confidentiality of information and information sources.

Adapted from Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994.

Appendix F

Step 5

Justifying conclusions

Definition☐	Making claims regarding the program that are warranted on the basis of data that have been compared against pertinent and defensible ideas of merit, value, or significance (i.e., against standards of values); conclusions are justified when they are linked to the evidence gathered and consistent with the agreed on values or standards of stakeholders.
Role☐	Reinforces conclusions central to the evaluation's utility and accuracy; involves values clarification, qualitative and quantitative data analysis and synthesis, systematic interpretation, and appropriate comparison against relevant standards for judgment.
Activities☐	• Using appropriate methods of analysis and synthesis to summarize findings; ☐ Interpreting the significance of results for deciding what the findings mean; ☐ Making judgments according to clearly stated values that classify a result (e.g., as positive or negative and high or low); ☐ Considering alternative ways to compare results (e.g., compared with program objectives, a comparison group, national norms, past performance, or needs); ☐ Generating alternative explanations for findings and indicating why these explanations should be discounted; ☐ Recommending actions or decisions that are consistent with the conclusions; and ☐ Limiting conclusions to situations, time periods, persons, contexts, and purposes for which the findings are applicable.

Adapted from Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994.

Appendix G

Step 6

Ensuring use and sharing lessons learned

Definition☐	Ensuring that a) stakeholders are aware of the evaluation procedures and findings; b) the findings are considered in decisions or actions that affect the program (i.e., findings use); and c) those who participated in the evaluation process have had a beneficial experience (i.e., process use).
Role☐	Ensures that evaluation achieves its primary purpose — being useful; however, several factors might influence the degree of use, including evaluator credibility, report clarity, report timeliness and dissemination, disclosure of findings, impartial reporting, and changes in the program or organizational context.
Activities☐	• Designing the evaluation to achieve intended use by intended users; • ☐ Preparing stakeholders for eventual use by rehearsing throughout the project how different kinds of conclusions would affect program operations; • ☐ Providing continuous feedback to stakeholders regarding interim findings, provisional interpretations, and decisions to be made that might affect likelihood of use; • ☐ Scheduling follow-up meetings with intended users to facilitate the transfer of evaluation conclusions into appropriate actions or decisions; and • ☐ Disseminating both the procedures used and the lessons learned from the evaluation to stakeholders, using tailored communications strategies that meet their particular needs.

Adapted from a) Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994; and b) Patton MQ. Utilization-focused evaluation. 3rd ed. Thousand Oaks, CA: Sage Publications, 1997.

Appendix H

UNIVERSITY OF VIRGINIA HEALTH SYSTEM
PATIENT CARE SERVICES
Administrative Operations Manual – Section A17

Educational Requirements for Registered Nurses

Policy:

1. All nurses hired into roles that require a registered nursing license that have a nursing Diploma or an associate's degree in nursing will be required to complete a BSN degree within five years of hire date. Documentation of agreement is contained in the offer letter.

2. All nurse managers must hold at minimum a BSN[1] degree. A master's degree in a related field is required within five years of hire[2].

3. Leadership roles at or above the manager level are required to hold at minimum a BSN1 degree if also licensed to practice as a registered nurse. A master's degree in a related field is required within four or five years based on specific job description requirement2.

4. Nurses applying for hire or advancement into Clinical Career Ladder roles will meet role-specific requirements, including educational preparation. (Refer to https://www.medicalcenter.virginia.edu/pnso/clinical-career-ladder)

5. Registered nurses hired prior to time of requirement are strongly encouraged to pursue a BSN degree and are supported by managers and tuition reimbursement resources to achieve this goal for professional development to improve patient care.

Process for documenting academic progression:

6. Within six months of hire, nurses hired with an academic progression requirement are required to select a program of study and document curriculum timeline using the Academic Progression Milestone Tool to establish expectations of academic progression. a. Nurses will provide manager/director/administrator with proof of academic progression towards the required degree with evidence of course completion by August 1st of each Year, or more frequently as required, so that academic progression can be documented in the annual performance appraisal.

b. Performance Improvement Counseling per HR Policy 701 will occur if unable to meet established expectations.

1 ANCC Magnet Recognition requirement

2 Prior to July 1, 2018, see requirements at time of hire

DATE WRITTEN 6/2013, 5/2017, 6/2017, 03/2018

DATE WRITTEN: 6/2013

Appendix I

Sources of Influence Grid

	Motivation (Am I Willing?)	Ability (Can I do it?)
Personal	**1 Why do I want to do this?** Create connections on a personal level. ADN→ BSN Stories of RNs who have successfully completed BSN while working. How the value the experience and new knowledge- how has it changed their practice? Are they glad they did it? Advancing clinical knowledge and practice expertise. Learning how to utilize theory to drive practice and support EBP. Identify life achievements and milestones. Prepares for additional opportunities for career advancement and lifelong learning.	**2 Am I able to do this?** Over invest in meaningful training and practice! What skill gaps get in the way of doing the vital behaviors? People need to be able to use the vital behaviors even when stressed or under pressure, is there skill building that could support that ability? Educate: • Didactic information sharing • Independent learning • 1:1 training/ interaction ADN→ BSN Knowledge of supports like tuition reimbursement, program options. Education Fair Support with time management education through organizational development and FEAP
Social	**3 Cheering On** Provide encouragement! Formal leaders must show the way. Engage informal and opinion leaders. How do others make the vital behaviors easier? What social cues are encouraging (or discouraging) doing right thing? What encouragement can be provided during social/interaction opportunities with daily huddle Q&A, committee discussion? Recognize the desired behaviors to show that the new behaviors have social value Celebrate milestone achievements ADN→ BSN Recognition of degree completion; org level and unit/area level.	**4 Helping On** Provide assistance Promote team mission, solidarity that encourages people to help one another Build a culture of teamwork and collaboration ADN→ BSN Peer Mentor program Peer scheduling support Cohort study sessions
Structural	**5 Carrots and Sticks** Use rewards in moderation and link rewards to the vital behaviors Check standard work in use; provide feedback on results of the checking. Is there accountability for failing to use standard work? If early adopters see others choosing to opt out without consequence, it can undermine success. ADN→ BSN Signed agreement to enroll/complete upon hiring Termination if fail to enroll/complete Compensation increase upon degree completion.	**6 Environment and Structures** Make sure that team members have the THINGS needed to follow through on the vital behaviors. Does the environment enable or inhibit ability? Make the wrong thing easy to do and wrong thing literally hard to do. ADN→ BSN Quarterly checkpoints to monitor progression Scheduling flexibility Providing patterned shifts to support scheduling needs Access to program

Influencer: The Power to Change Anything. Kerry Patterson, Joseph Granny, David Maxfield, Ron McMillan, Al Switzler. New York, NY: McGraw-Hill; 2008. Hardcover, 300 pages. ISBN-13: 978-0-07-148499-2. ISBN-10: 0-07-148499-X

Appendix J

Frequently Asked Questions

December 14, 2016
The growth and development of our UVA Health System Registered Nurses is a high priority. Based on your feedback and the evaluation of the current market, the following program was announced earlier this Fall.
Bachelor of Science in Nursing (BSN):
We continue to pursue our goal of an 80% BSN workforce by 2020 to meet the recommendations outlined in the IOM Future of Nursing report. The body of evidence supporting better outcomes with higher percentages of BSNs continues to grow. It is important that we acknowledge this evidence, support our nurses to pursue formal education and recognize those that obtain a BSN degree. It is also important to hire qualified local and regional Associate Degree and Diploma candidates to complement our professional RN workforce and benefit our community. To support this dual mission, the following measures are now in place:
• Expanded hiring of ADN and Diploma Registered Nurses. We will require and support enrollment in and completion of a BSN program within defined time limits which will be detailed at the time of hire.
• Attainment of a BSN by any RN team member hired after January 1, 2013, will receive a **3.5% adjustment**. We have chosen that date based on the implementation of the requirement to obtain a BSN within 5 years of their hire date. For those staff hired before that date, we can review the team member's compensation for equity but if they fall into the appropriate range based on relevant experience and education, no adjustment is necessary.

Why is this increase limited to RNs hired after January 1, 2013?
This group of RNs was hired following the implementation of the requirement to obtain their BSN within a set time period.
Is there anything that an RN can do who was hired before January 1, 2013 and has obtained their BSN post hire?
When the team member has their degree verified, we can review their current rate for equity based on a BSN hire salary and relevant experience if requested by the manager and approved. If equity supports an adjustment, we will adjust their rate going forward. If their pay rate is in alignment with their degree and relevant experience, we can assure them that they are appropriately paid as a BSN-level RN.

Why do we pay our Nurses differently based on the degree they hold?
We value all of our Nurses and as we expand our ADN hiring, we want to ensure that we encourage the growth and development of all of our nurses. This difference is another way that we can award our Nurses for professional development. It is good for UVA Health System and for the community.
When will I receive my adjustment for receiving my BSN?
Once your degree is verified through HireRight (our online verification vendor) and if you were hired after January 1, 2013, we will process it effective the start of pay period following the Manager's notification of your degree verification.
I received my degree some time ago; can my increase be retroactively dated?
This is a new program effective this fall so any adjustment will be going forward.
What if I was hired since January 2013 and have already obtained my BSN?
If you have already received your degree and were hired after January 1, 2013, please update your PNSO profile and your manager will be prompted to review and approve this change. The HR Service Center will then initiate the degree verification process.
Can you describe the Degree Verification process?
UVA must have accurate degree records. If you are identified for degree verification, you will receive an email from HireRight, our external verification service. You will be asked to release HireRight to complete the degree verification with your school. No other background or credit checks will be conducted as part of the education verification process. You and your hiring manager will be notified of the results of the education verification and potential date and amount of the pay rate increase.
I have obtained my Master's degree (or beyond) in Nursing. Is there anything in this plan for me?
The RN to BSN program was our first priority as it aligns with the strategic goals of the organization to achieve 80% BSN workforce by 2020. It is also in alignment with our requirement for Diploma and ADN RNs to enroll and complete within a specified timeframe. All Nursing degrees are tracked and reported to Magnet. The attainment of your advanced degree demonstrates your commitment to lifelong learning and may prepare a team member for future opportunities. At this time, we are not pursuing additional compensation for degrees higher than BSN, but will continue to evaluate new programs in partnership with our Chief Nursing Officer.
What happens if getting my BSN was a condition of employment in my offer letter and I don't obtain it?
We ask you to work closely with your Manager at this time to develop a plan.
What if I plan to retire soon?

UVA nurses are lifelong learners! All nurses that accept position offers that include a commitment to enroll and complete a BSN will be expected to honor that agreement. Enrollment in a program is required within 18 months following the hire date and managers will conduct checkpoints to make sure you have the support needed and are making progress towards your BSN. **What if I am not on track to complete within my required timeline?** Speak with your manager to review your particular situation and take steps to get back on track as soon as possible.
If you have questions about the educational assistance policy, please call or email the HR Service Center at 243-3344.
If you have questions about your educational plan or arrangements for you as you return to school, please work with your manager.
If you have other questions about RN to BSN programs and supports, please go to the PNSO Professional Development page to find helpful links.
Can I request a copy of my offer letter from HR?
Yes, if you have questions about the requirements spelled out in your offer letter, please reach out to the HR Service Center at 243-3344.

What if I am not on track to complete within my required timeline?
Speak with your manager to review your particular situation and take steps to get back on track as soon as possible.
If you have questions about the educational assistance policy, please call or email the HR Service Center at 243-3344.
If you have questions about your educational plan or arrangements for you as you return to school, please work with your manager.
If you have other questions about RN to BSN programs and supports, please go to the PNSO Professional Development page to find helpful links.
Can I request a copy of my offer letter from HR?
Yes, if you have questions about the requirements spelled out in your offer letter, please reach out to the HR Service Center at 243-3344.

