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Perceptions of senior re-entry registered nurse students in baccalaureate nursing programs

Stringfield, Yvonne Nazareth, Ed.D.

The College of William and Mary, 1993

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PERCEPTIONS OF SENIOR RE-ENTRY REGISTERED NURSE

STUDENTS IN BACCALAUREATE NURSING PROGRAMS

_____

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary in Virginia

_____

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

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by

Yvonne Nazareth Stringfield
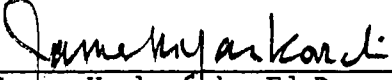
April 1993

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by
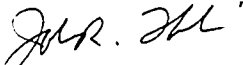
Yvonne Nazareth Stringfield

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Approved April 1993 by

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Chairman of Doctoral Committee

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Dedication

This dissertation is dedicated to my husband, Samuel E.
Stringfield, for his enduring faith in me and my ability.
To him I say, thank you for all the years of encouragement,
and being a beacon toward which I could turn at any time of
the day or night. Most of all, I say thank you for loving
me, and being my husband and best friend.

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To Dr. James Yankovich, chairman of the dissertation committee, who was always there with invaluable input to the process of preparing this dissertation;

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To Dr. Dorothy Powell, dissertation committee member, for giving of her valuable time to serve on the committee which required making trips from Maryland to Williamsburg when needed.

Please accept my deepest thanks. You are appreciated more than you know. God bless the three of you.

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ABSTRACT

The purpose of this study was to determine how RNs, who were seniors in academic programs leading to a baccalaureate nursing education, perceived their programs. These perceptions were determined by assessing: 1) the educational and experiential characteristics of senior re-entry registered nurses, 2) reasons for returning to college for a baccalaureate education, 3) perceptions of the relevancy of nursing course work, and 4) personal, professional and academic difficulties encountered in the program of study. The study also investigated specific demographic data with relationship to perceptions.

The 78 Participants attended nursing programs at seven Virginia state supported colleges and universities and were in their last semester of study at their respective universities. A sample of convenience was used.

The five research questions were: 1) What are the educational and experiential characteristics of the senior re-entry registered nurses who return to college for a baccalaureate nursing education, 2) What are the reasons senior re-entry registered nurses cite for their return to college for a baccalaureate nursing education, 3) How do

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senior re-entry registered nurses rate the relevancy of their nursing course work, 4) Is there a difference between the work experience of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college? 5) Is there a difference between the educational level of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?

The average re-entry RN is 31 to 40 years of age, female, married, with children, white, and employed 1-10 years in staff nurse positions in hospitals. 1) RNs return to college for personal reasons, because it is the trend in nursing, and for credibility, 2) nursing education material is current and reflects new research from a variety of sources, 3) the cost of education requires RNs to work in order to afford furthering their nursing education, 4) and 5) there was no difference between AD graduates and diploma graduates based on experience and education.

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PERCEPTIONS OF SENIOR RE-ENTRY REGISTERED
NURSE STUDENTS IN BACCALAUREATE NURSING PROGRAMS

Chapter One

INTRODUCTION

For more than three decades registered nurses (RNs) with diplomas and associate degrees have returned to college with the intent of obtaining a baccalaureate degree in nursing. They return to school for a variety of reasons: job security, career mobility and changes in career goals. Their return has been problematic for them. Problem areas include repetition of nursing course work, and the cost of education which requires them to work while attending college. A historical review of why RNs have sought to continue their education provides the context of the problem.

In 1965 the Committee on Education of the American Nurses Association (ANA) presented its position statement on nursing education. The Committee had completed several years of study into the need for upgrading the educational requirements for entry into professional practice. The position statement differentiated the roles and level of education for the practice of professional and technical nursing. From this study, the Committee on Education concluded that all nursing education should take place in colleges and universities. This conclusion led to the

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recommendation that the education required for entry into practice or minimum preparation for beginning professional practice should be the baccalaureate degree in nursing.

Rationale. ANA (1965) based its recommendation on two factors. The first factor was the "need for mastery of a complex body of knowledge and a continuing need to learn and improve practice." The basis for this factor was the knowledge needed to make critical, independent judgments related to patient care. The second factor was the belief that practice requires knowledge and skill that is theory based rather than technique oriented. Theory based practice is a characteristic of baccalaureate education, but not so for technical
education.

The Committee cited eight premises on which they based their position (see Appendix A). The first five premises spoke to services of nurses and their role in patient care. The sixth premise spoke to the depth and breadth needed in the education of health care professions to reflect the rapid expansion of scientific knowledge, the purpose of which was to move nursing to full professional status (Dickey, 1988). However, it was not until 1985 that the National League for Nursing (NLN), the accrediting association for nursing education programs, gave its support of ANA's position.

The number of re-entry nurses returning to college increased after ANA's position statement was made public.

Whether the increase was due to the statement or other factors is unknown. However, the increase necessitated developing nursing programs that would accommodate these students. In 1989 there were 204 baccalaureate registered nurse (RN) completion programs in colleges and universities across the United States (NLN).

Resistance to the change. The position statement concerned leaders in hospital nursing programs because it meant the inevitable demise of diploma education. Resistance to the position statement came from the rank and file of nurses in various health care facilities. Issues causing resistance included cost of college education, and the lack of articulation between nursing programs (Lee, 1979). Resistance also was based on the belief that there would be a shift away from hospital based nursing (Beerup, 1980). A study ("Surprising Findings" 1980) conducted to determine if the mandatory BSN proposal had gained acceptance found that 85% of the respondents were not in favor of the proposal (3,700 nurses responded). Use of the term "technical nurse," which would be applied to all registered nurses who did not have a BSN, was cited as a reason for the resistance.

At the peak of diploma nursing education in 1926 there were 2155 diploma schools of nursing (Moloney, 1986) with programs in every state of the union. By 1964 (the year before the Position Statement was announced) there were only 833 diploma nursing programs. In 1991, the NLN reported

there were only 145 ongoing diploma nursing programs in only 28 states. Thus, the eventual demise of diploma nursing education is evident.

Malcolm and Reuther (1988) cited several barriers and misconceptions as reasons for RNs being resistant to returning to college for a baccalaureate education in nursing. Age and course difficulty were cited as two reasons for resistance for some RNs. According to Malcolm and Reuther (1988), still other nurses feel it is a waste of their time to get a BS degree in nursing for several reasons. Reasons cited were: 1) not needing a BSN to remain in current position, 2) BSN is only necessary for those who have management career plans, and 3) the pay will not change.

Statement of the Problem

This study sought to determine reasons RNs return to college, their thoughts regarding the relevancy of course work, and difficulties they encountered while attending college. The study also considered if there was a significant difference between experience and educational backgrounds in the RNs' responses to specific statements.

Significance of the Problem

There are no typical BSN completion programs. However, there are three general types of BSN completion programs. Some BSN programs may be included in generic four year nursing programs (Carroll and Artman, 1988). In this instance, some maintain BSN programs for non-RN students

with separate programs for RN students; and others have absorbed RNs into their traditional programs.

Another type of BSN completion program is the RN only program. RN only programs do not have lower level nursing divisions. These programs admit only RNs who are graduates of associate degree nursing programs and hospital diploma nursing programs. A third type, as described by Powell (1990), is a BSN completion program in a university setting which also has an associate degree (AD) nursing program. The BSN completion program operates as a separate unit from the AD program with admission criteria similar to other BSN programs.

Despite what is known about the needs of the re-entry RN, nursing programs still have not met the needs of this select population of students. Their needs include: direct acceptance of nursing courses, reduction of repetition in course work (class and/or clinical activities), and support from the universities through creative ways to assist this population in meeting requirements for earning the degree.

Admission criteria. There is considerable consistency in the admission criteria among most RN completion programs. Several authors (Cragg, 1990; Kearney, 1991; and McHugh, 1991), reported that most RN completion programs have admission criteria beyond being licensed to practice in that state. A major entrance criteria is testing of re-entry RNs. Testing is specific to the knowledge and skills they have learned and experienced (Seyler, Morgan, Datillo, and

Luke 1984). Criteria may include having the licensed RNs demonstrate psychomotor and psychosocial skills, and/or take cognitive tests to validate prior nursing knowledge.

While nursing faculty see the need for testing, most re-entry RN students misunderstand and resent the process (Kearney, 1991). Several authors (Beeson, 1988; Lonborg, 1984) discussed questions RNs have about testing. The first question revolves around their knowledge. Since they have taken the National Council Licensing Examination (NCLEX), why should their knowledge be retested? The second question concerns their experiences. With their experience, why must their clinical competency be tested?

Testing, which usually takes place before nursing courses are taken, validates the knowledge and skills of the RN (Seyler et al, 1984). The validation process is also a means of awarding academic credit for prior nursing education (Creasia, 1989; Kearney, 1991; McHugh, 1991). Successful completion of the validation or challenge process will yield anywhere from 20 to 36 hours of advanced academic credit.

Several nursing programs have eliminated entrance testing. The RN students are awarded 20 to 30 hours of credit upon successful completion of their respective programs.

There is a belief among many nurse educators in academia that nursing courses in community college programs are at a lower level than nursing courses at the

baccalaureate level. Currently, there are no data to uphold or refute this belief. There is the perception that there is a difference in nursing course offerings between the associate degree nursing programs and baccalaureate degree nursing programs. Baccalaureate nursing programs offer a clinical course in community health, a course in leadership/management, and research. Schank and Stollenwerk (1988) noted that when AD nursing programs were conceived, they were not meant to prepare graduates for administrative positions and tasks. However, their study showed that of the 17 AD programs surveyed, 100% indicated they had a specific course on leadership/management or that content was part of another course. Data are unavailable as to whether any AD nursing program offers community health or research courses. Data are also unavailable as to the number of diploma nursing programs which offer this content, a course in research or a clinical in community health nursing.

However, because of the belief that nursing courses in community college programs are at a lower level than nursing courses at the baccalaureate level, there is usually no direct transfer of credit for nursing courses. Only credit from non-nursing courses is transferrable. The same applies to graduates of diploma nursing programs. This, however, is not the case if articulation agreements are established (Powell, 1990) wherein credits for lower level nursing are accepted without further validation.

<u>Difficulties encountered</u>. Once in baccalaureate
nursing programs, RNs find there are other problems. The
feelings of personal tension they experience in their role
as learners in the academic setting often overwhelm them
(Duff, 1989). The tensions are related to juggling work
schedules with school schedules and the cost of education
(Aisenstein, 1985; Sullivan et al, 1984).

<u>Educational needs of RNs</u>. The Southern Regional
Educational Board (1982) and Hagemaster (1990) noted that RN
students enter nursing programs with backgrounds rich in
professional activity. Some of these re-entry nurses hold
middle to high level management positions (Austin, 1984).
Other re-entry RNs are experts in their specialties, are
published, and have presented papers in their specialty
areas. Sullivan et al (1984) discussed the needs of the RN
transferring into baccalaureate nursing programs. Since
these students come with varying backgrounds in education
and experience, the RN programs should provide for learning
needs along a continuum of experience and education (Carroll
and Artman, 1988; Creasia, 1989).

<u>Purpose of the Study</u>

The purpose of this study was to determine how
re-entry registered nurse students who were seniors in
academic programs leading to a baccalaureate nursing
education perceived their programs. These perceptions were
determined by assessing: 1) the educational and
experiential characteristics of senior re-entry registered

nurses, 2) reasons for returning to college for a baccalaureate education, 3) perceptions of the relevancy of nursing course work, and 4) personal, professional and academic difficulties encountered in the program of study. The study also investigated specific demographic data with relationship to perceptions.

Research Questions

The study design sought to answer the following research questions:

1. What are the educational and experiential characteristics of the senior re-entry registered nurses who return to college for a baccalaureate nursing education?

2. What are the reasons senior re-entry registered nurses cite for their return to college for a baccalaureate nursing education?

3. How do senior re-entry registered nurses rate the relevancy of their nursing course work?

4. Is there a difference between the work experience of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?

5. Is there a difference between the educational level of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?

Definitions

1. Associate degree nurse graduate: A nurse who graduated from a two-year associate degree nursing program.

2. Diploma nurse graduate: A nurse who graduated from a three-year hospital based nursing program.

4. Personal, professional and academic difficulties: Problematic areas which may affect the RN's ability to remain in the program (cost of education, support, etc.) or which make obtaining the degree difficult.

3. Relevancy of course work: Course work which has direct bearing on what the re-entry RN needs to know based upon the knowledge and experience the RN brings to the classroom.

3. Senior re-entry registered nurses - Registered nurse students educated in diploma nursing programs or associate degree nursing programs who are currently enrolled in the last semester of a baccalaureate nursing program in a senior college or university.

Limitations of the Study

This study was limited to registered nurses who were enrolled as seniors in the last semester of nursing courses in a baccalaureate nursing program in state supported colleges and universities in the state of Virginia. Thus, the findings may not be generalized to re-entry RNs in all cases.

Structure of the Chapters

Chapter one presented the problem for study, and its context through an overview of the historical perspectives surrounding BSN education. It included the purpose of the study, the significance of the study, statement of the problem, the research questions, and limitations.

The following chapters present a review of related literature, research methodology, data analysis, and the conclusions and recommendations. Chapter two reviews related literature and is divided into the following sections: 1) historical perspective, 2) re-entry women with emphasis on re-entry RNs, 3) teaching and learning with emphasis on the re-entry RN, 4) socialization, and 5) a summary of the chapter. Chapter three gives a detailed account of the methodology used for data collection, while chapter four details the analysis of the data. Chapter five gives the summary with interpretation, conclusions and recommendations.

Chapter Two

Review of the Related Literature

The review of literature focused on re-entry registered nurses (RNs) returning to school for a baccalaureate education in nursing (BSN). The nursing literature was replete with secondary sources related to the re-entry RN, but not as many primary sources or research. Since the changing role and identity of women are part of the context within which the RN functions, selected literature concerning re-entry women was summarized. Other areas which were delineated include teaching, learning, and socialization of the re-entry RN.

Historical Perspective

The issue of the BSN, as the entry level to professional nursing, has been a highly debated topic in nursing for the past 27 years. Seventy-eight percent of current American nurses have been educated in either diploma or Associate Degree (AD) programs of nursing (Thurber, 1988). However, nurses without the BSN are finding it increasingly difficult to advance their careers (Davis, 1986).

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Early diploma schools of nursing were training schools. These schools supplied the hospitals with free or very inexpensive labor/manpower (Ellis & Hartley, 1984; Kelly, 1985). Today, most diploma programs are affiliated with colleges/universities. The students attend the colleges to take courses in the physical and social sciences. However, since hospitals are not chartered as degree-granting institutions, the nursing courses do not receive academic credit. Most diploma nursing programs continue to be three years in length (Dickey, 1988). Even with a decrease in the number of years to complete such programs their demise is still quite evident as diploma programs are closing each year. In 1950, nursing saw the advent of the associate degree in nursing. This level was developed because of the need for a quick supply of nurses to aide in the shortage of nurses at the time (Waters, 1986). Montag (1950) devised the associate degree program as a terminal program without mobility to a higher degree. That thought was consistent with the thinking of members of state boards of higher education (SBHE) at the time (Zusy, 1986). Today, however, associate degree programs are seen as stepping stones to baccalaureate nursing programs. SBHE's no longer perceive community colleges as providers of terminal - technical education. Instead SBHEs are more interested in providing mobility from AD to baccalaureate for all who want it in all disciplines. In 1965 the American Nurses Association (ANA) introduced its Position Statement on education for nursing.

In the position statement the ANA proposed the titles of professional and technical nursing (ANA, 1965). These titles were distinguished according to the knowledge base of the nurse, the role of the nurse, and the nature of the client population within the practice environment. Waters (1986) noted that the ANA pursued the goal establishing the bachelor's degree as the entry requirement to professional nursing. However, there was a lack of baccalaureate nursing programs designed to articulate with diploma and associate degree nursing programs to provide baccalaureate education for RNs (Garvey, 1983; NLN, 1980). Today, the two programs are distinguished as being technical (Diploma and ADN) and professional (BSN). However, the terms are not applied in the licensing process.

There was inconsistency in the efforts toward making baccalaureate education a minimum for entry into professional nursing practice (George & Young, 1990). The first efforts were toward differentiating the baccalaureate graduate and the associate graduate. Efforts were greatest during the 1970s and early 1980s. In the mid to late 1980s the focus changed to development of a new title designation. Table 2.1 shows action taken by different states. This effort was directed at designating the title of registered nurse (RN) for baccalaureate graduates. The new license and title designated for graduates of associate nursing programs was registered associate nurse (RAN). This temporary shift was in part due to the economic constraints being

experienced (Waters, 1986). Moloney (1986) described barriers that prolonged the efforts and cited disunity and divisiveness in the ranks as significant barriers.

Table 2.01

BSN Entry Policy Action

BSN Entry Policy Policy Action	Number of States
No action	10
SNA action	10
Public policy action	30

Adopted from George and Young, 1990.

North Dakota was the first state to implement the BSN as the entry level to professional nursing (George & Young, 1990). Since 1987, students entering nursing programs in North Dakota have been required to have a baccalaureate degree for professional nursing practice and an associate degree for technical nursing practice (Wakefield-Fisher, Wright, & Kraft, 1987). This necessitated including a grandfather clause for current practicing nurses. This grandfather clause, which enabled many nurses who lack a baccalaureate degree to practice as professionals, will continue to delay progress in up grading clinical practice (Moloney, 1986).

The state nurses association of Maine took steps to implement the licensure change to become effective in 1995. This move will eliminate both the diploma nursing programs and the practical nursing programs in that state.

A common activity shared by the graduates of diploma, ADN and baccalaureate nursing programs is the requirement to take the same RN licensure examination (Waters, 1986). Waters noted that ADN and diploma graduates are not incompetent in the registered nurse role, and there was no difference in performance attributable to education. However, points that should be considered are decision making, professional beliefs, and leadership ability.

The NLN (1989 & 1991) showed a decrease in the number of diploma nursing schools. Currently, there are only 28 states with diploma programs. The NLN (1989 & 1991) reported an increase in the number of associate and baccalaureate degree programs between 1964 and the present. (Table 2.02).

