A Gadamerian Phenomenological Study Examining the Meaning of Having a Bachelor's

Degree Expressed by Associate Degree Nurses (ADN) Who Educationally Transitioned

to a Baccalaureate Degree in Nursing (BSN)

A DISSERTATION

SUBMITTED TO THE FACULTY OF THE

UNIVERSITY OF MINNESOTA

BY

Jill Pierpont Sauld

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

Advisor: Dr. Daniel Pesut, PhD

February, 2017

Acknowledgements

This is undeniably the most important section of this dissertation. Without the fusion of horizons I have experienced with each of these individuals, I would not be where I am today.

Craig, you are and always will be my rock. Five and a half years ago I told you I had an idea. You acknowledged I was out of my mind but you stood by my side and let me work through my crazy. Emma and Jake, you have sacrificed the most. You both must know, you are the meaning of my life. I love you with all my heart, to the moon and back, forever and always, and then some…. Mom, (Heidi J. Pierpont), I can only hope I inherited your attentive ears. The number of times you listened to my trials and tribulations, well… I think I can, I think I can, you knew I could. I love you. And thanks to you and Dad, 50 miles per gallon made this endeavor more affordable. It would be remiss of me not to mention the rest of my family. I know everyone has at some point listened to far more than they wanted to about research, nursing, and school. *Love all around*.

Dr. Daniel Pesut, my steadfast advisor, the first words I remember you saying were, "*What I hear you saying is…*" which told me you were listening to *me*. A phrase that said I could walk my own path and express my own ideas, but with you listening, guiding, and supporting. Your leadership role modeling and savvy, calm, communication style have been appreciated beyond words. I can't say enough about your editing skills. I'm sure I have pushed you near your limits. I truly would not have completed this journey without you.

encounters because you were always prepared to offer new avenues for financing my

schooling. Your insights were spot on to help alleviate stress, which I greatly appreciated.

Dr. Frances Lawrenz, I am thankful for your non-nursing expertise. Most of all I am

thankful for one moment, during one class. It was a discussion about different qualitative

methodologies. I provided a textbook definition and you remarked, *"Yes. And that is a*

great book definition, now what do you think in your own words." During my academic

endeavor, pursuing the pinnacle of knowing, a professor who talks the talk, and walks the

walk regarding independent thinking, well, it was refreshing and memorable.

Dr. Kathleen Krichbaum, our exchanges were most certainly a fusion of horizons. I

gained a different perspective on many things. Thank you to all my committee members

for sharing insights, feedback, and knowledge. Dr. Teddie Potter, you are inspiring and

an exemplar. You are a gem in the nursing education world. I feel privileged to have

experienced your class. I will strive to practice such nursing education excellence.

Dr. Cynthia Gross and Dr. Linda Lindeke thank you for lunch. Indeed, learning does

occur outside the classroom.

I extend a very heartfelt thank you to Dr. Marilee A. Miller, Roxanne Struthers,

Beatrice L. Witt, and Wladimir and Paulina Zenkovich. These special individuals, their

families and trustees shared with me gracious gifts that have made a significant

difference in my world.

Most sincerely, I thank each person in my life for shared moments that have

contributed to my growth, learning, and knowing experience in this world. Thank you.

Dedication

This work is dedicated to my Dad, Dr. David Burton Pierpont, MD. I lost count the number of times your words of wisdom helped me get to a much needed new day during my PhD journey. "*Jill, just get the degree then go change the world.*" I miss you. Love all around.

"If your life's work can be accomplished in your lifetime, you're not thinking big enough." – Wes Jackson, MacArthur Fellow

Abstract

Since the inception of associate degree nursing programs, professional nursing conversations and debate have grappled with reckoning differences between the associate degree in nursing (ADN) and the bachelor's degree in nursing (BSN). Research reporting better patient outcomes with more baccalaureate prepared nurses has been a driving force for pursuit of higher numbers of baccalaureate prepared nurses by nursing professionals, policy makers and health leaders (IOM, 2010). In spite of national efforts, a progress report evaluating the effectiveness of such efforts revealed slow progress (NASEM, 2015). A literature review of the ADN-BSN transition phenomenon suggests the knowledge, insights, and experiences of nurses at the heart of the ADN to BSN transition are missing. This Gadamerian phenomenological study presents narratives from twelve ADN-BSN nurses, from semi-structured interviews, asking about their experiences, opinions, and thoughts on practicing nursing with a bachelor's degree post associate degree. *"Difference of Opinions"* emerged with subthemes. Some participants shared they did not experience any difference in terms of personal, community or professional nursing. Others commented on themes of S*elf-fulfillment,* and *Self-improvement.* Three sub-categories of self-improvement were identified (a) *The value of research and developing into a change advocate*; (b) *Becoming well rounded, looking at things differently*; and (c) *You don't know what you don't know, and education is only a piece of it*. Concerning the community perspective people noted *Nursing Goes beyond a Patient and a Disease Process into the Community.* A major theme highlighting different opinions from a professional nursing perspective was *Greater Respect, More Active*

Engagement. Personal, social, and environmental stressors may influence the experiential

meaning making of nurses who go through the ADN-BSN transition phenomenon.

Adult transformational learning theory and attention to horizontal learning and

vertical cognitive development help explain the meaning making associated with having

a bachelor's degree. Associate degree nurses open to critical reflection and examination

of personal assumptions, about learning are likely to discover transformational meaning

in obtaining a baccalaureate degree.

Table of Contents

List of Tables

Chapter One: Introduction

For over half a century, policy makers, healthcare authorities, and practice leaders have discussed the configuration of entry level nursing degrees, focusing primarily on the associate degree (ADN) and the bachelor's degree in nursing (BSN). Renewed fervor exists on the topic of ADN and BSN nurses since the Institute of Medicine (2010) released a report recommending the goal of entry level nurses' education reach 80% BSN nurses by the year 2020. The argument is that baccalaureate nurses are better prepared to meet the service delivery care demands of today's complex health care environment. To appreciate the magnitude of advancing more nurses to a BSN level, consider the current make-up of the United States nursing workforce. The United States Department of Health and Human Services (USDHHS, 2010) statistics indicate diploma and associate degree nurses comprise nearly 50% of the 3.1 million nurses in the United States. ADN graduates comprise 53-57% of all candidates passing the national licensing exam annually (NCSBN, 2011; NCSBN, 2012; NCSBN, 2013; NCSBN, 2014; NCSBN, 2015; O'Neal, Zomorodi, Wagner, 2015). The associate degree pathway remains a major source of newly licensed registered nurses reportedly due to low cost and shortened timeframe to receive the entry level nursing degree (Altmann, 2011).

Architects of ADN to BSN change are predominately nurse educators, administrators, and policy makers citing research findings that report better patient outcomes are achieved with baccalaureate prepared nurses (Aiken, Clark, Cheung, Sloane, & Silber, 2003; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; IOM, 2010; New Jersey, 2012; Ridley, 2008; Tourangeau, Doran, McGillis Hall, O'Brien

Pallas, Pringle, Tu, & Cranley, 2006). The challenge for the nursing profession is to

prepare a nursing workforce capable of caring for more complex patients with higher

levels of responsibility in a rapidly changing technological environment, which is

different than the traditional expectations of the professional nurse role (McNiesh,

Rodriguez, Goyal, & Apen, 2013). An additional issue that must be addressed in the

pursuit of higher levels of education is the issue of quality and quantity of education

(Fisher, 2014). While nurse educators and administrators make program, curriculum, and

degree pathway changes, additional considerations must be examined regarding the

individual's perspective of quality and quantity in education. Ultimately, a nursing career

is an individual's decision, as is continuing education and a journey of lifelong learning.

Individual choices are the navigators of destiny. Often intrinsic and extrinsic factors

influence a person's decision making process. When making or contemplating a change,

it is human nature to ask, *what's in it for me?* (Bye, Pushkar, & Conway, 2007). Several

academic pathways are available for individuals to enter into the nursing practice and

several additional pathways are available for nurses to continue their education for

advancing to a bachelor's degree or higher. Some nursing studies have focused on asking

students what their educational experience has meant (Delany & Piscopo, 2004; Delany

& Piscopo, 2007; Lillibridge & Fox, 2005; Zuzelo, 2001), and there is a substantial

amount of research that examines change and motivational factors associated with

advancing education, but as Ridley (2006) indicates, evidence is lacking in the area of

nursing educational learning and how it translates to a practice environment. This study

looks beyond the educational environment and examines what meaning ADN-BSN

nurses attribute to have the BSN degree in practice settings. A review of the literature for this study did not uncover any studies examining nurses lived experiences focusing on the transition to a BSN and the meaning making of that learner experience into nursing practice. No evidence has been found that includes personal perceptions of progressing from one entry level nursing degree to another and how advancing one's education influences the meaning of nursing practice in the work environment. One way to fill the research/evidence gap related on this issue is to conduct qualitative phenomenological research asking ADN-BSN nurses the meaning of having a bachelor's degree; based on their experience what difference exists between the two degrees; and to what extent the BSN degree is personally and professionally valued.

A vision for change must be embraced by all individuals, but especially those affected by change. While nurse educators, administrators, and policy makers have made progress instituting ADN-BSN transition changes, additional insights from ADN-BSN professionals who can share their lived experiences, are needed. Input from all stakeholders promotes success of any intended change. Although greater than 60% of associate degree nurses report plans to continue their education (Altmann, 2011), historically, less than 22% of ADN nurses return to school to complete a bachelor's degree or higher (Hall, Causey, Johnson, & Hayes, 2012; Munkvold, Tanner, Herinckx; 2012). Individual commitment is arguably the most crucial component ensuring success of a desired change (O'Brien, 2002). With national initiatives promoting the bachelor's degree in nursing, additional research examining the meaning of the BSN degree for ADN-BSN nurses is warranted. A deeper understanding of factors influencing the

question, what's in it for me, and more thoroughly considering the meaning of what the BSN means in regard to practice is warranted. Maintaining support of stakeholders and communication are also essential to successful change (Oakland & Tanner, 2007).

How to improve the transition of entry level associate degree nurses to higher levels of education has plagued the nursing profession for decades. This study asked nurses who started with an associate degree and then obtained a bachelor's degree (referred to as ADN-BSN throughout this paper) to share thoughts, opinions, and ideas about the lived experience of practicing with a bachelor's degree. Participants were asked to reflect on the meaning of this achievement personally and professionally. A goal of the study was to extrapolate what expert ADN-BSN nurses expressed as meaningful when practicing with an advanced degree, thus contributing to a gap in the current research and illuminating the question, "what's in it for me?" for ADN nurses questioning a return to school to advance their education. Asking or allowing free will of choice with transparency, yields more successful results in regards to individuals choosing education and developing positive meaning from the experience (Phillips, 1992). This concept is applicable to nurses in a position of considering advancing from an associate to a bachelor's degree in nursing. "The endeavor of the learner is to construct meaning and ability to deal with the challenges of practical life (p. 10)" (Illeris, 2009). Illeris points out that while content in the form of knowledge and skills is learned and necessary, additional opinions, insights, meaning, attitudes, values, methods, and strategies also contribute to "building up the understanding and capacity of the learner (p. 10)."

This study's aim is to explore the meaning of having a bachelor's degree in nursing as expressed by registered nurses who began their career by first obtaining an associate degree in nursing. Presumably, narratives regarding the meaning of having a bachelor's degree will provide a more thorough understanding about perceived differences. The aim of the study is to provide evidence that may contribute insights to entry level nurses, also possibly illuminating motivational factors associated with the educational experience. This study provides knowledge and opinions from ADN-BSN professionals that may contribute to recognition of intrinsic and extrinsic factors that influence an individual's decision making process regarding a return to school and illuminate an area of research currently undiscovered.

In 2015, the American Nurses Association (ANA) released an updated Code of Ethics that addresses nurses' commitment to the care of individuals, the community and a larger national and global population. This study's interview questions were designed to reflect nursing practice and care as highlighted in the updated Code of Ethics. Semi-structured interviews were conducted asking participants questions about their ADN-BSN experiences, taking into consideration their perspectives regarding the meaning of having a BSN degree in relation to their personal practice, care for members of the community, and as a member of the nursing profession. The researcher gathered, analyzed, and interpreted narratives, and identified issues, patterns and themes in the data.

Hopefully, the data will help to answer some of the following questions: What does it mean to an associate degree registered nurse to obtain a bachelor's degree;

including meaning to self, meaning in regards to caring for others, as well as meaning as a member of the nursing profession? Does obtaining a bachelor's degree affect professional development, knowledge, attitude, skill and/or practice, and if so how? What are the differences between the two entry level nursing degrees? Is the additional time, money, and effort required for obtaining a BSN education worthwhile, meaningful, and/or valuable? How does completion of the baccalaureate degree support the personal and professional development of those who undertake the challenge?

This study is important for the following reasons. First, research evidence is needed focusing on nurses at the center of the ADN-BSN transition phenomenon to fill the current literature gap and to examine the meaning making that ADN-BSN nurses transfer from academia to the practice environment. Continued conversations, controversy, and debates regarding entry level nursing education persist in the nursing profession with no research based evidence contributing to the discussion about the individual meaning the baccalaureate degree has for nurses who started a nursing career with an associate degree. There is increased national interest on this issue focusing on health outcomes and care delivery of those who have a baccalaureate degree. Nurses are at the center of a national call for lifelong learning (Bye, Pushkar, & Conway, 2007), and a healthcare redesign supporting sustainability, efficiency, and cost-effectiveness (Smolowitz, Speakman, Wojnar, Whelan, Ulrich, Hayes, & Wood, 2014). Also, nurses must meet the demands of a growing population and keep up with technological advances. This study may expand the current understanding of the ADN-BSN experience for the architects of various ADN-BSN transition changes.

Background

For decades the nursing profession has grappled with reckoning the differences between ADN and BSN educational preparation. A growing body of quantitative research addresses ADN and BSN differences with more support emerging for the bachelor's degree. A historic turning point occurred in 2010 when the Institute of Medicine (IOM) released *The Future of Nursing: Leading Change, Advancing Health* report with numerous recommendations for the nursing profession. One recommendation was for increased education of all nurses with a goal targeting entry level nurses to be 80% baccalaureate prepared by the year 2020. The IOM recommendation was stimulated in part by the growing body of evidence identifying differences between nurses' quality of care and patient outcomes (i.e. decreased mortality and failure to rescue rates) supporting the bachelor's degree nurse (Aiken, Clark, Cheung, Sloane, & Silber, 2003; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Ridley, 2008; Tourangeau, Doran, McGillis Hall, O'Brien Pallas, Pringle, Tu, & Cranley, 2006). A review of the literature (Sauld, 2014) reveals there are limited numbers of qualitative (phenomenological) studies that examine the experiences of ADN-BSN nurses (Delaney & Piscopo, 2007; Zuzelo, 2001).

For over 50 years, the ADN-BSN phenomenon has generated professional discourse. A proliferation of associate degree programs occurred during a post-World War II nursing shortage. Even today the option to enter the nursing profession with an associate degree remains a vital productive pathway because of low cost,

accessibility/location of programs, and the shortened length of time to obtain a degree (Altmann, 2011).

The continued dialogue about the ADN verses BSN educational preparation includes issues and topics such as standardizing the nursing entry level degree, positive impact on practice measures like patient outcomes, and quality of care, as well as healthcare priorities like patient satisfaction. The healthcare environment is changing rapidly due to technological advances and the issue of multiple degree programs and pathways to an RN license remains controversial.

Little qualitative data addressing the meaning of having a bachelor's degree after starting a nursing career with an associate's degree exists in the literature today. An assumption of this study is only a nurse who has experienced and practiced with both an ADN and BSN degree can relate life experiences and meaning pertaining to the ADN-BSN phenomenon, providing insight about what having a second entry-level degree means. ADN-BSN narratives appear to be a missing component when trying to understand the transition of ADN nurses to the BSN level. The American Academy of Colleges of Nursing (AACN) (2005) projects a nursing shortfall of approximately 260,000 nurses by the year 2025. Innovative, effective plans, initiatives, and strategies are needed for the nursing profession to meet the healthcare needs of a rapidly changing health landscape in the 21st century. This study provides data to fill the information gap and generate new and different discussions, insights, and understanding about the ADN-BSN phenomenon.

Purpose

The aim of this study is to examine the narratives of nurses who completed and are practicing with a BSN degree subsequent to starting their nursing career with an entry level associate degree in nursing. Moreover, this study explores the personal meaning associated with practicing with a BSN and caring for others, as well as being a member of the nursing profession. A conjecture is that the insights of ADN-BSN nurses, the only authorities qualified to speak about experiencing both degrees, will inform and resonate with other associate degree nurses who question reasons for returning to school to obtain a bachelor's degree. Another assumption is that something of value is gained from additional education but research detailing what, if anything, is missing. The shared experiences of ADN-BSN nurses are examined for sense-making and articulation of themes that address the research questions. Personal stories and narratives are expected to resonate with associate degree nurses more than statistics that highlight patient outcomes, critical thinking scores, or comparative skills data (Rubin & Rubin, 2012; Conger, 2013; Lillibridge & Fox, 2005). Presumably, themes and interpretation derived from the data may influence academic and recruiting conversations, as well as factors affecting individual's decision making regarding returning to school.

Conceptual Framework

Methodology. A qualitative research method and a phenomenological lens were chosen for this study because the questions posed require investigation of a phenomenon. Qualitative research is a method often used to examine social, contextual, natural events, and human behaviors of interest. Systematic inquiry is conducted to gain understanding

of various life events. Depending on the research question and the researcher's

perspective, different qualitative methodologies have different goals and approaches to

address various research questions in different ways (Parse, 2001). Phenomenology

examines the life experiences or essence of specific phenomenon through the narratives

of individuals knowledgeable about the phenomenon (Creswell, 2007; Liamputtong,

2009). Phenomenology is discovery oriented and focuses on questions intended "to help

understand more deeply or thoroughly certain situations" (Van Manen, 1990, p.23). The

phenomenological lens in this study examines the ADN-BSN transition phenomenon,

practicing with a BSN after first practicing with an associate degree, intends to make

connections between patterns of association, and delves into meaning making.

Creswell identifies that qualitative research shares a worldview aligned with

understanding phenomenon through subjective narratives of participants, the importance

of social and historical context of a phenomenon, and the possibility of multiple

meanings based on personal meaning and the influence of social interactions. Qualitative

approaches often follow the constructivist paradigm that generally generates theories

from a bottom up approach. Subjective stories produce patterns and similarities,

subsequent categories, and generate theories.

This study's Gadamerian phenomenological approach was intended to examine

the context of social change and the art of human experiences. Specifically, exploration

of ADN-BSN nurses' stories of a professional career that started with an associate degree

followed by obtaining a bachelor's degree, delineating meaning of the phenomenon from

a personal/individual perspective, and from the perspective of a member of the

community, and of the nursing profession. The choice of phenomenology as a method

was an intentional decision to explore the lived experiences of ADN-BSN nurses and to

adhere to a philosophical framework highlighting human dialogue as the cornerstone of

understanding. Qualitative research is an approach to study the experiences of people, the

way they live and interact with others, as well as the world around them (Holloway &

Wheeler, 2010). Seeking knowledge using a qualitative phenomenological approach

examines the context, consequences, outcomes, as well as the significance of the

investigated subject and can lead to a different understanding of the studied phenomenon

(Wertz, Charmaz, Mullen, Josselson, Anderson, & McSpadden, 2011). Sharing ADN-

BSN life experiences will likely provide insight into the collective meaning of the BSN

degree and hopefully generate new thought and conversation about the issues and

challenges related to the ADN-BSN controversies. Current literature on this phenomenon

is predominantly quantitative studies comparing ADN to BSN patient outcomes, critical

thinking skills, attitudes, values, and beliefs. For a more all-inclusive understanding of

the phenomenon, qualitative evidence should be considered.

Often, numbers and statistical analysis do not translate into meaningful use when

the issue being studied is complex and multifaceted, such as human behavior or

experience (Rubin & Rubin, 2012). Research that employs qualitative methods is useful

when, "… the intention is to change the issue under study or to produce knowledge that is

practically relevant – which means relevant for producing or promoting solutions to

practical problems" (Flick, 2007, p. 9). Although, as already mentioned, phenomenology

is not intended to solve problems, so no single phenomenological interpretation of a

human experience, such as the findings in this study, can be considered exhaustive regarding the possibilities of yet another deeper, richer, complementary description of the phenomenon (Van Manen, 1990); therefore additional research of the ADN-BSN transition phenomenon is needed.

It is presumed discovering similarities and patterns as expressed by ADN-BSN nurses about the meaning of having a BSN would resonate with ADN nurses and offer findings to reflect on regarding better understanding of the ADN-BSN transition phenomenon. The evidence produced from this study may resonate with associate degree nurses wondering about furthering their education and practice. Data from participants who have experienced the transition from ADN to BSN is useful to document ideas, opinions, insights, and perspectives. Such documentation and data may be useful to stimulate dialogue and discussion among associate degree prepared nurses, nurse educators, and those interested in professional development theory and practice.

Qualitative research begins with several underlying assumptions. Creswell (2007) highlights five basic assumptions of qualitative researchers. He first identifies the ontological belief, or the nature of reality, as one of multiple realities. Truth is not a universal singular truth to be controlled, measured and generalized like in more traditional quantitative research, rather truth is individual perspectives of realities often expressed by individuals describing their experiences and meanings. The collective narratives of ADN-BSN nurses is the truth or reality of meaning associated with advancing nursing education from an associate degree to a bachelor's degree and the meaning expert nurses translate to practice. Second, Creswell states the epistemological

assumption, or how a researcher knows what he knows, is more subjective in nature and requires the researcher to engage with participants, getting to know them. Gadamer's philosophy that acknowledges researcher subjectivity cannot be removed from a study, rather researcher prior knowing is an essential contribution to the researcher/participant dialogue, supports Creswell's epistemological assumption and requires researcher/participant engagement. Third, qualitative research assumes researchers bring values and biases to a study and are explicit about those values and biases. Researcher values and biases, which Gadamer terms prejudices, are addressed on page 15. Fourth, qualitative researchers often write from a personal lens and in a literary form embracing an artistic use of language by sharing stories, meaning and experiences of participants. Often, terms in qualitative research evolve from the research data versus being defined by the researcher prior to the study. Study themes emerged from the data, from participants' stories. Lastly, Creswell identifies differences in methodological approaches, methods used in the process of research, highlighting how qualitative research uses "inductive logic, studies the topic within its context and uses an emerging design" (p.17) to shape research questions as well as collecting and analyzing data. Qualitative research uses inductive reasoning which is "a process that starts with the details of the experience and moves to a more general picture of the phenomenon of interest (Leihr & Smith, 2002, p. 110)" (Speziale & Carpenter, 2003, p. 8).

Guba and Lincoln (1994) provide insights suggesting the role of qualitative research is to restore balance especially in the realm of inquiry into human behavior. Qualitative approaches are intended to address the issue of contextual situatedness and

avoid context stripping since context is a significant component of understanding human behavior. This study emphasizes the importance of social and historical context of the ADN-BSN phenomenon. The issue of what a bachelor's degree means must be in the context of a registered nurse who already practiced with an associate degree. Statistical numbers too often do not translate into behaviors, decision making, feelings and emotion. Human behavior "cannot be understood without reference to meaning and purpose" (Guba & Lincoln, 1994, p. 197). Meaning and purpose in research contexts is often derived through the use of qualitative methods (Guba & Lincoln, 1994).

"Qualitative data are a source of well-grounded, rich descriptions and explanations of human processes" (Miles, Huberman, & Saldaña, 2014, p. 4). Qualitative data supplies subjective meaning from a targeted population, which explores in greater depth the value and meaning of their experience revealing appropriate color, texture and context of expressed similarities and patterns (Mertens, Bledsoe, Sullivan, & Wilson, 2010). This study aims to obtain the detailed, rich descriptions of ADN-BSN nurses' experiences, explore themes and subthemes, and explicate the meaning of the BSN degree for nurses who entered the profession with an associate degree.

Essential to phenomenological research is acknowledgement of the researcher's bias, assumptions, which Gadamer terms prejudices, and expectations in regard to the line of inquiry. To that end, the following paragraphs describe and discuss how researcher prejudices are addressed in this research study.