Appendix K

UVAHS RN to BSN Survey Results March 2017

Results of the UVAHS RN to BSN Program Interest Survey - March 2017

168 Responses/645 Mailed = 26%

1. Are you currently enrolled in an RN to BSN program?

61.9% No 36.3% Yes 1.8% No Response

If yes, where?

11 UVA
8 JMU
7 Liberty, Western Governor's
6 American Sentinel
5 Chamberlain, Mary Baldwin
4 EMU
3 ODU
1 Frostburg State, Longwood, Southern New Hampshire, University of Texas Arlington, WVU

2. What is your preferred method of learning?

25.0% Classroom with faculty/peer interaction
22.6% Asynchronous timed responses
25.0% Asynchronous no required interaction
26.2% Mixed classroom/online

3. Have you taken an online course before for college credit?

44.0% No 54.2% Yes 1.8% No Response

4. If classroom is your preferred method of learning, which of the following are possibilities for you? Choose ALL that you would be willing to do based on work commitments AND personal commitments/preference

Number of Responses (not percentages)

48 One weekday 9am-5pm
20 Two weekday evenings
17 Saturdays 9am-5pm
15 Two weekday mornings
14 Sundays 9am-5pm
10 Two weekday afternoons
8 Other (ex: 12-hour day 7-7, one weekday evening, MWR, weekday after 5p, anything but weekend)
82 NA (classroom not preferred)
8 No Response

5. Financially, do you need to work full-time (36-40 hours/week)?

85.7% Yes 13.7% No 0.6% No Response

6. Given work responsibilities and personal commitments, do you prefer to go to school part-time or full-time?

80.4% Part-time
6.0% Full-time
12.5% No Preference
1.2% No Response Contacts: K. Haugh, JT Hall

7. Did you graduate from a Virginia Community College?

64.3% Yes 34.5% No 1.2% No Response

8. When did you graduate from your Associates Degree/Diploma program?

8.3% 1 month to 2 years ago
14.9% 3-5 years
13.7% 6-10 years
15.5% 11-15 years
11.9% 16-20 years
35.7% 21 or more years ago
9. What setting BEST (most accurately) reflects where you work now?

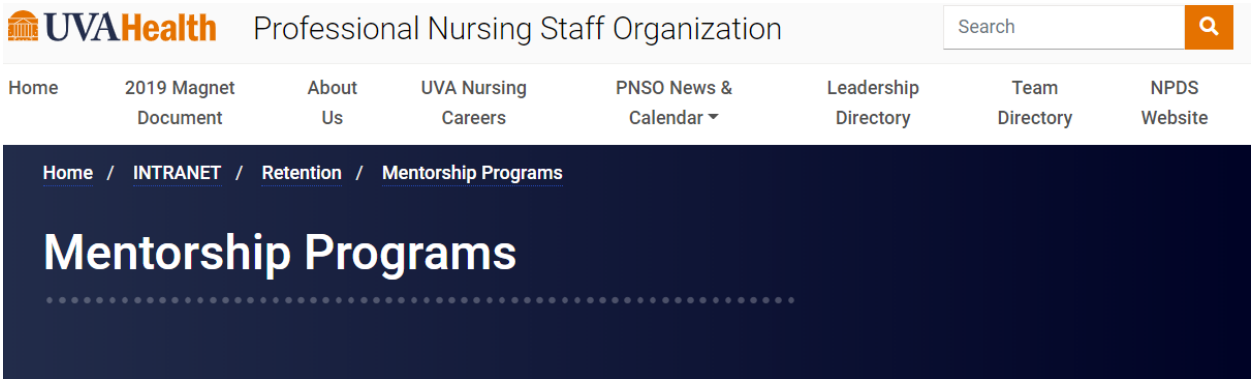
43.5% Inpatient/ED/SRO/TCH staffing 24 hours/day
36.9% Ambulatory/Dialysis staffing most weekdays-some evenings/weekends
19.6% Procedure areas/Perioperative services staffing most weekdays-some evenings/weekends
10. What might keep you from applying to UVA's School of Nursing RN to BSN program? Choose ALL that apply. Note: Please visit the webpage for the most current admissions criteria (ex: GPA 2.0, statistics no longer required as a prerequisite). Link opens a new tab.

Number of Responses (not percentages)
102 Work schedules
70 Course workload
69 Tuition/financial concerns
63 Family commitments
33 Not sure I'd get in
31 Commute to UVA 29 Prerequisites
57 Comments/other (stats required as prereq, can't do prereqs and RN to BSN program at same time, gen eds required before admitted, required clinicals, poor transfer of credits, chemistry, not enough PTO, not online, not a fan of public speaking, more prereqs required, paper transcript from years ago, prereq courses not interested in, ready to retire)
11. What do you need to be successful in school? Choose ALL that apply.

Number of Responses (not percentages)
96 Faculty interaction
61 Peer interaction/support
56 Small classroom Size
39 Tutor accessibility
32 None of the above
31 Other (Exs: interesting and applicable assignments, more efficient tuition reimbursement, attention to interests and unique needs of those over 50, bridge program for older RN, extended time on tests and private testing room, more time to study, freedom to choose interests, technical advisor, flexibility, tuition does not pay 2 courses/semester, administrator support-pushing me to do online, instructor prompt responses)

Appendix L

Mentorship Program (Professional Nursing Staff Organization Website)



The literature shows that mentorship programs contribute to the personal and professional development of nurses. Mentors share wisdom through gained experiences, which supports the mentee to grow in confidence. Mentorship is valued by all generations, and benefits are shown for both the mentor and mentee. The Retention Steering Committee is currently supporting five programs to improve nursing engagement and retention. Check out the video below to hear about the different programs. Additionally, program descriptions and more information are below.

Expectations of participants:

- Connect monthly as a mentee/mentor team (variety of possible venues)
- Actively participate in group events; please partner with your leadership for scheduling support
- Mentees drive the partnership to help meet individual needs and areas of desired support

Appendix M

Milestone Document

UNIVERSITY of VIRGINIA HEALTH SYSTEM Academic Progression Milestone Tool *November 2018*

Name:	Department:	Degree Completion Deadline (5 years from date of hire):
School for Pre-requisite(s):	Pre-requisite(s) Completion Date:	
School for Degree Program:	Style of Program: ☐ Classroom ☐ Online ☐ Hybrid	Graduation Date:

Year 1 (_____ to _____)	Year 2 (_____ to _____)	Year 3 (_____ to _____)	Year 4 (_____ to _____)	Year 5 (_____ to _____)
• If Clinician 1: Complete Nursing Residency Program • Receive 3 credits towards BSN • Focus should be primarily on establishing clinical skills • Establish Milestone Tool within 6 months of hire • Educational Assistance available per HR Policy 301 • Determine pre-requisite needs and programs available if required • Explore programs and confirm application deadlines • Enter Academic Progression as Professional Development goal				

Meeting 1: RN and ANM/NM/Leader Check Point Date: _____

☐ On Track based on review of evidence of course completion

☐ Off Track

- ☐ Update Milestone Tool with new expectations
- ☐ Update Tracking Spreadsheet with new completion date and plan

If degree completion date will be past deadline with revised Milestone Tool:

- ☐ Contact Employee Relations for review and support re: Policy 701

Notes:

RN Signature: _____

ANM/NM/Leader Signature: _____

Meeting 2: RN and ANM/NM/Leader Check Point Date: _____

☐ On Track based on review of evidence of course completion

☐ Off Track

- ☐ Update Milestone Tool with new expectations
- ☐ Update Tracking Spreadsheet with new end date and plan

If degree completion date will be past deadline with revised Milestone Tool:

- ☐ Contact Employee Relations for review and support re: Policy 701

Notes:

RN Signature: _____

ANM/NM/Leader Signature: _____

Appendix N

Professional Development Goal: Academic Progression

For SMART Goal Repository Example

Professional Development Goal: Academic Progression

I will establish and remain on track with my academic progression plan via the Milestone Tool, holding a progress touchpoint with my manager two times during the performance cycle.

Meets = established Milestone Tool and am on track

Exceeds = (***Select 1, or create own exceeds metric***)

- I am ahead of the timeline I established (i.e. identify top 3 choices, applications submitted by *x* date, enrolling in a program, class completion)
- On track and maintain a minimum cumulative GPA of 3.5 or higher in all completed classes
- On track and participate in the RN to BSN Mentorship Program
- On track and I will provide an in-service to my team based content I am learning before May, 2020

Additional Notes, but not for the repository:

Resource:

Academic Progression Milestone Tool: https://www.uvapnso.org/intranet/academic-progression/academic-progression-milestone-tool/

Audience:

Every RN with Academic Progression requirement will have this goal cascaded to them centrally

October 2019

Appendix O

Home / Nursing Academic Progression

Nursing Academic Progression

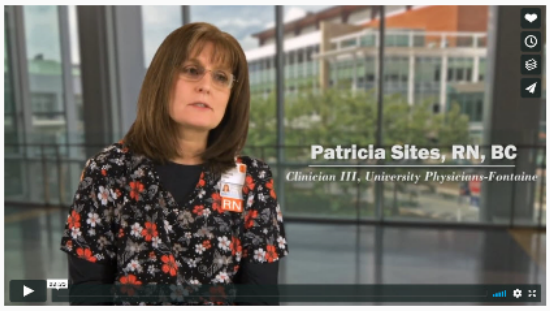
RESOURCES (Log in):

- Academic Progression Milestone Tool
- BSN Academic Progression FAQ
- HR Degree Verification Process FAQ
- Accountability Plan
- Roles and Responsibilities
- Tuition Support
- Tip Sheets for Going Back to School
- Accredited Nursing Programs
- RN to BSN Mentorship Program
- Educational Requirements for Nursing

As an Academic Medical Center and nursing profession, we are committee to lifelong learning. The growth and development of our UVA Medical Center Registered Nurses is a high priority. We continue to pursue our goal of an 80% BSN workforce by 2020 to meet the recommendations outlined in the IOM Future of Nursing Report.

To support our nursing colleagues in achieving a BSN degree, UVA Medical Center provides significant resources and structures to encourage and support academic progression.