Arlton and Miller (1987) conducted a national survey of all NLN accredited baccalaureate nursing programs. They reported that 328 (60%) of the programs responded. Of those responding, 85% admitted RNs and 15% were RN only programs. A breakdown of the 85% that admitted RNs showed that some maintained bachelor of science in nursing programs for non-RN students with separate

Table 2.02

Nursing Schools from 1964 - 1991

Year	Dip	Assoc	Bacc
1964	833	130	187
1974	460	588	310
1989	147	478	535
1991	136	513	543

Source: Moloney, 1986 and Nursing and Health Care 1989, and 1991

programs for RNs while others absorbed RNs into their

traditional programs.

The mandate for the baccalaureate to be the minimum

level for entry into professional nursing practice resulted

in efforts to try to (1) differentiate the two levels of

nursing education (Waters, 1986; Woolley, 1986), (2)

determine the conflict women have in their return to nursing

education (Campaniello, 1988; Carroll & Artman, 1988;

Lonborg, and 1984; Swanson, 1987), (3) to develop various

teaching strategies to meet the needs of the re-entry RN

(Creasia, 1989; King, 1988; Knowles, 1986; Knowles, 1986;

Lowenstein & Bradshaw, 1986; Muzio & Ohashi, 1979; Rendon,

1988; Rogers, 1986), and (4) to determine the nature of

socialization/resocialization (Dickey, 1989; Hinshaw, 1977;

and Periard, Bell, Knecht, & Woodman, 1991).

Re-entry women: demographics

In studies of approximately 2139 re-entry women,
Alexander (1983), Creech (1984), and Sewall (1984) found
that the largest number were married, between 32 and 40
years of age, with children, and full-time workers.
Alexandre (1983) stated that re-entry women had experienced
recent major life changes/transitions, such as divorce,
empty nest syndrome or personal struggle. Brobst (1986), in
a study of 45 post secondary institutions (two-year and
four-year institutions), found that more women attended four
year institutions than two year institutions.

Mohney (1986/1987) found that three groups of factors
played an important role in a woman's decision to return to
school: (1) predisposing factors, (2) enabling factors, and
(3) barriers to enrollment. The women in this study
enrolled to find direction, and a new personal stability.
From her study of 143 re-entry women, Ross (1988) concluded
that such internal forces as life assessment and such
external forces as critical life events contributed most to
women's decisions to return to school.

Today, more than ever, women are combining
professional obligations with domestic responsibilities.
These students often have several years of interruption in
their educational experience. They also demonstrate special
characteristics and needs that make them different from the
traditional students who are 18 - 20 years old (Hagemaster,
1990). Campaniello (1988) summarized her findings of

women's roles as including those of wage earner, as well as the more traditional sex-related roles of mother and homemaker. This study consisted of 155 female students enrolled full-time in a baccalaureate completion program for registered nurses. According to Campaniello (1988), their demands for time in the professional role frequently competed with demands for time in the family role. The re-entry into the academic setting may be viewed as a major role transition. Bok (1986) described these re-entry persons as being more sophisticated and more aware of their needs.

Generally, the re-entry woman can be seen as one who has interrupted her education. She has children and may be a wage earner. At the point of re-entry she has usually experienced some event in her life which has impacted on her decision to re-enter college.

Re-entry RNs. Like re-entry women in general, registered nurses who return to school are excited, enthusiastic and eager at the prospect of being challenged by new ideas and experiences (Lee, 1988). However, the educational experience often overwhelms them, and causes frustration and confusion. These feelings can be significant deterrents to their success in school or in their eventual dropping out of the system.

Duff (1989) adds that along with feeling overwhelmed by the academic setting, these students have personal tensions. Hagemaster (1990) reported that with the tensions of

personal life, other factors which complicate the return to school are increased educational costs, minimal opportunities for financial assistance based on part-time study, rotating work schedules, child care, changing roles, and family responsibilities.

RNs, like other re-entry women, also pursue a baccalaureate education at great personal expense and sometimes without either support from their place of employment, other RNs/co-workers, physicians, or their families (Lonborg, 1984; Thompson, 1988). Kearney (1991), in a study of 182 reentry RN student records, characterized them as highly motivated adult learners who were often managing work and family responsibilities while seeking further education.

However, unlike re-entry women in general, registered nurses who are in active practice are graduates of hospital nursing programs or community college nursing programs. These nurses show hostility and anger, as many of them feel they are professionals and should not be hampered from various jobs by the lack of the degree (Davis, 1986).

The RN brings to the academic arena a repertoire of clinical knowledge and skills, a structured background of educational preparation and employment experiences (Sullivan, 1984). These are important factors which differentiate the RN from other re-entry women. In a demographic study of 102 RNs, Root (1991) found that the RNs pursuing a BSN were younger, a lower percent were married,

and they were employed for a shorter period of time than those who did not pursue a BSN. This study group was divided into RNs pursuing a BSN (53) and RNs not pursuing a BSN (49). In a demographic study of 141 RNs, Baj (1985) found that most RNs prefer part-time study because of family commitments.

With all that confronts re-entry RNs during the educational process, RNs ask that their educational experiences be non-repetitive, professionally stimulating, and ask that steps to reaching their goal be clear and fair (Lonborg, 1984).

Reasons for returning. Predisposing factors which play a role in the RN's return to school include job security, career mobility, self-actualization and change in career goals (Dickey, 1988; Rapson, 1987; Thompson, 1988). For still others, the motivation to return has varied - to obtain professional status, prestige, to meet requirements for a better salary, job marketability and personal fulfillment (Dickey, 1988; Lethbridge, 1989; Rapson, 1987; Sargis, 1983). In her study of 20 re-entry RNs, Lytle (1989) found that an internal event was the source of the dilemma that prompted the RNs to return to school. Thurber (1988), in a study of 233 re-entry RNs, found that some nurses return to school for additional nursing knowledge or an advanced nursing degree to improve their job performance. In studies conducted by the American Association of Colleges of Nursing (1988) and King (1986) three factors were found

that influenced the RNs decision to return to college: 1) greater opportunity for career and educational mobility; 2) desire to have a BSN degree; and 3) more opportunities for personal and professional growth and development. Data analysis of King's study indicated that RNs perceived education as an investment and as a life long process.

In a survey of 89 graduates of a self-paced baccalaureate program for RNs, the respondents identified self-motivation, family and peer support, and flexible work scheduling as the personal characteristics that promoted their success (Baker & Barlow, 1988). This study also found that essential faculty characteristics included encouragement of student progress, support and the ability to relate to RN students as peers.

Barriers to re-entry. Creasia (1989) reported that RNs wishing to return to school feel the way will be paved with barriers. Using a study conducted by the NLN, four barriers were identified that were rated as moderate to major factors by at least 77% of 396 respondents: (1) lack of flexibility, (2) inconvenient scheduling, (3) geographic inaccessibility, and (4) duplication of nursing knowledge and experiences by available programs. Other barriers include the cost of a baccalaureate education (Kelly, 1989; Kielich, 1988; Murdock, 1987; Muzio & Ohashi, 1979; Pollack, Hartley, Woodham, Bell, Kudzma, Robinson, Beaver, & D'Amico, 1987; Root, 1991; Rothert, Talarczyk, Currier-Joynes and McCarthy, 1988) and the time required to complete the degree (Lee,

1979). Root (1991) found still other barriers which included no credit awarded for work experience, and not enough time to devote to studies. Murdock (1987), found that multiple role strain was another barrier. While not a barrier, Marsh and Lasky (1984) cited a concern of re-entry RNs centers on repetition in required course content which was mastered in generic programs and augmented in practice.

Commuting distances, work schedules, and anxiety about returning to school were cited as other barriers (Muzio & Ohashi, 1979; Pollack et al., 1987; Root, 1991; Rothert et al., 1988). Root (1991) found that travel distance required to obtain a BSN ranged from 1 - 150 miles for those participating in her study.

Creasia (1989) and Pollack et al. (1987) discussed two other barriers: (1) fulfilling prerequisite requirements and validating prior nursing knowledge in the form of advanced placement, and (2) the time required to complete this phase of the education. Root (1991) found that the lack of a written agreement concerning the nursing program requirements caused inconsistencies and prolonged completion time. Carroll and Artman (1987) conducted a study of 327 RNs to determine their interest in baccalaureate nursing education. Respondents cited they needed evening and weekend courses, and the opportunity to take challenge examinations for nursing courses. Kelly (1989), in her study of 331 re-entry RNs, found that the lack of relevancy of class work was third after family responsibilities and

financial restraints, respectively, as reasons for discontinuing BSN degree attainment.

While not a barrier, repetition of course requirements which were learned in generic programs and augmented and mastered in practice was cited as a concern of re-entry RNs (Carroll & Artman, 1987; Kelly, 1989; Marsh and Lasky 1984; Root, 1991). Kelly (1989), however, found that too much repetition of previous course work was cited as a reason for discontinuing BSN degree attainment.

Malcolm and Reuther (1988) cited 12 misconceptions about BSN degree completion programs which often influence the decisions not to return to school. Some of the misconceptions include being too old, a BSN not being necessary for bedside work, no differences in pay, extra training can be received from in-service programs, and the nursing degree does not have the flexibility of other degrees.

An impediment cited by Kearney (1991) was a failure of faculty to recognize students' ability to participate in the design as well as the implementation of the learning experience. Kielich (1988) found that social factors did not directly influence the decisions to maintain, interrupt, or discontinue enrollment. However, the quality of student/faculty interaction was a factor which negatively influenced the RN's enrollment status.

Addressing the barriers: Some of the barriers cited by re-entry RNs have been addressed by some colleges and

universities. RNs are likely to seek programs close to home
(SREB, 1982). Edwards and Lenz (1987) and Rothert et al.
(1988) discussed means which could eliminate distance as a
barrier. This involves taking the program or courses to the
students. A method which has been used by various programs
and has met with both success and failure is the use of
satellite transmission of courses. Douglas and Fotas (1989)
recommend this method so students would not have to expend
time, energy and money to commute to distant campuses.

Edwards and Lenz (1987) and Rothert et al. (1988)
addressed flexibility by indicating that courses could be
held evenings and weekends or one full day a week. They
recommend that programs work with employers and that the
schools do everything possible to attract and accommodate
students.

Creasia (1989) added that flexibility in clinical
scheduling also addresses a part of the major barriers that
hinder RN students' enrollment. Faculty need to consider
the special learning needs of the RN adult learner when
arranging clinical experiences (Austin, 1984). Austin
(1984), in a study of 45 re-entry RNs, suggested allowing
the RN student, with nursing faculty, to design projects
that provide new experiences and opportunities for
networking. In addressing the issue of the time required to
complete this portion of their education, Cragg (1990)
believed consideration should be given to a fast track
option during the summers which incorporates a full year of

nursing content. This requires focused energy on the part of the student.

To combat the stress faced by re-entry RNs, three recommendations were made. Lee (1988) recommended social networking for the RNs to cope with stressful incidents in the academic setting. The second recommendation (Rendon, 1988) suggested the use of peer support of two types - one to provide anticipatory guidance before entry, and another to continue throughout the nursing major to provide an arena for peer support, problem solving and networking. Faculty members observe stress signals manifested in frequent dysphoric episodes, confusion and dissatisfaction. Faculty, therefore, play an important role in helping students to manage stress (Lee, 1988; Rendon, 1988). The third recommendation (Staples, 1989). involves support services. In a study of educational mobility, Staples found that faculty believed support services (academic or personal counseling) are important for reentry students. These findings were based on a study of faculty from 13 RN programs.

Many baccalaureate programs designed for RNs have made many changes to meet the needs of the re-entry RN. Beeman (1988), in a study of 276 RN students, found that 46% would make changes in some aspect of the curriculum. The changes included greater flexibility in scheduling, more credit for previous experiences, and different requirements for entrance. Hale and Boyd (1984) reported on a faculty

project designed to resolve problems associated with re-entry nurses. The project consisted of nursing faculty from 35 nursing programs. Deciding which courses RNs may challenge and which should be required were difficult decisions for most faculty participating in the project.

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Articulation: Articulation is one means of educational mobility for ADN and diploma nurses. According to Zusy (1984) and Rapson et al. (1990), articulation describes the process of coordinating nursing education programs so lower division programs can be integrated into upper division programs without unnecessary duplication or gaps. This process allows upper division programs to build on knowledge gained in the lower division curricula (Rapson et al., 1990). An effective articulation policy must protect the quality and integrity of both sending and receiving institutions, as well as providing fair, equitable access to education for registered nurses.

Some educators believe in the articulation concept for those moving from ADN to BSN and have designed completion programs in concert with this belief (Powell, 1986; Rapson, 1987). Rapson et al. (1990) also noted that there are opponents of articulation. These opponents believe that associate degree and diploma programs are terminal and that articulation of these programs with a baccalaureate program cannot and should not be done.

Where articulation had not taken place, RNs made their concerns about duplication of course work known not only to nursing educators, but also to their state legislators. This involved the legislators in the quest for state articulation of nursing education programs. According to McHugh (1990), these efforts have led to eleven states (Arkansas, California, Colorado, Florida, Maryland, Minnesota, Missouri, New Mexico, North Dakota, Texas, and Utah) establishing statewide articulation plans to allow RNs direct transfer of credit to obtain credit for work completed in a lower division setting.

McHugh (1990) found a common core of content in both associate and baccalaureate nursing curriculum. That common core involved the use of the nursing process, biological and psychological problems, and legal and ethical issues. An area which may not be found in AD programs is management/ leadership. Masters and Masters (1989) noted leadership and management positions were not conceived as part of ADN education. However, in their study of 129 ADN and BSN

graduates, role differentiation in nursing between ADN and BSN was not clearly defined in terms of decision making responsibility.

Schank and Stollenwerk (1988) conducted an opinion survey of 28 ADN and BSN nursing program directors. They found the majority of nurse executives were of the opinion that leadership/management should be a differentiating factor between programs. They also found the BSN was viewed as minimal preparation for nurses in executive, education and research positions and settings.

Advanced placement credit: Policies for awarding advanced placement credit to RN students pursuing baccalaureate education vary. In some programs, credit is transferred; in others, credit awarded must be validated (Arlton & Miller, 1987). Most nursing programs that admit RNs require some type of validation process which consists of written examinations and/or clinical performance (Kearney, 1991; McHugh, 1991; Zusy, 1986). The NLN (1985) stated that validation for prior nursing experience may include course-to-course credit transfer, advanced placement examination, standardized assessment examination, teacher made tests, performance tests and portfolio examinations. This, according to Zusy (1986), is a means whereby each nursing program can determine how comparable the previous education is to that of the accepting educational institution. Since diploma nursing education takes place in hospitals, outside the arena of collegiate education,

finding mechanisms to grant credit for diploma credentials
is a difficult task. Brobst (1986) found that 98% of the
national institutions awarded credit for experiential
learning.

In a study which investigated the validity of the
American College Testing Proficiency Examination Program
(ACT-PEP), Yang and Noble (1990) found that nursing programs
varied as to the type of written tests used for validation/
challenge. The 33 programs in the study used the ACT-PEP
tests. They cited that a problem of the teacher made tests
was the limited information available on validity and
reliability of the test scores.

RNs may misunderstand and sometimes resent the need for
the validation process in program placement, citing their
work experience and licensure as registered nurses as
sufficient validation (Kearney, 1991). Examinations which
cover both the theoretical and practice arenas provide the
most comprehensive testing package to use in awarding credit
for prior education and experience (Seyler, Morgan, Luke &
Datillo, 1984; Zusy, 1986). The hours awarded vary from
college to college with some awarding up to 30 hours of
credit after successful completion of the examination
process. A positive outcome of successful completion of the
validation process is increased self- esteem (Wall, 1989).

Portfolios: If the formal education process is to be
relevant to adult nursing students, their life experiences
should be acknowledged. Wall (1989) recommends the

portfolio. Knapp (1975) defined the portfolio as a process by which past experiences can be translated into educational outcomes or competencies, documented and assessed for academic credit or recognition.

The primary purpose of the portfolio is to help the learner provide evidence of knowledge and skills gained through prior learning and experiences (Marsh & Lasky, 1984). The knowledge and skills should be similar in quality and level with the learning opportunities of college students in specific courses. Additionally, portfolios help faculties meet the needs of diverse students by providing a flexible mechanism for assessing prior learning.

From a student perspective (Budnick & Beaver, 1984) the portfolio provides an opportunity to review, reconfirm and document strengths, skills, knowledge, career experiences and education. The collection of data for the portfolio includes the professional nursing license, certification test scores, certificates of attendance at conferences and symposiums with objectives for continuing education programs, position description and professional activities. Oechsle, Volden & Lambeth (1990) and Wall (1989) found the portfolio to be a positive way to meet the learning needs of the RN because it organized experiences and accomplishments into a manageable form for assessment. In a study of 34 re-entry RNs, Oechsle et al. (1990) found the majority (77%) thought the portfolio was a satisfying way to complete or partially complete course objectives.

Facilitation of re-entry is accomplished by assigning a faculty advisor to act as a guide in portfolio development. For faculty, acceptance of this role is based on their belief in the philosophy of portfolios and its congruence with the principles of adult learning described by Malcolm Knowles (Oechsle et al., 1990). Oechsle et al. (1990) cited three nursing programs that used the portfolio as a means of recognizing re-entry RN experiences. Arlton and Miller (1987) conducted a survey of faculty in 328 baccalaureate nursing programs on advanced placement policies. Their findings indicated that baccalaureate nurse educators are committed to advanced placement of RNs in baccalaureate nursing programs.

Teaching and learning: the re-entry nurse

The way an individual perceives himself will have an important influence on how he approaches new learning experiences (Lovell, 1980). Faculty need to consider the special learning needs of the RN adult learner when arranging learning experiences.

Rendon (1988), in a study of role congruence, found that students did not feel respected by their faculty for their previous knowledge and skills. According to Knowles (1984), this is a serious hindrance to the development of rapport deemed essential by educators to the teaching-learning process. This may explain frequent feelings of anger and resentment exhibited by this learner group as well

as their high ratings of dissatisfaction with the curriculum
(Rendon, 1988).

Program planning: Today more than ever, nursing
program faculties and administrators are well advised to
take steps to accommodate the special needs of adult
learners (Edwards & Lenz, 1987). As such, faculties
developing RN programs or tracks have to consider how to
teach the adult learner effectively. Rendon (1988) suggests
that faculty sensitization would enhance the recognition
and utilization of the high degree of motivation to better
achieve educational objectives. Lowenstein and Bradshaw
(1989) suggested that faculty in degree completion programs
need to see themselves as facilitators in the learning
process, rather than simply providers of information. Muzio
and Ohashi (1979) recommended that programs be flexible and
in tune with the needs and expectations of RNs who desire a
baccalaureate education. Creasia (1989) suggests that with
the diversity of the RN students, creative program planning
is a necessity. Data strongly suggest that clinical
settings be carefully selected for congruity with the
professional structure of the program and the experiences
provide situational contexts which determine professional
identity (Wallace, 1987).

Swanson (1987), in a study of 194 re-entry RNs, found
that the RN student needs a more individualized program to
advance from a technical to a professional level. This
individualized program involves the use of self-directed

learning (Baker & Barlow, 1988; Lambeth, Volden & Oechsle, 1989; Seyler, 1984). Self-directed learning is generally viewed as intentional learning where the individual's major goal is to gain and retain a clearly defined knowledge or skill, or to produce a lasting change in behavior, attitude, or knowledge in himself (Linares, 1989). Based on course goals and objectives, the learner determines what is to be learned and how it will be learned, taking primary responsibility for the learning process. This process takes place with input from the faculty. Linares' (1989) study of 190 re-entry RNs and 184 generic students found that age influenced a subject's self-directed learning.

Lambeth, Volden and Oechsle (1989) defined the self-directed learner as one who diagnoses her/his learning needs, identifies resources for learning, and evaluates learning outcomes. Baker and Barlow (1988) noted that despite the difficulties that may arise for some RNs, self directed learning meets the need for autonomy and respect as adult learners, as well as providing a way for RNs to juggle work, home and school responsibilities.

King (1988) conducted a study of 79 senior nursing students to determine differences between RN and generic students. The curriculum features favored by RNs offered the flexibility and the autonomy needed simultaneously to meet their developmental needs and the program's requirements. Additionally, incorporating specific curriculum features directed toward independence, autonomy

and flexibility is an effective strategy for meeting the adult developmental needs of RN students. MacLean, Knoll, and Kinney (1985) and Williams (1983) found that many RN programs have sought to provide greater flexibility geared to the specific needs of this body of students. Knowles (1986) noted that when adults begin to learn something naturally, they are highly self-directing. When they learn on their own initiative they learn more deeply and permanently than what they learn by being taught.

Sasmor (1984) suggested that being creative in individualizing learning experiences maximizes the adult's past education and present interests. Rendon (1988) noted that mutually designed individualized learning activities would enhance varied interpretational styles, increase role congruence, and facilitate role enactment.

Methods which offer flexibility and autonomy include learning contracts, independent study, and seminars (Dear & Bartol, 1984; Lowenstein & Bradshaw, 1989; Sasmor, 1984). Sasmor (1984) described contracting for learning as a natural outgrowth of the theories of adult education. Contracting leads to self-direction, and provides for exploring individual interest areas, specific skill building on a personal basis, and fosters desired behavior and attitude development (Williams, 1983; Sasmor, 1984). Knowles (1986) noted that learning contracts provide a vehicle for making the planning of learning experiences a mutual undertaking between a learner and her/his teacher.

Knowles (1978) also noted that contract learning gives the student ownership of the objectives he or she will pursue, and allows the student to determine how each will be accomplished.

Independent study has been identified as a valuable mechanism for promoting self-directed learning as it leads to more resourcefulness in dealing with new issues as they appear (Dear & Bartol, 1984). Their study consisted of responses from 224 nursing educators randomly selected from SREB baccalaureate nursing programs. Negative aspects of independent study, as postulated by Knowles (1986), include: 1) the sometimes lack of structure, and 2) the student may not have access to an instructor for guidance.

Seminars, another means of promoting self-directedness, and flexibility and autonomy. They provide for analysis of problems and awaken the learner to new avenues of viewing experiences (Lowenstein & Bradshaw, 1989).

Baccalaureate nursing education designed for the RN can maintain educational and clinical standards of baccalaureate nursing education while providing opportunities for various learning methods to fulfill the objectives of the programs. These methods allow the student to apply learning tasks in individual areas of interest and to meet specific professional goals (Sullivan, 1984).

The re-entry nurse - an adult learner: Curriculum developers have sought to define content area which will assist RN students in gaining the professional status to

which they aspire (Thurber, 1988). Hezel (1988) noted that little is known about the characteristics of the curricula of baccalaureate programs designed exclusively for RNs.

In a study of six baccalaureate programs for RNs in Missouri, Hezel (1988) found recurring themes in theory, nursing process, management and leadership. Manfredi and Valiga (1990) studied the nature of leadership sources in 10 NLN accredited BSN programs. Their findings showed that the terms leadership and management were used interchangeably.

Lee (1987) conducted a study of 111 senior nursing students to determine the role stress plays on learning. The study found that the taking on of new knowledge, role concepts, and attitudes eventually lead to periods of stress and discontent for re-entry RNs. Muzio and Ohashi (1979) noted that the task of learning for RN students is complicated by the RNs' level of prior knowledge.

Prior knowledge, when consonant with new information, strongly enhances the learning process. When this knowledge is embedded in a system of thinking that conflicts with the new theoretical framework, it may act as a barrier to new learning (Muzio & Ohashi, 1979). It is essential for the student to understand that prior experience and knowledge are important and provide a sound base upon which expansion of nursing knowledge may be built (Sullivan, 1984). These nurses, as pointed out by Muzio and Ohashi (1979), may have to reject some of their prior learning before being able to

incorporate new nursing theory into their pattern of thinking.

Austin (1984) suggested using a questionnaire to assess the students' previous experiences. The questionnaire gives insight into the learning needs of the students. All previous experience must be considered germane (Lynton & Elman, 1987). They suggest that arts and science courses be taught in ways that help these individuals reflect on their prior experience.

To have a better sense of the re-entry student, Rogers (1986) recommends that faculty find out who the students are and what they are bringing to the course. As such, Lynton and Elman (1987) suggest that instruction begin with a description and analysis of the participants' prior experience. This approach accomplishes the goal of involving them more actively in the learning process.

Each adult learner has a variety of unique experiences and learns by associating new experiences to past experiences (Raudonis, 1987). In discussing the adult learner, Rogers (1986) stated several things: (1) they bring experience and value to the setting, (2) they come with set intentions, (3) they bring certain expectations about education itself which educators need to explore, (4) they all have competing interests, (5) they all possess set patterns of learning, and (6) they usually enter the programs with knowledge about the subjects being taught.

Lambeth et al. (1989) noted that while adult learners bring certain values to the academic setting, Knowles' (1975) four assumptions regarding the adult learner must be kept in mind: (1) adult learners are self-directed, (2) the learner's past experiences are a rich resource for learning, (3) the learner's readiness to learn develops from life tasks and problems, and (4) the learner demonstrates curiosity and is self-motivated to grow and achieve. Lovell (1980) summarized the adult learner by saying that adult learners are products of their past life and their present behavior is a consequence of past learning. Registered nurses who are pursuing a baccalaureate degree should be treated as mature adults who are self-motivated and capable of independent study (Rapson, 1987).

On the other hand, according to Lovell (1980), the previous educational experience of the adult can have a great influence on the effectiveness of his learning. The greater the formal education level, the better he is likely to cope with most learning tasks in adulthood.

Socialization and RN students

Brief, Aldag, Sell & Malone (1979), Brim (1966), Eli and Shuval (1982) and Mauksch (1982) define socialization as the process by which an individual learns or acquires the behaviors, knowledge, skills, attitudes, and values of a given culture. Hurley (1978) defined socialization as the method for achieving and maintaining the continuity of the culture. Brim (1966) noted that socialization is "the

process by which individuals acquire the knowledge, skills and disposition that make them more or less members of their society." According to Berger (1966), the lack of socialization would result in the destruction of group cooperation and eventually in the dissolution of the society itself.

Socialization has been studied by anthropologists, sociologists and others (Brief, Aldag, Sell, & Melone, 1970; and Brim, 1966). Professional socialization has also been of interest to others (Berlew & Hall, 1966; Van Maanen, 1975). Socialization of nursing students has been the focus of research by nurses and social scientists (Eli & Shuval, 1982; Hurley, 1978; Lynn, McCain & Boss, 1989; Mauksch, 1982; Williams & Williams, 1959).

Various authors (Brim, 1966; Hinshaw, 1977; Jacox, 1978; Olmstead & Paget, 1969) have looked at socialization for various age groups and the tasks inherent in each group. Brim (1969), and Olmstead & Paget (1969) noted that the process of socialization in children is an overt process. Hinshaw (1977) and Jacox (1978) noted that adult socialization involves learning new and different roles and the acquisition of the knowledge and skills required for performance of those roles. Periard et al. (1991) in a study of 296 re-entry RNs, identified RN students in BSN programs as undergoing either socialization or resocialization as they advance from a technical focus to a more professional orientation.

Throwe and Fought (1987) summarized the process of socialization: (1) the development of identity and projection of self-worth; (2) acquisition of new knowledge, attitudes, and skills; (3) interaction with others who emulate the role; (4) assessment of others' reactions to the role; and (5) preparation for future role enactment. Each change in a career requires socialization.

Professional Socialization. Professional socialization can de defined as "the process by which a person acquires the knowledge, skills and sense of occupational identity characteristic of a profession." The process involves internalizing values and norms of a professional group into one's own behavior and self- conception (Jacox, 1978, p. 6). According to Eli and Shuval (1982), professional socialization is the acquisition of the techniques, skills and values which are part of the learning of a professional and is a special form of adult socialization.

Caplow (1966) identified 10 principal models of professional socialization. Three of these were schooling, training, and anticipatory socialization. Schooling refers to the teaching of behaviors and values of a particular group/organization. Training focuses on the learning of the skills essential to a particular profession. Anticipatory socialization is the individual identifying with a group to which she does not yet belong, but to which she aspires. Currently, there are three types of nursing educational

programs in which these three principal models take place: associate, diploma, and baccalaureate.

Richards (1972), Dustan (1964), and Meleis and Farrel (1974) studied intelligence and the degree of professional socialization of students in the three types of nursing programs and other occupational programs. The findings showed no difference in intellect, but decided differences in professional orientation in which the baccalaureate student demonstrated significantly more professional orientation. Alutto, Hrebiniak and Alphonso (1971), in a study of other students, found differences in personality characteristics and career goals.

Researchers (Corwin, 1960; Meyer, 1959; Murray & Morris, 1982; Pieta, 1976; & Stone & Green, 1975;) studied students and graduates of the three types of nursing programs and noted differences in certain characteristics. Differences in role conception and perceptions of the ideal vs actual practice were noted in the students in each of the programs at the beginning, middle, and terminal stages of their nursing education. Graduates of baccalaureate nursing programs also demonstrated more autonomy and leadership characteristics than the graduates of associate degree programs.

<u>Professional Resocialization</u>. The term resocialization describes a specific category of professional socialization. This is the acquisition of new roles, within the context of the current profession, which involves new expectations.

According to Malkemes (1974) and Hinshaw (1977), this takes place when a registered nurse returns to school to acquire a degree in nursing, to obtain a clinical specialist degree or to acquire a degree in teaching or administration.

Over the past few decades various researchers have focused on professional socialization of different occupation groups. Research has been done on management trainees (Berlew & Hall, 1966), policemen (Van Maanen, 1975), aerospace scientists and engineers (Miller & Wager, 1971), and medical students (Becker & Geer, 1958). These studies indicated there was internalization of organizational values. Miller and Wager (1971) also found that the length and type of educational program influenced role orientation. A study of 180 re-entry RNs indicated that the length of time spent in an educational program has a positive influence on professional socialization (Dickey, 1989).

Thurber added that professionalism, career orientation, autonomy, intellectual ability, and self- actualization are among the desired outcomes of baccalaureate education for nurses. Several studies have indicated that change in professional attitude can be expected to accrue in RN students between entry and exit from a baccalaureate completion program (Kielinen, 1979; Luddington, 1980; Mannetti, 1980).

Summary

This literature review presented a historical perspective of the BSN as the entry level to professional nursing since 1965. The 1965 Position Statement of the American Nurses' Association has had a far reaching effect on nursing education in the United States over the past 27 years. The goal of the Position Statement, that education for those who work in nursing take place in institutions of higher education, has not been reached. Another aspect of the Position Statement was the recommendation that there be two levels of nursing, professional and technical. This would mean the discontinuance of diploma schools of nursing. While this has not taken place, the move is continuing and is evident since only 28 states still have diploma nursing programs. A major finding which shows the goal is being reached can be seen in the closure of diploma nursing programs. In 1964 there were 833 diploma nursing programs and only 145 in 1991. As for the second part of the Position Statement, only one state has implemented the BSN as the entry level for professional nursing and the Associate degree for technical nursing.

The RN was defined in the context of the re-entry woman but with some differences. Generally the re-entry woman was between the ages of 30 and 40 and their re-entry was seen as related to some life event. The major difference between the re-entry woman and the re-entry RN was the educational background of the RN. The re-entry RN was described as

bringing skills, experience and formal education to the classroom. The general re-entry woman was described as one who had not begun or had not completed a higher education undergraduate program.

Factors affecting re-entry RNs entry were discussed. The RNs cited various reasons for returning to college to obtain a baccalaureate education in nursing. Barriers encountered by the re-entry RN consisted of lack of support from family, work associates and others. Educational expenses were considered the major barrier. Barriers to re-entry which were addressed were flexibility in clinical scheduling and networking. The issue of articulation was discussed as a means of educational mobility for AD and diploma nurses and involves advanced credit for prior education. Portfolios were cited as a means to help the RN provide evidence of knowledge and skills gained from prior educational course and work experiences.

Teaching and learning were addressed and focused on RNs as adult learners who had a formal educational background plus work experience in the areas being taught. Nursing faculty need to consider who the RN students are, what their experiences have been and allow the students to play a role in their own learning.

Socialization was viewed as an issue that has been studied by researchers in various professions. The studies divided socialization into two forms: professional

socialization and professional resocialization.
Professional socialization was described as the
acquisition of the values and norms of a professional
group. Professional resocialization was described as the
acquisition of new values and norms due to advancement in
one's career.

It is to the advantage of educators of baccalaureate
nursing programs to understand the re-entry RNs' needs,
problems, frustrations and goals if recruitment of these
students is to be successful. These factors must be
understood also if the educational experiences are to be
beneficial ones for the students (Kelly, 1989).

Chapter Three

METHODOLOGY

Introduction

The purpose of this study was to determine how senior re-entry registered nurse students who were seniors in academic programs leading to a bachelors degree in nursing perceived their programs. This was accomplished by determining: 1) the educational and experiential characteristics of senior re-entry registered nurses, 2) the reasons for returning to college for a baccalaureate education, 3) their perceptions of the relevancy of nursing course work, and 4) personal, professional and academic difficulties encountered. The study also investigated the demographic profile of this particular group of senior re-entry registered nurse students.

This study, conducted between the months of May and June 1992, sought responses to the following research questions:

1. What are the educational and experiential characteristics of the senior re-entry registered nurses who return to college for a baccalaureate nursing education?

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2.   What are the reasons senior re-entry registered nurses cite for their return to college for a baccalaureate nursing degree?

3.   How do senior re-entry registered nurses rate the relevancy of their nursing course work.

4.   Is there a difference between the work experience of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?

5.   Is there a difference between the educational level of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?

This chapter describes the design of the study, permission to conduct the study, description of the participants, the instrument, the pilot study, data collection, analysis of the data, and chapter summary.

Design of the Study

A descriptive survey design was utilized in this study. According to Borg and Gall (1989), survey research can be used to investigate a wide range of educational problems and accounts for a substantial proportion of the research done in the field of education. Borg and Gall (1989) also added that various disciplines make frequent use of surveys to collect information relevant to interests and problems in their fields.

Borg and Gall (1989) suggested that questionnaires have salience to obtain accurate information and to have a significant influence on the rate of response. To add salience, the participant letter noted that permission to contact each participant came from the deans/chairpersons of each nursing program. An added incentive was the inclusion of a #2 lead, natural wood pencil.

Sample: A total of 106+ senior re-entry RNs were due to graduate at the end of the spring and summer semesters in academic year 1992 from seven of eight Virginia state supported colleges and universities with nursing programs (Table 3.01). Since this was a small number, the researcher used a sample of convenience which included mailings to each of the spring 1992 academic year baccalaureate RN graduates. One hundred and four senior re-entry RNs actually received mailings (the postal service returned two questionnaire packets because the addressees had moved and did not leave forwarding addresses).

A mailed demographic form (Appendix B) and a three part Likert-like scale questionnaire (Appendix C), designed by the researcher, were used to gather data pertaining to the research questions. The instruments were constructed based on research findings in the literature on RN responses to returning to school. The questionnaires were mailed to senior re-entry registered nurses in their final semester of study during the spring 1992 academic year. This consisted of a total of 106 potential participants.

Table 3.01

Participating Universities and Graduates

University	Graduates
A	6
B	23
C	13
D	35
E	12
F	2*
G	15
TOTAL # 7	104

*Total number unknown. The researcher only had access to those students who signed a consent form developed by the nursing program at that university.

A sample of convenience was used. The one criteria for inclusion in this study, that all participants be seniors in their final semester of study, was met by all participants in nursing programs at Virginia state supported universities.

Permission to Conduct Study

A telephone call was made to the deans/chairpersons of the various schools/departments of nursing at state supported universities in the state of Virginia. This call was made to: 1) ascertain the type of RN completion program

at each university, 2) obtain the support of the deans/ chairpersons for the study, 3) request permission to contact senior re-entry RNs at the universities to participate in the study, and 4) ascertain the number of senior re-entry registered nurses in each program who met the criteria of the study.

In some cases the researcher talked with persons other than the dean or chairperson at each of the seven Virginia state supported universities. These persons were usually directly responsible for coordinating the RN programs in those universities. The university nursing programs were either RN only programs or nursing programs which admitted RNs into their generic nursing programs, but had special tracks for the RNs.

A follow-up letter was sent to each dean/ chairperson or nursing program contact person confirming the telephone call (see Appendix D) and requesting written permission to contact each program's RN students who were then enrolled in their last semester of nursing courses. The researcher was told by four programs that they were not allowed to give out student names. However, the contact persons at these universities stated they would take responsibility for addressing mailing labels if the packets were sent directly to the nursing programs at the respective universities.

The researcher had direct contact with participants at two of the seven universities. One of the seven programs sent the researcher signed consent forms from two students

which listed the students names, addresses and telephone numbers.

Three of the seven universities required a review of the instruments by their Human Subjects Committees and Research Departments (Universities A, B, and D). Since this study fell under DHHS Exempt Category 3, a full committee review was not required. The Human Subject Review Committee and Research Department at Universities A and B respectively, sent the researcher written approval to conduct the study. University D did not send the researcher written approval. Instead, this university's IRB notified the contact person in the school of nursing, who in turn notified the researcher.

Each dean/chairperson received copies of the participant letter, demographic form and perception questionnaire. The contact person at University F discussed the study with the RNs enrolled there and asked that those who were interested in participating sign a release form. Those signed forms were sent directly to the researcher. The researcher was not told how many actual RNs in that program met the criteria for inclusion in the study.

Description of Participants

All participants, potential and actual, were in their final semester of study in their respective programs. The number of potential participants in the various universities varied. All potential participants received a participant

letter in their packets which stated the nature of the study (Appendix E).

The Instruments

Participant letter: Confidentiality was ensured through the use of a coding system to identify each school. Anonymity was assured since the researcher did not have access to participant names. Anonymity and confidentiality were assured when reporting the data since only the aggregate findings were reported and not the findings from individual universities.

The Questionnaire. Statements developed for the Senior Re-entry Registered Nurse Perception Questionnaire (Appendix C) were based on the findings of previous studies. The questionnaire was divided into three sections: 1) reasons for returning to college to receive a baccalaureate nursing education, 2) relevancy of course work, and 3) personal, professional and academic difficulties encountered. Statements in the questionnaire were both negatively and positively worded to prevent a mind set in the respondents.

Content Validity. Content validity was achieved by the degree to which the questionnaire content matched what the study purported to determine (Borg and Gall, 1989). The Senior Re-entry Registered Nurse Questionnaire determined: 1) the reasons these students cite for returning to college for a baccalaureate nursing education, 2) their perceptions of the relevancy of nursing course work, and 3) personal, professional and academic difficulties encountered.

Statements used in the questionnaire were representative of the findings from previous studies. Wiersma (1986) noted that content validation is a logical analysis of content items and their representativeness.

Another means of assuring content validity was feedback from the various contact persons at each institution. These individuals received copies of the two forms to review and were requested to give feedback. Their feedback indicated the statements were valid, as they offered no suggestions for revisions or additions.

Pilot Study

A pilot study was conducted in April 1992. The population consisted of four participants who completed an RN only program in December 1991. They were asked to respond to the questions based on their situations during their last semester in college. The purpose of the pilot study was to: 1) determine the amount of time needed to complete the two forms, 2) get feedback from participants that might lead to changes in the questionnaire for clarity and appropriateness,and 3) determine if the statistical and analytical procedures were appropriate.

The pilot study revealed the following: 1) the time required to complete both forms required approximately 15 minutes, 2) the statements were clear and understandable (based on written comments by the participants), and 3) the planned statistical procedure was appropriate.

<u>Data Collection</u>

A code was placed on each demographic form and questionnaire. The code was used to identify the university and to determine the number of actual participants from each university. Since the researcher was not given access to the participants' names and addresses a second mailing was not planned.

The researcher then mailed the appropriate number of questionnaire packets to each university. The nursing programs agreed to address the labels (supplied by the researcher) and then put the packets in the mail (universities B, D, E, F, and G). Each individual packet had appropriate postage applied prior to being sent to the universities. Participants from these five universities were asked to return the completed Demographic Form and Senior Re-entry Registered Nurse Questionnaire within two weeks. There was a 76% return rate with the first mailing.

The researcher had the opportunity to meet with the participants at Universities A and C. These participants were assured that participation was not mandatory and that non-participation would in no way affect their course grades. While the researcher knew the names of the participants at University A, the researcher could not identify them by their responses. The researcher met with and administered the questionnaire to the participants at University C at the request of the chairwoman of that program. However, the researcher did not know these

participants and their names were not given to the researcher.

Data Analysis

The demographic form was designed to ascertain specific information about the respondents. Data collected from this section were used to answer the first research question:

1. What are the educational and experiential characteristics of senior re-entry registered nurses who return to college for a baccalaureate education?

The perception questionnaire was designed to determine senior re-entry RN students'perception of the their experiences while attending college. Data collected from this form were used to answer questions number two, three, four and five:

2. What are the reasons senior re-entry registered nurse students cite for their return to college for a baccalaureate nursing education?

3. How do senior re-entry registered nurse students rate the relevancy of their nursing course work?

4. Is there a difference between the work experience of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?

5. Is there a difference between the educational level of senior re-entry registered nurse students and their

perceptions of the academic, professional and personal difficulties experienced while in college?

Analysis of the data was done through use of descriptive statistical techniques. The primary statistical techniques used to analyze data from the demographic form consisted of frequencies and percentages. Frequencies and percentages were also used to analyze the data for research questions two and three. Chi Square was used to cross tabulate data in the Senior Re-entry Registered Nurse Perception Questionnaire for significant differences with the variables of experience and education from the Demographic Form for research questions four and five.

Cross tabulation of the variable experience was based on three ten-year categories of experience; one to ten years, eleven to twenty years, and twenty and more years. Experience refers to the number of years of work experience as a registered nurse. Cross tabulation of the variable education was based on the two types of nursing programs from which these nurses had graduated, associate degree (AD) and diploma. Each variable was analyzed based on the responses of agree, disagree and neutral. For each open ended question, reporting utilized the qualitative method.

The instruments used in this study allowed the researcher to determine how senior re-entry RNs perceived events they encountered while attending college. It also allowed the researcher to compare findings in this study with findings from other studies.

Summary

This chapter described the research methodology for this study. The research consisted of senior re-entry RNs in baccalaureate nursing programs in Virginia state supported universities. Permission to contact these students was granted by the deans/chairpersons of each nursing program with approval from the Human Subjects Committees at three of the universities. However, the researcher was not given access to the students' names and addresses at six of the universities. Questionnaire packets were mailed in bulk to five of the seven universities. Each individual packet contained appropriate postage. The nursing programs addressed the packets and then mailed them.

The researcher met with the senior re-entry registered nurse students at two of the five universities. These students completed the questionnaire and demographic forms at that time.

This chapter identified a total population of 106 RNs who were sent questionnaire packets. However, two packets were returned to the researcher as undeliverable since the addressees had moved. Of the 104 participants who received packets 79 were returned for a 76% return rate. One questionnaire was discarded since the participant did not complete the demographic form. Data were calculated based on a 75% return rate.

Chapter four presents the analysis of the data and offers an explanation of the statistical method. Chapter

five summarizes the data, cites the conclusion and implications of the study, and gives recommendations for future studies.

Chapter Four

ANALYSIS OF DATA

The purpose of this study was to determine how senior re-entry registered nurse students who were seniors in academic programs leading to a bachelors degree in nursing perceived their programs. This was accomplished by ascertaining 1) the educational and experiential characteristics of senior re-entry registered nurses, 2) their reasons for returning to college for a baccalaureate education, 3) their perceptions of the relevancy of nursing course work, and 4) any personal, professional and academic difficulties encountered while in college.

A sample of convenience was used. One hundred and six questionnaire packets were mailed. Two packets were returned because the addressees had moved and left no forwarding addresses. Seventy-nine questionnaires were returned for a return rate of 76%. One questionnaire was discarded as it was returned without the Demographic Form. Calculations were made based on the 78 (75%) completed demographic forms and questionnaires. Calculations also were based on the number of actual responses for each statement.

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The Senior Re-entry Registered Nurse Demographic Form
and the Senior Re-entry Registered Nurse Perception
Questionnaire were designed to gather demographic data of
senior re-entry RNs and to ascertain their perceptions of
events related to their return to college. Responses to the
demographic tool were computed by using percentages and
frequencies. Frequencies and percentages were used to
compute responses to research questions one, two and three.
Chi square was used to cross tabulate the responses from the
perception questionnaire with the variables of experience
and education to answer questions four and five.
Probability statements for experiential backgrounds were
based on a Chi square critical value of 9.50 at the 0.05
level of significance and four degrees of freedom or $\chi^2(4,$
0.05) = 9.50. Probability statements for educational
backgrounds were based on a Chi square critical value of
6.00 at the 0.05 level of significance and two degrees of
freedom or $\chi^2(2, 0.50) = 6.0$. The lower the Chi square the
greater the agreement between group responses. The higher
the Chi square the greater the variability between group
responses.

Description of Participants

The population in this study consisted of senior re-
entry RNs in their last semester of study in Virginia state
supported universities (Table 4.01). Demographic data for
the respondents can be found under data for research
question number one.

Table 4.01

Participating Universities and Respondents

University	Number of Participants
A	6
B	19
C	13
D	24
E	7
F	2
G	8
TOTAL 7	79

Data for Research Question #1

The Senior Re-entry Registered Nurse Demographic form (Appendix C) consisted of three sections and was used to gather data to answer research question one:

What are the educational and experiential characteristics of the senior re-entry registered nurse students who return to college for a baccalaureate nursing education?

Section one sought general information about each participant. Section two sought data about employment. Section three sought specific data regarding the nursing programs.

Statistical Treatment of the Data. Frequency distribution and percentages were used to determine the trend for each section of the demographic data. Therefore,

the percentages were based on the actual number of respondents for each variable.

The first section of the demographic form sought general information about the participants. (Table 4.02)

Age. Participants were grouped into five-year age group categories: 20-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-55 and 56 and over. There were no participants in the 56 and over age group.

Fifty percent of the RNs surveyed were between 31 and 40 years of age. The greatest frequency was among the 36 to 40 years old which accounted for 32.1% of the RNs. The next largest age group was the 20 to 30 year age group which accounted for 24.3% of the respondents.

Sex. The participants were unevenly distributed between males and females. Ninety-six percent (96.2%) of the respondents were female.

Marital status. The majority of the respondents or 66.7% were married. Those who were single comprised 18% of the respondents, while those who were divorced comprised 14% of the respondents. Only one person was widowed (1.3%).

Number of children. Fifty-one participants (66.2%) had children. Most participants had two or three children. One person did not respond to this question.

Race. The majority of the respondents (79.4%) were white. African Americans composed 16.7% of the

Table 4.02

Frequency Distribution of General Information

Variables	Number of Participants	Percent %
Age		
20-25	9	11.5
26-30	10	12.8
31-35	14	17.9
36-40	25	32.1
41-45	10	12.8
46-50	6	7.7
51-55	4	5.1
Sex		
Female	75	96.2
Male	3	3.8
Marital Status		
Married	52	66.7
Single	14	18
Widowed	1	1.3
Divorced	11	14
Number of Children		
0	26	33
1	15	19
2	17	21.7
3	17	21.7
4	2	2.6
No response	1	
Race		
African American	13	16.7
White	62	79.4
Other	3	3.9

respondents while 3.9% were other race respondents
(Hispanic, Asian and West Indian).

Data from section one of the Senior Re-entry Registered
Nurse Perception Questionnaire is fairly consistent with
trends from other studies (Alexander, 1983; Creech, 1984;
and Sewall 1984). For the most part, race has not been
specifically identified in available literature. However,
the findings of race were far different from the one source
available from the NLN as cited by Maraldo, Preziosi and
Binder (1991).

The majority of re-entry RNs were white; however, there
was a significant number of black re-entry nurses. The
number of re-entry black nurses, 16.7%, surpassed the
national figure of 3.6% for practicing black nurses as
quoted by Maraldo, Preziosi and Binder (1991). Not
surprising, however, was the number of men who responded.
Their number approximated the national average of 3.3% for
men in nursing, as quoted by Maraldo, Preziosi and Binder
(1991).

General information, for the purpose of this study,
also consisted of data relative to the RN's nursing
education and subsequent licensing. (Table 4.03)

Basic nursing education. Fifty-nine percent (59%) of
the respondents were graduates of associate degree nursing
programs. Graduates of hospital nursing programs comprised
41.2% of the respondents. Fifty-three percent (53.1%) of
the associate degree graduates were graduated

Table 4.03

Frequency Distribution of General Nursing Education
Information

Variables	Number of Participants	Percent %
Basic nursing education		
Assoc. Degree	46	59
Diploma	32	41
Place of basic nursing		
education		
In Virginia	51	65.4
Other state	25	32.1
Outside USA	2	2.5
Year of Licensure		
1964 - 1967	4	5.1
1970 - 1979	20	25.6
1980 - 1989	44	56.4
1990	10	12.8

since 1985 while only 17.2% of Diploma graduates were

graduated during this time period.

Place of basic nursing education. Fifty-three (67.9%)

of the respondents were graduates of nursing programs in

Virginia. Twenty-three (29.5%) of the respondents were

graduates of nursing programs in other states. Two (2.5%)

of the respondents completed nursing programs in other

countries.

Year of initial licensure. Fifty-six percent (56.4%)

of the respondents were licensed between 1980 - 1989. The

second largest group was licensed during the 1970's.

Of interest is the number of ADN graduates since 1985

versus the number of diploma nursing graduates since 1985.

Eighteen or 82% of the 22 AD nurses were graduated from
Virginia community colleges during this period, while seven
or 70% of the 10 diploma nurses were graduated during this
time. This finding indicates the choice these women made in
choosing their basic nursing education programs. However,
this finding cannot be associated with the closing of
diploma nursing programs across the United States since
Virginia has closed very few diploma nursing programs in the
past seven years. However, the national trend, the BS
nursing as the entry level for professional nursing, may
have influenced the choices.

Years of nursing employment. Fifty-four percent
(53.8%) of the respondents had 10 years or less of nursing
work experience. The second greatest frequency was among
the 11 to 20 years group with 36%. Ten percent (10%) of the
respondents had more than 20 years of experience.

The second section of the demographic form requested
information related to current employment status. Table
4.04 shows the distribution of the respondents by total
years of employment and work status at the time they
responded to this survey.

Current work status. Forty-nine (62.8%) of the
respondents worked full-time while attending college.
Twenty-four (30.8%) worked part-time, while five (6.4%) did
not work while attending college.

Table 4.04

Frequency Distribution of Employment Status

Variables	Number of Participants	Percent %
Years of nursing employment		
1-5	21	26.9
6-10	21	26.9
11-15	15	19.2
16-20	13	16.7
21-25	5	6.4
26-30	2	2.6
31 or more	1	1.3
Current work status		
Full time	49	62.8
Part time	24	30.8
Not working	5	6.4

Data collected in this section of the demographic form supports the study of Campaniello (1988) that re-entry RNs are wage earners, mothers and homemakers while attending school either full-time or part-time.

Table 4.05 contains information pertaining to the respondents' actual nursing practice. If respondents were not working, they were asked to respond to each statement based on their most recent work experience.

Practice area. The majority of the respondents, 21 (26.9%), worked in critical care. Eleven of the respondents (14.1%) worked in maternal/child care, while 9 (11.5%) worked on medical-surgical units. Seven (9%) were employed

Table 4.05

Frequency Distribution of Employment Practice

Variables	Number of Participants	Percent %
Practice area		
Critical Care	21	27
Maternal Child	11	14.1
Medical/surgical	9	11.5
Psychiatric	7	9
Surgery	4	5.1
Physicians office	2	2.5
School nurse	1	1.3
Community/Home health	7	9
Other	16	20.5
Current position		
Staff nurse	57	73
Nurse Manager	12	15.4
Director	1	1.3
Instructor	2	2.5
Other	6	7.7
Employment agency		
Hospital	70	89.8
Community/Home health	5	6.4
Physician's office	3	3.8

on psychiatric units, while seven (8.7%) worked as
community/home health nurses. Moreover, four (5.1%) worked
in surgery, two (2.5%) worked in physician's offices and
one (1.3%) worked in the public school system. Sixteen
(20.51%) of the respondents worked in other areas. These
areas included ambulatory surgery, hospice, radiology,
pediatrics (exclusive from maternal/child), quality
assurance, intravenous therapy, occupational health, nursing
administration and endoscopy.

     <u>Current position</u>. Fifty-seven or 73% of the
respondents were staff nurses. Nurse managers comprised 12
or 15.4% of the respondents.

     <u>Employment agency</u>. The majority of the respondents,
seventy or 89.8%, were employed by hospitals.

     The single greatest frequency of respondents were
employed in critical care units in hospitals. There were no
data available in the literature which speaks to this
phenomenon. Not surprising, hospitals continue to be the
largest employers of nurses.

     The third section of the demographic form dealt with
current nursing program information. (Table 4.06)

     <u>Cumulative GPA</u>. The group as a whole had very high
GPAs. The majority of the respondents, 44 or 57.9%, cited
GPAs in the range 3.501 - 4.0. Twenty or 26.3
respondents listed a GPA of 3.01 - 3.5. Nine respondents or
11.84% recorded their GPAs in the 2.501 - 3.00 range.

Table 4.06

Frequency Distribution for Nursing Program Information

Variable	Number of Participants	Percent %
GPA		
3.501 - 4.00	44	57.8
3.01 - 3.50	20	26.3
2.501 - 3.00	9	11.8
2.00 - 2.50	3	3.9
No response	2	
General education course completion		
Yes	37	48.1
No	40	51.9
No response	1	
Taking general education courses		
Yes	24	31.2
No	53	68.8
No response	1	

<u>General education course completion</u>. Among the
respondents there was nearly equal expectation by their
schools that general education courses be completed before
or concurrently with nursing courses. Forty of the
respondents (51.9%) stated their program did not
require them to complete their general education courses
before taking nursing courses. However, 37 (48.1%) stated
that their programs required general education course
completion before taking nursing courses.

   <u>Taking general education courses</u>. Fifty-three (68.8%)
of the respondents stated they had completed the general
education courses while 24 (31.1%) stated they
were taking general education courses even in their last
semester of study.

   There were no data available relative to how RNs either
reported their GPAs or how nursing departments reported GPAs
of RNs. While GPA's measure achievement, they can also be
used as a measure of motivation. Lethbridge's (1989) study
on motivation dealt with factors other than GPAs.

<u>Data for Research Questions 2, 3, 4 and 5</u>

   The Senior Re-entry Registered Nurse Perception
Questionnaire was used to gather data for research questions
two (reasons for re-entry), three (relevancy of
course work), and four and five (difficulties encountered).
The questionnaire was divided into three parts. (See
Appendix C) Each part of the questionnaire was designed to

respond to each of the four research questions and contained
12 statements. Respondents were to rate each statement on a
scale of 1 - 5 where one was strongly agree, two was agree,
three was disagree somewhat, four was disagree, and five was
strongly disagree. Questions were negatively and positively
worded to limit a response set. Each section contained
space for respondents to write their own statements.

Each section of the perception questionnaire was
designed to answer research questions two, three, four and
five. The twelve statements in each section of the
questionnaire were developed based on current literature.
For computation purposes the responses were condensed.
Strongly agree and agree were tabulated as "agree" while
disagree strongly and disagree were considered as
"disagree". Disagree somewhat responses were tabulated as
neutral. Data for research questions four and five were
calculated for the variables experience and education. Data
for experience were based on three ten year groups, one to
10, 11 to 20, and 21 and more. Data for education were
calculated based on the two types of nursing programs -
Associate (ADN) with 46 respondents and Diploma with 32
respondents.

Data for Research Question #2: Reasons for Re-entry

What are the reasons senior re-entry registered
nurses cite for their return to college for a
baccalaureate nursing education?

Data were available from 77 of the 78 respondents. Table 4.07 contains complete data for statements in this section.

Statement #1. My job requires further education in nursing. Twenty-two (28.6%) agreed with this statement, 43 (55.8%) disagreed and 12 (15.6%) were neutral.

Statement #2. I will not be promoted without a B.S. degree in nursing. Twenty-eight (36.3%) agreed with this statement, 35 (45.5 %) disagreed, while 14 (18.2%) were neutral.

Statement #3. I want to have more credibility/ prestige. Sixty-seven (87%) agreed with the statement, four (5.2%) disagreed and six (7.8%) wer neutral.

Statement #4. I want to eventually obtain advanced education in nursing. Fifty-nine (76.6%) agreed with the statement, eight (10.4) disagreed and ten (3%) were neutral.

Statement #5. For personal reasons. Seventy-two (94.7%) agreed with the statement, three (4%) disagreed and one (1.3/5) was neutral.

Statement #6. My friends are also attending. Thirteen (17.1%) agreed with the statement, 52 (68.4%) disagreed and eleven (14.5%) were neutral.

Statement #7. I thought it would be interesting and challenging. Fifty-four (70.1%) agreed with the statement, 16 (20.8%) disagreed and seven (9.1%) were neutral.

Table 4.07

Summary of Frequencies, and Percentages for

Research Question Number Two: Reasons for Returning

	Reasons	Agree	Responses Disagree	Neutral
1.	Degree required	22 (28.6%)	43 (55.8%)	12 (15.6%)
2.	For promotion	28 (36.3%)	35 (45.5%)	14 (18.2%)
3.	For credibility/ prestige	67 (87%)	4 (5.2%)	6 (7.8%)
4.	For advanced education	59 (76.6%)	8 (10.$%)	10 (7.8%)
5.	Personal reasons	72 (94.7%)	3 (4.0%)	1 (1.3%)
6.	Friends are attending	13 (17.1%)	52 (68.4%)	11 (14.5%)
7.	Interesting	54 (70.1%)	16 (20.8%)	7 (9.1%)
8.	Increase in pay	18 (23.4%)	52 (67.5%)	7 (9.1%)
9.	It is the trend	68 (88.3%)	4 (5.2%)	5 (6.5%)
10.	Short commute	43 (55.8%)	23 (19.9%)	11 (14.3%)
11.	Develop own objectives	23 (29.9%)	42 (54.5%)	12 (15.6%)
12.	Receive credit nurs. courses	54 (70.1%)	9 (11.7%)	14 (18.2%)

Statement #8. I will receive an increase in my salary. Eighteen (23.4%) agreed with the statement, 52 (67.5%) disagreed and seven (9.1%) were neutral.

Statement #9. This is the trend for professional nursing. Sixty-eight (88.3%) agreed with this statement, four (5.2%) disagreed and five (6.5%) were neutral.

Statement #10. The college/university is within a short commuting distance. Forty-three (55.8%) agreed with this statement, 23 (29.9%) disagreed and eleven (14.3%) were neutral.

Statement #11. This program allows RNs to develop their own clinical learning objectives. Twenty-three (29.9%) agreed with this statement, 42 (54.4%) disagreed and 12 (15.6%) were neutral.

Statement #12. I can receive credit for my previous nursing education toward the BS program. Fifty-four (70.1%) agreed with this statement, nine (11.7%) disagreed and 14 (18.2%) were neutral.

Participants cited three leading reasons for returning to college: 1) personal reasons, 2) the trend for nursing, and 3) for credibility/prestige. The three least likely reasons cited for returning to college were: 1) friends were also attending, 1) for an increase in pay, and 3) as a job requirement.

Thirteen respondents wrote comments in this section. All these comments highlighted the personal reasons the RNs chose for returning to college. Five respondents stated

they returned to college to be stimulated, informed, and/or to gain more knowledge. Two respondents noted that their return was a personal goal since the degree would make no difference on their jobs. One respondent stated her program offered "extra credit" for nursing courses, while another stated her selected program did "not give a great deal of credit for previous nursing education." Four respondents commented on furthering their education beyond the BSN; however, these plans were for education in fields outside of nursing. These last four comments were of interest. These individuals were interested in medical school and chose nursing as a springboard. The choice was probably based on the fact that they had more credits toward completing a BSN program and changing majors would have taken longer to complete the degree process.

Data for Research Question #3:   Relevancy of Course Work

How do senior re-entry registered nurses rate

the relevancy of their nursing course work?

Table 4.08 contains data for statements in this section.

Statement #1. I have the opportunity to experience new and different clinical experiences based on my needs. Twenty-seven (34.6%) agreed with this statement, 30 (38.5%) disagreed and 21 (26.9%) were neutral.

Statement #2. I have the opportunity to write my own clinical objectives. Twenty-seven (34.6%) agreed with this statement, 30 (38.5%) disagreed and 21 (26.9%) were neutral.

Table 4.08

Summary of Frequencies, and Percentages for

Research Question Number Three: Relevancy of Course Work

Course Work	Responses		
	Agree	Disagree	Neutral
1. New experiences	27 (34.6%)	30 (38.5%)	21 (26.9%)
2. Write objectives	27 (34.6%)	30 (38.5%)	21 (26.9%)
3. Determine clin. experiences	26 (33.3%)	32 (41.0%)	20 (25.7%)
4. No repetition	27 (35.0%)	38 (49.4%)	12 (15.6%)
5. Courses in order	46 (59.0%)	18 (23.0%)	14 (18.0%)
6. Appropriate	48 (61.5%)	17 (21.8%)	13 (16.7%)
7. Numerous clin. activities	28 (36.4%)	31 (40.3%)	18 (23.3%)
8. Nontraditional settings	48 (62.4%)	15 (19.5%)	14 (18.1%)
9. Courses add to knowledge	45 (57.7%)	12 (15.4%)	21 (26.9%)
10. Material is current	63 (80.8%)	8 (10.3%)	7 (8.9%)
11. Flexible requirements	29 (37.2%)	22 (28.2%)	27 (34.6%)
12. Experience is considered	26 (34.2%)	34 (44.7%)	16 (21.1%)

Statement #3. I have the opportunity to determine the type of clinical experience which will enhance my knowledge. Twenty-six (33.3%) agreed with this statement, 32 (41%) disagreed and 20 (25.7%0 were neutral.

Statemenc #4. Clinical courses exclude repetition of basic nursing education. Twenty-seven (35%) agreed with this statement, 38 (49.4%) disagreed and 12 (15.6%) were neutral.

Statement #5. The clinical courses have to be taken in a particular order. Forty-six (59%) agreed with this statement, 18 (23%) disagreed and 14 (18%) were neutral.

Statement #6. The course work is at an appropriate level for my background. Forty-eight (61.5%) agreed with this statement, 17 (21.8%) disagreed and 13 (16.7%) were neutral.

Statement #7. The RN has a variety of activities which will count toward clinical time. Twenty-eight (36.4%) agreed with this statement, 31 (40.3%) disagreed and 18 (23.3%) were neutral.

Statement #8. The RN may be placed in nontraditional clinical settings. Forty-eight (62.4%) agreed with this statement, 15 (19.5%) disagreed and 14 (18.1%) were neutral.

Statement #9. Course material adds to the repertoire of knowledge the RN brings to the program. Forty-five (57.7%) agreed with this statement, 12 (15.4%) disagreed and 21 (26.9%) were neutral.

Statement #10. Material is current and reflects new research and/or findings from a variety of sources. Sixty-three (80.8%) agreed with this statement, eight (10.3%) disagreed and seven (8.9%) were neutral.

Statement #11. Flexible, innovative means are used for RNs to meet both the program and institutional requirements. Twenty-nine (37.2%) agreed with this statement, 22 (28.2%) disagreed and 27 (34.6%) were neutral.

Statement #12. The RNs' work experience is considered when learning activities are developed. Twenty-six (34.2%) agreed with this statement, 34 (44.7%) disagreed and 16 (21.1%) were neutral.

Sixteen respondents wrote comments in this section. Their comments were grouped into three categories: 1) self directedness, 2) repetition, and 3) courses in general. One respondent made comments that fit two of these categories.

Three respondents commented on self-directedness. Two noted they were involved in determining their clinical experiences. The third respondent stated she would like to have written her own objectives.

Seven respondents wrote comments on the category of course repetition. All seven stated there was too much repetition from course to course or from their previous learning experiences in their nursing programs.

Several comments were grouped in the category of courses in general. One respondent thought her courses were great because she was asked for input regarding her clinical

assignments. On the other hand, another respondent found her course work boring and non-stimulating. Having televised courses decreased one respondent's travel expenses. One respondent stated course work was at too high a level (master's). The sixth respondent stated she wished she had attended another program.

These comments represented a mixture of perceptions. However, one comment made by seven respondents cited repetition in either class lectures and/or clinical as a problem. This finding could suggest that nursing faculty need to be more cognizant of the backgrounds of re-entry RNs and use these backgrounds as a means of preparing course work and clinical activities that meet their needs more specifically.

The three leading positive perceptions about the relevancy of course work were: 1) course material was current, 2) course work was at an appropriate level, and 3) nontraditional clinical settings were used. The three leading negative perceptions were: 1) clinical courses were repetitious, 2) RNs' experiences were not considered when assignments were made, and 3) a variety of activities were not used for clinical experiences.

Data for Research Question #4: Experience and Personal, Professional and Academic Difficulties

Is there a difference between the work experience of senior re-entry registered nurse students and their

perceptions of the academic, professional and

personal difficulties experienced while in college?

Table 4.09 contains complete data for statements in this

section.

Statement #1. Travel distance to and from school has

presented a problem. Of those with one to ten years of

experience, four (9.5%) agreed with the statement, 27

(64.3%) disagreed, while 11 (26.2%) were neutral. For those

with 11 to 20 years of experience, nine (32.1%) agreed with

the statement, 14 (50.0%) disagreed, while five (17.9) were

neutral. Of the eight with 20 or more years of experience,

two (25%) agreed with the statement, five (62.5%) disagreed

and one (12.%) was neutral. Chi square was 6.113 with a

probability of 0.19089.

Statement #2. The cost of education requires me to

work in order to afford furthering my nursing education. Of

those with one to ten years of experience, 37 (88.1%)

agreed with the statement, two (4.8%) disagreed and three

(7.1%) were neutral. For those with 11 to 20 years of

experience 22 (81.5%) agreed with the statement, four (14%)

disagreed and one (3.7%) was neutral. Of the eight with 20

or more years of experience eight (100%) agreed with the

statement. Chi Square was 3.921 with a probability of

0.41683.

Statement #3. I do not have a strong support system in

my family. Of those with one to ten years of experience six

(14.3%) agreed with the statement, 33 (78.6%) disagreed

Table 4.09

Summary of Percentages, Chi Square, and Probabilities
Using the Variable of Experience for Research Question Number Four

		Area of Response					
Years		1 Travel a problem	2 Have to work	3 Lack of family support	4 Diff. to get days off	5 Lack of admin. support	6 Lack of supervisor support
1-10	(A)	9.5 (4)	88.1 (37)	14.3 (6)	26.2 (11)	16.7 (7)	14.3 (6)
	(D)	64.3 (27)	4.8 (2)	78.6 (33)	54.8 (23)	57.1 (24)	73.8 (31)
	(N)	26.2 (11)	7.1 (3)	7.1 (3)	19.0 (8)	26.2 (11)	11.9 (5)
11-20	(A)	32.1 (9)	81.5 (22)	21.4 (6)	25.9 (7)	25.9 (7)	25.9 (7)
	(D)	50.0 (14)	14.8 (4)	71.4 (20)	51.9 (14)	55.6 (15)	70.4 (19)
	(N)	17.9 (5)	3.7 (1)	7.1 (2)	22.2 (6)	18.5 (5)	3.7 (1)
21&	(A)	25.0 (2)	100.0 (8)	12.5 (1)	12.5 (1)	0.0 (0)	0.0 (0)
	(D)	62.5 (5)	0.0 (0)	87.5 (7)	75.0 (6)	75.0 (6)	100.0 (8)
	(N)	12.5 (1)	0.0 (0)	0.0 (0)	12.5 (1)	25.0 (2)	0.0 (0)
Chi Square		6.113	3.921	1.420	1.457	3.248	5.688
Probability		0.19089	0.41683	0.84077	0.83429	0.51722	0.22370

(A) = agree   (D) = disagree   (N) = neutral

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Table 4.09 (continued)

Summary of Percentages, Chi Square, and Probabilities
Using the Variable of Experience for Research Question Number Four

		Area of Response					
Years		7 Transition difficult	8 Course times are a problem	9 Transfer credit limited	10 Program progress. difficult	11 Employer reimburses	12 Novel credit not used
1-10	(A)	26.2 (11)	31.0 (13)	7.3 (3)	26.2 (11)	47.6 (20)	23.8 (10)
	(D)	42.9 (18)	45.2 (19)	85.4 (35)	57.1 (24)	33.3 (14)	45.2 (19)
	(N)	31.0 (13)	23.8 (10)	7.3 (3)	16.7 (7)	19.0 (8)	31.0 13
11-20	(A)	32.1 (9)	37.0 (10)	14.3 (4)	29.6 (8)	46.4 (13)	46.4 (13)
	(D)	32.1 (9)	40.7 (11)	67.9 (19)	44.4 (12)	32.1 (9)	28.6 (8)
	(N)	35.7 (10)	22.2 (6)	17.9 (5)	25.9 (7)	21.4 (6)	25.9 (7)
21&	(A)	25.0 (2)	12.5 (1)	14.3 (1)	0.0 (0)	50.0 (4)	62.5 (5)
	(D)	25.0 (2)	75.0 (6)	71.4 (5)	87.5 (7)	37.5 (3)	25.0 (2)
	(N)	50.0 (4)	12.5 (1)	14.3 (1)	12.5 (1)	12.5 (1)	12.5 (1)
Chi Square		1.837	3.178	3.166	5.305	0.330	6.672
Probability		0.76562	0.52852	0.53044	0.25743	0.98776	0.15424

A = Agree   D = Disagree   N = Neutral

while three (7.1%) were neutral. For those with 11 to 20 years of experience, six (21.4%) agreed with the statement, 20 (71.4%) disagreed, while two (7.1%) were neutral. Of the eight with 20 or more years of experience, one (12.5%) agreed with the statement, seven (87.5%) disagreed, while there were no neutrals. Chi Square was 1.420 with a probability of 0.84077.

Statement #4. I have found it difficult to get the time off from work to take course work. Of those with one to ten years of experience, eleven (26.2) agreed with the statement, 23 (54.8%) disagreed while eight (19%) were neutral. For those with 11 to 20 years of experience, seven (25.9%) agreed with the statement, 14 (51.9%) disagreed while six (22.6%) were neutral. Of the eight with 20 or more years of experience, one (12.5%) agreed with the statement, six (75.0%) disagreed, while one (12.5%) was neutral. Chi Square was 1.457 with a probability of 0.83429.

Statement #5. Administration at my place of employment is not responsive to the educational needs of nurses. Of those with one to ten years of experience, seven (16.7%) agreed with the statement, 24 (57.1%) disagreed, while eleven (26.2%) were neutral. For those with 11 to 20 years of experience, seven (25.9%) agreed with the statement, 15 (55.6%) disagreed, while five (18.5%) were neutral. Of the eight with 20 or more years of experience, none agreed with the statement, 6 (75.0%) disagreed, while two (25%) were

neutral. Chi Square was 3.248 with a probability of 0.51722.

Statement #6. My immediate supervisor is not supportive of my educational plans. Of those with one to ten years of experience, six (14.3%) agreed with the statement, 31 (73.8%) disagreed, while five (11.9%) were neutral. For those with 11 to 20 years of experience, seven (25.9%) agreed with the statement, 19 (70.4%) disagreed, while one (3.7%) was neutral. Of the eight with 20 or more years of experience, all eight (100%) disagreed. Chi Square was 5.688 with a probability of 0.22370.

Statement #7. The transition from practicing nurse to student is difficult. Of those with one to ten years of experience, eleven (26.2%) agreed with the statement, 18 (42.9%) disagreed, while 13 (31%) were neutral. For those with 11 to 20 years of experience, nine (32.1%) agreed with the statement, nine (32.1) disagreed, while 10 (35.7%) were neutral. Of the eight with 20 or more years of experience, two (25.0%) agreed with the statement, two (25.0) disagreed, while four (50%) were neutral. Chi Square was 1.837 with a probability of 0.76562.

Statement #8. It is difficult to take nursing courses because of the hours the courses are offered. Of those with one to ten years of experience, 13 (31%) agreed with the statement, 19 (45.2%) disagreed, while ten (23.8%) were neutral. For those with 11 to 20 years of experience, ten (37%) agreed with the statement, 11 (40.7%) disagreed, while

six (22.2%) were neutral. Of the eight with 20 or more years of experience, one (12.5%) agreed with the statement, six (75.0%) disagreed, while one (12.5%) was neutral. Chi Square was 3.178 with a probability of 0.52852.

Statement #9. Very few of my transfer credits were accepted by the college necessitating a longer period of time for attendance. Of those with one to ten years of experience, three (7.3%) agreed with the statement, 35 (85.4%) disagreed, while three (7.3%) were neutral. For those with 11 to 20 years of experience, four (14.3%) agreed with the statement, 19 (67.9%) disagreed, while five (17.9%) were neutral. Of the eight with 20 or more years of experience, one (14.3%) agreed, five (71.4%) disagreed, while one (14.3%) was neutral. Chi Square was 3.166 with a probability of 0.53044.

Statement #10. Progression through the nursing program has been difficult because nursing courses are offered only once a year. Of those with one to ten years of experience, eleven (26.2%) agreed with the statement, 24 (57.1%) disagreed, while seven (16.7%) were neutral. For those with 11 to 20 years of experience, eight (29.6%) agreed with the statement, 12 (44.4%) disagreed while seven (25.9%) were neutral. Of the eight with 20 or more years of experience, none agreed with the statement, seven (87.5%) disagreed, while one (12.5%) was neutral. Chi Square was 5.305 with a probability of 0.25743.

Statement #11. My employer reimburses me for my educational expenses. Of those with one to ten years of experience, 20 (47.6%) agreed with the statement, 14 (33.3%) disagreed with the statement, while 8 (19%) were neutral. For those with 11 to 20 years of experience, 13 (46.4%) agreed with the statement, nine (32.1%) disagreed, while six (21.4%) were neutral. Of the eight with 20 or more years of experience, four (50.0%) agreed with the statement, three (37.5%) disagreed while one (12.5%) was neutral. Chi Square was 0.330 with a probability of 0.98776.

Statement #12. Innovative means of awarding credit were not used to award credit for my prior nursing education. Of those with one to ten years of experience, ten (23.8%) agreed with the statement, 19 (45.2%) disagreed, while 13 (31%) were neutral. For those with 11 to 20 years of experience, 13 (46.4%) agreed with the statement, eight (28.6%) disagreed, while seven (25.9%) were neutral. Of the eight with 20 or more years of experience, five (62.5%) agreed with the statement, two (25%) disagreed, while one (12.5) was neutral. Chi Square was 6.672 with a probability of 0.15424.

There were no significant differences in the responses to these statements for the variable education.

Data for Research Question #5 Education and Personal, Professional and Academic Difficulties

Is there a difference between the educational level of senior re-entry registered nurse students and their

perceptions of the academic, professional and

personal difficulties experienced while in college?

Table 4.10 contains data for statements in this section.

Statement #1. Travel distance to and from school has

presented a problem. Of the associate graduates, seven

(17.4) agreed with the statement, 26 (56.5%) disagreed,

while 13 (28.3%) were neutral. Of the diploma graduates,

eight (25%) agreed with the statement, 20 (62.5%) disagreed,

while four (12.5%) were neutral. Chi Square was 3.204 with

a probability of 0.20145.

Statement #2. The cost of education requires me to

work in order to afford furthering my nursing education. Of

the associate graduates, 41 (89.1%) agreed with the

statement, two (4.3%) disagreed, while three (6.5%) were

neutral. Of the diploma graduates, 26 (83.9%) agreed with

the statement, four (12.9%) disagreed, while one (3.2%) wa

neutral. Chi Square was 2.186 with a probability of

0.33525.

Statement #3. I do not have a strong support system in

my family. Of the associate graduates, five (10.(%) agreed

with the statement, 38 (82.6%) disagreed, while three (6.5%)

were neutral. Of the diploma graduates, (24.2%) agreed with

the statement, 22 (66.7%) disagreed, while two (9.1%) were

neutral. Chi Square was 2.734 with a probability of

0.25484.

Table 4.10

Summary of Percentages, Chi Square, and Probabilities

Using the Variable of Education for Research Question Number Four

		Area of Response					
Education		1 Travel a problem	2 Have to work	3 Lack of family support	4 Diff. to get days off	5 Lack of admin. support	6 Lack of supervisor support
ADN	(A)	17.4 (7)	89.1 (41)	10.9 (5)	20.0 (9)	17.4 (8)	14.0 (6)
	(D)	56.5 (26)	4.3 (2)	82.6 (38)	51.1 (23)	58.7 (27)	76.7 (33)
	(N)	28.3 (13)	6.5 (3)	6.5 (3)	28.9 (13)	23.9 (11)	9.3 (4)
Dip	(A)	25.0 (8)	83.9 (26)	24.2 (8)	23.3 (7)	19.4 (6)	15.6 (5)
	(D)	62.5 (20)	12.9 (4)	66.7 (22)	66.7 (20)	58.1 (18)	78.1 (25)
	(N)	12.5 (4)	3.2 (1)	9.1 (2)	10.0 (3)	22.6 (7)	6.3 (2)
Chi Square		3.204	2.186	2.734	3.864	0.055	0.253
Probability		0.20145	0.33525	0.25484	0.14487	0.97307	0.88111

(A) = agree   (D) = disagree   (N) = neutral

Table 4.10 (Continued)

Summary of Percentages, Chi Square, and Probabilities

Using the Variable of Education for Research Question Number Four

	Area of Response					
Education	7 Transition difficult	8 Course times are a problem	9 Transfer credit limited	10 Program progress. difficult	11 Employer reimburses	12 Innovative credit not used
ADN (A)	30.4 (14)	37.8 (17)	8.9 (4)	32.6 (15)	41.3 (19)	30.4 (14)
(D)	32.6 (15)	42.2 (19)	82.2 (37)	52.2 (24)	39.1 (18)	39.1 (18)
(N)	37.0 (17)	20.0 (9)	8.9 (4)	15.2 (7)	19.6 (9)	30.4 (14)
Dip (A)	25.0 (8)	21.9 (7)	12.9 (4)	12.9 (4)	56.3 (18)	43.8 (14)
(D)	43.8 (14)	53.1 (17)	71.0 (22)	61.3 (19)	25.0 (8)	34.4 (11)
(N)	31.3 (10)	25.0 (8)	16.1 (5)	25.8 (8)	18.8 (6)	21.9 (7)
Chi Square	1.005	2.205	1.393	4.256	2.026	1.560
Probability	0.60495	0.33210	0.49833	0.11908	0.36320	0.45831

Statement #4. I have found it difficult to get the time off from work to take course work. Of the associate graduates, 12 (25.5%) agreed with the statement, 23 (48.9%) disagreed, while 12 (25.5%) were neutral. Of the diploma graduates, seven (23.3%) agreed with the statement, 22 (66.7%) disagreed, while three (10%) were neutral. Chi Square was 3.334 with a probability of 0.18878.

Statement #5. Administration at my place of employment is not responsive to the educational needs of nurses. Of the associate graduates, eight (17.4%) agreed with the statement, 27 (58.7%) disagreed, while eleven (23.4 %) were neutral. Of the diploma graduates, six (19.4%) agreed with the statement, 18 (58.1%) disagreed, while seven (22.6%) were neutral. Chi Square was 0.055 with a probability of 0.97307.

Statement #6. My immediate supervisor is not supportive of my educational plans. Of the associate graduates, six (14%) agreed with the statement, 33 (76.7%) disagreed, while four (9.3%) were neutral. Of the diploma graduates, seven (20.6%) agreed with the statement, 25 (73.5%) disagreed, while two (5.9%) were neutral. Chi Square was 0.806 with a probability of 0.66828.

Statement #6. My immediate supervisor is not supportive of my educational plans. Of the associate graduates, six (14%) agreed with the statement, 33 (76.7%) disagreed, while four (9.3%) were neutral. Of the diploma graduates, seven (20.6%) agreed with the statement, 25

(73.5%) disagreed, while two (5.9%) were neutral. Chi Square was 0.806 with a probability of 0.66828.

Statement #7. The transition from practicing nurse to student is difficult. Of the associate graduates, 14 (30.4%) agreed with the statement, 15 (32.6%) disagreed, while 17 (37%) were neutral. Of the diploma graduates, eight (25%) agreed, 14 (43.8%) disagreed, while ten (31.3%) were neutral. Chi Square was 1.005 with a probability of 0.60495.

Statement #8. It is difficult to take nursing courses because of the hours the courses are offered. Of the associate graduates, 17 (37.8%) agreed with the statement, 19 (42.2%) disagreed, while nine (20%) were neutral. Of the diploma graduates, seven (21.9%) agreed with the statement, 17 (53.1%) disagreed, while eight (25%) were neutral. Chi Square was 2.205 with a probability of 0.33210.

Statement #9. Very few of my transfer credits were accepted by the college necessitating a longer period of time for attendance. Of the associate graduates, four (8.9%) agreed with the statement, 37 (82.2%) disagreed, while four (8.9%) were neutral. Of the diploma graduates, four (12.%) agreed with the statement, 22 (71%) disagreed, while five (16.1%) were neutral. Chi Square was 1.393 with a probability of 0.49833.

Statement #10. Progression through the nursing program has been difficult because nursing courses are offered only once a year. Of the associate graduates, 15 (32.6%) agreed

with the statement, 24 (52.2%) disagreed, while seven
(15.2%) were neutral. Of the Diploma graduates, four
(12.9.%) agreed with the statement, 19 (61.3%) disagreed,
while eight (25.8%) were neutral. Chi Square was 4.256 with
a probability of 0.11908.

Statement #11. My employer reimburses me for my
educational expenses. Of the associate graduates, 19
(41.3%) agreed with the statement, 18 (39.1%) disagreed,
while nine (19.6%) were neutral. Of the diploma graduates,
8 (25%) agreed with the statement, while eight (25.8%) were
neutral. Chi Square was 2.026 with a probability of
0.36320.

Statement #12. Innovative means of awarding credit
were not used to award credit for my prior nursing
education. Of the associate graduates, 14 (30.4%) agreed
with the statement, 18 (39.1%) disagreed, while 14 (30.4)
were neutral. Of the diploma graduates, 14 (43.8%) agreed
with the statement, eleven (34.4%) disagreed, while seven
(21.9%) were neutral. Chi Square was 1.560 with a
probability of 0.45831.

There were no significant differences between ADN and
Diploma graduates for the variable education. Contrary to
the findings of Root (1991) and Creasia (1989) distance was
not a problem for these re-entry RNs. Also contrary to
Baker and Barlow (1988), these RNs reported that they had
strong family support. They also cited strong support from
employers, supervisors and from the colleges in general.

These re-entry RNs, as for most re-entry women, must work to support the cost of education. This finding supported data presented by Thompson (1988), Lonborg (1984), Kearney (1991), Root (1991) and Hagemaster (1990).

Sixteen respondents wrote comments in this section. Seven respondents wrote comments related to support. Two of the respondents were in the military and stated the military paid for their educational expenses. Three respondents noted they were reimbursed up to $1000.00 per year for tuition. One respondent stated while her employer made limited funds available, she declined the offer because strings were attached. One respondent noted her place of employment was pro-education, but she encountered difficulty with scheduling by her immediate supervisor.

There were two respondents who wrote comments that were grouped in the category of work. One respondent stated she changed jobs to transfer to a job which had more flexible hours so she could take a nursing course. Another respondent commented that she worked 12 hour weekends (12 hours every Saturday and Sunday).

Seven respondents wrote comments which were related to support from the nursing program/college. One respondent commented the faculty was uncaring and she would not recommend the program. A second respondent stated the program was not flexible in meeting student needs. Another respondent commented that non-traditional students seemed to be nuisances and that course syllabi and books had not been

revised. One respondent stated she was a nurse manager and the activities required in course work were insulting and silly. A fourth respondent stated she was allowed to challenge some nursing courses, but that policy was changed. RNs entering after the change took classes that were repetitive and consisted of busy work. The fifth respondent stated the programs could be more innovative in meeting the needs of the adult RN student. Another respondent noted that in her program nursing electives were only offered once a year. The last respondent stated she drove two hours round trip and paid $20.00 for toll to attend college.

These written comments seek more support from the universities and nursing programs. This support includes having appropriate assignments and more sensitivity from faculty.

There were no significant differences in responses to statements for the variable education. However, findings showed: 1) both ADN and Diploma graduates did have to work while attending college, and 2) they received support from their families, place of employment and supervisors.

Summary

Chapter Four presented an overview of the methodology and analysis of the data.

Frequencies and percentages were used to calculate data to answer questions two, three and four. Chi square with contingency tables was used to compare groups within the variables of experience and education for questions four and

five. A Chi square critical value of 9.50 at the 0.05 level
of significance and four degrees of freedom or $\chi^2(4,0.05) =$
9.50 were established for cross tabulation of experiential
backgrounds. A Chi square critical value of 6.00 at the
0.05 level of significance and two degrees of freedom or
$\chi^2(2, 0.50) = 6.0$ were established for educational
backgrounds.

Nurses returned to college for personal reasons,
because it is the trend in nursing, and because they desire
more credibility and prestige. They rate their nursing
programs as being relevant because course material is
current, they are placed in non-traditional settings, and
the course work is at an appropriate level for their
backgrounds.

Chi Square did not show a significant difference in
experience. Responses showed that employers are supportive,
family members are supportive, and it is not difficult to
get time off to attend class. Chi square for education did
not show a significant difference in responses of associate
degree graduates and diploma graduates.

Chapter five summarizes the data, and cites impressions
and interpretations of the findings.

Chapter Five

SUMMARY, CONCLUSIONS, IMPLICATIONS

AND RECOMMENDATIONS

This chapter presents a summary of the research.
Conclusions based on the results of the statistical analyses
conducted on the data and implications are also presented.
Finally, recommendations for future research are cited.

<u>Summary</u>

The purpose of this study was to determine how re-entry
registered nurse students who were seniors in academic
programs leading to a bachelors' degree in nursing perceived
their programs. This was accomplished by determining: 1)
the educational and experiential characteristics of senior
re-entry registered nurses, 2) reasons RNs return to college
for a baccalaureate education, 3) RN students' perceptions
of the relevancy of nursing course work, 4) differences
between the educational level of senior re-entry RN students
and their perceptions of the academic, professional and
personal difficulties experienced while in college, and 5)
differences between the educational level of senior re-entry
RN students and their perceptions of the academic,
professional and personal difficulties experienced while in
college.

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Demographic data for these re-entry RNs showed the majority were married, between the ages of 31 and 40, with children and worked full-time. This data supports findings of several studies (King, 1986; and Lethbridge, 1989). The majority of re-entry RNs were white; however, there was a significant number of black re-entry RNs. Interestingly, the number of black re-entry nurses (16.7%) far surpassed the national figure of 3.6% for practicing black registered nurses. Not surprising, however, was the number of men who responded. Their number approximated the national average of 3.8% of practicing male registered nurses. There were no available data from studies which spoke directly to the issue of race or gender.

Hospitals are still the major employers of RNs and the RNs in this study worked in various specialty areas within hospitals. The largest single group of respondents in this study worked in critical care. Other studies (Baj, 1985; and Linares, 1989) did not delineate specific clinical settings. They grouped clinical settings as either acute care or medical/surgical.

Re-entry RNs were distinguished from general re-entry women because of current (and ongoing) work related experiences, clinical knowledge and skills, prior structured background of education in nursing, and licensure to practice as registered nurses. More than one-half of these nurses had one to ten years of experience and were graduates of either an associate degree nursing program or a

diploma nursing program. The majority were graduates of associate degree programs. This finding approximates findings of Kearney (1991) and Linares (1989) with more than one half the participants being graduates of associate degree programs.

Interestingly, associate degree graduates with one to ten years of experience accounted for almost three fourths of the associate degree respondents. This finding showed that associate graduates are returning to college sooner than diploma graduates, since the majority of the diploma graduates had eleven to twenty years of experience.

Re-entry RNs have been identified as highly motivated adult learners who are in active practice while continuing their education. This was quite evident by the GPAs they reported with a clear majority reporting GPAs of 3.01 to 4.0. This does not mean that those with lower GPA's were not motivated. It simply means that the majority in this study demonstrated outstanding academic performance. For the RN who plans to attend graduate school a GPA of at least a 3.01 is essential for admission. This finding supports Swanson (1987) who found that RN students earned A-/B+ in overall courses and nursing courses.

It was interesting to find that the majority of the respondents with GPAs between 3.01 and 4.0 worked full-time or part-time while attending college. However, the demographic form did not seek data regarding their status as

either full-time or part-time students. That data would have given added meaning to this finding.

These RNs were excited about returning to college as evidenced by the three major reasons they cited for their return. Overwhelmingly, they cited personal reasons for returning to college for a bachelor's degree in nursing. These personal reasons could range from a long desire to have a B.S. degree in general to fulfilling the desires of others. It was most notable that the second highest rated reason RNs cited for their return to college was the trend toward making the BSN the entry level to professional nursing. The third ranked reason for returning to college was the credibility or prestige that comes with having the degree. Contrary to current literature, obtaining the degree for promotion and an increase in pay were not primary factors in their decisions to return to college.

The return to college was disappointing to a large number of re-entry RNS. While the RNs were seeking a challenging and interesting venture, they found repetition. They also found they were not given an opportunity to have much input into their clinical activities. However, some were placed in more non-traditional clinical settings such as homeless shelters, store front settings, etc. This indicates that their clinical placements were either outside the traditional hospital setting or in areas where nursing students are not traditionally placed. Unfortunately, these RNs found that their work experiences were not considered

when learning activities were developed. This may be one reason why repetition occurred in clinical activities. This finding supports King's (1988) recommendation that RNs be offered more flexibility and autonomy (within the program's requirements). Flexibility includes allowing time spent with support groups and professional activities to count toward clinical time. Autonomous activity includes allowing the RNs to determine their clinical activities (within the confines of the course requirements). Activities range from selection of clinical site to selection of learning activities, to selection of preceptors.

Another area which RNs found disconcerting concerned the college credit they did not receive for nursing courses when they entered some BSN programs. This probably applied more to those RNs who were graduates of nursing programs that did not have articulation agreements with a baccalaureate nursing program. More importantly, for the diploma graduate, the fact that their programs were not associated with a college/university may have had an impact on how courses were evaluated. Some of these participants had begun other RN programs prior to entering the programs from which they were due to graduate.

RNs in this study were divided on many issues involving course activities with no significant majority agreeing or disagreeing with any one statement. In the category of clinical activities, it was obvious that some of the RNs felt that clinical activities met their needs for, 1) new

experiences, 2) playing an active role in their clinical activity selection, and 3) other activities which will fulfill clinical requirements. It was just as obvious that other RNs felt their needs were not met. However, it was clear that clinical assignments were more non-traditional in nature, which implies that even non-traditional clinical assignments did not necessarily meet the needs of the RN students.

On a more positive note, course material was found to add to the repertoire of knowledge the RN brought to the nursing classes. The majority of the respondents reported that course material reflected new research and/or findings from a variety of sources. This implies that the course text was not the only source used for lectures. It also indicated that these RNs read sources other than their text in preparation for course work.

From data related to general education courses it was evident that some programs required students to complete their general education courses before taking nursing courses. However, it was just as evident that some students were unsure about the requirement. While some students from the different universities answered yes, their programs required completion of general education courses, other students from the same universities responded with no. Based on participant responses even the programs which had this as a requirement allowed some students to take general education courses while completing their nursing courses up

through their last semester of study. Thus, those nursing programs can be seen as flexible and facilitating the students' progress through the program. However, no conclusion can be drawn with regards to this factor.

RNs are adult learners; moreover, they are adult learners with backgrounds of formal education and a rich cross section of skills from various work experiences in the area in which they are majoring. These learners are characterized by their ability to be self-directed. As such, their past experiences should serve as resources for future learning. Recognition of adult learning principles is essential for appropriate clinical assignments, preparing relevant course material, and understanding the difficulties faced by adult learners.

The most frequent difficulty encountered in the educational process was the cost of education. The cost resulted in respondents working full-time or part-time with the majority working full-time while attending college.

One barrier to re-entry to college for a BSN, cited in the literature, was lack of financial support. This study found, contrary to the findings of Baj (1985), there is financial support for the re-entry RN. Some RNs received complete cost of tuition from their places of employment. Others received financial support based on a percentage of the actual tuition costs. In some cases where financial support was available RNs refused the assistance because of the payback method. The payback method included one to two

years of service to the institution for every year tuition assistance was given. These are significant findings in this time when economics plays a major role in wages and the ability of employers to give raises, much less pay for an employee's college education.

Some places of employment, while supportive of the RN's need to attend college, did not give financial assistance. Employers/supervisors' support came in another form. RNs were given days off to attend class/clinical, and special work plans were developed to accommodate course/clinical needs.

Universities also gave some students support. Some programs started televising courses as a support mechanism for those students who would have had to travel a long distance to attend classes. Other support from universities included offering courses often enough to facilitate progression through the programs. Areas in which universities and nursing programs can give more support to the re-entry RN are: 1) consider acceptance of more transfer credit, and 2) develop more innovative means of awarding credit for prior nursing education.

Conclusions

Research question # 1. What are the educational and experiential characteristics of the senior re-entry registered nurses who return to college for a baccalaureate nursing education? Almost two thirds of the participants in this study were graduates of associate degree programs.

More than two thirds of the total participants were graduated from their programs since 1980. More than two thirds of this group, those graduated since 1980, were graduated from associate degree programs. These findings indicate that associate graduates are more likely to return to college sooner than diploma graduate.

The number of years of experience as RNs varied. Those with one to ten years of work experience as RNs comprised the largest group. This finding indicated that RNs are returning to college sooner for B. S. degrees in nursing. However, the length of employment as an RN has no bearing on the age of the student. Usually the AD graduate is older than the diploma graduate since the majority of diploma students enter those programs immediately after high school. AD students usually enter community colleges later in life as a consequence of some life event.

Research question # 2. <u>What are the reasons senior re-entry registered nurses cite for their return to college for a baccalaureate nursing education?</u> It is interesting that their number one reason for returning to college was personal reasons. While the trend in nursing is toward having the BS degree as the entry level for professional nursing, the second reason cited for returning to college, RNs find that the degree is not necessary for their jobs. Yet, they attend college anyway. This serves to reinforce the conclusion that their return is related more to personal reasons, their number one reason for returning, and for

prestige and/or credibility (their third rated reason). The three top reasons reinforce the findings that these RNs were not returning to college for an increase in pay or that their jobs required the degree.

A point of interest is the changing nature of the number of nurses in the work force which may have been a factor in the responses of this particular group at this time versus responses of participants in earlier groups in other studies. During times of nursing shortage, the degree is not an issue. However, when manpower is up there is an increased emphasis placed on the need for nurses to have a B.S. degree in nursing. At the time this data was collected, nursing was facing a shortage, therefore, one would expect the RNs return to college to be more of a personal nature with far less emphasis placed on job requirements.

Their reasons for returning to college were contrary to current literature. Beeman's (1988) study cited personal reasons as a reason for returning to college; however, it was listed as the third ranked reason after required for employment and employability. During the time Beeman conducted her study the shortage in nursing was not as great an issue as it had been in the previous year. Employment needs and employability were ranked ninth and tenth, respectively, in this study as reasons for returning to college in this study.

Another factor which may play a role in the reasons cited by RNs for returning to college is whether the RNs are located in urban or rural areas. Lethbridge (1989) noted that in rural areas, RNs are more likely to cite prestige/ credibility as a motivating factor for returning to college since rural areas tend to have few, if any, RNs with B. S. degrees in nursing.

Carmody (1982) conducted a study of RNs in which findings indicated the RNs returned to college for professional advancement, knowledge, and improvement in social welfare skills. That study was conducted before nursing began to experience a shortage of nursing which became evident in the mid 1980's.

It would be safe to say that both the location and shortage of nurses in the work force were factors in the participants responses. The participants were from both urban and rural areas of Virginia and nursing is currently experiencing a period of shortage of manpower.

Research question #3. <u>How do senior re-entry registered nurses rate the relevancy of their nursing course work?</u> The participants acknowledged that course material was reflective of current literature which indicates that this group of RNs relied on more than their course text in preparation for class. However, the RNs found there was more repetition between previous school requirements and/or current work experiences and current course requirements than they anticipated. Carroll and Artman (1987), Raudonis

(1987), and Root (1991) each cited repetition as an area which needed to be changed. Recommendations for either deleting or reducing the amount of repetition experienced by the RN student include determining the RNs' backgrounds, developing assignments which reflect an understanding of those backgrounds, allow the RNs to self select their clinical assignment based on their needs.

This data supports findings of Baker and Barlow (1988), Dear and Bartol (1984), Lambeth et al. (1989), Seidl and Sauter (1990), and Thurber, (1988). Their findings suggest there is a need for courses to build in flexible learning experiences, self-direction and efforts to adapt course work to the learning needs of re-entry RNs.

Since nontraditional clinical settings were used for placement, the second ranked reason under relevancy of course work, it can be assumed that placement consisted of settings other than the traditional hospital. Some programs utilized preceptors which allowed for placement in settings such as storefront facilities, home health agencies, nursing centers, etc. This indicates that faculty have taken into consideration the work experiences of RNs entering the various programs and have considered other types of clinical areas from which RNs could benefit.

An important factor was the perception that course work was found to be appropriate for the RNs' background, the third ranked finding under relevancy of course work. This indicates that in some instances the RNs' backgrounds were

considered when course work was planned and when decisions were made regarding clinical placement.

Research question #4. <u>Is there a difference between the work experience of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?</u> This study concluded there was no significant difference between the respondents based on years of experience when considering the difficulties they encountered once they returned to college.

Research question #5. <u>Is there a difference between the educational level of senior re-entry registered nurse students and their perceptions of the academic, professional and personal difficulties experienced while in college?</u> This study concluded there was no significant difference between the respondents based on level of education when considering the difficulties they encountered once they returned to college. A major finding in part three of the questionnaire was the issue of finances. These RNs overwhelmingly cited the cost of education as a major difficulty. The cost of education resulted in 87% of the participants having to work while attending college.

However, contrary to current literature (Hagemaster, 1990), the availability of financial support from employers makes the return to college easier for those nurses who accept that form of assistance. Financial support may be partial reimbursement for the cost of tuition or consist of

full tuition payment. However, financial support is not the route many RNs choose since there is usually a payback system they are not willing to accept. Payback methods may consist of 1) working part-time while attending college, or 2) for each year of assistance the employee must pay back with one to two years of service or cash repayment. As would be expected, supportive employers/supervisors work with the RNs to develop schedules which will accommodate the RNs class/clinical schedule. Seidl and Sauter (1990) and Swanson (1987) found that non-traditional students tended to rely on themselves to pay for their education. Contrary to the findings of Kelly (1989), the RNs in this study did not consider financial restraints as reasons for discontinuing their education.

The results of this study cannot be generalized beyond the sample studied because of the size of the sample, the confinement to one geographical region, and because of the nature of the survey method. Other factors which prevent generalization of the data in this study are: 1) the sampling method - sample of convenience, 2) unmatched groups, and 3) subject selection from only one state in the United States.

Implications

Nursing education. This research has implications for nursing education. It offers further data which should be considered when developing programs for RN students and for ongoing RN programs. Considerations include: 1) involving

the RNs in the selection of clinical activities to reduce the amount of repetition, and 2) determining what their prior educational experiences are so lectures could be developed which also decrease repetition.

The target population - registered nurses who have re-entered the academic setting for further education - fits the descriptive category of adult learner. These learners bring diverse experiences to the classroom/clinical setting (staff nurses, managers, various specialty areas, and various size hospitals) and these experiences should be captured as a source for teaching and learning.

Two assumptions can be made about this group of learners: 1) they are returning to college after completing one type of program and becoming licensed and employed, and 2) they respond to the learning environment in the manner described by Knowles. Knowles (1970) cited four assumptions about the characteristics of the adult learner. According to Williams (1983) the assumptions are that the adult: 1) has moved toward self directedness, 2) has accumulated a reservoir of information and experience that can be used as a resource for continued learning, 3) had developed readiness to learn those things that are consistent with adult development tasks and social roles, and 4) has become interested in the more immediate application of learning.

Knowles' first assumption suggests that the learning environment should be supportive of the individual's need for some control over learning. The second assumption

speaks to the experience the adult learner brings to the classroom setting. It also implies that their experience should be used as a resource for course planning. Knowles' third assumption speaks to the need of the adult to set her own goals and that those goals fit her needs as they relate to her stage in life. The fourth assumption intimates a need to develop course work in such a manner that new theory is introduced early. Williams (1983) suggests that early introduction of new theory allows the RN student to apply some of the theories to her own practice. She implied that later the RN can discuss how the new information was used at her place of employment and the outcome. Williams also stated there is an immediacy to the need of the adult learner to use new information instantly.

When adults begin to learn something naturally, they are highly self-directing (Knowles, 1986). When they learn on their own initiative they learn more deeply and permanently than what they learn by being taught.

The greatest contributions and assets the RN student brings to the teaching-learning situation are strong commitment and determination (Rendon, 1988). These are needed assets, for learning involves change, shaping and control, development of competencies and fulfillment of potential (Knowles, 1978).

Results of this research indicate that there are still areas which need to be assessed and changed to reflect the theory of Malcolm Knowles and adult learning. Changes could

be made to allow for more self-directed learning, less structure in course presentations (class lectures and clinical), and more student participation in course presentations (discussions, seminars, etc.).

Recommendations

Nursing faculty should consider more creative ways to present material while incorporating material that may be repetitive but necessary. For this reason RNs should have a more active role in selecting their clinical activities which would yield a more fruitful learning experience. Since repetition in the classroom may give rise to disgruntled RNs, they should be allowed to be more active in class presentations by having the opportunity to present portions of the assigned lessons. Faculty, on the other hand, need to be prepared with material from a variety of sources which is current, steeped in research, and relevant. Nursing faculty also need to be more cognizant of the diversity of RN student experiential backgrounds, and that RNs are mature learners who lead busy lives. Methods that can be employed are contracting, independent study, seminars, and student input into or selection of clinical activities. These methods give the RNs more control over their experiences and offer a more challenging, interesting and rewarding learning experience.

Recommendations for Future Research

Should this study be replicated, the following recommendations should be considered:

1. Increase the sample size. A larger sample size would generate results that could be generalized to a larger population.

2. If a sample of convenience is used, participants should be selected from programs across the United States (to yield data that could be generalized).

3. Change the Disagree Somewhat category in the questionnaire to neutral.

4. Use the demographic data (sex, race, years of employment, and managerial background) to make further inferences about the study.

5. Determine the rate of re-entry for AD vs Diploma graduates and the time between graduation from such programs and re-entry.

6. Ascertain how transfer credit for BSN course work is credited when a RN transfers from one RN completion program to another.

7. Determine RNs status of part-time or full-time students.

In conclusion, re-entry RN students have been studied by many researchers. The fact that even this study indicated that Knowles' theory on adult learning and education is not applied, universally, indicates that nursing educators need to be more cognizant of the needs of this group of students. More research is not the answer. Application of the findings from this and previous studies

may be all that is needed to meet the needs of the re-entry
RN.

APPENDICES

APPENDIX A

APPENDIX A

AMERICAN NURSES' ASSOCIATION
FIRST POSITION ON
EDUCATION FOR NURSING

The eight premises or assumptions underlying the development of the position are:

1. Nursing is a helping profession and, as such, provides services which contribute to the health and well being of people.

2. Nursing is of vital consequence to the individual receiving services; it fills needs which cannot be met by the person, by the family, or by other persons in the community.

3. The demand for services of nurses will continue to increase.

4. The professional practitioner is responsible for the nature and quality of all nursing care patients receive.

5. The services of profession al practitioners of nursing will continue to be supplemented and complemented by the services of nurse practitioners who will be licensed.

6. Education for those in the health professions must increase in depth and breadth as scientific knowledge expands.

7. In addition to those licensed as nurses, the health care of the public, in the amount and to the extent needed and demanded, requires the services of large numbers of health occupation workers to function as assistants to nurse. These workers are presently designated; nurses' aides, orderlies, assistants, attendants, etc.

8. The professional; association must concern itself with the nature of nursing practice, the means for improving nursing practice, the education necessary for such practice, and the standards for membership in the professional association.

APPENDIX B

Appendix B

**SENIOR RE-ENTRY REGISTERED NURSE
DEMOGRAPHIC PROFILE FORM**

This form is divided into three sections: 1) General
Information, 2) Current Employment Status, and
3) Current Nursing Program Information. It asks for
general information about you. This information will
be used to describe RNs who return to college for a
baccalaureate education in nursing.

Directions for completing this form:

1.   Place a check mark on the line following the
     description that most nearly describes you.

2.   Fold and place in the self addressed, stamped
     envelope along with the completed Senior Re-entry
     Registered Nurse Perception Questionnaire.

SENIOR RE-ENTRY REGISTERED NURSE
DEMOGRAPHIC PROFILE

GENERAL INFORMATION

1. Age:

    a. 20-25 ___   b. 26-30 ___   c. 31-35 ___   d. 36-40 ___

    e. 41-45 ___   f. 46-50 ___   g. 51-55 ___   h. 56 and over ___

2. Sex:
    a. Female ___   b. Male ___

3. Marital status:

    a. Single ___   b. Married ___   c. Widowed ___   d. Divorced ___

4. Number of children ____

5. Race:

    a. African-American ___   b. American Indian ___

    c. Asian ___   d. Hispanic ___   e. White ___

    f. Other (please specify) _____

6. Basic nursing education:

    a. Associate degree ___   b. Diploma ___

7. Place of basic nursing education:

    a. In Virginia ___   b. Other state ___

    c. Outside of the USA ___

8. Year of initial licensure: 19____

CURRENT EMPLOYMENT STATUS:

9. Years of nursing employment:

    a. 1-5 ___   b. 6-10 ___   c. 11-15 ___   d. 16-20 ___

    e. 21-25 ___   f. 26-30 ___   g. 31 and more ___

10. I currently work:

    a. Full time ___   b. Part time ___   c. Not working ___

12. Current practice area (if currently not working, indicate
    practice area prior to this time):

    Check one:

    a. Critical Care ___   b. Maternal/Child ___
    c. Medical/Surgical ___   d. Psychiatric ___   e. Surgery ___
    f. Physician's office ___   g. School nurse ___
    h. Community Health/Home Health ___
    i. Other (please specify) _____
    j. I work outside of nursing ___

13. Current position (if not currently employed indicate
    position prior to this time):

    1. Staff nurse ___   2. Nurse Manager ___   3. Director ___

    4. Instructor: Inservice ___   School of nursing ___

    5. Other (please specify) _____

14. Type of employment agency:

    1. Hospital ___   2. Home Health ___

    3. Physician's office ___   4. Public school system ___

    5. School of Nursing ___

    6. Other (Please specify) _____

CURRENT NURSING PROGRAM INFORMATION:

15. Cummulative grade point average:

    a. 2.0 - 2.5 ___   b. 2.501 - 3.0 ___   c. 3.01 - 3.5 __

    d. 3.501 - 4.0 ___

16. Is this a program in which all general education courses
    (sciences, math, sociology, psychology, etc.) have to be
    completed prior to taking nursing courses?

    a. Yes ___   b. No ___

17. Are you currently taking general education courses while
    taking your nursing courses?

    a. Yes ___   b. No ___

APPENDIX C

Appendix C

Senior Re-entry Registered Nurse
Perception Questionnaire

DIRECTIONS

This questionnaire is divided into three parts. For each statement in each section choose the appropriate response that best fits your belief or perception. Each section contains 12 statements. Write the number on the line provided to the left of the item number. Space has been provided for you to write in a personal response for each section, if you so desire.

The three parts of the questionnaire are:
Part one - Reasons for returning to college for a
            baccalaureate education.
Part two - Relevancy of nursing course work
Part three - Personal, professional and academic
            difficulties encountered

Use the following format when responding to the statements.

Agree Strongly	Agree	Disagree Somewhat	Disagree	Disagree Strongly
1	2	3	4	5

EXAMPLE:

Agree Strongly	Agree	Disagree Somewhat	Disagree	Disagree strongly
1	2	3	4	5

  __3__   1. Travel distance to and from school has presented a problem.

Part One

**REASONS FOR RETURNING TO COLLEGE FOR A
BACCALAUREATE NURSING EDUCATION**

Agree Strongly	Agree	Disagree Somewhat	Disagree	Disagree Strongly
1	2	3	4	5

I have returned to college to further my nursing education because:

_____ 1. My job requires further education in nursing.

_____ 2. I will not be promoted without a B.S. in nursing.

_____ 3. I want to have more credibility/prestige.

_____ 4. I want to eventually obtain an advanced education in nursing.

_____ 5. For personal reasons.

_____ 6. My friends are also attending.

_____ 7. I thought it would be interesting and challenging.

_____ 8. I will receive an increase in my salary.

_____ 9. This is the trend for professional nursing.

_____ 10. The college/university is within a short commuting distance.

_____ 11. This program allows RNs to develop their own clinical learning objectives.

_____ 12. I can receive credit for my previous nursing education toward the BS program.

13. _____
_____
_____.

Part Two

RELEVANCY OF NURSING COURSE WORK

Agree Strongly	Agree	Disagree Somewhat	Disagree	Disagree Strongly
1	2	3	4	5

In this program:

_____ 1. I had the opportunity to experience new and different clinical experiences based on my needs.

_____ 2. I had the opportunity to write my own clinical objectives.

_____ 3. I had the opportunity to determine the type of clinical experience which will enhance my knowledge.

_____ 4. Clinical courses excluded repetition of my basic nursing education.

_____ 5. The clinical courses had to be taken in a particular order.

_____ 6. The course work was at an appropriate level for my background.

_____ 7. A variety of activities counted toward clinical time.

_____ 8. I was placed in nontraditional clinical settings.

_____ 9. Course material added to the repertoire of knowledge the RN brings to the program.

_____ 10. Material was current and reflected new research and/or findings from a variety of sources.

_____ 11. Flexible innovative means were used for RNs to meet both the program and institutional requirements.

_____ 12. The RNs work experience was considered when
             learning activities were developed.

        13. In this program _____
             _____
             _____.

Part Three

**PERSONAL, PROFESSIONAL AND ACADEMIC
DIFFICULTIES ENCOUNTERED**

Agree Strongly 1	Agree 2	Disagree Somewhat 3	Disagree 4	Disagree Strongly 5

_____ 1. Travel distance to and from school has pr presented a problem.

_____ 2. The cost of education required me to work in order to afford furthering my nursing education.

_____ 3. I do not have a strong support system in my family.

_____ 4. I have found it difficult to get the time off from work to take course work.

_____ 5. Administration at my place of employment was not responsive to the educational needs of nurses.

_____ 6. My immediate supervisor was not supportive of my educational plans.

_____ 7. The transition from practicing nurse to student was difficult.

_____ 8. It was difficult to take nursing courses because of the hours the courses are offered.

_____ 9. Very few of my transfer credits were accepted by the college necessitating a longer period of time for attendance.

_____ 10. Progression through the nursing program has been difficult because nursing courses are offered only once a year.

_____ 11. My employer reimbursed me for my educational expenses.

_____ 12. Innovative means of awarding credit were not used to award credit for my prior nursing education.

13. _____

_____

_____.

APPENDIX D

Appendix D

Letter to Deans/Chairpersons

Dear

    The purpose of this letter is to confirm our telephone
conversation regarding my gaining access to those RNs in
your program who are in their last semester of study. I
would like to contact them to request their participation in
a study I am conducting for my doctoral dissertation at The
College of William and Mary. I am also requesting written
permission to contact your students and to find out the
route I must follow to do so. I will send a copy of the
Senior Re-entry Registered Nurse Perception Questionnaire
for your perusal and/or for IRB use.

    My dissertation topic is "Perceptions of Senior Re-
entry Registered Nurse Students in Baccalaureate Nursing
Programs." The subjects in the study will be re-entry
registered nurses who have returned to college for a
baccalaureate education in nursing. They will be in their
last semester of study at the college/university. The
subjects will be asked to complete a 22 - item demographic
profile and a 3 part, 36 - item questionnaire. The 36 -
item questionnaire uses a five point Likert scale. The
activity is designed to take no more than 20 minutes.

    I appreciate the time you have taken to give me the
information I have requested. Thank you for your
assistance. Findings of this study will be sent to you when
complete.

                Yours truly,

                Yvonne N. Stringfield, EdS, RN
                Doctoral candidate

APPENDIX E

Appendix E

Participant letter

Dear Participant,

I am a doctoral student at The College of William and Mary and am currently at the dissertation phase of my studies. I have talked with the Dean/Chairperson of your nursing program and received consent to write to you asking for your participation in my doctoral research. The topic of my study is "Perceptions of Senior Re-entry Registered Nurse Students in Baccalaureate Nursing Programs." Your current educational status fits the basic criteria for participation in my study: you are a Registered Nurse currently enrolled as a senior in the last semester of nursing courses in your college/university.

There is no risk associated with participation in this study. For the purposes of this study anonymity is assured. This questionnaire does not ask for your name, but does ask for other information which is pertinent to the study. Each questionnaire contains a code number which will be used to identify your school.

Data from this study will only be reported in the aggregate. A summary of the aggregate findings will be sent to your Dean/Chairperson.

The Senior Re-entry Registered Nurse Demographic Form and Senior Re-entry Registered Nurse Perception Questionnaire are designed to take no more than twenty minutes to complete. Please, complete each and place them in the enclosed stamped self-addressed envelope.

The time you take to complete these forms will be deeply appreciated.

Yours truly,

Yvonne N. Stringfield, EdS, RN
Doctoral Candidate

BIBLIOGRAPHY

BIBLIOGRAPHY

Aisenstein, T. J. (1985). The BSN dispute will destroy nursing. American Journal of Nursing 85(12), 49-50.

Alexandre, J. L. (1983). An examination and analysis of self concept of re-entry and non re-entry women (Doctoral dissertation, U. S. International University, San Diego, 1983). Dissertation Abstracts International 44, 1607A. University Microfilm No. AAD 83-19352.

Alutto, J. A., Hrebiniak, L. G., & Alphonso, R. C. (1971).A study of differential socialization of members of one professional occupation. Journal of Health and Social Behavior 12, 140-147.

American Association of Colleges of Nursing (1988). RN baccalaureate nursing education 1986-1988 special report. Washington D. C.

American Nurses Association (1965). Education for nursing. American Journal of Nursing 65(12), 106-111.

Arlton, D., & Miller, M. (1987). RN to BSN: Advanced placement policies. Nurse Educator 12(6), 11-14.

Associate degree nursing programs accredited by the NLN 1989-90 (1991). Nursing and Health Care 12, 46-50.

Associate degree nursing programs accredited by the NLN 1991-92 (1991). Nursing and Health Care 12, 219-223.

Austin, B. J. (1984). An alternative management experience for RN-BSN students. Journal of Nursing Education 23, 204-206.

Baccalaureate and master's degree programs in nursing accredited by the NLN 1989-90 (1989). Nursing and Health Care 10, 338-345.

Baccalaureate and master's degree programs in nursing accredited by the NLN 1991-92 (1991). Nursing and Health Care 12, 325-332.

Baj, P. A. (1985). Demographic characteristics of RN and generic students: Implications for curriculum. Journal of Nursing Education, 24(6), 230-236.

Baker, S. S. and Barlow, D. J. (1988). Successful registered nurse education: A case analysis. Nurse Educator 13(1), 18-22.

Becker, H. S., & Geer, B. (1958). The rate of idealism in medical school. American Sociological Review, 28(2), 50-56.

Beeman, P. (1988). RNs' perceptions of their baccalaureate programs: Meeting their adult learning needs. Journal of Nursing Education 27(8), 364-370)

Beerup, C. (1979). The ANA's "hidden agenda" for 1985. RN 42(11), 71-78.

Berger, P. L. (1966). Invitation to sociology: A humanistic perspective. New York: Wiley and Sons, Inc.

Berlew, D. E., & Hall, D. T. (1966). The socialization of managers: Effects of expectations on performance. Administrative Science Quarterly 11, 207-223.

Bok, D. (1986). Higher Learning. Cambridge, Massachusetts: Harvard University Press.

Borg, W. R. and Gall, M. D. (1989). Educational Research: An Introduction (5th ed.). New York: Longman, Inc.

Brief, A. P., Aldag, K.J., Sell, M. V. & Melone, N. (1979). Anticipatory socialization and role stress among registered nurses. Journal of Health and Social Behavior 20, 161-166.

Brim, O. G. Jr. (1966). Socialization through the life cycle. In O. G. Brim, Jr. & S. Wheeler (Eds.), Socialization after childhood: Two essays. New York: Wiley and Sons, Inc.

Brobst, D. W. (1987). An investigation of nontraditional credit for experiential learning offered to adults in post secondary institutions. (Doctoral dissertation, Iowa State University, 1986). Dissertation Abstracts International, 47, 3941A

Brown, E. L. (1948). Nursing for the future. New York: Russell Sage Foundation.

Budnick, D., & Beaver, S. (1984). A student perspective on the portfolio. <u>Nursing Outlook</u> <u>32</u>, 268-269.

Campaniello, J. A. (1988). When professional Nurses return to school: A study of role conflict and well being in multiple role women. Journal of <u>Professional Nursing</u> <u>4</u>, 136-140.

Caplow, T. (1964). <u>Principles of organization.</u> New York: Harcourt, Brace, & World.

Carmody, C. E. (1982). Motivational orientations of registered nurse baccalureate students. (Doctoral dissertation, Columbioa Universsity Teacher's College, 1982). <u>Dissertation Abstracts International</u>, <u>42</u>.

Carroll, T. L. & Artman, S. (1988). Fitting RN students into a traditional program: Secrets for success. <u>Nursing and Health Care</u> <u>9</u>, 89-91.

Cragg, C. E. (1990). Summer course for post RN students: Fast track option. <u>Nurse Educator</u> <u>15</u>(1), 11.

Creasia, J. L. (1989). Reducing the barriers to RN education mobility. <u>Nurse Educator</u> <u>14</u>(4), 29-33.

Creech, J. W. (1984). The re-entry women students in a metropolitan multi-campus community college: Their internal and external needs. (Doctoral dissertation, Georgia State University - College of Education, 1984). <u>Dissertation Abstracts International</u> <u>45</u> 2674A. (University Microfilm No. AAD 84-25844).

Davis, K. (1987). Resocialization to professional nursing practice (Doctoral dissertation, Pepperdine University, 1986). <u>Dissertation Abstracts International</u> <u>47</u>, 1024A.

Dear, M. R., & Bartol, G. (1984). Independent study as a learning experience in baccalaureate nursing programs: Perceptions and practices. <u>Journal of Nursing Education</u> <u>23</u>, 240-244.

Dickey, C. (1989). A Study of the level of professional socialization of registered nurses. (Doctoral dissertation, University of Oklahoma Health Science Center, Oklahoma City, Oklahoma, 1988). <u>Dissertation Abstracts International</u> <u>49</u>, 4752-B.

Diploma programs in nursing accredited by the NLN 1989-90 (1989). <u>Nursing and Health Care</u> <u>10</u>, 407-409.

Diploma programs in nursing accredited by the NLN 1991-92. (1991). <u>Nursing and Health Care</u> <u>12</u>, 388-390.

Duff, V. (1989). Perspective transformation: The challenge for the RN in the baccalaureate program. <u>Journal of Nursing Education</u> <u>28</u>, 38-39.

Dustan, L. C. (1964). Characteristics of students in three types if nursing education programs. <u>Nursing Research</u>, 13, 159-166.

Edwards, J, & Lenz, C. (1987). Regional campuses ease returning to school woes. <u>Nursing and Health Care</u> <u>8</u>, 479-480.

Eli, I., & Shuval, J. T. (1982). Professional socialization of nurses. In N. L. Chaska (Ed.) <u>The nursing profession: Views through the mist</u>. New York: McGraw-Hill.

Ellis, J. R., & Hartley, C. L. (1984). <u>Nursing in Today's world: Challenges, issues and trends</u> (2nd Ed.). Philadelphia: Lippincott.

<u>Executive Wire</u> (1985). National League for Nursing, March/April.

Garvey, J. (1983). An alternative baccalaureate curriculum plan for registered nurses. <u>Journal of Nursing Education</u> <u>22</u>, 216-219.

George, S. & Young, W. (1990). Baccalaureate entry into practice: An example of political innovation and diffusion. <u>Journal of Nursing Education</u> <u>29</u>, 341-345.

Hagemaster, J. N. (1990). Beyond the baccalaureate. <u>Nurse Educator</u> <u>15</u>(5), 33-35.

Hale, S.L. & Boyd, B. T. (1981). Accommodating RN students in baccalaureate nursing programs. <u>Nursing Outlook</u> <u>29</u>, 535-540.

Hezel, L. (1988). Baccalaureate curricula for RNs: A content analysis. (Doctoral dissertation, University of Massachusetts). <u>Dissertation Abstracts International</u>, <u>49</u>, 1047A.

Hinshaw, A. S. (1977). Socialization and resocialization of nurses for professional nursing practice. <u>Socialization and resocialization of nurses for professional nursing practice</u>. New York: National League for Nursing.

Hurley, B. A. (1978). Socialization for roles. In: M. F. Hardy & M. E. Conway (Eds) <u>Role theory: Perspectives for health professionals</u>. New York: Appleton-Century-Crofts.

Jacox, A. (1978). Professional socialization of nurses. In N. L. Chaska (Ed), <u>The nursing profession: Views from the mist</u>. New York: McGraw-Hill.

Kearney, R. T. (1991). Validation of prior nursing knowledge and performance in BSN education by RN students. <u>Journal of Nursing Education</u> <u>30</u>, 297-302.

Kelly, N. (1989). Facilitating the enrollment of registered nurses in a baccalaureate completion program. (Doctoral dissertation, Illinois State University, 1989). <u>Dissertation Abstracts International</u>, <u>49</u>, 1451B.

Kielich, J. M. (1988). Enrollment patterns of returning learners into private liberal arts colleges: A qualitative study. (Doctoral dissertation University of Maryland, College Park, 1987). <u>Dissertation Abstracts International</u> <u>48</u>, 1999A.

Kielinen, C. E. (1979). Differences in professional attitudes of basic generic and registered nurse transfer students at the end of a baccalaureate nursing program. (Doctoral dissertation, Columbia University, Teachers College, New York, 1978). <u>Dissertation Abstracts International</u> <u>39</u>, 4739A.

King, J. E. (1986). A comparataive study of adult developmental pattersn of RN and generic studetns in a baccalaureate nursing program. <u>Journal of Nursing Education</u>, <u>25</u>(9), 366-371.

_____ (1988). Differences between RN and generic students and the impact on the educational process <u>Journal of Nursing Education</u> <u>27</u>, 131-135.

Knapp, J. (1975). <u>A guide for assessing prior experiences through portfolios</u>. Educational Testing Services, Cooperative assessment of Experiential learning (CAEL working paper No. 6).

Knowles, M. (1980). <u>The modern practice of adult education: From pedagogy to andragogy.</u> Chicago: Follet Publishing Company.

Knowles, M. (1978). <u>The adult learner: A neglected species.</u> Houston: Gulf Publishing Co.

Knowles, M. (1975). <u>Self directed learning : A guide for learners and teachers.</u> New York: Association Press, 1975.

Knowles, M. (1971). <u>Self directed learning: A guide for learners and teachers.</u> New York: Association Press.

Knowles, M. (1970). <u>The modern practice of adult education.</u> New York: Association Press, 39.

Kramer, M. (1981). Philosophical foundations of baccalaureate nursing education. <u>Nursing Outlook</u> <u>29</u>, 224-228.

Lambeth, S. O., Volden, C. M., & Oechsle, L. H. (1989). Portfolios: They work for RNs. <u>Journal of Nursing Education</u> <u>28</u>, 42-44.

Lee, A. (1979). Mandatory BSN. <u>RN</u> 42:(4), 64-76.

Lee, J. (1988). Analysis of coping methods reported by returning RNs. <u>Journal of Nursing Education</u> <u>27</u>, 309-313.

Lee, J. (1987). Analysis of stressful clinical and didactic incidents reported by returning registered nurses. <u>Journal of Nursing Education</u> <u>26</u>, 372-379.

Lethbridge, D. J. (1989). Motivational orientation of registered nurse baccalaureate students in rural New England. <u>Journal of Nursing Education</u> <u>28</u>, 203-209.

Linares, A. Z. (1989). A comparative study of learning characteristics of RN and generic students. <u>Journal of Nursing Education</u> <u>28</u>(8), 354-360.

Lonborg, R. E. (1984). RN to BSN: A degree of difficulty. <u>American Journal of Nursing</u> <u>84</u>, 1297-1300.

Lovell, R. B. (1980). <u>Adult Learning.</u> New York: John Wiley and Sons.

Lowenstein, A. J. & Bradshaw, M. (1989). Seminar
    methods for RN to BSN students. