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CHARACTERISTICS OF REGISTERED NURSE STUDENTS
AND THEIR RETURNING-TO-SCHOOL EXPERIENCES:
TOWARD CREATING MORE RESPONSIVE EDUCATIONAL ENVIRONMENTS

A Dissertation Presented

By

JANE E. MURDOCK

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION
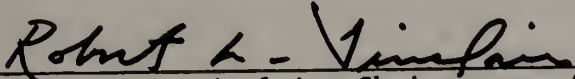
May 1986

School of Education

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ABSTRACT

CHARACTERISTICS OF REGISTERED NURSE STUDENTS
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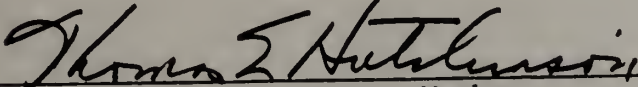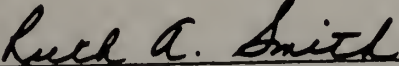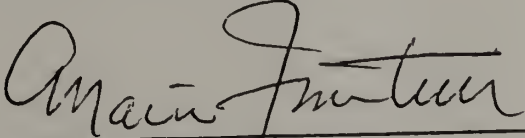TOWARD CREATING MORE RESPONSIVE EDUCATIONAL ENVIRONMENTS

May 1986

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Directed by Dr. Robert L. Sinclair

In response to changing educational standards in the nursing
profession, increasing numbers of registered nurses (RNs) are returning
to school to earn the baccalaureate degree in nursing. Although there
has been considerable discussion in the nursing literature about the
problems these nurses experience, there is little research-based data
describing their characteristics, the pattern of their returning-to-
school experiences, or the nature of the educational conditions that
help or hinder them in achieving their educational goals. This
descriptive study addressed these areas of deficit in the nursing
literature.

An extensive review of the literature in adult and nursing
education provided the focus for open-ended interviews with a
representative sample (N = 9) of RN graduates from selected
baccalaureate programs in New England. Based on the findings of the
literature review and interviews, a 31-item questionnaire was developed.
After pilot-testing and appropriate modification, the questionnaire was

mailed to all of the May 1983 RN graduates (N = 350) from the 17 baccalaureate programs who met the study criteria and agreed to participate. The overall response rate was 68%.

The respondents' motivation for returning to school, the sources of guidance they used in making their decisions, their reasons for choosing their schools and the sources of funding they used for school-related expenses are identified. A profile of the respondents' age, sex, race, marital and parental status, and education and work histories is developed. Significant differences occurring in these characteristics between associate degree and diploma graduates are identified.

The hindering conditions actually present in the respondents' experiences were found to be less frequently occurring and less powerful than might have been projected from the review of the literature. The most frequently occurring hindering conditions were those associated with multiple role strain and educational costs. Issues related to the flexibility, individualization and relevance of the curriculum were also major concerns. The most helpful conditions were the personal and situational coping strategies they employed to deal with multiple role strain. They also benefitted from educational approaches that increased the flexibility and accessibility of the program offerings and made them feel both welcomed and challenged.

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INTRODUCTION

Statement of the Problem

In 1965, the American Nurses' Association published a position
statement advocating baccalaureate education as the minimal educational
preparation for professional nursing practice. Since then, the nursing
profession has been engaged in heated discussion about the relative
advantages and disadvantages of this stance and its impact upon the
great number of nurses who have not yet achieved this educational level.
In 1978, the position was reiterated and deadlines for implementation
were established. Since then, finding ways to facilitate the
educational advancement of mid-career diploma and associate degree
registered nurses has become an urgent professional priority.

Two societal imperatives have brought the problems of these nurses
to the forefront. First, there is a great need to increase the supply
of baccalaureate nurses so that the profession will be better equipped
to respond to increasing societal demands for nursing services. Second,
there is an emerging professional sensitivity to the fact that in an
egalitarian society such as ours, educational dead-ends are intolerable,
that no occupational group can change the standards for entry into its
practice without providing some means for those already in the field to
achieve the new standards if they wish to do so.

The Problem of Supply and Demand

In today's society nurses are called upon to take on a number of expanded roles and to assume responsibility for patients and their families in a variety of settings. Now, in addition to providing direct care to the sick, nurses also manage the delivery of care, participate in health-illness screening, monitor health maintenance, and provide health education (Kramer, 1981; Nichols, 1981). In order to be effective in these roles nurses need the broad educational background provided at the baccalaureate level in nursing education.

Unfortunately, the system of nursing education has been slow to respond to these emerging trends in health care delivery. Currently, only 28.3 percent of the total population of registered nurses in the country are prepared at the baccalaureate level. The majority, 51.7 percent, are graduates of three-year hospital-based diploma programs, while a smaller but rapidly increasing number, 20.1 percent, are graduates of two-year associate degree programs (American Nurses' Association, 1983).

Barbara Nichols (1981), while serving as President of the American Nurses' Association, testified before the National Commission for Nursing that the "projected requirements for nurses with at least a baccalaureate in nursing surpass the anticipated supply of such nurses, while requirements for nurses at the associate degree or diploma level are below the current as well as the anticipated supply" (p. 4). This view is supported by the findings of a national manpower study conducted by the Western Interstate Commission for Higher Education (WICHE). Even using WICHE's conservative criteria, there appears to be a deficit of

506,000 baccalaureate nurses and a surplus of 332,000 diploma and associate degree nurses when the current supply of nurses country-wide is referenced to estimates of patient care needs (Lysaught, 1981).

The profession cannot depend entirely upon the supply of newly licensed baccalaureate nurse graduates to close this gap between supply and demand. A satisfactory resolution of the problem will be impossible unless a concerted effort is made to upgrade a large portion of the identified surplus of those prepared at the diploma and associate degree levels.

The Problem of Educational Mobility

In the two decades since the new educational standards for the profession were first proposed, the nursing literature has reflected a heightened interest in the problems of the registered nurse seeking a baccalaureate degree. Formal expression of this interest was first crystallized in a position statement published by the National League for Nursing in 1970. Titled The Open Curriculum in Nursing Education, the statement appeared at a time when the entire system of higher education was beginning to move toward greater curriculum flexibility. The statement encouraged the nursing profession to adopt similar practices to enhance the upward mobility of diploma and associate degree registered nurses. An open curriculum was defined as follows:

> . . . a system which takes into account the different purposes of the various types of programs but recognizes common areas of achievement. Such a system permits student mobility in the light of ability, changing career goals, and changing aspirations. It also requires clear delineation of the achievement expectations of nursing programs, from practical nursing through graduate education. It recognizes the possibility of mobility from other health related fields. It is an interrelated system of

achievement in nursing education with open doors rather than quantitative serial steps. (Notter & Robey, 1979a, p. 381)

This statement set the stage for a major study of open curriculum practices in nursing education initiated by the League in 1972. As a result of the interest generated by this study, considerable progress has been made in achieving the desired "open doors." Many open curriculum practices are now more widely employed. These include such practices as: 1) granting of advanced placement for prior education or experience, 2) multiple exit and re-entry program designs, 3) programs designed for previously licensed nurses only, 4) self-pacing through the use of modular learning units and multimedia resources, 5) totally independent study programs, and 6) those which allow unorthodox schedules such as weekends or evenings for students to complete the program (Notter & Robey, 1979b).

Encouraged by the more welcoming climate now evident within baccalaureate nursing programs, and prodded by the realization that expansion of their role in the health care system will be dependent on achieving baccalaureate preparation, many registered nurses are now seeking enrollment in baccalaureate nursing programs. However, despite this marked upward trend in enrollments, the graduation rate has remained relatively low (Vaughn, 1980). Returning registered nurse students share the problems common to all adults who re-enter the educational system, and, in addition, experience some that are unique to nursing. As a result, their period of enrollment is often prolonged and many are forced to drop out.

Interestingly, although the problems of returning registered nurse students have been discussed at length, until recently, they have seldom

been studied systematically. Few studies have attempted to describe the RN students' personal characteristics or the nature of the conditions within the educational environment that contribute to or interfere with their academic success. This study has taken an exploratory step in this direction using the perceptions of successful students as the primary data source.

Purposes of the Study

The study has three purposes: 1) to describe some of the relevant characteristics of registered nurse students and their experiences in returning to school to extend their education to the baccalaureate level in nursing, 2) to describe the conditions in the educational environment that help or hinder returning registered nurse students in achieving their educational goals, and 3) to make recommendations for changes to strengthen the connections between returning registered nurse students and the educational environments provided to help them.

Research Questions

In pursuing these purposes the study was guided by four research questions. The first three questions guided the collection, analysis and interpretation of data. The fourth question guided an exploration of the resulting findings to identify a focus for changes that would strengthen the connection between returning registered nurse students and the educational environments provided to help them.

1. What are some of the relevant characteristics of registered nurse students and their experiences in returning to school to extend their education to the baccalaureate level in nursing?

2. What are some of the conditions in the educational environment that help or hinder returning registered nurse students in achieving their educational goals, and to what degree are the identified conditions helpful or hindering?

3. Do the helpful and hindering conditions fall into any discernible patterns and, if so, what is the nature of these patterns?

4. What changes should be made to strengthen the connections between returning registered nurse students and the educational environments provided to help them?

Definitions of Terms

The following definitions of terms were used in the study:

Diploma Nursing Program--a three-year, hospital-based program in nursing which prepares for registered nurse licensure and awards a diploma as certification of successful completion of the program of study.

Associate Degree Nursing Program--a two-year, community college program in nursing which prepares for registered nurse licensure and awards an associate's degree as certification of successful completion of the program of study.

Baccalaureate Nursing Program—a four-year, university or college program in nursing which prepares for registered nurse licensure and awards a baccalaureate degree as certification of successful completion of the program of study. These programs are of two types: 1) generic baccalaureate nursing programs, those which are designed primarily for the novice student but to which registered nurses are admitted with advanced placement, and 2) RN-only baccalaureate nursing programs, those to which only registered nurse students are admitted. Both are commonly called BSN or RN-BSN programs.

Registered Nurse Student (RN Student)—a registered nurse (RN) who graduated previously from either a diploma or associate degree nursing program and is currently enrolled in a baccalaureate program in nursing.

Educational Environment—the aggregate of all the conditions both personal and environmental which exert an influence upon the behavior of individuals within an educational setting.

Methodology

The research questions posed in this descriptive study guided an extensive review of the literature in adult and nursing education and provided the focus for open-ended interviews with a representative sample (N = 9) of registered nurse graduates from selected baccalaureate nursing programs in New England. The questions, along with a range of representative responses extracted from the review of the literature and the RN student interviews, were then incorporated in a three-part questionnaire. Part one asked the respondents to identify their reasons

for returning to school and to indicate the extent to which certain educational conditions helped or hindered them in achieving their educational goals. Part two asked for information about the respondents' education and work history. Part three elicited personal information.

After pilot-testing and appropriate modification, the questionnaire was mailed to all of the May 1983 registered nurse graduates (N = 350) from the seventeen baccalaureate nursing programs in New England who met the study criteria and had agreed to participate. The overall response rate was 68%. Two hundred and twenty-three (223) usable questionnaires were returned and subsequently analyzed to answer the study questions.

Significance of the Study

At this time, when increasing numbers of registered nurses are returning to school to earn the baccalaureate degree in nursing, but when the risks for attrition remain high (Vaughn, 1980), nurse educators need to know more about these students and the educational conditions that help and hinder them in achieving their educational goals. This study, then, is both timely and important. By providing data about the characteristics of returning registered nurse students, and identifying the conditions in the educational environment that contribute to or interfere with their progress in the baccalaureate curriculum, the study will facilitate educational planning to enhance their chances for success and, thereby, also contribute to resolving the manpower supply

problems of the profession.

Delimitations of the Study

There are many advantages to exploring the problems of returning to school from the vantage point of successful students, as this study does. Successful students have intimate knowledge of both the strengths and weaknesses of the current educational system, and ideas about what changes should be made. However, because the informants in this study persevered in the program to the end, finding ways to deal with the problems that have overcome less successful students, they cannot describe the drop-out experience. This study is limited to the extent that it does not reflect the important view of students who did not succeed.

Further, it must be noted that although the findings of this study will provide valuable guidelines for student counseling and educational planning, no cause/effect relationships are established and the data cannot be regarded as prescriptive. Also, although the findings may be equally applicable in other settings, they cannot be directly generalized without additional research using a larger sample of institutions and students.

Organization of the Study

There are five chapters in the study. In this introductory chapter, the need for a study describing the characteristics of

registered nurses and their returning to school experience was
established. In addition, the research questions, the definitions of
the terms used, the methodology, and the significance and limitations of
the study were identified.

Chapter II includes a review of selected literature in adult and
nursing education to establish a profile of what is known about the
characteristics of adult and RN students and to identify the conditions
in the educational environment most likely to influence their academic
success.

In Chapter III, the approach of the study is described, and the
procedures for sampling, instrumentation, and data analysis are
specified. Chapter IV contains the data analysis and findings of the
study. Finally, a summary, the implications for improving the
educational environment for returning registered nurse students, and
recommendations for further research are included in Chapter V.

CHAPTER II

REVIEW OF THE LITERATURE

In this review, selected literature in adult and nursing education is explored, first, to establish a profile of what is known about the characteristics of adult and RN students, and second, to identify the conditions in the educational environment most likely to influence their academic success. The review is divided into six sections.

First, the conceptual framework which guided the literature review is described. Second, the profile of adult and RN student characteristics is developed. Third, the factors which motivate adult and RN students to return to school are outlined. Then, in the next two sections, the educational conditions which have been shown to help and hinder adult and RN students in their return to school are identified. The hindering educational conditions are presented in section four; the helpful educational conditions in section five. The review then concludes with a summary.

Conceptual Framework

Exploration of the interaction of personal and environmental characteristics in facilitating educational outcomes has its roots in the need-press model developed by Murray and his associates (1938). In the context of this model, behavior (B) is viewed as the outcome of the

relationship between the person (P) and the environment (E). Needs are defined as those organizational tendencies within individuals which appear to give unity and direction to their behavior. Environmental press refers to the influence of the individual's external phenomenological world.

The need-press model has served, either directly or indirectly, as the theoretical stimulus for a number of classic studies of educational environments. At least three different approaches are used in these studies. They can be categorized as those that examine the student's collective perception or image of the environment (Pace & Stern, 1958; Pace, 1963; Stern, 1970); those that examine the characteristics of the students (Astin, 1968; Astin & Holland, 1961); and those that examine environmental stimuli (Astin, 1962, 1968).

A more recent line of inquiry has also emerged from the need-press model but takes a broader ecological perspective claiming to explore the "functioning of the entire system" (Goodlad, 1975, p. 203). A major proponent of this approach to studying college environments is Rudolph Moos (1979). He proposes a social-ecological framework for evaluating educational settings (Figure 1).

This model notes the existence of both environmental and personal systems which influence each other through selection factors. Moos (1979) notes, "most environments admit new members selectively, and most people select the environments they wish to enter" (p 4). The personal and environmental systems also affect each other through the mediating processes of cognitive appraisal and activation or arousal (motivation).
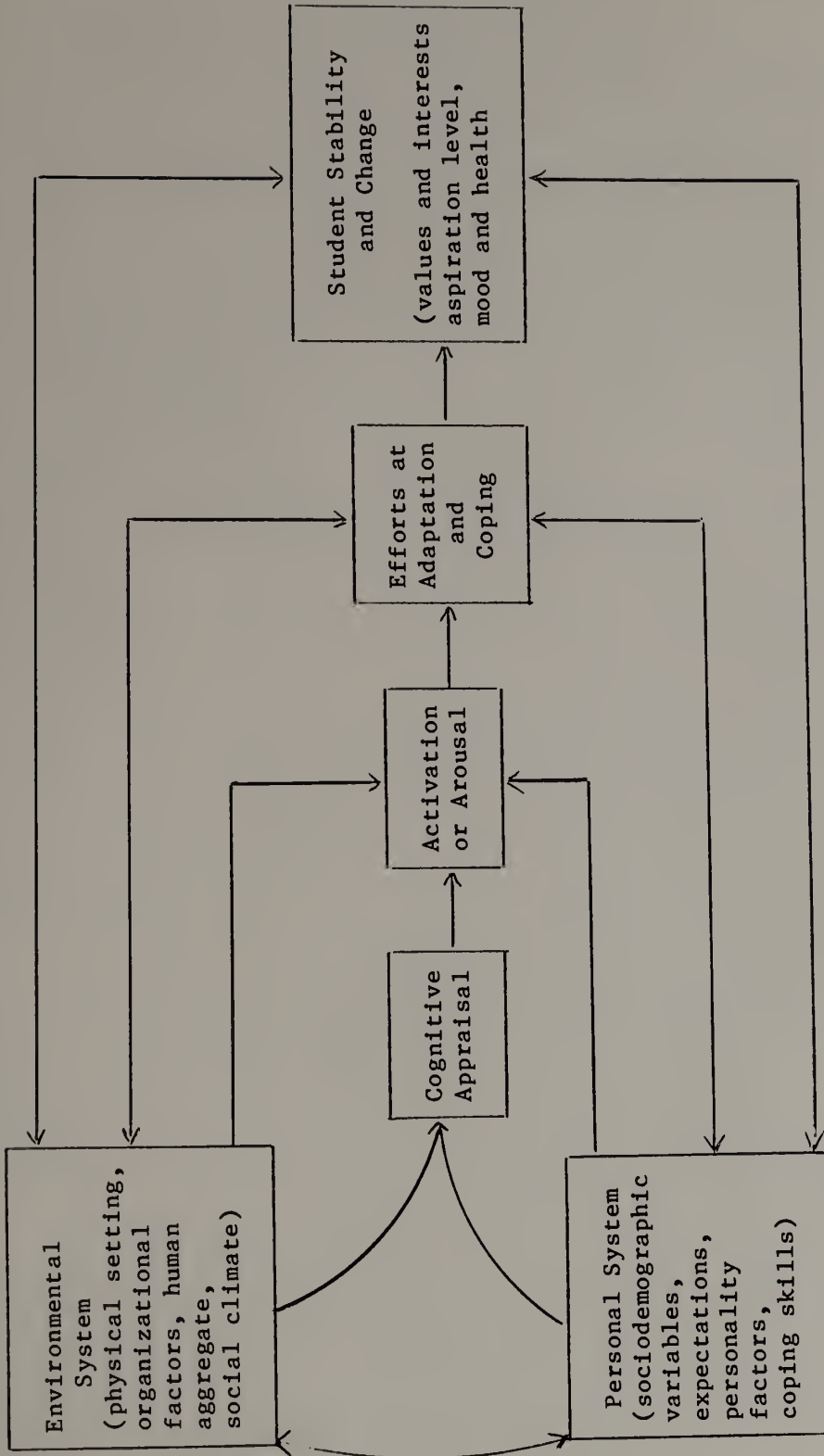
Figure 1. A model of the relationship between environmental and personal variables and student stability and change (Moos, Rudolph, Evaluating Educational Environments, San Francisco: Jossey-Bass Publishers, 1979, p. 5).

Cognitive appraisal is the individual's perception of the environment as being either potentially harmful, beneficial or irrelevant (primary appraisal) and his or her perception of the range of available coping alternatives (secondary appraisal). Activation or arousal usually occurs when the environment is appraised as necessitating a response. This prompts efforts at adaptation, or coping, which ultimately affect such outcome indexes as personal interests and values, self-concept and health, and aspiration and achievement levels. Changes in these indexes can in turn influence both the environmental and personal systems.

The Moos model provides a useful conceptual framework within which to view the research questions of interest in this descriptive study. The next two sections of the review develop a profile of what is known about the personal characteristics of adult and RN students and identify the factors which motivate their return to school, in effect highlighting significant dimensions of what Moos labels the personal system.

Entering the model at the step of cognitive appraisal the final sections of the review focus on the environmental system. Those environmental conditions which have been reported by adult and returning RN students to be particularly helpful or hindering to them in achieving their educational goals are identified.

Student Characteristics

There is a considerable amount of research-based data describing adult students and some, though far less extensive data, describing RN students. However, the variability of the operating definitions employed in these studies makes it difficult to extract a profile of the typical learner. These studies cluster around three definitions according to the type of learning activity undertaken: 1) adults participating in organized learning activities (the definition conforming most closely to the common perception of adult education and including about one-third of all adults); 2) adults participating in self-directed learning (including almost everyone); and 3) adults pursuing formal learning for credit (including less than ten percent of all adult learners). This section of the review deals with the third of these types of learners, adults pursuing formal learning for credit, focusing first on adult students, in general, and then on RN students, in particular.

Adult Students

Overall, adult students comprise an increasingly significant proportion of the total enrollment in higher education. The most recent census data (U.S. Bureau of the Census, 1983) reveal that in 1981, students of traditional age (21 or under) were no longer the majority of college students. Adult students, those 22 years of age and older, represented 52.1% of all students enrolled. Several major studies have

been conducted to describe the characteristics of this new student population.

Holmstrom (1973) compared the characteristics of older and younger students in a sample of 60,000 students entering as full-time freshmen in traditional colleges between 1967 and 1971. She concluded that the older students (20 years of age and older) were more likely to come from socioeconomically disadvantaged backgrounds; were more concerned about financing their education; made lower high school grades and, except in community colleges, lower college grades in their major fields. They perceived the major benefit of a college education as monetary and had lower educational aspirations than younger college students.

Solmon, Gordon, and Oschner (1979) used data from the Cooperative Institutional Research Program (CIRP) on a sample of 172,400 adults over age 21 who entered college between 1966 and 1978. Their results, while confirming most of Holmstrom's earlier findings, also highlighted some emerging trends. First, they showed that the proportion of adults returning to college after a period of absence had increased substantially over the period studied. In the late 1960s two-thirds of the students over 21 were in college for the first time; by 1971 only 50% had not had some college work, and by 1978 only 28% were first-timers.

Cross (1981) notes that "much of this change may be attributable to the large influx of women who dropped out of college to get married and raise children, and then returned to college as good jobs began to open for educated women" (p. 68). In 1966 only 29% of the college

entrants over the age of 21 were women; by 1978 women constituted 57%
of the older freshmen.

Numerous studies have examined and described the general
characteristics of the returning woman student (Astin, 1976; Baker,
1977; Voss, 1977). The age distribution of these women is broad,
ranging from 25 to 55 years of age. The majority are married and have
children. The vast majority of their husbands have at least some
college education and have good jobs with comfortable salaries. Their
husbands were perceived as a major source of support and encouragement
while returning to school (Page, 1971). The majority cared for home and
family without outside assistance (Witheycomb-Brocato, 1969). Although
not a universal finding, they often came from familes in which they were
the first to attend college (Khosh, 1976). They were characterized as
being more focused on work, career and education, less concerned with
peers and parents, and more productive in terms of high academic college
level performance than their younger contemporaries (Davis, 1973).

The Solmon, Gordon and Oschner (1979) data show that ethnic
minorities are far better represented among adult full-time students
than among younger students. While white students constitute 90% of the
traditional age population, they now make up only 70% of those over 21.

It is also clear from these data and others (Kuh & Ardaiolo,
1979a) that while adult full-time students are considerably more
representative of the general population, they are disadvantaged
educationally as well as economically in relation to traditional college
students. Adult college entrants made lower high school grades and were

less likely to pursue a college preparatory program in high school than the traditional students. In addition, they were far more likely to enroll in two-year colleges and to be more career-oriented than the younger students.

Roelfs (1975) compared older (22 and over) with younger students in a sample of 6500 commuting community college students, many of whom were attending part-time. The older students were more likely to know what they wanted out of college: to be challenged rather than bored by their classes, to feel self-confident about their ability to keep up with their studies and to understand what is being taught, to spend more time studying, and to express satisfaction with their classes and their instructors. Brecht (1978) found a similar profile among part-time evening school liberal arts majors. Compared with full-time seniors in that institution, the evening students were less critical of the curriculum and instruction than day students and more supportive of instructor-centered teaching.

Studies of adults enrolled in nontraditional degree programs especially designed for adult learners (Medsker et al., 1975; Sosdian & Sharp, 1978) reveal them to be older than adults in other more traditional programs. The majority are married with children and are pursuing an educational program on top of heavy employment obligations. A substantial proportion, 82% (Sosdian & Sharp, 1978), had attended college previously, but for the most part, were first generation college students. When asked to rate themselves on several traits in comparison with the average person of their own age, they rated themselves above

average in the drive to achieve, independence, persistence, self-motivation, leadership and self-confidence (Medsker et al., 1975). However, in two important learning skills--mathematics and writing--students rated themselves lower than their contemporaries.

Despite these two areas of identified academic deficiency, overall, adult students are reported to perform as well as, if not better than, their younger counterparts. Early studies focused on the differences in academic performance between younger traditional daytime undergraduate students and older nighttime extension undergraduate students (DeCrow, 1959; Schultz & Ulmer, 1966). Others have extended this exploration to younger and older students enrolled in traditional settings (Ferguson, 1966; Halfter, 1962; Ice, 1971; Katz, 1968; Ryan, 1969; Stephen & Wheeler, 1969). With the exception of the Holmstrom (1973) findings, all substantiate that in a variety of settings and special population categories, older undergraduates do perform adequately and effectively, as assessed by gradepoint averages in competitive undergraduate environments.

Some recent studies have initiated an exploration of the differences in the intellectual and socio-emotional orientations of younger and older undergraduate students. Kuh and Ardaiolo (1979b) and Kasworm (1980) compared the responses of younger and older undergraduates to the Omnibus Personality Inventory (OPI). In each instance the older students exhibited more intellectual and social-emotional maturity. Kasworm (1980) found that older students reported significantly higher scores on statements of self-confidence and well-

being, and had minimal fears and fewer anxieties. They showed significantly higher scores on attitudes of emotional and social adjustment. In intellectual pursuits, they noted higher preferences for dealing with theoretical problems and concerns, and for usage of the logical, analytical and critical problem-solving orientation.

RN Students

Data from recent surveys (American Nurses' Association, 1983; National League for Nursing, 1983) reveal that in 1981, 33,357 or almost 4% of all the diploma and associate degree registered nurses in the country, were enrolled in educational programs leading to the baccalaureate degree. Approximately 95% of these were women 22 years of age or older. Research-based data to describe these students are far less extensive than that available for adult students, in general, or for returning women students, in particular. No national studies have been conducted. Most of what is known about these students comes from local studies or from faculty observations and student self reports. As a result, the data are limited in scope.

One national study, though primarily focused on other issues, provides some insight into the demographic characteristics of registered nurses who return to school to earn the baccalaureate degree. A longitudinal study initiated by the National League for Nursing (Knopf, 1983), in 1962, describes the characteristics of a cohort of 6,893 registered nurses, and examines their subsequent educational and work experiences one, five, ten, and fifteen years after graduation from

their basic programs. The study reveals biographical differences among nurses from the various nursing programs. The nurses from diploma and baccalaureate programs were mostly young, single, white women who had been in the top half of their high school classes. The two groups differed in parental characteristics, however. Nurses from the diploma programs were less likely to have college educated parents and their family income was generally less than for baccalaureate students.

Nurses from associate degree programs actually comprised two subgroups: young, single, post-high school students; and older, usually married or formerly married students. In addition, the associate degree group contained a higher proportion of men and minority students.

This study also reveals the scope of the returning-to-school phenomenon. Fifteen years after graduation from their basic programs, 23% of the associate degree graduates and 16% of the diploma graduates had completed a baccalaureate program. An additional 8% were enrolled in a degree-granting program at the 15-year interval, and between 9 and 15% reported that they had attended but not completed a degree program. These findings continue to document the high level of educational mobility among registered nurses.

Additional insight into the demographic characteristics of RN students can be obtained from an examination of a number of local and regional studies of RNs enrolled in baccalaureate programs in various parts of the United States and Canada. In a study of 500 generic and registered nurse students enrolled in 12 institutions in several western states, Gortner (1968) found that in comparison to the generic students,

the registered nurse students in the sample were predominantly from upper-lower and lower-middle class origins; more of their fathers were in lower occupational classifications and had terminated their education at the eighth grade level. It was found also that the registered nurses had married better educated men with better jobs than their fathers had held. Further, more registered nurse students were graduates of small high schools and had taken a general education rather than a college preparatory course of study while in high school. Finally, the registered nurse students in the study tended to be ten years older than basic senior students, one-third were married. A majority had been employed in staff nursing positions prior to entering college, mainly in the clinical fields of medicine and/or surgery.

A recent study (Baj, 1985) conducted with 251 generic and RN students in California revealed similar findings. In comparison to the generic students, the RN students in the sample were older with an average age of 28. In addition, they were more likely to be married or divorced and to have children. Reflecting the distribution of basic nursing programs in California, the majority of the RN students in the sample were from associate degree programs. They had been employed as staff nurses in an acute care setting prior to their enrollment in the baccalaureate program and listed career mobility as their primary motive for returning to school. For the most part, they were first-generation college students.

A regional needs assessment conducted prior to the initiation of the Intercollegiate Center for Nursing Education in Spokane, Washington

(Dustan, 1981) found that most nurses who wished to pursue baccalaureate education were married or previously married women employed in staff nurse positions. A higher percentage were graduates of diploma schools than associate degree nursing programs. In a similar needs assessment in Virginia, Pollok (1978) found that current and prospective registered nurse students had an average age of 30, were diploma school graduates, were married with at least one dependent, were employed as staff nurses, and had been in practice for at least 10 years.

A study in Texas (Inman, 1982) revealed similar findings. Surveying a random sample of licensed nurses, Inman found that the majority of current and potential participants in baccalaureate programs were white, female, diploma graduates between 26 and 35 years of age. Although the majority of the current and potential participants were married, Inman found that within the total sample, single respondents were more likely to be participants and married respondents to be nonparticipants.

Data from an evaluative study of the first six accredited programs for registered nurses (the National Second Step Project) revealed that at entry to the programs, the average age of the students was 29 (Brian, 1980). The overwhelming majority, 96%, were women; 93% were caucasian. In this sample, the larger proportion, 65%, were associate degree graduates. In the typical case, six years had elapsed between the date of graduation from the basic program and entry into the baccalaureate program. Prior to entry, 85% of the students had been employed as staff nurses either in acute or long-term institutions.

Studies of registered nurse students enrolled in single institutions reveal similar findings. In 1978, Ayrandjian found that students enrolled in a large midwestern university were predominantly female and ranged in age from 20 to 53 years; 37.5% were married or previously married and had from one to five children. The majority of the students, 79.2%, were local residents and lived off-campus. The distances they traveled to campus classes ranged from 4 to 600 miles per week.

Hillsmith (1978) found that of the 76 registered nurses enrolled in a baccalaureate program in Connecticut, 70% were diploma school graduates. The students' ages ranged from 21 to over 40; 61% were under 30, with the largest number being in the 24-26 age group. Half had been nurses for five years or more, 45% were married, and 30% had children. The majority of the nurses in the sample had financed their education by working either full- or part-time, the use of savings, student loans, or a combination of these sources. Only one-third indicated that they would be in debt at the end of their schooling. These latter findings prompted Hillsmith to comment, "The Protestant work ethic is alive and well, at least among these nurses" (p. 99).

Zorn (1980), in a survey of 210 registered nurse baccalaureate students enrolled in a university in Ohio, found that part-time attenders outnumbered full-time students by more than two to one. The majority, 62.8%, were from diploma programs, and the average age was 32. Consistent with the findings of other studies, the majority were married, white females (only 5% were male), and were employed in

hospital settings. In addition, Zorn found that 85% of the students were from the local area, living within a 25-mile radius of the campus.

Another study (Jackson, 1981), also confined to the students in a single program (N = 106), but in Canada, revealed a similar pattern of findings. The age range of the sample was from 22 to 50 years with the largest group being between 26 and 30. The mean age was 28.5 years. A large proportion, 41%, were married and were employed in hospital settings as staff nurses (60 percent). About 8 out of 10 (78.3%) were diploma graduates. Most of the students had graduated from their basic program within 10 years of entering the baccalaureate program.

Several studies go beyond these descriptions of the demographic characteristics of registered nurse students to examine their personality characteristics, attitudes, values and their academic performance. Gortner (1968), in her study comparing selected personality characteristics and attitudes of senior generic students and registered nurse students, found that the two groups scored similarly on the Allport-Vernon-Lindzey Study of Values (AVL). Gortner reported, "Religous, aesthetic, and social inclinations are evident in both groups, as are heightened theoretical values" (p. 123). However, though similar, the results for the two groups were not identical. Significantly higher theoretical and lower social values were found for the registered nurse group.

In the same study, measurement of personality characteristics on the Omnibus Personality Inventory (OPI) revealed a strong resemblance in measured behavior between the two groups. The profile did not suggest

strong scholarly or intellectual motivations for either nursing group. However, the registered nurse students had greater measured theoretical orientations and were more disposed to logical thinking than basic senior students. Both nursing groups were more cautious, non-impulsive, and realistic in their measured behavior than freshman college women. Gortner comments, "There appears to be a general factor of control and inhibition . . . among nursing majors, as well as a tendency to adhere to religious and socially acceptable norms of behavior" (p. 124). In comparison to the senior generic students, the registered nurse students in the study exercised greater limits on impulsivity and emotional expression.

Despite the fact that there is some evidence to suggest that registered nurse students come from disadvantaged educational backgrounds, and on admission may need an update on their math skills and some help with study skills, most RNs attain a relatively high level of academic achievement. Raderman and Allen (1974) reported a median grade point average of 3.17 (on a 4-point scale) for successful RN students graduating from a baccalaureate program in the midwest. Even the unsuccessful students in the study had a median grade point average of 2.8. Further, some students in both groups had grade point averages of 3.8 or better, suggesting that dropout was not totally related to academic performance. In a study designed to identify predictors for academic success, Rezler and Moore (1978) reported that the final grade average for nurses in that study was a 3.0 or B average. Zorn (1980) reports similar levels of achievement.

Motivation for Returning to School

This section of the review identifies the factors which motivate adult and RN students to return to school. The literature focusing on adult students, in general, will be examined first. This will be followed by an examination of the literature identifying the factors which motivate RN students to return to school to earn the baccalaureate degree in nursing.

Adult Students

Pioneer work in exploring the question of why adults participate in credit or non-credit learning activities was published in 1961 by Cyril Houle. Houle conducted in-depth interviews with 22 exceptionally active adult learners to identify common threads running through their activities and motivations. Three subgroups emerged: 1) goal-oriented learners, those who use learning to gain specific objectives; 2) activity-oriented learners, those who participate for the activity itself rather than to develop a skill or learn subject matter; and 3) learning-oriented learners, those who pursue learning for its own sake. Since its publication, Houle's three-way typology to describe the motivation of adult learners has been highly productive in stimulating further research.

Sheffield (1962, 1964) examined the reasons given by 453 American adults for participating in short-term conferences, using a 58-item Continuing Learning Orientation Index (CLOI) which he developed for the

study. Five meaningful constructs emerged from factor analysis:
1) learning (seeking knowledge for its own sake); 2) desire for
sociability (taking part in education because the activity held an
interpersonal or social meaning not necessarily related to the content
or announced purposes); 3) personal goal (using education as a means of
accomplishing fairly clear-cut personal objectives, as solving a
problem, or pursuing a unique personal interest); 4) need for
fulfillment (taking part in education for a personal or personality-
related reason, which might have no connection with the announced
purposes of the activity); and 5) societal goal (engaging in education
to accomplish community- or society-centered objectives).

Sheffield (1964) concluded that his five factor-constructs were
consistent with Houle's three orientations, and that his findings
provided evidence of their practical existence. Finer distinctions
appeared in two areas: Houle's goal orientation was found to consist of
personal-goal and societal-goal orientations; his activity-orientation
was refined into sociability and need-fulfillment orientations.
Sheffield also found that although most adults had one major
orientation, some also had two or three others. This finding was
corroborated by Tough (1968) and lends support to Houle's (1961)
original premise that although three orientations can be identified they
are not necessarily pure types.

Burgess (1971) used a sample larger and broader than that of
previous researchers, and a 70-item instrument he constructed, the
Reasons for Educational Participation scale (REP), to identify seven

factor-constructs. These were labelled: the desire to know, the desire to reach a personal goal, the desire to reach a religious goal, the desire to take part in a social activity, the desire to escape, and the desire to meet formal requirements. Five of the factors were similar to the five learning orientations identified by Sheffield (1964). Burgess concluded that his research provided additional validity for the concept of "educational orientations" by "further expanding, further supporting, further defining, and further clarifying the results obtained in previous studies" (p. 27).

Boshier (1971) extended these psychometric explorations, constructing a 48-item Education Participation Scale (EPS). After pilot testing and refinement the instrument was used in a cross-cultural study in New Zealand to test the Houle typology. Factor analysis revealed fourteen first-order factors. These were subjected to further factor analysis to reveal seven second-order factors, and finally, four independent uncorrelated third-order factors, "not unlike the three factor Houle typology" (Boshier, 1971, p. 19). The first and second factors are vocationally oriented. The first, "other-directed advancement," identifies goal-oriented participants responding to some, probably vocational, environmental press. The second is akin to Houle's learning orientation except that learning is undertaken "not as an end in itself but to prepare oneself for some future, probably educational activity" (p. 19). The third and fourth factors have sociopsychological origins. The third is a bipolar measure of "self versus other-centredness" while the fourth is almost pure "social contact."

Morstain and Smart (1974) used Boshier's Education Participation Scale (EPS) in a study of adults enrolled in part-time, degree-credit course work in an American college. Six factors emerged from factor analysis. These along with the three items from the scale that seem most central to the cluster are as follows:

Factor I. Social Relationships

- To fulfill a need for personal associations and friendships
- To make new friends
- To meet members of the opposite sex

Factor II. External Expectations

- To comply with instructions from someone else
- To carry out the expectations of someone with formal authority
- To carry out the recommendation of some authority

Factor III. Social Welfare

- To improve my ability to serve mankind
- To prepare for service to the community
- To improve my ability to participate in community work

Factor IV. Professional Advancement

- To give me higher status in my job
- To secure professional advancement
- To keep up with competition

Factor V. Escape/Stimulation

- To get relief from boredom
- To get a break in the routine of home or work
- To provide a contrast to the rest of my life

Factor VI. Cognitive Interest

    - To learn just for the sake of learning

    - To seek knowledge for its own sake

    - To satisfy an inquiring mind

Houle's three typologies can be easily identified in the six factors identified by Morstain and Smart. Factor IV, Professional Advancement, and Factor II, External Expectations, both appear to be heavily goal oriented, while Factor I, Social Relationships, and Factor V, Escape/Stimulation, appear similar in intent to Houle's activity-oriented subgroup. Factor VI, Cognitive Interest, looks much like Houle's description of the learning-oriented adult. Only Factor III, Social Welfare, seems unrelated. However, even this factor was shown to be fairly strongly related to Social Relationships (r = .46) and Cognitive Interests (r = .40).

In 1977, Boshier extended his previous investigations in an attempt to further test the cross-cultural generality of the Education Participation Scale (EPS) and to study the mediating variables associated with the motives for participation. The EPS was administered to 242 adult education participants in Canada. The five factor constructs resulting from factor analysis had remarkable similarity to the previous work by both Boshier (1971) and Morstain and Smart (1974). Boshier (1977) concluded:

    The EPS appears to have considerable cross-cultural generality and
    to be composed of factors containing items which cluster together
    as a function of their content and meaning and not on the basis of
    response set or other contaminating artifact. Morstain and Smart
    adapted some of the labels from the New Zealand study. These,
    plus some of Morstain and Smart's own labels are used here to

label the orientations and thus remove one source of confusion in the field. (p. 105)

Factor I, labelled Escape/Stimulation, consists of items that identify people enrolled in adult education to rectify deficiencies in their lives. Factor II, Personal Advancement, identifies participants who are enrolled to acquire knowledge, attitudes or skills that will help them with their jobs. Factor III, Social Welfare, identifies individuals who are enrolled to acquire knowledge, attitudes and skills that will help them achieve social or community objectives. Factor IV, External Expectations, measures the extent to which individuals are motivated by the expectations of other people. Factor V, Cognitive Interest, consists of items that identify people interested in learning for its own sake.

A comparison of the findings of all of these various studies, in fact, reveals marked similarity in the factor structures identified. Cross (1981), as a result of her review of these findings, concluded:

> Although Houle's three-way typology of adult learners has been neither proved nor disproved by subsequent and sophisticated statistical studies, it appears to provide a reasonably good practitioner's handle for thinking about individual motivations for learning. (p. 96)

These studies have illuminated rather than changed Houle's basic conclusions. Typically, they include Houle's categories but add between two and five factors, "often subdividing one of Houle's categories, but rarely adding a completely new dimension" (Cross, 1981, p. 96).

In recent years, survey questionnaires, containing checklists of items selected in relation to the factor constructs identified by earlier researchers, have been the most popular approach in studying

adult motives for learning. The Commission on Non-traditional Study

(CNS) national survey (Carp, Peterson, & Roelfs, 1974) is the exemplar

study upon which 30 or more subsequent local, state and regional studies

have been based. As the result of an extensive review of these studies,

Cross (1979) made some adaptations in the factor categories and presents

the following overview of the data within six categories of adult

learning motivation:

1. Desire to achieve practical goals—to get a new job or advance

    in a current one or to improve income.

    > Education is widely perceived as the route to upward
    > socioeconomic mobility. The desire to improve one's lot
    > in life is clearly the primary motive for adult
    > education. Those who do not have good jobs would like to
    > get new ones, and those who have fairly good jobs would
    > like to advance. (p. 113)

2. Desire to achieve personal satisfaction and other inner-

    directed personal goals such as personal development and

    family well-being.

    > Typically, about one-third of potential learners give
    > personal satisfaction as their main reason for learning,
    > but in most studies half or more of the potential
    > learners mention this motive as one of their reasons for
    > learning. Educational activities falling into this
    > category are often considered luxury items, and it is
    > frequently adults who have no particular desire for
    > economic or career advancement who cite personal
    > satisfaction as a major motive—unemployed women, older
    > and retired persons, and the privileged classes.
    > (p. 114)

3. Desire to gain new knowledge, including the desire to learn

    for its own sake.

    > In one sense, this idealized motivation for learning is
    > so socially acceptable that it is offered by most people.
    > However, despite problems with behavioral verification,

the data suggest that non-vocationally oriented learners are more likely to say they are interested in knowledge for its own sake than are career-oriented learners. (p. 114)

4. Desire to achieve formal educational goals, including degrees

or certification.

To work to obtain an educational degree or certificate is given as a reason (but not usually the main reason) by eight percent to 28 percent of potential learners. The pursuit of degrees is strongly associated with educational attainment and with desire for job advancement. Younger persons and those with one to three years of college are very likely to be degree oriented, whereas the desire for credit or certification declines steadily with increasing age. (p. 115)

5. Desire to socialize with others as escape from the everyday

routine.

A surprising number of adults (over one-third) are frank to admit that escape is, for them, a reason for pursuing course work. It is rarely, however, offered as the primary motivation. Nevertheless, there are certain groups of people for whom education serves as escape and an opportunity to meet new people. (p. 115)

6. Desire to achieve societal goals.

The desire to be a better citizen is not a strong motivation for learning, although one-fourth of potential adult learners cite it as one motivation among others. (p. 116)

These survey findings have also been refined in studies focused specifically on returning women students (Baker, 1977; Brandenburg, 1974; Durchholz & O'Connor, 1975; Espersson, 1975; Katz, 1975; Khosh, 1976). The reasons or motives cited by these women for returning to school were varied (Ludington, 1980). Many reported having specific job or career goals in mind and had definite plans to work in the future. These job plans guided and influenced their return to school. An

equally large number of returning women reported far less tangible reasons or motives. Among the reasons cited were self-fulfillment, self-improvement, self-actualization, and a desire to gain confidence in oneself. The women reporting these reasons for returning to school did not necessarily report that a job or career would be the outcome or goal of their education. Only a very few of the returning women reported negative reasons such as job dissatisfaction, or dissatisfaction with community or family life. The return to school was ordinarily viewed as a positive move toward something and not an escape from some negative force.

Wolfgang and Dowling (1981) also used the results of the earlier factor-analytic studies but went beyond the checklist approach to examine the differences in motivation to enroll in higher education between traditional age (18- to 22-year-old students) and older adult students. Boshier's (1971) Education Participation Scale (EPS) was distributed to a sample of four hundred students. The six motivational factors identified by Morstain and Smart (1974) were used to calculate factor scores. Analysis revealed that older students scored significantly higher than younger students on the motivational factor of cognitive interest. They had an internal drive for knowledge that set them apart from younger students. In addition, they were less motivated than traditional age students to pursue a college degree for reasons of forming social relationships or meeting the expectations of another person or authority. Both age groups scored high on professional advancement, moderately high on social welfare and low on

escape/stimulation.

RN Students

As with adult students in general, descriptions of the motivating

factors influencing registered nurses to return to school come from a

variety of sources. Early descriptions were based either on informal

student or faculty reports or the results of survey checklists. Only

recently have more sophisticated factor-analytic studies been conducted.

In a brief article appearing in the American Journal of Nursing,

one student (Lewis, 1973) related her reasons for returning to school:

> I did not go to college to enhance my nursing arts skills. You can
> acquire clinical proficiency in a college program, but I felt I
> was already clinically proficient and for years I had been
> learning this in my work. Yet I felt a desire to refine my
> abilities, knowledge and skills beyond what I could do through the
> many workshops available to me. (p. 676)

Although this theme of self-improvement is a predominant one in many

such reports, other factors also play a role in precipitating a return

to school.

Lionberger (1976), in her summary of student perceptions of their

experiences during the early development of the Second Step Program at

California State College, Sonoma, presents three composite profiles of

student motivation. She comments, "They are in flight from some

intolerable situation, in a fight for improved academic or professional

standing, or in the plight of pursuing satisfaction of some poorly

defined expectation of one's self as a nurse" (p. 189).

Surveys conducted with students from single programs or more

diverse regional or national samples have substantiated and expanded

upon these observations. In her survey of 76 RN-BSN graduates from one program, Hillsmith (1978) found that 84% had entered for "personal satisfaction." Next in order among the reasons came "better job opportunities," "professional competence," and "It's going to be mandated anyway." Other reasons included, "I need it to change jobs," "My head nurse urged me to get it," and "I have to have it to keep my present job." Of those who answered in an "other" category, many wanted the baccalaureate as a step to a master's degree or some specialized role (e.g., nurse practitioner, nurse midwife).

Similarly, in studying the motivation of a sample of registered nurse students enrolled in a baccalaureate program in Canada, Jackson (1981) found that "the desire to increase the level of nursing knowledge ranked highest both in frequency of choice and level of importance for all students" (p. 84). In addition, the following six reasons were the next most frequently chosen: 1) to obtain a future promotion, 2) to give better nursing care, 3) to obtain a degree in two years, 4) to work in the field of public health, 5) to be more effective in my present position, and 6) to avoid working shifts. Cross-tabulation between the demographic subgroups of the sample and the motivational factors indicated significant relationships in some areas. Students who were 30 or less, and students who were staff nurses, more frequently chose factors related to the avoidance of working shifts and weekends than any other groups. Students in nursing positions other than that of staff nurse prior to entry were more likely to indicate a desire to be more effective in their present positions.

In a survey conducted with a larger sample (N = 420) drawn from among the subscribers to Nursing 74, Moore (1974) found that the most commonly mentioned reasons for returning to school were "to become a better nurse" and "to enter a field where it's needed." Write-in answers in an "other" category indicated that personal satisfaction and educational growth were the third most common reasons for the students' return to school.

McGrath and Bacon (1979) found similarly that among a sample of nurses surveyed in rural North Carolina, self-improvement and career advancement were primary motivators. In answering the question, "Why are nurses interested in pursuing the BSN degree?" these authors provide the following summary:

> Some are motivated by a desire for nursing competencies that are different and more comprehensive than those derived from technical education. They are interested in high level problem solving and decision making based on a broader foundation of physical and behavioral sciences and liberal arts. They are interested in more independent practice or in assuming leadership roles. Others are motivated by the high regard our society has for college or university prepared individuals. Still others are motivated by fear—the fear that one day the entry level for the registered nurse may be at the baccalaureate level. (p. 41)

A comprehensive summary of the most commonly mentioned motivating forces is contained in a book by Hiraki and Parlocha (1983). Based on their own long-term observations of RN students and an extensive review of the nursing literature, they identify the following internal and external motivators. The internal motivators cited are:

1) to become more professional, 2) to update clinical knowledge, 3) to gain greater personal satisfaction, 4) to achieve self-improvement, 5) to achieve career advancement, 6) to prepare for leadership

positions, and 7) to overcome feelings of burnout. The external motivators are: 1) changes in personal or family life, 2) the professional nursing issue (ANA Entry into Practice Resolution), 3) the need to provide extra income, 4) the desire for greater career mobility, and 5) the desire for increased career choices and leadership opportunities. The authors note that each nurse is impelled toward her decision to return to school by a unique combination of these various concerns.

Two recent factor-analytic studies contribute to a further understanding of the reasons why registered nurses return to school. In a study designed to identify the motivation of participants and non-participants in advanced education, Inman (1982) structured the survey items in the five factor areas developed by Boshier (1977)—escape or stimulation, professional advancement, social welfare, external expectations, and cognitive interest. While it has been reported (Cross, 1981) that adult learners, in general, place the most importance on cognitive interest and professional advancement and the least importance on escape or stimulation and social welfare as reasons for participating in continued education, Inman found that registered nurses differed from this general pattern. The nurses in this sample more frequently selected items related to the factors of professional advancement and social welfare.

In a similar study conducted with a sample of 394 registered nurses enrolled in baccalaureate programs in the greater New York City area, Carmody (1982) used Boshier's Education Participation Scale (EPS)

to examine their reasons for enrolling. Seven meaningful constructs emerged from factor analysis of EPS responses, and were labeled: Improvement in Social Relations, Improvement in Social Welfare Skills, Compliance with Authority, Professional Advancement, Knowledge, Regain Professional Competence and Relief from Routine. Mean scores were calculated for each orientation scale and ranked. Reasons related to the Knowledge scale had the greatest influence. Ranking next were reasons related to Improvement in Social Welfare Skills and Professional Advancement. This finding in conjunction with similar results in the Inman study suggest that registered nurse students may be more strongly motivated by a need for professional advancement and a desire to improve their ability to serve society than are adult learners in general.

Hindering Educational Conditions

Based on a synthesis of data from a wide variety of local, regional and national studies, Cross (1979) has classified the obstacles that deter adults from participating in organized learning activities under three headings—situational, dispositional, and institutional barriers. Situational barriers are those arising from one's situation in life at a given time, such as lack of time due to job or home responsibilities, lack of transportation, geographical isolation, lack of child care, and so on. Dispositional barriers refer to attitudes about learning and perceptions of one's self as a learner—for example, boredom with school, lack of confidence in one's ability, or belief that

one is too old to learn. Institutional barriers include barriers erected by learning institutions or agencies that exclude or discourage certain groups of learners because of such things as inconvenient schedules, full-time fees for part-time study, restrictive locations and the like (Cross, 1979).

This section of the review focuses on the hindering educational conditions identified by adult and RN students in each of these three areas. Within each area the literature describing the experiences of adult students will be examined first. This will be followed by an examination of the literature describing the experiences of RN students.

Situational barriers

Adult students. According to student self-reports and surveys, situational barriers deter the largest number of potential learners. Within this category time, cost, distance, and home and job responsibilities are the most frequently reported obstacles to adult learning (Cross, 1979).

Finding the time for study and learning is usually the major problem for women between the ages of twenty-five and forty-five when family or job responsibilities are likely to be heaviest. If women or other adult students are also geographically distant from appropriate educational opportunities, their problems become more acute. Commuting long distances to attend class wastes valuable time and energy more appropriately invested in other areas of their lives.

Although educational costs are a major deterrent for all adult students, they are an especially significant deterrent to returning women students. Data from the National Center for Educational Statistics reveal that white females are the only population subgroup in which a majority of learners (66%) is supporting educational costs from their own or family funds (Boaz, 1979). Analysis of data from the cooperative Institutional Research Program (CIRP) reveals, similarly, that adult women were among those expressing the highest degree of financial concern. "Few women have access to G.I. Bill benefits; many adult women have constrained mobility (less freedom to select the least expensive college); and many must attend part time due to household responsibilities (whereas men who attend part time may receive some subsidy from their employers)" (Solmon, Gordon,& Oschner, 1979, p. 44).

The financial aid situation of adult women students is often problematic as well. For example, a married woman with a husband earning a relatively high income still might place a tremendous financial burden on her family by returning to school, yet most financial aid programs have limits on family earnings for eligibility. According to many financial aid officers, there is bound to be frustration when computing the Basic Educational Opportunity Grant (BEOG) and the Supplemental Educational Opportunity Grant (SEOG) for these students. Cohen (1980) reports:

> Under current needs assessment rules, adult students with dependents of their own are expected to tap their own assets quite heavily; meanwhile, they must guard those same assets for their dependents' use, often for education. For example, an eighteen-year-old college freshman and his returning-to-college mother

will, under these guidelines, be eligible for widely different
amounts of aid, even though both come from the same income unit.
(p. 28)

The adult student is likely to find more readily available aid in
the form of National Direct Student Loans (NDSL) and college work-study
(CWS). Yet, both sources may in themselves create additional problems
for adult women students. Taking a loan requires that these students be
somewhat confident in their ability to succeed as a college student and
in their ability to repay the loan from future earnings. Neither of
these assumptions may apply in many cases. Further, access to work-
study opportunities may place inordinate strain on an already fully
committed time schedule. At best, it may be a mixed blessing.

Closely linked to the issues of cost and time are the obstacles
presented by the need to adapt to multiple roles and responsibilities
which, with enrollment, are expanded from wife, mother, and/or worker to
include student. Apps (1981) notes the following in this regard:

> We can observe several rather obvious differences between
> traditional and returning students. Where traditional students
> are primarily students, returning students are not. The returning
> student is first and foremost a business person, a homemaker, a
> parent of children, a community volunteer, a professional person,
> and a host of other roles that are a part of the lives of adults
> in our society. The role of student has to take its place among
> all the other roles. (p. 41)

Balancing these multiple roles requires skills in both time and
stress management. Many adult students who have not acquired these
skills succumb to the overwhelming demands of this multi-role lifestyle.
Reehling (1980), in a longitudinal study of attrition among adult
students, reports that although the attrition was only 25% overall,
"those who dropped out . . . did so primarily because of job

responsibilities, lack of time and funds, or illness (personal or family)" (p. 493). Roelfs (1975) notes that these students will be likely to have an increased need for counseling services to assist them in making a successful adjustment to the role of student.

RN students. The data describing the relative impact of the time/cost/distance barriers upon returning RN students are similar to the data for adult students in general. In a survey of a cross-section of their readers (N = 335), the editors of RN magazine found that time (mentioned by 71% of the sample) and cost (63%) ranked first and second, respectively, as the major obstacles to returning to school (Bardossi, 1980). A similar survey conducted earlier by Nursing 74 (N = 420) revealed that 75% of that sample would have to work to support themselves while attending school (Moore, 1974).

A statewide needs assessment conducted by Squaires and Hinsvark (1975) in Wisconsin affirmed these findings. In a survey of RN student graduates (N = 6), current RN students (N = 23), and community RNs (N = 167), time and cost were included in the first three ranks of the identified obstacles to returning to school. Squaires and Hinsvark comment: "The RN pays twice for her B.S. degree--in tuition and in lost wages which may never be recovered" (p. 44). Hillsmith (1978) found that "cost" tied with "challenge exams" as the chief obstacle to the 119 RN students in her Connecticut sample. Next in order were "time," "rigidity of curriculum," "money," and "family strain." Similarly, Jackson (1981), in her survey of 106 RN students enrolled in one school in Canada, found that insufficient funding was a major obstacle for all

of the students in her sample.

In a study to identify factors contributing to the participation or non-participation of RNs in baccalaureate education in Virginia, Pollok (1979) reported that "cost--in foregone income, time, travel and tuition and fees--seemed to be the number one discouraging entity for the registered nurses of this study" (p. 117). In a similar study in Texas, Inman (1982) reported that home and family responsibilities were the primary obstacles to participation. However, time and cost were the next two most frequently mentioned factors.

Informal faculty and student self-reports also point to time and costs as a major obstacle. The major words of warning from a group of students to others who might be considering enrollment was "get used to being poor," and "it could take a long time if you try to take college courses while working" (Moore, 1974). Data from a national survey (American Nurses' Association, 1979) lend credibility to the latter warning. Diploma school graduates were reported to have invested an average of 11.2 years in completing the degree, while associate degree graduates invested an average of 3.5 years. Faculty members with extensive experience with RN students also document these issues as major obstacles for returning students (Hiraki and Parlocha, 1983; Muzio and Ohashi, 1979; Shane, 1983; Woolley, 1978).

Adapting to the multi-role lifestyle associated with a return to school is also a problem for many RN students. In a vivid anecdote, a nursing faculty member describes one RN student's experience in negotiating this stressful role balancing:

> One day, an RN student came to class with mustard on her chin.
> When I kidded her about it, she said, "After I got off work, I got
> Timmy ready for Boy Scouts, made a sandwich for my husband before
> he went to a school board meeting, took my daughter to
> cheerleading practice, grabbed a hamburger at the drive-in and ate
> it in the car on the way to class. I guess I didn't have energy
> left to use my napkin!" (Baccus, 1984, p. 5)

Survey results and faculty and student self-reports substantiate that
the role strain evident in this anecdote is indeed a serious problem for
many returning RN students (Hillsmith, 1978; Squaires and Hinsvark,
1975; Woolley, 1978). Malarkey (1979) summarizes their concerns as
follows:

> Guilt feelings and stress are prevalent when [the student] feels
> that time spent on academic work puts strain on her relationship
> with husband and children. To maintain this equilibrium she will
> be forced to constantly juggle schedules and hours. . . . The
> cooperation of her husband and family is desirable but it will
> require some reorganization of their lives. Without family
> support, marital stress, resentment and negative behavior by
> family members have been demonstrated. (p. 17)

Unfortunately, some RN students receive little support from their
families or peers, further accelerating the stress of the returning-to-
school experience. Hillsmith (1978) reports that in her sample of
nurses, husbands were perceived as giving little encouragement. A large
majority (74%) indicated that the most encouraging person was "myself."
Next in order of being most supportive were: fellow nurses, friends,
husbands, head nurses or supervisors.

Frequently, support from co-workers is also absent. Schoen
(1982), in a survey of a random sample of all registered nurses in
Illinois, and Lee (1979), in a survey conducted with subscribers to RN
magazine, both found widespread misunderstanding of and hostility toward
the ANA Entry into Practice resolution. Woolley (1978) reported that RN

students often lose friendships due to conflict at work with their peers, who ridicule and ostracize them because they are going to school.

Dispositional Barriers

Adult students. Although the impact of dispositional barriers has seldom been measured in formal surveys, the observations of faculty and the self-reports of students suggest that threats to the students' self-image and/or weak academic skills may impede their adjustment to the academic environment.

Knox (1977) noted that the fear of being rejected in unfamiliar settings is very widespread among adults. Further, having been away from schooling for some years, adults tend to regard a university with some degree of awe. During their initial enrollment new adult students often feel inadequate; they wonder how they will fit in, how the other students and faculty will accept them, and if they will be successful (Lordi, 1980). Some excerpts from interviews conducted with returning adult students by Kuh and Ardaiolo (1979c) exemplify these concerns:

> I was very confused my first days on campus. I was lost all the time, you know, just the whole freshman syndrome you hear about. I couldn't find my way around campus. I was really frightened, you know. Everybody was a lot smarter than I was, you know, like it was going to be a real difficult thing. I even thought that I might be making a big mistake.
> — a divorced woman, 30, with three children

> I kept thinking am I crazy? What am I doing here? So, it was just kind of like I was in a dream world. I really kind of felt like, well, maybe I didn't belong here.
> — a married woman, 49, with eight children

I think I felt very much out of place, just very self-conscious.
I felt like everybody was staring at me. And I was worried that
maybe I didn't retain all the things that I learned in school or
maybe, since it was ten years ago, it was so different than what
these high school seniors have learned that I just probably wasn't
going to catch up.

> — a married woman, 26, with
> three children (p. 44)

Cohen (1980) reports that adult students are likely to recognize
inadequacies in their skills at being students; "frustration in taking
lecture notes, problems with studying large chunks of material in
preparation for examination, and hesitancy in participating in class
discussions are among the most common concerns of new college students"
(p. 27). In their study of adult students enrolled in extended degree
programs, Medsker and his associates (1975) found similarly that
"getting used to studying again" and "getting started" created
difficulty for "significant proportions" of the students during their
initial experiences.

Weak math and writing skills also pose significant problems to
many returning adult students. Solmon, Gordon, & Oschner (1979) found
that adult students come to the college experience with much poorer
preparation in all academic areas and in study habits than younger
students. Mathematics was shown to be the area in which adult students
needed the most remedial help. Medsker and his associates (1975)
concluded that the fact that some students tend to be weak or at least
rusty in some of these learning skills has implications for the kinds of
refresher work that colleges may need to provide for them.

RN students. There is evidence to suggest that RN students
experience similar "settling in" concerns in the initial period of their

return to school. Hiraki and Parlocha (1983) report these in the
typical language of returning nurses. The fears most frequently
expressed are: "How will I fit into the academic community?"; "I
haven't studied in years"; "I'm not sure of my academic abilities"; "I
won't fit in with younger students"; "I may not be able to relate to my
instructors" (pp. 62-66). Like other adults, most returning RN
students learn to cope with these concerns, and in addition, manage to
balance the multiple role demands associated with family and work
responsibilities.

RN students face an additional conflict not typically experienced
by other adult students, however. In the course of their educational
experiences in the nursing curriculum, their previous values, knowledge
and accustomed ways of thinking and practicing are challenged and,
consequently, their self-image as a nurse is threatened. This creates
conflict and high levels of anxiety, often accompanied by considerable
anger. One student described her experience as follows:

> One of the reasons I returned to school was my discontent with
> some of the values of the real world of hospital nursing. On the
> other hand, I have some problems with the nit-picky idealism of
> the school, as well as an inconsistency and vagueness of
> objectives to be met. I don't really want to return to the old
> but am really hassled by the stress of the new. Sometimes I toy
> with the idea of a lateral arabesque into another profession. I
> seem to vascillate between idealism and nihilism (all of nursing
> is a farce) with acute episodes of depression and hostility
> interspersed with real enthusiasm when the pressure to achieve
> lifts enough for me to enjoy what I'm learning. (Shane, 1983,
> p. 88)

Frequently adding to the RN students' anxiety is the perception
that they are being asked to relearn things they already know. The
following excerpt from the comments of two students illustrates this

concern and documents the trauma to self-image which is often part of the returning-to-school experience.

> Our anger and hostility quickly developed because we found much of the material repetitious and mundane. We had expected to learn new things. Along with this we feared to appear less than adequate, and we set such unrealistic goals for ourselves that we soon felt overwhelmed. Fatigue was our constant companion, and quitting seemed a definite option. The trauma to our self-image was enormous. (Higgins & Wolfarth, 1981, p. 2062).

As a result of her analysis of data from a qualitative field study of the returning-to-school experiences of over 300 RN students, Shane (1980) conceptualizes three distinct phases within the constellation of behaviors which she calls the Returning-to-School Syndrome (RTSS). The first phase, the "Honeymoon," usually starts out pleasantly and the student is unaware of any particular conflict or stress. "She feels good about herself, because she has finally taken some concrete steps toward getting a B.S.N. degree—a goal she has held for some time. . . . Typically she is fascinated with academia, loves the campus, adores attending classes, and feels her future is rosy" (pp. 120-121). This phase may last from a few hours to many months.

The next phase of the Returning-to-School Syndrome, "Conflict," is characterized by turbulent negative emotions and is divided into two parts—disintegration and reintegration. Disintegration is painful and potentially harmful. "It is characterized by anxiety that is turned inward, resulting in a variety of negative states, which may include depressions, withdrawal from social contacts, and sullenness" (Shane, 1983, p. 74). Shane (1980) provides the following vivid description of the responses characteristic of this beginning disintegration:

> This stage usually begins with a growing sense of being different. . . . The RN begins to perceive that her own concept of nursing is no longer appropriate and does not bring the expected result. . . . She feels increasingly inadequate to meet the demands of the situation because she can no longer trust her own experience and knowledge to provide her with appropriate responses or modes of behavior. She is acutely aware that the old rules no longer are valid, but has not yet deciphered the new ones. She is, truly, a stranger in a strange land. (p. 121)

This disintegration process can be very damaging personally and professionally, and may seriously impair her academic performance, thereby reinforcing her feelings of failure and inadequacy.

Reintegration is also painful and potentially harmful. The hallmark emotion during this stage is frustrated anger, usually directed toward the program or the faculty but occasionally to family and friends as well. Other authors have also documented these hostile responses (Hale & Boyd, 1981; Hillsmith, 1978; Woolley, 1978). Shane (1980) observes, "The length of time any individual spends in the hostility phase and the mode of resolution probably depends on the overall resiliency of the individual, the intensity of the emotions and experiences she is feeling, and the interpretation and guidance provided by those significant others (faculty, peers, family) surrounding her" (p. 122).

Phase 3, "Resolution," can take a variety of forms. Biculturalism--the ability to be as comfortable and effective in one culture (school) as in another (work)--is the most positive resolution for the returning-to-school syndrome. False acceptance, in which the nurse deludes herself and possibly faculty into thinking that biculturalism has been reached, chronic conflict, and oscillation

between various resolutions are less positive ways in which RN students have resolved the conflicts.

Shane (1983) suggests that the availability of adequate support systems is an essential ingredient in achieving a satisfactory resolution. Unless both formal and informal support systems are built into the academic program they may not be available to the student in her outside contacts. To the contrary, as reported previously there is evidence that co-workers and even family members may be hostile rather than supportive.

Unfortunately, some RN students never successfully work through the conflicts inherent in the returning to school process. As reported by Hillsmith (1978), "they grudgingly admit to having been given a broader background in nursing and personal enrichment, yet cling to old loyalties, semantics, and values, whether diploma school or AD graduate" (p. 101). The anger and hostility continue to permeate their experiences and to interfere with their learning.

Institutional Barriers

Adult students. Although institutional barriers are being lowered rapidly by colleges seeking to attract adults to their campuses, they rank second in importance to situational barriers in hindering adult enrollment (Cross, 1979). The inflexible nature of many youth-oriented institutional policies and procedures continues to place adults at a distinct disadvantage (Peterson, 1981).

Traditionally, admission to colleges and universities has been based on the students' past academic achievement and on such standardized tests as the ACT or SAT. However, these performance measures have proven to be less useful predictors of success for adults than for traditional college students.

Typically, adults have lower high school and college grade point averages. In some instances this is because of the grade inflation which has occurred in recent years (Solmon, Gordon, & Oschner, 1979); in others, it is because of the students' past motivation and maturity levels. In either event, the grades may not accurately reflect the students' current potential.

Further, research on adults as learners quite clearly shows that many adults are poor test-takers (Apps, 1981). Scores on standardized tests do not serve the same predictive function as they do for students entering directly from high school. Institutions that continue to maintain these youth-oriented entry criteria create serious problems for prospective adult students.

Because more and more of the adults in college have either attended previously or have had extensive life experience relevant to their educational goals, institutional policies governing the award of transfer credit are also of concern to adult students. Traditionally, colleges and universities have accepted transcript credit earned in other accredited institutions of higher education. However, several restrictions are usually imposed (Solmon, Gordon, & Oschner, 1979). The credit must represent courses that are compatible with degree

requirements, must not exceed the maximum imposed by residency requirements, and must have been earned within a prescribed time limit ranging anywhere from five to ten or fifteen years. If rigorously enforced, these restrictions often result in a significant loss of credit which, in turn, leads to unnecessary repetition of past learning, increased costs, and increased student frustration.

Institutional policies and procedures may also impede the progress of adult students during their period of enrollment. Many adults are handicapped by the assumption that education is a full-time activity. To the contrary, the weight of evidence indicates that adult students have many competing family/job responsibilities which preclude their full-time attendance (Cross, 1979). In order to be able to participate they must attend part-time and have access to flexible off-hour scheduling options. Yet, many institutions have failed to respond to these clearly differentiated needs of adult students. They continue to restrict part-time enrollment while maintaining rigid residence requirements and a standard day-time academic schedule (Apps, 1981).

In addition to requiring more flexible off-hour academic schedules, adult students also need off-hour access to other administrative units of the institution. In particular, off-hour access to the bookstore and food services, to academic advisors, and to the financial aid, registrar's and bursar's offices is crucial. Payette (1980) notes, however, that on most campuses the existing student service departments rarely respond to the special scheduling needs of adult students.

Further than this, new services that are responsive to the special counseling and learning needs of adult students are seldom developed. As a previous section of this review has documented, returning adult students often need a period of time to adjust to academic life. Yet on many campuses adult-oriented support systems for orientation, study skills remediation, and personal and career counseling are often not available.

Beyond these issues of access, another major barrier is presented to adults by the lock-step nature of the curriculum. The rigidly structured sequence of courses typical of the traditional college curriculum is often too content-centered and course- and credit-oriented to be responsive to the variable entry characteristics of adult students. Malcolm Knowles, the noted adult educator, in an interview conducted by Apps (1981), expressed his concern about the impact of the traditional curriculum upon adult learners:

> I feel so bad when a returning student comes in with a rich background of experience and self-study and is told, "You have to take the following required courses." And very often I know, and the student knows, that either the required course is not at all relevant to his or her life goals, or the content has already been gained through rigorous independent study, previous training, workshops, institutes, and so on, that don't carry academic credit. But unless the student has the academic credits, the learning can't be counted toward his or her degree. (p. 217)

In some instances, the adult student does not need to take a whole course but might benefit from taking parts of courses. This, too, is not possible in most institutions. Ralph Tyler, the noted curriculum expert, observes that this goes against the grain of those instructors who feel that leaving out any part of their course would be a serious

loss. He says in an interview with Apps (1981): "These instructors

have this view that it's like the priesthood, the laying on of hands in

their program . . . .'You can't really have learned a given content area

unless you've had a course under me'" (p. 216). This and other similar

attitudes of faculty create additional barriers for adult students.

Apps (1981) notes that the overall negative image of the field of

adult education is one of the major reasons why many colleges and

universitites have not accommodated large numbers of returning adult

students. He says, "one needs only talk with faculty members long

identified with traditional age college students to learn that much

negativism about adult education remains" (p. 60). Many view adult

education as superficial, unimportant, and second-rate. Similarly, non-

traditional approaches that emphasize flexibility and individualization

are viewed with considerable skepticism. Gould and Cross (1972),

reporting for the Commission on Non-traditional Study, describe the

concerns of traditional educators as follows:

> There is doubt of considerable magnitude and in many quarters
> about the philosophical rightness, the validity, and especially
> the educational efficacy of such forms. The greatest doubt of
> all, a doubt coupled with outright disbelief, is centered on
> whether a set of patterns for non-traditional study can be created
> that will guarantee high quality in education rather than dilute
> it. . . . they are convinced that every vestige of intellectual
> rigor will disappear into oblivion if the non-traditionalists gain
> any significant control of higher education. (pp. 8-9)

Although sometimes valid, these attitudes are more a reflection of

the academic conservatism which prevails on most campuses. Peterson

(1981) notes that many forces operate to maintain the status quo. "It

would be a mistake," he says, "to underestimate the internal forces

mitigating against real institutional reform on behalf of objectives related to human growth throughout the lifespan" (p. 322).

Negative attitudes of faculty also influence the teaching-learning process. Some faculty are reluctant to work with adult students. Their avoidance of contact is based partly on fear and partly on an unwillingness to move out of an established, comfortable mold. Apps (1981) notes that faculty fear that they will not be able to communicate with adult students, that their authority will be challenged, or that assertive adult students will evaluate them negatively, thus adversely affecting their tenure and/or promotion. Operating out of these fears they often avoid or limit their contact with adult students.

Other faculty involve themselves with adult students but fail to change their teaching approaches to be consistent with the differentiated characteristics of this new student population. They are unwilling to provide flexible scheduling options for classes and office hours, and rely heavily on lectures for the transmission of content. They often hold students to rigid time limits in the completion of course assignments, and in other ways demonstrate their insensitivity to the difficulties adult students experience in balancing the multiple demands on their time (Apps, 1981; Gaff & Gaff, 1981).

RN students. Though similarly affected by these institutional barriers, RN students have some unique problems. For example, concerns about crediting mechanisms, curriculum rigidity, and scheduling may be even more acute among RN students than adult students at large.

Hillsmith (1978) found that "challenge exams" tied with "cost" as the chief obstacle to the 119 nurses in her Connecticut sample. This was followed closely by concerns about the "rigidity of the curriculum." Similarly, Bardossi (1980) found that "not enough credit for experience," mentioned by 60% of the sample, and "not enough credit for previous study," mentioned by 54%, were viewed as major hurdles (N = 335). These concerns ranked third and fourth in importance after time and cost. Because diploma schools of nursing are outside the system of higher education, credits earned in these institutions do not meet the criteria for direct credit transfer. Further, even when crediting mechanisms exist, it is often difficult to equate associate degree and diploma course credits to particular courses of the baccalaureate curriculum.

The number of credits actually awarded to RN students is highly variable. Slaninka (1979) reports a range from 0 to 60 credits. The largest number of schools (48%) allows 20 to 40 credits, 18% allow 0 to 20 credits, and 19%, 40 to 60 credits. This lack of standardization lends some credibility to the students' frequent complaint that too little credit is awarded for their previous nursing knowledge.

RN students also complain that too little or no assistance is provided to help them prepare for the wide- ranging content of the nursing advanced placement examinations. Further, they complain that the examinations are scheduled infrequently at inconvenient times and that the policy regarding repetition of failed exams is either unclear or unnecessarily restrictive.

Besides being a source of dissatisfaction for RN students, establishing reasonable ways to credit previous educational and work experiences, while maintaining consistency with institutional policy, is one of the most difficult issues that baccalaureate educators must face (Hale & Boyd, 1981; Southern Regional Education Board, 1982a, 1982b; Wu, 1978). Despite an extensive body of literature describing various approaches to the task and the increasing availability of psychometrically sound placement examinations, the complexity of the task defeats many of the well-intentioned.

The difficulty of the task is compounded in programs where RN students are admitted to a generic program as a secondary population. These programs, designed to provide a logically ordered sequence of learning experiences to meet the needs of novice students, are often inappropriately structured for the needs of RN students. Often, content which the RN student has already mastered is integrated throughout a variety of courses. Determining how much credit to award and in which courses to award it is difficult, at best.

It is equally difficult to find a way to break out of the lock-step course arrangements of the generic curriculum to provide RN students with the new learning experiences they need. To do this while not overtaxing the resources of the school is indeed a challenge. RN students are more expensive to educate than traditional students. They usually attend part-time while working, providing limited income to the school. However, they consume as many resources as full-time students, requiring the same advisement and counseling, the same support systems

and the same teaching time (Southern Regional Education Board, 1982a).

Many innovative curriculum models have been developed to address the unique needs of RN students. These will be discussed in greater detail in a later section of this review. However, it is important to note here that the most successful of these are the ones that achieve program objectives while staying within the boundaries of finite institutional resources (Southern Regional Education Board, 1982a). Besides being a barrier to students on a personal level, costs also present barriers at the institutional level when they limit the development of responsive programs.

Access to flexible scheduling options is another area in which RN students may experience more problems than other adults. The need for flexible scheduling has been documented in a number of studies. Inman (1982) found that the lack of convenient scheduling was a major reason for the non-participation of RNs in baccalaureate programs. Pollok (1979) found that after finances and time, distance and schedules were the major hindering factors for students anticipating enrollment. Further than this, Ludington (1980) found that 37% of her sample expressed second thoughts after they were enrolled in a program. One of the contributing reasons was the difficulty they experienced in scheduling work and school. Bailey (1982) also found scheduling to be a concern of the enrolled students in her sample.

The reality of this institutional barrier for RNs is documented by Slaninka (1979). This study reveals that at the time of the survey, part-time study was available in only 54.5% of the schools in her

national sample. Evening courses were more available, occurring in 69.7% of the schools. However, weekend courses were offered in only 14%. Although circumstances may have improved since 1979, as late as 1982 Bailey (1982) was prompted to make the following comment as she summarized the findings of her study: "Of particular concern to the researcher is the students' perception of a lack of flexibility in course/time scheduling in the baccalaureate nursing program" (p. 167). These data suggest that scheduling barriers continue to create problems for many RN students.

In other areas, the impact of institutional barriers on RNs is less acute but nonetheless as real as for adult students, in general. Like other adults, RNs are handicapped in the admission process. Slaninka (1979) found that in 83.7% of the schools in her national sample, RN students must meet the same admission standards as the traditional generic students. In 42.7% of the schools, SAT or achievement test scores are a criterion for admission. Similarly, like all adults, RNs are handicapped as they progress through their programs by the lack of institutional support services to meet their special needs.

Faculty attitudes to RN education, in general, and to RN students, in particular, though less worrisome than in the past (Gospodarski, 1981), continue to create barriers for RN students. Some faculty still resist the curriculum changes needed to make programs more responsive; some are reluctant to teach RN students (Hale & Boyd, 1981). One Dean said that the faculty she worked with wanted to teach novices not "old

warhorses" (Southern Regional Education Board, 1982a).

Some of the negative response, if unfair to students, is understandable. The anger and hostility RNs express as they undergo role change is difficult to deal with. One faculty member put it this way: "Those who work with this group deserve a special place in heaven" (Woolley, 1978, p. 103). Others comment that they need an extra "energy increment" to work with RN students; some facetiously ask for "hazardous duty pay" (Southern Regional Education Board, 1982a).

RN students, like all adults, pose new challenges in the teaching-learning process. Nursing faculty, like their colleagues in other disciplines, feel threatened by these more mature students and are reluctant to risk negative evaluations by becoming involved. Comments such as the following have been reported: "The student is a clinical threat to me"; "These students mean a work overload for me"; "Who wishes to risk bad evaluations" (Southern Regional Education Board, 1982a, p. 7). It is important to note, however, that the innovative curriculum changes of the past decade could not have occurred if these viewpoints prevailed among all faculty. These changes attest to the fact that many nursing faculty have overcome their prejudices and fears to respond positively to the challenges involved in RN education.

Helpful Educational Conditions

As suggested by the Moos (1979) model, when students perceive obstacles to their goals, they activate coping mechanisms, either changing their own behavior, effecting changes in their own situational

circumstances, or seeking institutional changes to alleviate the problem. Once sensitized to problems, responsive institutions also adapt, changing their policies and procedures to provide a more supportive educational environment. This part of the review identifies the adaptations, both personal and environmental, that have been identified in the literature as being particularly helpful to adult and returning RN students. As in previous sections, the literature in adult education is examined first. This is followed by an examination of the literature describing the experiences of RN students.

Personal Adaptations

Adult students. While many adult students succumb to the pressures of the multi-role lifestyle imposed by their return to school, many others learn to cope. They find sources of support within themselves or in their family, school and work relationships to help them make a successful transition into the student role.

Time management has been shown to be an essential skill in balancing the multiple role demands involved in returning to school. Many returning adult students feel guilty about the impact their divided attention will have upon their families (Apps, 1981; Douvan, 1981). They often have difficulty in dividing their time appropriately among their multiple roles. To be successful, they must learn to set priorities and to manage their time effectively (Curtis, 1983).

Beyond this, Kuh and Ardaiolo (1979c) note that family support is especially important to adult students and may be expressed in many

ways. One student interviewed in their study reported the following:

> My husband is supportive of my college attendance. The first
> night that I came home, well, I still had my evening class to go
> to yet, and he came home from work a little late and I was just
> about ready to get after him and he had brought me a dozen roses.
> He was so proud of my going back to school! And my kids think
> it's neat, "Mommy is in school and I'm in school. How come daddy
> doesn't go to school?" (pp. 44-45)

Such symbolic expressions of family support at crucial points during the

returning-to-school experience, in this case on the first day, have been

noted to be very helpful. Other more tangible forms of support, for

example, sharing in child care and household chores, and in providing

financial resources, are equally important (Astin et al., 1976). If

such family support is not offered freely, students must open lines of

communication to reach out to family members for the help they need.

RN students. The literature describing the experiences of RN

students also emphasizes the importance of time management as well as

the development of effective family, work, and school support networks

in making a successful transition into the student role.

Like other adult students, many returning RN students feel guilty

about the impact their divided attention will have upon their families

(Malarkey, 1979). One successful RN student (Lewis, 1973) noted the

importance of taking one thing at a time, one day at a time. She

described her experience as follows:

> My family has not suffered for sending Mom through school. We
> still have Mark's Cub Scouts, camping, and Little League.
> Michelle and I made panorama sugar eggs for Easter, and I finished
> a daisy afghan for her hope chest. I am able to organize my work
> and my time with my family. My education itself is very much a
> family affair. . . . There has been a great deal of sharing and
> mutual enthusiasm--a family commitment. (p. 677).

Based on their own experiences, other successful RN students suggest additional coping strategies. Higgins and Wolfarth (1981) recommend ways to conserve time and energy. They recommend that students learn the system and live with it a while before attempting to change it. Energy should not be wasted, they say, in fighting the system; it can be more wisely and productively spent on learning.

Further, they recommend that students set realistic goals and not overprepare. Contrary to the RN students' common misperception, RNs are not expected to know everything; they are there to learn just as everyone else. Finally, students are urged to set priorities on their time, to allow time for family, work, socialization and outside interests.

Nurse educators with extensive experience in working with RN students reiterate and expand on these perceptions. Hiraki and Parlocha (1979, 1983) highlight the importance of the students' motivation and goals in contributing to their success. They urge that to get the most out of school, students must be very clear about why they want to attend. They note that students who understand their own motivation are in a better position to plan priorities and to take a positive approach to academic life.

In addition, Shane (1983) notes that the cumulative amounts of stress generated by the returning-to-school experience may overwhelm RN students unless they adopt some effective strategies for stress reduction. The most successful strategy for dealing with very high stress levels, she says, is to reduce some or all of the sources of

stress, for example, cutting down on the number of roles one plays or cutting back one's involvement, perhaps only temporarily, in certain roles.

Specifically, Shane (1983) recommends that RNs consider the following strategies: 1) reducing the amount of time spent in the work place to the absolute minimum needed to keep afloat financially; 2) reducing the semester's course load to less than full-time; 3) resigning from extraneous social clubs; 4) negotiating workplace schedules with their employers so that blocks of time at work are longer, but less frequent; 5) implementing relaxation techniques; 6) increasing their aerobic physical activity--swimming, jogging, bicycling; and 7) establishing interim goals and celebrating these "mini" goals with friends and family as one measure of their progress toward their ultimate goal.

Students must also assume some degree of responsibility for building a support network. Higgins and Wolfarth (1981) urge that RNs reach out to their families, to faculty and to other students for support. RNs are encouraged to find faculty members to whom they can relate and to involve them in student concerns. Further, they are encouraged to join the RN student organization if one exists or, if not, to initiate some other mechanisms for student contact. Within the context of these faculty/student contacts, grievances can be aired and constructive changes can be initiated.

Hiraki and Parlocha (1979, 1983) also emphasize the importance of the support provided by families, faculty and other students. They urge

students to start student support groups; to participate in the school's

RN committee, if one exists or, if not, to start one; and to maintain

close contact with their faculty advisors. Above all, they urge

students to set realistic goals and to seek help when it is needed.

Employers are also a source of support to RNs when they respond to

requests for flexible work schedules and show in other ways that

advanced education is valued in the workplace. Some provide tangible

evidence of their support by offering tuition reimbursement programs,

providing either paid or unpaid educational leaves, or making available

low interest educational loans (Shane, 1983). As in all other areas of

potential support, RN students must reach out, and search for resources

to assist them in adapting to the pressures placed upon them by their

return to school.

Institutional Adaptations

Adult students. Academic institutions must change many of their

traditional practices as their adult student enrollments increase.

Gould and Cross (1972), reporting for the Commission on Non-traditional

Study identified some general areas in which institutional reform was

necessary. First is the need to provide educational opportunity to many

previously underserved populations. The second set of required reforms

evolves naturally from the first and includes elements of structure,

method, content and procedures that combine to create a new flexibility

in education. If flexibility is a necessity for non-traditional study,

he says, then individualized learning is its most important element.

This constitutes a third area of needed reform.

When these three concepts--opportunity, flexibility, and individualization--influence such areas as student admissions, credit review, student services, the curriculum, and faculty attitudes and methods, they serve as the hallmarks of responsive institutions.

In their final report, the Commission on Non-traditional Study (1973) recommended that the admission of adult and other non-traditional students to colleges and universities should be based on new kinds of examining procedures or a more flexible and interpretive application of the current admissions criteria. Mezirow (1978) refers to this as a "reflooring" of the requirements. He suggests the elimination of entrance examinations and the substitution of other measures to evaluate the students' motivation and academic potential. Resumes and letters of recommendation have been employed successfully as alternative measures in a number of adult-oriented programs (Solomon, Gordon & Oschner, 1979).

Along with revising the admission procedures for adult students, it is essential that institutions examine their policies and procedures for crediting the adult students' prior formal and informal educational experiences. Hartnett (1972), writing for the Commission on Non-traditional Study, urged a "loosening up" of the traditional system. He recommended that colleges and universities establish mechanisms to recognize non-school educational experiences, and that the award of credit by examination and the transfer of credit from other academic institutions be facilitated. Recommendations to this effect were also

included in the final report of the Commission (Commission for Non-traditional Study, 1973). Also included were recommendations to increase part-time study options and to relax restrictive residency requirement to be more compatible with the typical enrollment patterns of the majority of adult students.

For the most part, institutions have been responsive to these recommendations. Part-time study options are more frequently provided and some form of credit by examination is almost universally available. The award of credit for life/work experience is less well implemented (Ruyle & Geiselman, 1976), although portfolio analysis has been used effectively for this purpose in some settings (Knapp, 1977).

Once over the hurdle of admission and credit review, adult students face many new and sometimes frightening experiences as they enter the academic environment. It is essential that institutions show sensitivity to their unique needs and provide services to assist them both in settling in and in sustaining their enrollment (Nayman & Patten, 1980). Cohen (1980) observes, "any institutional commitment to admit a non-traditional clientele thus carries with it institutional responsibilities to serve that clientele" (p. 24). Orientation, counseling, advising and academic skills services are central resources in assisting adults to maximize their college experience.

Kuh and Ardaiolo (1979c) note that what adult learners need most from academic institutions is a comprehensive continuous orientation program that helps them to make the transition to a multi-role lifestyle. A major segment of the orientation should emphasize the

academic expectations of the institution and introduce students to the

variety of services available to help them. Sadler (1982) notes that

one such way to set students at ease is to provide them with accurate

information. She says,

> preregistration scheduling orientation sessions to discuss career
> choices, major areas, advisement, psychological counseling, and
> other support services, and just to get through the maze of
> catalogs and terminology, are a means for students to gain
> information and a personalized relationship with the college.
> (p. 26).

Cohen (1980) refers to this process as "settling in" or "achieving

enough physical and psychological security in the environment to get on

with the job of learning without major distraction" (p. 24). Although

the need for special separate orientations for adult students has been

debated, he says, these programs have the advantage of fostering an

identity group; students learn that they are not alone in their concerns

and can share the difficulties of belonging to an institution not meant

for people of their age group.

Parelius (1979) emphasizes the importance of the peer group both

in socializing adults into the student role and in supporting their

academic success. Peer groups, she says, teach students informal norms

which facilitate successful performance. For example, students tell

each other which courses are "guts," how to circumvent bureaucratic red

tape, and how much studying is really necessary to get acceptable grades

from various instructors. Students arrive at "a collective solution to

the problems they face" and "pass this solution from one generation to

the next" (p. 185). Students also provide support in more concrete ways

by sharing notes and tutoring each other.

For those adult students who must overcome deficiencies in their math, writing, or study skills, remedial services must be provided by the institution to help the students improve their performance in these essential skill areas. Tutoring services may also be needed to help students keep up the necessary pace in some subject areas. In providing these services the academic skills staff must be sensitive to the special anxieties of adult students--lack of self-confidence, worries about being too old to learn, fear of failure, etc.--and modify their teaching approaches accordingly (Nayman & Patten, 1980).

Counseling services to help students deal with their anxieties should also be provided. Student "mentor" networks, special courses or workshops in time management, decision-making, assertiveness training, personal growth, etc., as well as the more traditional one-to-one counseling approaches have all been used successfully (Nayman & Patten, 1980).

Other services have also been identified as being supportive of adult student success. The availability of child care on campus is especially important to returning women students (Mezirow, 1978). Information about the financial aid available to adults, guidance in the application process, and assistance in arranging reasonable payment plans are crucial to all adult students (Solmon, Gordon & Oschner, 1979). In all service areas--counseling, financial aid, registrar, bursar, bookstore, food services, etc.--access during off-hours is essential (Payette, 1980).

There is a fine line distinguishing orientation from counseling and counseling from academic advisement. Each may be addressed by different units of the institution or combined within the services of a single unit. Schuster and Berner (1980) argue that the centralization of adult student services within an adult student resource center has many advantages. Adults are attracted to one-stop, centralized services that provide a comprehensive response to their needs. The center can also more efficiently assess their needs and make appropriate changes in the services provided. In effect, such centralization of services enhances the students' power base, allowing them the opportunity to influence institutional change. Whether centralized or dispersed, however, the wide range of services described above must be available if adult students are to obtain the maximum benefit from their educational experiences (Medsker et al., 1975).

The hallmark characteristics of non-traditional education—opportunity, flexibility and individualization—are nowhere more important than in planning appropriate curriculum modifications to meet the needs of adult students. First, the curriculum must be both geographically and temporally accessible; courses of the curriculum must be offered "where" and "when" adult students can attend. Second, the curriculum must be individualized to the particular needs, strengths and interests of adult learners.

Recommendations regarding the "where" of instruction are far ranging. In addition to the traditional locus on college campuses, it has been suggested that courses be offered from a network of regional

campuses; in community settings (e.g., business and industry, churches, hospitals or libraries); or through the use of existing technologies which take instruction directly into the students' homes (e.g., video cassettes, community television, closed circuit or cable television, computers, etc.) (Walton, 1976).

Changing the "when" of instruction is the oldest and most common programmatic modification for increasing access (Cross, 1979). The various approaches to program scheduling can be categorized as follows: day-time hours, evening hours, block scheduling (including weekly extended classes, weekends, concentrated periods of a week or more, or a whole summer), or self-paced scheduling (for example, independent study or correspondence courses).

The unanimous finding of a number of adult student surveys (Cross, 1979) is that evening hours are the preferred times and mornings are second; weekend scheduling did not seem to be a popular option. The block and self-paced scheduling options have seldom been included in surveys; thus, data regarding their appeal are less available.

Beyond these issues of accessibility and flexibility, Gould and Cross (1972), speaking for the Commission on Non-traditional Study, observed that individualized learning could be "an enormous step forward in breaking all sorts of lock-steps and in establishing for each person a set of educational directions that can take him where he, himself, needs to go" (p. 8). The concept of individualization when applied in the process of curriculum reform can lead to a variety of models for adult education.

In effect, individualization occurs at two levels--first, in the overall curriculum design and second, in the nature of the learning experiences provided within the curriculum. For example, the needs of adult students have been addressed in special adult degree programs or as part of the traditional college curriculum. Within these programs, special procedures for the assessment of prior learning, learning contracts, independent study projects, and modularized instruction have been used effectively to individualize instruction to the variable interests and learning styles of adult students (Apps, 1981; Solmon, Gordon, & Oschner, 1979).

Beyond this, Apps (1981) observes that for returning adult students, "the instructor is often the key to their success, sometimes the key to their even continuing in school" (p. 66). Although the instructor's skill is an important factor in being effective with adult students, even more important, he says, is the instructor's working philosophy. The beliefs an instructor holds about human beings in general and returning students, in particular, beliefs about teaching and learning as applied to adults, beliefs about knowledge, and beliefs about the purposes of an educational program for returning students, all influence the instructors' teaching approaches and the nature of the educational environment provided for adult students.

Knowles (1980, 1984) has synthesized one set of beliefs about adults and their learning to formulate what he calls the andragogical model of adult learning. This model, in contrast to the traditional pedagogical model, is based on the following assumptions: 1) the

learner is self-directing not dependent; 2) adults enter into an educational activity with both a greater volume and different quality of experience from youth; 3) adults become ready to learn when they experience a need to know or do something in order to perform more effectively in some aspect of their lives--not because they have reached a certain age or grade level; 4) adults enter an educational activity with a life-centered, task-oriented, or problem-centered orientation to learning rather than a subject-centered orientation; and 5) adults are more frequently motivated by internal rather than external forces.

The andragogical model has been used in adult education with considerable success (Knowles, 1984). It is primarily process oriented rather than content oriented and leads to a dual role for the teacher. The teacher is first and foremost a facilitator of the students' learning, involving the students in diagnosing their learning needs, formulating learning objectives and learning plans and in helping learners to carry out their plans and to evaluate their learning outcomes. Only secondarily is the teacher a content resource.

Apps (1981) has summarized other work in the field to evolve a set of characteristic behaviors of exemplary instructors of adult students. These characteristics are consistent with the andragogical model although not necessarily evolving from research conducted under its guiding influence. Exemplary instructors of adult learners, he says, are first, more concerned about learners than about things and events.

> They believe it is important to help returning students find personal meaning in what they are studying and experiencing, and they recognize the unique qualities possessed by each returning student. (p. 112)

Second, exemplary instructors of adults know their subject matter. They keep themselves up to date in their discipline. Third, they relate theory to practice and their own fields to other fields, promoting integration of learning. Fourth, they are confident as instructors, and fifth, are open to a wide variety of teaching approaches. "They do not assume any one teaching approach is the 'best' approach for all situations, but recognize that a number of factors influence which teaching methods are used" (p. 113).

Sixth, exemplary instructors share themselves with their students. "These instructors do not see teaching as but one facet of their lives, to be segregated from the rest of their lives and the rest of their personalities" (p. 113). Seventh, they encourage learning outcomes that go beyond course objectives, urging students to share experiences and feelings. Eighth, they create a positive atmosphere for learning. Apps (1981) elaborates on this final characteristic as follows:

> They are alert to students' reactions, both spoken and unspoken. They can read in the faces of people puzzlement, dismay, disappointment, disagreement, agreement, enthusiasm, boredom—and know appropriate responses. They know when to encourage a learner, when to provide direction, and when to allow free rein. . . . These exemplary instructors believe learners should be encouraged to work toward their learning potential, but they also know that many factors over which the learner has little or no control often prevent a potential from being reached. (p. 114)

While many institutions have policies, rules, regulations, and traditions that are not congruent with the process-oriented instructional style of the androgogical model or the exemplary instructor characteristics outlined above, many practitioners have found imaginative ways to adapt traditional systems without sacrificing the

essence of these adult-oriented approaches. Knowles (1984) reports:

> A number of them have mentioned to me that they were surprised at
> how much they could "get away with" as long as they did their
> innovating within their own classrooms or training events.
> Furthermore, the successful innovations soon spread and were
> adopted by the system. (p. 420)

There are a number of inherent dangers to be guarded against when

planning non-traditional approaches to adult education. Two, in

particular, are of major concern. First, Solmon, Gordon and Oschner

(1979) note that care must be taken to prevent the downgrading of the

educational experience by separating programs for adults. They

elaborate as follows:

> Tenured faculty may not want to teach off campus or at odd hours,
> or they may resist attempts to develop new curricula, even if
> enrollment declines are the alternative. Colleges may be tempted
> to hire adjunct or part-time faculty to teach adults off campus
> because they can pay them less, and this practice could seriously
> affect the quality of programs. (p. 87)

Second, Pareluis (1979) warns that dispersal of the educational

experience to off-campus settings or overuse of independent study

approaches will greatly attenuate or even eliminate the student peer

group as a potential source of socialization experiences. She warns:

> Providing courses via television, eliminating residency
> requirements, allowing more home study, and crediting vocational
> experience might be useful in attracting adults to higher
> education; but let us not be lulled into complacency by such
> meager proposals. Full adult potential will develop and full
> equality of educational opportunity will result only when a
> sufficiently supportive socialization environment is created and
> sensitivity to the adult's capacity for personal and intellectual
> growth is achieved. (p. 190)

Alert to these dangers, the Commission on Non-traditional Study

(1973) urges institutions to refrain from swift, ill-conceived program

implementation. In designing a non-traditional program, they say, it is

essential to proceed through the whole process of curriculum
development:

> Objectives must be identified. A suitable format pays attention
> to resources, leaders, methods, schedule, sequence of instruction,
> the processes of social reinforcement, the individualization of
> instruction, the roles and relationships of the various persons
> involved, the criteria and methods of evaluation, and the clarity
> of the whole design. Thought must be given to fitting this format
> into larger patterns of life by considering such matters as
> guidance, finance, the customary life style of the learner, and
> interpretation to various publics. When the plan is put into
> effect, it must be constantly readjusted to take account of
> emerging opportunities and problems. At the end, the results must
> be measured and judgments made about the changes required if the
> program is to be repeated. (p. 59)

RN students. RN students also benefit from the variety of

services that are put in place as educational environments adapt to the

needs of adult students. For example, they benefit from the revised

admissions criteria, the more liberal transfer and crediting policies,

and the general orientation, counseling, academic skills programs and

day-care services that are provided for all adult students. However, it

is important that additional services be provided to address their

unique needs as RN students within the nursing program.

All nurse educators share one common problem as they strive to

make their programs responsive to the needs of RN students, that is, how

to grant appropriate credit for the RN students' previous learning.

Most nurse educators agree that diploma, associate degree and

baccalaureate nursing programs have objectives and approaches which

distinguish them from each other. However, they also agree that there

are some common areas among programs in terms of the competency and

skill in nursing achieved by their graduates (Notter & Robey, 1979a,

1979b; Schmidt & Lyons, 1969; Wu, 1978). It is these common areas that must be validated in awarding advanced placement credit in the baccalaureate program.

Various mechanisms such as standardized tests (Kurland, 1966; Lenburg, 1979a; Schmidt & Lyons, 1969), teacher-made tests (Grant, 1966; Gross & Bevil, 1981; Rogers, 1976; Stokes et al., 1981; Thomas et al., 1979), video and computer simulations (Rogers, 1976; Nayer, 1981; Stokes et al., 1981), transfer credit for equivalent content (Wu, 1978), systematic evaluation of the students' life experiences (Borgman & Ostrow, 1981; Laverdier, 1977; Rhode Island College, 1982), and clinical performance evaluations (Lenburg, 1979b) have been utilized for validating the prior learning of registered nurse students and in determining their advanced placement in the baccalaureate curriculum.

Of these, awarding credit by written and performance examination has been the most extensively used mechanism for crediting the RN students' prior nursing knowledge and experience. There is an extensive body of literature dating from the late 1960s describing various approaches to this complex task (Borgman & Ostrow, 1981; Grant, 1966; Gross & Bevil, 1981; Hangartner, 1966; Katzell, 1973; Kurland, 1966; Lenburg, 1979b; Malkin, 1966; Rogers, 1976; Schmidt & Lyons, 1969; Seylor, Morgan, Datello, & Like, 1984; Stokes, Wirlin, Rauckhorst, & Gothler, 1981; Thomas, Crowell, Ruther, & Ping, 1979; Uphold, 1983).

In some settings transfer credit is awarded for the RN's previous nursing education (Slaninka, 1979); in others, portfolio review has been utilized (Marsh & Lasky, 1984). Despite the method used, some form of

advanced placement is available in 82.6 percent of the baccalaureate programs in the country (Slaninka, 1979). Although students may resent or be dissatisfied with some elements of the process, the schools have made sincere efforts to provide advanced placement for RN students.

In order to deal with the RN students' remaining dissatisfaction with the crediting process, study guides have been provided to help students prepare adequately for the advanced placement or so-called "challenge" exams (Nayer, 1979). Review courses which highlight the essential content in each subject area may also be useful. Scheduling the examinations at frequent intervals and developing clear guidelines for repeat attempts would address other common student complaints.

Beyond these crediting issues, Hale and Boyd (1981) note that RN students require special counseling and assistance to deal with the problems frequently associated with the returning-to-school experience. They report several successful strategies for helping RN students to maximize their experiences.

One way to avert problems is to provide accurate, consistent information and explanation about program requirements, policies, and procedures (Hale & Boyd, 1981). In conjunction with this, it is recommended that one person on the faculty be designated to serve as counselor/advocate for the RN students. This person can both interpret the school's policies to the students and serve as an advocate in keeping the policies responsive to student needs. Centering this responsibility in one person provides a clear channel for student feedback and a visible source of support within the school's structure.

Although overall responsibility may be centered with one person, other faculty also serve important functions in helping RN students make a successful adjustment to the student role. Sometimes this occurs incidentally in informal student/faculty contacts or in conjunction with the planning of educational experiences (Lewis, 1973); at other times, the counseling occurs in more formalized ways.

Many schools consciously plan opportunities for students and faculty to meet together. The purpose of these contacts varies considerably. In some instances, the objective is for faculty to help students cope with the conflicts inherent in their returning-to-school experiences; in others, planning the student's academic program is the goal. Other forms of contact such as RN committees or student/faculty forums elicit feedback from students to be used in evaluating and revising the program to be more responsive to student needs. Other planned contacts may have both social and intellectual purposes. For example, colloquia and research seminars provide opportunities for students and faculty to share ideas and to get to know one another as professional peers (Lionberger, 1976; Shane, 1983; Southern Regional Education Board, 1982a, 1982b).

Peer support was also reported by Hale and Boyd (1981) as an essential ingredient within the student support structure. Peer group support can have an impact in many ways. Shane (1983) says, "the list is endless" (p. 125). It can include such student activities as studying together, sharing triumphs, crying on each others' shoulders, helping to manage child care and transportation, sharing books,

photocopying each other's notes, trying out new skills on each other, or just gossiping and laughing together.

Students must assume some responsibility for reaching out to find a peer network. However, faculty have a responsibility for formalizing this important source of student support, for example, requiring a course that gets students together, offering classes on stress and time management, sponsoring, study groups or a nurses' club (Thornburg, 1983). At the very least, faculty should provide an environment within which an informal support network can flourish. Hale and Boyd (1981) observe that the aid of a faculty advisor is "critical to ensuring the success of both formal and informal support structures" (p. 540).

In their published reports in the nursing literature, RN students attest to the value of the support provided both by faculty and their student peers. Higgins and Wolfarth (1981) note the importance of these student/faculty contacts in changing their own negative attitudes toward their returning-to-school experience. They report the following:

> Our recovery phase began during a required class for RN students. . . . This class gave us . . . a chance to interact and become a group. . . . We began having daily "mental health" breaks over coffee and aired our frustrations and problems. We divided reading assignments and taught each other in our own mini-class sessions; we began to rely on each other's abilities and knowledge. . . . The group's cohesiveness and shared experiences bolstered us and influenced faculty members. Some of the faculty regarded us as peers and worked cooperatively with us. As a group we agreed that our unity was the largest single factor in changing our negative attitudes toward school into positive ones. (pp. 2062-63)

Other students provide similar insights about the importance of student/faculty relationships. Lionberger (1976) and Balogh et al. (1980) also note the importance of student participation in faculty

sponsored support groups to resolve the student conflicts associated with role change. However, equally important to RNs, Lionberger says, is being treated as peers by faculty. This may be manifested by invitations to students to participate on faculty committees or to participate actively in planning their own learning experiences.

As was the case with adult students in general, surveys of RN students (Inman, 1982; Pollok, 1979; Squaires & Hinsvark, 1975) document the importance to RNs of flexible scheduling options. Evening hours appear to be their most commonly preferred scheduling option. In response to this identified need, many generic nursing programs have provided a separate evening or weekend division for RN students. In addition, many new programs have been developed to serve the needs of RN students. These programs do not enroll generic students; they serve RN students only.

Both the separate track and RN-only programs are designed to lead to the same educational outcomes as the traditional generic program but employ non-traditional scheduling patterns as well as other educational practices more suited to the needs of adult learners. Borgman and Ostrow (1981), Garvey (1983), MacLean, Knoll, and Kinney (1985), Reed (1979, 1980), Salem State College (1981), and the Southern Regional Education Board (1982b) describe successful generic programs offering a separate RN track. Boyle (1980), Freed and Searight (1980), Knowles (1974), Palmer (1980), Searight (1976), Sullivan et al. (1984), and Woolley (1980) describe successful RN-only programs. Some schools offer a weekend program (Davis, Shiber, & Allen, 1984).

Other generic as well as RN-only programs combine the notion of a separate track for RN students with off-campus offerings of the courses of the nursing curriculum (Southern Regional Education Board, 1982b; McGrath, 1984). This approach has been particularly beneficial both in urban and rural settings where large populations of nurses have been beyond commuting distance to existing educational resources. Outreach through television courses has also been attempted and found to be beneficial. In these outreach programs RNs are often permitted to use their work settings or other geographically accessible health care agencies as the site of their clinical experiences (Fields, 1976; Southern Regional Education Board, 1982b; Williams, 1983).

These separate track approaches, though beneficial, are costly and often place a strain on the financial resources of a single institution. One state dealt with this in a unique way. In Washington, four institutions joined in a consortium to sponsor an Intercollegiate Center for Nursing Education. Students enroll in the courses of the Center's nursing major after completing the specified lower division general education courses in a school of their choice. The nursing courses are provided by the Center in various outreach areas within the state but are all taught by the Center faculty, thus assuring a consistent level of quality in the program offerings. Each of the sponsoring institutions provides counseling services to prospective students and students may graduate from any one of the four upon completion of the Center's nursing curriculum (Dustan, 1980).

Individualization of the curriculum is of major importance in providing responsive programs for RN students. As was the case in planning curriculum modifications for adult students, in general, individualization also occurs at two levels in redesigning curricula to meet the special needs of RN students.

First, the objectives and subject matter of the curriculum must be assessed to identify areas of redundancy between the baccalaureate curriculum and the typical objectives and content of diploma and associate degree programs. On the basis of this analysis curriculum adaptations can be designed to assure that the student is provided an opportunity to master the content that is unique to achieving the baccalaureate outcomes. Second, within the context of the overall curriculum design, learning experiences can be planned so that the student's individual needs and interests are accommodated. Each of these levels of individualization for RN students is discussed below.

The Council of Baccalaureate and Higher Degree Programs of the National League for Nursing has delineated the expected characteristics of the graduates of baccalaureate programs in nursing. These are presented in Table 1. With these statements as a governing context, nurse educators have attempted to conceptualize the common and differentiating educational goals of the professional programs at the baccalaureate level and the technical programs at the diploma and associate degree levels.

Kramer (1981) presents a particularly clear and concise conceptualization of the commonalities and differences among the

Table 1

Characteristics of Graduates of Baccalaureate
Nursing Programs

The graduate of the baccalaureate program in nursing is able to:

Utilize nursing theory as the basis for making nursing practice
decisions.

Use nursing practice as a means for gathering data for refining and
extending that practice.

Synthesize theoretical and empirical knowledge from the physical and
behavioral sciences and humanities with nursing theory and practice.

Assess health status and health potential, plan, implement and
evaluate nursing care with clients--individuals, families, and
communities.

Improve service to the client by continually evaluating the
effectiveness of nursing intervention and revising accordingly.

Accept individual responsibility and accountability for nursing
actions.

Evaluate research for applicability of its findings to nursing theory
and practice.

Utilize leadership skills through the involvement of others in meeting
health needs and nursing goals.

Collaborate with citizens and colleagues on the interdisciplinary
health team to promote the health and welfare of people.

Participate in identifying and effecting needed change to improve
delivery within specific health care systems.

Participate in identifying community and societal health needs and in
designing nursing roles to meet these needs.

Source: National League for Nursing, Characteristics of Baccalaureate
Education in Nursing (New York: The National League for Nursing, 1979),
pp. 1-2.

educational goals of the different types of programs. The overall goal

of baccalaureate nursing education, Kramer says, is to prepare a

liberally educated person to function as a professional nurse in a

variety of nurse roles and health care settings. She elaborates as

follows:

> Most baccalaureate programs prepare their graduates for the
> functions inherent in five specific roles or positions: the
> caregiver function, which is the mainstay of the staff nurse
> position in both hospitals and community health agencies; the
> beginning managerial-leadership function, which is inherent in
> such roles as team leader, assistant head nurse, or head nurse in
> centralized settings; the health promotion and health supervision
> function, which predominates in positions in community health
> nursing, school nursing, and mental health clinics, and is needed
> in the hospital staff nurse position; the teaching or counseling
> function, which is or should be an integral part of almost every
> nursing position; and the health and illness screening function,
> which predominates in primary care, but is also increasingly
> demanded in hospital staff nurse positions (at least the illness-
> screening part). (p. 224).

In contrast, she says, diploma and associate degree programs prepare

technical nurses to function in a single role in a single setting--the

caregiver role of the hospital staff nurse. It is in preparation for

the caregiver role that the three types of nursing programs share common

content. Content in elaboration of this role and in support of the

remaining four role functions constitutes the subject matter unique to

baccalaureate education. Translated into terms appropriate for

curriculum planning, this means that the common content areas can be

validated and credited by advanced placement testing and the unique

content can be incorporated into nursing courses in which RN students

must enroll.

As noted previously, programs for RNs can be organized in one of three designs: 1) RNs may enroll in a generic program, be exempted from some of the courses of the generic curriculum, but essentially follow the same educational pattern as the generic students; 2) RNs may enroll in a generic program, achieve similar terminal objectives, but follow a different educational track than the generic students; or 3) RNs may enroll in an RN-only program, in which there are no generic students, achieve the same terminal objectives as for a generic program, but follow an educational track designed exclusively for RNs.

Whatever the overall design, the curriculum typically includes the following content areas: 1) a foundation of liberal arts courses usually including both biological and physical sciences, behavioral sciences, and the humanities; 2) nursing theory and concepts, particularly the conceptual model used in the program; 3) the health-illness continuum; 4) problem-solving and the nursing process, with particular emphasis on assessment and evaluation; 5) health assessment skills; 6) learning theory and the development of a health teaching role; 7) group process; 8) leadership theory; 9) communication; 10) planned change; 11) research methodology; 12) interdisciplinary collaboration; 13) the health care delivery system; and 14) professional development and contemporary issues. The clinical experiences of the program are usually both in community health settings and acute or long-term care settings where students will have an opportunity to provide comprehensive nursing care to clients (Hiraki & Parlocha, 1983; Kramer, 1981; Southern Regional Education Board, 1982b; Woolley, 1984).

This content can be incorporated in a variety of course sequences depending on the nature of the overall curriculum design. In generic programs, the new nursing content areas are often included in the senior year courses. RN students are typically exempted from the junior year courses on the basis of advanced placement testing. They then enroll in the courses of the senior year to gain mastery of these new content areas. In separate track and RN-only programs the new nursing content is organized in whatever sequence is most consistent with the philosophy, objectives and conceptual framework of the individual program.

In addition to introducing new content areas, resocialization--the process by which new roles or sets of expectations are learned (Hinshaw, 1977)--must be a recurrent thread throughout any curriculum designed for RN students. Queen (1984) observes that "either by restructuring generic programs or designing specific upper division programs, modifications must have a common goal: RNs must be resocialized" (p. 351).

With their change in career goals from technical to professional practice, RN students must make many adjustments to new role expectations. Styles (1978) refers to this as the "development of a professional soul" (p. 29). Faculty pressures toward resocialization along with the need for RNs to adapt to a student role are instrumental in precipitating the returning-to-school syndrome (Shane, 1983) described in an earlier section of this review. Two methods which focus on both cognitive and affective objectives have been particularly helpful in assisting RNs through this often difficult resocialization

process.

Many programs require a course early in the curriculum, often referred to as a "bridge" course, in which RN students are given an overview of the curriculum, introduced to new role expectations and new content areas, and provided a supportive environment in which the conflicts associated with resocialization can be addressed and resolved (Woolley, 1984). Clarification of the RN's role identity in nursing and nursing's role identity within the health care delivery system are often two important outcomes (Smullen, 1982).

Woolley (1984) stresses the importance of having such a bridging course early in the curriculum. First, she says, returning students need an orientation to and overview of the curriculum they will be pursuing:

> Each RN needs to know how the prescribed curriculum will relate to her own practice. Failure to awaken this realization at the very beginning will result in continual dissatisfaction and general disillusionment with the entire process. Graduates who say that going back to school was a waste of time, or that they did what they were told in order to get the degree but did not learn anything new, are frequently the result of a failure in the early bridging process. (p. 15)

A second reason for the bridge course, Woolley (1984) says,

> is to clearly demonstrate early in the nursing curriculum one of the major differences between the technical and professional levels of practice, that is, the conscious, continual application of theory to practice. (p. 15)

Muzio and Ohashi (1979) note that throughout their previous educational experiences, RNs have been strongly influenced by the medical model. In the context of this model, practitioners focus on the individual patient, look for pathology, are oriented toward technology and are concerned with cure. In contrast, they say, "nursing theory extends

beyond the individual, beyond pathology, is oriented toward interpersonal interaction, and is concerned with health" (p. 529). In order to integrate this new conceptualization into their patterns of thinking, RN students must reassess and sometimes reject that part of their prior learning which occurred in the context of the medical model. A bridge course can begin to assist them in accomplishing this difficult task.

Another approach which has been effective in aiding resocialization is to provide diversified and challenging clinical experiences through which RNs can internalize the new theoretical perspectives, skills, attitudes and values gained from participation in the various courses of the baccalaureate nursing curriculum. Smullen (1982) reports that it is only when RNs are challenged to identify the rationale for their actions in clinical practice or to describe the process by which they care for patients that they begin to see the gaps in their nursing care and prior education.

As a result of successful classroom and clinical resocializing experiences, RNs often have broadened horizons and perceptions of themselves as professionals. Smullen (1982) notes:

> No longer do they perceive either their responsibilities or their opportunities as being limited to direct client care in a single setting. In addition, they become aware of, and are able to articulate their perception of, the broad issues facing the profession as a whole, of the need for cohesion and shared goals, for unified organizational activities, and for lifelong commitment to nursing as a career. (p. 373)

Whelan (1984) documented similar changed perceptions among RNs graduating from one RN-only baccalaureate program. In this cross-

sectional study in which she administered the Corwin Role-Orientation Instrument to one group of RNs at entry to the program and to a second group at completion of the program, Whelan found that the students who were about to graduate (N = 23) held a role orientation that was less bureaucratic, more professional and more service oriented than their entering counterparts (N = 51). Whelan concludes on the basis of these data and of other supporting studies (Bevis, 1972; Jones & Jones, 1977; Kramer, 1969) that "a program which addresses 'professionalism' conceptually and behaviorally, is likely to succeed in its mission to 'professionalize' the RN student" (p. 154).

At the next level of the individualization of the curriculum-- tailoring the learning experiences to the needs of individual students-- many innovative strategies have been used successfully to help RN students master the baccalaureate level nursing objectives. One early innovative generic program provided the opportunity for self-paced continuous progress through a series of curriculum modules (Corona, 1970). In this program, students could proceed through the modules, with faculty guidance, at a pace appropriate to their individual needs. Although the self-pacing feature was available to everyone in the program, it was particularly helpful for the registered nurse students, allowing each to have a tailor-made program (Corona, 1973; House, 1973).

Since then, others have extended this concept in a number of programs, relying heavily on independent study modules for attaining the cognitive objectives of the curriculum, and on job-related clinical experiences for fostering applications of theory to practice (Fields,

1976; McGrath & Bacon, 1979; Nayer, 1981; Ryan, 1985; Southern Regional Education Board, 1982b; Williams, 1983). Other programs have provided an opportunity for students to work with a preceptor in a clinical area of their choice. This is usually toward the end of the program so that students can integrate their new knowledge and skill within this specialty-focused clinical practicum (Freed & Searight, 1980; Moore, 1974).

One essential ingredient in all individualized approaches is the involvement of students in planning their own learning experiences. Balogh et al. (1980) note the importance of this in their own experiences as RN students in a generic program:

> For most of us, the shift to a program that stressed and encouraged self-direction, independent functioning, and the identification of needs necessary for personal growth and change was a new experience. Although course outlines with class content were handed out, we needed to broaden or modify this content in order to meet our own needs and expectations. (p. 113)

The value of student involvement is even more obvious in instances where students have the opportunity to plan independent study projects or a specialized clinical practicum. One student (Schipiour, 1983) reported her experiences in a program where individual learning contracts were established with students for completion of segments of the curriculum (Price, Swartz, & Thorn, 1983). Schipiour noted the following:

> The Guided Study process involved planning, thinking and constant evaluation. Identifying the areas of study and writing the contract were difficult tasks that taught me discipline and organization as well as subject matter. Since this experience, I feel that I am more goal directed and more demanding of instructors in meeting my learning needs. (p. 31)

Another student (Lionberger, 1976), reporting on the experiences of RN students in her program's specialized clinical practicum, observed similarly that accepting responsibility for the educational endeavor and working through the development of their own ideas proved to be the key to unusually gratifying experiences.

In nursing, as throughout the entire educational system for adults, faculty members' positive attitudes are critical to the students' success (Southern Regional Education Board, 1982a). Bailey (1982) affirmed that RN students place a high value on the faculty's ability to respond to their unique needs as adult students. She found that designing a baccalaureate nursing program that takes into account the specific needs (e.g., family responsibilities, working hours, finances, etc.) of the RN student was rated by the RNs in her sample (N = 690) as the most important consideration in program planning. After convenient class scheduling, which ranked second in importance, RN students felt that the nursing faculty's experience in teaching adult students was the next most important consideration. Also included among the ten most important practices, ranking eighth, was requiring nursing faculty to have specific education in adult learning behavior.

Throughout the processes associated with the development of responsive programs for RN students, the concerns for quality control must be paramount. These concerns were inherent within the position statement on The Open Curriculum in Nursing Education published by the National League for Nursing in 1970. For example, the statement noted that "educational opportunities should be provided for those who are

interested in upward mobility without lowering standards," and "sound educational plans must be developed to avoid unsound projects and programs." Further, guidelines published by the American Nurses' Association (1978), the American Association of Colleges of Nursing (1980), and the Criteria for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing (1983) published by the National League for Nursing assist faculty in developing responsive but responsible baccalaureate programs to meet the needs of registered nurse students. The RNs who seek further education are both academically able and highly motivated. They can make a significant contribution to the profession. They should not be short changed by anything less than the best baccalaureate education the profession can provide.

Summary

This review has explored selected literature in adult and nursing education to establish a profile of what is known about the characteristics of adult and RN students and to identify the conditions in the educational environment most likely to influence their academic success.

The picture that emerges from studies of adult student characteristics and motivations is one of highly but variably motivated, academically able and mature learners who are attempting to rise above their somewhat disadvantaged socioeconomic and educational backgrounds to improve their lot in life. The majority are married with children

and are pursuing an educational program on top of heavy employment and/or family obligations. A large proportion are women who range in age from 22 to 35 or more.

The literature describing RN students, though providing some insight, does not present a definitive profile of the registered nurse who returns to school to earn the baccalaureate degree in nursing. Some of the data are contradictory and in the majority of cases are based on small local samples. However, some generalizations seem appropriate. The data suggest that RN students are typically white females between 26 and 35 years of age, who maintain employment (often full-time but at least part-time) in staff nurse positions while attending school. Many attend school part-time. A large proportion are married, widowed or divorced and have children.

There is some indication that RN students come from slightly disadvantaged socioeconomic and educational backgrounds but generally do well academically. They have varying motivations for returning to school but are impelled more frequently by the desire for professional advancement and to serve the needs of society than are adult learners in general. This review shows that RN students share the characteristics and problems of other adult students while manifesting some that are unique to nursing.

The personal and environmental conditions identified in the literature as those that help and hinder adult and RN students as they return to school are as follows. First, adult and RN students are confronted with situational barriers created by the lack of access to

responsive programs, the cost of returning to school, and the necessity of leading a multi-role lifestyle when the role of student is added to their other adult role obligations. Second, they face their own personal dispositional barriers created by a lack of self-confidence, threats to their self-image, and weak academic skills. Finally, they are confronted by institutional barriers created by the lack of flexibility and individualization of the institution's policies and procedures, its curriculum and the teaching approaches of its faculty.

The helpful conditions were shown to be associated, first, with the students' own coping abilities, and second, with institutional adaptations to enhance student access and to increase the flexibility and individualization of the institution's policies and procedures. The students' skills in time and stress management and their ability to build a support network were identified as important personal coping strategies. More flexible admission and credit review policies, adult-oriented student support services, as well as more flexible and individualized curriculum patterns and teaching approaches were identified as the institutional adaptations required to make the educational environment more compatible with the needs of adult and RN students.

The next chapter describes the methodology used in achieving the purposes of the study. First, the overall approach to the study is presented and then methods used in selecting the sample, conducting the interviews, developing the questionnaire and in collecting and analyzing the data are outlined in detail.

CHAPTER III

RESEARCH APPROACH

Introduction

The following approach was used to achieve the purposes of this

descriptive study. First, the extensive review of the literature in

adult and nursing education reported in Chapter II established what is

already known about the characteristics of adult and RN students, their

motivation for returning to school, and the nature of the educational

conditions that help or hinder them in achieving their educational

goals. Second, open-ended interviews were conducted with a

representative sample (N = 9) of the study population to establish the

content validity of the literature review and to identify the probable

range of responses to the study questions. Third, based on the data

from the literature review and interviews, a forced-response

questionnaire was developed to address the research questions posed in

the study. Fourth, the questionnaire was pilot tested, revised, and

then mailed to all of the May 1983 registered nurse graduates (N = 350)

from 17 baccalaureate nursing programs in New England. Upon return of

the questionnaires, the responses were analyzed to answer the study

questions.

This chapter describes the procedures used in selecting the

sample, conducting the interviews, developing the questionnaire, and

collecting and analyzing the data.

Selecting the Sample

From a list of the state-approved baccalaureate nursing programs
in New England (National League for Nursing, 1982), all of the schools
that admit RN students and had graduated at least one group of RN
students prior to July 31, 1981 were contacted to elicit their
participation in the study. These criteria were selected to assure that
the schools included in the sample would be relatively stable and would
represent all of the various types of baccalaureate programs currently
available to RN students.

Twenty-five (25) baccalaureate nursing programs met the criteria
for inclusion in the study. Both public and private generic and RN only
baccalaureate programs were included in the sample. In June 1983, the
Dean or Director of each of these schools was contacted by mail. The
letter described the purposes of the study and asked their cooperation
in providing the names and mailing addresses of their May 1983
registered nurse graduates.

The letter also asked the Deans and Directors to recommend four of
their graduates for inclusion in the sample of students to be
interviewed in the study as a preliminary step in developing the
questionnaire. Two of the students were to be diploma graduates and two
were to be from associate degree programs. To assure that an age span
was represented, one from each type of school was to have graduated

prior to 1973 and one was to have graduated in 1973 or after. Guidelines to be used in recommending the interviewees were enclosed along with a self-addressed, postage-paid postcard for their convenience in indicating the nature of their response. A copy of the initial letter, the guidelines, and the text of the response postcard are included in Appendix A. A copy of the thank-you letter sent to the participating schools and the follow-up letter sent to those who did not respond to the original correspondence are included in Appendix B. A copy of the research questions included as an attachment to these letters is included in Appendix C.

Seventeen (17) of the Deans and Directors responded affirmatively. Of these, 16 provided names and mailing addresses as requested. The 17th agreed to participate but was unwilling to release the students' names and addresses without their permission. Instead, it was agreed that school personnel would affix the names and addresses to any postage-paid mailings required for the study. Of the remaining 8 schools, 3 did not respond to either the initial or follow-up request; 2 were unwilling to participate citing confidentiality of student records and the Buckley Amendment as the reasons; 2 indicated that they had too few RN graduates to warrant their participation; and 1 declined without stating a reason. A description of the school sample by type of program (public versus private, generic versus RN only) and geographic location is included in Table 2.

The sample of students (N = 350) was comprised of all the registered nurses who graduated in May 1983 from the 17 New England

Table 2

School Sample, Invited (N = 25) and Accepted (N = 17) by Type of Baccalaureate
Program and Geographic Location

Geographic Location	Public Generic			Private Generic			Public RN Only			Private RN Only			Total		
	Inv	Acc	%	Inv	Acc	%	Inv	Acc	%	Inv	Acc	%	Inv	Acc	%
Maine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New Hampshire	1	1	100	1	1	100	--	--	--	--	--	--	2	2	100
Vermont	1	0	0	--	--	--	--	--	--	1	1	100	2	1	50
Massachusetts	5	3	60	5	3	60	1	1	100	1	1	100	12	8	66.7
Connecticut	2	1	50	2	2	100	--	--	--	1	1	100	5	4	80
Rhode Island	2	1	50	1	1	100	--	--	--	--	--	--	3	2	66.7
TOTAL	12	6	50	9	7	77.8	1	1	100	3	3	100	25	17	68

baccalaureate schools of nursing who met the study criteria and agreed to participate in the study.

<center>Conducting the Interviews</center>

Open-ended interviews were conducted with a small representative segment (N = 9) of the total student sample to 1) establish the parameters of their characteristics and 2) to capture in their own words their descriptions of the educational conditions that helped or hindered them in achieving their educational goals. The Deans and Directors of the sample schools were asked to help in identifying fruitful informants (Doby, 1967), that is, students who could be reflective and objective about their experiences, would be willing to reveal their thoughts and feelings and could be articulate and coherent in expressing their ideas.

The student interviewees were selected so that, to the extent possible, the various types of programs and the six states were represented proportionally in the sample. Approximately half of the students were diploma graduates and half were associate degree graduates. In addition, a range of ages was represented. Two male students were contacted to be included in the sample but neither of them responded. Consequently, all of the students interviewed were female. Also, since no prior data had been requested about the ethnic background or marital status of the students recommended by the Deans and Directors, these variables could not be considered in selecting the actual interviewee sample. All of the interviewees, as it turned out,

were caucasian and all were married. Too few students from Massachusetts were included in the sample to maintain true proportional representation of this state. This occurred because some of the Massachusetts students contacted either declined to be interviewed or did not respond. A description of the interviewee sample by age, marital status, number of children, type of prior education, year of graduation, type of baccalaureate program (public versus private, generic versus RN only), and geographic location of baccalaureate program is included in Table 3.

The interviewees were contacted by mail to elicit their cooperation. The letter described the purposes of the study and the relationship of the requested interview to the overall study design. A copy of the research questions was enclosed along with a self-addressed, postage-paid response questionnaire. A copy of the letter and the text of the response questionnaire are included in Appendix D. A copy of the research questions also included as an attachment to this letter can be found in Appendix C.

When the student was either unwilling or unable to cooperate or when there was no response to the request, an alternate was selected. When a positive response was received, the interviewee was contacted by phone to arrange a mutually convenient time and place for conducting the interview. Three interviews were conducted in the students' homes and six were conducted in borrowed conference or office space in health care agencies or educational institutions in close proximity to the students' homes.

Table 3

Demographic Characteristics of Interviewee Sample (N = 9)

Demographic Characteristics	#1	#2	#3	#4	#5	#6	#7	#8	#9	Total
Age										
less than 26										0
26–30 years	X		X		X					3
31–35 years						X				1
36–40 years		X						X		2
41–45 years				X						1
46–50 years								X		1
over 50 years					X					1
Sex										
male										0
female	X	X	X	X	X	X	X	X	X	9
Marital Status										
single										0
married	X	X	X	X	X	X	X	X	X	9
widowed										0
divorced										0
Number of Children										
none							X			1
1–2	X	X	X	X		X			X	6
3–4										0
5–6					X			X		2
7 or more										0
Type of Prior Education										
diploma		X		X	X	X				4
associate degree	X		X				X	X	X	5
Year of Graduation										
1960 or before				X	X					2
1961 to 1965		X								1
1966–1970									X	1
1971–1975						X		X		2
1976–1980	X		X				X			3

Table 3 (Continued)

Demographic Characteristics		Interviewees									
	#1	#2	#3	#4	#5	#6	#7	#8	#9	Total
Type of Baccalaureate Nursing Program										
public generic	X	X			X					3
private generic				X	X		X			3
public RN only								X		1
private RN only			X							2
Geographic Location of Baccalaureate Nursing										
Maine										0
New Hampshire		X								1
Vermont			X							1
Massachusetts	X			X			X			3
Connecticut					X	X			X	3
Rhode Island								X		1

An interview guide containing a series of open-ended questions was developed for use in structuring the interviews. The approach used in developing the interview guide was based on one recommended by Lofland (1971). First, with the first two study questions as a guide, a more extensive list of all the questions that seemed of interest from either a common sense or theoretical viewpoint was compiled. This more extensive list of questions in relation to the study questions is as follows:

1. What are some of the relevant characteristics of registered nurse students and their experiences in returning to school to extend their education to the baccalaureate level in nursing?

   a. What are the demographic characteristics of the subjects (e.g., age, sex, previous education, work experience, marital-parental status, socio-economic background)?

   b. What motivated them to return to school? What motivating forces were most powerful?

   c. From whom did they seek assistance in making the decision to return to school? In selecting a school? How helpful were the sources?

   d. Why did they select the school in which they eventually enrolled?

   e. Did any major life event (e.g., divorce, death of a spouse, empty nest, loss of a job) precipitate their return to school?

f. How many credits did they transfer in? From how many institutions? Did all of the credits apply toward the requirements?

g. How many credits did they earn by advanced placement? How difficult was the process? What could be improved?

h. From the time they took the first course beyond their basic nursing education, how long did it take to complete the requirements for the degree?

i. From what sources did they finance their return to school? What percentage from each source?

2. What are some of the conditions in the educational environment that help or hinder returning registered nurse students in achieving their educational goals, and to what degree are the identified conditions helpful or hindering?

a. What about themselves helped them to succeed? Hindered them? What would have helped them overcome the hindering conditions?

b. What conditions in the educational environment helped them to succeed? Hindered them? What would have been more helpful (e.g., relationships with students, relationships with faculty, support services, scheduling patterns, academic experiences)?

c. When the going got rough, what helped them the most?

d. Of all the things that hindered them, which were the most problematic?

Second, these questions were organized into general topical areas and an overall topical outline was developed. Third, a face sheet was developed for compiling background information for each interviewee. Finally, an introductory statement was developed to assure the interviewees' informed consent. A copy of the interview guide is included in Appendix E.

The interviews were conducted during the fall of 1983 and the winter of 1984. They ranged from forty-five minutes to two hours in length depending on the individual response styles of the interviewees. All of the interviews were tape recorded, transcribed and then analyzed to identify themes and patterns in the responses. A summary of the key ideas contained in each interview is included in Appendix F.

Developing the Questionnaire

As a first step in developing the questionnaire, six major content areas were derived from the study questions: 1) motivating forces, 2) hindering educational conditions, 3) helpful educational conditions, 4) educational history, 5) work history, and 6) personal information. Second, subset categories for each of these major areas were extracted from the review of the literature and from the data generated in the interviews. A list of the major categories and their subsets is presented in Table 4.

Finally, questions and a range of possible responses for each question were developed for each of the major categories and their

Table 4

Content Areas of the Questionnaire Items

Major Content Areas	Subset Categories

1. Motivating Forces
    a) Reasons for returning to school
    b) Sources of assistance in decision-making
    c) Reasons for selecting BSN program

2. Hindering Educational Conditions
    a) Situational barriers
       − time
       − distance
       − costs
       − multiple role strain
       − insufficient personal support systems
    b) Dispositional (personal) barriers
       − low self-confidence, self-esteem
       − student role strain
    c) Institutional barriers
       − institutional policies and procedures
       − curriculum
       − faculty attitudes

3. Helpful Educational Conditions
    a) Coping strategies
       − personal
       − situational
    b) Institutional support systems
       − college/university
       − school of nursing
    c) Curriculum
       − accessibility/flexibility
       − individualization
       − content
    d) Faculty attitudes

4. Educational History
    a) Basic nursing education
       − type of program
       − year of graduation
    b) Pattern of BSN enrollment
       − time span
       − source of credits
    c) Sources of financial support

Table 4 (Continued)

Major Content Areas	Subset Categories

4. Educational History (continued)	d) Academic achievement level
	  - student
	  - family
	e) Future academic goals

5. Work History	a) Time span
	b) Position
	  - prior to BSN
	  - after BSN

6. Personal Information	a) Demographic characteristics
	  - age
	  - sex
	  - marital status
	  - ethnicity
	  - number of children
	  - age of children
	b) child care arrangements

subsets. Both the literature review and the interviews were used as the sources of the responses. In the majority of instances the responses could be cross referenced to both sources. However, in some instances a particular response occurred only in the interviews. When this occurred, the response was included to provide the widest and most valid range of responses for each question. The questions and responses were then incorporated in a three-part questionnaire. The preliminary draft contained 32 questions and included 14 pages of text plus a cover page (see Appendix G).

The questions in part one of the questionnaire focused on the students' personal motivation for returning to school, the sources of assistance they used to help them in making their individual decisions, their reasons for selecting the baccalaureate program in which they eventually enrolled, and the nature of the conditions which helped or hindered them in achieving their educational goals. These questions, the central ones in the study, were placed first in the questionnaire in order to capture the students' attention and interest and, therefore, increase the likelihood of their response.

Part one contained 12 questions. The first 6 focused on the motivating forces in the students' return to school. A similar approach was used to structure all 6 of the questions. First, a question was posed. Then the students were asked to select from a list of possible responses, all that applied in their circumstances. Finally, they were asked to indicate, in descending order of importance, which 3 of the responses had the most influence in their educational experiences.

Questions 7 and 8 focused on the hindering educational conditions and followed the pattern established in the first 6 questions. Additionally, the students were asked to indicate on a 4-point scale the extent to which each selected response actually hindered them during their educational experiences. At the end of the selection and rating process they were asked to indicate, in descending order of importance, which five of the conditions they found to be the most hindering in their own experiences. Question 9 asked the students to select, from a list of possible reasons, which one contributed most to the drop-out of their classmates.

Questions 10, 11 and 12 focused on the helpful educational conditions. Although structured similarly to the previous questions, an additional element was added. If the condition was present in their circumstances, they were asked to indicate on a 4-point scale the extent to which the condition actually helped them. If the condition was not present in their circumstances, they were asked to indicate on a 4-point scale the extent to which the condition would have helped them had it been present in their experiences. As in the previous questions, they were then asked to list in descending order of importance, which of the conditions actually helped them the most and which ones would have helped them the most had they been available in their educational experiences. In each instance, they were asked to list five of the most helpful conditions.

Part two contained 12 questions focusing on the students' education and work history. The students were asked to indicate which

type of basic nursing program they had graduated from and the year of their graduation; how long it had taken them to complete the baccalaureate requirements; what financial sources they tapped to pay for their education; how many credits they transferred in or earned by advanced placement; what grades they earned in high school as well as in their basic and baccalaureate nursing programs; what educational level their father, mother, and spouse had achieved; what educational goals they presently aspired to; how long they had been actively involved in nursing practice; and what positions they held before and after earning the baccalaureate degree. Part three contained 7 questions asking for information about the students' age, sex, ethnicity, marital-parental status, and the nature of child care provided if they had young children. Throughout Parts two and three, the students were asked simply to check the appropriate response or responses to each question.

Piloting the Questionnaire

Twenty-three (23) RN students and six faculty participated in the pilot test of the questionnaire. The RN students were enrolled in two different baccalaureate programs, one group in an RN only program in Connecticut and the other in a generic program in Massachusetts. All of the students were enrolled in a nursing research course required in their respective programs and participated in the pilot as an exercise in that course.

The preliminary draft of the questionnaire along with a cover letter and a critique form were distributed in class for return to the course instructor within one week. The students were asked the following questions: 1) How long did it take you to complete the questionnaire? 2) Do you think the questionnaire is too long? If so, what would you delete? 3) Are the directions clear? If not, which ones were unclear? What would make them clearer? 4) Are the questions clear? If not, which ones are unclear? What would make them clearer? 5) Do the questions address the major aspects of the returning-to-school experience? What, if anything, would you add? What, if anything, would you delete? A copy of the student cover letter and critique form are included in Appendix H.

The faculty were all employed in baccalaureate programs in Connecticut and Massachusetts and had experience in working with RN students. All were master's prepared in nursing. Two had an earned doctorate and the remaining four were at the dissertation stage in a doctoral program. The preliminary draft of the questionnaire along with a cover letter, a critique form and a self-addressed stamped envelope were distributed in person or by mail with a requested return in two weeks. The questions posed in the critique form were essentially the same as the student questions, the only difference being that they were phrased in a faculty-oriented rather than a student-oriented context. A copy of the faculty cover letter and critique form are included in Appendix I.

Revising the Questionnaire

Two major suggestions for improvement of the questionnaire emerged from the pilot test. First, many of the respondents, both students and faculty, felt that the questionnaire was too lengthy and should be shortened. However, while suggesting this, they also recommended that all of the content should be retained. Consequently, in revising the questionnaire, only question nine was eliminated. This question, which asked the students to speculate on their classmates' reasons for dropping out of school, was not central to the purposes of the study and could be deleted without adversely affecting the study results.

Instead of deleting content, other measures were employed to reduce the overall length of the questionnaire. Because the respondents found the questions that requested rank ordering to be the most difficult and the most time consuming, in the revision they were asked to identify only the single most significant response. This shortened the required response time without any major impact on the usefulness of the data generated. Further, all of the responses were edited to eliminate any words or phrases that were not essential to the context or the clarity of the questionnaire items. This significantly reduced the respondents' required reading time.

Second, many of the respondents felt that the format of and the directions for responding to questions seven and ten were confusing. As a result, these underwent major revision. The response format was simplified, and the directions were re-written. In addition, as

requested by many of the respondents, the response codes were repeated
at the top of each successive page when the question extended over more
than one page.

The final draft of the questionnaire contained 31 questions and
included 13 pages of text plus a cover page. There were 11 questions in
part one, 13 in part two, and 7 in part three. A copy of the revised
questionnaire is included in Appendix J.

Collecting the Data

The questionnaire was printed on both sides of 11-by-17-inch paper
and then folded to form an 8-1/2-by-11-inch booklet. The questionnaire,
a cover letter and a self-addressed, stamped return envelope were all
coded with a confidential student identification number, folded in
thirds, and placed in a regular business-size envelope. The
questionnaire was mailed on October 30, 1984 to each of the RN students
in the student sample (N = 350). Ten days after the initial mailing a
post card was sent as a reminder to those who had not responded
immediately. One month after the initial mailing, a second
questionnaire, a follow-up cover letter, and a new self-addressed,
stamped envelope were mailed to those who had not responded by that
date. A copy of the original and follow-up letters and the text of the
reminder post card are included in Appendix K.

The responses were monitored on a master checklist by student
identification number. Sixteen (16) questionnaires were returned by the

post office as undeliverable. Two hundred and twenty-three (223) completed questionnaires were received for an overall response rate of 64%. A description of the respondents by type of program (public versus private, generic versus RN only) and geographic location is included in Table 5.

Analyzing the Data

The responses were coded and entered into a computer data file. The data analyses were performed by an IBM 370 computer using the programs SPSS (Nie et al., 1975) and SAS (SAS Institute, Inc., 1985).

As the first step in analyzing the data, the frequency and percentage of response were tabulated for each questionnaire item. Second, for the first six questions in part one of the questionnaire, which focused on the students' motivation, the guidance they received, and their reasons for school selection, weighted scores were calculated for each item. The items were then rank ordered according to their relative importance to the respondents.

Third, for the remaining questions in part one, which focused on the helpful and hindering educational conditions, mean influence scores were calculated for each item. In the instance of the helpful conditions the degree of potential benefit of the conditions absent in the respondents' circumstances was also calculated. Based on their frequency of occurrence and their mean influence scores, the items were then rank ordered according to their relative importance to the

Table 5

Student Sample, Invited (N = 350) and Responded (N = 223) by Type of Baccalaureate
Program and Geographic Location

Geographic Location	Public Generic			Private Generic			Public RN Only			Private RN Only			Total		
	Inv	Acc	%	Inv	Acc	%	Inv	Acc	%	Inv	Acc	%	Inv	Acc	%
Maine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New Hampshire	10	8	80.0	6	5	83.3	--	--	--	--	--	--	16	13	81.3
Vermont	--	--	--	--	--	--	--	--	--	7	5	71.4	7	5	71.4
Massachusetts	65	35	53.8	61	40	65.6	53	34	64.2	13	6	46.2	192	115	59.9
Connecticut	19	11	57.9	49	39	79.6	--	--	--	13	9	69.2	81	59	72.8
Rhode Island	17	11	64.7	37	20	54.1	--	--	--	--	--	--	54	31	57.4
TOTAL	111	65	58.6	153	104	68.0	53	34	64.2	33	20	60.6	350	223	63.7

respondents. In addition, the responses within the subscales were examined to determine the nature of any patterns emerging from the data.

Finally, for the questions in parts two and three of the questionnaire, which focused on the respondents' education and work histories and on their demographic characteristics, the range of responses was tabulated for each item. In selected areas, when of particular interest, differences between the findings for those who formerly attended diploma and associate degree nursing programs were also identified.

Summary

This chapter has presented the approach used to accomplish the purposes of the study. The methods used in selecting the sample, conducting the interviews, developing the questionnaire, and collecting and analyzing the data have been described. The next chapter presents the results of the study.

CHAPTER IV

ANALYSIS AND INTERPRETATION

This chapter presents and interprets the findings in response to the first three research questions posed in the study. These questions are:

1. What are some of the relevant characteristics of registered nurse students and their experiences in returning to school to extend their education to the baccalaureate level in nursing?

2. What are some of the conditions in the educational environment that help or hinder returning registered nurse students in achieving their educational goals, and to what degree are the identified conditions helpful or hindering?

3. Do the helpful and hindering conditions fall into any discernible patterns and, if so, what is the nature of these patterns?

Part one of the chapter presents and interprets the findings in relation to the first question. Questions two and three are addressed in part two.

The fourth research question posed in the study asks: What changes should be made to strengthen the connections between returning registered nurse students and the educational environments provided to help them? This final question is addressed in the following chapter after all of the findings have been presented.

Characteristics of Registered Nurse Students

and Their Returning-to-School Experiences

In the questionnaire, the subjects were asked to respond to a
series of questions eliciting information about their characteristics
and the overall pattern of their baccalaureate experiences (Questions
1-6 and 12-31). The findings are presented in each of the following
areas: 1) educational history, 2) work history, 3) demographic
characteristics, 4) reasons for returning to school, 5) sources of
guidance, 6) reasons for school selection, 7) overall pattern of the
baccalaureate experience, and 8) sources of funding for school expenses.
In selected areas, when of particular interest, differences between the
findings for those who formerly attended diploma and associate degree
nursing programs are identified.

Educational History

Seventy-one percent (71%) of the respondents graduated from
diploma schools of nursing and 29% from associate degree programs (see
Table 6). Their graduation dates spanned more than three decades from
1948 to 1982. Fifty-eight percent (58%) graduated in the decade from
1973 to 1982, 28% from 1963 to 1972, and 11% from 1953 to 1962. Only 4%
graduated prior to 1952 (see Table 7).

The cross-tabulation of the data by date of graduation and school
type reported in Table 7 reveals that the associate degree nurses in the

Table 6

Respondents by Type of Basic Nursing Program

Type	N	%
Diploma	157	70.7
Associate degree	65	29.3
No response	1	--
TOTAL	223	100.0

Table 7

Respondents by Year of Graduation from Basic Nursing Program

Year of Graduation	No Response N	Diploma Graduates N	Diploma Graduates %	Associate Degree Graduates N	Associate Degree Graduates %	Total N	Total %
1952 and before	--	8	5.3	--	--	8	3.7
1953 to 1962	--	23	15.1	--	--	23	10.7
1963 to 1972	--	55	36.2	5	7.9	60	27.9
1973 to 1982	--	66	43.4	58	92.1	124	57.7
No response	1	5		2		8	
TOTAL	1	157	100.0	65	100.0	223	100.0

sample were more recent graduates of their basic programs than the diploma nurses. All of the associate degree nurses graduated between 1963 and 1982. (The earliest graduation date was actually 1969, a point of information lost in the collapsed categories reported in Table 7). Of these, 92% graduated during the ten-year period from 1973 to 1982. In contrast, only 43% of the diploma nurses graduated during this period; the majority (57%) graduated prior to 1973.

The overwhelming majority of the respondents came from families in which the mothers (86%) and the fathers (76%) had not attended college. Twenty-seven percent (27%) of the mothers and 29% of the fathers had less than a high school education. Of the parents who did attend college, 5% of the mothers and 6% of the fathers had an associate's degree; 7% and 10%, respectively, had a bachelor's degree; only 2% of the mothers and 8% of the fathers had a master's, a professional degree or a doctorate (see Tables 8 and 9).

Chi square analysis revealed no significant difference between the educational level of the mothers of diploma and associate degree graduates. However, a significant difference was found in the educational level of the respondents' fathers. A significantly larger proportion of the diploma school graduates had fathers who had not attended college (X_2 = 5.87, df = 1, p = < .05).

The husbands of the married and formerly married respondents (n = 146) tended to have higher levels of education than the respondents' parents. The majority of the husbands (60%) had at least a bachelor's degree; 34% of these were educated at the master's level or

Table 8

Highest Educational Level of Mother

Educational Level	No Response N	Diploma Graduates N	%	Associate Degree Graduates N	%	Total N	%
Less than high school	--	44	28.9	15	23.4	59	27.3
High school	--	64	42.1	21	32.8	85	39.4
Apprenticeship in trade	--	9	5.9	2	3.1	11	5.1
Diploma or certificate	--	17	11.2	14	21.9	31	14.4
Associate degree	--	7	4.6	3	4.7	10	4.6
Bachelor's degree	--	9	5.9	7	10.9	16	7.4
Master's degree	--	2	1.3	1	1.6	3	1.4
Professional degree	--	--	--	1	1.6	1	0.5
Doctorate	--	--	--	--	--	--	--
No response	1	5	--	1	--	7	--
TOTAL	1	157	99.9	65	100.0	223	100.1

Note: Because of rounding, the column percentage totals may not equal
       100.

Table 9

Highest Educational Level of Father

Educational Level	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
Less than high school	--	48	31.8	13	21.3	61	28.8
High school	--	53	35.1	15	24.6	68	32.1
Apprenticeship in trade	--	15	9.9	5	8.2	20	9.4
Diploma or certificate	--	6	4.0	6	9.8	12	5.7
Associate degree	--	6	4.0	7	11.5	13	6.1
Bachelor's degree	--	10	6.6	11	18.0	21	10.0
Master's degree	--	5	3.3	1	1.6	6	2.8
Professional degree	--	7	4.6	3	4.9	10	4.7
Doctorate	--	1	0.7	--	--	1	0.5
No response	1	6	--	4	--	11	--
TOTAL	1	157	100.0	65	99.9	223	100.1

Note: Because of rounding, the column percentage totals may not equal 100.

above. However, a substantial proportion (40%) of the husbands had less education than their wives. Three percent (3%) had less than a high school education; 16% were educated at the high school level. The remainder (21%) had served an apprenticeship or earned a training certificate or associate's degree (see Table 10). No significant difference between the educational level of the husbands of diploma and associate degree graduates was found when the data were subjected to chi square analysis.

Although the respondents reported satisfactory levels of academic achievement in high school, their level of performance increased in their basic nursing programs and showed even further advances in their baccalaureate programs. Fifty-eight percent (58%) reported that they had earned higher than a B average in their high school experiences; 67% reported this level of achievement in their basic nursing programs. The percentage achieving this level of performance increased to 82% at the baccalaureate level (see Table 11).

Chi square analysis revealed a significant difference between the academic achievement of diploma and associate degree nurses during their high school experiences. The proportion of diploma school graduates earning better than a B average was significantly greater than for the associate degree graduates (X_2 = 6.62, df = 1, p = < .05). No significant difference was found in the performance of the two groups during their basic or baccalaureate nursing programs, however.

These data suggest that the associate degree graduates overcame any initial handicap they may have experienced as a result of their high

Table 10

Highest Educational Level of Husband

Educational Level	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
Less than high school	--	3	2.8	1	2.6	4	2.7
High school	--	18	16.8	6	15.4	24	16.4
Apprenticeship in trade	--	6	5.6	3	7.7	9	6.2
Diploma or certificate	--	4	3.7	3	7.7	7	4.8
Associate degree	--	11	10.3	3	7.7	14	9.6
Bachelor's degree	--	28	26.2	11	28.2	39	26.7
Master's degree	--	29	27.1	4	10.3	33	22.6
Professional degree	--	6	5.6	4	10.3	10	6.8
Doctorate	--	2	1.9	4	10.3	6	4.1
No response	1	50	--	26	--	77	--
TOTAL	1	157	100.0	65	100.2	223	99.9

Note: Because of rounding, the column percentage totals may not equal 100.

Table 11

Grade Averages Earned in High School, Basic Nursing Program
and Baccalaureate Nursing Program

Grade Average	No Response N	Diploma Graduates N	%	Associate Degree Graduates N	%	Total N	%
High school							
A	--	23	14.7	5	7.8	28	12.7
A-	--	28	17.8	4	6.3	32	14.5
B+	--	49	31.2	19	29.7	68	30.8
B	--	37	23.6	16	25.0	53	24.0
B-	--	11	7.0	13	20.3	24	10.9
C+	--	5	3.2	6	9.4	11	5.0
C	--	4	2.6	1	1.6	5	2.3
C-	--	--	--	--	--	--	--
D or less	--	--	--	--	--	--	--
No response	1	--	--	1	--	2	--
TOTAL	1	157	100.1	65	100.1	223	100.2
Basic nursing program							
A	--	18	11.5	11	16.9	29	13.1
A-	--	30	19.1	15	23.1	45	20.3
B+	--	56	35.7	19	29.2	75	33.8
B	--	42	26.8	13	20.0	55	24.8
B-	--	6	3.8	4	6.2	10	4.5
C+	--	4	2.6	3	4.6	7	3.2

Table 11--Continued

Grade Average	No Response N	Diploma Graduates N	Diploma Graduates %	Associate Degree Graduates N	Associate Degree Graduates %	Total N	Total %
Basic nursing program (Continued)							
C	--	1	0.6	--	--	1	0.5
C-	--	--	--	--	--	--	--
D or less	--	--	--	--	--	--	--
No response	1	--	--	--	--	1	--
TOTAL	1	157	100.1	65	100.0	223	100.2
Baccalaureate nursing program							
A	--	38	24.5	13	20.0	51	23.2
A-	--	49	31.6	29	44.6	78	35.5
B+	--	37	23.9	14	21.5	51	23.2
B	--	22	14.2	4	6.2	26	11.8
B-	--	5	3.2	2	3.1	7	3.2
C+	--	2	1.3	3	4.6	5	2.3
C	--	2	1.3	--	--	2	0.9
C-	--	0	0	--	--	--	--
D or less	--	0	0	--	--	--	--
No response	1	2	--	--	--	3	--
TOTAL	1	157	100.0	65	100.0	223	100.1

Note: Because of rounding, the column percentage totals may not equal 100.

school performance and, in fact, showed a slightly better overall performance in their basic and baccalaureate nursing programs than did the diploma graduates. Sixty-nine percent (69%) of the associate degree graduates earned better than a B average in their basic nursing programs; this increased to 86% in their baccalaureate programs. In contrast, 66% of the diploma graduates earned this grade average in their basic nursing programs, rising to 80% in their baccalaureate programs.

When asked about their future educational aspirations, 74% of the respondents indicated that they intend to pursue further education. Sixty-two percent (62%) intend to earn a master's degree in nursing or another field; 10% intend to earn a doctorate; the remaining 2% plan to pursue some other advanced degree (see Table 12). Chi square analysis revealed no significant difference between the educational aspirations of diploma and associate degree graduates.

Work History

Fifty percent (50%) of the total sample reported more than 10 years of active involvement in nursing practice. Thirty-three percent (33%) had from 6 to 10 years of work experience; only 17% had 5 or less years (see Table 13).

Chi square analysis revealed a significant difference between the years of work experience of diploma and associate degree graduates. A significantly greater proportion of the diploma graduates reported more

Table 12

Future Educational Aspirations

Highest Educational Aspiration	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
Bachelor's degree in nursing	—	41	26.8	16	25.8	57	26.5
Master's degree in nursing	—	65	42.5	30	48.4	95	44.2
Master's degree in another field	—	29	19.0	9	14.5	38	17.7
Doctorate in nursing	—	6	3.9	5	8.1	11	5.1
Doctorate in another field	—	9	5.9	1	1.6	10	4.7
Other	—	3	2.0	1	1.6	4	1.9
No response	1	4	—	3	—	8	—
TOTAL	1	157	100.1	65	100.0	223	100.1

Note: Because of rounding, the column percentage totals may not equal 100.

Table 13

Years of Work Experience in Nursing

Years of Work Experience	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
0-5 years	--	16	10.3	22	33.9	38	17.2
6-10 years	--	47	30.1	25	38.5	72	32.6
11-15 years	--	36	23.1	13	20.0	49	22.2
16-20 years	--	28	18.0	4	6.2	32	14.5
21-25 years	--	15	9.6	1	1.5	16	7.2
26-30 years	--	8	5.1	--	--	8	3.6
over 30 years	--	6	3.9	--	--	6	2.7
No response	1	1	--	--	--	2	--
TOTAL	1	157	100.1	65	100.1	223	100.0

Note: Because of rounding, the column percentage totals may not equal 100.

than 10 years of work experience (X_2 = 17.45, df = 1, p < .001). This is consistent with the finding that associate degree graduates report more recent dates of graduation from their basic nursing programs, and suggests that diploma school graduates were more experienced than associate degree program graduates upon entry to their baccalaureate programs.

Prior to their entry into the baccalaureate program in nursing, the majority of the respondents (73%) were employed in staff level positions in hospitals or community settings. After graduation there was a shift in employment away from hospitals to community settings, and from staff to leadership positions. Prior to enrollment, 60% were employed in hospitals, 13% in community settings and 19% in leadership positions. In contrast, after graduation, only 33% were employed as hospital staff nurses; the percentage working in community settings increased from 13% to 19% and in leadership positions from 19% to 29% (see Table 14). Chi square analysis to test the symmetry of the employment pattern (Bishop, Fienberg, & Holland, 1975) showed significant differences in the respondents' positions before and after earning the baccalaureate degree (X_2 = 25.47, df = 3, p < .001).

Demographic Characteristics

A summary of the demographic characteristics of the respondents is presented in Table 15. The overwhelming majority of the sample were female and caucasion, 99% and 98%, respectively. Of the two males in the sample, one was a diploma graduate and the other a graduate of an

Table 14

Type of Position Before and After Enrollment
in the Baccalaureate Nursing Program

Type of Position	No Response Before N	After N	Diploma Graduates Before N	%	After N	%	Associate Degree Graduates Before N	%	After N	%	Total Before N	%	After N	%
Staff position— hospital	--	--	88	57.5	43	29.5	41	67.2	26	42.6	129	60.3	69	33.3
Staff position— community	--	--	20	13.1	33	22.6	7	11.5	6	9.8	27	12.6	39	18.8
Leadership position— any setting	--	--	33	21.6	43	29.5	7	11.5	16	26.2	40	18.7	59	28.5
Other position	--	--	12	7.8	20	13.7	2	3.3	12	19.7	14	6.5	32	15.5
Unemployed	--	--	--	--	7	4.8	4	6.6	1	1.6	4	1.9	8	3.9
No response	1	1	4	--	11	--	4	--	4	--	9	--	16	--
TOTAL	1	1	157	100.0	157	100.1	65	100.1	65	99.9	223	100.0	223	100.0

Note: Because of rounding, the column percentage totals may not equal 100.

Table 15

Demographic Characteristics

Demographic Characteristic	No Response N	Diploma Graduates N	Diploma Graduates %	Associate Degree Graduates N	Associate Degree Graduates %	Total N	Total %
Sex							
Female	--	155	99.4	63	98.4	218	99.1
Male	--	1	0.6	1	1.6	2	0.9
No response	1	1	--	1	--	3	--
TOTAL	1	157	100.0	65	100.0	223	100.0
Race/ethnicity							
White	--	150	97.4	64	100.0	214	98.2
Black	--	3	2.0	--	--	3	1.4
Hispanic	--	1	0.7	--	--	1	0.5
Asian	--	--	--	--	--	--	--
No response	1	3	--	1	--	5	--
TOTAL	1	157	100.1	65	100.0	223	100.1
Age (during last year of enrollment)							
23 years or less	--	5	3.2	6	9.4	11	5.0
24-28 years	--	43	27.7	20	31.3	63	28.8
29-33 years	--	36	23.2	18	28.1	54	24.7
34-38 years	--	25	16.1	8	12.5	33	15.1
39-43 years	--	29	18.7	7	10.9	36	16.4
44-48 years	--	6	3.9	4	6.3	10	4.6
Over 48 years	--	11	7.1	1	1.6	12	5.5
No response	1	2	--	1	--	4	--
TOTAL	1	157	99.9	65	100.1	223	100.1

Table 15 (Continued)

Demographic Characteristic	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
Marital status							
Single	--	33	21.3	19	30.2	52	23.9
Married	--	103	66.5	35	55.6	138	63.3
Separated	--	3	1.9	2	3.2	5	2.3
Divorced	--	14	9.0	7	11.1	21	9.6
Widowed	--	2	1.3	--	--	2	0.9
No response	1	2	--	2	--	5	--
TOTAL	1	157	100.0	65	100.1	223	100.0
Number of children							
None	--	76	48.4	33	50.8	109	49.1
One	--	24	15.3	7	10.8	31	14.0
Two	--	31	19.8	13	20.0	44	19.8
Three	--	14	8.9	5	7.7	19	8.6
Four	--	6	3.8	4	6.2	10	4.5
Five or more	--	6	3.8	3	4.6	9	4.1
No response	1	--	--	--	--	1	--
TOTAL	1	157	100.0	65	100.1	223	100.1

Note: Because of rounding, the column percentage totals may not equal 100.

associate degree program. All of the minority nurses in the sample, three black and one Hispanic, were graduates of diploma programs.

Correcting for the time differential between data collection and enrollment, the majority of the total sample (54%) were between 24 and 33 years of age during their last year of enrollment in the baccalaureate nursing program. Five percent (5%) were younger than 24, 32% were between 34 and 43, and 10% were 44 years of age and older. Although the difference was not significant, the associate degree graduates tended to be younger than the diploma graduates. Fifty-four percent (54%) of the diploma graduates were less than 33 years of age during their last year of enrollment in the baccalaureate program. In contrast, 69% of the associate degree graduates fell within that age range.

The majority of the total sample (63%) were married. Twenty-four percent (24%) were never married, and the remainder (13%) were either separated, widowed or divorced. Chi square analysis of the data revealed that a significantly greater proportion of the diploma graduates (67%) were married (X_2 = 18.44, df = 1, p < .001). In contrast, married associate degree graduates made up only 56% of their group.

Fifty-one percent (51%) of the total sample were responsible for one or more children while attending the major portion of their baccalaureate programs. The majority shared that responsibility with their spouse in an intact marriage. However, 8% of the respondents were single parents (see Table 16).

Table 16

Number of Children by Marital Status

Number of Children	No Response N	Marital Status							
		Single		Married		Husband Absent		Total	
		N	%	N	%	N	%	N	%
None	--	52	100	44	31.7	11	39.3	107	48.9
One	--	--	--	27	19.4	4	14.3	31	14.2
Two	--	--	--	38	27.3	6	21.4	44	20.1
Three	--	--	--	14	10.1	4	14.3	18	8.2
Four	--	--	--	10	7.2	--	--	10	4.6
Five or more	--	--	--	6	4.3	3	10.7	9	4.1
No response	4	--	--	--	--	--	--	4	--
TOTAL	4	52	100.0	139	100.0	28	100.0	223	100.1

Note: Because of rounding, the column percentage totals may not equal
       100.

An examination of the distribution of children across grade levels reveals that 17% of the total sample had pre-school children; 24% had children in grades K-8; 21% had children in high school; and 7% had children in college while attending the major portion of their baccalaureate programs (see Table 17). An additional 6% had one or more children who were old enough to be living on their own.

The most frequently used source of child care for the respondents who were responsible for dependent children was their spouse (24%). Grandparents or other close relatives were the second most frequently utilized source (15%); a close friend or neighbor was third (11%). A babysitter at home (9%), a babysitter away from home (8%), and a day care center (6%) ranked fourth, fifth and sixth, respectively (see Table 18).

Reasons for Returning to School

In the questionnaire, the respondents selected from a list of 16 possible reasons for returning to school all that had influenced their own personal decision. The items included in the list were selected from the literature and the interviews conducted in this study, first, to represent the range of reasons why RN students enter a baccalaureate nursing program and, second, for their logical relationship to one of the five factor constructs described by Boshier (1977). Two (2) of the 16 items are related to Factor I, Escape/Stimulation; 5 to Factor II, Professional Advancement; 4 to Factor III, Social Welfare; 3 to Factor IV, External Expectations; and 2 to Factor V, Cognitive Interest.

Table 17

Respondents Responsible for School-Age Children (N = 223)

Number of Children	Pre-school		Grades K-8		School Level High School		College	
	N	%	N	%	N	%	N	%
One	33	14.8	24	11.2	29	13.0	4	1.8
Two	5	2.2	22	9.9	14	6.3	11	4.9
Three	--	--	5	2.2	3	1.3	1	0.5
Four	--	--	1	0.5	--	--	--	--
TOTAL	38	17.0	53	23.8	46	20.6	16	7.2

Table 18

Most Frequently Used Sources of Child Care (N = 223)

Source	N	%	Rank
Grandparents/close relative	34	15.3	2
Spouse	53	23.8	1
Close friend/neighbor	25	11.2	3
Housekeeper	0	0	9
Babysitter, at home	19	8.5	4
Babysitter, away from home	17	7.6	5
Day care center	13	5.8	6
Cooperative care	1	0.5	8
Other	4	1.8	7

The respondents were asked, first, to select all of the items that had influenced their own personal decision to return to school and, second, to identify the item which had the most influence upon their decision. The frequency of response was calculated for each item. A score of 1 was assigned each time the item was selected. Responses identifying the most influential reason were assigned a weighted score of 2. The two scores were then summed to obtain a total weighted score for each item. The calculated weighted scores and their ranks are presented in Table 19; the weighted factor scores and their ranks are presented in Table 20.

Preparing for extended/expanded roles, increasing one's professional status, meeting expectations for the BSN as an entry level requirement, feeling better about oneself and meeting the prerequesities for a graduate degree were cited by the respondents as the five most influential reasons for entering the baccalaureate nursing program. Overall, the items related to Factor II, Professional Advancement, were the most influential; those in Factor IV, External Expectations were second. Those in Factor III, Social Welfare, and Factor V, Cognitive Interest, were tied as the third most influential factors.

Sources of Guidance

In the questionnaire, the respondents selected from a list of 11 possible sources of guidance all that helped them in making their own personal decisions to return to school. In addition, they identified which of the sources of guidance helped them the most. The frequency of

Table 19

Weighted Scores and Ranks Assigned to Reasons
for Returning to School

Items	Overall Influence (N = 223)		Most Influential (N = 219)		Total Weighted Score	Weighted Rank
	N	%	N	%		
Factor I.						
Escape/Stimulation						
15. To make better use of my leisure time	18	8.1	1	0.5	20	15
9. Because I enjoy the academic environment	98	48.9	2	0.9	102	9
Factor II.						
Professional Advancement						
5. To increase my professional status	173	77.6	32	14.6	237	2
1. To prepare for extended/expanded roles in nursing	174	78.0	51	23.3	276	1
6. To obtain a promotion	47	21.1	6	2.7	59	12
7. To meet the prerequisites for a graduate degree	103	46.2	25	11.4	153	5
16. To increase my competence in the job	92	41.3	7	3.2	106	8
Factor III.						
Social Welfare						
4. To improve the quality of patient care	81	36.3	8	3.7	96	10
14. To become more effective as a citizen of my community	14	6.3	0	0	14	16
11. To feel better about myself	116	52.0	21	9.6	158	4

Table 19 (Continued)

Items	Overall Influence (N = 223)		Most Influential (N = 219)		Total Weighted Score	Weighted Rank
	N	%	N	%		
Factor III. **Social Welfare** (Continued)						
12. To obtain a well-rounded education	100	44.8	5	2.3	110	7
Factor IV. **External Expectations**						
2. To keep up with the education of my spouse/associates	39	17.5	0	0	39	14
3. Because the BSN soon will be required as entry level	147	65.9	35	16.0	217	3
13. Because the BSN is required/expected in my job	49	22.0	12	5.5	73	11
Factor V. **Cognitive Interest**						
10. To learn just for the sake of learning	40	17.9	0	0	40	13
8. To acquire new knowledge	143	64.1	3	1.4	149	6

Table 20

Factor Scores Assigned to Reasons for Returning to School

	Factors	Total Weighted Score	N of Items	Factor Score	Rank
I.	Escape/Stimulation	122	2	61	5
II.	Professional Advancement	831	5	166.2	1
III.	Social Welfare	378	4	94.5	3.5
IV.	External Expectations	329	3	109.7	2
V.	Cognitive Interest	189	2	94.5	3.5

response was calculated for each item. A score of 1 was assigned each time the item was selected. Responses identifying the most helpful source were given a weighted score of 2. The two scores were then summed to obtain a weighted score for each item. The calculated weighted scores and their ranks are presented in Table 21.

Personal contacts with baccalaureate faculty, RN students and co-workers were the three most influential sources of guidance in making the decision to return to school. Publications from baccalaureate programs was fourth; contacts with former faculty in associate degree and diploma programs was fifth. It would appear that other than access to formal written information from the schools, much of the guidance in the decision-making process came from informal contacts. Formal guidance from such sources as professional organizations and staff development or continuing education departments has either been unavailable or, if available, has been underutilized.

Reasons for School Selection

In the questionnaire, the respondents were asked to select from a list of 13 possible reasons for school selection all that influenced their own personal choice of schools. The items included in the list were selected from the literature, and the interviews conducted in this study, to represent the range of reasons why RN students choose a particular school.

The respondents were asked, first, to select all of the items that had influenced their own personal choice of schools and, second, to

Table 21

Weighted Scores and Ranks Assigned to Sources of Guidance

Items	Overall Influence (N = 223)		Most Influential (N = 219)		Total Weighted Score	Weighted Rank
	N	%	N	%		
1. Publications from professional organizations	43	19.3	5	2.3	53	6
2. Staff of professional organizations	8	3.6	2	0.9	12	11
3. Faculty in associate degree and diploma nursing programs	40	17.9	11	5.1	62	5
4. BSN faculty	82	36.8	53	24.4	188	1
5. RN–BSN students	88	39.5	45	20.7	178	2
6. Boss	18	8.1	4	1.8	22	7
7. Co-workers	87	39.0	33	15.2	120	3
8. Instructor in staff development department	11	4.9	4	1.8	19	8
9. Publications from BSN programs	60	26.9	18	8.3	96	4
10. Continuing education workshop	9	4.0	3	1.4	15	9
11. Career counseling center	5	2.2	4	1.8	13	10

identify the item which had the most influence upon their decision. The
frequency of response was calculated for each item. A score of 1 was
assigned each time the item was selected. Responses identifying the
most influential reason were assigned a weighted score of 2. The two
scores were then summed to obtain a total weighted score for each item.
The calculated weighted scores and their ranks are presented in
Table 22.

The proximity of the school to home and work, the responsiveness
of the school to the needs of RN students, the affordability of fees and
tuition, the availability of a separate track for RNs and the credits
awarded for past knowledge and experience were cited by the respondents
as the five most influential reasons for school selection. Issues
related to quality (reputation of the school and NLN accreditation),
though ranking 6th and 7th, respectively, were less a concern than the
practical issues of accessibility/affordability and the extent to which
the school would respond to their particular needs. Interestingly, the
availability of financial aid ranked last.

Overall Pattern of the Baccalaureate Experience

Seventy percent (70%) of the total sample began taking courses
toward the baccalaureate degree within five years of graduation from
their basic nursing programs; 24% of these started within the first year
of graduation. Twenty-one percent (21%) took their first baccalaureate
course between 6 and 15 years after graduation; 9% waited more than 15
years (see Table 23).

Table 22

Weighted Scores and Ranks Assigned to
Reasons for School Selection

Items	Overall Influence (N = 223)		Most Influential (N = 219)		Total Weighted Score	Weighted Rank
	N	%	N	%		
1. Only choice available	26	11.7	10	4.5	46	9
2. Affordable tuition and fees	108	48.4	31	14.1	170	3
3. Close to home/work	161	72.2	54	24.5	269	1
4. Satellite/outreach courses available	26	11.7	3	1.4	32	10
5. Reputation of the school	103	46.2	17	7.7	137	6
6. Size of student body	28	12.6	1	0.5	30	11
7. Responsivenss to needs of RN students	120	53.8	36	16.4	192	2
8. Separate track for RN students	119	53.4	24	10.9	167	4
9. Stability of program	52	23.3	4	1.8	60	8
10. NLN accreditation	114	51.1	7	3.2	128	7
11. Credits awarded for past knowledge/ experience	112	50.2	21	9.5	154	5
12. Availability of financial aid	13	5.8	1	0.5	15	13
13. Friends, family are alumni	24	10.8	2	0.9	28	12

Table 23

Time Span, End of Basic Program to First Baccalaureate Course

Time Span	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
Less than 1 year	--	31	20.0	22	34.4	53	24.2
1-5 years	--	64	41.3	37	57.8	101	46.1
6-10 years	--	22	14.2	5	7.8	27	12.3
11-15 years	--	19	12.3	--	--	19	8.7
16-20 years	--	11	7.1	--	--	11	5.0
Over 20 years	--	8	5.2	--	--	8	3.7
No response	1	2	--	1	--	4	--
TOTAL	1	157	100.1	65	100.0	223	100.0

Note: Because of rounding, the column percentage totals may not equal 100.

Chi square analysis revealed a significant difference between diploma and associate degree graduates in this overall pattern of return to school. A significantly larger proportion of associate degree graduates started taking baccalaureate courses sooner than the diploma graduates (X_2 = 23.74, df = 5, p < .001). Ninety-two percent (92%) of the associate degree graduates took their first course toward the baccalaureate degree within 5 years of graduation. Eight percent (8%) waited from 6 to 10 years; none waited more than 10 years. In contrast, only 61% of the diploma graduates started their return within 5 years after graduation from their basic programs. Fourteen percent (14%) waited from 6 to 10 years; 25% waited over 10 years. Of this latter group, 12% waited as long as 16 to 20 or more years.

Once having taken the first baccalaureate course, 63% of the total sample completed all of the degree requirements within 5 years; 29% took up to 10 years and 8% took more than 10 years (see Table 24). Again, chi square analysis revealed a significant difference between diploma and associate degree graduates. A significantly larger proportion of the associate degree graduates completed degree requirements in a shorter period of time than the diploma graduates (X_2 = 26.70, df = 5, p < .001).

Eighty-three percent (83%) of the associate degree graduates completed the degree requirements within 5 years; 31% of these completed the requirements in 2 years or less. Only 17% took more than 5 years to complete the requirements; none took more than 10 years. In contrast, only 55% of the diploma graduates completed the requirements in 5 years;

Table 24

Total Time to Complete Baccalaureate Requirements

Total Time	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
2 years or less	--	14	8.9	20	30.8	34	15.3
3-5 years	--	72	45.9	34	52.3	106	47.8
6-10 years	—	53	33.8	11	16.9	64	28.8
11-15 years	--	12	7.6	--	--	12	5.4
16-20 years	--	5	3.2	--	--	5	2.3
Over 20 years	--	1	0.6	--	--	1	0.5
No response	1	--	--	--	--	1	—
TOTAL	1	157	100.0	65	100.0	223	100.1

Note: Because of rounding, the column percentage totals may not equal 100.

of these, only 9% took 2 years or less. The next largest percentage
(34%) took between 6 and 10 years to complete the requirements; 8% took
between 11 and 15 years, 4% took from 16 to over 20 years.

When asked to identify how many colleges or universities they
attended in all while meeting the requirements for the baccalaureate
degree, the respondents were instructed to include their basic and
baccalaureate programs in the total. Consequently, the baseline
response for all the respondents was a total of one or two colleges or
universities attended. Forty-six percent (46%) of the total sample
reported this pattern of attendance. An additional 46% reported
attending three to four colleges; 8% attended five or more (see
Table 25).

Chi square analysis revealed no significant difference between
diploma and associate degree graduates in this overall pattern of
attendance. However, there was a strong trend for the diploma graduates
to have attended a wider range of institutions than the associate degree
graduates. While the largest proportion of the associate degree
graduates (56%) attended one or two colleges or universities while
completing degree requirements, the largest proportion of diploma
graduates (47%) attended three or four. No associate degree graduates
attended more than four institutions; 11% of the diploma graduates
attended five or more.

When admitted to the baccalaureate program, 49% of the total
sample were awarded up to 30 transfer credits for general college
courses taken in other colleges or universities. Eleven percent (11%)

Table 25

Total Number of Colleges/Universities Attended

Total Number of Colleges/Universities Attended	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
1-2 colleges/ universities	--	65	41.9	36	56.3	101	46.1
3-4 colleges/ universities	--	73	47.1	28	43.8	101	46.1
5-6 colleges/ universities	--	16	10.3	--		16	7.3
7-8 colleges universities	--	1	0.7	--		1	0.5
No response	1	2		1		4	
TOTAL	1	157	100.0	65	100.1	223	100.0

Note: Because of rounding, the column percentage totals may not equal 100.

began their baccalaureate experience with no transfer credits; 19% were granted over 30 credits; 21% received over 45 (see Table 26).

Chi square analysis revealed a significant difference between diploma and associate degree graduates in this overall pattern of credit award. The associate degree graduates entered the baccalaureate program with significantly more transfer credits than the diploma graduates (X_2 = 28.46, df = 4, p < .001). All of the associate degree graduates were awarded some transfer credit; the majority (56%) were awarded more than 30 credits. In contrast, 15% of the diploma graduates entered the baccalaureate program with no transfer credits; the majority (52%) were awarded less than 30 credits.

Although the majority (58%) of the total sample received no transfer credit for their diploma and associate degree nursing courses, the associate degree nurses had a decided advantage in the transfer of nursing credits (see Table 26). A significantly larger proportion of the associate degree graduates (65%) received some transfer credit for their previous nursing courses (X_2 = 22.50, df = 4, p < .001). In contrast, only 33% of the diploma graduates received any transfer credit for their diploma school nursing courses.

Both groups fared equally well in the credit by examination process for general subject areas and in nursing. Chi square analysis revealed no significant difference between the number of credits awarded to diploma and associate degree graduates.

The most frequent credit award for examinations in general subject areas was between 1 and 15 credits. Forty-seven percent (47%) of the

Table 26

Summary of Credits Granted for Previous Educational Experiences

Credits Granted	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
Transfer credits for general college courses							
None	--	23	15.4	--	--	23	10.8
1-15 credits	--	36	24.2	3	4.7	39	18.3
16-30 credits	--	41	27.5	25	39.1	66	31.0
31-45 credits	--	26	17.5	15	23.4	41	19.3
over 45 credits	--	23	15.4	21	32.8	44	20.7
No response	1	8	--	1	--	10	--
TOTAL	1	157	100.0	65	100.0	223	100.1
Transfer credits for nursing courses							
None	--	98	67.1	22	35.5	120	57.7
1-15 credits	--	9	6.2	6	9.7	15	7.2
16-30 credits	--	18	12.3	22	35.5	40	19.2
31-45 credits	--	13	8.9	5	8.1	18	8.7
over 45 credits	--	8	5.5	7	11.3	15	7.2
No response	1	11	--	3	--	15	--
TOTAL	1	157	100.0	65	100.1	223	100.0
Credits by examination for general college courses							
None	--	57	39.3	23	41.8	80	40.0
1-15 credits	--	67	46.2	27	49.1	94	47.0
16-30 credits	--	16	11.0	3	5.5	19	9.5
31-45 credits	--	4	2.8	1	1.8	5	2.5
over 45 credits	--	1	0.7	1	1.8	2	1.0
No response	1	12	--	10	--	23	--
TOTAL	1	157	100.0	65	100.0	223	100.0

Table 26 (Continued)

Credits Granted	No Response N	Diploma Graduates N	%	Associate Degree Graduates N	%	Total N	%
Credits by examination **for nursing courses**							
None	--	38	25.7	15	24.6	53	25.4
1-15 credits	--	50	33.8	22	36.1	72	34.5
16-30 credits	--	42	28.4	18	29.5	60	28.7
31-45 credits	--	13	8.8	5	8.2	18	8.6
over 45 credits	--	5	3.4	1	1.6	6	2.9
No response	1	9	--	4	--	14	--
TOTAL	1	157	100.1	65	100.0	223	100.1
Credits for evaluation **of life/work** **experiences**							
None	--	130	91.6	50	87.8	180	90.5
1-15 credits	--	8	5.6	7	12.3	15	7.5
16-30 credits	--	1	0.7	--	--	1	0.5
31-45 credits	--	3	2.1	--	--	3	1.5
over 45 credits	--	--	--	--	--	--	--
No response	1	15	--	8	--	24	--
TOTAL	1	157	100.0	65	100.0	223	100.0

Note: Because of rounding, the column percentage totals may not equal 100.

total sample earned up to 15 credits; only 13% earned more than this amount. In nursing, the most frequent credit award was between 1 and 30 credits. Sixty-three percent (63%) of the total sample earned up to 30 credits; only 12% earned more than this amount.

Credits awarded by evaluation of life or work experience were not generally available to either diploma or associate degree graduates. The overwhelming majority of the total sample (91%) received no credit from this source.

Finally, when asked how many credits they had lost in the transfer process because their courses were too old or did not meet requirements, the majority of the total sample (57%) reported that they lost no credit. Thirty percent (30%) lost up to 15 credits; 13% lost up to 45 or more credits (see Table 27). Chi square analysis revealed no significant difference between diploma and associate degree graduates in this general pattern of credit loss.

Sources of Funding

Current earnings and savings were the two most frequently tapped sources of funding to cover the respondents' educational expenses (see Table 28). Sixty-two percent (62%) financed at least some part of their education from each of these two sources. Tuition reimbursement from employers was the third most frequently utilized source of financing. This type of support was available in varying degrees to 50% of the respondents.

Scholarships and G.I. benefits were available to very few, 16% and 4%, respectively. Only 32% of the respondents chose to take out loans.

Table 27

Credits Lost in the Transfer Process

Credits Lost	No Response N	Diploma Graduates		Associate Degree Graduates		Total	
		N	%	N	%	N	%
None	--	93	60.8	31	47.7	124	56.9
1-15 credits	--	46	30.1	20	30.8	66	30.3
16-30 credits	--	10	6.5	10	15.4	20	9.2
31-45 credits	--	2	1.3	1	1.5	3	1.4
over 45 credits	--	2	1.3	3	4.6	5	2.3
No response	1	4	--	--	--	5	--
TOTAL	1	157	100.0	65	100.0	223	100.1

Note: Because of rounding, the column percentage totals may not equal 100.

Table 28

Sources of Funding for Educational Expenses (N = 223)

Source of Funding	No Response	Percentage of Funding Drawn from Each Source									
		None		1-25%		26-50%		51-75%		76-100%	
		N	%	N	%	N	%	N	%	N	%
1. Personal or family savings	1	84	37.8	49	22.1	41	18.5	16	7.2	32	14.4
2. Current earnings of self and/or spouse	1	85	38.3	32	14.4	40	18.0	21	9.5	44	19.8
3. Scholarships	2	186	84.2	27	12.2	7	3.2	0	0	1	0.5
4. Loans	1	152	68.5	31	24.3	25	11.3	12	5.4	2	0.9
5. Tuition reimbursement from employer	1	112	50.5	58	26.2	30	13.5	12	5.4	10	5.4
6. G.I. benefits	1	218	98.2	1	0.5	0	0	1	0.5	2	0.9

Further, when loans were taken they were used to cover a relatively small percentage of the total educational costs. For the most part, the respondents relied more heavily on their own financial resources than on external funding sources. A "pay-as-you-go" approach seemed to prevail.

Helpful and Hindering Educational Conditions

In the questionnaire, the respondents were asked to select from a list of hindering and a list of helpful educational conditions all that influenced their own personal circumstances. These lists were extracted from the review of the literature and the interviews to represent the range of educational conditions that have been shown to contribute to or hinder the academic achievement of adult and RN students.

First, the respondents were asked to identify which items on the lists were present or not present in their circumstances (questions 7 and 9). Second, if a condition was present, they were asked to indicate on a 4-point scale the degree to which the condition influenced their educational experiences. In the instance of the helpful conditions, the respondents were also asked to estimate on the same 4-point scale the extent to which any absent condition might have helped them had it been present within their own personal circumstances.

Third, in questions 8 and 10, the respondents were asked to identify which one of the helpful conditions and which one of the hindering conditions had the greatest influence upon their experiences. Finally, question 11 asked the respondents to project which of the

absent helpful conditions would have helped them the most if it had been present in their circumstances.

In presenting the findings for the helpful and hindering conditions, both the extent to which the condition was present or not present and the relative influence of each condition upon the respondents' experiences are addressed. Responses within the subscales and subcategories of both the helpfulness and hindrance scales are examined to determine the nature of any patterns emerging from the data. The findings for the hindering conditions are presented first. This is followed by a presentation of the findings for the helpful conditions. In each instance, the presentation of the data is accompanied by a discussion and interpretation of the findings.

Hindrance Scale

Thirty-seven (37) hindering conditions are included in the overall hindrance scale (question 7 in the questionnaire). Of these, nine conditions make up a dispositional subscale. Included in this subscale are items related to the respondents' attitudes toward learning and their perceptions of themselves as learners. These items are further broken down into two subcategories--those conditions related to the respondents' self-confidence, 2 items, and those conditions related to their personal response to the educational experience, 7 items. These latter 7 items are labelled student role strain.

Twelve (12) of the 37 hindering conditions make up a situational subscale. Included in this subscale are items related to the

respondents' family life, their work setting or other personal circumstances outside of the school environment. Three (3) of these are related to the costs of the educational experience, 1 to the distance travelled to school, 3 to multiple role strain, 4 to personal support systems, and 1 to the time investment involved in returning to school.

Sixteen (16) of the 37 hindering conditions make up an institutional subscale. Included in this subscale are conditions occurring within the confines of educational institutions. Three (3) of the conditions are related to the curriculum, 2 to faculty attitudes, and 11 to institutional policies and procedures.

Cronbach's alpha was used to assess the internal consistency of the scale. An alpha coefficient of .88 was obtained for the full 37 item scale. The subscale coefficients were as follows: dispositional subscale, 9 items, .69; institutional subscale, 16 items, .84; situational subscale, 12 items, .73.

Table 29 rank orders the 37 hindering conditions according to the frequency with which they occurred within the respondents' educational experiences. Table 30 presents this information for the subscales of the overall hindrance scale. The mean influence rating assigned by the respondents for whom the condition was present and a second ranking of the conditions on the basis of the influence score are also included in the tables.

Two overall observations can be made at the outset. It is important to note, first, that the number of hindering conditions actually present in the respondents' experiences was less than might

Table 29

Ratings Assigned to the Hindering Conditions

Item No.	Abbreviated Text of Item	No Response N	Condition Present N	Condition Present %	Rank	Influence Rating $\bar{X}$	Rank
17	Difficult to deal with stress of multiple demands	1	213	95.9	1	2.58	2
1	Had to balance demands of multiple roles	0	212	95.1	2	2.52	4
29	Difficult to manage time to meet all obligations	1	205	92.3	3	2.42	5
4	Difficult to sustain motivation	1	168	75.7	4	2.14	12
24	Too little credit for previous nursing knowledge/experience	0	160	71.7	5	2.55	3
14	Nursing courses not relevant to needs	1	158	71.2	6	2.23	11
22	Expected too much of self	0	158	70.9	7	2.27	8
37	Had to invest prolonged time to complete degree requirements	1	157	70.7	8	2.39	6
27	Too much repetition of content in nursing courses	1	150	67.6	9	2.29	7
23	Difficult to get used to studying again	0	147	65.9	10	1.86	25

Table 29 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
			N	%	Rank	X̄	Rank
32	Too little individualization of learning in nursing courses	2	131	59.3	11	2.12	15
33	Difficult to find funds for school-related expenses	1	128	57.7	12	2.01	18
2	Had to work part-time	7	124	57.4	13	2.24	10
16	Difficult to prepare for nursing challenge exams	1	124	55.9	14	1.93	20
19	Difficult to deal with anger/hostility with new values/roles	0	123	55.2	15.5	1.84	26.5
15	Classes, labs, office hours scheduled at inconvenient times	0	123	55.2	15.5	2.13	13.5
36	Difficult to learn to deal with academic system	0	113	50.7	17	1.75	32
3	Had to work full-time	9	108	50.5	18	3.07	1
30	School of Nursing did not provide support services	3	105	47.7	19	1.94	19
9	General college faculty not responsive to adults	1	103	46.4	20	1.88	24

Table 29 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
			N	%	Rank	X̄	Rank
28	Had to commute unreasonably long distance	0	103	46.2	21	2.26	9
5	Admission requirements inappropriate for adults	2	94	42.5	22	1.84	26.5
35	Support services not provided for adult students	2	89	40.3	23	1.79	30
31	Nursing faculty not responsive to needs of RN students	0	89	39.9	24	2.11	16
7	Had to overcome a weak academic background	1	87	39.2	25	1.77	31
18	Felt out of place among younger students	0	86	38.6	26	1.49	37
10	Financial aid not available	2	79	35.7	27	1.91	22
12	Lacked confidence in academic ability	0	77	34.5	28	1.82	29
13	Too few challenge exams available in non-nursing subjects	0	76	34.1	29	1.71	33.5
11	Time limits for completing degree too restrictive	0	70	31.4	30	1.53	36
34	Restrictive college/university credit review policies	0	68	30.5	31	2.07	17

Table 29 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
			N	%	Rank	X̄	Rank
8	Co-workers not supportive	0	66	29.6	32	1.56	36
6	Child care difficult to arrange	1	62	27.9	33	2.13	13.5
20	Employer not supportive	2	60	27.1	34	1.83	28
21	College/university restrictions on part-time study	4	59	26.9	35	1.71	33.5
26	People closest to me not supportive	0	45	20.2	36	1.91	22
25	College/university residency requirements too restrictive	2	23	10.4	37	1.91	22

Table 30

Ratings by Subscales for the Hindering Conditions

Subscale	Item No.	Abbreviated Item	No Response N	Condition Present N	%	Rank	Influence Rating X	Rank
Dispositional Self-confidence	18	Felt out of place among younger students	0	86	38.6	26	1.49	37
	12	Lacked confidence in academic ability	0	77	34.5	28	1.82	29
Student role strain	4	Difficult to sustain motivation	1	168	75.7	4	2.14	12
	22	Expected too much of self	0	158	70.9	7	2.27	8
	23	Difficult to get used to studying again	0	147	65.9	10	1.86	25
	16	Difficult to prepare for nursing challenge exams	1	124	55.9	14	1.93	20
	19	Difficult to deal with anger/hostility with new values/roles	0	123	55.2	155	1.84	26.5
	36	Difficult to learn to deal with academic system	0	113	50.7	17	1.75	32
	7	Had to overcome a weak academic background	1	87	39.2	25	1.77	31

Table 30 (Continued)

Subscale	Item No.	Abbreviated Item	No Response N	Condition Present N	%	Rank	Influence Rating X̄	Rank
Situational Costs	33	Difficult to find funds for school-related expenses	1	128	57.7	12	2.01	18
	2	Had to work part-time	7	124	57.4	13	2.24	10
	3	Had to work full-time	9	108	50.5	18	3.07	1
Distance	28	Had to commute unreasonably long distance	0	103	46.2	21	2.26	9
Multiple role strain	17	Difficult to deal with stress of multiple demands	1	213	95.9	1	2.58	2
	1	Had to balance demands of multiple roles	0	212	95.1	2	2.52	4
	29	Difficult to manage time to meet all obligations	1	205	92.3	3	2.42	5
Personal supports	8	Co-workers not supportive	0	66	29.6	32	1.56	35
	6	Child care difficult to arrange	1	62	27.9	33	2.13	13.5
	20	Employer not supportive	2	60	27.1	34	1.83	28

Table 30 (Continued)

Subscale	Item No.	Abbreviated Item	No Response N	Condition Present			Influence Rating	
				N	%	Rank	X	Rank
	26	People closest to me not supportive	0	45	20.2	36	1.91	22
Time	37	Had to invest prolonged time to complete degree requirements	1	157	70.7	8	2.39	6
Institutional Curriculum	14	Nursing courses not relevant to needs	1	158	71.2	6	2.23	11
	27	Too much repetition of content in nursing courses	1	150	67.6	9	2.29	7
	32	Too little individualization of learning in nursing courses	2	131	59.3	11	2.12	15
Faculty attitudes	9	General college faculty not responsive to adults	1	103	46.4	20	1.88	24
	31	Nursing faculty not responsive to needs of RN students	0	89	39.9	24	2.11	16
Policies and procedures	24	Too little credit for previous nursing knowledge/experience	0	160	71.7	5	2.55	3
	15	Classes, labs, office hours scheduled at inconvenient times	0	123	55.2	15.5	2.13	13.5

Table 30 (Continued)

Subscale	Item No.	Abbreviated Item	No Response N	Condition Present			Influence Rating	
				N	%	Rank	X̄	Rank
	30	School of Nursing did not provide support services	3	105	47.7	19	1.94	19
	5	Admission requirements inappropriate for adults	2	94	42.5	22	1.84	26.5
	35	Support services not provided for adult students	2	89	40.3	23	1.79	30
	10	Financial aid not available	2	79	35.7	27	1.91	22
	13	Too few challenge exams available in non-nursing subjects	0	76	34.1	29	1.71	33.5
	11	Time limits for completing degree too restrictive	0	70	31.4	30	1.53	36
	34	Restrictive college/university credit review policies	0	68	30.5	31	2.07	17
	21	College/university restrictions on part-time study	4	59	26.9	35	1.71	33.5
	25	College/university residency requirements too restrictive	2	23	10.4	37	1.91	22

have been projected from the findings in the review of the literature. Nineteen (19) out of the 37, or 51%, of the conditions were not present within the educational experiences of more than half of the respondents. This very positive finding suggests that changes have already occurred within the educational environments provided to assist adult students in achieving their educational goals.

Second, it is important to note that the impact of the hindering conditions was also less than might have been projected from the findings of other studies reported in the literature. Only 1 of the 37 conditions received a mean influence score above 3.0 on the 4-point scale. The range of mean scores for each condition was from 1.49 to 3.07. The median score was 1.9. These scores indicate that the conditions were viewed as only slightly to moderately hindering.

It may be that the time lapse between experiencing the conditions and reporting their influence has dampened the perceived magnitude of their impact. An alternate explanation may be that successful students are the ones who have been less hindered throughout their experiences and that this finding is an aberration of the nature of the study sample. However, whatever the reasons for the low magnitude of the influence scores, some interesting response patterns for both the frequently and infrequently occurring conditions can be identified.

Infrequently Occurring Hindering Conditions

Nineteen (19) of the 37 hindering conditions were absent in the educational experiences of over 50% of the respondents (see Table 31).

Table 31

Infrequently Occurring Hindering Conditions (N = 19)

Subscale	Item No.	Abbreviated Item	Percent Present (Rank)	Influence Rating (Rank)
Institutional				
Faculty attitudes	31	Nursing faculty not responsive to needs of RN students	39.9 (24)	2.11 (16)
	9	General college faculty not responsive to adults	46.4 (20)	1.88 (24)
Policies and procedures	25	College/university residency requirements too restrictive	10.4 (37)	1.91 (22)
	21	College/university restrictions on part-time study	26.9 (35)	1.71 (33.5)
	34	Restrictive college/university credit review policies	30.5 (31)	2.07 (17)
	11	Time limits for completing degree too restrictive	31.4 (30)	1.53 (36)
	13	Too few challenge exams available in non-nursing subjects	34.1 (29)	1.71 (33.5)
	10	Financial aid not available	35.7 (27)	1.91 (22)
	35	Support services not provided for adult students	40.3 (23)	1.79 (30)
	5	Admission requirements inappropriate for adults	42.5 (22)	1.84 (26.5)

Table 31 (Continued)

Subscale	Item No.	Abbreviated Item	Percent Present (Rank)	Influence Rating (Rank)
	30	School of Nursing did not provide support services	47.7 (19)	1.94 (19)
Situational				
Distance	28	Had to commute un-reasonably long distance	46.2 (21)	2.26 (9)
Personal supports	26	People closest to me not supportive	20.2 (36)	1.91 (22)
	20	Employer not supportive	27.1 (34)	1.83 (28)
	6	Child care difficult to arrange	27.9 (33)	2.13 (13.5)
	8	Co-workers not supportive	29.6 (32)	1.56 (35)
Dispositional				
Self-confidence	12	Lacked confidence in academic ability	34.5 (28)	1.82 (29)
	18	Felt out of place among younger students	38.6 (26)	1.49 (37)
Student role strain	7	Had to overcome a weak academic background	39.2 (25)	1.77 (31)

Eleven (11) out of the 19, or 58%, of these infrequently occurring hindering conditions were included in the institutional subscale. Nine (9) of these were in the policies and procedures subcategory and 2 were in the subcategory related to faculty attitudes.

Institutional conditions. Less than 50% of the respondents were affected by restrictive institutional residency requirements (10%), credit review policies (31%), or time limits for completing the degree (31%). Less than half encountered inappropriate admission requirements (43%) or restrictions on part-time study (27%). Further, few were deprived of the opportunity to take challenge exams in non-nursing subjects (34%). Also, neither sources of financial aid (36%) nor access to special services for adult (40%) and RN students (48%) were reported to be unavailable in their institutions. Finally, less than 50% of the respondents encountered either general college faculty (46%) or school of nursing faculty (40%) who were unresponsive to their special needs.

This is a far more positive picture of institutional conditions than has been reported in the literature. However, it must be noted that many of the studies describing the returning-to-school experiences of adults were published during the 1970s. These studies made strong recommendations for improving institutional services. The findings of this study suggest that some of the recommended changes are indeed occurring, at least within the institutions from which this sample was drawn. However, implementation is not universal. It appears that more effort needs to be expended to eliminate these hindering conditions from the experiences of all adult students.

Situational conditions. Five (5) of the 19, or 26%, of the infrequently occurring hindering conditions were included in the situational subscale; 4 of these were in the personal supports subcategory and 1 was in the distance subcategory. Less than 50% of the respondents experienced a lack of support from the people closest to them (20%) or from their employers (27%) or co-workers (3%). These findings are in sharp contrast to the findings of other studies in which lack of support from these sources had been documented previously. This evidence of changing attitudes and situational support networks is a very positive finding of this study.

Further, only a small percentage of the respondents encountered unusual difficulty in arranging for child care (28%), and less than half had to commute unreasonably long distances to attend school (46%). These two findings are somewhat misleading, however. Because only a small proportion of the sample required access to child care services or lived in rural settings where commuting distances were a factor, it was highly predictable that the majority would not view these two conditions as problematic. Further analysis of the responses of those who actually experienced these problems will more accurately assess their true impact.

Dispositional conditions. Three (3) of the 19, or 16%, of the infrequently occurring hindering conditions were included in the dispositional subscale; 2 of these were in the self-confidence subcategory and 1 was in the subcategory related to student role strain. Less than 50% of the respondents lacked confidence in their academic

ability (35%), felt that they had to overcome a weak academic background (40%) or reported feeling out of place among younger students (39%).

Again, these findings present a somewhat different picture than has been reported in the literature, at least with respect to these three conditions. The RN students in this sample appear to have had more confidence in themselves, in general, and in their academic ability, in particular, than has been reported among other adult students. They were also more secure in their relations with the younger students enrolled in their programs.

Frequently Occurring Hindering Conditions

Eighteen (18) of the 37 hindering conditions were reported present in the educational experiences of more than 50% of the respondents. Fourteen (14) of these had influence scores above 2.0 on the 4-point scale and therefore fell within the top ranks of the influence scale as well. These 14 conditions were not only the most frequently occurring, but also were viewed as the most hindering by the respondents who experienced them (see Table 32).

Situational conditions. Seven (7) of the items in this subscale were among the 14 highest ranking conditions.

Within the situational subscale, the three conditions in the subcategory of multiple role strain were the most frequently occurring items. They also received very high influence ratings. Ninety-six percent (96%) experienced difficulty in dealing with the stress created by the multiple demands on their time and energies. This item ranked

Table 32

Frequently Occurring and Highly Rated
Hindering Conditions (N = 14)

Subscale	Item No.	Abbreviated Item	Percent Present (Rank)	Influence Rating (Rank)
Situational				
Multiple role strain	17	Difficult to deal with stress of multiple demands	95.9 (1)	2.58 (2)
	1	Had to balance demands of multiple roles	95.1 (2)	2.52 (4)
	29	Difficult to manage time to meet all obligations	92.3 (3)	2.42 (5)
Costs	33	Difficult to find funds for school-related expenses	57.7 (12)	2.01 (18)
	2	Had to work part-time	57.4 (13)	2.24 (10)
	3	Had to work full-time	50.5 (18)	3.07 (1)
Time	37	Had to invest prolonged time to complete degree requirements	70.7 (8)	2.39 (6)
Institutional				
Curriculum	14	Nursing courses not relevant to needs	71.2 (6)	2.23 (11)
	27	Too much repetition of content in nursing courses	67.6 (9)	2.29 (7)
	32	Too little individualization of learning in nursing courses	59.3 (11)	2.12 (15)

Table 32 (Continued)

Subscale	Item No.	Abbreviated Item	Percent Present (Rank)	Influence Rating (Rank)
Policies and procedures	24	Too little credit for previous nursing knowledge/experience	71.7 (5)	2.55 (3)
	15	Classes, labs, office hours scheduled at inconvenient times	55.2 (15.5)	2.13 (13.5)
Dispositional				
Student role strain	4	Difficult to sustain motivation	75.7 (4)	2.14 (12)
	22	Expected too much of self	70.9 (7)	2.27 (8)

2nd on the influence scale. Ninety-five percent (95%) found it difficult to balance multiple roles; 92% had difficulty managing time to meet all their obligations. These items ranked 4th and 5th on the influence scale.

Issues related to cost were also a major concern. The three conditions in this subcategory of the situational subscale all appeared among the top 14 conditions. Fifty-eight percent (58%) of the respondents felt hindered by the difficulty they experienced in finding funds to pay for school-related expenses. This item ranked 18th on the influence scale. Fifty-seven percent (57%) of the respondents felt hindered by having to work part-time while attending school. This item ranked 10th on the influence scale. The necessity for working full-time was less frequently present than other conditions, occurring with only 50% of the respondents, but when present, received the highest mean influence rating of all, ranking 1st among all 37 conditions.

The subcategory of time within the situational subscale contained only one item. This item was also included among the top 14 conditions. Seventy-one percent (71%) of the respondents felt hindered by having to invest a prolonged time to complete degree requirements. This item ranked 6th on the influence scale.

Two of the hindering conditions within the situational subscale were included within the top ranks of the influence scale, as reported previously, but did not occur with sufficient frequency to be included among the top 14 conditions. Though occurring within the experiences of over 46% of the respondents, the necessity for commuting unreasonably

long distances to attend school, when present, had a relatively high influence score. This item ranked 9th on the influence scale. Second, though present for only 28% of the respondents, but sharing the 13th rank on the influence scale, was the difficulty experienced in arranging for child care when needed.

These findings are consistent with those of other surveys of adult and RN students. In her review of over 100 prospective needs assessments conducted with adult students, Cross (1979) concluded that the situational barriers of time, cost, distance, and home and family responsibilities deterred the largest number of potential learners from enrolling in educational programs. Similar prospective studies with RNs revealed similar findings. This study affirms that these variables continue to be key hindering factors during the students' period of enrollment.

The variables of time, cost, and multiple role strain have conceptual relationships. The necessity of maintaining a part- or full-time work schedule to meet the costs of enrollment puts pressure on the time available for study and adds to the stresses associated with multiple role strain. They have a circular impact upon one another. Collectively, these variables are the most powerful of any other cluster of hindering conditions reported in the study.

Institutional conditions. Five (5) of the items within the institutional subscale were among the 14 highest ranking conditions.

Issues related to the curriculum were the major concern. All three conditions in the curriculum subcategory were included among the

top ranks for both their frequency of occurrence and their influence ratings. Seventy-one percent (71%) of the respondents felt hindered because their nursing courses were not relevant to their needs. This item ranked 11th on the influence scale. Sixty-eight percent (68%) reported that their nursing courses contained too much repetition of what they already knew; 59% reported that their nursing courses provided too little individualization of their learning experiences. These items ranked 17th and 15th on the influence scale.

It appears that despite the many recommendations in the literature directed toward the development of responsive curriculum options for RNs, progress in accomplishing these objectives lags behind other areas of institutional reform. This is a discouraging and disconcerting finding in an era when many nurses are returning to school and when an upgrading of their skills is so essential to the profession. This finding suggests that nurse educators have more work to do to develop relevant, non-repetitive programs in which learning experiences can be individualized to the varying backgrounds and adult learning styles of RN students.

Only 2 of 11 conditions in the institutional policies and procedures subcategory were included among the 14 highest ranking conditions. Seventy-two percent (72%) of the respondents felt that too little credit was awarded by their institution for their previous knowledge and experiences. This item ranked 3rd on the influence scale. Fifty-five percent (55%) felt hindered by the inconvenient scheduling of classes, labs and office hours that occurred in their institutions.

This item shared the 13th rank on the influence scale.

Another 2 of the hindering conditions within the institutional subscale were included within the top ranks on the influence scale but did not occur with sufficient frequency to be included among the 14 conditions with the highest overall rankings. Although only 40% of the respondents experienced the probem, the lack of faculty response to the needs of RN students ranked 16th on the influence scale. Second, ranking 17th, but present for only 31% of the respondents, restrictive college/university credit review policies, when present, were also somewhat problematic.

These concerns so intimately tied to the curriculum have been long-standing and continuing complaints among RNs who return to school. Again, despite the many recommendations in the literature directed, first, toward increasing the accessibility of programs for RN students and, second, toward developing effective crediting mechanisms, progress in accomplishing these ends lags behind the achievements in other areas. This finding suggests that, in addition to making the curriculum more relevant, non-repetitive, and individualized, nurse educators must examine their crediting practices and improve their scheduling patterns to make baccalaureate programs more accessible to RN students.

Dispositional conditions. Only 2 out of the items within the dispositional subscale were among the 14 highest ranking conditions. The 2 most powerful conditions were within the subcategory of student role strain. Seventy-six percent (76%) of the respondents felt hindered by the difficulty they experienced in sustaining their motivation over

the prolonged period of time required to complete degree requirements. This condition ranked 12th on the influence scale. Seventy-one percent (71%) felt hindered by the fact that they expected too much of themselves. This condition ranked 8th on the influence scale.

It is no doubt more difficult to cope with the demands of family, work, and school when the students' expectations of themselves are unrealistically high. Certainly, maintaining high stress levels from these combined sources can deplete their energy reserves and contribute to the other finding reported here. Sustaining their motivation in the face of such pressures over what for many can extend over 5 to 10 or more years is, understandably, a difficult task.

It is interesting to note also that all but one of the remaining five items in this subcategory were present in the experiences of over 50% of the respondents. However, their mean influence ratings are relatively low. Although the majority of the respondents experienced difficulty in 1) getting used to studying again (66%), 2) preparing for nursing challenge exams (56%), 3) dealing with their anger/hostility in taking on new values and roles (55%), and 4) learning to deal with the academic system (51%), none of these conditions was assigned a mean influence rating sufficiently high to be included among the top ranking items on the influence scale. The ranks assigned to these items ranged from a high of 20 to a low of 31. Although these hindering conditions were frequently present, they appear to have been less problematic to the respondents.

Most Hindering Conditions

Table 33 presents the frequency distribution for the responses to question 8 in the questionnaire. This question asked the respondents to identify the single most hindering condition actually present in their educational experiences. There is a high degree of correspondence between this distribution and the ones generated by the frequency and influence scales reported previously. Again, the 3 items related to multiple role strain head the list. The difficulty the respondents experienced in 1) dealing with the stress created by the multiple demands on their time and energies, 2) having to balance the demands of multiple roles, and 3) managing time to meet all their obligations were singled out by a total of 36% of the respondents as the most hindering conditions present in their educational experiences. Having to work full-time, receiving too little credit for their previous nursing knowledge and experience, and having to invest a prolonged time to complete degree requirements were the next most frequently mentioned cluster of items. These conditions were singled out by an additional 25% of the respondents.

As one final way of examining the findings for the hindering conditions, Table 34 compares the relative ranking of the top 10 hindering conditions in the frequency, influence, and most hindering scales. Six (6) of the top 10 conditions from each scale are common to all three lists and, therefore, can be considered to be the most hindering of all the conditions. These, in the order of their frequency of occurrence, are:

Table 33

Conditions Identified as Most Hindering

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present Were Most Hindering N	%
17	Difficult to deal with stress of multiple demands	Situational	Multiple role strain	31	14.4
1	Had to balance demands of multiple roles	Situational	Multiple role strain	25	11.6
29	Difficult to manage time to meet all obligations	Situational	Multiple role strain	21	9.7
3	Had to work full-time	Situational	Costs	18	8.3
24	Too little credit for previous nursing knowledge/experience	Institutional	Policies and procedures	18	8.3
37	Had to invest prolonged time to complete degree requirements	Situational	Time	17	7.9
14	Nursing courses not relevant to needs	Institutional	Curriculum	11	5.1
27	Too much repetition of content in nursing courses	Institutional	Curriculum	9	4.2
4	Difficult to sustain motivation	Dispositional	Student role strain	7	3.2

Table 33 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present Were Most Hindering	
				N	%
28	Had to commute unreasonably long distance	Situational	Distance	6	2.8
31	Nursing faculty not responsive to needs of RN students	Institutional	Faculty attitudes	6	2.8
22	Expected too much of self	Dispositional	Student role strain	6	2.8
10	Financial aid not available	Institutional	Policies and procedures	5	2.3
26	People closest to me not supportive	Situational	Personal supports	5	2.3
32	Too little individualization of learning in nursing courses	Institutional	Curriculum	4	1.9
19	Difficult to deal with anger/ hostility with new values/roles	Dispositional	Student role strain	4	1.9
15	Classes, labs, office hours scheduled at inconvenient times	Institutional	Policies and procedures	3	1.4
33	Difficult to find funds for school-related expenses	Situational	Costs	3	1.4
2	Had to work part-time	Situational	Costs	2	0.9

Table 33 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present Were Most Hindering N	%
12	Lacked confidence in academic ability	Dispositional	Self-confidence	2	0.9
16	Difficult to prepare for nursing challenge exams	Dispositional	Student role strain	2	0.9
8	Co-workers not supportive	Situational	Personal supports	2	0.9
13	Too few challenge exams available in non-nursing subjects	Institutional	Policies and procedures	1	0.5
36	Difficult to learn to deal with academic system	Dispositional	Student role strain	1	0.5
30	School of Nursing did not provide support services	Institutional	Policies and procedures	1	0.5
7	Had to overcome a weak academic background	Dispositional	Student role strain	1	0.5
35	Support services not provided for adult students	Institutional	Policies and procedures	1	0.5
6	Child care difficult to arrange	Situational	Personal supports	1	0.5

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Table 33 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present Were Most Hindering N	%
23	Difficult to get used to studying again	Dispositional	Student role strain	1	0.5
20	Employer not supportive	Situational	Personal supports	1	0.5
34	Restrictive college/university review policies	Institutional	Policies and procedures	1	0.5
11	Time limits for completing degree too restrictive	Institutional	Policies and procedures	0	0
25	College/university residency requirements too restrictive	Institutional	Policies and procedures	0	0
18	Felt out of place among younger students	Dispositional	Self-confidence	0	0
21	College/university restrictions on part-time study	Institutional	Policies and procedures	0	0
5	Admission requirements inappropriate for adults	Institutional	Policies and procedures	0	0
9	General college faculty not responsive to adults	Institutional	Faculty attitudes	0	0

Table 34

Comparison of Ranks Assigned to Hindering Conditions
on the Frequency, Influence, and Most Hindering Scales

Rank	Frequency Scale (Item No.)	Items in Top Ten Ranks Influence Scale (Item No.)	Most Hindering Scale (Item No.)
1	17*	3	17
2	1*	17	1
3	29*	24	29
4	4	1	3
5	24*	29	24
6	14	37	37
7	22	27	14
8	37*	22	27
9	27*	28	4
10	23	2	28

Note: The * denotes those hindering conditions which fall within the
top 10 ranks on all three scales.

- the difficulty the respondents experienced in dealing with the
  stress created by the multiple demands on their time and
  energies
- having to balance the demands of multiple roles
- the difficulty the respondents experienced in managing time to
  meet all their obligations
- being awarded too little credit for their previous nursing
  knowledge and experience
- having to invest a prolonged period of time to complete degree
  requirements
- experiencing too much repetition of content in nursing courses

Helpfulness Scale

Fifty-two (52) helpful conditions are included in the overall
helpfulness scale (question 9 in the questionnaire). Of these, 11
conditions make up a subscale related to coping strategies. Included in
this subscale are strategies known to be effective in dealing with both
personal and situational problems common to the returning-to-school
experience. Six (6) of the conditions are included in a subcategory
labelled personal coping strategies; 5 are included in a subcategory
labelled situational coping strategies.

Eighteen (18) of the helpful conditions make up a curriculum
subscale. Nine (9) of the items are included in a subcategory labelled
accessibility/flexibility; 4 are in a content subcategory; and 5 are in
a subcategory labelled individualization.

Nine (9) of the conditions make up a subscale related to faculty attitudes. The items in the scale are broken down into two subcategories. The first subcategory includes 5 items related to direct faculty-student interactions and is labelled individual level. The second subcategory includes 4 items related to the overall attitude prevailing within the school and is labelled school level.

The remaining 14 conditions make up a subscale labelled institutional supports. Eight (8) of the items relate to support services provided by the college/university and are included in a subcategory labelled college/university. The other 6 items relate to support services provided by the school of nursing and are in a subcategory labelled school of nursing.

Cronbach's alpha was used to assess the internal consistency of the scale. An alpha coefficient of .90 was obtained for the full 52-item scale. The subscale coefficients were as follows: coping strategies, 11 items, .69; curriculum, 18 items, .73; faculty attitudes, 9 items, .75; institutional supports, 14 items, .78.

This scale has elicited information on a number of levels. In question 9 the respondents were asked to indicate whether or not the condition was present or not present in their educational experiences. Those who responded that the condition was present then indicated on a 4-point scale the extent to which the condition actually helped them in their own circumstances. Those who responded that the condition was not present estimated on the same 4-point scale the extent to which the condition would have helped them had it been part of their own

experiences. In question 10 the respondents were asked to single out the one condition that had helped them the most, and in question 11 to single out the one condition that would have helped them the most had it been present in their personal circumstances.

In effect, an analysis of the responses to these questions makes it possible to assess the extent to which the recommendations contained in the literature are actually being implemented within educational institutions and by the students themselves. It is also possible to establish which of the conditions, when present, were perceived as the most helpful and which of the conditions were perceived to have the greatest potential benefit to those who did not experience them.

Helpful Conditions Present

Table 35 rank orders the 52 helpful conditions according to the frequency with which they actually occurred within the respondents' educational experiences. Table 36 shows the data broken down according to the subscales and subcategories of the overall helpfulness scale. The mean influence rating assigned by the respondents for whom the condition was present and a second ranking of the conditions on the basis of the influence score are also included in the tables. The mean ratings ranged from a low of 2.09 to a high of 3.65 on a 4-point scale. The median score was 3.2.

Thirty-six (36) of the 52 helpful conditions were present in the educational experiences of over 50% of the respondents; 24 were present in the experiences of over 65%. Eighteen (18) of the 24 conditions

Table 35

Ratings Assigned to the Helpful Conditions Actually Present
in the Respondents' Experiences

Item No.	Abbreviated Text of Item	No Response N	Condition Present N	%	Rank	Influence Rating X̄	Rank
46	Informal RN groups a source of support with mutual concerns	1	203	93.7	1	3.65	1.5
12	Learned to plan ahead for most efficient use of time	1	203	91.4	2	3.47	6
42	Learned to have realistic expectations of self	3	199	90.5	3	3.29	20.5
48	Faculty made RNs feel welcome in the program	1	200	90.1	4	3.39	11
26	Learned not to spend energy in non-productive ways	1	190	85.6	5	3.33	14.5
52	Faculty enjoyed teaching RNs	2	189	85.5	6	3.32	17
27	Part-time study permitted during most or all of program	1	189	85.1	7	3.44	7
45	When going got rough, stepped back and focused on goal	1	188	84.7	8	3.33	14.5
3	Learned to take things one day at a time	1	183	82.4	9	3.41	8.5

Table 35 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present N	Condition Present %	Condition Present Rank	Influence Rating $\bar{X}$	Influence Rating Rank
49	Nursing program widened scope of nursing practice	1	176	79.3	10	3.25	23
25	Classes offered in evening	4	172	78.5	11	3.40	10
51	Co-workers provided encouragement/support	5	171	78.4	12	3.21	27
40	Employer flexible about work schedule	8	167	77.7	13	3.65	1.5
31	Family pitched in to help keep up with demands on time	3	167	75.9	14	3.56	4
4	Class environment where RNs could learn from each other	1	166	74.8	15	3.32	17
43	Classes offered in a block, one or two days a week	3	163	74.1	16	3.59	3
19	Program requirements very clear	3	158	71.8	17	3.36	13
16	RNs formed groups to share resources and to study together	0	155	69.5	18	3.31	19
38	Faculty asked for feedback from RNs	2	151	68.3	19	2.76	44.5
24	Nursing courses offered in summer	0	150	67.3	20	3.16	28

Table 35 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present N	%	Rank	Influence Rating X̄	Rank
22	Self-directed projects used to individualize program	2	148	67.0	21	3.24	24.5
18	One faculty identified as RN coordinator/advocate	5	143	65.6	22	3.04	35.5
29	Sequence of nursing courses was flexible, no loss of time	1	145	65.3	23.5	3.41	8.5
37	Nursing program intellectually challenging	4	143	65.3	23.5	3.24	24.5
8	Academic advisor provided sensitive support/counseling	1	141	63.5	25	3.32	17
41	Student feedback usually led to changes	3	138	62.7	26	2.81	43
36	Academic advisor readily available	4	135	61.6	27	3.05	34
30	Special class sections for RNs during most or all of program	3	132	60.0	28	3.22	26
17	Remedial assistance was available	12	119	56.4	29	2.11	51
47	RNs participated in planning own learning experiences	2	124	56.1	30	3.27	22

Table 35 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
			N	%	Rank	X̄	Rank
44	Faculty planned individualized ways to meet objectives	6	121	55.8	31	3.38	12
7	Faculty flexible about assignments and/or deadlines	4	122	55.7	32	3.29	20.5
32	Nursing program, new theoretical insights, little repetition	3	121	55.0	33	3.08	32.5
14	Contacts between generic and RN students enhanced experiences	6	116	53.5	34.5	2.76	44.5
15	Financial aid office provided counseling re funds for adults	10	114	53.5	34.5	2.40	49
50	Study guides provided to prepare for nursing challenge exams	6	111	51.2	36	2.96	41.5
2	Nursing challenge exams offered frequently	2	110	49.8	37	3.01	38
35	Faculty AD/Dip grads, empathetic/supportive as a result	8	106	49.3	38	3.04	35.5
20	Adult student information and counseling center on campus	14	101	48.3	39	2.53	48

Table 35 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
			N	%	Rank	$\bar{X}$	Rank
5	Nursing challenge could be repeated without penalty	19	96	47.1	40	2.99	39
11	Tutoring was available	8	100	46.5	41	2.27	50
1	Student services open off-hours	3	95	43.2	42	2.97	40
21	Conferences with faculty could be by phone or tape	5	87	39.9	43	3.02	37
33	Tuition bills could be paid in installments	8	83	38.6	44	3.10	31
9	RN's work setting could be used for clinical experiences	2	85	38.5	45	3.49	5
23	Transition or "bridge" course to ease entry to nursing program	3	82	37.3	46	2.63	46
28	Review classes provided for nursing challenge exams	6	72	33.2	47	3.13	30
13	Orientation provided for adults to ease entry to college	6	71	32.7	48	2.57	47
6	Classes offered off campus	2	65	29.4	49	3.14	29

Table 35 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Present N	Condition Present %	Condition Present Rank	Influence Rating X̄	Influence Rating Rank
34	Formal support groups to help transition to student role	1	55	24.8	50	2.96	41.5
39	Child care provided on campus	10	50	23.5	51	2.09	52
10	Classes offered on weekends	1	13	5.9	52	3.08	32.5

Table 36

Ratings by Subscales for the Helpful Conditions Actually Present
in the Respondents' Experiences

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Present N	Condition Present %	Rank	Influence Rating $\underline{X}$	Rank
Coping strategies								
Personal	46	Informal RN groups a source of support with mutual concerns	1	203	93.7	1	3.65	1.5
	12	Learned to plan ahead for most efficient use of time	1	203	91.4	2	3.47	6
	42	Learned to have realistic expectations of self	3	199	90.5	3	3.29	20.5
	26	Learned not to spend energy in non-productive ways	1	190	85.6	5	3.33	14.5
	45	When going got rough, stepped back and focused on goal	1	188	84.7	8	3.33	14.5
	3	Learned to take things one day at a time	1	183	82.4	9	3.41	8.5
Situational	51	Co-workers provided encouragement/ support	5	171	78.4	12	3.21	27
	40	Employer flexible about work schedule	8	167	77.7	13	3.65	1.5

Table 36 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Present N	%	Rank	Influence Rating X	Rank
	31	Family pitched in to help keep up with demands on time	3	167	75.9	14	3.56	4
	16	RNs formed groups to share resources and to study together	0	155	69.5	18	3.31	19
	14	Contacts between generic and RN students enhanced experiences	6	116	53.5	34.5	2.76	44.5
Faculty attitudes Individual level	52	Faculty enjoyed teaching RNs	2	189	85.5	6	3.32	17
	4	Class environment where RNs could learn from each other	1	166	74.8	15	3.32	17
	44	Faculty planned individualized ways to meet objectives	6	121	55.8	31	3.38	12
	7	Faculty flexible about assignments and/or deadlines	4	122	55.7	32	3.29	20.5
	35	Faculty AD/Dip grads, empathetic/ supportive as a result	8	106	49.3	38	3.04	35.5
School level	48	Faculty made RNs feel welcome in the program	1	200	90.1	4	3.39	11

Table 36 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Present N	%	Rank	Influence Rating X	Rank
	38	Faculty asked for feedback from RNs	2	151	68.3	19	2.76	44.5
	18	One faculty identified as RN coordinator/advocate	5	143	65.6	22	3.04	35.5
	41	Student feedback usually led to changes	3	138	62.7	26	2.81	43
Curriculum Accessibility/ Flexibility	27	Part-time study permitted during most or all of program	1	189	85.1	7	3.44	7
	25	Classes offered in evening	4	172	78.5	11	3.40	10
	43	Classes offered in a block, one or two days a week	3	163	74.1	16	3.59	3
	24	Nursing courses offered in summer	0	150	67.3	20	3.16	28
	29	Sequence of nursing courses was flexible, no loss of time	1	145	65.3	23.5	3.41	8.5
	21	Conferences with faculty could be by phone or tape	5	87	39.9	43	3.02	37
	9	RN's work setting could be used for clinical experiences	2	85	38.5	45	3.49	5

Table 36 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
				N	%	Rank	$\overline{X}$	Rank
	6	Classes offered off-campus	2	65	29.4	49	3.14	29
	10	Classes offered on weekends	1	13	5.9	52	3.08	32.5
Content	49	Nursing program widened scope of nursing practice	1	176	79.3	10	3.25	23
	37	Nursing program intellectually challenging	4	143	65.3	23.5	3.24	24.5
	32	Nursing program, new theoretical insights, little repetition	3	121	55.0	33	3.08	32.5
	23	Transition or "bridge" course to ease entry to nursing program	3	82	37.3	46	2.63	46
Individuali- zation	22	Self-directed projects used to individualize program	2	148	67.0	21	3.24	24.5
	30	Special class sections for RNs during most or all of program	3	132	60.0	28	3.22	26
	47	RNs participated in planning own learning experiences	2	124	56.1	30	3.27	22
	2	Nursing challenge exams offered frequently	2	110	49.8	37	3.01	38

Table 36 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Present N	%	Rank	Influence Rating X̄	Rank
	5	Nursing challenge could be repeated without penalty	19	96	47.1	40	2.99	39
Institutional supports								
College/ university	17	Remedial assistance was available	12	119	56.4	29	2.11	51
	15	Financial aid office provided counseling re funds for adults	10	114	53.5	34.5	2.40	44.5
	20	Adult student information and counseling center on campus	14	101	48.3	39	2.53	48
	11	Tutoring was available	8	100	46.5	41	2.27	50
	1	Student services open off-hours	3	95	43.2	42	2.97	40
	33	Tuition bills could be paid in installments	8	83	38.6	44	3.10	31
	13	Orientation provided for adults to ease entry to college	6	71	32.7	48	2.57	47
	39	Child care provided on campus	10	50	23.5	51	2.09	52
School of Nursing	19	Program requirements very clear	3	158	71.8	17	3.36	13

Table 36 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Present			Influence Rating	
				N	%	Rank	X	Rank
	8	Academic advisor provided sensitive support/counseling	1	141	63.5	25	3.32	17
	36	Academic advisor readily available	4	135	61.6	27	3.05	34
	50	Study guides provided to prepare for nursing challenge exams	6	111	51.2	36	2.96	41.5
	28	Review classes provided for nursing challenge exams	6	72	33.2	47	3.13	30
	34	Formal support groups to help transition to student role	1	55	24.8	50	2.96	41.5

present for over 65% of the respondents also had mean influence ratings of 3.25 or higher and, therefore, fell within the top ranks of the influence rating scale as well. These 18 helpful conditions not only influenced the largest number of respondents but were also viewed by these same respondents as the most helpful (see Table 37).

Coping strategies. Nine (9) of the items in this subscale were among the 18 highest ranking conditions.

Within the coping strategies subscale, all 6 of the conditions in the subcategory related to personal coping strategies were included among the 18 highest ranking items. Eighty-two percent (82%) to 94% of the respondents reported that they employed these personal coping strategies in their own experiences and that when employed, these strategies were among the most helpful.

Of the 52 helpful conditions, the greatest number of respondents were helped the most by the support they received in their informal contacts with other RN students. This item ranked first on both the frequency and influence scales. Present for 94% of the respondents, this item earned a rating of 3.65 on the influence scale. It was the most powerful of all the helpful conditions included in the scale. (On the influence scale the first rank was shared with one other condition. This other condition will be discussed later.)

The other strategies appearing in this subcategory were also employed by the overwhelming majority of the respondents and also received high influence ratings. Ninety-one percent (91%) of the respondents reported that they learned to plan ahead for the most

Table 37

Frequently Occurring and Highly Rated
Helpful Conditions (N = 18)

Subscale	Item No.	Abbreviated Item	Percent Present (Rank)	Influence Rating (Rank)
Coping Strategies				
Personal	46	Informal RN groups a source of support with mutual concerns	93.7 (1)	3.65 (1.5)
	12	Learned to plan ahead for most efficient use of time	91.4 (2)	3.47 (6)
	42	Learned to have realistic expectations of self	90.5 (3)	3.29 (20.5)
	26	Learned not to spend energy in non-productive ways	85.6 (5)	3.33 (14.5)
	45	When going got rough, stepped back and focused on goal	84.7 (8)	3.33 (14.5)
	3	Learned to take things one day at a time	82.4 (9)	3.41 (8.5)
Situational	40	Employer flexible about work schedule	77.7 (13)	3.65 (1.5)
	31	Family pitched in to help keep up with demands on time	75.9 (14)	3.56 (4)
	16	RNs formed groups to share resources and to study together	69.5 (18)	3.31 (19)

Table 37 (Continued)

Subscale	Item No.	Abbreviated Item	Percent Present (Rank)	Influence Rating (Rank)
Curriculum				
Accessibility/ flexibility	27	Part-time study permitted during most or all of program	85.1 (7)	3.44 (7)
	25	Classes offered in evening	78.5 (11)	3.40 (10)
	43	Classes offered in a block, one or two days a week	74.1 (16)	3.59 (3)
	29	Sequence of nursing courses was flexible, no loss of time	65.3 (23.5)	3.41 (8.5)
Content	49	Nursing program widened scope of nursing practice	79.3 (10)	3.25 (23)
Faculty attitudes				
Individual level	52	Faculty enjoyed teaching RNs	85.5 (6)	3.32 (17)
	4	Class environment where RNs could learn from each other	74.8 (15)	3.32 (17)
School level	48	Faculty made them feel welcome in the program	90.1 (4)	3.39 (11)
Institutional supports				
School of Nursing	19	Program requirements very clear	71.8 (17)	3.36 (13)

efficient use of their time. This condition ranked 6th on the influence scale. Eighty-two percent (82%) said that they learned to take things one day at a time; this condition shared the 8th rank. Eighty-six percent (86%) said they learned not to spend their time in non-productive ways; 85% said that when the going got rough, they stepped back and re-focused on their goals. These two conditions shared the 14th rank on the influence scale. Finally, 91% of the respondents reported that they learned to have realistic expectations of themselves. This condition shared the 20th rank on the influence scale.

These findings suggest that the most helpful conditions were those that helped the respondents to cope with the most hindering condition in their experiences. It is interesting to note that all of the coping strategies reported to be most helpful are directly related to how one deals with multiple role strain. Learning to manage time, to have realistic expectations of oneself, to avoid spending energy in non-productive ways, to keep focused on the goal, and to take things one day at a time are all strategies designed to minimize the psychic and physical overloads generated by the multiple demands upon their time and energies.

It is even more interesting to note that the respondents' greatest source of support came from the informal self-help groups they formed with other RN students. Of all the conditions, this source of help was the most frequently utilized and the most valued. This is an important finding of this study, one that can guide the development of educational environments in which such self-help networks can flourish.

Three (3) of the five conditions in the situational coping strategies subcategory were included among the 18 top ranking items. For 78% of the respondents the willingness of their employers to be flexible about their work schedules was the most helpful condition of all. This condition was the highest ranking item on the scale, sharing first place with the personal coping strategy discussed previously-- seeking support through informal contacts with other RN students. In addition, 76% of the respondents reported that the willingness of their families to pitch in to help them was also important. This condition ranked 4th on the influence scale. Finally, 70% said that joining together with other RNs to share resources and to study together was the 19th most helpful condition as measured on the influence scale.

These findings repeat the themes of coping with multiple role strain and the formation of self-help networks. The importance of the support of employers is an important finding. The fact that this support was present for 78% of the respondents is encouraging and refutes some of the findings of previous studies reported in the literature.

Although the condition did not appear in the top ranks of the influence scale, a large proportion of the respondents (78%) were also helped by the encouragement and support they received from their co-workers. This condition ranked 27th on the influence scale with a mean rating of 3.21. This seems to refute the finding reported by Hillsmith (1978) that RN students often encountered hostility and a lack of cooperation among their co-workers when they returned to school.

Contacts between generic and RN students, when occurring, were not viewed as particularly helpful. This condition was present for over 50% of the respondents, but shared the 44th rank on the influence scale. These contacts between the traditional generic students and the non-traditional RN students have been cited as one advantage accruing to RNs who enroll in generic programs. The perceptions of the respondents in this study do not seem to support this view.

Curriculum. Five (5) of the items in the curriculum subscale were among the 18 highest ranking items.

Within the curriculum subscale, 4 of the 9 conditions related to the accessibility/flexibility of the program were included among the top ranking items. Eighty-five percent (85%) of the respondents reported that they could attend school part-time. When present, this condition ranked 7th on the influence scale. Seventy-nine percent (79%) reported that they had evening classes; 74% reported that their classes were offered in a block, one or two days a week. When present, these conditions ranked 10th and 3rd on the influence scale. Sharing the 8th rank on the influence scale, 65% reported that the sequence of their courses was flexible enough to permit them to complete the program without unnecessary loss of time.

One other of the conditions in the accessibility/flexibility subcategory was present in the educational experiences of over 65% of the respondents but did not receive sufficiently high influence ratings to be included among the 18 top ranking items. Sixty-seven percent (67%) of the respondents reported that their nursing courses were

offered in the summer. This condition, when present, ranked 28th on the influence scale.

Conversely, one item in this subcategory was present for only 39% of the respondents, but when present received a high influence rating. For those respondents who had the opportunity to use their work setting for clinical experiences, this condition ranked 5th on the influence scale.

These findings are also encouraging. The majority of the respondents had the opportunity to study part-time and had access to evening and summer classes in which block scheduling was utilized. The sequence of the courses provided was also flexible enough to permit completion of the program without unnecessary loss of time. Again, this picture is more positive than that reported in the literature, signalling marked improvements in the way educational institutions serve RN students.

In the subcategory of the curriculum subscale labelled content, only 1 of the 4 items was included among the 18 highest ranking items. Seventy-nine percent (79%) of the respondents reported that their nursing programs widened the scope of their practice. When present, this condition ranked 23rd on the influence scale.

One other of the conditions in this subcategory was included in the highest ranks with respect to the frequency with which it was present, but did not have a sufficiently high influence rating to be included among the 18 top ranking conditions. Sixty-five percent (65%) of the respondents reported that their nursing programs were

intellectually challenging. This condition, when present, ranked 24th on the influence scale. Though not included in the top ranks of either scale, one other item was reported to be present in the experiences of over one-half of the respondents and seems worthy of mention. Fifty-five percent (55%) of the respondents reported that their programs provided new theoretical insights without undue repetition.

None of the items in the subcategory of the curriculum scale labelled individualization was included among the 18 top ranking items. However, one item was included in the top ranks on the frequency scale and another was included in the top ranks of the influence scale.

Sixty-seven percent (67%) of the respondents reported that self-directed projects were used to individualize their programs. This condition, when present, shared the 24th rank on the influence scale. Conversely, only 56% of the respondents reported that they had the opportunity to participate in planning their own learning experiences. When present, this item ranked 22nd on the influence scale.

It is difficult to reconcile these findings with the relatively high scores assigned to the curriculum items on the hindrance scale. When evaluating the extent to which they were hindered by certain characteristics of their program offerings, the majority of the respondents reported that the courses were not relevant to their needs, were too repetitive of what they already knew and provided too little individualization of their learning experiences. Yet, here, the majority reported that their programs were intellectually challenging, provided new theoretical insights with little repetition and that

mechanisms were provided to individualize their learning experiences.

It may be that the items included in the questionnaire do not represent a sufficient range of curriculum conditions to tap into the respondents' major concerns. Some other constellation of curriculum conditions, if included in the questionnaire, might have increased its sensitivity in assessing the true nature of the balance between the hindering and helpful curriculum forces. Alternately, it may be that, although the respondents' programs had desirable characteristics that addressed some of their concerns, the effect of these was not sufficient to counterbalance their more powerful negative perception of the overall impact of the curriculum on their experiences. Other explanations may be equally valid. Further investigation will be required to resolve the conflict.

Faculty attitudes. Three (3) of the items in the faculty attitude subscale were among the 18 highest ranking items.

In the subcategory labelled individual level, in which the items were related to direct student-faculty interactions, 2 of the 5 conditions were included among the 18 top ranking conditions. Eighty-six percent (86%) of the respondents reported that their faculty enjoyed teaching RN students and that this was a positive influence in their educational experiences. This condition ranked 17th on the influence scale. The second condition in this subcategory to be included among the 18 top ranking items shared the 17th rank on the influence scale with the preceding item. Seventy-five percent (75%) of the respondents reported that they were helped when their faculty provided a classroom

environment where the RN students could learn from each other.

Of the remaining 3 conditions within this subcategory, 2 were included in the top ranks on the influence scale but did not occur with sufficient frequency to be included among the 18 conditions with the highest overall rankings. First, although only 56% of the respondents had experiences in which their faculty planned individualized ways to meet objectives, when present, this condition ranked 12th on the influence scale. Second, when faculty were willing to be flexible about assignments and deadlines, present for 56% of the respondents, this condition ranked 20th on the influence scale.

In the subcategory labelled school level, in which the items were related to the overall attitude prevailing within the school of nursing, 1 of the 4 conditions was included among the top ranking 18 items. Ninety percent (90%) of the respondents reported that their faculty made them feel welcome in the program. This item ranked 11th on the influence scale.

Of the remaining 3 conditions within this subcategory, 2 were present in the educational experiences of over 65% of the respondents but did not receive sufficiently high influence ratings to be included among the 18 top ranking items. Sixty-eight percent (68%) of the respondents reported that their faculty asked for feedback from RN students through such mechanisms as student representation on committees and regularly scheduled student meetings. Sixty-six percent (66%) reported that, in their schools, one faculty member had been identified as the RN student coordinator/advocate. These conditions, though

frequently present, ranked 49th and 35th on the influence scale.

These findings suggest that having a welcoming and responsive educational environment was very important to the respondents and that these conditions helped them in their return to school. In particular, the respondents reported being helped by the positive attitudes and adult-oriented teaching approaches of their faculty. Having an educational environment where the faculty enjoyed teaching RNs and made them feel welcome, where the students could learn from each other as well as the faculty, where the learning experiences were individualized, and where assignments and deadlines were flexible, contributed positively to their experiences. Of lesser influence, but also viewed as helpful, were the mechanisms their faculty put in place at the school level, to provide for feedback and support.

It is encouraging to note that these conditions were present for the majority of the respondents. This is a positive finding of this study signalling a marked improvement in both the attitudes and teaching approaches that faculty bring to their interactions with RN students. The picture presented here is a far more positive one than has been presented in the findings of previous studies.

Institutional supports. Only 1 of the items in the institutional support subscale was included among the 18 top ranking items.

None of the 8 items describing the institutional supports provided to all adult students on the campus was included among the top ranks on either the frequency or influence scales. These conditions were the least available of any of the educational conditions, but also were the

least valued even when they were present.

One (1) of the 6 items describing the institutional supports provided by the school of nursing was included among the 18 highest ranking items. Seventy-two percent (72%) of the respondents reported that their program requirements were very clear. When present, this item ranked 13th on the influence scale.

The remainder of the items in this subcategory were present for less than 65% of the respondents. However, one had a sufficiently high influence rating to be included among the top ranking items on the influence scale. Sixty-four percent (64%) of the respondents reported that their academic advisors provided sensitive support and counseling. When present, this condition ranked 17th on the influence scale.

Most Helpful of Conditions Present

Table 38 presents the frequency distribution for the responses to question 10 in the questionnaire. This question asked the respondents to identify the single most helpful condition actually present in their educational experiences. There is a high degree of correspondence between the distribution of these responses and the ones generated by the frequency and influence scales reported previously. Again, the item related to the support received in informal contacts with other RN students heads the list. The help provided by families in keeping up with the demands on their time and their employers' willingness to be flexible about their work schedules ranked 2nd and 3rd, respectively. These 3 items were singled out by a total of 41% of the respondents as

Table 38

Conditions Identified as Most Helpful When Present

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present, Helped the Most N	%
46	Informal RN groups a source of support with mutual concerns	Coping strategies	Personal	41	19
31	Family pitched in to help keep up with demands on time	Coping strategies	Situational	28	13.0
40	Employer flexible about work schedule	Coping strategies	Situational	22	10.2
27	Part-time study permitted during most or all of program	Curriculum	Accessibility/ flexibility	18	8.3
3	Learned to take things one day at a time	Coping strategies	Personal	12	5.6
43	Classes offered in a block, one or two days a week	Curriculum	Accessibility flexibility	11	5.1
49	Nursing program widened scope of nursing practice	Curriculum	Content	7	3.2
25	Classes offered in evening	Curriculum	Accessibility flexibility	6	2.8

Table 38 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present, Helped the Most	
				N	%
48	Faculty made RNs feel welcome in the program	Faculty attitudes	School level	6	2.8
12	Learned to plan ahead for most efficient use of time	Coping strategies	Personal	5	2.3
8	Academic advisor provided sensitive support/counseling	Institutional supports	School of Nursing	5	2.3
45	When going got rough, stepped back and focused on goal	Coping strategies	Personal	5	2.3
29	Sequence of nursing courses was flexible, no loss of time	Curriculum	Accessibility/ flexibility	4	1.9
26	Learned not to spend energy in non-productive ways	Coping strategies	Personal	4	1.9
4	Class environment where RNs could learn from each other	Faculty attitudes	Individual level	4	1.9
51	Co-workers provided encouragement/support	Coping strategies	Situational	3	1.4
16	RNs formed groups to share resources and to study together	Coping strategies	Situational	3	1.4

Table 38 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present, Helped the Most N	%
42	Learned to have realistic expectations of self	Coping strategies	Personal	3	1.4
37	Nursing program intellectually challenging	Curriculum	Content	3	1.4
28	Review classes provided for nursing challenge exams	Institutional supports	School of Nursing	2	0.9
19	Program requirements very clear	Institutional supports	School of Nursing	2	0.9
33	Tuition bills could be paid in installments	Institutional supports	College/university	2	0.9
44	Faculty planned individualized ways to meet objectives	Faculty attitudes	Individual level	2	0.9
22	Self-directed projects used to individualize program	Curriculum	Individualization	2	0.9
9	RN's work setting could be used for clinical experiences	Curriculum	Accessibility/ flexibility	2	0.9
2	Nursing challenge exams offered frequently	Curriculum	Individualization	2	0.9

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Table 38 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present, Helped the Most	
				N	%
30	Special class sections for RNs during most or all of program	Curriculum	Individualization	1	0.5
7	Faculty flexible about assignments and/or deadlines	Faculty attitudes	Individual level	7	0.5
34	Formal support groups to help transition to student role	Institutional supports	School of Nursing	1	0.5
6	Classes offered off-campus	Curriculum	Accessibility/ flexibility	1	0.5
35	Faculty AD/Dip grads, empathetic/ supportive as a result	Faculty attitudes	Individual level	1	0.5
52	Faculty enjoyed teaching RNs	Faculty attitudes	Individual level	1	0.5
20	Adult student information and counseling center on campus	Institutional supports	College/university	1	0.5
14	Contacts between generic and RN students enhanced experiences	Coping strategies	Situational	1	0.5
18	One faculty identified as RN coordinator/advocate	Faculty attitudes	School level	1	0.5

Table 38 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present, Helped the Most N	%
13	Orientation provided for adults to ease entry to college	Institutional supports	College/university	1	0.5
5	Nursing challenge could be repeated without penalty	Curriculum	Individualization	5	0.5
32	Nursing program, new theoretical insights, little repetition	Curriculum	Content	1	0.5
1	Student services open off-hours	Institutional supports	College/university	0	0
24	Nursing courses offered in summer	Curriculum	Accessibility/flexibility	0	0
41	Student feedback usually led to changes	Faculty attitudes	School level	0	0
39	Child care provided on campus	Institutional supports	College/university	0	0
10	Classes offered on weekends	Curriculum	Accessibility/flexibility	0	0
23	Transition or "bridge" course to ease entry to nursing program	Curriculum	Content	0	0

Table 38 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	When Present, Helped the Most N	%
38	Faculty asked for feedback from RNs	Faculty attitudes	School level	0	0
15	Financial aid office provided counseling re funds for adults	Institutional supports	College/university	0	0
47	RNs participated in planning own learning experiences	Curriculum	Individualization	0	0
17	Remedial assistance was available	Institutional supports	College/university	0	0
11	Tutoring was available	Institutional supports	College/university	0	0
50	Study guides provided to prepare for nursing challenge exams	Institutional supports	School of Nursing	0	0
36	Academic advisor readily available	Institutional supports	School of Nursing	0	0
21	Conferences with faculty could be by phone or tape	Curriculum	Accessibility/ flexibility	0	0

the most helpful conditions actually present in their educational experiences.

As a final way of examining the findings for the helpful conditions actually present within the respondents' educational experiences, Table 39 compares the relative ranking of the top 15 helpful conditions on the frequency, influence, and most helpful scales. Ten (10) of the top 15 conditions from each scale are common to all three lists. These, in the order of their frequency of occurrence, are:

- the support they received in their informal contacts with other RN students
- learning to plan ahead for the most efficient use of their time
- faculty made RNs feel welcome in the program
- learning not to spend energy in non-productive ways
- part-time study was permitted during most or all of the program
- learning to step back and re-focus on their goal when the going got rough
- learning to take things one day at a time
- classes were offered in the evening
- their employers were flexible about their work schedules
- their families pitched in to help them keep up with the demands on their time

Table 39

Comparison of Ranks Assigned to the Helpful Conditions
on the Frequency, Influence and Most Helpful Scales

Rank	Frequency Scale (Item No.)	Influence Scale (Item No.)	Most Helpful Scale (Item No.)
1	46*	46	46
2	12*	40	31
3	42	43	40
4	48*	31	27
5	26*	9	3
6	52	12	43
7	27*	27	49
8	45*	29	25
9	3*	3	48
10	49	25	12
11	25*	48	8
12	51	44	45
13	40*	19	29
14	31*	26	26
15	4	45	4

Note: * indicates those helpful conditions which fell within the top 15
ranks on all three scales.

Helpful Conditions Not Present

Table 40 rank orders the helpful conditions according to the frequency with which they were absent within the respondents' educational experiences. The respondents' estimation of the potential benefit of each condition is also presented. Table 41 shows the data broken down according to the subscales and subcategories of the overall helpfulness scale. The mean influence rating projected by the respondents for whom the condition was absent, and a second ranking of the condition on the basis of this projected influence score, are reported in the tables. These mean ratings ranged from a low of 1.7 to a high of 3.45 on a 4-point scale. The median score was 2.86.

Sixteen (16) of the 52 helpful conditions were absent within the educational experiences of 50% of the respondents. Of these, 4 conditions were absent in the experiences of over 70%. Weekend and off-campus classes, campus-based child-care services and formal support groups to assist in the transition to the student role were the least available of all the helpful conditions.

It is interesting to note, however, that all but 1 of the 16 infrequently occurring conditions had less than a 3.0 mean influence score and therefore fell within the lower ranks of the projected influence scale. The one exception to this was item nine. Sixty-two percent (62%) of the respondents were unable to report that their work settings could be used for clinical experiences. However, these respondents assigned a mean influence score of 3.12 to this condition placing it in the 18th rank on the projected influence scale. The large

Table 40

Conditions That Would Have Helped

Item No.	Abbreviated Text of Item	No Response N	Condition Not Present N	%	Rank	Projected Influence Rating $\bar{X}$	Rank
10	Classes offered on weekends	1	209	94.1	1	2.34	44
39	Child care provided on campus	10	163	76.5	2	1.93	51
34	Formal support groups to help transition to student role	1	167	75.2	3	2.71	34
6	Classes offered off-campus	2	156	70.6	4	1.97	50
13	Orientation provided for adults to ease entry to college	6	146	67.3	5	2.49	40
28	Review classes provided for nursing challenge exams	6	145	66.8	6	2.94	23.5
23	Transition or "bridge" course to ease entry to nursing program	3	138	62.7	7	2.51	39
9	RN's work setting could be used for clinical experience	2	136	61.5	8	3.12	18
33	Tuition bills could be paid in installments	8	132	61.4	9	2.79	30

Table 40 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Not Present N	%	Rank	Projected Influence Rating X̄	Rank
21	Conferences with faculty could be by phone or tape	5	131	60.1	10	2.25	45.5
1	Student services open off-hours	3	125	56.8	11	2.60	37
11	Tutoring was available	8	115	53.5	12	2.01	49
5	Nursing challenge could be repeated without penalty	19	108	52.9	13	2.78	31
20	Adult student information and counseling center on campus	14	108	51.7	14	2.39	43
35	Faculty AD/Dip grads, empathetic/ supportive as a result	8	109	50.7	15	2.77	32.5
2	Nursing challenge exams offered frequently	2	111	50.2	16	2.62	35
50	Study guides provided to prepare for nursing challenge exams	6	106	48.8	17	2.83	27
14	Contacts between generic and RN students enhanced experiences	6	101	46.5	18.5	1.70	52
15	Financial aid office provided counseling re funds for adults	10	99	46.5	18.5	2.80	29

Table 40 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
			N	%	Rank	$\bar{X}$	Rank
32	Nursing program, new theoretical insights, little repetition	3	99	45.0	20	3.24	12
7	Faculty flexible about assignments and/or deadlines	4	97	44.3	21	3.10	19
44	Faculty planned individualized ways to meet objectives	6	96	44.2	22	3.38	3
47	RNs participated in planning own learning experiences	2	97	43.9	23	3.28	9.5
17	Remedial assistance was available	12	92	43.6	24	2.18	47
30	Special class sections for RNs during most or all of program	3	88	40.0	25	2.25	45.5
36	Academic advisor readily available	4	84	38.4	26	2.98	22
41	Student feedback usually led to changes	3	82	37.3	27	3.18	15
8	Academic advisor provided sensitive support/counseling	1	81	36.5	28	3.28	9.5
29	Sequence of nursing courses was flexible, no loss of time	1	77	34.7	29.5	3.16	16.5

Table 40 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
			N	%	Rank	$\overline{X}$	Rank
37	Nursing program intellectually challenging	4	76	34.7	29.5	3.34	5.5
18	One faculty identified as RN coordinator/advocate	5	75	34.4	31	2.88	26
22	Self-directed projects used to individualize program	2	73	33.0	32	2.92	25
24	Nursing courses offered in summer	0	73	32.7	33	2.82	28
38	Faculty asked for feedback from RNs	2	70	31.7	34	3.09	20
16	RNs formed groups to share resources and to study together	0	68	30.5	35	2.43	41
19	Program requirements very clear	3	62	28.2	36	3.34	5.5
43	Classes offered in a block, one or two days a week	3	57	25.9	37	3.20	13.5
4	Class environment where RNs could learn from each other	1	56	25.2	38	3.16	16.5
31	Family pitched in to help keep up with demands on time	3	53	24.1	39	2.61	36

Table 40 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
			N	%	Rank	X̄	Rank
40	Employer flexible about work schedule	8	48	22.3	40	3.04	21
51	Co-workers provided encouragement/support	5	47	21.6	41	2.77	32.5
25	Classes offered in evening	4	47	21.5	42	3.20	13.5
49	Nursing program widened scope of nursing practice	1	46	20.7	43	2.59	38
3	Learned to take things one day at a time	1	39	17.6	44	3.45	1
45	When going got rough, stepped back and focused on goal	1	34	15.3	45	2.94	23.5
27	Part-time study permitted during most or all of program	1	33	14.9	46	3.31	7
52	Faculty enjoyed teaching RNs	2	32	14.5	47	3.39	2
26	Learned not to spend energy in non-productive ways	1	32	14.4	48	2.42	42
48	Faculty made RNs feel welcome in the program	1	22	9.9	49	3.36	4
42	Learned to have realistic expectations of self	3	21	9.5	50	3.30	8

Table 40 (Continued)

Item No.	Abbreviated Text of Item	No Response N	Condition Not Present N	Condition Not Present %	Condition Not Present Rank	Projected Influence Rating $\overline{X}$	Projected Influence Rating Rank
12	Learned to plan ahead for most efficient use of time	1	19	8.6	51	3.26	11
46	Informal RN groups a source of support with mutual concerns	1	14	6.3	52	2.14	48

Table 41

Conditions That Would Have Helped by Subscales

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
				N	%	Rank	$\overline{X}$	Rank
Coping strategies								
Personal	3	Learned to take things one day at a time	1	39	17.6	44	3.45	1
	45	When going got rough, stepped back and focused on goal	1	34	15.3	45	2.94	23.5
	26	Learned not to spend energy in non-productive ways	1	32	14.4	48	2.42	42
	42	Learned to have realistic expectations of self	3	21	9.5	50	3.30	8
	12	Learned to plan ahead for most efficient use of time	1	19	8.6	51	3.26	11
	46	Informal RN groups a source of support with mutual concerns	1	14	6.3	52	2.14	48
Situational	14	Contacts between generic and RN students enhanced experiences	6	101	46.5	18.5	1.70	52
	16	RNs formed groups to share resources and to study together	0	68	30.5	35	2.43	41

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Table 41 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
				N	%	Rank	$\bar{X}$	Rank
	31	Family pitched in to help keep up with demands on time	3	53	24.1	39	2.61	36
	40	Employer flexible about work schedule	8	48	22.3	40	3.04	21
	51	Co-workers provided encouragement/support	5	47	21.6	41	2.77	32.5
Faculty attitudes Individual level	35	Faculty AD/Dip grads, empathetic/ supportive as a result	8	109	50.7	15	2.77	32.5
	7	Faculty flexible about assignments and/or deadlines	4	97	44.3	21	3.10	19
	44	Faculty planned individualized ways to meet objectives	6	96	44.2	22	3.38	3
	4	Class environment where RNs could learn from each other	1	56	25.2	38	3.16	16.5
	52	Faculty enjoyed teaching RNs	2	32	14.5	47	3.39	2

Table 41 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
				N	%	Rank	$\overline{X}$	Rank
School level	41	Student feedback usually led to changes	3	82	37.3	27	3.18	15
	18	One faculty identified as RN coordinator/advocate	5	75	34.4	31	2.88	26
	38	Faculty asked for feedback from RNs	2	70	31.7	34	3.09	20
	48	Faculty made RNs feel welcome in the program	1	22	9.9	49	3.36	4
Curriculum Accessi- bility/ flexibility	10	Classes offered on weekends	1	209	94.1	1	2.34	44
	6	Classes offered off-campus	2	156	70.6	4	1.97	50
	9	RN's work setting could be used for clinical experiences	2	136	61.5	8	3.12	18
	21	Conferences with faculty could be by phone or tape	5	131	60.1	10	2.25	45.5
	29	Sequence of nursing courses was flexible, no loss of time	1	77	34.7	29.5	3.16	16.5

Table 41 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Not Present N	Condition Not Present %	Condition Not Present Rank	Projected Influence Rating $\bar{X}$	Projected Influence Rating Rank
	24	Nursing courses offered in summer	0	73	32.7	33	2.82	28
	43	Classes offered in a block, one or two days a week	3	57	25.9	37	3.20	13.5
	25	Classes offered in evening	4	47	21.5	42	3.20	13.5
	27	Part-time study permitted during most or all of program	1	33	14.9	46	3.31	7
Content	23	Transition or "bridge" course to ease entry to nursing program	3	138	62.7	7	2.51	39
	32	Nursing program, new theoretical insights, little repetition	3	99	45.0	20	3.24	12
	37	Nursing program intellectually challenging	4	76	34.7	29.5	3.34	5.5
	49	Nursing program widened scope of nursing practice	1	46	20.7	43	2.59	38
Individuali- zation	5	Nursing challenge could be repeated without penalty	19	108	52.9	13	2.78	31

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Table 41 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Not Present			Projected Influence Rating	
				N	%	Rank	$\bar{X}$	Rank
	2	Nursing challenge exams offered frequently	2	111	50.2	16	2.62	35
	47	RNs participated in planning own learning experiences	2	97	43.9	23	3.28	9.5
	30	Special class sections for RNs during most or all of program	3	88	40.0	25	2.25	45.5
	22	Self-directed projects used to individualize program	2	73	33.0	32	2.92	25
Institutional supports College/ university	39	Child care provided on campus	10	163	76.5	2	1.93	51
	13	Orientation provided for adults to ease entry to college	6	146	67.3	5	2.49	40
	33	Tuition bills could be paid in installments	8	132	61.4	9	2.79	30
	1	Student services open off-hours	3	125	56.8	11	2.60	37
	11	Tutoring was available	8	115	53.5	12	2.01	49

Table 41 (Continued)

Subscale	Item No.	Abbreviated Text of Item	No Response N	Condition Not Present N	%	Rank	Projected Influence Rating X̄	Rank
	20	Adult student information and counseling center on campus	14	108	51.7	14	2.39	43
	15	Financial aid office provided counseling re funds for adults	10	99	46.5	18.5	2.80	29
	17	Remedial assistance was available	12	92	43.6	24	2.18	47
School of Nursing	34	Formal support groups to help transition to student role	1	167	75.2	3	2.71	34
	28	Review classes provided for nursing challenge exams	6	145	66.8	6	2.94	23.5
	50	Study guides provided to prepare for nursing challenge exams	6	106	48.8	17	2.83	27
	36	Academic advisor readily available	4	84	38.4	26	2.98	22
	8	Academic advisor provided sensitive support/counseling	1	81	36.5	28	3.28	9.5
	19	Program requirements very clear	3	62	28.2	36	3.34	5.5

number of respondents who did not experience this condition reported that if it had been present, it would have enhanced their educational experiences.

With the exception of campus-based child-care services which had mean influence ratings lower than 2.0, all of the other frequently absent conditions had mean influence ratings ranging from 2.01 to 2.94. These conditions were viewed by the respondents as having only slight to moderate potential benefit. These conditions are: 1) weekend classes, 2) formal support groups to help with the transition to the student role, 3) orientation programs for adult students to ease their transition to college, 4) review classes for nursing challenge examinations, 5) a transition or "bridge" course for RN students to ease their entry to the nursing program, 6) installment payments for tuition bills, 7) conferences with faculty by phone or tape, 8) off-hour scheduling for student services, 9) tutoring, 10) penalty-free policies for repeating nursing challenge exams, 11) an adult-oriented student information and counseling center, 12) faculty who were former diploma and associate degree graduates and were more empathetic as a result, and 13) frequently scheduled nursing challenge exams.

However, 21 of the 52 helpful conditions were viewed to have high potential benefit by those who did not experience them. These items were awarded mean influence scores of 3.0 or higher on the projected influence scale. The respondents reported that if these conditions had been present, their experiences would have been moderately to greatly enhanced (see Table 42).

Table 42

Helpful Conditions with the Highest
Projected Influence Ratings (N = 21)

Subscale	Item No.	Abbreviated Item	Percent not Present (Rank)	Projected Influence Rating (Rank)
Curriculum				
Accessibility/ flexibility	27	Part-time study permitted during most or all of program	14.9 (46)	3.31 (7)
	43	Classes offered in a block, one or two days a week	25.9 (37)	3.20 (13.5)
	25	Classes offered in evening	21.5 (42)	3.20 (13.5)
	29	Sequence of nursing courses was flexible, no loss of time	34.7 (29.5)	3.16 (16.5)
	9	RNs work setting could be used for clinical experiences	61.5 (8)	3.12 (18)
Content	37	Nursing program intellectually challenging	34.7 (29.5)	3.34 (5.5)
	32	Nursing program, new theoretical insights, little repetition	45 (20)	3.24 (12)
Individualization	47	RNs participated in planning own learning experiences	43.9 (23)	3.28 (9.5)
Faculty attitudes				
Individual level	52	Faculty enjoyed teaching RNs	14.5 (47)	3.39 (2)

Table 42 (Continued)

Subscale	Item No.	Abbreviated Item	Percent not Present (Rank)	Projected Influence Rating (Rank)
	44	Faculty planned individualized ways to meet objectives	44.2 (22)	3.38 (3)
	7	Faculty flexible about assignments and/or deadlines	44.3 (21)	3.10 (19)
	4	Class environment where RNs could learn from each other	25.2 (38)	3.16 (16.5)
School level	48	Faculty made RNs feel welcome in the program	9.9 (49)	3.36 (4)
	41	Student feedback usually led to changes	37.3 (27)	3.18 (15)
	38	Faculty asked for feedback from RNs	31.7 (34)	3.09 (20)
Coping strategies				
Personal	3	Learned to take things one day at a time	17.6 (44)	3.45 (1)
	42	Learned to have realistic expectations of self	9.5 (50)	3.30 (8)
	12	Learned to plan ahead for most efficient use of time	8.6 (51)	3.26 (11)
Situational	40	Employer flexible about work schedule	22.3 (40)	3.04 (21)

Table 42 (Continued)

Subscale	Item No.	Abbreviated Item	Percent not Present (Rank)	Projected Influence Rating (Rank)
Institutional supports				
School of Nursing	19	Program requirements very clear	28.2 (36)	3.34 (5.5)
	8	Academic advisor provided sensitive support/counseling	36.5 (28)	3.28 (9.5)

Curriculum. Eight (8) of the conditions within the curriculum subscale were included among the 21 highest ranking items on the projected influence scale.

In the accessibility/flexibility subcategory of the curriculum subscale, 5 of the 9 conditions were included among the 21 highest ranking items on the projected influence scale. Fifteen percent (15%) could not report that part-time study was permitted during most or all of the program. For this limited number of respondents this condition was highly desirable, ranking 7th on the projected influence scale.

Twenty-six percent (26%) of the respondents could not report that their classes were offered in a block one or two days a week; 22% could not report having evening classes. These conditions shared the 13th rank on the projected influence scale. Thirty-five percent (35%) could not report that the sequence of nursing courses was flexible enough to permit completion of the program with no unnecessary loss of time; 62%, as noted previously, could not report that their work setting could be used for clinical experiences. These two conditions ranked 16th and 18th on the projected influence scale.

These findings, along with those reported previously by the respondents for whom the condition was present, strongly affirm that conditions to enhance the accessibility and flexibility of programs are highly valued. The message seems to be that, yes, these conditions help, and where they do not already exist, efforts should be made to provide them.

In the content subcategory of the curriculum scale, 2 of the 4 conditions were included among the top 21 highest ranking items on the projected influence scale. Thirty-five percent (35%) of the respondents could not report that their nursing programs were intellectually challenging. For this relatively large number of respondents, this condition was among the most highly desirable, ranking 5th on the projected influence scale. Forty-five percent (45%) could not report that their nursing programs provided new theoretical insights without undue repetition of what they already knew. This condition ranked 12th on the projected influence scale.

In the individualization subcategory of the curriculum subscale, only 1 of the 5 conditions was included among the top 21 highest ranking items on the projected influence scale. Forty-four percent (44%) of the respondents could not report that they participated in planning their own learning experiences. This condition ranked 9th on the projected influence scale.

For the 35% to 45% of the respondents who could not report the presence of these conditions, having a program that was intellectually challenging, that provided new theoretical insights without undue repetition, and in which they could participate actively in planning their own experiences, would have enhanced their experiences greatly. Although these findings do not resolve the apparent conflict in the findings for the curriculum items on the hindrance and helpfulness scales reported previously, they do point a clear direction for improvements that would enhance the experiences of many RN students.

Faculty attitudes. Seven (7) of the conditions within the faculty attitudes subscale were included among the 21 highest ranking items on the projected influence scale.

In the subcategory labelled individual level, in which the items were related to direct student-faculty interactions, 4 of the 5 conditions were among the top ranking items on the projected influence scale. Fifteen percent (15%) of the respondents could not report that their faculty enjoyed teaching RNs. For this limited number of respondents, this condition was among the most highly desirable, ranking second on the projected influence scale.

Forty-four percent (44%) of the respondents could not report that their faculty planned individualized ways for them to meet objectives. This condition ranked 3rd on the projected influence scale. Forty-four percent (44%) of the respondents could not report that their faculty were flexible about assignments and deadlines; 25% could not report that their faculty provided a classroom environment where RN students could learn from each other. These conditions ranked 19th and 16th on the projected influence scale.

In the subcategory labelled school level, in which the items were related to the overall attitude prevailing within the school of nursing, 3 of the 4 conditions were among the top ranking items on the projected influence scale. Ten percent (10%) of the respondents could not report that the faculty in their schools made RN students feel welcome in the program. For this limited number of respondents this condition was among the most highly desirable, ranking 4th on the projected influence

scale.

Thirty-seven percent (37%) of the respondents could not report that student feedback usually led to changes; 32% could not report that their faculty asked for feedback from students. These conditions ranked 15th and 20th on the projected influence scale.

These findings suggest that when the respondents perceived their faculty to be unwelcoming or unresponsive, a reversal of these attitudes would have contributed greatly in improving their experiences. They wanted an environment where the faculty enjoyed teaching RNs and made them feel welcome, where their learning experiences were individualized, where the assignments and deadlines were flexible, and where they could learn from each other as well as from the teacher. In addition, they wanted their faculty to ask them for feedback and to see that the feedback led to changes. The value the respondents placed on these conditions echoes the sentiments of their peers for whom the conditions were present.

Coping strategies. Four (4) of the conditions within the coping strategies subscale were included among the 21 highest ranking items on the projected influence scale.

In the personal coping strategies subcategory of the coping strategies subscale, 3 of the 6 conditions were included among the 21 highest ranking items on the projected influence scale. Eighteen percent (18%) of the respondents could not report that they learned to take things one day at a time as one way of coping with their experiences. For these respondents, this condition was the most

important condition of all, ranking 1st on the projected influence scale.

Ten percent (10%) of the respondents could not report that they had learned to have realistic expectations of themselves; 9% could not report that they had learned to plan ahead for the most efficient use of their time. These conditions ranked 8th and 11th on the projected influence scale.

In the situational coping strategies subcategory of the coping strategies subscale only 1 of the 5 conditions was included among the 21 highest ranking items on the projected influence scale. Twenty-two percent (22%) of the respondents could not report that their employers were flexible about their work schedules. This condition ranked 21st on the projected influence scale.

These findings, along with those reported previously by the respondents for whom the conditions were present, strongly affirm that these personal and situational coping strategies are highly valued. The message seems to be that, yes, learning to take things one day at a time, learning to have realistic expectations of oneself, and planning ahead for the most efficient use of time are very effective personal coping strategies, and that helping students to master them would enhance their experiences. Further, it would seem that the support of employers in providing a flexible work schedule is invaluable, and that efforts should be made to encourage both the continuation and expansion of such support.

Institutional supports. Only 2 of the conditions within the institutional supports subscale were included among the 21 highest ranking items on the projected influence scale.

None of the conditions in the college/university subcategory of the institutional supports subscale was included among the top 21 ranks of the projected influence scale. These 8 conditions, however, were more frequently absent than were the conditions in other subscales or subcategories of the overall helpfulness scale. From 44% to 77% of the respondents could not report that these conditions were present in their personal circumstances. The mean influence ratings assigned to these conditions ranged from 1.93 to 2.80, indicating that they were viewed as slightly to moderately desirable.

Two (2) of the 6 conditions in the school of nursing subcategory of the institutional supports subscale were included among the top 21 ranks of the projected influence scale. Twenty-eight percent (28%) of the respondents could not report that their program requirements were very clear. For this relatively large number of respondents, this condition was among the most highly desirable, sharing the 5th rank on the projected influence scale. Thirty-seven percent (37%) could not report that their academic advisors provided sensitive support or counseling. For these respondents, this condition shared the 9th rank on the projected influence scale. It would appear that efforts to provide these two educational conditions would enhance the experiences of a considerable number of RN students.

Conditions Projected to be Most Helpful

Table 43 presents the frequency distribution for the responses to question 11 in the questionnaire. This question asked the respondents to identify which one of the conditions that had been absent in their educational experiences would have helped them the most if it had been available. One of the first observations to be made about this distribution is to note the weak clustering of responses. None of the items was selected by more than 9% of the respondents. As a result, the findings are relatively homogeneous; none of the items stands out as a strong front runner.

The item related to the use of their work setting for clinical experiences, selected by 9% of the respondents, headed the list of conditions having the greatest potential benefit. Gaining new theoretical insights with little repetition, having faculty who would plan individualized ways for them to meet objectives, being able to participate in planning their own learning experiences, and having their employer be flexible about their work schedules were identified by between 5% and 8% of the respondents as the next most beneficial conditions. It must be noted, however, that these 5 items were singled out by only one-third or 33% of the respondents. The remaining respondents spread their selections over 37 of the remaining 47 items.

As a final way of examining the conditions projected to be most helpful by the respondents who did not experience them, Table 44 compares the relative ranking of the top 15 conditions on the frequency, projected influence, and projected most influence scales. None of the

Table 43

Conditions Projected to be Most Helpful When Not Present

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most	
				N	%
9	RN's work setting could be used for clinical experiences	Curriculum	Accessibility/ flexibility	18	8.6
32	Nursing program, new theoretical insights, little repetition	Curriculum	Content	16	7.6
44	Faculty planned individualized ways to meet objectives	Faculty attitudes	Individual level	13	6.2
47	RNs participated in planning own learning experiences	Curriculum	Individualization	12	5.7
40	Employer flexible about work schedule	Coping strategies	Situational	11	5.2
31	Family pitched in to help keep up with demands on time	Coping strategies	Situational	10	4.8
37	Nursing program intellectually challenging	Curriculum	Content	10	4.8
29	Sequence of nursing courses was flexible, no loss of time	Curriculum	Accessibility/ flexibility	9	4.3

Table 43 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most N	%
33	Tuition bills could be paid in installments	Institutional supports	College/ university	8	3.8
19	Program requirements very clear	Institutional supports	School of Nursing	8	3.8
34	Formal support groups to help transition to student role	Institutional supports	School of Nursing	8	3.8
23	Transition or "bridge" course to ease entry to nursing program	Curriculum	Content	7	3.3
10	Classes offered on weekends	Curriculum	Accessibility/ flexibility	6	2.9
28	Review classes provided for nursing challenge exams	Institutional supports	School of Nursing	6	2.9
39	Child care provided on campus	Institutional supports	College/ university	6	2.9
24	Nursing courses offered in summer	Curriculum	Accessibility/ flexibility	4	1.9

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Table 43 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most N	%
43	Classes offered in a block, one or two days a week	Curriculum	Accessibility/ flexibility	4	1.9
13	Orientation provided for adults to ease entry to college	Institutional supports	College/ university	4	1.9
4	Class environment where RNs could learn from each other	Faculty attitudes	Individual level	4	1.9
50	Study guides provided to prepare for nursing challenge exams	Institutional supports	School of Nursing	4	1.9
49	Nursing program widened scope of nursing practice	Curriculum	Content	4	1.9
27	Part-time study permitted during most or all of program	Curriculum	Accessibility/ flexibility	3	1.4
15	Financial aid office provided counseling re funds for adults	Institutional supports	College/ university	3	1.4
36	Academic advisor readily available	Institutional supports	School of Nursing	3	1.4

Table 43 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most N	%
6	Classes offered off-campus	Curriculum	Accessibility/ flexibility	3	1.4
51	Co-workers provided encouragement	Coping strategies	Situational	2	1.0
3	Learned to take things one day at a time	Coping strategies	Personal	2	1.0
42	Learned to have realistic expectations of self	Coping strategies	Personal	2	1.0
2	Nursing challenge exams offered frequently	Curriculum	Individualization	2	1.0
52	Faculty enjoyed teaching RNs	Faculty attitudes	Individual level	2	1.0
35	Faculty AD/Dip grads, empathetic/supportive as a result	Faculty attitudes	Individual level	2	1.0
5	Nursing challenge could be repeated without penalty	Curriculum	Individualization	2	1.0
17	Remedial assistance was available	Institutional supports	College/ university	2	1.0

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Table 43 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most	
				N	%
1	Student services open off-hours	Institutional supports	College university	2	1.0
21	Conferences with faculty could be by phone or tape	Curriculum	Accessibility/ flexibility	1	0.5
18	One faculty identified as RN coordinator/advocate	Faculty attitudes	School level	1	0.5
30	Special class sections for RNs during most or all of program	Curriculum	Individualization	1	0.5
26	Learned not to spend energy in non-productive ways	Coping strategies	Personal	1	0.5
7	Faculty flexible about assignments and/or deadlines	Faculty attitudes	Individual level	1	0.5
16	RNs formed groups to share resources and to study together	Coping strategies	Situational	1	0.5
8	Academic advisor provided sensitive support/counseling	Institutional supports	School of Nursing	1	0.5

Table 43 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most	
				N	%
25	Classes offered in evening	Curriculum	Accessibility/ flexibility	1	0.5
38	Faculty asked for feedback from RNs	Faculty attitudes	School level	0	0
41	Student feedback usually led to changes	Faculty attitudes	School level	0	0
45	When going got rough, stepped back and focused on goal	Coping strategies	Personal	0	0
46	Informal RN groups a source of support with mutual concerns	Coping strategies	Personal	0	0
14	Contacts between generic and RN students enhanced experiences	Coping strategies	Situational	0	0
48	Faculty made RNs feel welcome in the program	Faculty attitudes	School level	0	0
11	Tutoring was available	Institutional supports	College/ university	0	0

Table 43 (Continued)

Item No.	Abbreviated Item Text	Subscale	Subcategory	If Present, Would Have Helped the Most	
				N	%
12	Learned to plan ahead for most efficient use of time	Coping strategies	Personal	0	0
20	Adult student information and counseling center on campus	Institutional supports	College/ university	0	0
22	Self-directed projects used to individualize program	Curriculum	Individualization	0	0

Table 44

Comparison of Ranks Assigned to the Helpful Conditions
on the Frequency, Projected Influence and
the Projected Most Helpful Scales

Rank	Frequency Scale (Item No.)	Projected Influence Scale (Item No.)	Projected Most Helpful Scale (Item No.)
1	10*	3	9
2	39*	52	32
3	34*	44**	44
4	6	48	47
5	13	19**	40
6	28*	37**	31
7	23*	27	37
8	9*	42	29
9	33*	8	33
10	21	47**	19
11	1	12	34
12	11	32**	23
13	5	43	10
14	20	25	28
15	35	41	39

Note: * = items that are common to the frequency and projected most
        helpful scales.

        ** = items that are common to the projected influence scale and
        the projected most helpful scale.

15 most frequently absent conditions appeared among the top 15 ranks on the projected influence scale. However, 7 of these frequently absent conditions were singled out by the respondents as the ones that would have helped them the most if they had been present. These conditions are:

- classes offered on weekends

- child care provided on campus

- formal support groups to help with the transition to the student role

- review classes to help prepare for nursing challenge exams

- transition or "bridge" course to ease entry to the nursing program

- work setting could be used for clinical

- tuition bills could be paid in installments

Five (5) of the 15 highest ranking items on the projected influence scale also appeared among the top 15 ranks of the items singled out as having the most potential benefit. These conditions are:

- faculty planned individualized ways to meet objectives

- the program requirements were very clear

- the nursing program was intellectually challenging

- RNs could participate in planning their own learning experiences

- the program provided new theoretical insights without undue repetition

Summary

This chapter has presented the findings for the first three research questions posed in the study. First, the characteristics of the RN students and their returning-to-school experiences were described. This was followed by a presentation of the findings for the hindering conditions. The chapter then concluded with a presentation of the findings for the helpful conditions.

The next chapter presents a more detailed summary and outlines the conclusions of the study. The fourth research question posed in the study and the implications for future research are addressed in light of these conclusions.

C H A P T E R   V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

FOR FURTHER RESEARCH

In this chapter, a summary of the research approach used in the study is presented first. This is followed by a presentation of the conclusions drawn from the findings for the first three research questions. Then, the final research question is addressed. In light of the findings, recommendations are made for creating more responsive educational environments for registered nurse students. The chapter then concludes with recommendations for further research.

Summary

This exploratory study had three purposes: 1) to describe some of the relevant characteristics of registered nurse students and their experiences in returning to school to extend their education to the baccalaureate level in nursing, 2) to describe the conditions in the educational environment that help or hinder registered nurse students in achieving their educational goals, and 3) to make recommendations for changes to strengthen the connections between returning registered nurse students and the educational environments provided to help them.

To accomplish these purposes, the study was guided by the following research questions:

1. What are some of the relevant characteristics of registered nurse students and their experiences in returning to school to

extend their education to the baccalaureate level in nursing?

2. What are some of the conditions in the educational environment that help or hinder returning registered nurse students in achieving their educational goals, and to what degree are the identified conditions helpful or hindering?

3. Do the helpful and hindering conditions fall into any discernible patterns and, if so, what is the nature of these patterns?

4. What changes should be made to strengthen the connections between registered nurse students and the educational environments provided to help them?

Using the Moos (1979) social-ecological model as a guiding framework, the following research approach was used to address the purposes of the study. First, an extensive review of the literature in adult and nursing education was conducted to establish what is already known about the characteristics of adult and RN students, their motivation for returning to school, and the nature of the personal and environmental conditions that help or hinder them in achieving their educational goals. Second, open-ended interviews were conducted with a representative sample of the study population (N = 9) to establish the content validity of the literature review and to identify the probable range of responses to the study questions.

Third, based on the data from the literature review and the interviews, a three-part, 31-item, forced response questionnaire was developed to address the research questions posed in the study. Part one of the questionnaire focused on the students' personal motivations for returning to school, the sources of assistance they used to help them in making their individual decisions, their reasons for selecting the baccalaureate program in which they eventually enrolled, and the

nature of the conditions which helped or hindered them in achieving
their educational goals. Part two contained questions focusing on the
students' education and work history; part three asked for personal
demographic information.

Fourth, after pilot testing and appropriate revision, the
questionnaire was mailed to all of the May 1983 registered nurse
graduates (N = 350) from 17 of the 25 baccalaureate nursing programs in
New England that met the sampling criteria and had accepted the
invitation to participate. In order to be included in the study sample,
the schools had to: 1) be included on the list of state-approved
schools of nursing (National League for Nursing, 1982), 2) be open to
the admission of registered nurses, and 3) have graduated at least one
group of RN students prior to July 31, 1981. Sixty-eight percent (68%)
of the questionnaires were returned (N = 238). Of these, 223 or 64%
could be used in the data analysis.

As the first step in analyzing the data, the frequency and
percentage of response were tabulated for each questionnaire item.
Second, for the first six questions in part one, which focused on the
students' motivation, the guidance they received, and their reasons for
school selection, weighted scores were calculated for each item. The
items were then rank ordered according to their relative importance to
the respondents.

Third, for the remaining questions in part one, which focused on
the helpful and hindering educational conditions, mean influence scores
were calculated for each item. In the instance of the helpful

conditions, the respondents' projections about the potential benefit of the conditions absent in their own circumstances were also reported. Based on their frequency of occurrence and their mean influence scores, the items were then rank ordered according to their relative importance to the respondents. In addition, the responses within the subscales were examined to determine the nature of any patterns emerging from the data.

Conclusions

The conclusions drawn from the data analysis are presented in the following order: 1) the characteristics of the students, 2) the characteristics of the returning-to-school experience, 3) the educational conditions that hindered the return to school, and 4) the educational conditions that helped or would have helped in the return to school.

Characteristics of the Students

1. The majority of the respondents (71%) received their basic nursing education in diploma schools of nursing; 29% were graduates of associate degree programs.

2. The respondents from associate degree programs were more recent graduates of their basic nursing programs than were the diploma school graduates. The majority from diploma schools (57%) graduated prior to 1973; the majority from associate degree programs (92%)

graduated between 1973 and 1982.

3. The majority of the respondents were first generation college students, coming from families in which neither parent had attended college. Eighty-six percent (86%) of the mothers and 76% of the fathers had less than a college education.

4. The husbands of the married and formerly married respondents had achieved a higher level of education than the respondents' parents. The majority (60%) had earned at least a bachelor's degree.

5. The diploma graduates were better students in high school than the associate degree graduates. However, the associate degree graduates overcame any initial handicap they may have experienced as a result of their high school performance and, in fact, showed a slightly better overall performance than did the diploma graduates.

6. The majority of the respondents (74%) intend to pursue further education beyond the baccalaureate degree.

7. The diploma school graduates were more experienced than associate degree graduates upon entry to their baccalaureate programs. A significantly greater proportion of the diploma graduates reported more than 10 years of work experience.

8. Prior to their entry into the baccalaureate program in nursing, the majority of the respondents were employed in staff level positions in hospitals or community settings. After graduation there was a significant shift in employment away from hospitals to community settings, and from staff to leadership positions.

9. The overwhelming majority of the respondents were female and caucasian. Only 1% of the respondents was male; only 2% were from minority racial or ethnic groups.

10. Correcting for the time differential between data collection and enrollment, the majority of the respondents were between 24 and 33 years of age during their last year of enrollment in the baccalaureate nursing program. Although the difference was not significant, the associate degree graduates tended to be younger than the diploma graduates.

11. The majority of the respondents (63%) were married. A significantly greater proportion of the married respondents were graduates of diploma schools of nursing.

12. The majority of the respondents (51%) were responsible for one or more children while attending school. The majority shared this responsibility with their spouses in an intact marriage. However, 8% of the respondents were single parents.

13. The most frequently used source of child care for the respondents who were responsible for dependent children was their spouse; grandparents or other close relatives were second; close friends or neighbors were third.

Characteristics of the Returning-to-School Experience

1. The primary motive for the respondents' return to school was a desire for professional advancement. They wanted, first, to prepare for practice in extended or expanded roles and, second, to improve their

professional status. Response to external pressure, such as the
changing entry into practice standards, though influential, ranked lower
than their professional concerns. Feeling better about themselves and
meeting the prerequisites for a graduate degree were also important
considerations.

2. Informal personal contacts with baccalaureate faculty, other
RN students, and co-workers were the respondents' major sources of
guidance in making their decisions about returning to school. Formal
guidance from such sources as professional organizations and staff
development or continuing education departments was either unavailable
or, if available, underutilized.

3. The proximity of their baccalaureate programs to home and
work was the primary reason the respondents chose to attend the schools
from which they graduated. The affordability of the programs' fees and
tuition and their responsiveness to RN students were also important
considerations.

4. The majority of the respondents (70%) initiated their
baccalaureate enrollment within 5 years of graduation from their basic
nursing programs. However, the largest proportion of the group starting
this soon after graduation were associate degree graduates. A large
percentage of the diploma graduates (39%) waited from 6 to 20 years to
initiate their enrollment.

5. The majority of the respondents (63%) completed the degree
requirements within 5 years. However, a significant proportion of the
group completing the program in this time span were associate degree

graduates. A large percentage of the diploma graduates (45%) took from
6 to 20 years to complete all of the degree requirements.

6. The majority of the respondents (54%) attended a total of 3
to 4 colleges or universities while fulfilling their degree
requirements. Although the difference was not significant, there was a
strong trend for the diploma graduates to have attended a wider range of
institutions than the associate degree graduates.

7. The associate degree graduates entered the baccalaureate
program with significantly more transfer credit for general college
courses than the diploma graduates. The majority of the associate
degree graduates (56%) were awarded more than 30 transfer credits; the
majority of diploma graduates (52%) were awarded less than 30 credits.
Fifteen percent (15%) of the diploma graduates entered the baccalaureate
program with no transfer credits for general college courses.

8. Although the majority of the respondents (58%) received no
transfer credit for their diploma or associate degree nursing courses,
when credits were awarded, the associate degree graduates received
significantly more credits than the diploma graduates.

9. Both the diploma and associate degree graduates fared equally
well in the credit by examination processes for general subject areas
and in nursing. The typical credit allocation was from 1 to 15 credits
in general subject areas and from 1 to 30 credits in nursing.

10. Credits awarded by evaluation of life or work experience were
not generally available to either diploma or associate degree graduates.
The overwhelming majority of the respondents (91%) received no credit

from this source.

11. The majority of the respondents (57%) lost no credit because their transfer courses were too old or did not meet requirements. However, for the sizable percentage for whom this did occur (43%), the loss was costly; 30% lost up to 30 credits, 13% lost up to 45 or more credits.

12. The respondents' current earnings and savings were the two most frequently tapped sources of funding to cover their educational expenses. Tuition reimbursement from employers ranked third. Other sources of external funding such as scholarships, G.I. benefits or loans were seldom used. For the most part, the respondents relied heavily on their own financial resources. A "pay-as-you-go" approach prevailed.

Hindering Educational Conditions

1. The number of hindering conditions actually present in the respondents' experiences was less than might have been projected from the findings in the review of the literature. Nineteen (19) of the 37, or more than one-half of the hindering conditions, were not present in the experiences of more than one-half of the respondents. This positive finding suggests that changes are already occurring within the educational environments provided to assist adult students in achieving their educational goals.

2. The impact of the hindering conditions upon the respondents was also less than might have been projected from the findings of other studies reported in the literature. The magnitude of the mean influence

ratings assigned to the conditions, when present, indicated that the respondents viewed them as only slightly to moderately hindering.

3. Despite the relatively low magnitude of the mean influence scores, some interesting response patterns were identified for both the frequently and infrequently occurring hindering conditions.

4. Of the 19 hindering conditions absent in the experiences of more than one-half of the respondents, the majority (11) were institutional conditions. This finding suggests that the institutions in this sample have made considerable progress in meeting the special needs of adult students. However, this progress is not universal, and more effort needs to be expended to eliminate these hindering conditions from the experiences of all adult students.

5. Five (5) of the infrequently occurring hindering conditions were situational conditions. The majority of the respondents reported that they had stronger personal support networks than might have been predicted from the findings of other studies reported in the literature. Only a small percentage of the respondents reported that they were hindered by a lack of support from their husbands or close relatives, their employers or their co-workers. This evidence of changing attitudes and situational support networks is a very positive finding of this study.

In addition, only a small percentage of the respondents encountered unusual difficulty in arranging for child care and less than half had to commute unreasonably long distances to attend school. However, because only a small proportion of the sample required access

to child care services, or lived in rural areas where commuting distances were a factor, these findings were highly predictable and do not accurately reflect the overall importance of these two hindering situational conditions when they did occur.

6. Three (3) of the infrequently occurring conditions were dispositional. The majority of the respondents had more confidence in themselves, in general, and in their academic ability, in particular, than has been reported for other adult students. In addition, the majority were more secure in their relations with the younger students enrolled in their programs than has been reported previously.

7. Eighteen (18) of the 37 hindering conditions were present in the experiences of more than one-half of the respondents. Fourteen (14) of these also had high mean influence ratings. These 14 conditions were not only the most frequently occurring, but also were the most hindering for the respondents who experienced them.

8. Seven (7) of the 14 most hindering conditions were situational conditions. Over 90% of the respondents reported that multiple role strain was a powerful hindering force in their experiences. They had great difficulty in dealing with the stress created by the multiple demands on their time and energies, in balancing multiple roles, and in managing time to meet all their obligations. Issues related to cost were also a major concern. The majority of the respondents experienced difficulty in finding funds for school-related expenses, and most had to maintain either a full- or part-time work schedule to pay their way through school. For those who had to commute

long distances or struggle to arrange for child care, these variables only added to the demands on their time and energies. The collective impact of all these variables, when prolonged over the extended period of time required to complete the program, was the most powerful of any other cluster of hindering conditions reported in the study.

9. Five (5) of the 14 most hindering conditions were institutional conditions. Issues related to the curriculum, were the major concern here. The majority of the respondents reported that the nursing courses were not relevant to their needs, were too repetitive, and provided insufficient individualization of their learning experiences. Two other issues which are intimately connected to the curriculum were also a concern. The majority of the respondents felt that too little credit was awarded by their institutions for their previous knowledge and experience. In addition, they felt hindered by the inconvenient scheduling of classes, labs and office hours. This cluster of conditions was the second most powerful of all the hindering conditions reported in the study.

10. Only 2 of the 14 most hindering conditions were dispositional conditions. The majority of the respondents reported that they expected too much of themselves and that they had difficulty in sustaining their motivation over the prolonged period of time required to complete the degree requirements. Although important, and no doubt contributing to the stress created by the hindering forces reported previously, this cluster of conditions was the least powerful of all the other hindering conditions reported in the study.

11. Six (6) of the hindering conditions were the most frequently occurring, had the highest mean influence ratings, and were singled out by the respondents as the most hindering of all the conditions in their experiences. Consequently, these conditions can be viewed as the most hindering of all the conditions reported in the study. These are as follows: 1) the difficulty the respondents experienced in dealing with the stress created by the multiple demands on their time and energies, 2) having to balance the demands of multiple roles, 3) the difficulty the respondents experienced in managing time to meet all their obligations, 4) being awarded too little credit for their previous nursing knowledge and experience, 5) having to invest a prolonged period of time to complete degree requirements, and 6) experiencing too much repetition of content in nursing courses.

Helpful Educational Conditions

1. The number of helpful conditions actually present in the respondents' experiences was more than might have been projected from the findings in the review of the literature. Thirty-six (36) of the 52 helpful conditions were present in the experiences of more than one-half of the respondents. Eighteen (18) of these were the most frequently occurring and also had the highest mean influence ratings. They were, therefore, the most powerful of all the helpful conditions actually present within the respondents' experiences.

2. Nine (9) of the 18 most helpful conditions actually present in the respondents' experiences were related to the personal and

situational coping strategies they employed in dealing with their
experiences. The respondents' greatest source of support came from the
informal self-help groups they formed with other RN students. This item
ranked first on both the frequency and influence scales making it the
most powerful helpful condition actually present in the respondents'
experiences.

The other helpful personal coping strategies were those that
assisted the respondents in dealing with multiple role strain. They
learned to manage their time, to have realistic expectations of
themselves, to avoid spending energy in non-productive ways, to keep
focused on their goals, and to take things one day at a time. All of
these strategies were applied to minimize the psychic and physical
overloads generated by the multiple demands upon their time and
energies.

The situational coping strategies found to be most helpful were
also those that focused on the formation of self-help networks and
coping with multiple role strain. For the majority of the respondents,
the willingness of their employers to be flexible about their work
schedules was equivalent in importance to their supportive informal
contacts with other RN students. These two items shared the first rank
on the influence scale. The willingness of their families to pitch in
to help them, and joining together with other RNs to share resources and
to study together were also highly valued situational coping strategies.

3. Five (5) of the 18 most helpful conditions actually present
in the respondents' experiences were related to the curriculum. These

conditions were the second most powerful of the helping forces. The majority of the respondents reported that having the opportunity to study part-time, and having access to evening and summer classes in which block scheduling was used helped them greatly. They were also helped by having a sequence of courses flexible enough to permit completion of the program without unnecessary loss of time. It is encouraging that these conditions to improve the accessibility and flexibility of the curriculum were so frequently present in the respondents' experiences. Again, this picture is more positive than that reported in the literature, signalling marked improvements in the way educational institutions serve the needs of RN students.

It is more difficult to interpret the responses to the items related to the content of the curriculum and to the ways in which the respondents' learning experiences were individualized. Although only 1 of the items in these two categories was included among the 18 most helpful conditions, another 3 were present in the experiences of over one-half of the respondents and received influence ratings within the moderate range. The majority of the respondents reported that the content of their programs was intellectually challenging and provided new theoretical insights without undue repetition. They also reported that self-directed projects were used to individualize their experiences and that they had the opportunity to participate in planning their own learning experiences. These responses appear to be in conflict with their responses on the hindrance scale. There, the respondents reported that the nursing courses were not relevant to their needs, were too

repetitive of what they already knew, and provided too little individualization of their learning experiences. Resolution of this conflict will require further investigation with more sensitive instruments.

4. Three (3) of the 18 most helpful conditions actually present in the respondents' experiences were related to the attitudes of the faculty both on an individual level and within the operation of the school. These conditions were the third most powerful of the helping forces. The majority of the respondents reported being helped by the positive attitudes and adult-oriented teaching approaches of their faculty.

In particular, the respondents valued having an educational environment where the faculty enjoyed teaching RNs, where the faculty made them feel welcome, and where the students could learn from each other as well as the faculty. In addition, although not included among the 18 most helpful conditions, they also valued having an environment where the learning experiences were individualized, and where the assignments and deadlines were flexible. The mechanisms their faculty put in place at the school level to provide for feedback and support, though less strongly valued, also contributed positively to their experiences. These are positive findings of this study signalling a marked improvement in both the attitudes and teaching approaches that faculty bring to their interactions with RN students. The picture presented here is a far more positive one than has been presented previously in the nursing literature.

5.   Only 1 of the 14 conditions related to the institutional support services provided to the respondents was included among the 18 most helpful conditions actually present in their experiences. The majority of the respondents reported that their program requirements were made very clear to them. When present, this was very helpful.

6.   Ten (10) of the helpful conditions were the most frequently occurring, had the highest mean influence ratings, and were singled out by the respondents as the most helpful. Consequently, these conditions can be viewed as the most helpful of all the conditions actually present within the respondents' experiences. These are as follows: 1) the support they received in their informal contacts with other RN students, 2) learning to plan ahead for the most efficient use of their time, 3) having faculty who made RNs feel welcome in the program, 4) learning not to spend energy in non-productive ways, 5) having the opportunity for part-time study during most or all of the program, 6) learning to step back and re-focus on their goals when the going got rough, 7) learning to take things one day at a time, 8) having classes offered in the evening, 9) having their employers be flexible about their work schedules, and 10) having their families pitch in to help them keep up with the demands on their time.

7.   Sixteen (16) of the 52 helpful conditions were not present within the educational experiences of more than one-half of the respondents. Only one (1) of these conditions received a high mean influence rating. The large number of respondents who were unable to report that their work settings could be used for their clinical

experiences indicated that if this condition had been present it would have enhanced their experiences.

8. With the exception of campus-based child care services and off-campus classes, which had low mean influence ratings, all of the other frequently absent conditions were viewed as having slight to moderate potential benefit. These are as follows: 1) weekend classes, 2) formal support groups to help with the transition to the student role, 3) orientation programs for adult students to ease their transition to college, 4) review classes for nursing challenge exams, 5) a transition or "bridge" course for RN students to ease their entry to the nursing program, 6) installment payments for tuition bills, 7) conferences with faculty by phone or tape, 8) off-hour scheduling for student services, 9) tutoring, 10) penalty-free policies for repeating nursing challenge exams, 11) adult-oriented student information and counseling center, 12) faculty who were former diploma and associate degree graduates and were more empathetic as a result, and 13) frequently scheduled nursing challenge exams.

9. Twenty-one (21) of the 52 helpful conditions were viewed as having high potential benefit by the respondents who did not experience them.

10. Eight (8) curriculum conditions were included among the 21 highest ranking items on the projected influence scale. The respondents who did not experience these conditions affirmed the view of their peers that conditions to enhance the accessibility and flexibility of the program were among the most highly valued. When not present in their

experiences the respondents wanted to be able to study part-time and to have access to block scheduling and evening classes. They also wanted to have flexibility in the sequence of the nursing courses and the opportunity to use their work settings for clinical experiences.

In addition, for the large percentage of the respondents who did not experience them, having a program that was intellectually challenging, that provided new theoretical insights without undue repetition, and in which they could participate in planning their own learning experiences, would have helped them greatly. Although these findings do not resolve the apparent conflict between the findings for the curriculum items on the hindrance and helpfulness scales, they do point a clear direction for improvements that would appear to enhance the experiences of many RN students.

11. Seven (7) of the conditions related to faculty attitudes were included among the 21 highest ranking conditions on the projected influence scale. When the respondents perceived that their faculty were unwelcoming and unresponsive, it was reported that a reversal of these attitudes would have contributed greatly in improving their experiences. They wanted an environment where the faculty enjoyed teaching RNs and made them feel welcome, where their learning experiences were individualized, where the assignments and deadlines were flexible, and where they could learn from each other as well as from the teacher. In addition, they wanted their faculty to ask them for feedback and to see that the feedback led to changes.

12. Four (4) of the conditions related to personal and situational coping strategies were included among the 21 highest ranking items on the projected influence scale. These respondents affirmed that learning to take things one day at a time, learning to have realistic expectations of oneself, and planning ahead for the most efficient use of time are all very effective personal coping strategies and that helping students to master them would enhance their experiences. Further, they reported that the support of employers in providing a flexible work schedule is invaluable, and that when not present, efforts should be made to encourage both the continuation and expansion of such support.

13. Only two (2) of the conditions related to institutional supports were included among the 21 highest ranking items on the projected influence scale. For the relatively large percentage of respondents for whom these conditions were not present, having clearly stated program requirements and an advisor who provided sensitive support and counseling would have enhanced their experiences greatly.

14. The triangulation of the findings from the frequency, projected influence, and most helpful scales did not produce a meaningful clustering of the conditions having the most potential benefit to the respondents.

Implications of the Study

This study presents a more complete profile of the characteristics of registered nurse students and a more detailed description of their returning-to-school experiences than has been presented previously in the nursing literature. It also presents a more positive view of the returning-to-school experience than has been portrayed in the past. In this study the hindering forces were found to be less powerful and the helpful forces more frequently occurring than might have been projected from the literature review. However, despite these encouraging signs of positive change, the findings of the study indicate that these changes are not universal. The study findings can direct the efforts of nurse educators as they continue to create more responsive educational environments for registered nurse students.

Characteristics of the Students and Their Experiences

It is important to note that although there was great diversity among the respondents, two profiles can be extracted to describe the characteristics of the majority of the registered nurse students in the sample. One profile describes the typical registered nurse student who received his/her basic nursing education in a diploma program. The other profile describes the typical associate degree graduate. These profiles can be used by nurse educators to anticipate the characteristics of the RN sudents enrolling in baccalaureate programs. They can serve as a beginning frame of reference for assessing student

needs and in planning program offerings and services.

The diploma graduates outnumbered the associate degree graduates by approximately 3 to 1. The overwhelming majority were female and caucasian. They were more likely than the associate degree graduates to exceed the average age range of 24 to 33 years. They were also more likely to be married and to have children. Most were from families where neither parent had attended college. However, in the majority of instances, when they married they married college graduates. They were more likely to have delayed their enrollment in the baccalaureate program for more than 5 years after graduation from their basic programs, and were more likely to have taken more than 5 years to complete the degree requirements. On admission to the baccalaureate program they had more years of work experience than the associate degree graduates. These work experiences were primarily in staff level positions in hospitals or community agencies. They had been good students in high school and in their basic nursing programs, but achieved at an even higher level in their baccalaureate programs. They were more likely to have attended a wider range of institutions than the associate degree graduates and were at a disadvantage in the award of transfer credit for both general college courses and their nursing courses. They fared equally well in the award of credit by examination, however.

The associate degree graduates were fewer in number than the diploma graduates, but were represented in the study sample in approximately the same proportion as their distribution within the

general nursing population. As was the case with the diploma graduates, the overwhelming majority were female and caucasian. They were more likely than the diploma graduates to fall at the lower end of the average age range of 24 to 33 years. They were also less likely to be married or to have children. Like the diploma graduates, most were from families where the mothers had not attended college. However, the fathers of associate degree graduates were more likely to have attended college than the fathers of the diploma graduates. Again, like the diploma graduates, when they married, they tended to marry college graduates. They were more likely to have initiated their baccalaureate enrollment in less than 5 years after graduation from their basic programs and were more likely to have completed the degree requirements in a shorter period of time than the diploma graduates. Most completed the requirements in less than 5 years; approximately a third took only 2 years to complete the requirements. On admission to the baccalaureate program they had fewer years of work experience than the diploma graduates. However, these work experiences, like those of the diploma graduates, were primarily in staff level positions in hospitals or community agencies. They had not been good students in high school but overcame any handicap they may have experienced as a result of this, and in fact, showed a slightly better overall performance in their basic and baccalaureate nursing programs than did the diploma graduates. They attended fewer institutions in completing their degree requirements and had a decided advantage over the diploma graduates in the award of transfer credit for their general college courses and their nursing

courses. They fared equally well in the award of credit by examination.

In addition to these divergent characteristics, the diploma and associate degree graduates share many common characteristics that can guide program planning. First, the findings of the study suggest that collectively they are a highly motivated group. The overwhelming majority returned to school for reasons of professional advancement. They wanted to prepare for new roles and to improve their professional status.

Also listed among their reasons for returning to school at the baccalaureate level was the desire to meet the prerequisites for graduate education. Approximately three out of four indicated that they plan to continue their education at the graduate level; some have their sights set on the doctorate. Although they were influenced also by the external pressure exerted by the changing educational standards for entry into practice, most did not return to school because they felt forced to. For the majority, baccalaureate education was a step toward achieving their future professional goals.

Often, in addition to firing their enthusiasm for learning, the strength of their motivation was the sustaining force in overcoming the common obstacles inherent in the returning-to-school experience. Among the coping skills reported to be most effective when the going got rough was to step back and re-focus on their goals. Their high level of motivation not only made them eager students but also helped them to cope with their experiences.

Second, the findings of the study indicate that the sources of guidance available to RN students when they were deciding to return to school were primarily informal. For the most part, as potential students, they were guided in their decisions by other RN students, by faculty from their former programs, or by faculty from baccalaureate programs in which they had an interest. The fact that more formal counseling services were not available points to an important need that is not being met.

It is particularly noteworthy that the role of the professional organizations in providing guidance was so minimal. At this time when so many nurses are attempting to upgrade their practice and when the societal demand for their services is so acute, it would seem that the professional organization should be more active in serving this counseling need. Providing workshops to share information about available programs and to present strategies for making the returning-to-school-experience more manageable would seem an appropriate role for the professional organization. The staff development departments of employing institutions and the continuing education departments of colleges and universities might also appropriately deliver such counseling workshops.

Third, it would be well for nurse educators to attend to the reasons that influenced the respondents' choice of schools. Access was their primary concern. This was followed, second, by a concern for costs and, third, by the responsiveness of the program to student needs. These findings suggest that in projecting enrollments in the

increasingly competitive higher education marketplace, schools should
expect to draw the bulk of their student populations from their
immediate geographic areas. Further, private schools with their higher
tuition cannot expect to be competitive with respect to costs, but may
increase their competitive edge if the program establishes a positive
reputation for its responsiveness to the special needs of RN students.

Because the findings show that RN students usually pay as they go,
schools with high costs may further increase their competitiveness by
establishing installment payment plans for their tuition and fee bills.
This option was infrequently present within educational institutions.
However, when present, it was highly valued and when not present, was
projected to be beneficial.

In addition, employers who provide a supportive work environment,
where flexible work schedules and tuition reimbursement programs are the
norm, actively demonstrate their support of the returning-to-school
process. In this era when returning to school is such a crucial issue
for so many nurses, employers who are responsive to their needs may also
be more competitive in recruiting staff to their institutions.

Educational Conditions

The findings with respect to the helpful and hindering forces
influencing the respondents' experiences can also be used to direct
meaningful changes in making educational institutions more responsive to
student needs. Identification of multiple role strain as the primary
hindering force in the respondents' experiences is a major finding of

this study. Further, the fact that learning to cope with multiple role strain was identified as the most powerful helping force provides a clear direction for improvements that could enhance the educational experiences of many students. In this study the respondents reported that they learned these crucial personal and situational coping skills either independently or through their informal contacts with other RN students. These findings suggest that efforts should be made, first, to provide an environment where informal support networks can flourish and, second, to provide more formal mechanisms for students to learn these essential coping skills.

Accomplishing these affective objectives may be an important prerequisite to accomplishing the cognitive objectives of the program. Their importance may warrant including them as a formal aspect of the courses of the curriculum. If a transition or "bridge" course is included in the curriculum, this would be an appropriate vehicle for these objectives. If such a course is not provided, the importance of these student needs may warrant development of such a course. If not included in the formal curriculum, these affective objectives could be addressed as a counseling service within the school. Non-credit time and stress management workshops could be provided. In addition, student-to-student mentor systems could also be formally established. At the very least, providing a coffee pot and a place for RN students to talk to each other informally would be helpful.

Issues related to the curriculum were also a major concern. Although less clear cut and needing additional investigation, the

findings suggest that further efforts must be made: 1) to decrease the repetition and increase the intellectual challenge within the curriculum; 2) to plan for further individualization of the students' learning experiences; 3) to provide flexibility within the schedule and the assignments and deadlines planned for the nursing courses, and 4) to re-examine the amount of credit awarded for the students' past education and work experiences.

The majority of the respondents reported that there was too much repetition of content in nursing courses and that the courses were not relevant to their needs. These two statements are symptoms of a problem, but do not offer prescriptions for remediation. Before planning prescriptions it would be important to know, first, the extent to which and in what areas the content of the curriculum was perceived to be repetitive. These assessments could be incorporated within the on-going formative evaluation conducted within the programs. After examination, if these perceptions are validated, appropriate revisions of the content could be made.

Second, it would be important to know what needs the respondents felt were not being addressed, and then posing the question: Can these needs be met appropriately within a baccalaureate curriculum? If the answer to the question is yes, then appropriate learning experiences could be planned to address the needs. If the answer is no, a two-pronged approach might be beneficial. First, it would be important that the students gain a better appreciation of the goals and objectives of baccalaureate education. Many have graduate education as their ultimate

goal and may be impatient to reach these objectives. When having to complete baccalaureate objectives first, the pace may seem too slow and give rise to frustration. Open discussion and clarification of goals might help to alleviate at least part of this frustration.

In addition, it should be possible for students to have enrichment experiences in which some of their higher goals could begin to be addressed. Perhaps in fulfilling elective requirements they could take graduate level courses. Even within the required nursing courses, experiences could be designed to allow students to explore their professional interests while at the same time fulfilling the baccalaureate objectives.

Individualization of experiences seems to be one key to success in planning a curriculum that is responsive to the diverse needs and interests of RN students. When present in the respondents' experiences it was highly valued; when absent, it was identified as one of the conditions that would have helped the most. Many wanted to be able to participate in planning their own learning experiences and to have individualized ways to meet course objectives. Identifying the particular approach that would most effectively accomplish these ends was not the focus of this study. What is clear from this study is that the individualization of learning experiences was highly valued by the respondents and should be a consideration in planning responsive programs. Independent study options, learning contracts, computer-based instruction and learning modules have all been reported to be successful strategies in individualizing programs to student needs. Incorporation

of these or other new innovative approaches may be the key to improvements in this area of curriculum development.

Flexibility was shown to be another key concept in planning responsive programs. Part-time and evening classes, block scheduling and a flexible course sequence were all valued by those who experienced them. These options were also greatly desired by those who did not have access to them. A great deal of progress seems to have been made in this area of curriculum planning. However, the findings of this study indicate that these options were not universally available. If introduced in those institutions where they are not currently available, these approaches toward increasing the flexibility of the program would enhance the experiences of many more students.

The findings suggest that additional approaches might also be helpful. Although seldom a part of the respondents' experiences, the opportunity to use their work setting as a site for their clinical experiences was viewed as highly desirable. Sixty-two percent of the respondents did not have this opportunity but reported that had it been available it would have enhanced their experiences. The magnitude of this response presents a challenge to nursing faculty to re-evaluate their practices in this area of curriculum planning. Faculty need to assess whether the potential conflict between student and worker roles inherent in this practice is a sufficiently strong deterrent to its more universal implementation. Exploring ways to resolve the role conflict may be a more positive approach than completely eliminating the work setting as a potential site for clinical experiences.

Although summer and weekend course offerings were seldom available, these options were also viewed as beneficial. Because implementation of these options often requires additional faculty resources, schools must weigh the cost/benefit ratio in their own circumstances before moving in this direction. However, if these issues can be resolved, the results of this study suggest that, if available, access to weekend and summer courses would enhance the experiences of many students.

The findings of this study suggest that nurse educators must also re-examine their practices in awarding credit for the students' previous nursing education and experiences. Although the majority of the respondents reported that they received up to 15 or 30 advanced placement credits in nursing, they also reported that the amount of credit they received did not meet their expectations. The majority included this concern among the most influential of the hindering forces in their experiences. Although the credits actually awarded represent at least half if not more of the credits within the typical baccalaureate nursing major, this in their view was not sufficient.

Faculty and students bring different frames of reference to their viewpoints about the crediting of previous learning. In awarding credit, nurse educators make their decisions on the basis of the match between the objectives and learning experiences of the students' former educational programs and the objectives and experiences of the baccalaureate curriculum. In this context a credit award representing approximately one-half of the credits of the nursing major may be

reasonable. In evaluating the acceptability of the credit award, students may use a different frame of reference. They may hold the total years they invested in completing their previous program or the total credits awarded for their previous experiences as their governing frame of reference. In this context, the credits actually awarded may seem less reasonable.

Both sides of the debate need to re-examine the validity of their positions. Open discussion to clarify the discrepancies between the two views might be beneficial in resolving this source of conflict. Nurse educators need to re-assess the validity of their crediting mechanisms and RN students need to clarify their own understanding of the relationships between academic credits, content objectives and time.

It is possible, however, that the conflict in perceptions may never be resolved. Because a return to school can constitute a threat to the RN students' professional identity, their defenses are often very high. They are particularly vulnerable to actions which seem to de-value them or their previous educational or professional experiences. Academic credits are in themselves valuing units. In effect, they say the students' past experiences are worth x, y or z credits. If this credit award is less than the students perceive to be appropriate, this may constitute a profound threat to their self-image, eliciting angry defenses that reasoned discussion may never erase. Despite the heavy weight of emotional response attached to this issue, efforts must be continued to achieve a fair and equitable award of credit and to achieve a better understanding and acceptance of these crediting practices among

RN students.

Issues related to the attitudes of their faculty were also a concern for the respondents. When faculty were welcoming and employed adult-oriented teaching strategies, these conditions were highly valued by the respondents who experienced them. Conversely, when they were absent they were among the most sorely missed.

It is encouraging to note that only 10% of the respondents did not feel welcomed in their programs by their faculty or that their faculty did not enjoy teaching RN students. These are very positive findings of this study, highlighting marked improvements over earlier reports in the literature. In other areas, however, improvement has been less dramatic.

A relatively large proportion of the respondents (44%) could not report that their faculty planned individualized ways for them to meet objectives. This condition ranked third among those that, if present, would have had the greatest potential benefit. Similarly, though rating it lower in its overall potential influence, 44% of the respondents could not report that their faculty were willing to be flexible about assignments and deadlines. Further, an additional 37% indicated that, in their circumstances, student feedback did not ordinarily lead to changes.

Coupled with the other findings in the study related to the importance of increased individualization and flexibility within the curriculum as a whole, these findings point a clear direction for needed curriculum improvements. The findings indicate that RN students value

an educational environment in which the faculty enjoy teaching them and where they feel welcome, where their learning experiences are individualized, where the assignments and deadlines are flexible, and where they can learn from each other as well as the teacher. In addition, they want their faculty to ask them for feedback and to see that the feedback leads to changes. Continued efforts on the part of faculty to achieve these desired ends would enhance the experiences of many more RN students in the future.

Finally, it is encouraging to note that educational institutions are beginning to provide special services for adult students. Although not valued as highly as the conditions supporting the respondents' coping skills or those related to improvements in the curriculum or in faculty attitudes, these institutional services were noted to have both actual and potential benefit for many of the respondents. Two support services were identified as particularly important both to those who experienced them and those who did not. First, both groups of respondents indicated that having clearly stated program requirements was very important to them. Second, they valued the support and counseling of a faculty advisor who was sensitive to their needs. Based on these findings, continued improvements in these two areas of service seem to be indicated.

Recommendations for Further Research

The recommendations for further research resulting from this study
are grouped within five general areas: 1) studies to extend the
analysis of the data generated in this survey, 2) studies to refine the
instrument, 3) replications of this study with different samples and
sampling schedules, 4) studies to compare the characteristics and
educational experiences of RN students with other student groups, and
5) studies to extend the examination of selected variables which have
been examined in an exploratory way in this study.

Secondary Analysis

Although not part of this study, additional research questions
could be examined by further analysis of the data generated in the
study. It would be interesting to ask the following questions:

1) Is there a difference in response to the overall hindrance and
helpfulness scales, and the subscales, for diploma and
associate degree graduates? For single and married
respondents? For those who graduated from diploma and
associate degree programs more than 10 years prior to their
baccalaureate enrollment and more recent graduates of both
types of programs? For those who attended generic
baccalaureate programs and those who attended RN only
programs?

2) Is there a relationship between multiple role strain and the extent of employer, peer and family support? The mastery of selected coping skills? Age? Marital status? Number of children? Employment status? Length of time to complete the program?

3) Is there a relationship between dissatisfaction with the curriculum and the presence or absence of strategies to provide for flexibility and individualization? The presence or absence of positive faculty attitudes? The type of basic program? The type of baccalaureate program? Age?

Refinement of the Instrument

Although the alpha values for the overall hindrance and helpfulness scales and subscales were relatively high and, on the whole, the questionnaire proved to be an effective vehicle for data collection in this study, further refinement might enhance its usefulness in future investigations. First, it would be important to include two additional factual questions omitted in this version of the instrument. It would have been helpful to know the respondents' actual status with respect to full- or part-time enrollment and full- or part-time employment while attending their baccalaureate programs.

Second, the items related to the curriculum should be scrutinized to assess the extent to which they represent the strategies currently used, and those having potential for addressing the major curricular concerns measured on the hindrance scale. The conflicting findings in

this study may be clarified with a more refined instrument. Interviews with RN students which focus exclusively on their responses to the curriculum may also shed further light on the discrepancy found in this study.

Third, with an expanded sample of complete cases to assure its validity, factor analysis of the hindrance and helpfulness scales might reveal a more meaningful clustering of items than provided by the original subscales.

Replication with Other Samples

Replication of this study with other samples and with different sampling schedules would contribute further to an understanding of RN student characteristics and the nature of their returning-to-school experiences. The first priority should be a replication with a national sample of RN students. The lack of national data describing RN students and their educational experiences is a serious deficit within the nursing literature.

Second, it would be important to sample the RN student population at different times during their enrollment as well as after their graduation. It is possible that the impact of the various hindering and helpful forces may be different during varying stages of the students' progress through the program. Their perceptions after graduation, though having the advantage of hindsight and objectivity, may underrepresent the importance of some of the elements occurring throughout the experience.

Third, it is essential that the study be replicated with students who were unable to continue to graduation. Examination of the forces which contributed to their drop-out would provide important information for educational planning.

Comparative Studies

With some revision of the questionnaire to make it more general in its orientation, comparison of the findings for traditional age generic nursing students, traditional age liberal arts students, older generic nursing students, older liberal arts students and for RN students would be helpful. A study such as this would identify the hindering and helpful forces that are associated with being a student in general, those that are common to all adult students, and those that are unique to RN students.

Experimental Studies

Since, in this study, multiple role strain was shown to be such a significant hindering force, and the mastery of coping skills to deal with multiple role strain was shown to be such an important helping force, it would be important to test the effectiveness of various strategies for helping students to develop these essential coping skills. Measurement of multiple role strain before and after initiation of various types of educational interventions, when compared to the findings for a control group in which no intervention was used, would help to clarify the relative effectiveness of each of the interventions

in reducing multiple role strain. Studies to test the relative
effectiveness of non-credit courses, units of content in credit courses
and formalized peer networks in reducing multiple role strain, would
provide important guidelines for educational planners.

Though larger in scope and therefore more difficult to implement
and control, similar studies could help to clarify the relative
effectiveness of various strategies upon the students' perceptions of
the flexibility, individualization, and intellectual challenge of the
curriculum. It would be interesting, for example, to measure the level
of satisfaction with these dimensions of the curriculum in settings
where independent study was used and not used, where students did or did
not participate in developing their own objectives, where students
progressed through a series of modules at their own pace or where a
traditional class sequence was offered. Many other comparisons are also
possible. All would provide useful guidelines in the important task of
developing more responsive educational programs for RN students.

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APPENDIX A

Original Letter

Dear   :

For the past two years, as Director of the University of
Connecticut School of Nursing R.N. Counseling Center, and more recently
as Assistant Dean, I have been providing educational counseling to
registered nurses in Connecticut as they contemplate a return to school
to earn the baccalaureate degree in Nursing. As I immersed myself in
these activities and, in addition, worked to make our own program more
responsive to the needs of these students, I looked to the literature
for guidance. From this exploration it became clear that, although the
problems of registered nurse students have been discussed at length in
the nursing literature, they have seldom been studied systematically.
As a result, there are many unanswered questions.

To complete the requirements of my doctoral program in the Center
for Curriculum Studies of the University of Massachusetts School of
Education, as well as to do a better job in my position as Director of
the R.N. Counseling Center, I propose to survey a sample of recent R.N.
baccalaureate graduates to address some of these unanswered questions,
particularly as they pertain to R.N. students in New England.

The study has three purposes. First, it will describe some
relevant characteristics of these R.N. students and the nature of their
returning-to-school experiences. Second, the study will identify the
conditions in the educational environment that help or hinder these
nurses in achieving their educational goals. The extent to which the
identified conditions have helped or hindered and the nature of any
discernible patterns among the conditions will also be examined.
Finally, on the basis of these data, recommendations will be made for
strengthening the connections between these returning students and the
educational environments provided to help them.

I am writing to the Deans/Directors of twenty-five (25) state-
approved schools of nursing in New England to ask for your cooperation
in obtaining the sample of recent R.N. baccalaureate graduates to be
surveyed in this study. The schools being contacted are those reporting
at least one class of R.N. graduates prior to July 31, 1981 (NLN, State-
approved Schools of Nursing--R.N., 1982). Specifically, I am asking you
to:

1. Provide me with a list of the names and last known permanent
    mailing addresses of the R.N. students who graduated from your
    school in May 1983.

2. Identify four (4) of the graduates who, in your opinion, can be both objective about their experiences and articulate in describing them. It would be helpful if the four represented a range of previous educational experiences as follows: one who graduated from a diploma program prior to 1973; one who graduated from a diploma program in 1973 or after; one who graduated from an associate degree program prior to 1973; and one who graduated from an associate degree program in 1973 or after. (I plan to interview a small representative sample of the graduates as one means of assuring the content validity of the survey questionnaire. The interviewees will be selected from the collective list of 100 names provided by all the schools.)

3. Identify the name and phone number of a person or persons in the school whom I should contact in the event of any questions or problems.

I assure you that all responses will be held in the strictest confidence and that no school or student will be specifically identified in the report of the study. Upon its completion I will provide you with a summary of the study results.

I do hope that you will agree to participate in this study. I believe that the data generated will assist all of us to understand better the nature of the returning-to-school experience in New England and will enable us to plan more responsive programs to facilitate the educational advancement of these special adult learners. Would you kindly return the enclosed self-addressed post card at your earliest convenience to indicate your willingness to respond to my request? If you agree to participate, please use the attached guidelines in preparing the requested information.

Thank you for your attention to this request. I am available by phone at 1-203-486-4730 (work) or 1-203-677-0516 (home) if you have any questions. I look forward to your response.

Sincerely,

Jane E. Murdock, Assistant Dean,
Student Affairs, and
Director, R.N. Counseling Center
School of Nursing
The University of Connecticut

Doctoral Candidate
Center for Curriculum Studies
School of Education
University of Massachusetts

Guidelines for Preparing Lists of Names

1. Please provide the following information for each of the May 1983 R.N. student graduates:

   > Name
   > Street Address
   > City and State
   > Zip Code

2. Please provide the name and phone number, if known, of one graduate in each of the following four categories who, in your opinion, can be both objective about his or her experiences and articulate in describing them. (Please provide the date of graduation from the previous nursing program when known.)

   a) one who graduated from a diploma program prior to 1973

   b) one who graduated from a diploma program in 1973 or after

   c) one who graduated from an associate degree program prior to 1973

   d) one who graduated from an associate degree program in 1973 or after

3. Please provide the name and phone number of a person or persons in the school whom I should contact in the event of any questions or problems.

Text of Post Card

1. Please indicate the name of the school:

   _____

   _____

2. Please check one of the following:

   ___ I am unable to respond to your request.

   ___ I will respond to your request by _____.

   ___ I will respond to your request but cannot do so
       by _____. I will respond by _____
       (please specify an alternate date).

APPENDIX B

<u>Reminder Letter</u>

Dear   :

       During the summer I wrote asking for your help in conducting a
survey of recent R.N. baccalaureate graduates in New England. So far, I
have not received a response to this request.

       When sending the original letter, I knew that summer was a bad time
for correspondence of this nature. Unfortunately, with the pressures of
a full academic work schedule, this was the only time I had available to
concentrate on this research project. Recognizing that you may have
been away and unable to respond, I am enclosing another copy of the
original correspondence and hope that you will be able to assist me.

       To date, I have received positive responses from fifteen of the
twenty-five New England schools contacted initially. I am hoping that
you will be able to respond positively also. The value of the data
generated in the study will be enhanced if the sample is as
representative as possible.

       So that you may know the nature of the data to be generated and its
potential value to you in your own educational efforts, I have appended
a copy of the research questions which will guide the study.

       Thank you for your attention to my request. I look forward to your
response.

                              Sincerely,

                              Jane E. Murdock, Assistant Dean,
                              Student Affairs, and
                              Director, R.N. Counseling Center
                              School of Nursing
                              The University of Connecticut

                              Doctoral Candidate
                              Center for Curriculum Studies
                              School of Education
                              University of Massachusetts

Thank-You Letter

Dear   :

I was so pleased to receive your positive response to my request
for assistance in conducting a survey of the May 1983 R.N. baccalaureate
graduates in New England. Thank you for your help.

So far, fifteen of the twenty-five schools contacted initially have
agreed to cooperate. Follow-up requests have been sent to those who
have not yet responded and I am hopeful that they will agree to
participate also.

So that you may know the nature of the data to be generated and its
potential value to you in your own educational efforts, I have appended
a copy of the research questions which will guide the study. If all
goes well, I am projecting a Fall 1984 date for completion. I will be
sure that you receive a copy of the study results when they become
available.

Thank you again for your help.

Sincerely,

Jane E. Murdock, Assistant Dean,
Student Affairs, and
Director, R.N. Counseling Center
School of Nursing
The University of Connecticut

Doctoral Candidate
Center for Curriculum Studies
School of Education
University of Massachusetts

APPENDIX C

Survey of 1983 R.N. Baccalaureate Graduates

Research Questions

1. What are some of the relevant characteristics of diploma and associate degree registered nurses who return to schools in New England to extend their education to the baccalaureate level in nursing?

   What are the demographic characteristics of the subjects? What motivated them to return to school? What motivating forces were most powerful? From whom did they seek assistance in making the decision to return to school? In selecting a school? Why did they select the school in which they were enrolled? Did any major life event precipitate their return to school? How many credits did they transfer in? From how many different institutions? Did all of the credits apply toward requirements? How many credits did they earn by advanced placement? From the time they took the first course beyond their basic nursing education, how long did it take to complete the requirements for the degree? From what sources did they finance their return to school? What percentage from each source?

2. What are some of the conditions in the educational environment that help or hinder these returning registered nurse students in achieving their educational goals, and to what degree are the identified conditions helpful or hindering?

   What about themselves helped them to succeed? Hindered them? What would have helped them overcome the hindering conditions? What conditions in the educational environment helped them to succeed? Hindered them? What would have been more helpful? When the going got rough, what helped them the most? Of all things that hindered them, which were the most problematic?

3. Do the helpful and hindering conditions fall into any discernible patterns and if so, what is the nature of these patterns?

4. On the basis of these data, what changes might be made to strengthen the connections between returning registered nurse students and the educational environments provided to help them?

APPENDIX D

Interview Letter

Dear   :

     For the past two years as Director of the University of Connecticut
School of Nursing R.N. Counseling Center, and more recently as Assistant
Dean, I have been providing educational counseling to registered nurses
in Connecticut as they contemplate a return to school to earn the
baccalaureate degree in nursing. As I immersed myself in these
activities and, in addition, worked to make our own program more
responsive to the needs of R.N. students, I looked to the nursing
literature for guidance. Unfortunately, I came away from this
exploration with many unanswered questions. For example, I still
wondered, "How do most nurses manage to fit school into already busy
lives?" "What motivates them?" "What sustains them?" "What gets in
their way?"

     In order to do a better job in my position in the R.N. Counseling
Center, as well as to complete the requirements of my doctoral program
in the Center for Curriculum Studies at the University of Massachusetts
School of Education, I plan to conduct a study to address some of these
unanswered questions, particularly as they apply to R.N. students in New
England. As the first, and perhaps most important, step in conducting
the study, I plan to interview ten (10) 1983 R.N. baccalaureate
graduates who have been identified as objective, articulate informants
by the Deans or Directors of their respective schools. The interviews
will help me to identify the possible range of responses to the study
questions and capture them in the descriptive language of those closest
to the returning-to-school experience. As a second step, the study
questions and the range of responses generated from the interviews and
an extensive review of the literature will be incorporated in a
questionnaire and presented for their responses to all of the 1983 R.N.
baccalaureate graduates in New England.

     Your Dean/Director has recommended you to me to be among those I
interview. I hope that you will be willing to participate. The
attached research questions will provide the focus for the interview
which will be conducted at a time and place convenient for you,
hopefully some time during the latter part of January or early February
1984. The interview will last from one to one-and-a-half hours and will
be taped. I guarantee that all that is said during the interview will
be held in strictest confidence. No one else will have access to the
tapes and neither your name nor the name of your school will be
identified in any reports of the study.

Would you please indicate your willingness to participating by completing and returning the enclosed response questionnaire? A stamped self-addressed envelope is provided for your convenience. Your early response, by January 16, 1984, if possible, would be greatly appreciated. If you agree to participate, I will contact you by phone to arrange an appropriate time and place for the interview.

I am excited about the study and hope that you will share my enthusiasm. I believe that the information generated will provide useful guidelines for planning more responsive educational programs to help other R.N.s make a successful return to school. By participating in the study, you can play a significant role in making that happen. I look forward to hearing from you and hope that your response will be affirmative.

Sincerely,

Jane E. Murdock, Assistant Dean,
Student Affairs, and
Director, R.N. Counseling Center
School of Nursing
The University of Connecticut

Doctoral Candidate
Center for Curriculum Studies
School of Education
University of Massachusetts

Survey of 1983 R.N. Baccalaureate Graduates

Interview Response Questionnaire

1. Please indicate your name and address below:

   Name:_____

   Address:_____

   City:_____ State:_____ Zip:_____

2. Please check one of the following responses:

   a. _____ I am unwilling to be interviewed. (If you checked this
      response, you may stop here.)

   b. _____ I am willing to be interviewed. (If you checked this
      response, please go on to question #3.)

3. If you checked item 2b. above, please provide the following
   additional information.

   a. What is your telephone number?_____

   b. What are the best times to reach you at that number?_____

   _____

4. Is it permissible to contact you at work? (Please check one of the
   following responses.)

   a. _____ No. (If you checked this response, you may stop here.)

   b. _____ Yes. (If you checked this response, please go on to
      question #5.)

5. If you checked item 4b. above, please provide the following
   additional information.

   a. Where do you work?_____

   b. What is your work phone number?_____

   c. What are the best times to reach you at that number?_____

   _____

APPENDIX E

Interview Guide

Section A--Introduction

1. Interviewer will tell respondent something about herself--her
    background, training, and interest in the area of inquiry.

2. Interviewer will explain the purpose and nature of the study to the
    respondent, telling how or through whom she came to be selected.

3. Interviewer will give assurance that the respondent will remain
    anonymous in any written reports growing out of the study, and that
    her responses will be treated in the strictest confidence.

4. Interviewer will indicate that some questions may not be relevant
    to the respondent's circumstances. Since there are no right or
    wrong answers, she should not worry about these and do the best she
    can with them. Interviewer is only interested in her opinion and
    personal experiences.

5. Respondent is to feel perfectly free to interrupt, ask
    clarification of the interviewer, criticize a line of questioning,
    etc.

6. Interviewer will ask permission to tape record the interview
    explaining why she wishes to do this.

Section B--Factual Data

1. Respondent

    1. Name:

    2. Age:

    3. Sex:

    4. Family Educational History:

    5. Marital Status:

    6. Number of Children:

2. Basic Nursing Program

    1. Type of Program:

    2. Name of School:

3. Location:

4. Date of Graduation:

3. Baccalaureate Nursing Program

1. Type of Program:

2. Name of School:

3. Location:

Section C--Outline of Questions

1. Motivation for returning to school

1. What were the internal forces/external forces motivating the return to school?

2. Was the return to school precipitated by any major life event?

3. Which motivating forces were most powerful?

2. Sources of assistance in deciding to return to school

1. Who or what helped in making the decision to return?

2. How helpful were these sources of assistance?

3. Who or what could or would have helped more?

3. Factors associated with school selection

1. Why was school selected?

2. Was it a satisfactory choice?

3. If not, what other factors should have been considered?

4. Pattern of return to school

1. How long was it between the time of graduation from the basic program and the time when the first baccalaureate level course was taken?

2. How long until matriculation in the BSN program?

3. How many courses were taken between graduation from the basic program and matriculation in the BSN program?

4. Were these taken part-time? Where? Type of institution? How many each term? How many institutions?

5. What was helpful about this way of organizing the return to school?

6. What was not helpful?

5. Number of credits in transfer at matriculation in BSN program

1. Approximately how many? From how many institutions?

2. Did all count toward the degree requirements? If not, how many did not? Why not?

6. Number of credits earned by advanced placement in nursing courses

1. What method or methods of evaluation were used for awarding advanced placement credit in nursing courses?

2. How many credits were awarded in advanced placement in nursing courses?

3. Were any study aids provided to help in preparing for the advanced placement process? If so, what was provided? If not, how did you prepare?

7. Time required to complete the program

1. From the time the first course beyond the basic nursing program was taken, how long did it take to complete the requirements for the degree?

2. How much was done full-time? How much part-time?

3. Was some amount of full-time study required?

8. Sources of financing

1. From what sources was the return to school financed?

2. What percentage from each source?

9. Intrinsic conditions that helped or hindered

1. What about yourself helped you to succeed in the program? Hindered you?

2. What would have helped in overcoming the hindering conditions?

10. Conditions in the educational environment that helped or hindered

   1. What conditions in the educational environment helped you to succeed?

   2. What conditions hindered you?

   3. What would have been more helpful?

   4. When the going got rough, what helped you the most?

   5. Of all the things that hindered you, which were the most problematic?

APPENDIX F

Summary of Interviews

Interview #1

Reasons for Returning	Hindering Conditions	Helpful Conditions
- build self-confidence, self-esteem	- cost of tests high	- CLEP tests available--had no problems with these
- give good patient care	- taking on too much at a time	- instructors enjoyed having us
- had planned to go on sometime	- had to go full-time one year	- doing it for our own enjoyment
- can't stagnate	- hospital where I work not flexible	- could take exams as many times as you want
- enjoy it	- problems reviewing for challenge exams	- study guides, list of books provided
- feel good about myself	- nurses out a long time, away from content-- difficult to get refreshed	- instructors were relaxed with RNs
- wanted a broader base	- older students had more problems--were shocked by faculty/student informality	- instructors treated RNs as adults
Reasons for Choosing School	- culture shock	- hospital paid for 1/2 the program
- good program	- worked part-time	- planning ahead
- easy to travel		- flexibility in scheduling experiences
		- faculty were very encouraging
		- faculty were lenient with deadlines for assignments
		- faculty asked for feedback

Interview #1 (Continued)

Reasons for Choosing School	Hindering Conditions	Helpful Conditions
- attended before—had a good experience	- lost seniority in position and lost wages by cutting back to part-time work	- had to set priorities
- convenient	- unexpected occurrences—no control over them—led students to drop out	- it was a matter of balancing—getting kids and husbands involved
- knew it was accredited		- RNs learned a lot from each other
- all my previous credits counted	- RN students are over-achievers	- had a variety of faculty
- reasonably accessible	- transition group was ridiculous	- became a close, tight group
		- little competition among RNs
Sources of Guidance	- director of school very pro-4-year program—made RNs angry	- didn't make much difference if got an A or B—you're doing it for yourself anyway
- RN students from her BSN school	- attitudes of basic students	- could share without repercussions
- BSN instructors	- hostility toward being questioned after doing something for years—being treated as less than worthy	- flexible about assignments—had options to explore interests
	- RNs a threat to faculty	

Interview #1 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
	- gave more than got back in contacts with basic students	
	- in the beginning, didn't understand what I was learning, and why it was important	
	- each RN comes in with different skills	

Summary of Interviews

Interview #2

Reasons for Returning	Hindering Conditions	Helpful Conditions
- wanted to be in charge--couldn't do that without degree	- no access to BSN program early in her life	- support of the professors
- to keep pace with friends	- worked full-time while attending BSN program	- support of the students
- value education-- will always go to school	- pay is the same with or without degree--not much incentive	- faculty were sensitive to our problems and set up formal support groups
- getting ahead	- uncomfortable taking challenge exams	- picked up courses while working
- feeling important in peer group	- I am a compulsive person-- have to get A's	- employers stimulated interest in taking courses
- it's an exciting thing to do	- some professors not tuned in to adult learners	- were given a bibliography for challenge exam review
- really enjoy working-- if couldn't get job because of education would be devastated	- had trouble at first finding way through the system	- put together a portfolio to earn credit for experiences
- circumstances became right--had access, enough money, supportive husband	- not really a part of the campus when you go to the satellite programs	- having an end in sight--knowing exactly what you had to do to finish
		- part-time study available for entire program
		- worked at college--could take courses free

Interview #2 (Continued)

Reasons for Choosing School	Hindering Conditions	Helpful Conditions
- could take challenge exams	- had to drive a long way	- husband supportive--gives me that push when I get down
- had night courses	- there were a lot of times when you sat down and cried--working full-time, working for nurses' association, raising two kids, and a husband and doing everything else--it was panicville	- many instructors were diploma grads who had gone through returning to school themselves
- accessible		- faculty very responsive
- in tune with RNs		- student support system very important
- had satellite centers	- I'm struggling to get to the bottom	- orientation was critical in making you feel at ease
- affordable costs		- classes were all on one day

Sources of Guidance

- director of nursing where I worked		- could do your clinical in home area
- nurses' association very helpful		- faculty conferences could be by phone
- talk to people who had gone through it		- husband was a major help
		- got somebody to clean my house
		- had to let things go I would normally have done
		- if you want to do it you sacrifice for it

Summary of Interviews

Interview #3

Reasons for Returning

- I was frustrated after getting out of AD program--didn't prepare us well enough for what we were expected to know

- working with people from other professions--didn't really feel like I was prepared as a professional

Reasons for Choosing School

- only two choices available

- close to home

- familiar with institution

Hindering Conditions

- program not accredited

- working full-time

- felt guilty--not giving enough to work and family

- public speaking in classes hard for me

- traveling was a problem

Helpful Conditions

- feel more confident now in role as nurse

- AD credits transferred in directly

- attended part-time

- skipped a semester

- flexible work schedule

- employer paid part of costs

- had financial aid--BOG, student loan

- became a good organizer

- stress was a motivator

- husband had own business with flexible hours so could help more at home

- sister also going through program

- classes small and personal

- lots of flexibility and autonomy in program

Interview #3 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
- director of program		- gave each other professional support
		- learned as much from each other as from instructors
		- took a lot of pride in doing it
		- had encouragement of family and friends
		- I would like to be one of the people to change things in nursing

Summary of Interviews

Interview #4

Reasons for Returning	Hindering Conditions	Helpful Conditions
- didn't want to face fact that someday a job might not be available without BSN	- program not accredited	- did absolutely everything I could part-time
- may have to contribute to support of family in future	- three continuous class and clinical days was difficult	- 6-week review courses to earn credit for old science credits
- interested in school nursing	- group projects—horrendous to get together	- had review courses for nursing exams
- I had 87 credits and knew I should finish	- sometimes generic and RN needs different and groups needed to be separated	- classes were clustered on one day
- friend was persistent in urging me to return		- could do community health in school nurse role
- parents were willing to provide child care—time was right		- RN advisor a wonderful person—goes crazy trying to work things out for them
		- there is money out there if you know how to look for it
		- I had been successful in school and work before—had confidence in myself
		- faculty allowed you to make choices about your experiences

Interview #4 (Continued)

Reasons for Choosing School	Hindering Conditions	Helpful Conditions
- geographic location		- mix of RN and generic students was beneficial to both parties--generics vital and fearless
- it was small		
- knew some people there		- knowing that other students shared our problems
- it was a comfortable environment		

Sources of Guidance

- friend on faculty

Summary of Interviews

Interview #5

Reasons for Returning	Hindering Conditions	Helpful Conditions
- it was a dream I had—something I needed to do at some point in my life—but put it off	- had a fear of going back to school—that at my age I couldn't do it	- I tried one course and found I could do it
- skills I did not have to do a good job in my position	- the requirements would be overwhelming	- started with English 101
- if I'm going to do it, I have to do it now—can't put it off any longer	- cost of private institution	- used student loan and set money aside
	- had to postpone enrollment—family goals had to come first	- family very supportive
Reasons for Choosing School	- get discouraged with length of time to reach goal	- keep re-focusing on your goal
- stable program	- anxiety about challenge tests	- take one semester at a time
- school was accredited	- faculty were changing the curriculum	- course outlines, bibliographies provided to help in preparing for challenge exams
- got positive feedback about school— good reputation	- no formal support groups built into the program	- could do two tests at a time
		- tests were offered several times a month so you could pace yourself
		- I'm an achiever—have a strong motivation to excel at what I am doing

Interview #5 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
- college personnel - went to college and got the information	- my advisor very difficult to contact - never having enough time	- having other people in the program that were going through the same experience was a big help—could share our frustrations - plan time—make it all count - faculty had come same route—had empathy for us - when problem with advisor identified, I was assigned a new one - a family who understood - co-workers who understand - the administration was behind me - professors were flexible

Summary of Interviews

Interview #6

Reasons for Returning	Hindering Conditions	Helpful Conditions
- I started out in baccalaureate program and didn't do well--wanted to show myself I could do it	- my parents did not have a college education, couldn't guide me in my choices	- got what credits I could from the community college
		- did a little bit at a time
- wanted to return before credits were too old	- generic students resented us, our goals and motivations not the same and that's a problem grouping us with them	- was able to finish in one year full-time--had only nursing courses remaining
- the time was right	- RNs more stereotyped	- study packages provided for challenge tests
- I didn't want to be on the outside looking in		- had tuition reimbursement from work
- to feel good about myself		- husband was a big help
- want to grow		- parents help me out with child care
		- could use day care at community college
Reasons for Choosing School		- did it with friends
- it was a state school		- had someone I know to commute with
		- did not have to work

Interview #6 (Continued)

Reasons for Choosing School	Hindering Conditions	Helpful Conditions
- less expensive		- faculty willing to accommodate the RN students--responded to feedback
		- we had meetings of RN students
Sources of Guidance		- learned to beat the system
- BSN program materials		- put your energies into important things
- informational meeting with BSN director		- relationship with faculty was different--they didn't spoon feed you
		- faculty willing to listen to problems
		- faculty enjoyed teaching RNs
		- expanded my view of what a nurse is
		- could accelerate through some of the clinical experiences
		- I learned so much more because I wanted to be there
		- have to have realistic expectations of yourself
		- can achieve and be recognized

Summary of Interviews

Interview #7

Reasons for Returning	Hindering Conditions	Helpful Conditions
- had to do something with my time	- had to pay full-time tuition after 12 credits	- maintained part-time throughout
- having to support themselves	- required courses sometimes conflicted	- paid by the credit
- going through divorces	- RNs who didn't have contacts with generic students don't know the system, the course content and are lost when they confront challenges	- many possibilities for choices
- wanted a different position		- CLEP exams
	- was nervous taking tests—wondered how I could possibly pass them	- program requirements clear
Reasons for Choosing School	- transition course didn't help	- with planning could make better choices of courses
- had a flexible program	- frustration of not knowing who could help you	- could challenge sophomore and junior nursing courses
- allowed part-time	- nursing was repetitious	- allowed credits for life experience in liberal arts areas
- offer a lot of nursing courses after 4 p.m.	- instructors have unrealistic expectations of what a person can do	- courses were enjoyable and challenging
- half-price tuition after 4 p.m.		- generic students were a big help with the challenges
		- had an outline and readings for the challenges

Interview #7 (Continued)

Reasons for Choosing School	Hindering Conditions	Helpful Conditions
- convenient	- have to be a superperson	- generic and RNs derived mutual benefit from each other
Sources of Guidance	- instructors gave mixed messages, asked for feed- back, but didn't really want to hear it	- challenge tests could be repeated
- didn't need any assistance		- husband paid my expenses
	- nursing courses too sequential	- time payment plan available at the college
	- age span and experiences of RNs were very diverse-- many were specialists--but had to go back to the basics	- nursing classes once a week
		- tuition was part-time after 4 p.m.
		- faculty set up course at best of two locations
		- could take some credits at a less expensive school
		- some instructors were delights--assets to the program--very knowledgeable, cheerful, professional
		- learning packages too long
		- group support--to talk about your problems with others who were going through it at the same time

Interview #7 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
		- could vent our problems with some faculty who would pass on our concerns
		- don't waste all your energy complaining
		- helpful to talk to students who have been through the programs.

Summary of Interviews

Interview #8

Reasons for Returning	Hindering Conditions	Helpful Conditions
- friend urged me to go back after my children were grown	- peers were not nice about my going to school-- ridiculed my taking a music course for nursing	- husband who has encouraged me to go back to school
- feeling frustrated at work--had a lot of knowledge but it was not recognized	- had to work	- children were helpful
	- little financial aid	- taking first course was what got me hooked--not a large commitment--but then it snowballed
- couldn't go any- where--didn't like the idea of being a hand maiden	- nursing is isolated and segregated	- the support of a friend
	- counseling from knowledgeable advisor was missing before admission	- went part-time
- I enjoy going to school		- could earn credit by exam
	- need more management courses	- review classes were available to prepare for exams
Reasons for Choosing School		- take one semester at a time
- proximity		- had some tuition reimbursement
- costs		- attitude of the instructors empathetic and sympathetic
- the people and their credentials		- instructors listened and cared
		- could go to instructors with problems

Interview #8 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
		- many instructors are going to school themselves and know what it feels like
		- age span of the students--exchange of ideas between generations
		- small-group sessions provided support in addition to content
		- student services open in evening
		- both day-time and evening classes available
		- support from your peers
		- I look at nursing differently

Summary of Interviews

Interview #9

Reasons for Returning	Hindering Conditions	Helpful Conditions
- something I had always wanted to do	- worked full-time	- husband very academically oriented and was very supportive
- in my field most people are at least baccalaureate prepared and many are masters prepared	- must take exams—get only 15 credits	- courses offered in evening
	- can't take nursing courses if you do not pass NLNs the first time—with two failures you must leave the program	- program clearly outlined
- you can't go any further		- tuition reimbursement from my job
- long-term goal is teaching	- lack of flexibility in early years of the program	- position was flexible
		- I thrive on going to school
Reasons for Choosing School	- requirements were changed frequently	- worked closely with advisor in planning program
- seemed the best choice of the alternatives; I tried it to see and it was	- hard to re-learn how to study	- was up to date in clinical, so passing challenge exams was not difficult
	- being out of touch with the clinical setting	- teaching lab available
	- hard to learn how to organize things	- only paid for 11 credits of two degrees from own resources—the rest was from tuition reimbursement
		- when a new director came the problems disappeared

Interview #9 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
- director of BSN program	- you are competing with all sorts of students from all sorts of back-grounds	- people in the programs are adults, need to be treated as adults
- program brochures		- it was so different when I went back--a lot of flexibility with the teachers--they're always there to help you
- circle of friends are nursing oriented	- feel out of place with younger students--you don't want to feel like an outcast	- faculty are all very bright people--they're not one-sided; they give you room to grow and to share your experiences
	- it was a struggle to do papers	- faculty are all there most of the time
	- math was weak, made science courses difficult	- advisor stays with you throughout the program
		- being older, I appreciated my education
		- focus attention on important things
		- faculty listen to what you say and change appropriately
		- they have faculty-student meetings constantly

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Interview #9 (Continued)

Sources of Guidance	Hindering Conditions	Helpful Conditions
		- student group was tightly knit--you have to have that support or you'll go crazy
		- there are now pre-planned, formal support groups
		- students participate on faculty committees
		- students and faculty work well together
		- evening classes
		- student services open in evening
		- faculty enjoyed RN students
		- learned new things

APPENDIX G

Characteristics of Registered Nurse Students
and Their Returning-to-School Experiences
in New England

Questionnaire

Jane E. Murdock

R.N. Counseling Center
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School of Nursing

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1

PART I. THE R.N.-B.S.N. EXPERIENCE: REASONS FOR RETURNING, WHAT HINDERS, WHAT HELPS.

1. The following have been identified by R.N.s as reasons why they return to school for the B.S.N. Which of these influenced your personal decision to enter a B.S.N. program? (**Check all that apply.**)

    _____ 1. To prepare for extended/expanded roles in nursing
    _____ 2. To keep up with the education of my spouse, children, friends, associates
    _____ 3. Because the B.S.N. soon will be required as entry level
    _____ 4. To improve the quality of patient care
    _____ 5. To increase my professional status
    _____ 6. To obtain a promotion
    _____ 7. To meet the prerequisites for a graduate degree
    _____ 8. To acquire new knowledge
    _____ 9. Because I enjoy the academic environment
    _____ 10. To learn just for the sake of learning
    _____ 11. To feel better about myself
    _____ 12. To obtain a well-rounded education
    _____ 13. Because the B.S.N. is required/expected in my job
    _____ 14. To become more effective as a citizen of my community
    _____ 15. To make better use of my leisure time
    _____ 16. To increase my competence on the job
    _____ 17. Other:_____
    (please specify)

2. Which **three** of the reasons for returning to school listed above in question 1 were the **most influential** in your personal decision to enter a B.S.N. program? (**Enter the item number of your three most influential reasons on the lines provided below.**)

    (Item #) _____ **most** influential
    (Item #) _____ **next most** influential
    (Item #) _____ **third most** influential

3. From which of the following sources did you receive guidance when making your decision to return to school for the B.S.N.? (**Check all that apply.**)

    _____ 1. publications from professional organizations
    _____ 2. staff of professional organizations
    _____ 3. former faculty in my associate degree or diploma nursing program
    _____ 4. B.S.N. faculty
    _____ 5. R.N.-B.S.N. students
    _____ 6. my boss
    _____ 7. my co-workers
    _____ 8. instructor in staff development department
    _____ 9. publications from B.S.N. programs
    _____ 10. continuing education workshop
    _____ 11. career counseling center
    _____ 12. other:_____
    (please specify)

2

4. Which three of the sources of guidance listed above in question 3 were the most helpful to you when you were making your decision to return to school for the B.S.N.? (**Enter the item number of the three most helpful sources on the lines provided below.**)

(Item #) _____ **most** helpful
(Item #) _____ **next** most helpful
(Item #) _____ **third most** helpful

5. The following have been identified by R.N.s as factors influencing their selection of a particular B.S.N. program. Which of these influenced you to select the B.S.N. program from which you eventually graduated? (**Check all that apply.**)

_____ 1. only choice available
_____ 2. affordable tuition and fees
_____ 3. close to home/work
_____ 4. satellite/outreach courses available
_____ 5. reputation of school
_____ 6. size of student body
_____ 7. responsiveness to needs of R.N. students
_____ 8. separate track for R.N. students
_____ 9. stability of program
_____ 10. N.L.N. accreditation
_____ 11. credits awarded for past knowledge/experience
_____ 12. availability of financial aid
_____ 13. many friends, family are alumni
_____ 14. other: _____
(please specify)

6. Which **three** of the selection factors listed above in question 5 were the **most influential** in your choice of your B.S.N. program? (**Enter the item number for the three most influential selection factors in the blanks provided below.**)

(Item #) _____ **most** influential
(Item #) _____ **next most** influential
(Item #) _____ **third most** influential

7. The following conditions have been identified by R.N.s as those that **hinder** them in their return to school for the B.S.N. To what extent did each of these hinder you as you progressed through your B.S.N. program? (**Circle the appropriate response using the following code:**)

    0 = not present in my experience
    1 = present in my experience but did not hinder me
    2 = present in my experience and hindered me slightly
    3 = present in my experience and hindered me moderately
    4 = present in my experience and hindered me greatly

1. Balancing the demands of multiple roles (i.e.,
spouse, parent, daughter/son, worker, student)   0 1 2 3 4
2. Having to work part-time to support myself
while attending school   0 1 2 3 4

3

3. Sustaining my motivation over the prolonged period required to complete degree requirements   0 1 2 3 4
4. Lack of encouragement/support from my co-workers   0 1 2 3 4
5. Inappropriate admission requirements for adult students (i.e., SAT tests required, HS GPA weighted heavily in decision)   0 1 2 3 4
6. Child care difficult to arrange   0 1 2 3 4
7. Overcoming a weak academic background (i.e., math skills, writing skills, reading level)   0 1 2 3 4
8. Having to work full-time to support myself while attending school   0 1 2 3 4
9. Insensitivity/unresponsiveness of general college faculty to special needs of adult students   0 1 2 3 4
10. Financial aid not available   0 1 2 3 4
11. Restrictive time limits for completing the degree requirements   0 1 2 3 4
12. Lack of confidence in my academic ability   0 1 2 3 4
13. Too few challenge exams available in non-nursing subjects   0 1 2 3 4
14. Nursing courses not relevant to my needs   0 1 2 3 4
15. Inconvenient scheduling of classes, labs, office hours   0 1 2 3 4
16. Preparing adequately for the wide range of content in nursing challenge exams   0 1 2 3 4
17. My own feelings of stress/anxiety/fatigue in response to the demands placed on my time and energies   0 1 2 3 4
18. Feeling out of place among younger students   0 1 2 3 4
19. Dealing with my own feelings of anger/hostility in the process of taking on new values and roles in nursing   0 1 2 3 4
20. Lack of encouragement/support from my employer   0 1 2 3 4
21. College/university restrictions on part-time study   0 1 2 3 4
22. Expecting too much of myself   0 1 2 3 4
23. Getting used to studying again   0 1 2 3 4
24. Too little credit granted for previous knowledge/experience in nursing   0 1 2 3 4
25. Restrictive college/university residency requirements (a certain number of credits **must** be completed in that institution, usually full-time)   0 1 2 3 4
26. lack of encouragement/support from people closest to me (family, friends)   0 1 2 3 4

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27.	Too much repetition of content in nursing courses	0 1 2 3 4
28.	Having to commute unreasonably long distances to attend class/clinical	0 1 2 3 4
29.	Managing my time to be able to meet all my obligations	0 1 2 3 4
30.	Lack of support systems for R.N. students in the school of nursing	0 1 2 3 4
31.	Insensitivity/unresponsiveness of nursing faculty to special needs of R.N. students	0 1 2 3 4
32.	Not enough individualization of learning experiences	0 1 2 3 4
33.	Finding funds for tuition, fees, books, challenge exams, etc.	0 1 2 3 4
34.	Loss of transfer credit because of restrictive college/university credit review policies (how old credits may be, rules governing equivalency)	0 1 2 3 4
35.	Lack of support systems for adult students on campus	0 1 2 3 4
36.	Learning to deal with the academic system (i.e., registration, fee bills, academic policies, etc.)	0 1 2 3 4
37.	Having to invest a prolonged period of time to complete the degree requirements	0 1 2 3 4

8. Which **five** of the conditions listed above in question 7 hindered you the most in your return to school for the B.S.N.? (**Enter the item number of the five most hindering conditions on the lines provided below.**)

(Item #) _____ **most** hindering
(Item #) _____ **next most** hindering
(Item #) _____ **third most** hindering
(Item #) _____ **fourth most** hindering
(Item #) _____ **fifth most** hindering

9. There are many reasons why R.N. students do not complete a B.S.N. program. Based on your experience, which of the following reasons contributed **most** to the drop-out of your classmates? (**Check one only.**)

_____ 1. poor academic performance
_____ 2. financial costs (i.e., tuition, fees, books, etc.)
_____ 3. family responsibilities
_____ 4. conflict with work situation (i.e., work hours)
_____ 5. conflict with college/nursing program policies (i.e., class hours)
_____ 6. amount of time required to complete nursing program
_____ 7. tired of school/studying
_____ 8. other:_____
(please specify)

5

10. The following conditions have been identified by R.N.s as those that help them in their return to school for the B.S.N. Some may have been present in your experience, others may not. In this question, you are asked to make two judgments for each condition: 1) Was the condition **present** or **not present** in your experience? 2) If present in your experience, **how helpful was** it to you; if not present, **how helpful would it have been?** Please respond in the first box at the right if the condition was present, and in the second box, if the condition was not present. Circle the appropriate response using the following code:

1 = not helpful
2 = slightly helpful
3 = moderately helpful
4 = very helpful

Conditions	Condition Present				Condition Not Present			
1. Student services such as the registrar, bursar, bookstore, etc. were open on off-hours to accommodate adult students.	1	2	3	4	1	2	3	4
2. Nursing challenge exams were offered frequently.	1	2	3	4	1	2	3	4
3. I learned to take things one day at a time, not letting myself become overwhelmed by the whole.	1	2	3	4	1	2	3	4
4. Faculty provided a class environment where R.N. students could learn from each other as well as from the teacher.	1	2	3	4	1	2	3	4
5. Nursing challenge exams could be repeated without penalty.	1	2	3	4	1	2	3	4
6. Classes were offered off-campus at outreach or satellite locations.	1	2	3	4	1	2	3	4
7. Faculty were willing to be flexible about the nature of assignments and/or deadlines when student pressures became overwhelming.	1	2	3	4	1	2	3	4
8. My academic advisor provided sensitive support/counseling to help me deal with problems.	1	2	3	4	1	2	3	4
9. The R.N. students' work setting could be used for their clinical experiences in the nursing program.	1	2	3	4	1	2	3	4
10. Classes were offered on weekends.	1	2	3	4	1	2	3	4

8

Conditions	Condition Present				Condition Not Present			
	1	2	3	4	1	2	3	4
11. Tutoring was available if needed.	1	2	3	4	1	2	3	4
12. I learned to plan ahead for the most efficient use of my time.	1	2	3	4	1	2	3	4
13. An orientation program was provided for adult students to ease their entry into the college environment.	1	2	3	4	1	2	3	4
14. Contacts between R.N. students and the generic students in the program contributed to the experiences of both groups (in sharing information, providing support).	1	2	3	4	1	2	3	4
15. The financial aid office provided counseling regarding sources of funding for adult students.	1	2	3	4	1	2	3	4
16. R.N. students formed study groups to share resources and help each other prepare for assignments and tests.	1	2	3	4	1	2	3	4
17. Remedial assistance was available if needed (i.e., study skills, math, reding or writing skills).	1	2	3	4	1	2	3	4
18. One person on the faculty was identified as the R.N. student coordinator/advocate to trouble-shoot and resolve problems that affected us either individually or as a group	1	2	3	4	1	2	3	4
19. The program requirements were very clear; you knew just what you had to do to earn the degree	1	2	3	4	1	2	3	4
20. There was an adult student center on campus where you could go for information and counseling.	1	2	3	4	1	2	3	4
21. I could have conferences with faculty by phone, closed circuit TV, or tapes to save on driving time.	1	2	3	4	1	2	3	4
22. Self-directed or independent study projects were used as one way of individualizing the program to varying student interest.	1	2	3	4	1	2	3	4

7

Conditions	Condition Present				Condition Not Present			
23. A transition or 'bridge' course was provided early in the curriculum to ease our entry to the nursing program (i.e., to explore gaps in content, to clarify values, to explore reactions to new professional roles, etc.).	1	2	3	4	1	2	3	4
24. Nursing courses were offered in the summer.	1	2	3	4	1	2	3	4
25. Classes were offered in the evening.	1	2	3	4	1	2	3	4
26. I learned not to spend my energy in non-productive ways (i.e., fighting the system, overpreparing)	1	2	3	4	1	2	3	4
27. Part-time study was permitted during most or all of the program.	1	2	3	4	1	2	3	4
28. Review classes were provided to help in preparing for nursing challenge exams.	1	2	3	4	1	2	3	4
29. The sequence of nursing courses was flexible enough to permit me to complete the program without unnecessary loss of time.	1	2	3	4	1	2	3	4
30. The R.N. students in the program were taught separately in special class sections throughout most or all of the program.	1	2	3	4	1	2	3	4
31. My family pitched in to help me keep up with the demands on my time (i.e., baby-sitting, sharing responsibility for cooking, cleaning, etc.).	1	2	3	4	1	2	3	4
32. The nursing program provided new theoretical insights without undue repetition of what I already knew.	1	2	3	4	1	2	3	4
33. Tuition and fees bill could be paid in smaller monthly installments.	1	2	3	4	1	2	3	4
34. Formal support groups were scheduled to help R.N. students make the transition to a student role (i.e., for ventilation and support; to learn skills in time, and stress management).	1	2	3	4	1	2	3	4

8

	Conditions	Condition Present				Condition Not Present			
35.	Many faculty were former associate degree and diploma graduates who had climbed the educational ladder to B.S.N., M.S., and even doctorate; they were especially empathetic/supportive as a result.	1	2	3	4	1	2	3	4
36.	My academic advisor was readily available when I needed her.	1	2	3	4	1	2	3	4
37.	The nursing program was intellectually challenging.	1	2	3	4	1	2	3	4
38.	Faculty asked for feedback from R.N. students (i.e., student representatives on committees, regularly scheduled meetings with students).	1	2	3	4	1	2	3	4
39.	Child care services were provided on campus.	1	2	3	4	1	2	3	4
40.	My employer was willing to be flexible about my work schedule.	1	2	3	4	1	2	3	4
41.	Student feedback usually led to changes-- even if only small ones.	1	2	3	4	1	2	3	4
42.	I learned to establish realistic expectations of what I could do and what I could not do.	1	2	3	4	1	2	3	4
43.	Classes were offered in a block on one or two days a week.	1	2	3	4	1	2	3	4
44.	Faculty were willing to plan individualized ways for R.N. students to meet course and/or clinical objectives.	1	2	3	4	1	2	3	4
45.	When the going got really rough I would step back and remind myself of my reasons for returning to school, sort of re-focus myself on my goal.	1	2	3	4	1	2	3	4
46.	Informal R.N. student groups which emerged over coffee, after class, in carpools, etc. provided a source of support for us in dealing with our mutual concerns.	1	2	3	4	1	2	3	4
47.	R.N. students actively participated in planning their own learning experiences.	1	2	3	4	1	2	3	4

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Conditions	Condition Present				Condition Not Present			
48. Faculty made R.N. students feel welcome in the program.	1	2	3	4	1	2	3	4
49. The nursing program widened my scope of nursing practice (i.e., new practice areas, new roles).	1	2	3	4	1	2	3	4
50. Study guides were provided to help in preparing for nursing challenge exams.	1	2	3	4	1	2	3	4
51. My co-workers provided encouragement/ support.	1	2	3	4	1	2	3	4
52. Faculty seemed to enjoy teaching R.N. students.	1	2	3	4	1	2	3	4

11. Which **five** of the conditions listed above in question 10 that were **actually present** in your experience helped you the most in your return to school for the B.S.N.? (**Enter the item number of the five most helpful conditions on the lines provided below.**)

(Item #) _____ **most** helpful of all the conditions that were actually present
(Item #) _____ **next most** helpful of all the conditions that were actually present
(Item #) _____ **third most** helpful of all the conditions that were actually present
(Item #) _____ **fourth most** helpful of all the conditions that were actually present
(Item #) _____ **fifth most** helpful of all the conditions that were actually present

12. Which **five** of the conditions listed above in question 10, though not present in your experience, would have helped you the most if they had been present? (**Enter the item number of the five conditions that would have been most helpful to you on the lines provided below.**)

(Item #) _____ If present, would have been **most** helpful.
(Item #) _____ If present, would have been **next most** helpful.
(Item #) _____ If present, would have been **third most** helpful.
(Item #) _____ If present, would have been **fourth most** helpful.
(Item #) _____ if present, would have been **fifth most** helpful.

10

PART II. EDUCATION AND WORK HISTORY

13. In which type of program did you receive your basic nursing education? (**Check one.**)

_____ 1. Diploma
_____ 2. Associate Degree

14. What year did you graduate from your basic nursing program? (**Enter the year of your graduation on the blank provided below.**)

_____

15. How many years have you been actively involved in nursing practice? (**Check one.**)

_____ 1. 0 - 5 years
_____ 2. 6-10 years
_____ 3. 11-15 years
_____ 4. 16-20 years
_____ 5. 21-25 years
_____ 6. 26-30 years
_____ 7. over 30 years

16. How soon after you graduated from your basic nursing program did you take the first course toward the B.S.N. degree? (**Check one.**)

_____ 1. less than 1 year
_____ 2. 1- 5 years
_____ 3. 6-10 years
_____ 4. 11-15 years
_____ 5. 16-20 years
_____ 6. over 20 years

17. From the time you took the first course, how many years did it take you to complete all of the degree requirements? (**Check one.**)

_____ 1. 2 years or less
_____ 2. 3- 5 years
_____ 3. 6-10 years
_____ 4. 11-15 years
_____ 5. 16-20 years
_____ 6. over 20 years

18. How many colleges/universities did you attend in all while fulfilling the B.S.N. degree requirements? Please include your basic nursing program, if appropriate, and your B.S.N. program in the total. (**Check one.**)

_____ 1. 1- 2 colleges/universities
_____ 2. 3- 4 colleges/universities
_____ 3. 5- 6 colleges/universities
_____ 4. 7- 8 colleges/universities
_____ 5. 9-10 colleges/universities
_____ 6. more than 10 colleges/ universities

19. While you were enrolled in your B.S.N. program, what percentage of your financial support came from each of the following sources? (**Insert approximate percent (%) on each of the appropriate lines being sure that the total does not exceed 100%.**)

_____ % 1. personal or family savings
_____ % 2. current earnings of self and/or spouse
_____ % 3. scholarships
_____ % 4. loans
_____ % 5. tuition reimbursement from employer
_____ % 6. G.I. benefits
_____ % 7. other:_____
_____(please specify)
100 % TOTAL

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20. When you enrolled in your B.S.N. program, approximately how many credits were you granted from each of the following sources? (**Check the appropriate box in each of the columns below.**)

Source	none	1-15 credits	16-30 credits	31-45 credits	over 45 credits
1. Transfer credits for general college courses	____	____	____	____	____
2. Transfer credits for nursing courses.	____				____
3. Credits by examination for general college courses (i.e., CLEP, ACT)	____	____	____	____	____
4. Credits by examination for nursing courses (i.e., NLN, ACT/PEP, teacher-made tests)	____	____			____
5. Credits from evaluation of life/work experiences (i.e., portfolio review)	____	____			____

21. Approximately how many transfer credits did you lose because your college courses were either too old or did not apply to degree requirements? (**Check one.**)

    _____ 1. none
    _____ 2. 1-15 credits
    _____ 3. 16-30 credits
    _____ 4. 31-45 credits
    _____ 5. more than 45 credits

22. What was your overall grade average in high school? In your basic nursing program? In your B.S.N. program? (**Check the appropriate box in each of the columns below.**)

Grade Average	High School	Basic Nursing	B.S.N. Program
1. A	____	____	____
2. A-	____	____	____
3. B+	____	____	____
4. B	____	____	____
5. B-	____	____	____
6. C+	____	____	____
7. C	____	____	____
8. C-	____	____	____
9. D or less	____	____	____

12

23. What is the highest educational level achieved by your mother? Your father?
    Your husband, if applicable? (**Check the appropriate box in each of the
    columns below.**)

Educational Level	Mother	Father	Husband
1. less than high school			
2. high school			
3. apprenticeship in trade			
4. Associate's degree			
5. Bachelor's degree			
6. Master's degree			
7. professional degree (M.D., D.D.S., J.D., etc.)			
8. doctorate (Ph.D. or Ed.D.)			

24. At the present time, what is the highest degree you plan to attain in your
    career? (**Check one only.**)
    _____ 1. Bachelor's degree in nursing
    _____ 2. Master's degree in nursing
    _____ 3. Master's degree in another field
    _____ 4. Doctorate in nursing
    _____ 5. Doctorate in another field

25. What type of nursing position were you employed in before you entered the
    B.S.N. program? What is your current position? (**Check the appropriate box in
    each of the columns below.**)

Nursing Position	Before B.S.N.	Current Position
1. none--unemployed		
2. none--student		
3. staff nurse--hospital		
4. staff nurse--ambulatory care		
5. staff nurse--temporary agency		
6. public health nurse		
7. school nurse		
8. office nurse		
9. occupational health nurse		
10. head nurse--any setting		
11. nursing administrator--any setting		
12. instructor--inservice		
13. instructor--nursing school		
14. clinical specialist		
15. nurse practitioner		
16. other:_____		

(please specify)

13

PART III.   PERSONAL INFORMATION

26.   What is your sex?   **(Check one.)**
_____ 1.   female
_____ 2.   male

27.   What is your age?   **(Check one.)**
_____ 1.   25 years of age or less
_____ 2.   26-30 years of age
_____ 3.   31-35 years of age
_____ 4.   36-40 years of age
_____ 5.   40-45 years of age
_____ 6.   45-50 years of age
_____ 7.   over 50 years of age

28.   What is your ethnic group?
(Check one.)
_____ 1.   white
_____ 2.   Black
_____ 3.   Hispanic
_____ 4.   Asian
_____ 5.   other (please specify)_____

29.   What is your marital status?
(Check one.)
_____ 1.   single/never married
_____ 2.   married
_____ 3.   separated
_____ 4.   divorced
_____ 5.   widowed

30.   How many children do you have?   **(Check one.)**
_____ 1.   none ———————
_____ 2.   one
_____ 3.   two
_____ 4.   three
_____ 5.   four
_____ 6.   five or more

> If you selected this response, you may stop here. The remainder of the questions relate to children and child care and are not pertinent to you. Thank you for your cooperation in completing the questionnaire. Your assistance is greatly appreciated!

31.   While you were attending the major portion of your B.S.N. program, how many of your children were pre-schoolers? In grades K-12? In high school? In college? On their own? **(Check the appropriate box in each of the columns below.)**

# Children	Pre-Schoolers	Grades K-12	High School	College	On Their Own
1. none					
2. one	_____	_____	_____	_____	_____
3. two	_____	_____	_____	_____	_____
4. three	_____	_____	_____	_____	_____
5. four	_____	_____	_____	_____	_____
6. five or more	_____	_____	_____	_____	_____

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32. Which of the following types of child care did you provide for your children when you were away from home because of school commitments? (**Check all that apply.**)

_____ 1. none needed, no young children
_____ 2. none needed, children in school
_____ 3. grandparents or other close relatives
_____ 4. husband
_____ 5. close friend/neighbor
_____ 6. housekeeper
_____ 7. babysitter, at home
_____ 8. babysitter, away from home
_____ 9. day care center
_____10. cooperative care in a commune or joint household
_____11. other: _____
                                    (please specify)

This is the end. Thank you for your cooperation in completing the questionnaire. Your assistance is greatly appreciated!

APPENDIX H

<u>Pilot Letter--R.N. Students</u>

Dear R.N. Student:

Thank you for agreeing to help me pilot the attached questionnaire. It will be used in a study entitled "Characteristics of Registered Nurse Students and Their Returning-to-School Experiences in New England." The study represents a final step for me in completing the requirements for a doctoral degree from the University of Massachusetts School of Education, my own most recent adventure in climbing the educational ladder.

Would you please do the following:

1. Complete the questionnaire from your perspective as an R.N. student. Since the final draft will be completed by those who have already graduated, some of the questions may not apply to you. Just skip over these questions.

2. Make note of your starting and ending times and calculate the amount of time it takes you to complete the questionnaire.

3. Answer the questions on the attached critique form. You may also write comments directly on the questionnaire.

4. Return the questionnaire and the critique by _____ following the verbal directions of the person who distributes the questionnaire to you.

Thank you again for your help.

Sincerely,

Jane E. Murdock
Assistant Dean, Student Affairs
Director, R.N. Counseling Center

Pilot Study Critique Form--R.N. Students

1. How long did it take you to complete the questionnaire?

2. Do you think the questionnaire is too long? If so, what would you delete?

3. Are the directions clear? If not, which ones were unclear? What would make them clearer?

4. Are the questions clear? If not, which ones are unclear? What would make them clearer?

5. Do the questions address the major aspects of the returning-to-school experience? What, if anything, would you add? What, if anything, would you delete?

APPENDIX I

<u>Pilot Letter--Faculty</u>

Dear   :

    Thank you for agreeing to help me by critiquing the attached
questionnaire. It will be used in a study entitled "Characteristics of
Registered Nurse Students and Their Returning-to-School Experiences in
New England."

    The study represents the final step for me in completing the
requirements for the doctoral degree from the University of
Massachusetts School of Education. Essentially, the study asks the
following questions: Who are the students? What motivates them to
return? What problems do they face? What educational conditions
contribute most to their success? The questionnaire items were
developed on the basis of an extensive review of the adult education and
nursing literature and the analysis of nine interviews with R.N.
students residing in various sections of New England.

    I am particularly interested in your response to the questions on
the attached critique form. However, please feel free to write other
comments directly on the questionnaire. The more the better, actually.

    Please return the questionnaire and critique to me by _____.
Thank you again for your help.

                         Sincerely,

                         Jane E. Murdock

Pilot Study Critique Form--Nursing Faculty

1. Is the questionnaire a reasonable length? Too long? If so, what would you delete?

2. Are the directions clear? If not, which ones were unclear? What would make them clearer?

3. Are the questions clear? If not, which ones are unclear? What would make them clearer?

4. Do the questions address the major aspects of the returning-to-school experience? What, if anything, would you add? What, if anything, would you delete?

APPENDIX J

ID Number_____

Characteristics of Registered Nurse Students
and Their Returning-to-School Experiences:
Toward Creating More Responsive Educational Environments

Questionnaire

Jane E. Murdock

RN Counseling Center
The University of Connecticut
School of Nursing

Center For Curriculum Studies
The University of Massachusetts
School of Education

PART I. THE RN-BSN EXPERIENCE: REASONS FOR RETURNING, WHAT HINDERS, WHAT HELPS.

1. The following have been identified by RNs as reasons why they return to school for the BSN. Which of these influenced your personal decision to enter a BSN program? (**Check all that apply. Later you will be asked which reason was the most influential. Keep this in mind as you read through the items.**)

  _____ 1. To prepare for extended/expanded roles in nursing
  _____ 2. To keep up with the education of my spouse, children, friends, associates
  _____ 3. Because the BSN soon will be required as entry level
  _____ 4. To improve the quality of patient care
  _____ 5. To increase my professional status
  _____ 6. To obtain a promotion
  _____ 7. To meet the prerequisites for a graduate degree
  _____ 8. To acquire new knowledge
  _____ 9. Because I enjoy the academic environment
  _____10. To learn just for the sake of learning
  _____11. To feel better about myself
  _____12. To obtain a well-rounded education
  _____13. Because the BSN is required/expected in my job
  _____14. To become more effective as a citizen of my community
  _____15. To make better use of my leisure time
  _____16. To increase my competence on the job
  _____17. Other:_____
        (please specify)

2. Which one of the reasons for returning to school listed above in question #1 was the most influential in your personal decision to enter a BSN program? (**Enter the item number of the most influential reason on the line provided below.**)

(Item #) _____ most influential reason for returning to school

3. From which of the following sources did you receive guidance when making your decision to return to school for the BSN? (**Check all that apply. Later you will be asked which source was the most helpful. Keep this in mind as you read through the items.**)

  _____ 1. publications from professional organizations
  _____ 2. staff of professional organizations
  _____ 3. faculty in associate degree or diploma nursing programs
  _____ 4. BSN faculty
  _____ 5. RN-BSN students
  _____ 6. boss
  _____ 7. co-workers
  _____ 8. instructor in staff development department
  _____ 9. publications from BSN programs
  _____10. continuing education workshop
  _____11. career counseling center
  _____12. other:_____
        (please specify)

4. Which one of the sources of guidance listed above in question #3 was the most helpful to you when you were making your decision to return to school for the BSN? (**Enter the item number of the most helpful source on the line provided below.**)

(Item #) _____ most helpful source of guidance

1   (Continue to Page 2)

5. The following have been identified by RNs as factors influencing their selection of a particular BSN program. Which of these influenced you to select the BSN program from which you eventually graduated? (**Check all that apply. Later you will be asked which selection factor was most influential. Keep this in mind as you read through the items.**)

_____ 1. only choice available
_____ 2. affordable tuition and fees
_____ 3. close to home/work
_____ 4. satellite/outreach courses available
_____ 5. reputation of school
_____ 6. size of student body
_____ 7. responsiveness to needs of RN students
_____ 8. separate track for RN students
_____ 9. stability of program
_____10. NLN accreditation
_____11. credits awarded for past knowledge/experience
_____12. availability of financial aid
_____13. friends, family are alumni
_____14. other:_____
(please specify)

6. Which one of the selection factors listed above in question #5 was the most influential in your choice of your BSN program? (**Enter the item number for the most influential selection factor on the line provided below.**)

(Item #) _____ most influential factor in selecting your BSN program

7. The following conditions have been identified by RNs as those that hinder them in their return to school for the BSN. Some may have been present in your experience, others may not. Please use the following code to indicate how each of these conditions influenced you as you progressed through your BSN program. (**Circle the appropriate number to the right of each condition. Later you will be asked which condition was the most hindering. Keep this in mind as you read through the items.**)

0 = condition not present in my experience	1 = condition present but did not hinder me	2 = condition present and hindered me slightly	3 = condition present and hindered me moderately	4 = condition present and hindered me greatly

Conditions	Influence upon your experience				
1. I had to balance the demands of multiple roles	0	1	2	3	4
2. I had to work part-time.	0	1	2	3	4
3. I had to work full-time.	0	1	2	3	4
4. It was difficult to sustain my motivation over the prolonged period required to complete degree requirements.	0	1	2	3	4
5. College/university admission requirements were inappropriate for adult students.	0	1	2	3	4
6. Child care was difficult to arrange.	0	1	2	3	4

2

0 = condition not present in my experience	1 = condition present but did not hinder me	2 = condition present and hindered me slightly	3 = condition present and hindered me moderately	4 = condition present and hindered me greatly

Conditions	Influence upon your experience
7. I had to overcome a weak academic background (e.g., math, writing, reading).	0 1 2 3 4
8. My co-workers were not supportive.	0 1 2 3 4
9. Most general college faculty were not responsive to the special needs of adult students.	0 1 2 3 4
10. Financial aid was not available.	0 1 2 3 4
11. The time limits for completing the degree requirements were too restrictive.	0 1 2 3 4
12. I lacked confidence in my academic ability.	0 1 2 3 4
13. Too few challenge exams were available in non-nursing subjects.	0 1 2 3 4
14. Nursing courses were not relevant to my needs.	0 1 2 3 4
15. Classes, labs, faculty office hours were scheduled at inconvenient times.	0 1 2 3 4
16. It was difficult to prepare adequately for the wide range of content in the nursing challenge exams.	0 1 2 3 4
17. It was difficult to deal with the stress created by the multiple demands on my time and energies.	0 1 2 3 4
18. I felt out of place among younger students.	0 1 2 3 4
19. It was difficult to deal with my own anger/hostility in the process of taking on new values and roles in nursing.	0 1 2 3 4
20. My employer was not supportive.	0 1 2 3 4
21. The college/university had restrictions on part-time study.	0 1 2 3 4
22. I expected too much of myself.	0 1 2 3 4
23. It was difficult to get used to studying again.	0 1 2 3 4
24. Too little credit was awarded for my previous knowledge/ experience in nursing.	0 1 2 3 4
25. College/university residency requirements were too restrictive.	0 1 2 3 4
26. The people closest to me (family, friends) were not supportive.	0 1 2 3 4

3

0 = condition not present in my experience	1 = condition present but did not hinder me	2 = condition present and hindered me slightly	3 = condition present and hindered me moderately	4 = condition present and hindered me greatly

Conditions	Influence upon your experience				
	0	1	2	3	4
27. There was too much repetition of content in nursing courses.					
28. I had to commute unreasonably long distances to attend class/clinical.	0	1	2	3	4
29. It was difficult to manage my time to meet all my obligations.	0	1	2	3	4
30. The school of nursing did not provide support services for RN students	0	1	2	3	4
31. Most nursing faculty were not responsive to the special needs of RN students.	0	1	2	3	4
32. There was too little individualization of the learning experiences in nursing courses.	0	1	2	3	4
33. It was difficult to find funds for school-related expenses.	0	1	2	3	4
34. I lost transfer credit because of restrictive college/university credit review policies.	0	1	2	3	4
35. Support services were not provided for adult students.	0	1	2	3	4
36. It was difficult to learn to deal with the academic system.	0	1	2	3	4
37. I had to invest a prolonged period of time to complete degree requirements.	0	1	2	3	4

8. Which one of the conditions listed above in question #7 hindered you the most in your return to school for the BSN? (**Enter the item number of the most hindering condition on the line provided below.**)

(Item #) _____ most hindering condition

4

9. The following conditions have been identified by RNs as those that help them in their return to school for the BSN. Some may have been present in your experience, others may not. In this question, you are asked to make two responses for each condition:

First: Indicate if the condition was or was not present in your experience. (Circle 'Yes' if the condition was present; circle 'No' if it was not present.)

Second: Indicate the extent to which each condition either helped or would have helped you, using the code below for your response. (Circle the appropriate number to the right of each condition. Later you will be asked which condition actually helped you the most, and which one would have helped you the most. Keep this in mind as you read through the items.)

1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You
1. Student services (e.g., registrar, bursar, bookstore) were open off-hours.	Yes No	1 2 3 4
2. Nursing challenge exams were offered frequently.	Yes No	1 2 3 4
3. I learned to take things one day at a time, not letting myself become overwhelmed by the whole.	Yes No	1 2 3 4
4. Most faculty provided a class environment where RN students could learn from each other as well as from the teacher.	Yes No	1 2 3 4
5. Nursing challenge exams could be repeated without penalty.	Yes No	1 2 3 4
6. Classes were offered off-campus.	Yes No	1 2 3 4
7. Most faculty were flexible about the nature of assignments and/or deadlines when student pressures became overwhelming.	Yes No	1 2 3 4
8. My academic advisor provided sensitive support/counseling.	Yes No	1 2 3 4
9. The RN students' work setting could be used for their clinical experiences.	Yes No	1 2 3 4
10. Classes were offered on weekends.	Yes No	1 2 3 4
11. Tutoring was available.	Yes No	1 2 3 4
12. I learned to plan ahead for the most efficient use of my time.	Yes No	1 2 3 4
13. An orientation program was provided for adult students to ease their entry into the college environment.	Yes No	1 2 3 4

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1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You			
14. Contacts between RN students and the generic students in the program enhanced the experiences of both groups.	Yes No	1	2	3	4
15. The financial aid office provided counseling regarding sources of funding for adult students.	Yes No	1	2	3	4
16. RN students formed study groups to share resources and/or help each other prepare for assignments and tests.	Yes No	1	2	3	4
17. Remedial assistance was available (e.g., study skills; math, reading, writing skills).	Yes No	1	2	3	4
18. One person on the faculty was identified as the RN student coordinator/advocate.	Yes No	1	2	3	4
19. The program requirements were very clear.	Yes No	1	2	3	4
20. There was an adult student information and counseling center on campus.	Yes No	1	2	3	4
21. Conferences with faculty could be held by phone or tape.	Yes No	1	2	3	4
22. Self-directed or independent study projects were used as one way of individualizing the program to varying student interests.	Yes No	1	2	3	4
23. A transition or 'bridge' course was provided to ease our entry to the nursing program (e.g., to explore gaps in content, clarify values, to explore reactions to new professional roles).	Yes No	1	2	3	4
24. Nursing courses were offered in the summer.	Yes No	1	2	3	4
25. Classes were offered in the evening.	Yes No	1	2	3	4
26. I learned not to spend my energy in non-productive ways (e.g., fighting the system, overpreparing).	Yes No	1	2	3	4
27. Part-time study was permitted during most or all of the program.	Yes No	1	2	3	4
28. Review classes were provided to help in preparing for nursing challenge exams.	Yes No	1	2	3	4
29. The sequence of nursing courses was flexible enough to permit me to complete the program without unnecessary loss of time.	Yes No	1	2	3	4

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1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You

30. The RN students in the program were taught separately in special class sections throughout most or all of the program.

Yes No   1 2 3 4

31. My family pitched in to help me keep up with the demands on my time.

Yes No   1 2 3 4

32. The nursing program provided new theoretical insights without undue repetition of what I already knew.

Yes No   1 2 3 4

33. Tuition and fees bill could be paid in smaller monthly installments.

Yes No   1 2 3 4

34. Formal support groups were scheduled to help RN students make the transition to the student role (e.g., for ventilation and support; to learn skills in time and stress management).

Yes No   1 2 3 4

35. Many faculty were former associate degree and diploma graduates; they were especially empathetic/supportive as a result.

Yes No   1 2 3 4

36. My academic advisor was readily available.

Yes No   1 2 3 4

37. The nursing program was intellectually challenging.

Yes No   1 2 3 4

38. Faculty asked for feedback from RN students (e.g., student representatives on committees, regularly scheduled student meetings).

Yes No   1 2 3 4

39. Child care services were provided on campus.

Yes No   1 2 3 4

40. My employer was willing to be flexible about my work schedule.

Yes No   1 2 3 4

41. Student feedback usually led to changes, even if only small ones.

Yes No   1 2 3 4

42. I learned to establish realistic expectations of what I could do and what I could not do.

Yes No   1 2 3 4

43. Classes were offered in a block on one or two days a week.

Yes No   1 2 3 4

44. Faculty were willing to plan individualized ways for RN students to meet course and/or clinical objectives.

Yes No   1 2 3 4

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	1 = did not help or would not have helped	2 = did help or would have helped slightly	3 = did help or would have helped moderately	4 = did help or would have helped greatly

	Condition Present?	Extent to Which Condition Helped or Would Have Helped You
45. When the going got really rough I would step back and re-focus myself on my goal.	Yes No	1 2 3 4
46. Informal RN student groups which emerged over coffee, after class, in carpools, etc. provided a source of support for us in dealing with our mutual concerns.	Yes No	1 2 3 4
47. RN students actively participated in planning their own learning experiences.	Yes No	1 2 3 4
48. Most faculty made RN students feel welcome in the program.	Yes No	1 2 3 4
49. The nursing program widened the scope of my nursing practice (e.g., new practice areas, new roles).	Yes No	1 2 3 4
50. Study guides were provided to help in preparing for nursing challenge exams.	Yes No	1 2 3 4
51. My co-workers provided encouragement/support.	Yes No	1 2 3 4
52. Most faculty seemed to enjoy teaching RN students.	Yes No	1 2 3 4

10. Which one of the conditions listed above in question #9 actually helped you the most in your return to school for the BSN? (**Enter the item number of the most helpful condition on the line provided below.**)

   (Item #) _____ most helpful of the conditions actually present in my experience

11. Which one of the conditions listed above in question #9 would have helped you the most if it had been available to you in your return to school for the BSN? (**Enter the item number of the condition that would have helped you the most on the line provided below.**)

   (Item #) _____ condition that would have helped the most if it had been available.

PART II. EDUCATION AND WORK HISTORY

12. In which type of program did you receive your basic nursing education? (Check one.)

_____ 1. Diploma
_____ 2. Associate Degree

13. What year did you graduate from your basic nursing program? (Enter the year of your graduation on the blank provided below.)

_____

14. How many years have you been actively involved in nursing practice? (Check one.)
_____ 1. 0- 5 years
_____ 2. 6-10 years
_____ 3. 11-15 years
_____ 4. 16-20 years
_____ 5. 21-25 years
_____ 6. 26-30 years
_____ 7. over 30 years

15. How soon after you graduated from your basic nursing program did you take the first course toward the BSN degree? (Check one.)
_____ 1. less than 1 year
_____ 2. 1- 5 years
_____ 3. 6-10 years
_____ 4. 11-15 years
_____ 5. 16-20 years
_____ 6. over 20 years

16. From the time you took the first course, how many years did it take you to complete all of the degree requirements? (Check one.)
_____ 1. 2 years or less
_____ 2. 3- 5 years
_____ 3. 6-10 years
_____ 4. 11-15 years
_____ 5. 16-20 years
_____ 6. over 20 years

17. How many colleges/universities did you attend in all while fulfilling the BSN degree requirements? Please include your basic nursing program and your BSN program in the total. (Check one.)
_____ 1. 1- 2 colleges/universities
_____ 2. 3- 4 colleges/universities
_____ 3. 5- 6 colleges/universities
_____ 4. 7- 8 colleges/universities
_____ 5. 9-10 colleges/universities
_____ 6. more than 10 colleges/ universities

18. Looking at your BSN program as a whole (no matter how many years it took you to complete it), what percentage of the financing for your educational experiences came from each of the following sources? (Insert approximate percent (%) on each of the appropriate lines being sure that the total does not exceed 100%.)

_____ % 1. personal or family savings
_____ % 2. current earnings of self and/or spouse
_____ % 3. scholarships
_____ % 4. loans
_____ % 5. tuition reimbursement from employer
_____ % 6. G.I. benefits
_____ % 7. other:_____
                          (please specify)
100 % TOTAL

19. When you enrolled in your BSN program, approximately how many credits were you granted from each of the following sources? (**Check the appropriate box for each of the sources listed below.**)

Source	none	1-15 credits	16-30 credits	31-45 credits	over 45 credits
1. Transfer credits for general college courses					
2. Transfer credits for nursing courses.					
3. Credits by examination for general college courses (i.e., CLEP, ACT)					
4. Credits by examination for nursing courses (i.e., NLN, ACT/PEP, teacher-made tests)					
5. Credits from evaluation of life/work experiences (i.e., portfolio review)					

20. Approximately how many transfer credits did you lose because your college courses were either too old or did not apply to degree requirements? (**Check one.**)

_____ 1. none
_____ 2. 1-15 credits
_____ 3. 16-30 credits
_____ 4. 31-45 credits
_____ 5. more than 45 credits

21. What was your overall grade average in high school? In your basic nursing program? In your BSN program? (**Check the appropriate box in each of the columns below.**)

Grade Average	High School	Basic Nursing	B.S.N. Program
1. A			
2. A-			
3. B+			
4. B			
5. B-			
6. C+			
7. C			
8. C-			
9. D or less			

10

22. What is the highest educational level achieved by your mother? Your father? Your husband, if applicable? (**Check the appropriate box in each of the columns below.**)

Educational Level	Mother	Father	Husband
1. less than high school			
2. high school			
3. apprenticeship in trade			
4. diploma or other training certificate			
5. Associate's degree			
6. Bachelor's degree			
7. Master's degree			
8. professional degree (MD, DDS, JD, etc.)			
9. doctorate (PhD or EdD)			
10. not applicable or don't know			

23. At the present time, what is the highest degree you plan to attain in your professional nursing career? (**Check one only.**)

_____ 1. Bachelor's degree in nursing
_____ 2. Master's degree in nursing
_____ 3. Master's degree in another field
_____ 4. Doctorate in nursing
_____ 5. Doctorate in another field
_____ 6. other_____

24. What type of nursing position were you employed in before you entered the BSN program? What is your current position? (**Check the appropriate box in each of the columns below.**)

Nursing Position	Position Before BSN	Current Position
1. none--unemployed		
2. none--student		
3. staff nurse--hospital		
4. staff nurse--ambulatory care		
5. staff nurse--temporary agency		
6. public health nurse		
7. school nurse		
8. office nurse		
9. occupational health nurse		
10. head nurse--any setting		
11. nursing administrator--any setting		
12. instructor--inservice		
13. instructor--nursing school		
14. clinical specialist		
15. nurse practitioner		
16. other:		

(please specify)

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PART III. PERSONAL INFORMATION

25. What is your sex? (**Check one.**)
_____ 1. female
_____ 2. male

26. What is your age? (**Check one.**)
_____ 1. 25 years of age or less
_____ 2. 26-30 years of age
_____ 3. 31-35 years of age
_____ 4. 36-40 years of age
_____ 5. 40-45 years of age
_____ 6. 45-50 years of age
_____ 7. over 50 years of age

27. What is your ethnic group?
(**Check one.**)
_____ 1. white
_____ 2. Black
_____ 3. Hispanic
_____ 4. Asian
_____ 5. other (please
specify)_____

28. What is your marital status?
(**Check one.**)
_____ 1. single/never married
_____ 2. married
_____ 3. separated
_____ 4. divorced
_____ 5. widowed

29. How many children do you have? (**Check one.**)
_____ 1. none ———————▶
_____ 2. one
_____ 3. two
_____ 4. three
_____ 5. four
_____ 6. five or more

> If you selected this response, you may stop here. The remainder of the questions relate to children and child care and are not pertinent to you. Thank you for your cooperation in completing the questionnaire. Your assistance is greatly appreciated! If you have additional comments, please feel free to write them on the back of this page.

30. While you were attending the major portion of your BSN program, how many of your children were pre-schoolers? In grades K-8? In high school? In college? On their own? (**Check the appropriate box in each of the columns below.**)

# Children	Pre-Schoolers	Grades K-8	High School	College	On Their Own
1. none					
2. one					
3. two					
4. three					
5. four					
6. five or more					

31. Which of the following types of child care did you provide for your children when you were away from home because of school commitments? (**Check all that apply.**)

_____ 1. none needed, no young children
_____ 2. none needed, children in school
_____ 3. grandparents or other close relatives
_____ 4. spouse
_____ 5. close friend/neighbor
_____ 6. housekeeper
_____ 7. babysitter, at home
_____ 8. babysitter, away from home
_____ 9. day care center
_____10. cooperative care in a commune or joint household
_____11. other:_____
                          (please specify)

This is the end. Thank you for your cooperation in completing the questionnaire. Your assistance is greatly appreciated! If you have additional comments, please feel free to write them here.

Additional comments (if any):

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APPENDIX K

Cover Letter #1

Dear RN-BSN Graduate:

Despite the fact that nursing faculty are trying to create BSN programs that are responsive to the needs of RN students, much still remains to be done to fully accomplish that goal. You can help. It is now over a year since you graduated from your BSN program. You are still close enough to the experience to remember the problems, yet far enough removed to be objective about them and to have a clear perception of what helped you and what did not. Your insight would be invaluable to nursing faculty both in counseling other RN students and in changing educational programs to be more responsive to the needs of the RN student.

Would you please take the time (approximately 20 minutes) to complete the enclosed questionnaire? It is part of a study I am conducting to systematically assess the nature of the returning-to-school experience of RNs in New England. Essentially, the study asks the following questions: Who are the students? What motivates them to return? What problems do they face? What educational conditions contribute most to their success? These are important questions, yet, surprisingly, they have not been fully explored. I hope that you will share my interest in the answers and play an active part in providing them.

I assure you that your responses will be held in confidence and that you will not be identified in any way in the report of the study. The identification number on the questionnaire will be used only to monitor the returns, to send out reminders, and to code the data for computer analysis. The coding key will be accessible only to me and will be destroyed upon completion of the study.

Please return the questionnaire in the enclosed self-addressed stamped envelope by _____, if possible. You may receive a summary of the results of the study by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. Please do not put this information on the questionnaire itself.

I would be most happy to answer any questions you might have.
Please feel free to call or write. The telephone number is
(203) 677-0516.

Thank you for your assistance.

Sincerely,

Jane E. Murdock
Assistant Dean, Student Affairs
Director, RN Counseling Center
School of Nursing
The University of Connecticut

Doctoral Candidate
Center for Curriculum Studies
School of Education
University of Massachusetts

Text of Post Card

Last week a questionnaire seeking information about you and your RN-BSN experience was mailed to you. If you have already completed and returned it, please accept my sincere thanks. If not, would you please do so today?

The study asks important questions about the returning-to-school experience. Let your voice be heard in answering them. By doing so you will assist nursing faculty in counseling other RN students and in changing educational programs to be more responsive to the needs of the RN students.

If by some chance you did not receive the questionnaire, or it got misplaced, please call me right now, collect (203-677-0516) and I will get another one to you in the mail today.

Sincerely,
Jane E. Murdock
Study Director

Cover Letter #2

Dear RN-BSN Graduate:

About three weeks ago I wrote to you seeking information about you and your RN-BSN experience. As of today, I have not received your completed questionnaire.

I undertook this study because I believe that as an RN-BSN graduate you have important things to say to nursing faculty. You are in a unique position to know what the problems are and to identify the conditions in the educational environment that help RN students the most. I am writing to you again because hearing from you is important to the usefulness of the study. In order for the study results to be truly representative of the opinions of RN-BSN graduates, it is essential that each person in the study sample return his/her questionnaire.

In the event that your questionnaire has been misplaced, I have enclosed a replacement. Won't you please take the time right now (approximately 20 minutes) to complete and return it to me? You may receive a summary of the results of the study by writing "copy of the results requested" on the back of the enclosed self-addressed stamped envelope, and printing your name below it.

Thank you for your cooperation.

Sincerely,

Jane E. Murdock
Assistant Dean, Student Affairs
Director, RN Counseling Center
School of Nursing
The University of Connecticut

Doctoral Candidate
Center for Curriculum Studies
School of Education
University of Massachusetts