Watch this video showing one of our nurses, Pat Sites, RN, BC, describing why she chose to pursue a higher degree (UVA log-in required)



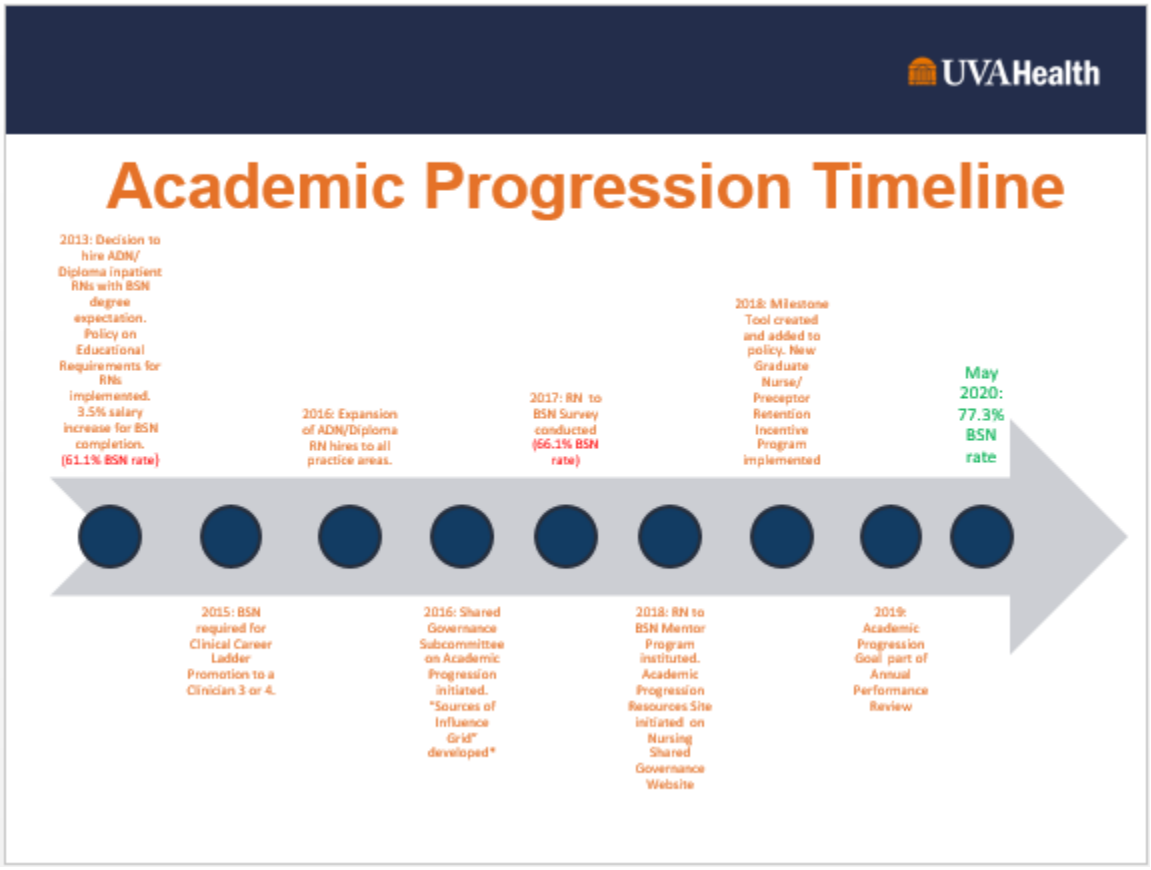
Join the RN to BSN Mentorship Program

Apply for the UVA RN Scholarship (employees)

Ask about the Milestone Tool or Mentorship Program

Ask HR Solution Center about Educational Assistance or Degree Verification

Appendix P


UVAHealth
Academic Progression Timeline
2013: Decision to hire ADN/ Diploma inpatient RNs with BSN degree expectation. Policy on Educational Requirements for RNs implemented. 3.5% salary increase for BSN completion. (61.1% BSN rate)
2015: BSN required for Clinical Career Ladder Promotion to a Clinician 3 or 4.
2016: Expansion of ADN/Diploma RN hires to all practice areas.
2016: Shared Governance Subcommittee on Academic Progression initiated. "Sources of Influence Grid" developed*
2017: RN to BSN Survey conducted (66.1% BSN rate)
2018: RN to BSN Mentor Program instituted. Academic Progression Resources Site initiated on Nursing Shared Governance Website
2018: Milestone Tool created and added to policy. New Graduate Nurse/ Preceptor Retention Incentive Program implemented
2019: Academic Progression Goal part of Annual Performance Review
May 2020: 77.3% BSN rate

Appendix Q

Approval of Setting

Sat 6/20/2020 1:13 PM

Horton, Wendy M *HS

FW: My DNP Scholarly project: Program Evaluation of ADN to BSN Academic Progression

To Dixon, Mary E *HS

You replied to this message on 6/21/2020 8:54 AM.

Hi Mary,

Fully supportive of your DNP project. Providing a program evaluation of the academic progression of the AND to BSN will be incredibly valuable to UVA and the advancement of nursing practice. Please know you have my full support.

Warmest regards,
Wendy

From: Dixon, Mary E *HS <MED5F@hscmail.mcc.virginia.edu>
Sent: Saturday, June 20, 2020 1:00 PM
To: Horton, Wendy M *HS <WMH7R@hscmail.mcc.virginia.edu>
Subject: My DNP Scholarly project: Program Evaluation of ADN to BSN Academic Progression

Wendy, you verbally gave me approval for conducting this project back on June 13. When you get a chance, can you send me an email stating this approval. I need this to put in the Appendix of my proposal document. Just crossing all my T's and dotting I's.

Thanks again for your support of this.

Appendix R

Approval of Setting Compliance Office

Tue 6/16/2020 12:07 PM

Verde, Regina *HS

RE: DNP Scholarship Project

To Dixon, Mary E *HS

You replied to this message on 6/16/2020 2:39 PM.

Mary,

Kudos to you for your continued scholarly activities! I support this and look forward to working with you in the review phase.

Warm regards,

Regina

Regina Verde, MS, MBA, CHC
Chief Compliance and Privacy Officer
UVA Health Compliance and Privacy Office
Office: 434-924-9741
Mobile: 434-465-0761

UVA Health

Appendix S

IRB-SBS Approval

UNIVERSITY of VIRGINIA | Vice President for Research

Human Research Protection Program
Institutional Review Board for Social & Behavioral Sciences
iProtocol

Protocol Management and Document Storage

Logged in user: **Dixon, Mary (med5f)**.

Create Blank Protocol

iProtocol guides and help links can be found here.

Your protocol roles and protocol information are shown below.

Find & Recover protocol versions previously moved to your iProtocol Trash/Recycle Bin.

PI
Dixon, Mary is the PI on the following Protocols. *PIs can edit and read protocols.*

Title: **Program Evaluation of RN to BSN Academic Progression at an Academic Medical Center**
Protocol Number: **3867** [view protocol]
IRB-SBS Disposition: **Approved**
Participants can be enrolled!
Date Approved: 2021-02-05
Date for Annual Notification: **2022-02-05**

Appendix T

Approval of Principal Investigator of Duffy et al. (2014) Study

From: Duffy, Marie [mailto:Marie.Duffy@CarePointhealth.org]
Sent: Thursday, June 11, 2020 10:59 AM
To: Ragland, Ashley N *HS <ANR4E@hscmail.mcc.virginia.edu>; 'anr4e@virginia.edu' <anr4e@virginia.edu>
Cc: Bristol, Dianne <Dianne.Bristol@CarePointhealth.org>; Duffy, Marie <Marie.Duffy@CarePointhealth.org>
Subject: Permission for Data/Study Use

Hi Ashley,

Please accept this note as permission for Mary Dixon to use data/study published previously.

Kindly give my regards and contact information to Mary.

Best,

Marie

Marie T. Duffy, DNP, RN, FNP-BC, NEA-BC, FACHE

Chief Hospital Executive

CarePoint Health, Christ Hospital

176 Palisade Avenue

Jersey City, NJ 07306

(O) 201-795-8401 (F) 201-795-8796

Marie.Duffy@CarePointHealth.org

CarePoint Health
Christ Hospital

Treating with compassion and leading with innovation,

we improve the health of the communities we serve.

CONFIDENTIAL COMMUNICATION This transmission is intended only for the individual or entity to which it is addressed and contains information that is confidential. If you have received this communication in error, please delete the email and contact the sender immediately. This information may have been disclosed to you from confidential records and may be protected by federal and state law. This information may include confidential mental health, substance abuse, alcohol abuse and/or HIV-related information. Federal and state law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of the law may result in a fine or jail sentence or both. A general authorization for the release of this information may not be sufficient authorization for further disclosure.

Appendix U

Qualtrics Survey

RN-BSN Academic Progression Program Survey

Dear RN,

Nursing Leadership at UVA Health requests your help to evaluate this program. Our aim is to identify which elements of the program you have found to be the most useful along the path to obtaining your BSN. We will share the outcomes of the survey in the PNSO website in early 2021! This survey is anonymous; no identifying information is requested or required. No attempt will be made to identify a respondent. The survey takes approximately 10 minutes to complete.

Demographic Data

Please complete the following demographic data:

A. Age:
_____18-30
_____31-40
_____41-50
_____50+

B. Gender *Select one*
_____Male
_____Female
_____Transgender
_____Gender non-Binary
_____Prefer not to answer

C. Race: *Select all that apply*
_____Asian/Asian American
_____Black/African American/African/Caribbean
_____Hispanic/Latina/Latino/Latinx
_____Native Hawaiian or Other Pacific Islander
_____White/European/Middle East or North Africa
_____Another Race: Please Specify_____

D. Length of Practice as an RN in years:
_____<1-5 years
_____6-10 years
_____11-15 years
_____>15 years

E. Were you hired as an RN with an Associate Degree or a Diploma? Yes _____ No _____

F. Were you hired 2013 - 2017 _____ or 2018 - 2020 _____?

G. During the hiring process, did the HR Recruiter or your Manager inform you of the requirement to obtain the BSN degree within 5 years from your hire date? Yes _____ No _____ I do not recall _____

H. Have you achieved the BSN degree since being hired as an RN? Yes _____ No _____

I. How many years did it take you to complete the BSN degree after you were hired? _____ Yrs. _____ Mo. N/A still in a BSN program or taking pre-requisites for a BSN program _____

J. Are you currently enrolled in a BSN program? Yes _____ No _____

K. When do you anticipate graduating?

2020 _____ 2021 _____ 2022 _____ 2023 _____ 2024 _____ I don't know _____ N/A _____

L. What is your workplace setting?

Inpatient Care _____

Procedural/Perioperative Area _____

Outpatient/Ambulatory Area _____

Other:

M. Are you scheduled to participate in an RN-BSN Program Evaluation focus group? Yes ____ No ____

Survey

1. Please check (X) which of the following RN-BSN Program elements you have used at least once during the course of BSN degree completion:

Milestone Tool _____
RN Manager Checkpoints _____
Educational Assistance Benefits _____
Mentorship Program _____
UVA Annual Nursing Scholarship _____
Flexible Work Scheduling _____
PNSO Academic Progression Website _____
Education Fairs _____
Waiver or Extension to Milestone Plan _____
Other:

2. Please rate on a Likert scale, the level of importance on the following RN-BSN Program elements in helping you achieve program goals.

a. Milestone Tool

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

b. RN Manager Checkpoints

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

c. Educational Assistance Benefits

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

d. Mentorship Program

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

e. UVA Annual Nursing Scholarship

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

f. Flexible Work Scheduling

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

g. PNSO Academic Progression Website

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

h. Education Fairs

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

i. Waiver or Extension to Milestone Plan

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

j. Other:

3. How affective was the 3.5% salary increase in motivating you to complete the BSN degree? Check the best answer.

   a. No affect _____
   b. Minor affect _____
   c. Neutral _____
   d. Moderate affect _____
   e. Major affect _____

4. How important was the BSN requirement for promotion on the Clinical Career Ladder in motivating you to complete the BSN degree? Check the best answer.

   a. Not at all important ____
   b. Slightly important _____
   c. Neutral _____
   d. Moderately important _____
   e. Extremely important _____

5. Please rate the level of importance, of the following RN-BSN Program elements that relate to communication in their ability to help you stay on course through the BSN degree.

a. Annual email reminders of due date

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

b. Checkpoint meetings with my manager

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

c. PNSO Academic Progression Website

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

d. Nursing Academic Progression email address

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

e. Information Sharing Forums with the CNO

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

f. Academic Progression Website Tip Sheets

__Not at all important __Slightly Important __Neutral __Moderately Important __Extremely Important

6. The Milestone Tool Goals helped hold me accountable for the Professional Development Goal for BSN Degree completion. Check the best answer.

a. Not at all important
b. Slightly important
c. Neutral
d. Moderately important
e. Extremely important

7. In your Annual Performance Appraisal, have you ever "*Exceeded"* (compared to "*Meets"*) the Annual Professional Development Goal for Academic Progression? Circle the best answer.

Yes ____ No ____ N/A ____ (because I completed my BSN degree prior to this goal being cascaded in 2019)

8. If you answered "yes" to question 7, please describe how you exceeded the goal:

a) I am ahead of the timeline I established (i.e. identify top 3 programs, applications submitted by *x* date, enrolled in a program, class completion, etc.)

b) On track and maintain a minimum cumulative GPA of 3.5 or higher in all completed classes

c) On track and participate in the RN to BSN Mentorship Program

d) On track and I will provide an in-service to my team based on content I am learning before May

e) Other (comment)

9. Did you apply for the UVA RN scholarship? Yes No

10. If you answered NO to question 9, what factors influenced you to not apply for the scholarship?

□ I was not aware of the scholarship

□ My manager did not talk about this opportunity with me

□ The application process was too long

□ The application was too complicated for me to fill out

□ I started the application but did not complete/submit it

□ I missed the deadline

□ I did not meet the eligibility requirements for it

Other (comment)

11. Have you utilized UVA's Educational Assistance Benefit for obtaining a BSN degree? Yes ___ No___

12. If you answered NO to question 11, what factors influenced you to not utilize this benefit?

□ I was not aware of the educational assistance benefit

□ I did not meet the eligibility requirements

□ I could not figure out how to begin the process, i.e. completing the CBL

□ I was unable to navigate/follow the job aid

□ I was not able to correctly complete the request to submit it

□ I submitted a request but did not receive reimbursement

□ I missed the end-of-year deadline

□ I could not access the form/process from home

Other (comment)

13. What challenges, if any, do/did you encounter in completing your BSN degree?

□ Confidence

□ Family/Outside Commitments

□ Work Commitments

□ Information about school options

□ Information about support available to me (i.e. financial, emotional, tutoring/mentoring)

□ Finances

Other: (comment)

14. What additional benefits, if any, do you see in obtaining a BSN degree?

15. Any additional comments/reflections:

Thank you for completing this survey. You are helping us achieve our goal of an 80% Bachelor of Science degreed nursing workforce! Every person makes a difference and your participation in this survey will help us understand the effect of the program on you and the goal.

Appendix V

Executive Summary

UVA Health

Program Evaluation of RN to BSN Academic Progression

Team Leader: Mary Dixon MSN, RN, NEA-BC

Chief Nursing Officer and DNP Student

UVA School of Nursing

Introduction: In 2010, the Institute of Medicine (now National Academy of Medicine) challenged organizations to increase the percentage of baccalaureate-prepared nurses to 80% by 2020; the evidence demonstrated that higher percentages of baccalaureate-prepared nurses positively influences clinical and organizational outcomes. UVA Medical Center has been committed to increasing the percentage of baccalaureate-prepared nurses and initiated an RN to BSN academic progression program in 2013 as one tactic for hiring nurses with associate and diploma nursing degree and still achieve the 80% goal. Since 2013 through November 2020, the Medical Center has been able to hire 727 nurses with this preparation as a result of this program.

UVA Health has had a requirement for associate degree and diploma nurses to attain the baccalaureate degree with a concomitant education support program since 2013. The percentage of baccalaureate-prepared nurses was 61% in the academic medical center (AMC), and over the subsequent seven years, nursing leadership has put a solid program of evidence-based strategies in place to support RN to BSN academic progression for associate degree and diploma nurses.

The Project: A formal program evaluation need was identified and conducted by the Chief Nursing Officer (also a DNP student investigator) and a stakeholder team comprised of Medical Center nursing leaders, School of Nursing Faculty and a UVA Human Resources executive. Data was collected and analyzed September 20 – March 2021.

The Evaluation Approach: The Stakeholder team used the Center for Disease Control and Prevention (CDC) Framework for Program Evaluation in Public Health for this project. The stakeholders determined the need to get input from the nurses who were required to obtain the RN to BSN degree, on their use and their perception of the importance of programmatic elements for BSN attainment, and motivators and barriers for degree pursuit. Data was collected from these nurses through both small focus groups (n = 14) using questions from an earlier published study (Duffy et al., 2014) and a survey instrument (n = 137) developed by the stakeholder team from the AMC's strategies for academic progression and literature findings.

Reflections from the Project: Based on the analysis of the data, the stakeholder team determined that UVA Health has the right evidence-based strategies in place but unfortunately they are not well-known or well-utilized. The RN to BSN nurses shared how important the

education assistance benefit and educations fairs were to their BSN pursuit but the process for accessing the educational benefit needs to be revamped. These nurses shared information about the value of the degree, the support persons and systems needed, and the need for personal resilience.

Recommendations for Action:

- **All Program Elements** will be maintained based on this study's findings. There is a need to explore opportunities to increase awareness of resources.
- **A survey of RN to BSN nurses** needs to be conducted to understand questions nurses ask when selecting an academic program and findings will augment resources.
- **'Educational fair' concept** to introduce RN to BSN nurses to BSN programs and the medical center's support program and its elements should be expanded and offered more frequently and/or on-demand format.
- **UVA Claude Moore Health Sciences Library Sciences** should be better leveraged for supporting these RN to BSN nurses during degree pursuit.
- **Counselor concept** to support RNs through the steps of meeting this BSN requirement needs to be explored with how to operationalize this.
- **Financial Assistance** Application Process is in process of being streamlined and converted to Workday Platform.
- **RN to BSN nurses** need to be prioritized for UVA sponsored RN Scholarships.
- **Expectations of nurse manager** must be further developed for supporting RN to BSN nurses.
- **BSN 5-year requirement** is being revisited for RNs hired with years of RN experience.
- **Recognition Program** needs to be enhanced for BSN Achievement.
- **Cost-Benefit Analysis** needs to be completed for Program financial effectiveness.

The stakeholder team has assigned each of these actions to existing PNSO teams or the Nursing Retention Steering Committee with stakeholder team members remaining as "owners" to ensure these programmatic improvements are completed.

Project and Organizational Outcomes: This project added to organizational knowledge and contributed to evidence-based practice. This project confirmed the value of stakeholder and CNE collaboration for effecting change and programmatic improvement. Additionally, it validated the importance of strong partnerships between practice and academia in meeting the IOM's 2010 recommendation of higher percentages of baccalaureate-prepared RNs for improving clinical and organizational outcomes. The organization has achieved the IOM Goal of 80% baccalaureate-prepared nurses as of March 2021 which is an outstanding outcome for this organization and justifies the need for the RN to BSN Academic Progression continuance into the future of UVA Health.

Appendix W

Journal of Nursing Administration Submission Guidelines

Journal of Nursing Administration

Online Submission and Review System

Author Resources

Instructions for Authors (this page)

Licensing Agreement for Withholding Copyright

Photo Permission - Adult

Photo Permission - Minor

Copyright Transfer (PDF)

Reprint Ordering

Permissions Requests

Permission to Acknowledge Form (.doc)

Editorial Purpose

The Journal of Nursing Administration (JONA) is designed for nurse executives, administrators, and leaders in a variety of healthcare systems, such as hospitals, home care agencies, accountable care organizations, and clinics. **JONA** provides information on management and leadership development; human, material, and financial resource management; staffing and scheduling systems; staff development; labor-management relations; policy, legislation, regulations, and economics related to healthcare and program development; legal, ethical, and political issues; interdisciplinary collaboration; organization-wide projects; corporate issues; diversity management; community relations; innovations; and professional trends. **JONA** is not a research journal; we seek practical, applied content, informed by data (that may have been gathered through a formal research process).

Manuscript Review

JONA is a refereed journal. Published manuscripts have been reviewed, selected, and developed with the guidance of our editorial advisors. Manuscript content is assessed for relevance, accuracy, and usefulness to executives and administrators in healthcare service settings.

Manuscripts are reviewed with the understanding that neither the manuscript nor its essential content have been published or are under consideration by others. The review process starts on the first day of every month. As example, February 1 is the start of the review process for all manuscripts received during January. Publication decisions and author notification generally occurs within 16 weeks from the beginning of the review process.

Authorship Responsibility

All persons designated as authors should qualify for authorship. Each author should have contributed significantly to the conception and design of the work and writing the manuscript to take public responsibility for it. The editor may request justification of assignment of authorship. Names of those who contributed general support or technical help may be listed in an acknowledgment that is placed after the narrative and before references.

Each author must complete and submit the journal's **copyright transfer agreement**, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/update.html).

A copy of the form is made available to the submitting author within the Editorial Manager submission process. Co-authors will automatically receive an Email with instructions on completing the form upon submission.

Query Letters

Although not necessary, query letters allow the editor to indicate interest and developmental advice on manuscript topics. These can be sent to JONAEditor@gmail.com.

Manuscript Preparation for Online Submission

Unless otherwise stated, prepare manuscripts according to the *American Medical Association* (AMA) *Manual of Style* (10th edition). **The maximum manuscript length is 3600 words (abstract through references).** As a general rule, a paper of this length should have no more than 4 figures or tables. Content exceeding this number may be submitted as supplemental digital content (see section on SDC). For examples of style, please see a recent issue of the journal.

Institutional Review Board Approval

If your research or a quality review project met any of the following criterion (intervention to evaluate new or existing practices, adds human subject risks beyond the institutional standard of care, generates new knowledge, and/or the findings have implications beyond the unit or institution), you should provide information in the manuscript about your Institutional Review Board (IRB) process and informed consent. A manuscript reporting a quality improvement initiative generally does not need IRB approval if it meets these criteria: assesses internal process improvement, results are specific only to author's institution and are not intended for use in other organizations, describes standard of care, and is informational in nature, lessons learned).

Format *(adhering to the format requirements will expedite the review of your submission)*

1. Double space the manuscript using a 10 point type size, any font style.
2. **The maximum manuscript length is 3600 words (abstract through references).**
3. Attach your various individual files containing elements of your entire manuscript. No file should contain information found in any other file:
    - 1 page Word file - Title/author bio page

- Word file containing text of manuscript, starting with the abstract and ending with the references
- As many individual files as necessary, each containing 1 table or figure
- Supplemental digital content
    1. Files of tables, forms, data collection instruments, figures (1 table or instrument per file)
    2. Video clips supplementing of describing content from the manuscript (see SDC)

4. Add page numbers in the upper right hand corner of each page.
5. Left justify all text, including headings.
6. Do not indent paragraphs; separate paragraphs with an extra return.
7. Subdivide the text into main sections by inserting subheads.
8. All headings go flush left and are distinguish by level as follows:
    - ***First Level Heading (Bold Italic on Separate Line)***
    - **Second Level Heading (Bold Regular on Separate Line)**
    - *Third Level Heading (Regular Italic on Separate Line)*
    - Fourth Level Heading (Regular text, a period, then start the text)
9. Do not put any reference numbers in superscript. They should be normal size text, enclosed with parentheses, e.g. (1-4, 15)
10. Do not use running headers or footers.

Title/Author Biography Page

Information for the title/biography page is placed in a 1 page Word file. The information should not be placed in any other file. This 1 page Word file should contain only:

1. **Title of Manuscript**
2. Author(s) **names and credential**s (highest earned credential only, followed by RN, and certifications (optional).
3. **Author(s') Affiliation(s)** (edit this heading as appropriate) followed by a colon and the following (as appropriate): job title (If more than one author is from the same institution, list job title first, person's name in parentheses, then a comma followed by the next person's job title, etc.), department, institution, city, state.
4. **Corresponding Author** (use this heading). For publication, it is preferable to use a work address. You may include an e-mail address (optional) at end of your mailing address.
5. If no conflicts of interest are present, please declare this. **Funding** information and other **disclaimer or disclosure** information.

Example of a title/bio page with one author
Title: Nursing Revisited: Creative Solutions To Old Problems
Author: Helen Williams, EdD, RN

Author Affiliation: Chief Executive Officer, Y Institution, Big City, Calif.

Correspondence: Dr Williams, Grace Medical Center, PO Box 54, Gray, TX 22222 (hwill@GMC.com).

Example of a title/bio page with two or more authors
Nursing Revisited: Creative Solutions To Old Problems
Jane Doe, PhD, RN, Kathy Free, MSN, RN, May Brown, PhD, RN

Authors' Affiliations: President (Dr Doe), Health Systems, Inc., Gray, Tex; Chief Nurse Officer (Ms Free), James University Medical Center, Louisville, Mass; Instructor (Dr Brown), Adjunct Professor (Dr Doe), School of Nursing, Sunny University, San Diego, Calif.
NOTE: If all authors are from the same place, just list job titles followed by each person's name in parentheses, then the department, institution, city, and state.

Corresponding Author: Dr Doe, Health Systems, Inc., 2656 Loop Road, Gray, TX 77054 (janedoe@hs.com).

Conflicts: None to declare.

Abstract

Abstract for non-research paper: 50-75 word abstract that stimulates readers' interest in the topic and states what readers will learn or how they will be better off after reading the article.

Abstract for a research paper: structured abstract of no more than 150 words, with 5 headings - objective, background, methods, results, and conclusions.

Tables and Figures

Tables (information in 2 or more columns) and figures (information in text format, photos, graphs/charts with boxes and/or lines, arrows, etc.), if any, should each be saved in individual files. If you have 4 tables, you will upload 4 Word files.

All tables must be numbered consecutively with Arabic numbers and have a title. All figures must be numbered consecutively with Arabic numbers and have a title.

Figures and tables must be cited in numerical order in the text. Please submit all graphics in black and white. Learn about the publication requirements for Digital Artwork here: http://links.lww.com/ES/A42. If you have any question about working with graphics files, please contact the office for help.

Supplemental Digital Content: Size & File Type Requirements

Authors may submit supplemental digital content to enhance their article’s text and be considered for online-only posting. Supplemental digital content (SDC) may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, audio, and video. All SDC will be peer reviewed.

Supplemental digital content files should be no larger than 10 MB each. Documents, graphs, and tables may be presented in any format. Figures, graphics, and illustrations should be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, .gif. Audio files should be submitted with the following file extensions: .mp3, .wma. Video files should be submitted with the following file extensions: .wmv, .mov, .qt, .mpg, .mpeg, .mp4. Video files should also be formatted with a 320 X 240 pixel minimum screen size. For more information, please review LWW's requirements for submitting supplemental digital content: http://links.lww.com/A142.

Supplemental Digital Content: Citing in Text & Master List Compilation

Cite all supplemental digital content consecutively in the text. Citations should: include the type of material submitted, be clearly labeled as "Supplemental Digital Content," include a sequential number, and provide a brief description of the supplemental content. Audio and video citations should also include the length and size of the file.

The last page of your manuscript, immediately following your listing of references, should be a listing of all of your SDC in-text citations, in the order in which they were cited in text. The SDC citation page must be numbered to match the citations from the text. Include a title and a brief summary of the content. For audio and video files, also include the author name, videographer, participants, length (minutes), and size (MB).

Please follow the format below for SDC citation in text and on the citation summary page at the end of your reference list. This is so production staff can then slot the URL they create with the SDC file into the article. The legend citation page at the end of the text is so production can easily see how many SDC items to look for in the text. They will remove the legend before publication, it is only there as a marker for your office and production.

Example of text citation of SDC

"The initial equipment purchase included portable ceiling lifts in 10 departments, floor-based lifts, and lateral transfer devices for all patient care departments…. Lift team job responsibilities included transfer of patients in and out of bed, repositioning heavy patients, lateral transfers, and floor transfers (**See Video, Supplemental Digital Content 1**, which shows lift team staff using the portable ceiling mounted lift, 5 minutes, 10MB). The lift team members were required to use patient lifting equipment when appropriate and were responsible for the evaluation, maintenance, cleaning, and inventory of all patient lifting/transfer equipment…"

Example of Master List Compilation of all SDC citations at end of manuscript

Video, Supplemental Digital Content 1, which shows the lift team staff using the portable ceiling mounted lift

- Author: Alice Smith
- Videographer: Jane Denholm
- Participants: Members of the hospital lift team
- Length: 5 minutes
- Size: 10MB

References

DO NOT USE ENDNOTES (OR SIMILAR PROGRAM) TO FORMAT YOUR REFERENCES. REFERENCE NUMBERS IN TEXT AND THE ENTIRE REFERENCE LISTING MUST BE IN NORMAL TYPE AND MANUALLY ENTERED. DO NOT USE SUPERSCRIPT.

References are double-spaced and placed at the end of the manuscript file. References are cited consecutively by number and listed in citation order in the reference list. Whenever a reference is repeated in text, it uses the same reference number each time. Journal titles should be abbreviated in the reference listing according to *Index Medicus* style. If not listed in *Index Medicus*, journal titles should be spelled out.

Here are some examples of correctly styled reference entries.

Journals: Author, article title, journal, year, volume, inclusive pages.

Doe J. Allied medical education. *JAMA*. 1975;23:170-184.
Doe J. Drug use during high school. *Am J Public Health*. 1976;64(5):12-22.

Books: Author, book title, place of publication, publisher, year.

Farber SD. Neurorehabilitation: A Multisensory Approach. Philadelphia, Pa: Saunders; 1982.

Winawar S, Lipkin M. Proliferative abnormalities in the gastrointestinal tract. In: Card WI, Creamer B, eds. *Modern Trends in Gastroenterology*. 4th ed. London, England: Butterworth & Co; 1970.

For multiple authors in journals and books:

- If six or fewer, list all authors
- If more than six, list the first three followed by et al.

Please see http://libguides.hsl.washington.edu/content.php?pid=273430&sid=2254151 and http://libguides.hsl.washington.edu/content.php?pid=273430&sid=2254152 for print and electronic reference citation examples, respectively.

Permissions

If applicable and your paper is accepted for publication, obtain and submit copies of written permission from copyright holders of reprinted material used in the manuscript. Where permission to reprint has been granted to use copyrighted material, the author should inform the editorial office of any special wording stipulated by the grantor.

If applicable and your paper is accepted for publication, obtain and submit copies of written permission from 1) persons mentioned in the acknowledgment or narrative, acknowledging that they have seen the use of their name in the manuscript and approve it and 2) the appropriate administrator of institutions mentioned by name in the narrative, acknowledging that they have seen

the use of their institution's name in the manuscript and approve it. A "Consent to Acknowledge" form is available on the home page under "Files and Resources."

For permission and/or rights to use content for which the copyright holder is LWW, please go to the journal's website and after clicking on the relevant article, click on the "Request Permissions" link under the "Article Tools" box that appears on the right side of the page. Alternatively, send an e-mail to customercare@copyright.com.

For Translation Rights & Licensing queries, contact Silvia Serra, Translations Rights, Licensing & Permissions Manager, Wolters Kluwer Health (Medical Research) Ltd, 250 Waterloo Road, London SE1 8RD, UK. Phone: +44 (0) 207 981 0600. E-mail: silvia.serra@wolterskluwer.com

For Special Projects and Reprints (U.S./Canada), contact Alan Moore, Director of Sales, Lippincott Williams & Wilkins, Two Commerce Square, 2001 Market Street, Philadelphia, PA 19103. Phone: 215-521-8638. E-mail: alan.moore@wolterskluwer.com

For Special Projects and Reprints (non-U.S./Canada), contact Silvia Serra, Translations Rights, Licensing & Permissions Manager, Wolters Kluwer Health (Medical Research) Ltd, 250 Waterloo Road, London SE1 8RD, UK. Phone: +44 (0) 207 981 0600. E-mail: silvia.serra@wolterskluwer.com

Initial Online Manuscript Submission

Manuscript must be submitted electronically through our Web-based Editorial Manager system, http://JONA.EdMgr.com/.

After registering as an author, login into http://JONA.EdMgr.com/, select "Submit a New Manuscript." You will then:

1. Enter the title of your manuscript.
2. Select an "article type" from the drop down menu.
3. Add information about the author(s) of the paper.
4. Enter a few key words that describe your manuscript's content.
5. Select your document's classifications from a list of possible content descriptors. Make sure you first select the main heading you want, then select various sub-topics within that main heading.
6. Enter your comments to the editor in a dialogue box, mentioning any prior query you may have had with the editor.
7. Attach your various individual files containing elements of your entire manuscript. No file should contain information found in any other file:
    - 1 page Word file - Title/author bio page
    - Word file containing text of manuscript, starting with the abstract and ending with the references
    - As many individual files as necessary, each containing 1 table or figure

When all files are attached, the system will prompt you to complete a process that submits your manuscript to the editorial office. You will receive an e-mail to let you know the journal office received your manuscript. After the review process, you will receive an e-mail letting you know the final disposition of your manuscript.

You may check the status of your manuscript at any time by logging in at http://JONA.EdMgr.com/. Select "Submissions Being Processed."

If at any time during this process you should have questions, please email JONAEditor@gmail.com.

Conflicts of Interest

Authors must state all possible conflicts of interest in the manuscript, including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this must be explicitly stated as none declared. All sources of funding should be acknowledged in the manuscript. All relevant conflicts of interest and sources of funding related to the work and/or subject discussed in the manuscript, should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding:". For example:

Conflicts of Interest and Source of Funding: Author A received an honoraria from Company Z. Author B is currently receiving a grant (#12345) from Organization Y and is on the speaker's bureau and advisor board for Organization X – the CEU providers for Company A. For the remaining authors none were declared.

In addition, each author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/update.html). The form is readily available on the manuscript submission page (http://JONA.EdMgr.com/) and can be completed and submitted electronically. Please note that authors may sign the copyright transfer agreement form electronically. For additional information about electronically signing this form, go to http://links.lww.com/ZUAT/A106.

Compliance with NIH and Other Research Funding Agency Accessibility Requirements

A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, LWW will identify to the National Library of Medicine (NLM) articles that require deposit and will transmit the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The revised Copyright Transfer Agreement provides the mechanism.

Open Access

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer review and acceptance process. These articles are subject to the journal's standard peer-review process and will be accepted or rejected based on their own merit.

The article processing charge (APC) is charged on acceptance of the article and should be paid within 30 days by the author, funding agency or institution. Payment must be processed for the article to be published open access. For a list of journals and pricing please visit our Wolters Kluwer Open Health Journals page.

Authors retain copyright

Authors retain their copyright for all articles they opt to publish open access. Authors grant Wolters Kluwer an exclusive license to publish the article and the article is made available under the terms of a Creative Commons user license. Please visit our Open Access Publication Process page for more information.

Creative Commons license

Open access articles are freely available to read, download and share from the time of publication under the terms of the Creative Commons License Attribution-NonCommerical No Derivative (CC BY-NC-ND) license. This license does not permit reuse for any commercial purposes nor does it cover the reuse or modification of individual elements of the work (such as figures, tables, etc.) in the creation of derivative works without specific permission.

Compliance with funder mandated open access policies

An author whose work is funded by an organization that mandates the use of the Creative Commons Attribution (CC BY) license is able to meet that requirement through the available open access license for approved funders. Information about the approved funders can be found here: http://www.wkopenhealth.com/inst-fund.php

FAQ for open access

http://www.wkopenhealth.com/openaccessfaq.php

Appendix X

Draft Manuscript prepared in accordance with instructions for submission to

Journal of Nursing Administration

A Stakeholder Evaluation of an RN to BSN Academic Progression Program

University of Virginia School of Nursing

Mary Dixon DNP, RN, NEA-BC

Kenneth R. White PhD, PhD, AGACNP, ACHPN, FACHE, FAAN

Regina DeGennaro DNP, RN, CNS, AOCN, CNL

Tomeka Dowling DNP, RN

Katrina Debnam PhD, MPH

Ivora Hinton PhD

Abstract

Objective: The purpose of this study was to evaluate programmatic elements and identify improvements supporting baccalaureate attainment by employed associate degree and diploma nurses, employing a stakeholder approach.

Background: Studies have demonstrated higher percentages of baccalaureate-prepared nurses improve clinical outcomes. Since 2013, the study setting had an RN to BSN requirement with a concomitant investment in an academic support program. A program evaluation need was identified.

Methods: The Center for Disease Control and Prevention (CDC) Framework for Program Evaluation was used. A mixed methods approach was orchestrated by a highly engaged stakeholder team to explore use and importance of programmatic elements, and motivators and barriers for BSN degree attainment.

Results: The survey revealed significant association between BSN degree attainment and financial assistance, and the perceived importance of financial assistance and education fairs. Focus groups corroborated the survey findings.

Conclusions: Identifying useful and important organizational strategies and benefits is effective in facilitating RN to BSN academic progression. The CDC Program Evaluation Framework and stakeholder engagement are useful tools for nurse executives to achieve increased numbers of baccalaureate-prepared nurses.

Keywords: RN to BSN program, program evaluation, academic progression, Bachelor of Science in Nursing, Baccalaureate-prepared RN.

The Institute of Medicine's 2010 report, *The Future of Nursing: Leading Change, Advancing Health* raised the bar for nursing education and practice by challenging health systems, educational institutions and the nursing profession to support the attainment of a bachelor of science in nursing (BSN) degree for 80% of practicing registered nurses (RNs) by 2020.[1] The IOM goal was supported by evidence that links a highly educated nursing workforce with improved clinical, organizational, and economic outcomes.[2-7] The American Association of Colleges of Nursing issued a call to action for employers to create healthy work environments supporting professional development, academic progression and role expansion[8] and the American Nurses Credentialing Center embraced this goal by including standards of baccalaureate preparation within the Magnet Recognition Program® .[9]

The 21st century RN is required to have advanced knowledge, apply critical thinking skills, be clinically competent and proficient, and develop and possess financial acumen, technological savvy, interprofessional collaborations, performance improvement skills, and leadership. Other contributing factors to the ever-expanding role of the professional RN are expectations that include: caring for patients with more complex, serious illnesses and increasing numbers of co-morbidities requiring complex treatment modalities, shorter hospitalizations for patients with a greater emphasis on shifting care across the delivery continuum, increasing demand for knowledge about clinical technologies to support care delivery, changing financial reimbursement models focused on patient outcomes and satisfaction, and ensuring health equity to eliminate health disparities.[10] Unfortunately, even with the 2010 IOM directive[1], the national average of baccalaureate-prepared nurses only increased from 49% in 2010 to 56% in April

2019.[11] The national strategy of RN to BSN academic progression is of paramount importance in achieving 80% baccalaureate preparation of nurses.

Studies and reports from the academic and legislative perspective showed actions being taken for RN to BSN academic progression from 2010 to 2020.[12-18] However, during this same time period, a limited number of studies have been published on health care organizations' strategic initiatives and their nursing school partnerships to influence RN to BSN academic progression. These organizational studies revealed several major themes including: attitudes and beliefs of non-BSN RNs,[19,20] professional growth and development,[21] organizational support for nursing advancement,[22] motivators and barriers,[23-27] leadership engagement,[28] and chief nurse executive (CNE) leadership drivers.[29] CNE organizational drivers include the impact on clinical and financial outcomes.[5,7] The most salient of the research points to the linkage of care delivery by baccalaureate-prepared RNs for improving patient outcomes and the necessity to reinforce the "why" of academic progression to RNs and organizational leaders; the importance of customizing the use, recognition and rewards for baccalaureate-prepared RNs within organizations; and last, the accountability a CNE has for removing barriers for nurses in RN to BSN academic progression.

The responsibility and motivation for RN to BSN academic progression rests with the individual; however, the organization in which these nurses practice also has a stake in partnering for degree attainment as the evidence on clinical and financial outcomes support. Hospitals and health systems pursuing Magnet® designation or re-designation must demonstrate increasing BSN rates

within their organizations in order to be considered for these distinctions by the American Nurses Credentialing Center (ANCC).[9] Chief Nursing Executives (CNEs) must be transformational leaders in achieving a percentage of at least 80% baccalaureate-prepared RNs and ultimately enhancing patient safety, clinical quality and organizational outcomes.

This study focused on a Magnet©-designated academic medical center's (AMC) RN to BSN Academic Progression program, which launched in 2013, and its strong partnership with its university's School of Nursing (SON). The organization has been committed to increasing the percentage of baccalaureate-prepared nurses and initiated the RN to BSN Academic Progression Program as a tactic for hiring nurses with associate and diploma nursing degrees and still achieve the 80% baccalaureate-preparation goal. The purpose of this research was the completion of a formal stakeholder evaluation of the AMC's RN to BSN academic progression to enhance its program and add to the body of knowledge on effective strategies to increase percentages of baccalaureate-prepared nurses within a health care setting. The primary research question was: What elements of an Academic Progression Program in the study organization contribute to increasing the percentage of baccalaureate-prepared RNs?

Methods

Setting, Procedures, and Participants

This study was conducted at an AMC located in the Mid-Atlantic region of the United States. It is accredited by The Joint Commission, holds the top ranking in its state by US News and World

Report, and has been Magnet©-designated since 2016. The AMC has approximately 3000 employed nurses with 80% who are baccalaureate-prepared as of 2021.

The US Department of Health and Human Services (USDHHS) Center for Disease Control and Prevention's (CDC) Six Step Program Evaluation Framework guided this program evaluation project (USDHHS, 2011).[30] A stakeholder team was created for this project (Step 1) and consisted of the Chief Nurse Executive as the team leader and ten professionals to including baccalaureate-prepared RNs from academic progression, nurse researchers, AMC nursing leaders, School of Nursing faculty and an executive representative from Human Resources. The stakeholder team during the course of the project created a logic model for the program (Step 2) (Table 1). The logic model served as the roadmap for developing the evaluation plan (Step 3), gathering credible evidence using a mixed methods approach (Step 4), justifying conclusions and recommendations for on-going improvement (Step 5), and disseminating learnings through the use of an executive summary and presentations (Step 6). Approval for this study was obtained from the organization's Institutional Review Board for Social and Behavioral Sciences for all facets of the study with appropriate informed consent of participants.

The participants in this study were associate degree nurses (ADNs) and diploma RNs who had been hired since 2013 with a five-year BSN degree requirement. At the time of the study, there were 538 RNs at different stages of degree attainment and 140 of these clinicians had achieved baccalaureate degrees; a total of 727 ADN and diploma nurses had been hired since 2013.

Measures

The stakeholder team in Step 3 designed a mixed methods approach to answer the research questions using an on-line survey and focus groups. The team recognized the results of the survey (the quantitative research) would capture only part of the story on the lived experiences of nurses in the RN to BSN program and were compelled to include focus groups. The stakeholder team harvested thorough and accurate statements from the focus group participants, which added to the rigor of the qualitative research and project. Using the Greene model of stakeholder engagement,[31] the team acknowledged the value when conclusions are reached that reflect and integrate the findings of both quantitative and qualitative methods.

The on-line survey was developed by the stakeholder team to study the use and importance of programmatic elements, and motivators and barriers for academic progression. The survey consisted of 15 questions: eight questions addressed the use of this AMC's elements for academic progression and their perceived importance using a 5-point Likert scale (1 = not at all important, 2 = slightly important, 3 = neutral, 4 = moderately important, 5 = extremely important). The program elements included: a milestone tool, RN manager checkpoints, educational assistance benefits, mentorship program, annual nursing scholarship, flexible work scheduling, the internal academic progression website, educational fairs, and waiver or extension to the milestone plan. There were five questions specific to promotion, professional development and salary increase and the impact of these on enrolling in academic progression and attaining the BSN degree using a similar 5-point Likert scale. Additional comments and reflections were collected through 2 open-ended questions at the end of the survey. The survey was sent electronically with links, using a group email address to ensure participant anonymity and

eliminate any perception of coercion by the Chief Nursing Executive as team leader and principal investigator. A total of 3 requests were emailed during November and December 2020.

The focus groups were conducted to explore the lived experiences of RNs who had completed baccalaureate degrees for RN to BSN advancement. The focus groups utilized specific questions on motivators and barriers for academic progression, and the value and expectations for baccalaureate preparation. Permission was obtained from the principal investigator of the Duffy et al. (2014) study[22] to utilize their nine questions and format; content validity was determined. An invitation to participate was posted in the AMC's weekly nursing electronic communication with a plan of three two-hour sessions and six participants in each session. Participant anonymity was preserved. The sessions were conducted by two stakeholder team members skilled in group facilitation and research and held via video-conferencing due to research meeting COVID-19 restrictions. The nursing retention coordinator led the discussions to eliminate any perception of coercion.

Analysis

The stakeholder team used standard descriptive summary statistics to examine sample characteristics for the survey and the focus groups (Table 1). For the survey, Chi-square and Mann-Whitney U tests were run to tabulate the use and importance of academic progression elements and motivators and barriers for baccalaureate achievement. Analyses were performed using SPSS 26 (IBM, 2019). $P < 0.5$ was considered statistically significant. For the focus groups, participant responses were recorded and transcribed using WebEx; the stakeholder team

used the Dedoose platform (Dedoose, 2009) for analyzing patterns of responses, coding the data and identification of themes. The stakeholder team reviewed all responses and systematically developed consensus on the themes and thematic analysis.

The Cronbach's alpha was very low for the items that identified the elements used during the course of the BSN degree completion (alpha = .309). These results indicate that respondents did not answer all of the items the same way. In future studies, the items with the weakest relationships should be eliminated from the scale. For the importance of the elements used (alpha = .893) and the importance of elements related to communication (alpha = .912), the Cronbach's alphas showed good to excellent reliability.

Results

Demographic Characteristics

The web-based questionnaire was opened and demographic data entered by 188 participants; due to a coding error (36) and respondent missing data (15), only 137 participants completed the survey (25%). The focus groups had 14 nurse participants who also completed the survey. The participants in the survey were predominantly in the 31-40 age range (29.2%), female (84.1%), and White, European, Middle Eastern or North African (77.9%). Ninety percent of the RN participants were informed of the five-year baccalaureate requirement upon hire, the majority were in practice for less than 1-5 years (45.1%) and practiced in the inpatient setting (43.1%). The demographic data from the focus groups revealed similar findings. (Table 2).

Of the respondents who completed the survey and those who did not, the only statistically significant relationship was in the year hired data. Of those who were hired in 2013-2017, over 83% completed the full survey, but of those who were hired in 2018-2020, only 60% completed the full survey. All other characteristics were not statistically significant.

Quantitative Results from the Survey

To answer the research question, a survey was devised by the stakeholder team to pose 3 questions on the use of the organization's RN to BSN academic progression elements, their perceived importance, and motivators and barriers for degree pursuit and attainment.

Facilitators of Academic Progression

The question posed was: Is there a relationship between Academic Progression Program elements that were used by the participants and completion of the BSN degree? Since the data for the question was nominal, a Chi-square test for independence (with Yates continuity correction for all but two elements that violated five cell minimum) was used and indicated a significant association between degree completion and use of education assistance benefits, x^2 (df 1, N = 137) = 4.03, $p < .05$. There were no other program elements associated with degree completion. Two elements (education fairs and extension plan) violated the expected frequency of five cases/cell. Fisher's Exact Test was used for these elements, but no significant association was revealed.

Perceived Importance of Academic Progression

The Question posed was: Is there a difference in terms of achieving the BSN degree and the perceived importance of Academic Progression Program elements? The Mann-Whitney U Test was used for this question since our data was not normally distributed. The test revealed a significant difference ($U(N_{no\ BSN}=64, N_{BSN}= 58) = 2189.00$, z= 2.39, r= .22, $p < .05$) in perceived importance of education benefits between those who had achieved a BSN (mean = 67.24, n = 58), and those who had not achieved the degree (mean = 56.30, n = 64), and a significant difference ($U(N_{no\ BSN}=50, N_{BSN}=44) =1362.5$, z= 2.125, r= .22, $p < .05$) in perceived importance of education fairs between those who had achieved a BSN (mean = 53.47, n = 44), and those who had not achieved the degree (mean = 42.25, n = 50). In both tests, the effect was small.

Motivators for Academic Progression

The survey tool asked three specific questions regarding salary increase, professional development and clinical ladder promotion as motivators and barriers for degree pursuit.

A Mann-Whitney U Test revealed no significant difference between enrollment in a baccalaureate program and promotion opportunity on the clinical ladder, influence of a professional development goal on performance appraisal, or salary increase upon degree completion.

The stakeholder team, in reviewing these results for this question, was interested in reviewing these motivators and barriers for those RNs who had achieved their BSN degree. A Mann-Whitney U Test revealed a significant difference ($U(N_{no\ BSN}=71, N_{BSN}=64) =2707.5$, z=1.97,

r=.11, p ≤ .05) between influence of salary increase for degree completion and degree achievement (median = 4.0, n = 64) or not achieved degree (median = 3.0, n = 71). It is important to note the effect of salary increase on degree achievement is small. There was no significant difference between degree achievement and promotion opportunity on the clinical ladder or influence of a professional development goal on performance appraisal.

The survey data identified a limited number of programmatic elements that revealed statistical significance for degree completion to include use of educational assistance (p = .03), perceived importance of this education assistance (p = .02) and education fairs (.03), and salary increase (p ≤ .05). The results of the focus groups validated these findings.

Qualitative Results from the Focus Groups

The participants in the focus groups were eager to share their lived experiences of BSN degree attainment. The stakeholder team analyzed every comment and validated how the comments were coded. Four themes emerged from the focus group participant responses: (1). value, (2). support, (3). finance and technology resources, and (4). resilience.

Value

The first theme was the value of the baccalaureate degree to self, to patient, to organization, to community and how attaining the baccalaureate degree impacted all these constituents. These respondent comments capture the discussions on value:

"*I feel like it made me stronger in the understanding of not just the health effects of everything, but the whole, the patient and the whole, the hospital system as a whole, research as a whole and how all of that ties together."*

"I would agree with the value of the love for learning and just continuing with that and also with the opening doors."

"I think it adds value, regardless of whether you're in your twenties or your forties or your fifties and sixties. It does give you exposure to a broader base of knowledge and experience, which is always good for anybody."

Support

The second theme identified was support from others (from family, manager, peers, "counselor" concept, BSN Program). The pendulum on support swung from one extreme to the other and included emotional, physical, flexible scheduling, time-management, curriculum-balancing, reward and recognition. The participants in each focus group session reflected on how invaluable support was in the various forms for degree attainment. These participant responses accentuate this necessity:

"I really didn't feel like anyone cared that I was working so hard to graduate, and then that I felt like everything was a fight including fighting to get tuition reimbursement."

"Scheduling was really hard when I've had things due, that's when I seem to always have to work or things like that. I had to learn to juggle a lot of school work and also have children."

"If the medical center did something to really celebrate and lift up people that completed that process. I think it, would be very meaningful and others would see, like, oh, this is celebrated - this is recognized. This is a big deal. It might be a motivator factor for the future RN to BSN students. We need to celebrate more accomplishments of our nurses that are here to maybe help with better recruitment and retention."

"The whole world is suffering with COVID. And the teachers are so meticulous with the citation it was very ridiculous to me. We are struggling, my brother is suffering in Newark and my in laws are suffering. We are worried and stressed, and we are still following the course curriculum, et cetera. Teachers should understand the whole picture…the teacher is safe, within four walls, and should understand in a very empathetic how employed students are feeling."

Finance and technology resources

The third theme to surface was finance and technology support resources. Financial assistance doesn't cover all the known of hidden costs with returning to school and for many nurses, balancing this with other family expenses can be a struggle. Many of the programs attended by RN to BSN nurses are hybrid or all on-line models of study and utilize different technologies, navigation tools and lab programs. These participant comments are reflective of these challenges:

> *"I'm also the head of household financially for my family and so it was a stressor on top of balancing work and school to worry about the financial aspect. So, that was definitely my biggest challenge throughout the program."*

> *"There were resources through the school but they were all online and remote. There was never an actual person and having been out of school at that point for 35 years, having never used a computer for school, writing papers in APA format was terrifying and horrific at first."*

Resilience

The fourth theme that emerged was the need for personal and professional resilience. In the focus groups, none of the participants used the word "resilience" in their responses but their statements reflected how important resiliency is through the academic journey. The stakeholder team

captured several specific responses under this theme “need for resilience” in the words of respondents:

> *“When I started my RN to BSN, my youngest daughter was one year old, and so a part of me was like, oh, I can do that because when I started my associates nursing program, I had a four month old. So I was like, I could survive that, I can survive anything, but it definitely was a struggle to try to figure out how to balance that and structure my time and be very thoughtful and I love to procrastinate and I love to stay up the night before I'm writing a paper, which I knew it was terrible.”*

> *“I did it not because it was a requirement, but because it was something that I worked hard for, and I overcame so many things to get it accomplished.”*

> *“For me, it was my own personal timeline of growth. It took me ten years to get this bachelors because life happens. And I went from working in a nursing home to now working at the number one hospital in my state and you know, I'm able to overcome all of these hurdles that just keep coming up in your life and, now there's even more opportunity because I have my bachelor, so I can go on to get.”*

These statements reflect tremendous resilience in overcoming barriers and staying true to the goal of BSN attainment.

Discussion

Choosing the right talent and balance of practice and academia for the stakeholder team was essential for this project success. These team members demonstrated subject matter expertise, involvement in aspects of academic progression, and commitment to being change agents using program evaluation evidence. Collaborating with two frontline team members who completed the BSN requirement through academic progression added further insight when developing the evaluation plan and analyzing participation rates and data. An observation from one of these direct care nurses was the importance of having messages about the project being delivered on different days from organizational announcements. The collaboration of the SON faculty with the Medical Center nursing leaders in the study strengthened the study design and outcome analysis.

The decision of the stakeholder team to utilize a mixed methods approach was critical for completing a thorough evaluation on the effectiveness of this AMC's strategic initiatives (program elements) for RN to BSN academic progression. The richness of participant comments in the focus groups and the survey added to a better understanding of the lived experiences of RNs pursuing a baccalaureate degree, This organization remains committed to maintaining the RN to BSN program and the developed resources including education assistance benefits, a milestone plan tool, RN manager checkpoints, RN to BSN mentorship program, annual nursing scholarship, flexible work scheduling, the internal academic progression website, educational fairs, and waiver or extension to the milestone plan. The study's findings were consistent with the identified themes from the literature on motivators and barriers for academic progression as previously described, and highlight the importance of knowing academic, employer and

individual level motivators and barriers for on-going programmatic improvement for baccalaureate achievement.

An important learning outcome for the stakeholder team was the lack of awareness of the nurses in RN to BSN academic progression on the developed resources to support them in degree attainment. This important finding has many implications for CNEs, nursing leadership, and human resource leaders overseeing employee benefits. Initiatives for reinforcing available resources and ready access to these resources, enhancing financial assistance, providing educational fairs both in person and on-demand, and encouraging participation in the RN to BSN mentorship program are underway. Ensuring that resources are known and utilized impacts the organization not only from an efficiency-cost perspective but more importantly with increasing the percentage of baccalaureate-prepared nurses within practice settings.

The knowledge and use of all program elements and resources aid the nurse advancing from RN to BSN in all stages of their academic journey. The stakeholder team, in analyzing the comments from focus group participants, identified three stages of baccalaureate degree pursuit: getting started, getting through the program of study, and getting recognized at degree attainment (Table 2).

The outcome of this study reflects the need to further develop nurse managers on their important role in supporting academic progression and reinforced the importance of having an HR organizational development leader as a member of the stakeholder team. The manager's ability

to support and coach, and provide opportunities for flexible, creative scheduling contributes to the RN's confidence and success in balancing work, school and family life. The manager serves as the linchpin for recognition and celebration at the unit level for baccalaureate achievement. The comments from the focus group participants reinforce the findings of Phifer et al. (2018)[28] who captured the opportunity nurse leaders have in impacting personal confidence and readiness for academic progression through meaningful, respectful dialogue. Winokur et al. (2015)[24] identified that the highest motivator for returning to school was support from other nursing colleagues at all levels within the hospital (70% of participants); this reinforces the nurse manager's influence and responsibility in providing support and coaching.

The thematic analysis completed as part of this scholarly project was compared to the results of the Duffy et al. (2014) study.[22] In the original study, the major themes identified by those authors included sacrifices, barriers/challenges, incentives/supports and value. The findings of the thematic analysis of this programmatic evaluation were consistent with that of Duffy et al. (2014)[22] and categorized using different headings and the phases of degree pursuit. This is an important finding which increases the reliability and validity of research integrity.

During the time of this AMC's program evaluation, results of a statewide survey of barriers and supports for RN to BSN program enrollment was published in the *Virginia Nurses Today* (2020).[12] This Virginia study validated the findings of this program evaluation with the need for innovative and collaborative partnerships between practice and academia, the need for organizations to explore new strategies for supporting RNs in academic progression (to include

advising and career coaching), and the importance of baccalaureate preparation for achieving the best patient outcomes. The stakeholder team is interested in the "counselor" concept that emerged in the focus group discussions, accordant with the Wilson et al. (2021) article,[12] and plans to explore opportunities for operationalizing this with the resources already available.

Limitations

The significant limitation of this study design was its timing that impacted the sample size for both the survey and focus groups; these were held during the period of highest COVID-19 volumes in the inpatient setting for this AMC and resulting nurse staffing challenges. The on-line survey was conducted during the major holiday season and announcements regarding the survey came out on the same days as other important organizational announcements. The organization started COVID-19 vaccinations using RN volunteers from all practice settings during the survey time period which contributed to competing priorities and may have impacted the participation rate for the survey.

This program evaluation had not been formally conducted before and the on-line survey developed by the stakeholder team had not been previously validated. Individual items were chosen based on the AMC's program elements and findings from other published studies.

This study did not examine cost implications for this AMC's RN to BSN Academic Progression Program. Looking at the financial return on investment should be completed as another aspect of the CDC Framework for Program Evaluations.[30]

Conclusions

The study validates the importance of on-going program evaluation to ensure its elements are meeting the needs of the nurse pursuing the baccalaureate degree, and of the organization for achieving and sustaining 80% of its nursing workforce being baccalaureate-prepared. The results contributed to organizational knowledge and evidence-based practice. The study corroborated the published evidence on motivators and barriers to academic progression. Integrating findings from quantitative and qualitative data collection added to the strength of the evaluation conclusions and recommendations. Strong partnerships between practice and academia are important in meeting the IOM's 2010 recommendation of higher percentages of baccalaureate-prepared RNs for improving clinical and organizational outcomes. Additionally, it confirmed the value of stakeholder and CNE collaboration for effecting change and programmatic improvement.

Acknowledgments: The authors thank the members of the stakeholder team for their commitment to RN to BSN academic progression and ongoing programmatic improvements: Kimberly Campagna, Autumn Crawford, Susan Galloway, Luella Glanzer, Jennifer T. Hall, Holly Hintz, John Lew and Elizabeth Miller-Davis.

References

1. Institute of Medicine. (2010). *The future of nursing, leading change, advancing health*. National Academies Press.
2. Aiken, L.H., Sloane, D., Griffiths, P., Rafferty, A.M., Bruyneel, L., McHugh, M., Maier, C.B., Moreno-Casbas, T., Ball, J.E., Ausserhofer, D., & Sermeus, W. (2017). Nursing skill mix in European hospitals: association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety, 26*(7), 559-568.
3. Aiken, L.H., Clare, S.P., Sloane, D.M., Lake, E.T. & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration, 38*(5), 223-229.
4. Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M. & Silber, J.H. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association, 290*(12), 1617-1623.
5. Aiken, L.H., Cimiotti, J.P., Sloan, D.M., Smith, H.L., Flynn, L., & Neff, D.F. (2011). Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Medical Care, 49*(12), 1047-1053.
6. Blegen, M.A., Goode, C.J., Park, S.H., Vaughn, T. & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration, 42*(2)89-94.
7. Yakusheva, O., Lindrooth, R., & Weiss, M. (2014). Economic evaluation of the 80% baccalaureate nurse workforce recommendation, a patient-level analysis. *Medical Care, 52*(10): 864-869.

8. American Association of Colleges of Nursing. (2014). Fact sheet: the impact of education on nursing practice. Retrieved from http://www.aacn.nche.edu/media:relations/fact-sheets/impaction-of-education.

9. Magnet Recognition Program® Overview. (2013). American Nurses Credentialing Center. http://www.nursecreentialing.org/Magnet/ProgramOverview.

10. Healthy People 2020 Website. https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People 2030/Framework.

11. American Association of Colleges of Nursing. (2019). Fact sheet: the impact of education on nursing practice. https://www.aacnnursing.org/Portals/42/News/Factsheets/Education-Impact-Fact-Sheet.pdf

12. Wilson, V., Lockhart, & E. Carter, K. (2020). A statewide survey of barriers and supports for RN-BSN program enrollment. *Virginia Nurses Today*, *24*(4), 14-17.

13. Newland, A. (2018). BSN in 10: it's the law. *The Nurse Practitioner*, *43*(2), 6.

14. New Jersey S 803, BSN in 10. (2018). *The New Jersey Hospital Association*.

15. Close, L., and Orlowski, C. (2015). Advancing associate degree in nursing-to-baccalaureate degree in nursing academic progression: the California collaborative model for nursing education. *Journal of Nursing Education, 54*(12), 683-688.

16. Schuler, M.E., Johnson, M.P., Stallings, K.D., & Li, Y. (2017). Chief nursing officer survey: BSN and higher degree initiatives in North Carolina. *Nursing Education Perspectives, 38*(5), 8-12.

17. APIN Final Program Summary and Outcomes. (2017). *National Education Progression in Nursing*. https://nepincollaborative.org/apin-final-program-summary-outcomes

18. Davidson, S.C., Metzger, R.L., & Finley, S. (2014). Comparison of hybrid and completely online RN-to-BSN curricula: aspects of program structure that lead to success. *The Journal of Continuing Education in Nursing, 45*(5), 219-233.

19. Orsolini-Hain, L. (2012). Mixed messages: hospital practices that serve as disincentives for associate degree-prepared nurses to return to school. *Nursing Outlook, 60(2)*, 81-90.

20. Baur, K., Moore, B., & Wendler, C.M. (2017). Influencing commitment to BSN completion; a pilot project using motivational interviewing. *Journal of Nursing Administration, 47*(3), 172-178.

21. Reese, C.E., Ruppel, K.J., Matulis, B., & Wendler, C.M. (2018). "I am surprised at the change in me": what is it like for nurses to be in the process of completing a baccalaureate degree in nursing. *The Journal of Continuing Education in Nursing, 49*(7), 307-314.

22. Duffy, M.T., Friesen, M.A., Speroni, K.G., Swengros, D., Shanks, L.A., Waiter, P.A., & Sheridan, M.J. (2014). BSN completion barriers, challenges, incentives and strategies. *Journal of Nursing Administration, 44*(4), 232-236.

23. Romp, C.R., Kiehl, E.M., Bickett, A., Bledsoe, S.F., Brown, D.S., Eitel, S.B., & Wall, M.P. (2014). Motivators and barriers to returning to school: RN to BSN. *Journal for Nurses in Professional Development, 30*(2), 83-86.

24. Winokur, E.J., Rutledge, D.N., & Hayes, A. (2015). Magnet® facility nurses: pursuing a baccalaureate degree in nursing. *Journal of Professional Nursing, 32*(4), 283-291.

25. Warshawsky, N.E., Brandford, A., Barnum, N. & Westneat, S. (2015). Achieving 80% BSN by 2020, lessons learned from Kentucky's registered nurses. *Journal of Nursing Administration, 45*(9), 449 – 456.

26. Gillespie, A.B., and Langston, N. (2014). Inspiration for aspirations: Virginia nurse insights about BSN progression. *Journal of Professional Nursing, 30*(5), 418-425.

27. Sarver, W., Cichra, N., & Kline, M. (2015). Perceived benefits, motivators, and barriers to advancing nurse education: removing barriers to improve success. *Nursing Education Perspectives, 36*(3), 153-156.

28. Phifer, L., Robeano, K., Ivey, A., & Blood-Siegfried, J. (2018). Using motivational interviewing to impact readiness of RNs to return to the classroom. *Journal of Nursing Administration, 48*(6), 349-351.

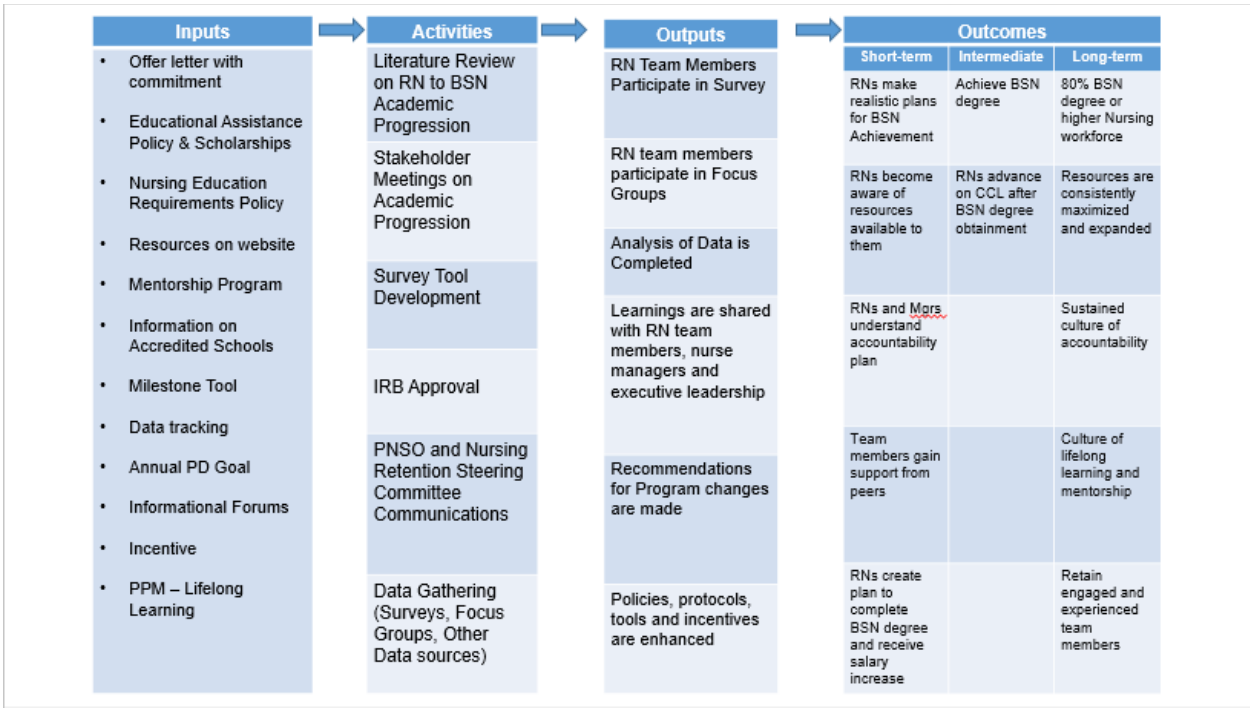
29. Warshawsky, N.E., Wiggins, A.T., Lake, S.W. & Velasquez, C. (2015). Achieving 80% BSN by 2020, chief nurse executive role and ANCC influence. *Journal of Nursing Administration, 45*(11): 582-588.

30. US Department of Health and Human Services. (2011). Introduction to program evaluation for public health programs: a self-study guide. *Centers for Disease Control and Prevention*.

31. Greene, J.C. (2005). Context. In S. Mathison (Ed.), *Encyclopedia of evaluation*. Sage, (pp.82-84).

Table 1.

Logic Model.



Inputs	Activities	Outputs	Outcomes		
			Short-term	Intermediate	Long-term
• Offer letter with commitment • Educational Assistance Policy & Scholarships • Nursing Education Requirements Policy • Resources on website • Mentorship Program • Information on Accredited Schools • Milestone Tool • Data tracking • Annual PD Goal • Informational Forums • Incentive • PPM – Lifelong Learning	Literature Review on RN to BSN Academic Progression	RN Team Members Participate in Survey	RNs make realistic plans for BSN Achievement	Achieve BSN degree	80% BSN degree or higher Nursing workforce
	Stakeholder Meetings on Academic Progression	RN team members participate in Focus Groups	RNs become aware of resources available to them	RNs advance on CCL after BSN degree obtainment	Resources are consistently maximized and expanded
	Survey Tool Development	Analysis of Data is Completed			
	IRB Approval	Learnings are shared with RN team members, nurse managers and executive leadership	RNs and Mgrs understand accountability plan		Sustained culture of accountability
	PNSO and Nursing Retention Steering Committee Communications	Recommendations for Program changes are made	Team members gain support from peers		Culture of lifelong learning and mentorship
	Data Gathering (Surveys, Focus Groups, Other Data sources)	Policies, protocols, tools and incentives are enhanced	RNs create plan to complete BSN degree and receive salary increase		Retain engaged and experienced team members

Table 2.

Demographic Characteristics of the RN to BSN Academic Progression Survey Participants

Characteristic	***Focus Groups***		***Survey Group***	
	n	*%*	*n*	*%*
Age (years)				
18-30	0	0.0	33	24.1
31-40	6	42.9	40	29.2
41-50	4	28.6	33	24.1
51+	4	28.6	30	21.9
Not given/unknown	0	0.0	1	0.7
Gender				
Male	1	7.1	13	9.5
Female	13	92.9	122	89.1
Unknown	0	0.0	2	1.5
Race				
Asian/Asian American	0	0.0	2	1.5
White/European/ Middle East or North	10	71.4	108	78.8
Africa Black/African American/African Caribbean	2	14.3	11	8.0
Hispanic/Latina/Latin	1	7.1	6	4.4
Another Race	0	0.0	6	4.4
Not given/unknown	1	7.1	4	2.9
Year of Hire				
2013-2017	12	85.7	86	62.8
2018-2020	2	14.3	51	37.2
Informed of Required BSN				
Yes	12	85.7	128	93.4
No	1	7.1	5	3.6
Do not Recall	1	7.1	2	1.5
Not given/unknown	0	0.0	2	1.5
Years of RN Practice				
<1-5	5	35.7	62	45.3
10-Jun	4	28.6	28	20.4
15-Nov	3	21.4	13	9.5
>15	2	14.3	33	24.1
Not given/unknown	0	0.0	1	0.7
Current Workplace Setting				
Inpatient Care	6	42.9	61	44.5
Outpatient/Ambulatory	5	35.7	49	35.8
Procedural/Perioperative	3	21.4	19	13.9
Other	0	0.0	7	5.1
Not given/unknown	0	0.0	1	0.7

RN = Registered Nurse

BSN = Bachelor of Science in Nursing

Table 3.

Stages of Baccalaureate Pursuit and Perceptions of Participants

Time Period	**Descriptors**
Getting started	-Understanding the vision, the "why" and the benefit to practice -Organizational culture supporting professional development -Personal confidence and self-motivation -"Counselor" advise -Technology tools -Tuition assistance
Getting through the program of study	-Tuition assistance and scholarships -Manager and peer coaching/mentorship -Family support -Technology and library resources -Time management (including flexible work schedule) -Work/life/school balancing strategies
Getting recognized at degree attainment	-Unit/ organizational celebration events -Manager recognition -Salary advance -Broader health care knowledge, skills and leadership