Researcher Prejudice. Gadamer (1975) breaks down the word prejudice to its most basic form and root words and defines prejudice as a pre-judgement. A judgement

of a situation before all elements are known or considered. He acknowledges that over time the word prejudice developed negative connotation, but his intentional use of the word strictly addresses instances of pre-judgement. He also identifies that often times situations we know something about are known to us because of story-telling, often handed down through generations and/or traditions and too often certain aspects of those situations are taken for granted or do not take into consideration changes over time. Gadamer calls taking things for granted hidden prejudices, and such hidden prejudices are a tyranny that deafens us to an alternative truth. Here is the case when prejudices of scholars, policy makers, administrators, nurses and students formulate the current knowing of the ADN-BSN phenomenon. Prejudice again is not intended to imply a negative state, rather to acknowledge a judgement without all perspectives or knowing regarding the ADN-BSN phenomenon.

"True prejudice must be justified by rational knowledge" (Gadamer, 1975, p. 285), but one must acknowledge no situation, event or phenomenon can ever be all knowing, especially considering the element of time. So the idea of eliminating prejudices is an unrealistic fantasy. Instead of eliminating prejudice, the goal is to have conversations about the ADN-BSN experience and have a fusion of horizons, altering the present knowing of the phenomenon.

A researcher prejudice regarding the ADN-BSN phenomenon is a sense of social downward discrimination toward associate degree nurses. A notion formulated from twenty six years of practice experiencing numerous conversations and situations with scholars, administrators, and nurses who questioned the value, worthiness, and equal

recognition of associate degree nurses in the nursing profession. For seven years teaching associate degree nurses, discussions occurred revolving around differences between associate and baccalaureate degree nurses. Students repeatedly shared disparaging remarks and stories. This prejudice, or pre-judgement of the ADN-BSN phenomenon, specifically pertaining to differences between the two entry level degrees also includes dialogue with dozens of associate degree and bachelor's degree nurses regarding their personal perceptions of differences between the two degrees. This prejudice includes subjective knowing from current research addressing ADN and BSN differences including critical thinking studies, patient outcome and safety studies, skills, attitudes, values, and beliefs studies, as well as motivational factor studies. But missing from the researcher's formulation of this prejudice is evidence from nurses who transitioned from an associate degree to the bachelor's degree in nursing. Little insight or knowledge was gleaned from professionals who transitions from one entry level degree to another. Instead, prior knowing was predominantly from scholarly articles and conversations with individuals in and around the phenomenon. The researcher has no experience practicing with an associate degree in nursing, and besides seven years teaching associate degree nurses, little knowledge from professionals who lived the experience of practicing with both degrees is included in this researcher prejudice. Conducting interviews to obtain the stories of ADN-BSN professionals is a way to create dialogue to deepen the current knowing of the subject and contribute insights to this researcher prejudice.

Theoretical Framework.

To believe in the power of thinking is also to acknowledge that it is the

complexity and mystery of life that calls for thinking in the first place. Human life

needs knowledge, reflection, and thought to make itself knowable to itself,

including its complex and ultimately mysterious nature. It is a naïve rationalism

that believes that the phenomena of life can be made intellectually crystal clear or

theoretically perfectly transparent (Van Manen, 1990, p. 17).

While researcher knowing includes awareness of theories on adult learning,

motivation, social cognition, personalities, and change, no specific theory guides this

study, rather the phenomenological lens directs the course of study, because the study is

one of discovery. Acknowledging researcher knowing and prejudice, yet remaining open

to the data, allows participant narratives to evolve into themes rather than the researcher

conforming data into a preconceived theoretical framework.

This research study is a means of gathering data to contribute to the current

knowing of the ADN-BSN phenomenon. As mentioned earlier, there is little research

asking the targeted ADN-BSN population what having the BSN degree means to them.

The study questions are semi-structured to help focus participants, yet open ended

allowing for personal interpretation of the questions and allowing participants to direct

the conversation to highlights of the significance and meaning of their experiences. A key

element of Gadamer's philosophy is the relationship of knowing or understanding with

time. Historical context of individual understanding is of the utmost importance. An

individual's history or the history of a phenomenon provides context of knowing and

understanding. "Understanding is to be thought of less as a subjective act than as participating in an event of tradition, a process of transmission in which past and present are constantly mediated" (Gadamer, 1975, p. 302). Prejudices cannot be separated in the sense that a researcher abandon their fore-knowing and accept participant knowing as truth because that separation leads to additional prejudices or incomplete truths and subsequent misunderstanding. Gadamer argues that an interpreter grappling with text, trying to combine current fore-knowing with elements of other's knowing is the process of understanding. He states understanding is the process of exchanging knowing, text and traditions. He denies a person can develop better understanding, rather just to understand in a different way (p. 307). Each exchange, each idea shared, each text written impresses upon the interpreter additional knowing, and the process of making sense and meaning is the challenge with the end result being a different understanding of a phenomenon. Addressing researcher prejudice, pre-judgement, or researcher fore-knowing, was not to dismissed prior subjective knowing, rather acknowledge and refrain from prior knowing influencing study data. Additionally, study credibility was maintained by listening to participant's narratives and allow their stories to be heard. The objective being to combine fore-knowing with elements of participant experiences and process both in an iterative fusion of horizons, a deeper, more thorough understanding of the phenomenon.

Significance

Healthcare continues to change rapidly, and nurses play a critical role in this continuing evolution. Since 2010 it is undeniable that significant finances and efforts have been spent on achieving the 80% BSN goal recommended by the IOM, but slow

progress toward the goal warrants re-examination of the ADN-BSN phenomenon to discover what if anything is missing. "The problem of attracting more RN's to continue their education may depend on marketing the relevance and value of education for nurses in the clinical practice, not the difference between levels of RN education per se" (Lillibridge & Fox, 2005, p. 16). Conger (2013) claimed that for persuasion purposes quantitative research is often too abstract for people and therefore results are not as meaningful or memorable. He noted that providing stories, or qualitative results, provides more of an emotional impact and thus may persuade individuals in their decision making. Lifelong learning by all nurses is necessary to keep up with the constant changes in the healthcare environment (AACN, 2008; Bye, Pushkar, Conway, 2007; IOM, 2010). In order to reach a different understanding of the experiences of ADN-BSN nurses, the questions posed to participants relates to the personal and professional meaning associated with practicing with a BSN degree, and may illuminate the learning process of nurses and their translation of that learning to meaning making during their nursing practice. A leading assumption of this study is that returning to school and obtaining a BSN degree is a significant, positive and meaningful experience.

Chapter two reviews the literature on the historical context of associate and bachelor's degree nurses, research on the differences between the two degrees, and policy and practice changes affecting entry level nurses' education. Chapter three lays out the methodology, methods and design choices utilized for examining the research questions. Chapter four details participant narratives and categorizes findings into subsequent themes and subthemes that emerged from the data. Chapter five outlines further analysis

and interpretation of data findings, provides a conclusion of insights and lessons learned,

and discussion for possible future research agendas related to this topic.

Chapter Two: Review of the Literature

This study intends to examine the experiences and meaning of a bachelor's degree for ADN-BSN nurses, and allow the voices of an understudied population to be heard. It is believed that a different understanding of the lived experiences of ADN-BSN nurses will provide insight to the question of what having a BSN means, to oneself, others and the nursing profession. Another supposition is that this study will provide insight to questions like (a) why get a BSN, (b) what is the value of a BSN to an ADN nurse, and (c) what is gained by obtaining a BSN. The purpose of this chapter is to review the literature related to the evolution, development, and issues of associate degree programs in contrast to baccalaureate degree programs. Review of the literature includes several different areas in an effort to present a broad view of current knowing about the ADN-BSN transition phenomenon in nursing.

Using art as an example, Gadamer (1975) explains how a complex concept requires several perspectives to make clear the current understanding of the concept. This review of the literature aims to make clear the meaning of having a bachelor's degree as expressed by nurses who already obtained an entry level associate's degree in nursing. A thorough examination of different areas pertaining to associate and baccalaureate degree nurses is necessary to appreciate the complexities of the ADN-BSN transition phenomenon. Recognizing the meaning of what having a BSN means to post associate degree nurses is a single component of the whole ADN-BSN transition phenomenon.

The history and development of associate degree entry level nursing education programs provides the social and professional context for the present study. Studies

examining differences between associate degree and baccalaureate prepared nurses that focus on scope of practice differences, motivational factors, quality care, and patient outcomes are presented since these studies are often cited in initiatives promoting change in nursing education pathways and policies (IOM, 2010; New Jersey, 2012; New York, 2011). A review of these studies is necessary to evaluate current positions fostering changes in education, policy, and motivating forces for nurses seeking advanced degrees. As noted in this review, there are limited numbers of qualitative studies about the ADN-BSN transition phenomenon. Adding data and narrative to the current literature is one way to enhance the evidence base and support inquiry among associate degree nurses asking questions about returning to school. As mentioned earlier, an all-inclusive approach examining the ADN-BSN transition phenomenon is necessary to attain a deeper understanding of the subject. Lastly, a legislative experiment associated with advancing nursing education is presented to provide an example of contextual effects of policy change on nursing practice and on the advancement and recruitment of nurses.

Entry into Practice: The History and Evolution of Educational Pathways in Nursing

Gadamer explains the importance of historical context in relation to understanding phenomenon. He maintained it is imperative to trace the historical underpinnings of a phenomenon. Thus, it is important to set the context for this study and describe the history and evolution of educational pathways in nursing.

Mahaffey (2002) in her article *The Relevance of Associate Degree Nursing Education: Past, Present, Future* outlines a brief history of associate degree nursing education. She describes the origins and beginnings of associate degree education in the

United States and notes that between 1943 and 1948, in response to a post-World War II

nursing shortage, the American Association of Community Colleges, in conjunction with

the U.S. Office of Education and the federal government, developed an associate degree

in nursing education program for community and junior colleges. The Bolten Act of 1943

helped fund the endeavor and annual graduation rates positively reflected the effort

showing large increases in the nursing workforce. Funding ran out in 1948 and the

number of nurses graduating dropped dramatically.

In 1952, amidst another nursing shortage and with renewed funding from private

sources like the Carnegie Foundation and the W.G. Kellogg Foundation, a professional

movement developed to move nursing education out of hospitals and into colleges and

universities. A two year associate degree nursing pilot program was introduced at

Teacher's College, Columbia University. "The project director was Dr. Mildred Montag,

whose dissertation, *Education for Nursing Technicians*, promoted a research-based plan

to create and test a model for the new nursing degree" (Mahaffey, 2002, para. 9). The

pilot program consisted of seven associate degree nursing program sites.

After evaluation of the pilot programs, the following conclusions were reported,

(a) associate degree graduates passed the licensing examinations, (b) associate degree

nurses were able to function as staff nurses, (c) the program attracted large numbers of

students, and (d) the nursing program developed into a significant part of the community

college (Mahaffey, 2002). Additional accolades of the associate degree programs

included attracting a large minority population as well as non-traditional students,

including older students and more male students.

Over the last several decades, the seven pilot programs increased to greater than 800 associate degree nursing programs throughout the country (Mahaffey, 2002). Several characteristics of these programs attracted students including, "lower tuition rate, geographical locations, completion time, reputation of graduates, dynamic curricula, and effective faculties" (para. 38).

There are three traditional pathways into entry-level nursing, which includes diploma programs, associate degree programs, and bachelor's degree programs. The diploma nursing programs are hospital based and utilize an apprenticeship learning model. Associate degree programs are most commonly found at community or technical colleges, and are often considered an efficient, economical choice. Baccalaureate programs are traditionally university based and offer in depth research, informatics, community/population health, leadership/management, and social sciences and humanities courses enhancing educational opportunities that prepare nurses for all care settings (Raines, Taglaireni, 2008). The additional coursework of a baccalaureate program is intended to prepare nurses for a broader scope of practice and "a better understanding of the cultural, political, economic, and social issues that affect patients and influence health delivery" (AACN, 2014).

A more recent entry-level nursing pathway is an accelerated entry-level baccalaureate program. Such programs are for bachelor's prepared individuals from non-nursing disciplines who enter an accelerated nursing program, highlighting nursing concepts and care over an 11-18 month period, and are then qualified to take the National Certification Licensure Exam (NCLEX) to become a registered nurse. There are

accelerated nursing programs in 43 states graduating 16,935 nurses in 2014 (AACN,

2015) compared to 5,881 graduates in 2007 (Raines, Taglaireni, 2008). Today diploma

programs are decreasing, so the vast majority of nurses gaining entry into the nursing

profession are from the associate and baccalaureate degree programs, with 53-58% and

39-47% respectively (NCSBN, 2010; NCSBN, 2011; NCSBN, 2012; NCSBN, 2013;

NCSBN, 2014; NCSBN, 2015; NCSBN, 2016). In 2016, ADN and BSN nurses

comprised 98% of new graduates passing the NCLEX for the first time, with associate

degree nurses (52%) outnumbering bachelor's degree nurses (46%), a difference of 7,477

more associate degree nurses (NCSBN, 2016). Note, accelerated BSN graduates help

comprise the total BSN graduates taking the NCLEX for the first time. See Table 1. Both

entry level degree programs, associate and baccalaureate degrees, offer education and

practice training intended to prepare students to take the NCLEX to become a registered

nurse in the United States. Graduates from all programs must take and pass the national

licensure examination for registered nurses. Passing the examination implies an

individual, regardless of degree, is qualified for practicing as a registered professional

nurse.

Table 1.
Entry Level First-Time Test Takers, NCLEX Pass Rates

Year	2010	2011	2012	2013	2014	2015	2016
# ADN (%)	81,618 (58)	82,764 (57)	84,517 (56)	86,772 (56)	86,377 (55)	84,379 (53)	74,192 (55)
# BSN (%)	55,414 (39)	58,246 (40)	62,353 (42)	65,406 (42)	68,175 (43)	70,857 (45)	66,715 (47)
Total #	140,889	144,583	150,266	155,098	157,372	157,882	143,475

Note: There are approximately 20-40,000 additional individuals repeating the NCLEX and passing annually. Those passing on repeat attempts were not broken down into educational level, and therefore were not included in this table.

The IOM (2010) report sparked a renewed focus on the ADN, BSN phenomenon

in nursing. After the report was released, focused efforts resulted in numerous pathways,

initiatives and programs for BSN completion. Throughout the country, along with the

accelerated BSN programs for non-nursing discipline baccalaureate students, various

initiatives and programs occurred in efforts to advance more nurses to a BSN level.

Legislation is pending in New York and New Jersey to make BSN mandatory for entry

level nurses (New Jersey, 2012; New York, 2011). Several community colleges across

the nation are conferring a bachelor's degree in nursing. Also available are RN-to-BSN

programs where community colleges have articulation agreements with a university so

students can easily transition into a BSN program (AACN, 2015; ANEW, 2012; Raines,

Taglaireni, 2008). There are dual enrollment options, which allow an associate degree

student to take bachelor's degree courses from another institution concurrently. Gerardi

(2017) reported evaluation findings from a final year of concerted initiatives in nine

states (California, CA; Hawaii, HI; Massachusetts, MA; Montana, MT; North Carolina,

NC; New Mexico, NM; New York, NY; Texas, TX; and Washington, WA) showed the

collaboration of ADN programs with nearby state universities in the form of dual

enrollment, produced the most promising results of transitioning higher numbers of

associate degree nurses to a bachelor's degree level. The percentage of BSN nurses in

each state increased, to the extent that CA increased 21%, HI increased by 14%, MA was

up 17%, MT up 10%, NC up 23%, NM up 10%, NY up 22%, TX up 13%, and WA up

32%. Important to note is that not all states started at the national average of BSN

composition which is approximately 49%. For example, BSN nurses in New Mexico in

2008 were 38.2% of all nurses, and after the dual enrollment initiatives, the BSN percent

increased to 48%. Although, Washington BSN nurses made up 36.8% of all nurses in

2008, below the national average, and increased to 69% in 2015 after similar dual enrollment initiatives.

In addition to multiple pathways available for entry into the nursing profession, the formats for educational degree attainment have proliferated in the last 20 years. Traditional brick and mortar, or face-to-face classrooms, have given way to technological advances. Proliferation of online, distance learning nursing programs, as well as hybrid programs that offer a mix of online and face-to-face coursework have made nursing programs easily accessible. The effect of program curriculum and venue is unknown for this research study. But, in lieu of significant money, legislation, and numerous alternative academic pathways and educational formats being instituted to support a change toward predominantly BSN entry level nurses, recent assessment of ADN nurses obtaining a baccalaureate degree shows little progress toward the IOM's recommended 80% BSN goal. The National Academy of Sciences, Engineering, and Medicine's (NASEM) *Assessing Progress on the Institute of Medicine Report: The Future of Nursing* (2015) examined the effects of national initiatives and programs and reported a marginal increase from 49% baccalaureate prepared nurses in 2010 to 51% in 2014. While the aforementioned nine states saw substantial increases in the percent of BSN nurses, the national increase of 2% requires additional consideration for strategies to address the advancement of nursing education levels across the United States. Such a negligible increase over the course of four years, after concerted efforts promoting nurses' advancement to the BSN level, begs asking the question whether something is missing or what else needs to be done to advance entry level nursing education?

Differences of opinions, values and beliefs have fueled contentious debates over the years about the *differences that make a difference* in terms of associate and baccalaureate degree preparation and the motivation of people to pursue a degree. There have also been dialogues and debates about the quality of care provided by nurses with different educational preparation, and the professional development issues associated with the pursuit of a higher degree. Following is a review of the research in terms of some of these issues and motivational factors.

Educational Preparation and Patient Outcomes

Much of the research supporting entry-level nurses' attainment of a BSN focuses on patient outcome data results. Aiken et al. (2003) conducted a cross sectional analysis of 168 Pennsylvania hospital surgical patients' outcome data linked to nurse staffing, educational composition and other characteristics. Two nurse groups, one comprised of diploma and associate degree nurses was compared to another group consisting of baccalaureate and masters prepared nurses. Logistic regression models were used to estimate the effects of increased percentage of nurse groups on patient mortality, failure to rescue and the effects of nurse staffing, nurse experience and having board certified surgeons available. Reported findings indicated that hospitals with a higher percentage of BSN and master's degree nurses were larger hospitals, high-technology facilities, had more post-graduate medical training programs as well as significantly lower nurse-patient ratios and less experienced nurses on average. Because of a strong association between staff education level and nurse workload, the researchers controlled for nurse education level on patient mortality. Adjusted and unadjusted odds ratios showed each 10%

increase in proportion of BSN or master's prepared nurses decreased mortality or failure to rescue by 5%. Tourangeau et al. (2006) also examined hospital patient mortality rates using multiple regression models. The Canadian study reported a higher percentage of baccalaureate-prepared nurses as a factor influencing lower 30-day morality rates for acute medical patients. Estabrooks et al. (2005) found hospitals with a higher proportion of BSN nurses, and hospitals having higher scores on nurse-physician collaborative relationships were also associated with lower 30-day mortality rates. Ridley (2008) conducted an integrative review of studies examining patient outcomes and safety outcomes compared to nursing factors and found "overwhelmingly, 30-day mortality was found to have a significant inverse relationship" (p. 152) with RN staffing and education level. Ridley did note a limitation of all studies reviewed was the inconsistency of measurements leading to issues with content validity, as well as varying definitions such as patient outcomes, suggesting addition need for research in the area of patient outcomes and patient safety measures. Aiken et. al. (2014) studied patient-nurse staffing ratios, nursing education level, and 30-day mortality rates among post-surgical patients in nine European countries. Findings reported were that nursing staff cuts were detrimental to patient outcomes and increased percentage of baccalaureate prepared nurses reduced preventable hospital mortality rates. Although European hospitals were studied, the findings are current and support similar earlier findings within the United States examining nurse education level and staffing in relation to patient outcomes.

A limitation of these studies is that all studies are hospital based and primarily address medical or surgical patients. With 58% of nurses' working in hospitals (AACN,

2011), additional consideration must be given to specialty departments within hospitals

(e.g. obstetrics, pediatrics, and oncology) as well as nursing care and patients outside

hospital settings. The measurement of mortality rates and failure to rescue in relation to

patient care holds different meaning and prioritization on obstetric units as well as

outside the hospital, as in long term care facilities. Well defined patient outcomes and

patient safety measures are needed for future studies (Ridley, 2008). More current

nursing research studies are comparing patient outcomes, patient safety, and contributing

nursing factors extends beyond educational levels and staffing ratios and include the

effects of positive working relationships (Laschinger, 2010), healthy work environments

and communication (Lee, Scott, 2016; Manojlovich, 2007), and nursing incivility and

burnout (Laschinger, 2014). All factors were found to affect patient outcomes and patient

safety measures.

Blegen, Goode, Park, Vaughn, & Spetz (2013) conducted a cross-sectional study

of 21 hospitals examining nurse-sensitive patient outcomes with nursing education levels,

controlling for staffing, hospital and patient characteristics known to affect outcomes,

such as hospitals servicing higher proportion of low socio-economic patients and higher

acuity patients. Nursing education level consisted of BSN and higher degree compared to

RN, licensed practical nurses and nursing assistants. This study reports decreased adverse

patient outcomes with congestive heart failure, length of stay, deep vein thrombosis and

pulmonary embolism, and failure to rescue with higher percentage of BSN and higher

nurses. Blegen et al. report being the first study measuring outcomes other than mortality

or failure-to-rescue. Blegen et al. acknowledge health systems and policy leaders will

want strong supporting evidence of higher levels of nursing education leading to increased quality of care to justify the investment in nursing education. Also identified is the lack of incentives, monetarily or prestige, for nurses to advance their education.

Personal and Professional Motivation to Pursue a Higher Degree

Altmann (2011) conducted a meta-analysis of research examining studies addressing registered nurses returning to school for a bachelor's degree. Four social influences were identified providing the impetus of the study and addressing the importance of continuing education including (a) many nurses practice with an ADN degree and few return to school, (b) recent studies show improved patient outcomes in hospitals with increased numbers of BSN or higher nurses, (c) a nursing shortage during a poor economy means less incentive for nurses to return to school, and (d) a nurse faculty shortage means increased need for nurses to return to school for advanced degrees. The review examined literature from 1990 to 2009 and examined studies addressing ADN and diploma nurses' attitudes about returning to school or advancing their education. Twenty-eight studies were included in the final review addressing nurses continuing their education.

The studies reviewed by Altmann (2011) showed similarities and conflicting results. Personal characteristics for those likely to return or who did return for a higher degree showed young nurses most likely to return, but two studies showed increase interest to return for older women, and one study found no difference.

Motivators were described in terms of personal, or intrinsic, motivators as well as professional, or extrinsic, motivators. Altmann highlighted intrinsic motivators which

included, (a) personal achievement or satisfaction, (b) positive attitude regarding BSN education, (c) improved self-esteem, and (d) future career plans. The professional, extrinsic, motivators identified were (a) pressure from employers and the profession, (b) career advancement, (c) career mobility and options, (d) professional enhancement, (e) increased professional values, (f) recognition and job security, (g) need for the BSN in life of their career, (h) improved clinical judgment, and (i) increased knowledge.

Beside motivational factors, Altmann included barriers to returning to school. Cost, family, time away from family, lack of support, work schedules/conflicts, lack of self-confidence and fear, no change in work salary, as well as having multiple roles were listed as contributing factors that hindered the return to school. Attitude was found to have a significant influence on nurses' return or intent to return to school. Individuals with a positive attitude toward learning showed lower perceived barriers and increased intent to return to school. A negative attitude, or believing there was no need for a BSN was a barrier to continuing education and obtaining an advanced degree.

Results from Altmann's meta-analysis showed that neither intrinsic nor extrinsic factors appeared to be causative factors leading nurses to continue their education. While attitude about learning and educational experience was found to be significant, no study was found examining how attitude translates into actions or how a positive attitude could be fostered.

Maneval and Teeter (2010) surveyed Pennsylvania associate and diploma nursing students (N=4390), examining attitudes about potential BSN in 10 requirements. The study found that if legislation were in place requiring nurses to get a bachelor's degree

within 10 years after obtaining a diploma or associate degree, 21% of respondents

reported they would not have enrolled in their current nursing programs. The study also

revealed that although 86% of students identified a plan to return to school for a BSN,

actual state statistics show a consistent return to school rate at only approximately 25%.

The subsequent discussion following Maneval and Teeter's study centers on barriers

preventing or delaying pursuit of a bachelor's degree.

Bye, Pushkar, and Conway (2007) cite Vallerand and Bissonnette (1992) who

assessed intrinsic and extrinsic motivational styles of college students. Findings reported

that an intrinsically motivated student, one participating in a learning task as a challenge,

a curiosity or a mastery, were more likely to demonstrate persistence, achievement and

autonomy. Students who persisted with their studies compared to students who dropped

out had higher levels of intrinsic motivational factors. An externally motivated student

seeks outside approval and signs of worth.

This research study asks for expert insights that are assumed by the researcher to

be relevant to entry-level nurses who may wonder about returning to school, and question

the value.

Qualitative Studies Examining ADN and BSN Differences

Sauld (2014) completed an integrative review of qualitative research addressing

the question, what are the knowledge and attitude differences between registered nurses

who sought a baccalaureate degree in nursing? The review was intended to discover

what, if any, research had been done targeting ADN-BSN nurses, examining their

experiences. Six qualitative studies (Delaney & Piscopo, 2004; Delaney & Piscopo, 2007;

Lillibridge & Fox, 2005; Morris & Faulk, 2007; Rush, Waldrop, Mitchell & Dyches, 2005; Zuzelo, 2001) met the inclusion criteria, which was narrowed to participants' beliefs on knowledge and attitudes. While a number of studies already existed examining knowledge (e.g. critical thinking and testing) and skill differences (e.g. practice simulation and competency), the studies were conducted using quantitative methodologies and thus omitted because the studies did not explore factors from a qualitative research perspective.

Four studies (Delaney & Piscopo, 2004; Delaney & Piscopo, 2007; Lillibridge & Fox, 2005; Rush et al., 2005) identified RN-BSN nurses reporting positive changes in the area of knowledge growth between the two degrees. Noteworthy is that 10% of participants in Delaney & Piscopo's (2004) study indicated feeling there was no value in the BSN degree. No follow-up or explanation was provided for the findings. So although the majority of participants in the studies indicated positive changes and value in obtaining a BSN, a small few indicated otherwise. Data collection involved surveys (Delaney & Piscopo, 2004; Lillibridge & Fox, 2005; Morris & Faulk, 2007), group interviews (Zuzelo, 2001), online data management system question/answers (Rush et al., 2005), and individual interviews (Delaney & Piscopo, 2007). Delaney and Piscopo (2007) conducted interviews asking participants to explain their RN-BSN experience in as much detail as possible. All six studies indicated personal and/or professional growth. In all but one study (Delaney & Piscopo, 2004), participants identified growth in cultural awareness. Additional study findings included participants reporting increased potential, career advancement opportunities, job mobility, and increased skill in caring for patients

(Delaney & Piscopo, 2004). Morris and Faulk (2007), stated that participants identified value in belonging to a professional organization and the advanced degree improved their documentation skills, and inspired political activism. Participants acknowledged the BSN was more than a degree. They found increased attention to detail, experienced better time management and a renewed excitement for learning after obtaining a BSN (Rush et al., 2005). Zuzelo (2001) reported RN-BSN nurses appreciated the influence of nursing research on practice patterns, were more confident communicators and felt they developed enhanced leadership skills.

While the qualitative studies reviewed provide valuable information, several limitations identify a need for additional research in this area; for example, mixing nurses and students; ill-defined sample sizes for qualitative studies (n=10, 12, 23, 35, 36, 101); and a variety of data collection, and analysis methods. Also, nonexistent or vague descriptions of study procedures indicates need for additional research as well as follow-up on finding that participants indicated no value or worth after obtaining the BSN degree. Qualitative research requires written detail of method choice, and procedures for data collection and analysis, so reviewers can "share in the standards of rigor" (Morse, 1994, p. 5) of the study conducted. Details assist in the evaluation of "soundness, uniqueness, and significance" (p. 5). The lack of qualitative method specification (e.g. ethnography, phenomenology, or grounded theory) in each study, except two phenomenological approaches (Delaney & Piscopo, 2007; Zuzelo, 2001), is a limitation because each "process is applied, targeted, sequenced, weighted or used" (Morse, 1994,

p. 34) differently which distinguishes one method from the other. Each qualitative

method provides a unique perspective in study analysis and outcome.

Perceived Practice Differences between Associate and Baccalaureate Prepared

Nurses

Nurse managers were asked their perspectives on ADN and BSN nurse academic

differences and their preferences (Weinberg, Cooney-Miner, Perloff, & Bourgoin, 2011;

Goode, Pinkerton, McCausland, Southard, Graham & Krsek, 2001). The majority of

managers expressed a preference for BSN prepared nurses. Several managers reported the

perspective that BSN nurses were *well-rounded* and *better critical thinkers* (Weinberg et

al., 2011, p. 24) but offered no examples of practice differences or research to support

substantiated claims of better thinking or being well-rounded. Also, the managers' actual

hiring practices were not reflective of their stated preferences (Weinberg et al., 2011).

Conflicting evidence provides fervor to the debate regarding ADN and BSN

degrees. The National Council of State Boards of Nursing (NCSBN) conducts an RN

practice analysis every 3 years (Smith & Crawford, 2002) to evaluate if the National

Certification Licensing Exam for Registered Nurses (NCLEX-RN) reflects nursing

practice. Smith and Crawford (2002) reviewed the 1999 RN Job Analysis and reported

the link between entry-level RN practice and the NCLEX-RN examination indicates

minimal differences between ADN and BSN nurses in frequency of job performance

activities. Smith and Crawford (2002) reported that of the 189 job activities reported on,

only 21 showed statistically significant differences with 14 attributable to educational

preparation. The job activities with statistically significant differences attributed to

degree differences included (a) providing non-pharmacologic measures for pain relief, (b) evaluating client care environment for safety hazards, (c) promoting wound healing, (d) assessing for peripheral edema, and (e) managing care of clients with altered skin integrity and nine other similar activities. Associate degree nurses had higher mean scores than BSN nurses in 10 of the 14 activities identified, indicating ADN nurses performed the activities more often (Smith & Crawford, 2002).

One study examining nursing care quality and adverse events in U.S. hospitals suggested optimizing patient care delivery by completing tasks and providing care plan treatments. Study findings indicated increased quality care environments reduced adverse events in hospitals. Adverse events as defined in the study included infections, falls and wrongful medication administration. No significant difference was found between education level and quality care (Friese, Lake, Aiken, Silber, & Sochalski, 2008).

As presented in this review, current evidence does not consistently or clearly define patient outcomes. Different care settings (e.g. obstetrics, pediatrics, oncology, nursing homes, medical-surgical departments) may define and prioritize patient care outcomes differently. Nor does the current data uniformly claim education levels as the single causative factor explaining effects on patient outcomes (e.g. mortality rates, failure to rescue, infection, falls or medication errors). Such inconsistencies fuel the heated discourse about the ADN-BSN phenomenon. Academic discussions or talks between nurses pertaining to advancing education may produce significantly different dialogue and understanding depending on what research is utilized to inform those in such discussions. A missing key component is evidence from nurses who have experienced

both entry level degrees which is needed to fill gaps in the dialogue regarding advancing

from an associate degree to a bachelor's degree and what the additional degree means.

Policy Implications and Consequences: The North Dakota BSN Only Law

Since current national efforts focus on increasing nursing education levels,

especially at the entry level, it is noteworthy to mention North Dakota's nursing

education history and the implementation of the Nation's first and only BSN-only law.

Smith (2010) lays out the course of North Dakota's nursing education history from a

policy perspective. He noted that North Dakota's efforts at achieving an increased

number of baccalaureate prepared nurses took the form of a BSN only law which was

implemented in 1985. The inception of requiring a BSN began in 1965 when the

American Nurses Association (ANA) published a position paper calling for the

baccalaureate degree as the minimum requirement for entry into nursing practice. The

ANA recommended four states (Montana, Oregon, Maine and North Dakota) pilot the

initiative based on the state's governing and legislative structures which were more

conducive to making such educational changes. The North Dakota initiative was fraught

with controversy from the start. A significant component of the controversy was the lack

of input from several key stakeholders, including the state's associate degree nurses

organization, the state hospital association, special interest groups, as well as individual

nurses. The North Dakota Board of Nursing (NDBN) and the North Dakota Nurse's

Association (NDNA) spearheaded the change to implement the ANA's recommendation

of baccalaureate degree for entry into nursing practice. The Board had the authority to set

requirements for entry into practice, and in 1985, the new rules and regulations for entry

into nursing practice were passed. Additionally, the Board set new rules for requiring all

nursing education to take place in an academic setting, and had the authority to close

hospital based nursing programs that did not comply (Smith, 2010).

For practicing AD nurses, the uncertainty and misunderstanding of what the law

meant for them lead to sharp opposition. Additional backers to remove the legislation

were the North Dakota Long Term Care Association and the North Dakota Hospital

Association. Each year from 1987 to 2001 (except 1993 and 1999) a bill was introduced

intended to remove the BSN entry into nursing practice legislation. Legal issues in the

form of lawsuits questioning who had the authority to set educational rules and

regulations were the last thread that lead to the demise of the legislation. In 2003, the

North Dakota law requiring a baccalaureate degree as the minimum for entry into

practice was rescinded (Smith, 2010). The percentage of BSN nurses reached a 56% high

after 10 years of implementing the BSN only law.

Summary

Findings indicating better patient outcomes with increased percentages of BSN

nurses is driving change supporting entry-level nurses' advancement to the BSN level.

Change is primarily initiated by educators, administrators and policy makers and lacks

input from key stakeholders, the nurses involved in the change. Motivational factors were

identified regarding nurses' choices for chosen pathways into the nursing profession.

Even in a state that implemented a BSN only law for 10 years, the percentage of BSN

nurses was far short of the 80% recommended goal. The purpose of this study is to add

knowledge and evidence to the dialogue and debate about the meaning of the ADN-BSN

transition phenomenon. Narratives from nurses who have experienced the transition are likely to provide insight into the meaning and value of the pursuit of a higher degree in the context of care, personal motivation, and professional development.

This current study focuses on the meaning of the bachelor's degree to offer insight and a different understanding of what additional education means, thus possibly providing relevance for nurses considering returning to school for an advanced degree.

Chapter Three: Methods

The meaning of having a bachelor's degree, for nurses who began their career with an associate's degree, has little discussion in current literature. One aim of this study is to fill the knowing and understanding gap of ADN-BSN transition phenomenon. This Gadamerian phenomenological study examined the lived experiences of ADN-BSN nurses. Data was collected from rich, descriptive conversations in which participants shared thoughts and ideas during semi-structured interviews. This chapter describes the philosophical underpinnings of the methodology, research design, data collection, and sampling utilized, as well as, data analysis plan, and criteria used to ensure quality, rigor, and adherence to ethical research standards.

Phenomenology. "A phenomenological study describes the meaning for several individuals of their lived experiences" (Creswell, & Plano-Clark, 2011, p.57).

Husserl is considered the father of phenomenology. He "wanted phenomenology to be a pure, presupppositionless, systematic scientific description of consciousness" (Carman, 2008, p. xvii). Husserl clearly identifies distinction between subject and object and just as importantly distinguishes the importance of "reflectively observable essences" (Carman, 2008, p. xvii). "Husserlian phenomenology then is the systematic scientific description of the ideal essences belonging to pure, transcendental subjectivity" (p. xvii). Husserl believed all phenomenon could be experienced and described by the human senses.

Martin Heidegger was a student of Husserl and embraced the notion of descriptive phenomenology, in the sense it was not deductive, explanatory or hypothesis testing

(Carman, 2008, p. xvii), and digressed from Husserl in the philosophical belief that phenomenology was interpretive. Heidegger points out that phenomena have innumerable hidden aspects eluding the human senses and require interpretive hermeneutics to bring forth the being of such things (p. xviii).

Hermeneutics. "Hermeneutics describes how one interprets the "texts" of life" (Van Manen, 1990, p.4). Hermeneutics phenomenology "is interested in the human world … in all its variegated aspects" (Van Manen, 1990, p. 18). Vagle (2014) describes an interpretative phenomenological approach in which research moves away from a focus of ontological being and instead focuses on becoming. Vagle states this approach leads to intentionality that may be seen as "multiple, partial, fleeting meanings that circulate, generate, undo and remake themselves… there is not a linear link between subjects and objects" (p. 41). Intentionality is the unseen ties connecting people meaningfully to objects or phenomena in the world around them (Vagle, 2014).

Heidegger's interpretive hermeneutics is a circle of knowing. He believed the only way to understand a phenomenon was to constantly acknowledge "fore-having, fore-sight and fore-conception" (Gadamer, 1975, p. 279) and never allow such subjectivity to influence the scientific themes presented by phenomenon. Heidegger's interpretive hermeneutics is a circular examination of phenomenon from multiple views and accounts of others, all the while suppressing personal perspective, knowing and understanding. Heidegger's interpretation begins with fore-conceptions (self-knowing) that eventually gets replaced by more suitable meanings with each interpretation of things. Heidegger accepts the narratives of participants as the truth, he requires suppression of researcher

fore-knowing, and identifies the researcher's interpretation as contributing to understanding. Each new interpretation constitutes a movement of understanding. The task of hermeneutics is to clarify understanding and share in a common meaning (p. 303).

Hans-Georg Gadamer. Gadamer was a student of Heidegger and furthered the idea of interpretive phenomenology. But Gadamer rejected the notion that researchers must deny their knowledge and understanding of phenomenon. He believed that meaning cannot be understood in an arbitrary way. Individuals cannot turn a blind eye to their state of knowing when trying to understand something (Gadamer, 1975, p. 281). "This does not mean that when we listen to someone or read a book we must forget all our fore-meanings concerning the content of all our own ideas. All that is asked is that we remain open to the meaning of the other person's text" (p. 281). But this openness always includes our situating the meaning in relation to the whole of our own meaning and our relation to it.

Gadamer's (1975) philosophy of hermeneutic phenomenology is laden with participant, or reader, and researcher situatedness. He states each individual, through life experiences and knowledge has an individual perspective or view of the horizon. Individual fore-knowing or what each person knows to be true, as well as an individual's ideas of possibilities, comprise their horizon, and beyond the horizon is the unknown. Gadamer acknowledges there is no way to know everything about any one particular thing and people do not know what they do not know. All of the unknown lies beyond the individual's present view of the horizon. But Gadamer also states that life's moments, each meeting, conversation and/or experience can add to an individual's knowing and

potentiate a change in the view of a person's horizon. Since conversations and

experiences are often with others, the so called change in viewpoints was coined by

Gadamer as "*fusion of horizons*". He believed removing subjectivity was impossible and

that the researcher's fore-knowing, along with the dialogue of the text were the context in

which understanding occurs. Gadamer's fusion of horizons purports that subjectivity is

meaningful and can change the participant and researcher as the study data collection

evolves and continues with data analysis and synthesis. "The horizon of the present is

continually in the process of being formed because we are continually having to test all

our prejudices (Gadamer, 1975, p. 317). "There is no more an isolated horizon of the

present in itself… rather, understanding is always the fusion of these horizons" (p.317).

Individual cases are not to confirm universal laws, instead the ideal is to understand a

phenomenon in all its unique and historical context. It is not to attain knowledge of a law

or theory, rather to understand how a phenomenon has become or how it "happens that it

is so" (Gadamer, 1975, p. 4). With each contact and question asked, the participant and

researcher are left in a moment of becoming. Becoming more aware of others, of self and

understanding the meaning and relationships of the phenomenon of interest. Gadamer's

approach is an iterative process. Gadamer identifies sensitivity and openness when trying

to understand a phenomenon requires acknowledgement of one's own fore-meaning and

prejudices so that "the text can present itself in all its otherness and thus assert its own

truth against one's own fore-meanings" (p. 282).

     Gadamer's hermeneutic phenomenological approach is utilized throughout this

study in an effort to appreciate the complexities and possibilities of the meaning of

having a BSN to an ADN nurse. The iterative process of fusing each interview into a narrative, along with researcher interpretations, and continually acknowledging fore-knowing, fore-meaning and prejudices, embraces the ADN-BSN transition phenomena as social rather than "belonging to the individual" (Vagle, 2014, p. 41). It is a process that is more than collecting stories and counting or tabulating similar qualities or features. It is the collective whole that shapes the knowing and understanding of the ADN-BSN transition phenomenon. Gadamer's philosophical approach exemplifies how individual truths are fused with researcher subjectivity, history and understanding and subsequently produce a different understanding or, loosely termed, truth of the matter. This study examines the specifics of participant narratives and systematically produces an overall conceptualization of meaning and understanding while utilizing an iterative process and qualitative inductive reasoning.

Sandelowski (1994) identified the importance of recognizing and appreciating the art as well as the science of research. Research being the quest for knowledge or the search for truth. Sandelowski differentiated between the art and science of research as being a difference in the kind of truth being sought. Often found in qualitative research is exploration seeking a universal, contextual, social, natural, and/or holistic truth (Sandelowski, 1994; Liamputtong, 2009; Gadamer, 1975; Morse, 1994).

Design

This qualitative study utilized a phenomenological approach grounded in the philosophical framework of Hans-Georg Gadamer. As stated earlier, phenomenology is a type of qualitative research examining the meaning or essence of a phenomenon. The

specific philosophical approach utilized when conducting phenomenological research

must be explicitly defined because the research process depends on the philosophical lens

and methods that are used to investigate research questions. The subjective lens through

which a researcher views the world influences the data gathering process as well as the

analysis and interpretation of data. Gadamer believed that experience, along with each

dialogical exchange with another person, and individual reality results in a fusion of

horizons, creating new realities for people. He championed the idea that no interaction

between human beings is void of subjectivity. He especially highlighted the importance

of historical context. In this study, interviews provided the dialogical conversation that

created respect and exchange of ideas and a fusion of horizons about the meaning of a

bachelor's degree for nurses who already had an associate degree.

Sampling

Purposive sampling was used seeking individuals known to qualify for study

criteria. Purposive sampling means purposefully choosing participants capable of

providing data that fits the research study's questions and goals (Tracy, 2013). Sampling

was focused on ADN-BSN nurses specifically for their knowledge and experience in the

phenomenon of interest (Creswell & Plano-Clark, 2011). Recruitment of participants

began after Institutional Review Board (IRB) study proposal was approved (UMN IRB#

1603E85348; Appendix A1). This type of sampling also provided time savings and cost

effectiveness for the researcher.

Study participant inclusion criteria involved (a) being a licensed, practicing ADN-

BSN nurse in the United States, (b) having access to the internet for communication and

Skype or Facetime for interviewing, and (c) having obtained their BSN within the last 1-5

years from the interview date. Exclusion criteria included (a) retired or unemployed

nurses, (b) having an additional degree (e.g. a second associate degree, second bachelor's

degree or any other advanced degree), (c) no internet access, (d) having a diploma degree

before ADN or BSN, and (e) being an active student. Retired or unemployed participants

may have been affected by time away from practice, thus skewing their views and results.

Individuals with second degrees or advanced degrees may also have expanded views of

degree attainment and what that means, potentially creating bias and were therefore

excluded. Having obtained a BSN within the last 1-5 years was intended to reach

participants who had been out of the school environment long enough to reflect on their

BSN practice and provide examples while still being able to recall previous ADN

practices, meaning and examples. While ADN and BSN educational programs vary from

state to state, the effect of that educational difference in knowing the phenomenon of

interest is no different than the influence of gender, race, or ethnicity, none of which were

considered exclusion criteria. The ideal sample of participants would have included an

even mix of rural and urban nurses as well as a mixture of ethnicity, but that was beyond

the researcher's control given the voluntary nature of participation.

Recruiting began by using the social media venue, Facebook, to invite ADN-BSN

nurses to participate in this study. The *Show Me Your Stethoscope* (2016) Facebook site

for health caregivers, with over 700,000 members, was used to post an invitation

(Appendix A2) to participate in this research study. The same invitation was posted on

the researcher's Facebook page, as well as family and friends' Facebook pages. Family

and friends located in San Francisco, CA; Voorhees, NJ; Calumet, MI; Peoria, IL; Northern WI; and Minneapolis, MN posted the invitation. The study invitation was reposted weekly for three weeks to keep the post fresh. Only one *Like* on Facebook was obtained during that three weeks so an IRB addendum was submitted requesting expansion of the recruitment process to include emails and face-to-face interviews. Although Facebook is a global social network, and the Show Me Your Stethoscope site has more than 700,000 members, obtaining engaged participants was difficult. Not one participant interview was a response to a Facebook post. Subsequent to Facebook posts, phone calls were made to critical access hospitals, one hospital in all 50 states. Those that provided a name and email address of a manager (N=26) were sent the email invitation asking to help in the recruitment of ADN-BSN nurses (Appendix A3). Thus, emails were sent to the managers or administrators of 26 critical access hospitals in 26 different states. The invitation was also sent to three tertiary Trauma I hospitals, two in Minnesota and one in Florida. Five weeks passed before responses to the email invitations were received. No participants resulted from the invitations to the large trauma hospitals. Seven participants resulted from email invitations sent to small critical access hospitals. Snowball sampling, when family, friends, and coworkers share information about the study and ADN-BSN nurses subsequently become study participants, produced five qualified nurses for this study. A total of twelve (N=12) participant interviews were conducted with four phone interviews and eight face-to-face interviews, taking place between May 2016 and September 2016.

Sample size in qualitative research varies depending on purpose, study intent and data saturation. In qualitative studies, quality is more important than quantity when the aim is to understand a phenomenon more thoroughly (Tracy, 2013). Too many participants can be overwhelming and paralyzing, thus discouraging in-depth analysis while too few can result in shallow, superficial interpretations (Tracy, 2013). Tracy goes on to say it depends on the richness of the data received and suggests five to eight participants for a rigorous, quality study. Ten participants was the goal for full exposure of the phenomenon. Although ten was reached, two additional participants made contact with the investigator and volunteered for the study so interviews were conducted to confirm saturation was met. Even though no new ideas or thoughts were obtained during the last two interviews, additional rich, descriptions of experiences and examples were obtained. Tracy identifies Glaser and Strauss (1967) as coining the point of no new data as *saturation point*. With twelve completed interviews, the saturation point was met.

The final sample was twelve (N=12) ADN-BSN nurses. Interview date and time were mutually agreed upon for each participant. One scheduled interview failed due to forgetting a time change difference, but was subsequently rescheduled and completed. The resulting sample consisted of 2 large, urban hospital nurses, 9 small, rural hospital nurses and 1 out-of-hospital nurse. Additional participant information will be presented in chapter four.

Data Collection

In-depth interviewing was the method used for exploring the ADN-BSN transition phenomenon with individuals knowledgeable and experienced in the phenomenon of

interest (Rubin & Rubin, 2012). Semi-structured interview questions were developed to

elicit responses focused on the research question. The semi-structured interview format

allowed for follow-up and probing questions but focused more on the research questions.

Unstructured interviews, on the other hand, are driven by participant direction of

experiences and narratives, possibly diverging from the question of interest. Semi-

structured interviews were therefore chosen for data collection and to explore the study's

main research questions and maintain study focus. Follow-up and probing questions were

used to enhance narratives and to provide clarification regarding vague statements or use

of catch-phrases. For example, during the first participant interview, the phrase *well-

rounded* was used. Probing questions were used to illuminate the personal meaning of

that particular phrase and were used throughout the interview process for other vague

statements or phrases. Participants were asked to provide detailed examples of

experiences throughout the interview process. As Tracy (2013) points out, interviews

provide an environment for mutual discovery, reflection and understanding between the

researcher and participants. The rich interview dialogue allows others to learn about the

world and realities different than their own. Utilizing Gadamer's philosophical

framework as a guide, the interviews created a dialogue that was a fusion of horizons,

exchanging thoughts and ideas. Gadamer acknowledges and embraces the idea that no

exchange between human beings can be void of subjectivity. The idea of mutual

exchange during the interviews was exemplified by two participant's comments. One

participant said, "*You are getting me to think about stuff with your questions that I really

hadn't considered much. Some of the changes and some of the advantages that I haven't*

really analyzed before (Lake)." Another participant contacted me after our interview and stated, *"Well, after our interview yesterday, during my drive home, I was thinking…and I just wanted to say one more thing (Jiigibiig)"*, which produced one more recorded story. Gadamer's philosophical frameworks lays the foundation for the data collection, respecting the mutual exchange of thoughts and ideas during interviews, as well as the final phases including description, analysis and interpretation of study results.

       During the study's semi-structured interviews, the following interview questions were asked. Even though the questions were numbered, there was flexibility in the order depending on the answers participants provided. (Appendix D)

1. What were some factors that lead you to obtaining an ADN degree?

2. What were some of your thoughts and reasons for advancing you education and obtaining a bachelor's degree?

3. What does it mean to you personally and professionally having obtained a BSN?

4. Emerging research addresses nurses' education level, quality of care, and patient care outcomes. First please define your understanding of quality of care as well as patient outcomes, then, share with me your experiences pertaining to having a BSN and caring for patients or members of your community. Can you share any examples?

5. Describe what having a BSN means from the perspective of being a member of the nursing profession as a whole. Describe a situation or

example highlighting the BSN role in the context of the whole nursing

profession.

6. What are some differences or changes experienced during your practice

with the two entry-level nursing degrees? Examples?

7. What are the barriers and benefits to obtaining a bachelor's degree in

nursing?

8. If you were standing in front of a room of associate degree nurses, what

would you share with them about obtaining a bachelor's degree?

9. Please share with me anything you can think of about having your BSN

that I did not ask about?

Prior to delving into these research focused questions, the interviews began with

demographic information questions. Interviews were conducted between May and

September, 2016. One interview was conducted in May, two in June, four in July, two in

August, and three in September. Five interviews were conducted over the phone and

seven were conducted face-to-face in a mutually agreed upon location between researcher

and participant. Symbolic, fictitious names, representative of Lake Superior and the

Ojibwa people, were given to participants to maintain participant confidentiality. The

researcher personally transcribing the recorded interviews provided cost savings. Five

interviews were transcribed listening and typing, taking approximately 6-7 hours for a

one hour interview, while the remaining recordings were transcribed using Dragon

Naturally Speaking dictation software which reduced transcription time to about three

hours. Conducting the interviews and personally transcribing the recordings also allowed the researcher to remain close to the data.

Equipment (e.g. computer, iPad, & digital recorder), internet service, and software (NVIVO, & Dragon Naturally Speaking) were paid for by the primary investigator. No funding was received for this study.

Data Analysis

Qualitative data analysis requires coding of the narratives, developing categories and subcategories and subsequent themes. This process involved breaking down the data then building it back up for purposes of application. Coding is a process of labeling and systematically organizing data (Tracy, 2013). Data derived from the semi-structured interviews was coded using NVivo, a qualitative data analysis software. NVivo software organizes data and searches for words or phrases much like a word processing program. Initially categories were created based on the study questions. Three categories were created collecting participants' insights from the (a) individual, (b) community, and (c) professional member perspective. Words and phrases were highlighted and examined for similarities and patterns. Subsequent themes and subthemes were created. Tracy (2013) also identifies manual coding as an optimal option, especially for individuals prone to creativity and craft projects. Manual coding was the primary coding source with NVivo as a backup. Manual coding was thorough and rigorous. All transcriptions were printed. Each study question was marked with a highlighter. The individual, community and member of the nursing profession sections were then read and reread, using different highlighters and corresponding pen colors to capture words or phrases significant for

each category. The individual words and phrases from each categories were then hand written on paper. Notes were taken in the margins of the original transcripts as well as on the category sheets. Subsequent words and phrases were circled and again written on separate paper. All the papers for a category were laid down on the floor. This method allowed for viewing of all pertinent text, for example the individual perspective, to be viewed at once, with text, notes, comments and notations present. The full floor exposure allowed an at-a-glance, big picture view of the data, which this researcher does not *see* on a computer screen, even when using coding software like NVivo. The manual coding offered a visual to literally see the data from a holistic viewpoint. Dual coding, using manual and NVivo software, was used throughout the data collection and analysis phases.

Analysis was identifying patterns, similarities and differences (Morse, 1994). Analysis began with the first interview. Analysis was an iterative process.

> An iterative analysis alternates between emic, or emergent, reading of the data and an etic use of existing models, explanations, and theories. Rather than grounding the meaning solely in the emergent data, an iterative approach also encourages reflection upon the active interests, current literature, granted priorities, and various theories the researcher brings to the data. Iteration is "not a repetitive mechanical task," but rather a reflexive process in which the researcher visits and revisits the data, connects them to emerging insights, and progressively refines his/her focus and understanding [Srivastava & Hopwood, 2009, p.77] (Tracy, 2013, p.184).

Words, sentences and paragraphs were examined, searching for commonalities. The iterative analysis process allowed for awareness and follow-up in subsequent interviews as well as development of patterns, categories and themes. The iterative process included asking, what the BSN degree meant after each interview and maintained focus on the research question. Not all participants expressed similar views. Opposing views from participants, some expressing the degree changed them in unexpected ways to others saying the degree meant nothing, created a long struggle making meaning of what the additional schooling for the BSN degree really meant. Description and analysis of the data are presented in chapter four. Chapter five presents interpretation of the findings and a plausible meaning of what a bachelor's degree means to ADN-BSN nurses.

After interpretive analysis and theme development, cognitive questioning was conducted to verify resonance of themes and wording of the processed qualitative data (Polit & Beck, 2012). Many researchers refer to this process of verification as member checking, but the process of checking is not intended to see if the interpretation is right per se, rather to check if the analysis resonates, influences, affects or moves the reader, which is the reason Tracy refers to this checking as member collaboration (Tracy, 2010). Member collaboration was conducted with three participants after analysis and interpretation were completed.

Credibility Factors in Qualitative Research

Study credibility, or quality, is an important issue for qualitative research studies. Often quantitative research standards like objectivity, reliability, and generalizability are imposed on a qualitative study. Tracy (2013) states such

criteria have little application to qualitative research, because most studies are

composed of a single analysis, made at a given contextual moment in time.

Because socially constructed understandings are always in the process and

necessarily partial, even if the study were repeated (by the same researcher, in the

same manner, in the same context, and with the same participants), the context

and the participants would have necessarily transformed over time – through

aging, learning, or moving on. Hence traditional notions of reliability used in

quantitative research are not only mythical, but downright problematic (p. 229)

Regarding evaluation criteria for qualitative studies, Morse (1994) identifies that

in qualitative research, various methods may use different terms. For example, *thick* or

in-depth data is often seen in ethnographic studies, while *dense* data is seen in grounded

theory, and *saturation* is a term used in phenomenology. The terms vary but similarity in

meaning makes the criteria relevant to all qualitative studies. Such commonalities among

qualitative methods lead Morse to identify six criteria useful for evaluating a qualitative

studies. Having the six criteria present in a study increases the study "credibility,

accuracy, and common family relationships within the qualitative paradigm" (Morse,

1994, p.104). The six qualitative criteria include (a) credibility, (b) confirmability, (c)

meaning-in-context, (d) recurrent patterning, (e) saturation, and (f) transferability.

Credibility refers to the truth, value or believability of the findings. Credibility is

established by thorough, accurate observations and data collection of the researcher and

full engagement of participants ensuring the study grasps the true experiences or essence

of the subject of interest. *Confirmability* is the repeated nature of the evidence or

findings. Researcher audit trails, member collaboration or feedback sessions are all ways

for a researcher to verify that what was seen, heard or experienced reflects the cultures,

situations, and/or contexts of the data sources. *Meaning-in-context* refers to data and

findings that are understandable in the context of the participants or the subjects being

studied. This criterion requires that significance and understanding addresses the

informants and takes on meaning in their situations and lives. *Recurrent patterning* is just

as it sounds, addressing repeated experiences, instances or actions. *Saturation* is the full

appreciation of, or immersion in a phenomenon. Saturation is getting to know a

phenomenon completely, comprehensively and thoroughly. It is an exhaustive

exploration by the researcher and includes a point when data becomes redundant or no

new descriptions, examples, meaning, ideas or experiences are forthcoming. Lastly,

transferability is when qualitative findings can be transferred to a similar situation, not to

be confused with generalizability of quantitative findings. Transferability refers to the use

of qualitative results, usually in-depth understanding or knowledge of a specific

phenomenon, and finding additional use in other similar circumstances or situations.

Tracy (2010) expands on Morse's qualitative study evaluation criteria. Discussed

below are Tracy's criteria for assessing and judging the quality associated with

qualitative research investigations. To maintain the rigor of this study, these eight criteria

were adhered to including (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e)

resonance, (f) significant contribution, (g) ethical, and (h) meaningful coherence.

Worthy Topic. Tracy (2013) points out a worthy topic can emanate from several

different sources such as discipline or scholarly theories, social events or overlooked or

misunderstood aspects of life. A worthy topic is relevant, timely, interesting and significant in nature. Additionally, a worthy topic can be one that challenges the status quo or asks questions that are familiar yet take for granted various aspects of a phenomenon.

This study is worthy in the sense it highlights a spirited decades long debate in the nursing discipline, targets an under-studied population and addresses a phenomenon of national interest. This topic is relevant, timely, significant and interesting.

Rich Rigor. Rigor refers to the efforts of the researcher. Maintaining rigor, the researcher must thoroughly and diligently carry out a study. Appropriate and ample data collection, producing sufficient, abundant and appropriate theoretical constructs, while maintaining proper procedures like interviews and writing, as well as descriptive explanations about analyzing data and findings are fundamental to maintain rigor. Tracy (2013) reports a study has rich rigor when it "uses sufficient, abundant, appropriate and complex theoretical constructs, data and time in the field, sample(s), context(s), and data collection and analysis process" (p. 230).

Sincerity. Sincerity requires the researcher to share themselves in the sense of being genuine and open. Tracy (2013) suggests fostering sincerity by practicing researcher self-reflexivity about values and biases and transparency about methods (p. 232). Researcher self-reflexivity is sharing one's goals, motivation, strengths and weaknesses. The process of self-reflexivity informs all stages of the study. While it is important to share one's self in this manner, and is an important aspect of Gadamer's philosophical approach, "too much inward autobiographical detail about complaints,

anxieties, wishes or dreams can flood and overwhelm the text" (p. 234). Care was exercised in this study to balance sincerity and aggrandizing.

Transparency was practiced by openly and honestly identifying the course of the research process. Tracy (2013) identifies the importance of delineating "interactions within the context, the methodological design, analysis practices and relationship with participants (p. 234)". Transparency in this study is the sharing of the study's trials and tribulations.

Credibility. Tracy references Lincoln and Guba's (1985) definition of credibility which is being dependable and trustworthy. Credible research leaves readers feeling confident that the data and findings are plausible and true (Tracy, 2013). The research offers a thick description, and detail of the subject matter, including member reflection, and explication of tacit knowledge. This study's results are presented in a manner that is showing rather than telling the reader it is so. Chapter four is laden with participant quotes, providing the reader the opportunity to determine for oneself, the credibility of statements, themes and subthemes.

Resonance. Resonance is a feature representing the meaningfulness a study has with its audience. When study findings influence, affect, move or impact a reader because the reader is able to relate and make correlations between their own world and the findings, then the study is said to have resonance. Member collaboration with four study participants was the first step in establishing resonance.

Aesthetic merit is a means of contributing to resonance. Writing in a manner that makes the text "imaginative, artistic, beautifully written and capable of emotionally

affecting the reader (Goodall, 2008)" (Tracy, 2013, p. 239) is a key component of aesthetic merit and thus resonance.

Significant Contribution. "Significance is largely judged by whether the findings extend, transform, or complicate a body of knowledge, theory, or practice in new and important ways" (Tracy, 2013, p. 240). In short, significance illuminates the unknown, clarifies confusion and/or provides insights to understanding phenomenon in different ways. Significance need not be earth shattering, rather simply impacting the current knowledge suffices. The significant contribution criterion is often the key characteristic impacting whether a study is published in academic journals and thus heavily weighted when considering a body of research as scholarly or not. Significance means the research contributes conceptually or theoretically, practically, heuristically, or methodically.

One participant stated she attended her ADN program with a family member. While the participant returned to school for her BSN, the family member did not. Now the family member questions, as does the family member's spouse, why go back for a bachelor's degree? The study participant shared they want to know why the family member should go back and what difference the BSN makes. This study looks at the meaning of the bachelor's degree and offers views from experts who have experienced the journey this ADN nurse and spouse currently question. Why get a bachelor's degree is a common question that reverberates throughout all levels of the nursing profession. This study offers valuable insights by ADN-BSN experts specifically addressing what

having a bachelor's degree means, thereby illuminating factors to consider regarding

returning to school for a bachelor's degree.

Ethical Practice. Tracy (2013) highlights the need for appropriate ethical practice

throughout the study to maintain quality. She points out the requirements of an

Institutional Review Board (IRB) including, "do no harm, avoid deception, get informed

consent and ensure privacy and confidentiality" (p. 243) as well as securing study data

are paramount in maintaining ethical practice throughout the study. Maintaining

participant's rights, privacy and confidentiality were fundamental corner stones of this

study's design. Ethical practice also requires mutual respect, consideration and care of

cultural differences and development of trusting relationships. Procedural ethics focuses

on "the importance of accuracy and not misleading the reader through omission,

exaggeration, or inappropriate attribution" (p. 243).

Although there were no ethical threats to participants partaking in this proposed

study, such as questions regarding moral or value decisions or questions regarding

personal information such as diseases or sexual preferences or risky behavior, one might

consider the collaboration of time arranging and partaking in the interview process as

burdensome. The risk of participant burden due to time commitment is outweighed by the

benefits of self-reflection, possible feelings of validation and potential personal growth.

Each participant was fully informed of study details from a follow-up email after initial

contact. The email contained the study information again, safeguarding against any word

of mouth invitation or a shortened version of the original study invitation. Participants

were also provided the study questions allowing them to reflect on their experiences prior

to the interview. Participants' voluntary consent for answering semi-structured interview questions was deemed appropriate by the IRB, therefore no additional signed consent was obtained. Since interview questions pertain to participants' experiences and were not intended to illicit confidential or sensitive information, ethical threats were minimal. The target population did not include children, people with disabilities, or other vulnerable populations. One participant was, in fact, pregnant with twins but no questions were asked about her pregnancy, so no additional risk was present for this participant. During another interview, a participant was addressing a question about the phrase, you don't know what you don't know. She shared a story about her young son being seriously injured and not receiving appropriate care for several days. She noted the outcome was bad. Her voice began to break and she sounded emotional. Respectful quiet and active listening was maintained, but no follow-up questions or probing were asked because it was apparent the topic was emotional for the participant, and additional questions would have been for curiosity's sake only, it was not relevant to the research. Participant privacy was respectfully maintained. The participant was thanked for sharing her story and the interview questioning continued. Appropriate data collection procedures and data storage as identified in the IRB study proposal were maintained assuring confidentiality. All appropriate IRB requirements were obtained prior to study initiation and participant interviewing.

Being cognizant of participants' time and valuing each participant's contribution was paramount. The study did not include incentives for participating, such as cash or

drawings, but to show appreciation for their time and insight, each participant was given a quart of homemade maple syrup at the end of the interview.

This study maintained abiding by ethical standards, institutional rules and regulations, meeting participants' needs and fore-thought about the study's impact which are all significant measures representing virtuous ethical practice.

Meaningful Contribution. Meaningful coherence is the final criterion for Tracy's (2013) big-tent criteria for quality qualitative research. This criterion addresses whether the study achieves its purpose and makes meaningful, useful connections with the literature review, research focus, methods and findings.

Tracy (2013) makes comparison of this criterion to discriminant validity in quantitative studies. Discriminant validity being a term used to identify whether a measurement tool in a quantitative study measures what it purports to measure. In this study, the purpose was to examine the meaning of having a BSN, so conducting interviews and focusing on say motivational factors, would not adhere to meaningful coherence. This is another reason the research question was asked after each interview, what is the meaning of the having the bachelor's degree for ADN-BSN nurses. Maintaining meaningful coherence, participant interviews focused on ADN-BSN nurses expressing what having a BSN meant to them and their practice. Meaningful coherence is achieved when the study achieves what it purports to be about, meaningfully connecting literature, research questions, findings and interpretation with each other. Meaningful coherence will be determined by readers at the end, upon complete examination of such meaningful connections.

Limitations

Ideal sampling would have reflected more diverse ethnicity as well as more urban and rural participant diversity. Having eleven out of twelve participants identify as Caucasian, there was no realization of any patterns or similarities that may have been present based on ethnicity. Similarly, only two of eleven participants worked in large urban hospital settings. Both participants did briefly mention the roles of other hospital care team members when discussing the meaning of a bachelor's degree from a member of the community perspective. Since this study's intention focused on participant insight regarding the meaning of the bachelor's degree, the extrinsic role of other healthcare team members was not viewed as pertinent to the research study question. Both limitations were taken into consideration throughout the iterative data analysis and interpretation process. The limitations were not believed to be imperative regarding the direction of the results interpretation, but worthy to note for possible future study and consideration.

Another limitation of this study is missing research evidence pertaining to education program types (e.g. online, in-person, or hybrid) and curriculum. Interview questions did not investigate specifics of associate or bachelor's degree curriculum. While a few participants mentioned practicum hours, and various meaningful courses, details were not obtained for all participants so the influences of program types and curriculum on the meaning of a BSN for ADN-BSN nurses are difficult to attribute in this study. Quality, type, and composition of educational programs is worthy of further investigation for additional insights into the ADN-BSN transition phenomenon.

Summary

Tracy (2013) observes, "There is no such thing as a universally pristine, valid and precise study (p. 248)". This study consistently demonstrated efforts to uphold Tracy's big-tent criteria (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethical, and (h) meaningful coherence, in an effort to produce a rigorous, quality, scholarly study to share with the nursing profession.

The goal of this study was to develop insight and understanding of what a bachelor's of science degree means to an already, associate degree educated registered nurse. Gadamer's fusion of horizons "specifies interpretation surfaces in the reader-text dialogue and is reflexive of the reader's and author's prejudices" (Parse, 2001, p.53). Researcher and participant dialogue occurred in semi-structured interviews conducted with twelve ADN-BSN nurses. The data produced were rich in the experiences and stories of experts able to discuss the meaning of the bachelor's degree. Chapter three details the procedures utilized for sampling, data collection, ethical practice and maintaining a quality study. Chapter four presents the results of the researcher, participant dialogue that begins to expose the meaning of the bachelor's degree to ADN-BSN nurses. Chapter five outlines and summarizes lessons and insights learned, presents theories that explain the data, and provides a conclusion with suggestions for future research.

Chapter Four: Results

This phenomenological study explores the lived experience of twelve (N=12) nurses and documents the personal and professional meaning study participants shared regarding practicing with a bachelor's degree in nursing after beginning a nursing career with an associate degree.

This chapter incorporates descriptions of participant's expressed meaning of having a bachelor's degree. Highlighted in this chapter is a descriptive form of qualitative research. Participants speak to the questions and provide rich, descriptive quotes. Data from the interviews become evidence and fact. The quotes, shared thoughts, feelings, and ideas of participants expressed reality are italicized throughout this study to indicate verbatim quotations. This chapter also presents data in an interpretive qualitative form by systematically organizing key factors and relationships and presenting themes and subthemes (Wolcott, 1996).

This chapter describes and analyzes key findings from in-depth semi-structured interviews of the study participants. After a brief description of each participant, the results address (a) pathways to obtaining entry-level nursing degrees, (b) over-arching theme of the collective narratives, (c) the meaning of a bachelor's degree from an individual practice perspective, (d) thoughts regarding having a BSN from a community perspective, and (e) the perspective of being a member of the nursing profession with a bachelor's degree. Description and analysis are presented in this chapter with additional interpretation in chapter five. Also in chapter five are suggestions for future research, and implications and consequences of this research for professional consideration.

Demographics and Descriptions of the Sample

The sample of participants in this study included twelve ADN-BSN prepared

nurses. There were nine females and three males, ranging in age from 26 to 58 years old

with a mean of 37.8 years old. Eleven participants identified as Caucasian with one

reporting mixed ethnicity. All participants began their nursing career by earning an

associate's degree and practiced as an ADN nurse for 2 to 16 years. The average years of

nursing practice for this sample is 8.5 years. All participants earned their bachelor's

degree in nursing within the last 6 years. Seven participants earned their BSN from online

distance accessible BSN programs. Three completed a face to face program and two

finished a hybrid program that combined face to face and distance accessible learning

options. Seven participants reside in Wisconsin, four live in Michigan, and one lives in

California. All participants hold a registered nurse license and are currently practicing

nursing. Eleven participants work in a hospital setting. One nurse is a state government

health employee. One is a manager, three are nursing supervisors, and two are

medical/surgical nurses. Two work in obstetrics, two are surgical nurses, and one works

in an emergency department. One participant works as a manager for a state health

program. See Table 2 for characteristics of the sample (e.g. age, ethnicity, years of

experience, and BSN program types).

Following is a brief description of each participant's journey into nursing, as well

as their expressed thoughts and reasons for obtaining a bachelor's degree.

Anemy began a nursing career after being inspired by childhood television shows.

School trips to the hospital and becoming a Candy Striper in high school further paved a

pathway leading to the healthcare profession. Time commitment, life events and cost were identified as reasons for choosing the associate degree to begin a nursing career. After years of experience and change, the idea of seeking knowledge, additional leadership skills, and research know-how prompted returning to school to obtain a bachelor's degree. "*I felt BSN would really bring those well-rounded skills, to take me and help me grow in the profession, and to help me lead, and to be able to be respected and lead in a positive light.*" Anemy noted the pathway was emotion and stress laden with life events like marriage, kids, cancer, and job changes which extended the school experience over several years.

Bay also wanted to be a nurse since early childhood. A family member, who was a nurse, played an important role guiding Bay to the nursing profession. "*She was the one who made everything stop hurting.*" Also, an elderly family member with health problems left an indelible impression and "*a seed was planted*" at a young age. During high school, having a mind set on nursing, chemistry and a certified nursing assistant course were taken to prepare for the profession upon graduation. The associate degree program was started right out of high school because of the short wait list. The first year at a local college was taking general classes, then right into a two-year RN program. "*Nursing school was a huge wake up call for me. I never really knew what nursing was per se.*" "*What do I want to do? I had always assumed I would work in a hospital but there is just so much open to you... I might as well just set myself up... for this, that, or the other thing and so getting my bachelor's degree...when I was in the schooling mode just seemed the easy thing and to set myself up for success.*"

Table 2.
Defining Characteristics of the Sample: Age, Ethnicity, Years of Experience, and BSN Program Type

Participant*	Age	Ethnicity	Years w/ ADN	ADN College	Years w/ BSN	BSN College	BSN Program Type
Anemy	52	Caucasian	16 years	Chippewa Valley Technical College (WI)	5 years	Northland College	In-person
Bay	25	Caucasian	2 years	Wisconsin Indianhead Technical College	3 years	UW, Eau Claire	Hybrid
Brook	43	Caucasian	11 years	Wisconsin Indianhead Technical College	5 years	Northland College	In-person
Dakota	45	Mixed	6 years	Gogebic Community College, Ironwood, MI	1 year	Walden University	Online
Dyami	36	Caucasian	7 years	Chippewa Valley Technical College (WI)	2 years	Kaplan University	Online
Harbor	46	Caucasian	6 years	Gogebic Community College, Ironwood, MI	1 year	Walden University	Online
Jiigibiig	38	Caucasian	7 years	Wisconsin Indianhead Technical College	3 years	Liberty University	Online
Lake	30	Caucasian	2 years	University of South Dakota	1 year	Walden University	Online
Misu	58	Caucasian	6 years	Mid-State Technical College (WI)	4 years	University of Phoenix	Online
North	26	Caucasian	3 years	Gogebic Community College, Ironwood, MI	1 year	UW, Green Bay	Online
Sea	26	Caucasian	2 years	Chippewa Valley Technical College (WI)	1 year	UW, Eau Claire	Hybrid
Sky	29	Caucasian	2 years	Gogebic Community College, Houghton, MI	5 years	Northern Michigan University	In-person

Note. Names are fictitious to maintain confidentiality with nine females and three males

Brook, too, thought of the health profession from a young age but had sights set on being a paramedic. Some initial self-doubt of abilities was squelched by encouragement and support from a loved one, and the result was a career in nursing. The associate degree was chosen because it allowed flexibility in attending part-time. The associate degree was also reported to be cheap and close to home. Advancing to a bachelor's degree was always a personal goal. Due to various comments heard over the years a certain "*stigma*" was felt having the associate degree. Comments like, "*Oh, she's a good nurse, she has her bachelor's degree. So, that was kind of a slap in the face.*" Children, family and life were reasons for a delayed return to school, but a significant

scholarship paying for an advanced degree "*was a sign it was meant to be*". Advancing career opportunities was also noted as a reason for obtaining a bachelor's degree.

During childhood, Dakota had a parent with health issues that lead to multiple hospital stays and emergency room visits thus exposure to many different nurses. Personally, surviving a traumatic situation also created lasting memories of the role of nurses. Dakota experienced "*nurses who really made a difference*" both positive and some negative. Dakota wanted to make a positive difference. Being an older, non-traditional student and living in a rural area, the associate degree in nursing was the starting point. An underlying personal goal of advancing education was always present but working at a Magnet hospital, which required nurses to have a BSN, was the impetus for returning to school. Financial support was offered from the workplace for tuition reimbursement as well as increase in pay upon completion. Also noted were thoughts of advancement to leadership or management, as well as not wanting any job restrictions due to academic degrees.

Dyami is from a long line of nurses. During college, there was an "*epiphany*". "*I really need to do something with my life. So, what can I do; where I can work wherever I want; work any shift that I want; and make decent money? I was like, you know, I might as well try out nursing.*" The associate degree program had the shortest wait list. After years of practice, although grandfathered in, Dyami's place of employment, a Magnet hospital, mandated associate degree nurses to obtain a bachelor's degree within 6 years of hire. A bachelor's degree was obtained for better job placement and to meet the hospital's standard.

Harbor's adult working career was mostly customer service jobs. Returning to school for nursing was a natural progression to fulfill the role of helping people which provided a "*great feeling*" and was made easier when joined by a loved one. An associate degree program was available and convenient, "*right in our backyard,*" and thus the entry-level degree of choice. Harbor continued the academic endeavor obtaining a BSN to "*learn more…move forward in my career,*" and possible advancement to supervisory or management positions.

Jiigibiig was undecided about what academic pathway to pursue. Twenty something and with a family, Jiigibiig's spouse provided direction, and nursing was the result. Family, finances, and location were key components for choosing the associate degree path into the nursing profession. Obtaining a bachelor's degree was partially motivated by a desire for career advancement. *"I just knew at some point I was going to go back to school again. I wasn't 100% sure what I was going to go for and I was thinking maybe a nurse practitioner, maybe a CRNA, but I knew I needed my bachelor's degree."* A Catholic college was specifically chosen to enhance Jiigibiig's spiritual beliefs.

Lake's dreams began with visions of becoming a paramedic or something in emergency medicine. Conversations with other nurses were convincing enough to change that trajectory to the nursing profession. One year of general classes was completed, and an opening in the ADN program was the reasoning for starting nursing at the associate degree level. But, "*for an associate degree, it feels like…you are an RN but you are only*

an associate's degree RN. You are really doing the same thing as everyone else but you know there is a level above…I would like to be there." A BSN was obtained.

Misu was another non-traditional student, who went back to school because of being a displaced worker. While displaced worker program funds paid for returning to school for either an associate or bachelor's degree, one requirement of the loans was obtaining a job after schooling that paid at least 80% of one's previous salary. With years of experience as a supervisor and having to meet that pay scale, along with job availability upon graduation, a thorough review of available options that met loan requirements lead to the decision to go into nursing. Additional research found that the wait lists for a bachelor's degree program were "*horrendous*", so when an ADN opening came up, Misu began a nursing career. Also noted was that college credits obtained many years earlier were accepted at the technical college and made the ADN program more appealing. Experience working on an OB floor with sometimes six laboring mothers, being the only registered nurse knowledgeable in delivery, little support, and concern for maintaining an RN license in such conditions, Misu began to seek other opportunities. Told "*point blank from the Director of Nursing that unless I had a bachelor's degree, I would not be considered*" was the impetus for obtaining a BSN degree. "*Motivating*" factors also included "*opportunities to advance in the healthcare system, income and better working hours.*"

North decided on a nursing career after a lengthy discuss with a family member, who is a nurse, addressing the pros and cons of becoming a physician's assistant compared to becoming a nurse practitioner. The desire to work with people, stay away

from a desk job, job availability and a steady income were factors that also lead to obtaining an associate degree. North expressed the reason for obtaining a bachelor's degree was that the ADN program attended was not accredited.

Sky started in healthcare at a young age by becoming a certified nursing assistant in high school. A new local ADN program was starting, and it was "*just 2 years*" to finish. A family member asked to enter the program together, so support, family, and a traveling partner were reasons to start nursing school. It was also a personal goal to obtain a bachelor's degree, "*I just felt like I wanted to have that bachelors to feel more well-rounded.*" Being able to play basketball at a university was also an incentive.

Sea knew early in life that nursing was the only career path to be taken. But being young, a single parent, no time, limited money, and a lack of available schooling options made nursing school challenging. Repeated efforts to attend a local university with an excellent daycare program were met with disappointment. Sea applied to both local ADN and BSN programs. The first student nurse opening was at the technical college and thus a journey in the nursing profession began. The reason for obtaining a bachelor's degree was because, "*it was required*". "*Just nine months earlier, [my employer] passed a rule that ADN nurses had to obtain their bachelor's degree in nursing within six years of hire*".

These participant biographies highlight the many different thoughts, reasons and pathways leading to a career in the nursing profession. Over half of the participants mentioned that if the associate degree in nursing had not been an option to begin their nursing career, it was most likely they would not be in nursing today. Time and money

were stated almost unanimously as barriers to obtaining a bachelor's degree, with location and availability also frequently identified. These study findings support current evidence regarding motivation and barriers to nursing education (Altmann, 2011; Munkvold, Tanner, Herinckx, 2012).

One can see participants' journeys are a constellation of vivid and descriptive stories. Personalities, life circumstances, situations and reasons for a career in nursing are as plentiful as the colors under the sun.

Data analysis was an iterative process. With each interview, the dialogue was examined at the individual narrative level, noting rich, descriptive images of meaning that ADN-BSN participants associated with practicing with a bachelor's degree; then with each subsequent interview, the stories were examined as a collective searching for patterns and similarities. The first interview occurred in late May, 2016 and was a face-to-face meeting. Bay described the meaning of having a BSN in positive terms in all three focus areas, individual, community, and professional. Next was a face-to-face interview with Lake. Lake described *"certainly some level of satisfaction being at a bachelor's degree level"* but finished with *"the differences that it might be making professionally, I don't know"*. Adding, *"I don't know, though during the BSN process, the focus on research as far as being able to make change, being able to identify an issue that needs to be looked at further; I am now able to make suggestions. Is that because I have my BSN? I can't say for sure."* When asked about caring for others from a community perspective, Lake stated, *"I don't know how much of a difference it [a BSN] made."* After the first two interviews, divergence in meaning presented in the data. Lake's narrative noting

changes and growth in the individual perspective, but denied a difference caring for other

from a community perspective was interesting. The third interview was a phone interview

with North. This resulted in expressions of experiencing no differences practicing with

the associate degree and the BSN in all three focus areas. Researcher attempts were made

to tease out the nuances regarding divergence of narratives. During the third interview

follow-up questions about program curriculum were added. Bay had freely offered

information about having a 96 hour community practicum. When asked, North stated a

community practicum was required, but could not recall the number of hours needed, and

stated *"I had to go to a flu clinic and give shots all day. I already had to do that [in ADN*

program]. I didn't learn anything new." Such divergence in meaning making noted in

the first three interviews lead to further examination of possible influences as the iterative

analysis continued. Again, Gadamer's philosophy is that the very struggle to combine an

interpreter's fore-knowing of a subject with elements of other's knowing is the process of

understanding (Gadamer, 1975). The fusion of horizons continued with each interview.

Consideration for variances and divergence of meaning included gender, age, programs

type (e.g. in-person, hybrid, or online), work place, and nursing roles, as well as

consideration regarding curriculum. A limitation of this study is that not all participants

were asked about BSN program curriculum, thus possibly missing data that could help

explain nuances of the divergent responses. The range of meaning across all three focus

perspectives continued with all the participants. The overarching theme, or grand theme

that emerged from the data was *Difference of Opinions*.

Grand Theme: Difference of Opinions

Examining Table 3, one can see that of the twelve participants, five participants (Anemy, Bay, Dakota, Jiigibiig, & Sky) shared narratives that described growth, improvement, or betterment in all three focus perspectives, the individual, community and member of the nursing profession. Three others (Dyami, North, & Sea) shared stories expressing they felt no change or difference in their practice in any of the three focus areas. The remaining four participants (Brook, Harbor, Lake, & Misu) expressed growth in one or more areas with ambivalence or indifference in others. Surprisingly, Brook, Harbor, Lake, and Misu were different in their areas of growth and ambivalence. The grand theme, *Difference of Opinion*, is a range of differing opinions between growth and improvement to indifference and ambivalence. The study data can be sub-categorized into what are called major themes that highlight the difference of opinions in the three perspectives; the individual perspective addressing personal and professional practice; the care of others from a community perspective; and being a member of the nursing profession perspective. With each perspective, participants shared narratives that capture a wide variety of meaning regarding practicing with a bachelor's degree. Some participants praised their education and BSN degree attainment, expressing growth and improvement, while others report ambivalence or indifference, still other participants reported growth in one or more areas but indifference in others. The first major theme embodies the meaning from the individual perspective and emerged as *self-fulfillment, self-improvement and no change acknowledged*. From this major theme, three sub-themes were identified including, *the value of research and developing into a change advocate*;

becoming well-rounded, looking at things differently; and *you don't know what you don't know, and education is only a piece of it*. The second major theme, which addresses views from the community member perspective, again describing a range of differing opinions, was *nursing goes beyond a patient and a disease process into the community, some see no difference*. The third major theme was *greater respect, more active engagement, and others report no change*, which highlights participants expressed meaning and difference of opinions from the perspective of being a member of the nursing profession.

Individual Major Theme: Self-Fulfillment, Self-Improvement, and Some State No Change

The following interview questions were intended to explore the meaning of the BSN from an individual perspective:

- What does it mean to you personally and professionally to have obtained a BSN?

- What are some differences or changes experienced during your practice with the two entry-level nursing degrees?

- If you were standing in front of a room of associate degree nurses, what would you share with them about obtaining a bachelor's degree?

Self-fulfillment sentiments were expressed by eleven participants when reflecting on what the BSN means personally. Words and phrases like pride, feelings of accomplishment, satisfaction and self-confidence were repeated several times over. Yet

for one participant, when asked what it means personally to have obtained a BSN, the participant simply stated, *"more debt" (North).*

Exploring what the degree means to individual's professionally, the spectrum of responses ranged from, "*I think I'm a better nurse" (Dakota)* to, "*I don't think it made me any better of a nurse" (Dyami).* Eight participants mentioned areas of self-improvement or enhancement, and four individuals shared stories acknowledging no individual professional practice change when reflecting on practicing with an associate then a bachelor's degree. Note, this professional meaning was in the context of an individual's professional practice perspective. Individual professional meaning responses were different from the responses when asked about BSN meaning from a member of a profession perspective.

When asked what the BSN degree means professionally, four responded by stating, "*nothing" (Brook), "honestly nothing, I'm a bit irritated the I had to get it" (Sea),* "*interesting classes but just a piece of paper" (Dyami),* and "*It doesn't mean a thing. I didn't learn anything that I didn't already know" (North).* While stating the degree was void of meaning from an individual professional level, it was curious to discover that all four participants, along with the other eight participants, unanimously agreed that when standing in front of a room of ADN nurses, they would all state in various forms that students should go on and obtain their bachelor's degree. The four individuals who acknowledged no change in professional meaning for the BSN stated, "*I'd say it's very easy, it takes a couple hours a week of your time" (North),* and my "*initial reason was personal. But…it will definitely open more doors" (Brook),* as well as,

"*I would tell them to do it…the best way is to get your associate degree…then you get to work as you get your bachelors…there are so many programs online that it is so easy to do" (Dyami).* These varying messages will be discussed further in chapter five.

Areas of self-improvement included life-long learning, communication skills, increased knowledge, and leadership and management skills. A couple participants mentioned their feelings about enhanced cultural sensitivity, as one referred to her professional perspective, "*It [BSN] opened it up to a more global aspect of healthcare" (Harbor).* A few participants expressed belief that the bachelor's degree provided more opportunities for jobs and advancement, as well as job security. "*It really just opened doors. It's more than just being able to apply to hospitals, or nursing homes. There are lots of other areas*" Misu stated. Currently in a state organization working with Medicare services, Misu reported the position "*required a bachelor's degree, not necessarily did it require an RN.*" Sky noted, "*Opportunities way beyond patient care"* were available with a bachelor's degree. This topic lead to a short discussion of other opportunities including being a legal consultant, a consultant for software companies to provide input or teach others about health apps, or a healthcare equipment or pharmaceutical representative to name a few.

While participants' insight provided a multitude of self-improvement areas, three areas were repeatedly touched on by participants, which were identified as sub-themes of self-improvement including: research and developing into a change advocate; becoming well-rounded, just looking at things differently; and you don't know what you don't know, and education is only a piece of it.

The value of research and developing into a change advocate. Several participants shared thoughts and stories regarding having a better understanding of what research is, how it is conducted, implications for practice standards, as well as how to review research critically. As Dakota stated,

> *A lot of evidence based practice is from nurses working diligently in their field and profession. So, I do recognize that now. But when I wasn't at that [BSN] level, I looked at it and thought, 'Yeah, it [BSN degree] doesn't look like there is much difference.*

Anemy shared, "*I really look more at it from an angle of best practice. What is best practice…what is the standard that is out there…has something really been studied?*" Additionally, Harbor made a distinction between their ADN and BSN program research education and remarked,

> *Well, we touched on it [research] in the ADN program, but we didn't know a lot about evidence-based practice. That really came in during part of the BSN program and learning about research. The reason why there is research, what they found behind the research and how it helps with better patient outcomes and caring for our patients…it's just a different mindset, because now when you do the research papers and you learn why that research is important and why we are doing things, I think it really helped.*

Harbor provided an example of community acquired urinary tract infection (CAUTI) care and discussed the research driving policies and nursing techniques with Foley insertion to promote patient infection control. "*It's taking it to another level and as*

an ADN nurse, I didn't really think of all that…I thought about some of it, but I just

thought well, it's policy so go ahead and do it." Jiigibiig also commented on Foley

catheters, research, questioning orders and best practice stating, *"before I probably would*

have questioned it but I wouldn't have had all the background to say 'these are the

reasons we shouldn't do this'." Additional comments focusing on research, the idea of

gathering knowledge and seeing situations from new perspectives were expressed like,

"*there seems to be a lot [of research]*" *(Misu),* we can learn "*how to do things that we*

can bring back to practice" *(Sea).*

 Although eleven participants discussed the topic of research to some degree, not

all participants equated knowledge of research to growth in their practice. Participants

who shared insights regarding new knowledge and understanding of nursing research also

shared how their new understanding contributed to development and a sense of identity

as a change advocate. Discussion also included feeling more confident to talk with

coworkers about change, policy and evidence based practice, as well as being more apt to

promote the implementation and/or maintenance of evidence based practice. "*I was better*

able to grasp new policies" *(Dakota).* This individual pointed out a safety policy, fall

prevention strategies, and explained how knowing the research about some of the

techniques used to prevent falls was much easier to follow and promote having read the

research personally and understanding what it meant for patient outcomes and

professional practice. Misu added, "*The focus on research and evidence based*

practice…I guess I look at things differently as far as being able to make change". A

couple participants discussed growing confidence when presenting ideas because their

practice now included researching ideas, gathering information, and a change in perspective, which they stated helped them develop into a change advocate.

Becoming well-rounded, looking at things differently. Well-rounded is a term I've personally heard numerous times over the past few decades of practice and well-rounded can be found smattered throughout nursing literature, so it was not surprising when the term arose during the first participant interview. Seven participants used and discussed the term well-rounded. Probing questions were asked to determine what the term well-rounded meant to each individual. Participants defined well-rounded as thinking about more than just the patients, "*using all your senses, your knowledge as well as your skills, know your disease process and taking in the best way to care for your patients*" *(Harbor),* having a whole understanding of nursing concepts and what they mean, developing in-depth knowledge on nursing subjects like research and being able to "*take a step back*" *(Dakota),* to ask questions, find answers, and guide practice based on research evidence.

One participant returned for a BSN stating, *"I felt a BSN would really bring those well-rounded skills, to take and help me grow in the profession, and to help me lead" (Anemy).* Further explaining what well-rounded meant, Anemy stated:

> *Before going back [for BSN], it just meant I had to show things taught in classes that I would never use…language or a literature class. I was thinking what does this have to do with nursing? But now I have a different appreciation for that area…I can look at it from a different angle and ask what is the meaning…I don't*

think those pieces would have come from me if I had stayed in a comfort zone in

my associate degree…going out…expanding some of those pieces.

Several other participants, throughout the interview process, clearly stated they were thinking differently and had an enhanced appreciation for areas that were touched on during their associate degree programs, but were expanded on during their BSN programs. Several participants used the term well-rounded to concisely express their new thinking and perspectives.

You don't know what you don't know, and education is only a piece of it.

During the first interview, the phrase *you don't know what you don't know* was discussed. The phrase captures the notion that even after obtaining an education, additional education offers additional knowing unbeknownst to individuals who have not advanced their education. Subsequently, eleven interviewees were asked about the phrase and whether it resonated with them having transitioned from the associate degree to the bachelor's degree. While the majority agreed, "*exactly*", several expanded on the idea stating "*that's true with any nursing associate or bachelor's degree. Nursing is so broad" (Dyami).* Others expanded it further and included, "*that's with anything, not necessarily your bachelor's. Things are constantly changing…that is…with anything" (Dakota),* and one individual pointed out not knowing what you don't know was applicable when starting a new job. Discussion included examples such as education from a certified nurse assistant to a registered nurse and the idea that education "*broadens your horizons, opens your mind to new…and exciting things, different perspectives, different ways of thinking and critical thinking" (Harbor), and "looking at the global*

picture and looking at what's happening, it's opening up your mind. It's exciting. There's so much more out there." One participant offered, *"There are 'aha' moments all the time" (Misu).* But a few participants were specific and shared *"that education is only a piece or it" (Dyami)* and *"it all depends on…who you are,"* *"it's your work and how you act and who you are,"* *"That is true [you don't know what you don't know]. But that is what you learn by experience (North),"* and *"education is only part of it (Brook)."* This highlights the complexity of an educational experience, that while you don't know what you don't know, the act of knowing consists of many variables including life experiences, personality, and education programs to name a few.

The six participants who discussed education as a component to offering knowing that a person does not necessarily know, one person identified that *"convincing someone who does not recognize value" (Lake)* in education; it would be very difficult to convince them to return to school. *"Too many variables" (Dakota)* were cited as the challenge in getting people to understand what additional education offers. The notion of forcing education on people was emphasized with one participant's response to the question of what would be said to a room of associate degree nurses, *"I probably would tell them that they have to have an open mind to get anything out of it. I'd probably tell them to not be mad about going in and having to get it like I did. That's probably not great. Maybe that's just it, because it was required it made it that much worse for me" (Sea).*

Bay offered this statement highlighting the theme, you don't know what you don't know. After a management/leadership practicum experience in the BSN program attended, Bay noted,

I never would have known when people are complaining about managers, and

[saying] how they are always in meetings, and they can't come out and help.

Well, now I know what they [managers] do and it's not just that they are sitting in

meetings to sit in meetings. It is very important things, and they are making

progress, and the things they talk about affect us down the line and patient care.

Sky provided this insight, "*when people start talking about what*

somebody's life is like, you really have no idea…you might have an idea, but you really

don't know until you talk to them and get to know them".

Other participants expanded on the idea of you don't know what you don't know.

Several participants shared thoughts that the phrase is applicable not only for advancing

from an associate's degree to a bachelor's degree, but any education level, for example,

as one participant stated, advancing from a certified nursing assistant to a nurse, while

another hypothesized the same would hold true if advancing to a master's or PhD level of

education. Others mentioned, they believed it was not only education, but people's

personalities and how willing and open they might be to learning. Dyami noted changes

in a friend after taking a management class, as well as changes in the friend's work and

increased committee opportunities. Dyami did not identify any personal changes saying,

"*I am who I am*", but finished with *"friend had really changed"*. Several participants

questioned the role of education in addressing you don't know what you don't know, and

included other factors like personality, and experience when reflecting on the phrase. The

majority of participants agreed the phrase resonated with them and applied to their

academic journey obtaining a bachelor's degree, and several discussed additional factors they felt played a role in expanding one's knowing.

Community Major Theme: Nursing Goes beyond a Patient and a Disease Process into the Community, Some See No Difference

Participants were asked to share experiences pertaining to having a BSN and caring for patients or members of their community. Stories that were shared from the perspective of a community member ranged from caring for patients at the bedside and taking into consideration their needs when returning to the community, to considering the community and considering population health needs, as well as extending community to include global health. Although, there were five participants who expressed sentiments that obtaining a BSN did not enhance, improve or change their perspective on community. One participant explained, "*I have always thought like that…I live in such a small community…honestly, my bachelors was about writing papers and I don't think my bachelors changed that at all (Dyami).*" A couple participants explained they did not have to address patients' needs in the community. Participants stated they did not need to ask patients about, or inform patients of available community resources because other members of the healthcare team (e.g. case worker or social worker) took care of those needs.

Seven participants did express improvement in nursing from a community perspective stating, "*I have a better sense of population health and community after I got my bachelor's degree (Misu).*" This participant explained a shift, recognizing that when working in a hospital, "*people are largely coming…almost into your home*" and that upon

discharge, people require education, resources and support to help them be successful

returning to their home and maintaining a healthy state. Also, others mentioned their

consideration at the bedside included seeing a person as more than their disease process.

"I had to assess the community…I think that brings in an element of not only caring for

somebody, but you are caring for the whole community. It's just that one thing leads to

the whole…what you are saying is representing what is going out into the community

(Jiigibiig)." After obtaining a bachelor's degree, a few people mentioned thinking

differently, for example, *"I haven't seen a huge difference in how I care for my*

community…but it has opened my thinking up about the process and how I do things and

the way that I think of things (Harbor)" and another participant shared *"realizing that*

other people's ethnic backgrounds, Native American for example,…understanding their

beliefs…I saw a lot of growth in that area…opened up my eyes (Brook)." Bay explained,

> *When I came out of [ADN] school, I was ready to put in a Foley, put in an IV and*
>
> *I'm ready to listen to your heart and understand what I'm hearing and know what*
>
> *I'm doing. But when you start adding those layers of social complexity and how to*
>
> *reach out to different resources in the community…looking at the whole thing. I*
>
> *wasn't just looking at the patient's physical health.*

Additionally, a participant shared a story highlighting a different mindset which

addresses community health from a broader perspective. The participant shared an

experience of going to a conference and learning about new technology, which was

thought by the participant, *"a project that was going to make a difference not only in our*

facility, but in our community (Anemy)." The technology was telehealth, specifically

stroke telehealth. Stroke telehealth is a service that involves face-to-face consultation, via a Skype or Facetime type technology, with a stroke neurologist when a patient arrives to the emergency department with stroke signs or symptoms. The stroke neurologist is contacted using tele stroke technologies for expert opinion and recommendations regarding treatment. This participant brought the tele stroke idea back to administrators and collaborated with doctorate of nursing practice (DNP) students to bring the initiative to fruition. Extensive collaboration developed into tele stroke policy and procedures. "*It [BSN] had given me the knowledge, the tools, the skill set, to be able to go to a conference and have the realization…there is no service*" in the area and that initiative was brought back to the local community. The participant explained, "*I don't know that I would have recognized the need,*" without a BSN education.

Seven participants identified having a new perspective that was beyond thinking of a person as just a patient and a disease process, rather having a sense of people being members of a community, as well as enhanced consideration for community, and population health. Five participants reported no difference between having a bachelor's degree and an associate's degree and thinking or practicing from a community perspective.

Nursing Professional Major Theme: Greater Respect, More Active Engagement, and Others Report No Change

Participants were asked to describe what having a BSN means from the perspective of being a member of the nursing profession. All twelve ADN-BSN nurses had the least to say about this perspective. Seven participants did not "*see any big*

changes (Harbor)", although, five of these seven reported feeling like they had more respect. This interview question did elicit the most discussion about feelings of respect and stories related to BSN nurses being "*better*" than ADN. Participant's comments included, "*I think nurses with BSN are more respected (Harbor),*" "*having a BSN, I read earlier, is viewed by many people, as what should be the entry level in nursing. [I] feel better…that I'm not at the very bottom entry level (Lake),*" "*I didn't really know…a pecking order until I actually got out and was working. There were nurses…who had a four-year degree who looked down their noses at the associate degree nurses (Misu),*" and lastly, "*I'm more than just an AND (Dakota)*". When probed about such feelings, comments and experiences, like the phrase *just an ADN*, most participants expressed having been at the receiving end of disparaging remarks or they had classmates or coworkers who had such experiences. Sea explained,

> *All throughout getting my bachelor's degree, it was almost like the professors were trying to convince us that bachelor's degree nurses were better than associate degree nurses. Those words were spoken in class.*

For clarification purposes, the participant was asked, "What words did you hear?"

> *Well, for one of my classes, we walked in and sat down, and one of our first assignments was finding a research article that explained or proved that bachelor's degree nurses were better than associate degree nurses. And all of us were just like, our jaws dropped. You're standing in front of a room of associate degree nurses who are like, "What?"*

Interesting, this participant did not find meaning in the bachelor's degree in any of the three major themed areas.

Four participants expanded on their meaning of a bachelor's degree from the nursing profession member perspective, while a fifth participant stated, *"my perspective has grown with my bachelor's degree, but to quantify it, I don't' know if I can (Dakota)"*. Two reported feeling more engaged, and as one indicated, *"I'm a pretty small fish…but I'm becoming more involved (Bay).*" Jiigibiig said, *"It is status…the more you know the more you grow and respect nursing…as a standalone profession."* These four participants talked about being more aware of nursing professional issues like practice changes, involvement with nursing organizations and reading more journals, as well as being more aware of resources (e.g. nursing chapters, clubs), feeling connected, networking, and being on email listservs that provide information on nursing legislative matters, and encourage nurses to vote. Bay stated, *"I am much more aware.*" Anemy discussed working collaboratively with other disciplines, and educating nurses to help grow and build the nursing profession. A snapshot of participants' views can be seen in Table 3. The table identifies whether participants expressed a change or attributed meaning to having a bachelor's degree. The three sub-themes and three sub-categories are presented.

Member Collaboration

Member collaboration was conducted with three study participants to verify resonance of the themes and subthemes presented in this chapter. A short discussion occurred with three participants that included a review of the study findings, and the

emergent themes and subthemes. Participants were asked if the themes and subthemes were clear, and resonated with their experiences. Member collaboration confirmed clarity and resonance of study data findings.

Table 3.

Changes (+) or No Changes (-) in Themes Discussed by Participants

	Individual Perspective		Community Perspective	Member of Nursing Profession Perspective	Sub-Categories		
	Personal	Professional			Research	Well-Rounded	You Don't Know…
Anemy	+	+	+	+	+	+	+
Bay	+	+	+	+	+	+	+
Brook	+	-	+	-*	+		+
Dakota	+	+	+	+	+	+	+
Dyami	+	-	-	-	+	+	+
Harbor	+	+	-	-	+	+	+
Jiigibiig	+	+	+	+	+	+	+
Lake	+	+	-	-*	+		+
Misu	+	+	+	-*	+		+
North	-	-	-	-			+
Sea	+	-	-	-*	+		
Superior	+	+	+	+	+	+	+

Note. -*means participant stated no change in engagement, or meaning as a member of the nursing profession but did state feeling more respected.

Summary

The colorful and vivid stories of participants did emerge into patterns and similarities, which developed into three major themes. Participants expressed an overwhelming sense of pride and accomplishment for obtaining a bachelor's degree. Multiple areas of growth were mentioned including life-long learning, communication skills, increased knowledge, leadership and management skills, as well as cultural diversity. Some inconsistent messaging was noted when four participants shared thoughts which emphasized the BSN degree meant nothing from the individual professional perspective. Contrary to the expressed indifference, all four participants reported they would recommend obtaining a BSN to a room full of ADN nurses. Self-fulfilment, self-improvement and some acknowledge no difference, emerged as the theme describing

participants' meaning for obtaining a BSN from the individual perspective. Three sub-themes emerged from this major theme and were named the value of research and developing into a change advocate; becoming well-rounded, looking at things differently; and you don't know what you don't know, and education is only a piece of it. The sub-themes are emphasized areas of individual meaning that several participants expressed.

The meaning of a BSN from a community member perspective was summarized in the theme named nursing goes beyond a patient and a disease process into the community, some see no difference. Participant stories highlight that a community perspective includes seeing patients and nursing from new and different perspectives. A new and different mindset was experienced with obtaining a BSN which included a more global perspective. Several participants shared their expanding views of patients being more than their disease process in a hospital and living in a community where population health was a key component. Learning about community resources, individual perspectives, and the need for cultural sensitivity emerged as meaning of a bachelor's degree from a community perspective. This theme was not without opposing views. A handful of participants expressed feeling their sense of community and how they treat patients as community members did not change.

When asked about the meaning of having a BSN as a member of the nursing profession, a few participants stated they did not feel there was any change with having the bachelor's degree. The remaining participants discussed their feelings of greater respect with having the BSN and shared experiences of disrespect they experienced or felt with their associate's degree. Three participants did broaden the discussion and

shared insight which included feeling more aware and engaged as a nursing professional. These shared experiences were captured in the third theme named greater respect, more active engagement, and others report no change.

 Chapter five further discusses lessons learned, insights and a broadened, deeper understanding of what having a bachelor's degree means to post-ADN nurses. A conclusion of findings, and discussion suggestions for future research and nursing education agendas are also presented in chapter five.

Chapter Five: Analysis, Interpretation, and Synthesis

During the last several years, the nursing profession, policy makers and health

leaders have made concerted efforts to advance entry level nurses' education to the

baccalaureate level. The IOM (2010) made numerous recommendations to increase

nursing education at all levels and set a goal of 80% bachelor's degree nurses by the year

2020 citing research that reported better patient outcomes with more baccalaureate

prepared nurses. Although, in 2015, a progress report evaluating the effectiveness of such

efforts found little progress made toward the recommended goal. A literature review of

several different areas of the ADN-BSN transition phenomenon identifies that the

knowledge, insights and understanding of nurses at the heart of the educational shift are

currently missing from the literature. Successful transition requires insights from all key

stakeholders affected by change. This study focused on ADN-BSN nurses asking for their

opinions, insights, and thoughts on practicing nursing with an associate's degree and

subsequently with a bachelor's degree. This Gadamerian phenomenological study

explored the meaning of having obtained a bachelor's degree as expressed by nurses who

began their career with an associate degree. Gadamer's (1975) philosophical approach

highlights the importance of historical context and dialogue when trying to understand a

phenomenon of interest, and phenomenology focuses on the lived experiences of

individuals who are at the center of the phenomenon. A deeper understanding of the

meaning of a bachelor's degree to ADN-BSN nurses will contribute knowledge and

phenomenological evidence that may influence future conversations about having a BSN

as part of the ADN-BSN transition phenomenon in the profession of nursing.

Purposive sampling produced twelve participants who shared their stories in one hour semi-structured interviews. Participants shared narratives about the meaning of the bachelor's degree from an individual, community member and nursing profession perspective. The data were analyzed and three major themes emerged. The first theme emerged from the individual perspective and was named self-fulfillment, self-improvement, and no change acknowledged. Most participants expressed feelings of accomplishment and/or achievement along with personal growth in several areas, but four participants reported feeling no change in personal professional practice. Noteworthy, the same four participants who expressed no change in individual practice stated they would encourage a room full of associate degree nurses to pursue a bachelor's degree. Subthemes developed from this major theme. Participants reported individual transformation and repeatedly expressed practice growth in three different areas. The first subtheme is the value of research and developing into a change advocate. Understanding research, how research is conducted, implemented and critically reviewing research were remarked on repeatedly in participant narratives. Participants explained they felt more active in institutional and practice changes because they had supporting evidence for change or knew how to review research to advocate for change. Several reported feeling more confident understanding evidence based practice issues and reported research as the basis for providing a standard of quality care. The second subtheme was termed becoming well-rounded, looking at things differently. The term well-rounded was explored and participants who used the term explained that well-rounded incorporated an expanded view of consideration in many situations and stated well-rounded was a new

way of thinking, and seeing various situations, their practice, and their experiences with others. The last subtheme emerged as you don't know what you don't know, and education is only a piece of it. Many participants agreed with the theme reporting that they did not know much of the information available to nurses, but added the caveat that education was just one aspect of learning new ways of knowing. In addition to education, participants stated a person's personality, opportunities, and experiences affected individual knowing. A second major theme was nursing goes beyond a patient and a disease process into the community, and some see no difference. Again, participants shared experiences of growth and development in personal situatedness with others, "*I don't think I had that sense of community…until after I had my bachelor's degree (Misu)*," yet some did not see any changes, "*Honestly, I did not see a change. I've always had a good sense of community (Dyami)*". The third major theme was greater respect, more active engagement, and others report no change. This theme highlights participants' expressed meaning from the perspective of being a member of the nursing profession. Here again, some participants reported feeling a sense of greater respect from coworkers, nurse leaders and patients, and being more engaged through organizational memberships while several other participants stated they felt no change.

While conducting this study, an assumption was that the data would provide insight to answers as to whether a bachelor's degree affects personal development, knowledge, skills and/ or practice; what difference between the two entry level degrees exists and if so, what are the differences; and is the time, money, and effort required to obtain a BSN worthwhile and valuable? A deeper understanding of the meaning of a

bachelor's degree derived from the narratives of ADN-BSN nurses is meant to contribute

to future conversations and national dialogue and initiatives that focus on nursing

education preparedness. Insights from ADN-BSN nurses will add knowledge to the

ADN-BSN transition phenomenon, and may contribute to the decision making process of

individuals pursuing a bachelor's degree post ADN degree.

      While chapter four described and discussed similarities and patterns in

participants' narratives, chapter five illuminates the meaning of having the bachelor's

degree for post ADN nurses. *Meaning* defined by the Merriam-Webster (2016) dictionary

as the end, purpose or significance of something. The interpretation and synthesis of the

data are intended to provide a broader and deeper understanding of what having a

bachelor's degree means as a component of the ADN-BSN transition phenomenon. This

chapter offers an all-inclusive perspective based on analysis and evaluation of the

narratives shared by ADN-BSN nurses.

Lesson Learned

      One researcher prejudice prior to this study was a belief that all education offered

some level of learning and growth. The assumption was that education lead to a positive

outcome, or a positive change. Like the old adage states *knowledge is power*. During the

study, to control researcher bias, when participants' expressed no change, growth, or

transformation after receiving a bachelor's degree, participants were not challenged about

their experiences. Instead, participants were asked probing and follow-up questions, such

as asking them to share more or to clarify, in an effort to gain additional insights and

information. Another approach was to offer examples from other study participants to

establish whether or not other participants' growth and change experiences resonated with the individual denying any change or meaning of the BSN. A few participants clearly stated they did not feel any significant change, learning, growth or meaning after obtaining a bachelor's degree. One lesson learned from this study's ADN-BSN narratives is that educational experiences do have an impact on some individuals, but not everyone acknowledges change, growth, learning, new perspectives, or transformation. Transformational learning may not occur for everyone.

The following theories inform the analysis and reflection about the meaning of the baccalaureate degree for post ADN nurses. Theories related to stress and adaptation, adult learning and transformation, as well as, cognitive and professional development may help explain some of the discoveries realized through this research. These theories help explain the range of experiences described by ADN-BSN participants. The three major themes identified from the data highlight differing views in all three perspectives that were explored. Each major theme encompasses insights ranging from a transformative experience to no expressed change occurring. These theories help explain how educational growth and development, or lack of, may influence the meaning making of participants.

Attitude, Personality, and Stress May Explain No Change and No Difference in Perspectives

In each of the sub-themes (individual, community, & profession), some participants expressed no changes or meaning associated with having the bachelor's degree when reflecting on practice and perspectives. The data show that not just one

individual stated no change in all three perspectives, rather a mixture of different views was reported. Regarding the individual perspective theme, four participants acknowledged no change (i.e. Brook, Dyami, North, & Sea). Different participants (i.e. Dyami, Harbor, Lake, North and See) expressed no difference or meaning perceived of having a bachelor's degree in the community perspective theme. When discussing the meaning of being a member of the nursing profession, Brook, Dyami, Harbor, Lake, Misu, North, and Sea, shared statements expressing no change, although, Brook, Lake, Misu, and Sea, did note they felt more respected.

This study focused on examining the meaning of having a BSN post ADN. Participants who expressed no change or difference from the individual, community or member of the nursing profession perspective were not asked in depth questions about what no change or no difference meant. Even though no additional questioning occurred, similar patterns in the data from participants expressing no change did emerge. Participants shared stories of life events and stressors.

Study participant narratives illuminate the effects of various life events and priorities on learning experiences. Anemy shared that a significant health diagnosis halted the first attempt at obtaining a BSN and the degree was obtained years later after the health issue was controlled. Brook quit school because of the birth of a child. Reprioritization of life occurred and completion of a BSN occurred at a more conducive time. Jiigibiig expressed a significant health issue with a family member when obtaining an associate degree but stated that support systems were sufficient so schooling continued. Prior to Jiigibiig returning to school for a bachelor's degree, a self-assessment

of family and life situations occurred. Timing was determined to be appropriate, and because faith was a significant component of Jiigibiig's life, a Christian college was chosen for BSN completion. North and Sea expressed little to no change in perspectives after obtaining a bachelor's degree. When asked what the BSN degree meant to each individual, North immediately stated, *"more debt"* and Sea mentioned the degree meant more debt and time away from family. The fact that money concerns and family sacrifices were prominent components defining the meaning of a BSN, it seems that such components may have shifted focus and energy away from the BSN learning experience. Every participant reported that time and money were barriers to obtaining a bachelor's degree.

Altmann (2011) identifies that attitude is a significant component influencing learners and educational experience. Rusk and Rothbaum (2010) identify that stressors and focusing on self-validating factors interferes with an individual's learning. Mezirow (1994) identifies that learning is interpreting and making sense of lived experiences. Dirkx's (Dirkx & Mezirow, 2006) transformational learning theory includes intellectual, emotional, moral and spiritual dimensions of being, and the incorporation of a person's interactions and experiences as significant components to a person's understanding and knowing in the world.

If the lived experience is interpreted as debt and family sacrifice, one can understand the translation of a BSN degree meaning nothing. Another example how other influencing factors may affect the degree to which growth and development occurs. Two participants stated they were required to obtain a BSN to keep their job. One individual

reported changes and the other did not. Force or coercion may influence a person's experience, but this example shows varying results. Participants expressing that the BSN degree did not have meaning is similar to Delaney & Piscopo's (2004) study finding that indicated 10% of their participants expressed feeling no value was noted in obtaining the BSN degree. Additional factors besides an educational program influencing learning, needs further investigation. Life events, personality, and stressors may affect attitude, influence various dimensions of personality, and hinder the learning experience, thus, participants may be less receptive to learning, growing and transforming. Extensive research is available regarding the concept of stress and adaptation, including definition, influencing factors, and physiological and behavior responses. Future research examining lack of change or transformation during the ADN-BSN educational transition experience is needed. While some participants expressed no change or difference from having the bachelor's degree, others did state changes in self, how they viewed others, as well as practice differences. The following theories help explain such reported transformations.

Transformative Learning

Several theorists address adult learning and transformative learning with special focus on various aspects such as development, psyche, and cognition. Jack Mezirow's (1981) Transformational Learning Theory is an exemplar on transformative learning. Transformative learning transcends traditional content or competency-based learning models and develops the idea that learning is a means through which individuals change perspectives, and make meaning of educational experiences that results in cognitive development. Transformative learning moves beyond educators informing or imparting

knowledge to learners and addresses making sense of lived educational experiences. Mezirow's model describes adult learning with a key component being individuals' interpreting and making sense of their experiences or meaning making, which he argues is the essence of learning. "Learning is defined as the social process of construing and appropriating a new or revised interpretation of the meaning of one's experiences as a guide to action" (Mezirow, 1994, p.222-223). Transformative learning is expanding the mind and consciousness through expansion of self-perspectives and worldviews (Dirkx & Mezirow, 2006). Transformative learning is a theory of adult learning that models how people transform and change during educational experiences.

Mezirow's (1981) theory on perspective transformation draws from his research on the learning experiences of women who were in college re-entry programs. His theory addresses self-directed adult learning. His theory focuses on the process of learners becoming more aware of the constraints of prior assumptions, re-evaluating self and relationships, reinventing oneself to permit "more inclusive and discriminating integration of experiences" (Mezirow, 1981, p. 7) and subsequently acting on new understandings. He notes it is human nature to gravitate toward "new perspectives that are more inclusive, discriminating and integrative of experience in attempting to resolve disorienting dilemmas" (Mezirow, 1981, p.7) and provide a sense of meaning to one's self, being or learning. He asserts perspective transformation is a central function for adult learners and requires critical reflection. Several other elements are identified in his theory that activates a transformational learning experience. First is a problem, an event, a dilemma, or an occurrence which makes a person question the status quo. Reflection of

the situation may involve a problem with cultural beliefs, assumptions, content, or possibly the process, or even the premise of the problem. Self-examination and critical reflection are core concepts of Mezirow's theory. The person as a learner self reflects and examines personal knowledge, assumptions, and judgements. Mezirow emphasizes his belief that individual transformations can lead to greater societal transformation (Moore, 2005). Mezirow's (1981) description of an individual's progression through a transformative learning process, starting with an initial event leading an individual to change, and ends with full integration of new behaviors and views. The catalyst of change is a problem that cannot be reconciled or solved by previous problem solving strategies. The unresolved problem leaves the individual to question one's current knowledge, behaviors, values and beliefs, and challenge oneself to deeply reflect on past experiences. Mezirow calls this phase of personal examination critical reflection. The individual recognizes that others have experienced similar situations of dilemma and discourse which leads to consideration of acquiring new knowledge, skills, and behaviors. The learning and transformative process is complete when the individual fully incorporates new learning, knowledge, attitudes, skills, behaviors, and relationships into his or her life. Mezirow states that once full integration occurs there is no returning to the previous state of understanding, thus a new, transformed perspective emerges (Moore, 2005). Not all individuals progress to the end stage of full integration. A spectrum of learning, action and changing exists when individuals are in the process of changing. Cultural and psychological barriers can prevent individuals from reaching the final state of complete integration. The adult learning process is complex, multidimensional, and

multifaceted (Kitchenham, 2008; Mezirow, 1994). "Learners enter an educational

experience at different levels of readiness for transformative learning" (Mezirow, 1994,

p. 217).

The learner begins to explore alternatives, relates to others with similar

experiences, and discovers new ways of thinking, and acting, and builds confidence in a

new role. Additional planning and new acquisition of knowledge and skills follows,

which is helpful for implementing new actions. There continues to be expansion of new

roles, development of new assumptions from new experiences, and understanding, and

the reintegration of the learner into society with a transformed perspective (Mezirow,

1981; Mezirow, 1994). Transitions between stages of adult knowing requires questioning

the past and present, appraising current existing life situations, seeking new possibilities

for oneself and personal being within the world, and lastly modifying oneself until a new

perspective forms and transforms one's being, thinking, and knowing. Transformational

learning is associated with content and tasks subject to self-reflection (Kegan, 2013;

Mezirow, 1994). Learning can occur slowly over time or in epochal, *Ah-ha* moments

(Dirkx & Mezirow, 2006; Mezirow, 1994). Dirkx (Dirkx & Mezirow, 2006) explains

how transformative learning incorporates aspects of our own being in the world including

intellectual, emotional, moral and spiritual dimensions and accounts for the interactions

and exchanges with social, cultural, personal, and interpersonal experiences. He

emphasizes that transformative learning is more than adults learning something new,

rather he highlights transformative learning as a deeper understanding that challenges

personal assumptions and meanings, as well as what learning is about. He focuses on

learning as an integration of personal being, or one's inner world, and exchanges and experiences with the outer world. Transformative learning includes a broader horizon, a more vivid awareness of our inner self. Dirkx emphasizes the human psyche as an important component of transformative learning (Dirkx & Mezirow, 2006; Dix, 2016).

Mezirow's theory suggests the stimulus for change is an individual's self-reflection and questioning of the status quo. Several study participants expressed intrinsic inspiration and motivation for advancing their education. One can see the path of these participants and understand the expressed transformation of self that was experienced by obtaining an advanced baccalaureate degree. Also understandable is that participants who experienced extrinsic factors initiating educational change, for example being mandated to obtain a BSN or risk losing one's job, breaks from this theory's self-awareness as an impetus for change. If a learner accepts or rationalizes a new point of view without deeply self-reflecting and examining prior knowledge, assumptions and judgements, then perspective transformation does not occur. If top-down authoritative pressure or coercion are the driving force of personal change, perspective transformation is not likely to occur. Learning "without questioning the veracity or utility of information" (Kitchenham, 2008, p.113) is prohibitive in transformative learning. If deep self-reflection and challenging one's own world view did not occur, or if participants felt they had little choice in returning to school, it is not surprising a few participants reported no change from their baccalaureate learning as Mezirow described. Although, an alternative possibility is that participants who expressed no change may be at a different stage of adult learning and/or development. Judgements of change being good or better based on self-reported change

from one entry level degree to another, ADN to BSN, is lacking a baseline with which to make such a judgement. One participant stated, "*I didn't learn anything that I didn't already know (North)*" which is that person's reality. The subtheme you don't know what you don't know and education is only a piece of it, highlights this point.

Robert Kegan's, *The Evolving Self,* sheds light on additional considerations when discussing adult learning. Kegan's work (1982) focuses on development and organizes stages of adult evolution. Kegan praises the genius of Piaget's developmental stages of children and expands the notion of continued development into and throughout adulthood. He discusses evolutionary stages within oneself, with others, as well as evolving as a part of a larger system. He identifies that change and transformation cannot occur for an individual until the individual acknowledges the past and present, emerges from his/her current knowing or reality and begins the process of differentiation to create a new transformed reality. "Growth always involves a process of differentiation" (p. 31). Kegan explains that as with children, adults do not evolve as a result of listening and being told to do so, instead evolution of meaning is the result of each individual's "activity in the world" (p.41). The subtheme, you don't know what you don't know and education is only a part of it supports this explanation of evolving. The participants who shared that nothing new was learned when obtaining a bachelor's degree, may have already known the content presented and did not develop into or through any new stages. Another alternative is a lack of self-reflection and examination of activities in the world, possibly due to attitude, stressors, and/or life events, and dismissing differentiation between past and present, which may have contributed to the perspective of no change.

The second and third major themes developed from participants' experiences of transforming beyond themselves. The themes incorporated the community, the nursing profession, and an understanding of being a member of a global system. Kegan argues that moving beyond the self-authoring mind and moving to a stage when a person considers beyond themselves to a systems perspective does not occur before mid-life. This is a possible explanation of why fewer participants shared stories of change or transformation when asked about being a member of the nursing profession. Less than half of the participants are middle aged. Kegan's stage of growth and loss of the institutional self, when transforming from individual self to a part of a larger system, is reported to be more difficult. An example of beginning transformation beyond self and being part of a system is, as one participant said, *"I'm a pretty small fish. But I would say I've become much more involved (Bay),"* which was said when describing the individual role in the nursing profession. Although, contrary to Kegan's premise that individuals are not able to transform to larger systems thinking before middle age, the aforementioned quote is from the youngest participant who is 25 years old.

Regardless of the different forms and focus of transformative learning, all transformations involve a change in meaning perspective as Mezirow describes (Dix, 2016; Mezirow, 1981). Learning is more than the intake of information and the acquisition of knowledge (Dix, 2016; Kegan, 2009). Learning contributes to adult cognitive development. Recently, theorists have made distinctions between horizontal learning and vertical development.

Horizontal Learning and Vertical Development

      Another concept that may explain the data are distinction between horizontal learning and vertical development. Horizontal learning is competency development that is an acquisition of knowledge, strengthening of skills, development of experiences and desired behaviors. This type of learning addresses *what* is known (Petrie, 2013; Petrie & Willburn, 2013; Kegan, 2013). Vertical development on the other hand involves cognitive changes and an altered perspective taking ability. Kegan focuses on a subject-object model of transformative learning differentiating between horizontal learning and vertical development (Kegan, 2013; Dix 2016). Kegan equates vertical development with states of transformation. He states people create meaning making through lived experiences. (Kegan, 2013). The transforming of how we think cannot be done to us, instead Kegan states we must self-transform. How we think is an evolution experienced through adult stages of development which is significantly influenced by our past and present knowing, experiences, values and beliefs. The evolution of how one thinks changes every aspect of life and because it is self-directed and transforming, Kegan calls this learning and development, vertical transformation. Bay shared this,

> *When I look back on it, I thought I was doing great! I thought I could run this place. (Laughing) But yeah, I couldn't. I mean clearly I was thinking very small. I was thinking what was affecting my job, like when I had to do a med pass. Just my duties…Those inklings of things I learned during my bachelor's degree helped me be a little more effective.*

Vertical development improves how one thinks and interprets situations. It is related to the development of mental and emotional capacities, encouraging complex decision making, thinking systematically and strategically, as well as inspiring vision, collaboration and innovation. Vertical development involves changing, enhancing, improving, and transforming one's consciousness, meaning making, and framing of a situation (Brown, 2014; Kegan, 2013; Petrie, 2013; Petrie & Willburn, 2013; Watkins, 2015). Advancing personal vertical development leads to a wiser, more inclusive being. Petrie and Willburn (2013) describe vertical development as not what is put into a person's mind, from a class per se, rather an individual trying to figure out a way to expand the mind; allowing them to think, feel, interpret, whatever they do 'take in' in more thoughtful, multifaceted ways which leads to more creative, innovative output, or expressing more strategic thoughts.

Flowing, adapting, and modifying with change requires increased vertical development verses horizontal learning (Brown, 2014; Watkins, 2015). Watkins (2015) stated the rate of knowledge change in the 1950's was doubled about every 25 years. The rapid rate of change with technological advances now leads to the rate of knowledge change doubling approximately every 18 months. Trying to keep up with what is known, as in horizontal learning, is unrealistic. Instead expansion of vertical development and advancing the stages of complexity of how a person thinks is necessary to keep up with the current rate of knowledge change occurring (Watkins, 2015).

Petrie (2013) describes three different strategies that promote growth in vertical development. First is addressing a complex challenge. Individuals need growth beyond

what they already know and are comfortable with. To encourage this stage, creating a conflict or problem that moves a person beyond what is already known encourages vertical development. For example, during an interview, a participant discussed becoming aware of social complexities and mentioned personal growth. When asked if the community practicum in the BSN program contributed to this growth, the participant said, "*Yeah, cause it pushed you to put yourself in those situations. I had to interview people for certain things in the county (Bay)*" which the participant stated was new and was not an experience that was likely to occur had it not been a requirement in the BSN program. The participant was given a complex challenge and was stretched beyond current knowing. The second strategy to promote growth is developing new perspectives. Individuals must develop new thinking and new perspectives to address change. Petrie states that new ways of thinking or perspectives can be obtained from exchanges with other people and listening to other people's perspectives. The third area for growth in vertical development is connecting with people and creating support systems. Connections and support by others also leads to development of new perspectives and thinking. Both horizontal learning and vertical development are necessary to enhance cognitive intelligence.

Central to all types of learning is the concept of transformational learning or meaning perspectives, which includes reflecting on one's current knowledge, assumptions, values, feelings, and judgements.

Conclusion

Twelve ADN-BSN nurses were interviewed to examine the meaning of having a bachelor's degree post associate's degree. Analysis included breaking down ADN-BSN nurses' narratives into words and phrases and discerning patterns in the dialogue. Analysis was an iterative process throughout the study that began with the first interview with a fusion of horizons between the researcher and the participant which subsequently informed the second interview, which informed the third interview, and so on. While some ADN-BSN nurses shared narratives illuminating transformation, new perspectives, and new thinking, others stated the BSN did not have significant meaning, highlighting the grand theme, Difference of Opinions. After breakdown of data, further analysis included building the data back up into themes and subthemes with further development into supporting theories that explain the range of participant responses. The transformational learning theory, horizontal learning and vertical development theories help explain the research findings.

When obtaining the bachelor's degree in nursing after a nursing career with an associate's degree, individuals have the potential to expand horizontal learning, to acknowledge past and present views, self-reflect, and possibly change views and self-transform. Some nurses may or may not experience increased content knowledge, or horizontal learning. ADN-BSN nurses may or may not experience a change in their views or thinking, or experience a new sense of how to learn, similar to vertical development.

In adult learning, responsibility and authority is transferred from the educator to the learner. Transformation is the individual's responsibility, even with extrinsic help.

Academic institutions and educational programs are intended to cultivate learners, but an

individual is responsible for personal knowing, seeing, and thinking. Cultivation by

definition means to create an environment suitable for growth and change. That does not

necessarily mean growth, change, or transformation will occur. Whether a nurse

experiences some change, significant transformation, or no change at all is neither good

nor bad. Education is what the individual makes of it. Adults develop and make

transformative change at their own pace. The meaning of the BSN degree is dependent on

the past, present and world view of each ADN nurse obtaining the degree. The meaning

is dependent on the unique intra/interpersonal systems each individual brings forth to and

during the ADN-BSN transition experience. The advanced educational degree is an

opportunity, an environment suitable for change, growth and transformation, but each

individual pursuing the baccalaureate degree must be receptive to the possibilities. As

Sea stated, *"I would tell them [ADN nurses] they have to have an open mind to get*

anything out of it [getting a BSN]."

Critics of transformative learning theory argue that Mezirow's theory focuses on

individuals being the impetus for personal growth and development "at the expense of

societal transformation and social action (Colland & Law, 1989; Hart, 1990; Tennant,

1993)" (Moore, 2005, p. 395). Since 2010, national initiatives have focused on societal

transformation rather than individuals. The National Academy of Sciences, Engineering,

& Medicine (NASEM, 2015) conducted an evaluation study of such initiatives and found

a 2% change after four years of concerted national efforts. Since focused national efforts

are slow to progress the advancement of baccalaureate prepared nurses, a closer

examination of possible changes at the individual level seems appropriate. Additional research in the areas of ADN recruitment, motivational factors, and individual stressors, as well as strategies to promote transformative learning, are necessary.

Discussion

The slow national progress to increase entry level nurses to a baccalaureate level favors re-evaluation of the ADN-BSN transition phenomenon focusing on learning and meaning as transformative learning theory proposes. This study was conducted with the primary focus being at the individual level and asking participants about their experiences. The intention being that the resulting meaning for having a BSN explicated from ADN-BSN nurses' narratives would subsequently be relevant to and resonate with the large national audience of ADN nurses. The challenge is preparing the workforce for a rapidly change healthcare environment; and quality education producing personal and professional value are issues needing to be addressed.

Human nature is resistant to learning anything that does not fit well into one's current state of knowing and understanding. At the same time, an urge to understand each lived experience causes internal strife and may be the impetus for change. Humans strive to progress and expand views, acquire knowledge, and change behaviors to make sense and integrate new experiences (Mezirow, 1994). This study discovered that the bachelor's degree does offer opportunity for change and add to the foundation of the associate degree learning experience; but if an individual is not prepared to examine individual state of knowing and understanding, the end result is likely to be less meaningful and transformative. This discussion focuses on considerations for associate

degree nurses who are contemplating returning to school, seeking new experiences, and wondering about the meaning of an advanced degree. Also to be discussed is the role of nurse educators and their contribution to the national conversations regarding the ADN-BSN transition phenomenon, the critical role of promoting lifelong learning, as well as promoting transformational meaning making in the form of learner experiences. Consider Sea's recollection of the first assignment in a BSN program. A classroom of ADN nurses beginning their BSN journey, and their first assignment they were asked to find a research article *"that proved bachelor's degree nurses were better than associate degree nurses"*. However the assignment was worded, whatever that nurse educator said, the student's takeaway was negative and the student was recalling that incident two years after it occurred, sharing her interpretation of that educational experience.

Habermas stated no one can know for certain if critical self-reflection and transformation has occurred. He states that even when an individual claims enlightened understanding, it could simply be a form of self-deception (Mezirow, 1981). Regardless of knowing for certain the outcome of an educational experience, action is required to try and assist learners in progressing toward a transformative ADN-BSN transition experience. Appraising a person's readiness for change is a key component to consider when ADN nurses return to school to obtain a bachelor's degree. Assessment of individual openness and readiness to learn requires self-reflection. An individual should assess the personal health and well-being, support systems available, current state of personal intelligences, life stressors, and environmental offerings. Also recommended is that nurse educators assess the history of the relationship of the learner and the subject

matter, assess learner personality and intelligences to establish conducive teaching

strategies, as well as the learner's past, current knowing and expectations. Discuss

horizontal learning and vertical development to prepare learners for change. An open

mind to possibilities, personal change, growth, and development is necessary for

transformation, learning, and meaning making to occur. Also needed is an open mind to

new ways of thinking and viewing the world. Helping insure learner growth is

recognizing that learning goes beyond what is to be learned, and includes, how to learn

and think. Baccalaureate nursing programs are intended to add to the foundational

preparation of the associate degree nurse. This study does not assert that one degree is

better than the other. But participant narratives do highlight that the bachelor's degree

offers opportunities to change perspectives and as one participant said, "*the BSN isn't*

better, it is just more (Dakota)" than the associate degree. Ultimately, it is the ADN

learner's responsibility to make sense of the advanced educational degree experience.

The researcher, a Certified Nurse Educator, suggests nursing education at all

levels continues to move away from instructional learning, or competency-based

learning, to an educational environment supportive of transformative learning and

vertical development. Another suggestion is for learner assessments, (e.g. change

assessments, motivational assessment, attitude assessments, and personality assessments)

prior to admission. Such assessments may provide insights such as identifying individuals

ready for change, people more likely to be successful in a learning environment, and

those prepared for transformational change. Also, such assessments would help faculty

get to know students, develop appropriate teaching and learning strategies, as well as

provide appropriate advising/mentoring direction. One faculty-student factor that was

found beneficial, and motivated students, was faculty sensitivity to student needs

(O'Neal, Zomorodi, Wagner, 2015). Noteworthy for ADN faculty, additional dynamics

that inspire and motivate students to continue with academic endeavors are honesty,

respectfulness, being knowledgeable about obtaining higher degrees, and personal beliefs

on and demonstration of lifelong learning (O'Neal, Zomorodi, Wagner, 2015).

Admission assessments could also be compared to exit interview data and attrition rates

to see if any correlation between change assessments, motivational factors, attrition rates,

graduation rates and individual learner meaning making exists. A screening for BSN

completion programs would similar to other admission processes that examine various

data to determine the likelihood of success of students.

   To assist nurses who may be considering a return to school, having a national

clearing house website that lists available BSN completion programs by state, including

information like cost, completion time, format (e.g. in-person, online, hybrid), and

curriculum would be helpful. Providing information about cost, completion time, and

format of program would address the most common barriers expressed by students. A

clearing house website would also be a helpful resource for faculty for advising students

on the subject of returning to school.

   Strategies for BSN nurse educators to promote transformational learning and

subsequent meaning making for ADN-BSN students are creating critical reflection

opportunities, as well as incorporating transformational action strategies, to ensure

growth, change, and transformation learning. Anemy mentioned a significant learning

experience was a community practicum, something not experienced in the ADN program

attended. Bay noted that 96 hours of required community practicum and being "*forced*"

to care for community clients was a new transformational learning experience. On the

other hand, North mentioned having to go to a "Flu Clinic" and give shots which was

something already done in the ADN program and North stated, *"I didn't learn anything*

new". BSN programs and educators should not assume anything based on an individual's

transcripts regarding what the ADN learning experience entailed, rather a personal

interview prior to a BSN program would highlight strengths and weakness of the

learner's prior academic and practice experiences. Helping learners to change

perspectives requires educators to transition away from being traditional information

givers to being a resource person. Educators are needed to create a transformative

learning environment conducive to learners questioning their own state of knowing and

being, as well as questioning the educational experience. Needed are educators who will

help learners recognize personality characteristics, and intelligence strengths. Learners

must be self-motivated and be responsible for their own education, only then can real

progress toward a new perspective occur (Mezirow, 1981). Another task of nurse

educators is to match an individual's preparedness for change with appropriate processes

and teaching strategies to bolster the individual's readiness for change. Assessing,

planning, and implementing appropriate learning strategies are essential for

transformational learning and the success of each nurse experiencing the ADN-BSN

transition phenomenon. A fundamental question for nurse educators is this; if an

associate degree nurse makes the transition from ADN to BSN, yet expresses no change

to self, practice, others, or being a member of the profession, is progress toward better patient outcomes or for the nursing profession made? Moore (2005) identifies that when people are forced or coerced into change, the end result is often uncertain and possibly undesirable. This is consistent with participants expressing no change in their nursing practice after obtaining a bachelor's degree. A few participants reported having the choice of return to school, or lose a job or be stagnant in one position without possibility of advancement. Even volitionally choosing to change "may be a prohibitive factor in pursuing or maintaining a move from the status quo toward uncertainty, unpredictability, and unfamiliarity of change, even if a perceived change would be beneficial" (Moore, 2005, p.406).

Mezirow (1981) outlines three core adult educator responsibilities that he believes to be essential for assisting in transformational learning. The first is fostering critical reflection. This requires providing students with activities and opportunities that require critical self-reflection on prior knowledge, skills and behaviors, and to question prior assumptions. Having reflection essays or short open ended survey questions as part of the admissions process for entry into baccalaureate programs would provide insights to ADN readiness for change, development and transformation, as well as ADN nurse expectations. The second responsibility of nurse educators is to establish appropriate, ideal learning conditions along with learning communities, which offer learners the opportunity to be sensitive to the way others think, feel, and perceive the world and at the same time partaking in learning endeavors with the same people. These learning communities allow sufficient access and exchange of more inclusive perspectives. Such

learning environments encourage learner success and subsequent transformational learning. Lastly, educators must help nurses' in the ADN-BSN transition to learn how to take suitable action by role modeling desired behaviors and decision making as well as assisting learners in understanding the stages of change. By assisting ADN-BSN students to understand change, theoretically then, appropriate action follows. Ideally the end result is successful transformative learning. Such a shift or change to transformative learning results in learners motivated to take "action to change social practices, institutions, or systems" (Mezirow, 1994, p. 226). The American Association of Colleges of Nurses (AACN, 2008) identifies that nursing education must work with practice environments to better align learning with patient and practice outcomes.

Future Research

Future research is needed assessing nurses' learning experiences and transition into practice environments. While some BSN completion initiatives appear promising and report increased numbers of BSN graduates, such as the dual enrollment options and RN-completion programs for non-nursing BSN students, little evidence exists regarding the meaning making associated with the learner experience or the practice differences after BSN completion. Living in a rural environment, where all higher nursing education requires online learning or a 3 hour commute, the influence of a BSN degree on nurse meaning making, translation into practice and effects on patient outcomes are difficult to assess. The following paragraphs describe a new BSN completion program model, for small rural areas to specifically help increase BSN degree attainment for associate degree nurses and establish an avenue for future research. The proposed BSN completion model

addresses barriers to schooling, student engagement and ownership of learning

experiences, promotes transformational development, and is a multi-disciplinary

collaboration between hospitals, the community, and an academic institution. Proposed is

a hospital based BSN program that is designed as a single purchase by students. The

program curriculum would include necessary courses required for BSN completion,

would be offered in a hybrid format with some options for online coursework, as well as

weekly evening classes at a local hospital, and would run throughout the year except for

holiday breaks, with estimated length of time for completion 18 months. All the

coursework assignments would be required to fulfill a hospital or community (e.g.

nursing home, school, public health) need. For example, a research class would have

topics to choose from but all topics would be generated from the hospital or the local

community. Each student would have a unique advisor or mentor throughout the

program. Mentors/Advisors would receive evidence based training for that role. Courses

would be taught by MSN, DNP, PhD or other qualified individuals employed by the

hospital or community verses educators from the academic institution. All individuals in

the educator role would be certified per state requirements, thus promoting lifelong

learning for those individuals. A liaison would work with the school and hospital to

assure appropriate teaching certifications of educators were met, as well as verifying

student requirements for degree attainment were met. The cost of the program would be

reduced since program educators, also employees of the hospital and community, were

paid by employers per course, not the academic institution. Tuition would be negotiated

between the hospital and the academic institution, and although reduced, tuition would

afford students access to student services and libraries services. Hospital educators would

also have access and utilize the school's data management system for courses and

grading. Using local qualified nurses as educators promotes lifelong learning for those

nurses. Having mentors/advisors for each student promotes lifelong learning for the

mentors/advisors. Students would have decreased cost, local access, and would be

actively engaged in their work environment and the community, and closer to home, thus

addressing the top three barriers to learning; cost, time, and family. The hospital and

community would benefit from implementation of evidence based practices, and a highly

educated workforce. This proposed hospital based BSN completion program would

include an admission assessment as suggested earlier in this study discussion, along with

a commitment contract, and exit interviews. Future research is needed to examine

components of the program as well as outcomes, both academically, and hospital and

community based outcomes.

Future research is needed on education programs and curriculum. Participants

shared varying stories of required practicum and experiences which were dissimilar even

considering program format (e.g. online, in-person, or hybrid). Assuring curricula are not

repetitive and student learning experiences are transformation verses competency-based

are necessary to assure the nursing workforce is ready to meet the healthcare challenges

of the 21st century.

Summary

This study was designed to examine the meaning of having a BSN for ADN-BSN

nurses. The results validate a collective, comprehensive meaning that participants

described from narratives of individual experiences having transitioned from being an

associate degree nurse to having a bachelor's degree. Participant and researcher dialogue

and the fusion of horizons produced data that was categorized into three major themes.

The first theme from the individual perspective was named self-fulfillment, self-

improvement, and no change acknowledged, from which three subthemes emerged, (a)

the value of research and developing into a change advocate; (b) becoming well-rounded,

looking at things differently; and (c) you don't know what you don't know, and education

is only a piece of it. The second major theme incorporating the community perspective

was named, nursing goes beyond a patient and a disease process into the community, and

some see no difference. The third theme named greater respect, more active engagement,

and others report no change captured views from being a member of the nursing

profession. Informed by adult transformative learning theorists, the multifaceted past and

present that ADN nurses bring to a bachelor's degree program influences their individual

meaning making of having a bachelor's degree. One must acknowledge the numerous

variables in bachelor's programs which impact learner's meaning making from different

views, like the individual, community and professional perspective. A coalescence of the

individual learner's state of knowing and readiness for change, with a bachelor's program

coursework, environment and educators, cultivates transformation for ADN nurses. The

individual meaning of the baccalaureate degree is construed by each ADN-BSN nurse

who experiences the ADN-BSN transition phenomenon. Associate degree nurses who are

prepared to critically self-reflect, examine personal assumptions, knowing and judgment,

and challenge themselves to alternative perspectives and worldviews are likely to

discover transformational meaning in obtaining a baccalaureate degree. But making sense of experiences like obtaining a bachelor's degree and learning from a bachelor's program are the responsibility of the ADN learner. While cultivation is an environment encouraging transformation, each learner is responsible for their own meaning making. Even in environments created to cultivate transformative learners, like bachelor's degree programs, some learners may not experience any changes. Learning is the lived experiences of the learner and the meaning making the learner associates with the experience.

References

Aiken, L., Clarke, S., Cheung, R., Sloane, D., & Silber, J. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, *290*(12), 1617-1623.

Aiken, L., Sloane, D., Bruyneel, L., Van den Heede, K., Griffith, P., Busse, R.,…Sermeus, W. (2014). Nursing staffing and education and hospital mortality. *Lancet, 383*(9931), 1824-30.

Altmann, T. (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.

AACN (American Association of Colleges of Nursing). (2011). Nursing fact sheet. Retrieved from: www.aacn.nche.edu/media-relations/fact-sheets/nursing-fact-sheet

AACN (American Association of Colleges of Nursing). (2014). The impact of education on nursing. Retrieved from: www.aacn.nche.edu/media-relations/fact-sheets/impact-of-education

AACN (American Association of Colleges of Nursing). (2015). Accelerated entry-level baccalaureate and master's degree in nursing. Retrieved from: www.aacn.nche.edu\media-relations\fact-sheets\accelerated-programs

ANA (American Nurses Association). (2015). Code of ethics for nurses with interpretive statements. Retrieved from: http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html

ANA (American Nurses Association). (2011). Registered nurses in the U.S.: Nursing by the numbers [Fact Sheet]. Retrieved from:

http://www.nursingworld.org/NursingbytheNumbersFactSheet.aspx

ANEW (Association of Nurse Educators in Wisconsin). (October 3, 2012). National Strategies Task Force Committee findings [presentation]. Stevens Point, WI.

Bandura, A. (1971). *Social learning theory*. New York, NY: General Learning Press.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52*(1), 1-26.

Blegen, M., Goode, J., Park, S., Vaughn, T., & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration, 43*(2), 89-94.

Brown, B. (2014). *The future of leadership for conscious capitalism* [White Paper]. MetaIntegral Associates. Retrieved from:

http://consciouscapitalism.s3.amazonaws.com/1401749681_The_Future_of_Leadership.pdf

Bruner, J. (2012). Bruner's theory on contructivism. Retrieved from: http://www.teach-nology.com/currenttrends/constructivism/bruner/

Bye, D., Pushkar, D., & Conway, M. (2007). Motivation, interest, and positive affect in traditional and nontraditional undergraduate students. *Adult Education Quarterly, 57*(2), 141-158.

Carman, T. (2008). Foreword. In Heidegger, M. (Ed.) *Being and time.* New York, NY: Harper Perennial Modern Thought.

Conger, J. (2013). The necessary art of persuasion. In *HBR's 10 must reads: On communication* (pp. 67-89). Boston, MA: Harvard Business Review Press.

Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Creswell, J. W., & Plano-Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Delaney, C., & Piscopo, B. (2004). RN-BSN programs: Associate degree and diploma nurses' perceptions of the benefits and barriers to returning to school. *Journal for Nurses in Staff Development, 20*(4), 157-161.

Delaney, C., & Piscopo, B. (2007). There really is a difference: Nurses' experiences with transitioning from RNs to BSNs. *Journal of Professional Nursing, 23*(3), 167-173.

Dirkx, J., & Mezirow, J. (2006). A dialogue between John M. Dirkx and Jack Mezirow. *Journal of Transformative Education, 4*(2), 123-139.

Dix, M. (2016). The cognitive spectrum of transformative learning. *Journal of Transformative Education, 14*(2), 139-162.

Estabrooks, C., Midodzi, W., Cummings, G., Ricker, K., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research, 54*(2), 74-84.

Fisher, M. (2014). A comparison of professional value development among pre-licensure nursing students in associate degree, diploma, and bachelor of science in nursing programs. *Nursing Education Perspectives, 35*(1), 37-42.

Flick, U. (2007). What is qualitative research? (Ch. 1). In Flick, U. (Ed.) *Designing qualitative research.* London, England: Sage Publications, Inc.

Friese, C., Lake, E., Aiken, L., Silber, J., & Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research, 43*(4), 1145-63.

Gadamer, H. (1975). *Truth and method.* New York, NY: Bloomsbury.

Gardner, H. (2011). *Frames of mind: The theory of Multiple Intelligences.* New York, NY: Basic Books.

Gerardi, T. (2017). The academic progression in nursing initiatives: The final year outcomes. *Journal of Nursing Administration, 47*(2), 74-78.

Goode, C., Pinkerton, S., McCausland, M., Southard, P., Graham, R. & Krsek, C. (2001). Documenting chief nursing officer's preference for BSN-prepared nurses. *Journal of Nursing Administration, 31*(2), 55-59.

Guba, E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. (Ch. 6). In Denzin, N., & Lincoln, Y. (Eds.) *Handbook of qualitative research.* Thousand Oaks, CA: Sage Publications, Inc.

Hall, V., Causey, B., Johnson, M., & Hayes, P. (2012). Regionally increasing baccalaureate-prepared nurses: Development of the TIBN model. *Journal of Professional Nursing, 28*(6), 377-380.

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Ames, IA: Wiley-Blackwell.

Illeris, K. (2009). A comprehensive understanding of human learning. (Ch. 1). In Illeris, K. (Ed.), *Contemporary theories of learning: Learning theorists…in their own words.* (pp. 7-20). New York, NY: Routledge.

IOM (Institute of Medicine). (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

Kegan, R. (1982). *The evolving self.* Cambridge, MA: Harvard University Press.

Kegan, R. (2009). What "form" transforms? A constructive-developmental approach to transformative learning. (Ch. 3). In Illeris, K. (Ed.) *Contemporary theories of learning: Learning theorists…in their own words.* New York, NY: Routledge.

Kegan, R. (2013). *The further reaches of adult development* [video]. Retrieved from: www.youtube.com/watch?v=BoasM4cCHBc

Kitchenham, A. (2008). The evolution of John Mezirow's Transformative Learning Theory. *Journal of Transformative Education, 6*(2), 104-123.

Laschinger, H. (2014). Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. *Journal of Nursing Administration, 44*(5), 284-290.

Laschinger, H., Finegan, J., Kerr, M., & Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18*(8), 901-913.

Lee, S., & Scott, L. (2016). Hospital nurse's work environments characteristics and patient safety outcomes: A literature review. *Western Journal of Nursing Research*, Doi:10.1177/0193945916666071

Liamputtong, P. (2009). *Qualitative research methods* (3rd ed.). New York, NY: Oxford
University Press.

Lillibridge, J., & Fox, S. (2005). RN to BSN Education. *Nurse Educator, 30*(1), 12-16.

Mahaffey, M. (2002). The relevance of associate degree nursing education: Past, present,
future. *Online Journal of Issues in Nursing, 7*(2), Manuscript 2. Retrieved from:
www.nursingworld.org/ojin/MainNenuCategories/ANAMarketplace/ANAPeriodi
cals/OJIN/TableofContents/Volume72002/No2May2002/RelevanceofAssociateD
egree.aspx

Maneval, R. & Teeter, M. (2010). The student perspective on RN-Plus-10 legislation: A
survey of associate degree and diploma nursing program students. *Nursing
Education Perspectives, 31*(6), 358-361.

Manojlovich, M., & DeCicco, B. (2007). Healthy work environments, nurse-physician
communication, and patients' outcomes. *American Journal of Critical Care, 16*,
536-43.

McNiesh, S., Rodriguez, L., Goyal, D., & Apen, L. (2013). Student's lived experience in
an associate degree to baccalaureate degree continuation program: Opening doors,
opening eyes, opening minds. *The Journal of Continuing Education in Nursing,
44*(7), 326-332.

Merriam-Webster Dictionary. (2016) *Meaning*. Retrieved from: http://www.merriam-
webster.com/dictionary/meaning.

Mertens, D., Bledsoe, K., Sullivan, M., & Wilson, A. (2010). Utilization of mixed
methods for transformative purposes. In Tashakkori, A., & Teddlie, C. (Eds.),

Sage handbook of mixed methods in social & behavioral research (2nd ed., pp.193-214). Thousand Oaks, CA: Sage Publications, Inc.

Mezirow, J. (1981). A critical theory of adult learning and education. *Adult Education Quarterly, 32*(1), 3-24.

Mezirow, J. (1994). Understanding transformation theory. *Adult Education Quarterly, 44*(4), 222-232.

Miles, M., Huberman, M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook.* Los Angeles, CA: Sage Publications, Inc.

Moore, M. (2005). The Transtheoretical Model of the stages of change and the phases of Transformational Learning: Comparing two theories of transformational change. *Journal of Transformative Education, 3*(4), 395-415.

Morris, A., & Faulk, D. (2007). Perspective transformation: Enhancing the development of professionalism in RN-to-BSN students. *Journal of Nursing Education, 46*(10), 445-451.

Morse, J. M. (1994). *Critical issues in qualitative research methods.* Thousand Oaks, CA: Sage Publications, Inc.

Munkvold, J., Tanner, C. & Herinckx, H. (2012). Factors affecting the academic progression of associate degree graduates. *Journal of Nursing Education, 51*(4), 232-235.

NASEM (National Academy of Sciences, Engineering, & Medicine). (2015). Assessing progress on the Institute of Medicine Report: The future of nursing. Washington, D.C.; National Academics Press. Retrieved from:

http://iom.nationalacademies.org/reports/2015/assessing-progress-on-the-iom-

report-the-future-of-nursing.aspx

New Jersey, A. 553, P.L. 1947, Leg. 215 (2012). Retrieved from:

http://www.njleg.state.nj.us/bills/BillView.asp

New York, A. 1977-B (2011). Retrieved from:

http://assembly.state.ny.us/leg/?default_fld=%0D%0A&bn=A01977&term=2011

&Summary=Y&Actions=Y&Votes=Y

NCSBN (National Council of State Boards of Nursing). (2011, 2012, 2013, 2014, 2015,

2016). NCLEX pass rate statistics. Retrieved from:

https://www.ncsbn.org/1237.htm

Oakland, J., & Tanner, S. (2007). Successful change management. *Total Quality

Management, 18*(1-2), 1-19.

O'Brien, G. (2002). Participation as the key to successful change: A public sector case

study. *Leadership & Organization Development Journal, 23*(8), 442-455.

http://dx.doi.org/10.1108/01437730210449339

O'Neal, D., Zomorodi, M., & Wagner, J. (2015). Nursing education progression:

Associate degree nursing faculty perspective. *Nurse Educator, 40*(3), 129-133.

Parse, R. (2001). *Qualitative inquiry: The path of sciencing.* Sudbury, MA: Jones &

Bartlett Publishers International.

Petrie, N., & Willburn, P. (2013). *Four future trends in leadership development* [video].

Retrieved from: www.youtube.com/watch?v=E6t_naGWi5M

Petrie, N. (2013). *What is vertical development?* [video]. Retrieved from:

www.youtube.com/watch?v=Tc5ip6YwUIA

Phillips, D. (1992). *Lincoln on leadership: Executive strategies for tough times*. New

York, NY: Business Plus.

Polit, D. & Beck, C. (2012). *Nursing research: Generating and assessing evidence for

nursing practice.* Philadelphia, PA: Lippincott, Williams & Wilkins.

Raines, C., & Taglaireni, M. (2008). Career pathways in nursing: Entry points and

academic progression. *The Online Journal of Issues in Nursing, 13*(3). Doi:

10.3912/OJIN.Vol13No03Man01

Ridley, R. (2008). The relationship between nurse education level and patient safety: An

integrative review. *Journal of Nursing Education, 47*(4), 149-156.

Rubin, H., & Rubin, I. (2012). *Qualitative interviewing: The art of hearing data.* (3rd ed.)

Los Angeles, CA: Sage Publications, Inc.

Rush, K., Waldrop, S., Mitchell, C., & Dyches, C. (2005). The RN-BSN distance

education experience: From educational limbo to more than an elusive degree.

Journal of Professional Nursing, 21(5), 283-292.

Rusk, N. & Rothbaum, F. (2010). From stress to learning: Attachment theory meets goal

orientation theory. *Review of General Psychology, 14*(1), 31-43. DOI:

10.1037/a0018123.

Sandelowski, M. (1994). The proof is in the pottery: Toward a poetic for qualitative

inquiry. In Morse, J. (Ed.), *Critical issues in qualitative research methods* (pp. 44-

62). Thousand Oaks, CA: Sage Publications, Inc.

Sauld, J. (2014). *An integrative review of knowledge and attitude differences among registered nurse students who sought to complete a baccalaureate degree in nursing.* Unpublished manuscript. Submitted for PhD requirements, School of Nursing, University of Minnesota, Minneapolis, MN.

Show Me Your Stethoscope. (2016). [Facebook website]. Available at: https://www.facebook.com/groups/ShowMeYourStethoscope/

Smith, J., & Crawford, L. (2002). Spotlight on: The link between entry-level RN practice and the NCLEX-RN examination. *Nurse Educator, 27*(3), 109-112.

Smith, T. (2010). A policy perspective on the entry into practice issue. *Online Journal of Issues in Nursing, 15*(1). DOI: 10.3912/OJIN.Vol15No01PPT01.

Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E., Ulrich, S., Hayes, C., & Wood, L. (2014). Role of the registered nurse in primary health care: Meeting health care needs for the 21st century. *Nursing Outlook, 63*, 130-136.

Speziale, H., & Carpenter, D. (2003). *Qualitative research in nursing: Advancing the humanistic imperative* (3rd ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.

Tourangeau, A., Doran, D., McGillis Hall, L., O'Brien Pallas, L., Pringle, D., Tu, J., & Cranley, L. (2006). Impact of hospital nursing care on 30-day mortality for acute medical patients. *Journal of Advanced Nursing, 57*(1), 32-44.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16*, 837-851.

Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact.* Malden, MA: Wiley-Blackwell.

USDHHS (United States Department of Health and Human Services). (2010). *The registered nurse population: Initial findings from the 2008 National Sample*. Retrieved from:

http://bhw.hrsa.gov/sites/default/files/bhw/nchwa/rnsurveyfinal.pdf

Vagle, M. (2014). *Crafting phenomenological research.* Walnut Creek, CA: Left Coast Press, Inc.

Van Manen, M. (1990). *Researching the lived experience: Human science for an action sensitive pedagogy.* Ontario, Canada: State University of New York Press.

Watkins, A. (2015). *Vertical development* [video]. Retrieved from:

www.youtube.com/watch?v=ghjUKUf_Uf4

Weinberg, D., Cooney-Miner, D., Perloff, J., & Bourgoin, M. (2011). The gap between education preferences and hiring practices. *Nursing Management, 42(9),* 23-28.

Wertz, F., Charmaz, K., McMullen, L., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five ways of doing qualitative analysis.* New York, NY: Guilford Press.

Wolcott, H. (1996). Description, analysis and interpretation of qualitative inquiry. (Ch. 2). In Wolcott, H. (Ed.) *Transforming qualitative data: Description, analysis, and interpretation.* Thousand Oaks, CA: Sage Publications, Inc.

Zuzelo, P. (2001). Describing the RN-BSN learner perspective: Concerns, priorities, and practice influences. *Journal of Professional Nursing, 17*(1), 55-65.

Appendices

Appendix A: IRB Email of Study Approval

Received March 30, 2016
TO : sauld@umn.edu, dpesut@umn.edu,

The IRB: Human Subjects Committee determined that the referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS; OBSERVATION OF PUBLIC BEHAVIOR.

Study Number: 1603E85348

Principal Investigator: Jill Sauld

Title(s): A Gadamerian Phenomenological Study: The Meaning of Having a Bachelor's Degree in Nursing as Experienced by ADN-BSN Nurses

This e-mail confirmation is your official University of Minnesota HRPP notification of exemption from full committee review. You will not receive a hard copy or letter.

This secure electronic notification between password protected authentications has been deemed by the University of Minnesota to constitute a legal signature.

The study number above is assigned to your research. That number and the title of your study must be used in all communication with the IRB office.

Research that involves observation can be approved under this category without obtaining consent.

SURVEY OR INTERVIEW RESEARCH APPROVED AS EXEMPT UNDER THIS CATEGORY IS LIMITED TO ADULT SUBJECTS.

This exemption is valid for five years from the date of this correspondence and will be filed inactive at that time. You will receive a notification prior to inactivation. If this research will extend beyond five years, you must submit a new application to the IRB before the study's expiration date. Please inform the IRB when you intend to close this study.

Upon receipt of this email, you may begin your research. If you have questions, please call the IRB office at (612) 626-5654.

You may go to the View Completed section of eResearch Central at http://eresearch.umn.edu/ to view further details on your study.

The IRB wishes you success with this research.

We value your feedback. We have created a short survey that will only take a couple of minutes to complete. The questions are basic, but your responses will provide us with insight regarding what we do well and areas that may need improvement. Thanks in advance for completing the survey. http://tinyurl.com/exempt-survey

Appendix B: Study Invitation for Facebook

Hello Fellow Health Caregivers,

Are you an ADN-BSN nurse? Have you ever wanted to share your story and participate in a research study? Here is a great opportunity!

My name is Jill Sauld. I have been a registered nurse for 25 years and currently live in northern rural Wisconsin. I am also working on my PhD from the University of Minnesota which is the reason for this post. I am conducting research, semi-structured interviews with associate-to-bachelor's degree registered nurses (ADN-BSN) on Skype or Facetime, to hear the stories and experiences of obtaining a bachelor's degree after beginning a nursing career with an associate's degree.

Why am I interested in this topic? A national initiative, encouraging nurses to obtain a bachelor's degree or higher, has seen little improvement in the number of associate degree nurses obtaining advanced degrees. The perspective from nurses who have made the transition (ADN-BSN nurses) is not represented in the current literature; identifying reasons, benefits, or meaning for furthering one's education. The aim of this study is to hear the experiences of qualified nurses who have transitioned from an ADN to BSN degree and identify similarities and patterns of meaning. One aim is to make explicit the meaning of a BSN from ADN-BSN experts, those who have lived and practiced with both degrees.

If you are a licensed ADN-BSN nurse, currently practicing in the U.S., graduated with your BSN within the last 1-5 years, and are interested in verbally sharing your perspective and experiences, I invite you to participate in my research study. Please continue reading to learn more about the study, inclusion criteria for participating, what will be asked of you and how to contact me to begin. I look forward to hearing from you so we can make discoveries together and ultimately share the ADN-BSN experience with the nursing profession.

PLEASE DO NOT RESPOND TO THIS POST IN THE COMMENTS SECTION IF YOU WANT TO PARTICIPATE. CONTACT ME VIA MESSAGING OR THE EMAIL PROVIDED. YOUR PRIVACY IS OF THE UTMOST IMPORTANCE.

My contact email is ADN.BSN.SauldStudy2016@gmail.com or sauld@umn.edu

Jill Sauld RN, PhD Candidate at the University of Minnesota

PARTICIPANT QUALIFICATIONS:

Inclusion criteria: A registered nurse who began nursing with an associate degree and has obtained a baccalaureate degree in nursing in the last 1-5 years. Currently licensed and practicing in the United States. Participant must have access to the internet for email communications as well as access to Skype or Facetime for a virtual face-to-face interview.

Exclusion criteria (making an unacceptable fit for participation in this study): Retired or non-practicing nurse, currently is a student, having additional associate or bachelor's degrees in something other than nursing, having started nursing with a diploma degree, having advanced master's or higher degrees, or no access to the internet.

STUDY TITLE:

A Phenomenological Study: The Meaning of Having a Bachelor's Degree as Experienced by ADN-BSN Nurses

WHY AM I BEING ASKED TO BE INTERVIEWED?

You are invited to be interviewed because:

- You are an expert in the experience of having an ADN degree and then obtaining a BSN degree. Your experiences are unique and only you can provide the perspective of what having a BSN means after starting a nursing career with an associate degree.

HOW MANY PEOPLE WILL BE INTERVIEWED?

Ten or more participants are to be interviewed.

WHO IS PAYING FOR THIS INTERVIEW?

I, Jill Sauld, am paying for personal interview equipment (e.g. recorder, iPad, computer, internet service). I am not receiving any funds to conduct this study.

WILL IT COST ANYTHING TO BE IN THIS STUDY? NO

You do not have to pay to participate in this study or in the interview process. Participation in this study is voluntary. If you decide to participate, you are free to not answer any question or withdraw at any time.

HOW LONG WILL THE INTERVIEW TAKE?

If you decide to participate, the study interview will last approximately 60-120 minutes. A follow up email will offer you a chance to add any additional thoughts. The interview time is difficult to estimate. If you wish to have changes made, you will be offered a follow-up phone interview. That additional interview will be scheduled at a time conducive to both parties. You have the right to stop the interview at any time if you so choose.

WHAT WILL HAPPEN DURING THE INTERVIEW?

If you decide to be interviewed, you will do the following things:

- Give personal information about yourself, such as your age, gender, occupation, and education level.
- Answer questions during an interview about your nursing practice experience.

While you are interviewed, you will be expected to:

- Tell the researcher if you want to stop being interviewed at any time.

WILL I BE RECORDED?

Yes, if you consent to participate in this study, an audio recording of the interview will occur. A digital audio recorder will be used in order to ensure that all of your thoughts are recorded. The recording will allow the researcher to review what was said during the interview and document your thoughts accurately. Study data will be encrypted according to current University policy for protection of confidentiality.

RISKS AND BENEFITS OF BEING IN THIS STUDY

While this study poses little risk, it does not ask personal information or address a sensitive topic, it does require a couple hours of your time. There are no special benefits per se being in this study, although you may find it satisfying to reflect on your present and past experiences and you may find satisfaction knowing that others may be helped in the future.

WILL I GET PAID?

You will not receive any financial incentive for being interviewed.

DO I HAVE TO PARTICIPATE IN THIS INTERVIEW?

Your participation is completely voluntary. You can decide not to be interviewed and you can change your mind about being interviewed at any time. There will be no penalty to you. If you want to stop the interview at any time, tell me.

WHO WILL USE AND SHARE INFORMATION ABOUT MY PARTICIPATION IN THIS STUDY? PARTICIPANT CONFIDENTIALITY:

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. All personal information will be kept confidential by providing a unique research participant ID to use rather than your personal name. Upon completion of the interviews, original participant identifying information will be erased. In any written reports or publications, no one will be able to identify you.

All identifiable information will be kept in a locked file cabinet at the researcher's home, password encrypted. The audio recordings will be kept in the same locked filing cabinet that only the researcher will have the combination. Files will be kept for a period of five (5) years after the initial interview.

PRIMARY INVESTIGATOR:

Jill Sauld PhD Candidate, MSN, PNP, RN, CNE

ADVISOR:

Danial Pesut, PhD, RN, PMHCNS-BC, FAAN

University of Minnesota, Minneapolis, MN

Appendix C: Healthcare Leaders Email Request for Help in Study Recruitment

Dear Nurse Leader,

My name is Jill Sauld. I'm a PhD nursing student at the University of Minnesota, seeking assistance in my recruitment efforts of ADN-BSN nurses for my research study. My study focus is examining the meaning of a BSN degree as experienced by ADN-BSN nurses. Below is an invitation to participate in my study and detailed information explaining the study and inclusion/exclusion criteria. In short, I am seeking practicing nurses who started with an ADN degree then obtained a BSN in the last 1-5 years and who are willing to share details of their practice experiences. I'm conducting semi-structured interviews via phone, facetime, skype, or in person, which will take approximately 1 hour. I would greatly appreciate your assistance in forwarding this study invitation to your nursing staff. Most sincerely,

Jill Sauld PhD Candidate, MSN, PNP, RN, CNE

sauld@umn.edu

Hello Fellow Health Caregivers,

Are you an ADN-BSN nurse? Have you ever wanted to share your story and participate in a research study? Here is a great opportunity!

My name is Jill Sauld. I have been a registered nurse for 25 years and currently live in northern rural Wisconsin. I am also working on my PhD from the University of Minnesota which is the reason for this email. I am conducting research, semi-structured interviews with associate-to-bachelor's degree registered nurses (ADN-BSN) on Skype, Facetime, phone, or face-to-face, to hear the stories and experiences of having a bachelor's degree after beginning a nursing career with an associate's degree.

Why am I interested in this topic? A national initiative, encouraging nurses to obtain a bachelor's degree or higher, has seen little improvement in the number of associate degree nurses obtaining advanced degrees. The perspective from nurses who have made the transition (ADN-BSN nurses) is not represented in the current literature; identifying reasons, benefits, or meaning for furthering one's education. The aim of this study is to hear the experiences of qualified nurses who have transitioned from an ADN to BSN degree and identify similarities and patterns of meaning. One aim is to make explicit the meaning of a BSN from ADN-BSN experts, those who have lived and practiced with both degrees.

If you are a licensed ADN-BSN nurse, currently practicing in the U.S., graduated with your BSN within the last 1-10 years, and are interested in verbally sharing your perspective and experiences, I invite you to participate in my research study. Please continue reading to learn more about the study, inclusion criteria for participating, what will be asked of you and how to contact me to begin. I look forward to hearing from you so we can make discoveries together and ultimately share the ADN-BSN experience with the nursing profession.

My contact email is sauld@umn.edu or
ADN.BSN.SauldStudy2016@gmail.com

PARTICIPANT QUALIFICATIONS:
Inclusion criteria: A registered nurse who began nursing with an associate degree and has obtained a baccalaureate degree in nursing in the last 1-10 years. Currently licensed and practicing in the United States. Participant must have access to the internet for email communications as well as access to Skype or Facetime for a virtual face-to-face interview, unless a phone interview or face-to-face interview is conducted.
Exclusion criteria (making an unacceptable fit for participation in this study): Retired or non-practicing nurse, currently is a student, having additional associate or bachelor's degrees in something other than nursing, having started nursing with a diploma degree, having advanced master's or higher degrees, or no access to the internet.
STUDY TITLE:
A Phenomenological Study: The Meaning of Having a Bachelor's Degree as Experienced by ADN-BSN Nurses (UMN IRB #1603E85348)
WHY AM I BEING ASKED TO BE INTERVIEWED?
You are invited to be interviewed because:
- You are an expert in the experience of having an ADN degree and then obtaining a BSN degree. Your experiences are unique and only you can provide the perspective of what having a BSN means after starting a nursing career with an associate degree.

HOW MANY PEOPLE WILL BE INTERVIEWED?
Ten or more participants are to be interviewed.
WHO IS PAYING FOR THIS INTERVIEW?
I, Jill Sauld, am paying for personal interview equipment (e.g. recorder, iPad, computer, internet service). I am not receiving any funds to conduct this study.
WILL IT COST ANYTHING TO BE IN THIS STUDY? NO
You do not have to pay to participate in this study or in the interview process. Participation in this study is voluntary. If you decide to participate, you are free to not answer any question or withdraw at any time.
HOW LONG WILL THE INTERVIEW TAKE?
If you decide to participate, the study interview will last approximately 1 hour. A follow up email will offer you a chance to add any additional thoughts. The interview time is difficult to estimate. If you wish to have changes made, you will be offered a follow-up phone interview. That additional interview will be scheduled at a time conducive to both parties. You have the right to stop the interview at any time if you so choose.
WHAT WILL HAPPEN DURING THE INTERVIEW?
If you decide to be interviewed, you will be asked to do the following things:
- Give personal information about yourself, such as your age, gender, occupation, and education level.
- Answer questions during an interview about your nursing practice experience.
While you are interviewed, you will be expected to:
- Tell the researcher if you want to stop being interviewed at any time.

WILL I BE RECORDED?
Yes, if you consent to participate in this study, an audio recording of the interview will occur. A digital audio recorder will be used in order to ensure that all of your thoughts are recorded. The recording will allow the researcher to review what was said during the interview and document your thoughts accurately. Study data will be encrypted according to current University policy for protection of confidentiality.

RISKS AND BENEFITS OF BEING IN THIS STUDY
While this study poses little risk, it does not ask personal information or address a sensitive topic, it does require one hour of your time. There are no special benefits per se being in this study, although you may find it satisfying to reflect on your present and past experiences and you may find satisfaction knowing that others may be helped in the future.

WILL I GET PAID?
You will not receive any financial incentive for being interviewed, although a homemade jar of maple syrup is given to each participant in appreciation of your time.

DO I HAVE TO PARTICIPATE IN THIS INTERVIEW?
Your participation is completely voluntary. You can decide not to be interviewed and you can change your mind about being interviewed at any time. There will be no penalty to you. If you want to stop the interview at any time, tell me.

WHO WILL USE AND SHARE INFORMATION ABOUT MY PARTICIPATION IN THIS STUDY? PARTICIPANT CONFIDENTIALITY:
Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. All personal information will be kept confidential by providing a unique research participant ID to use rather than your personal name. Upon completion of the interviews, original participant identifying information will be erased. In any written reports or publications, no one will be able to identify you.

All identifiable information will be kept in a locked file cabinet at the researcher's home, password encrypted. The audio recordings will be kept in the same locked filing cabinet that only the researcher will have the combination. Files will be kept for a period of five (5) years after the initial interview.

PRIMARY INVESTIGATOR:
Jill Sauld PhD Candidate, MSN, PNP, RN, CNE
ADVISOR:
Danial Pesut, PhD, RN, PMHCNS-BC, FAAN
University of Minnesota, Minneapolis, MN

Appendix D: Interview Questions

INTERVIEW QUESTIONS
Demographic Information:
Name
Age
Gender
Ethnicity
Name of the college and the year you obtained your ADN degree?
Years of practice with ADN degree?
Name of the college and the year obtained BSN degree?
Was BSN obtained via online, in person or hybrid (both)?
Years of practice with BSN?
Study Questions
Even though the questions are numbered, there will be flexibility in the order of questions asked.

1. What were some factors that lead you to obtaining an ADN degree?

2. What were some of your thoughts or reasons for advancing your education and obtaining a bachelor's degree?

3. What does it mean to you personally and professionally having obtained a BSN?

4. Emerging research addresses nurses' education level, quality of care, and patient care outcomes. First, please define your understanding of quality of care as well as patient care outcomes, then share with me your experiences pertaining to having a BSN and caring for patients or members of your community. Can you share any examples?

5. Describe what having a BSN means from the perspective of being a member of the nursing profession as a whole. Describe a situation or example highlighting the BSN role in the context of the whole nursing profession.

6. What are some differences or changes experienced during your practice with the two entry-level nursing degrees? Examples?

7. What are the barriers and benefits to obtaining a bachelor's degree in nursing?

8. If you were standing in front of a room of associate degree nurses, what would you share with them about obtaining a bachelor's degree?

9. Please share with me anything you can think of about having your BSN that I did not ask about?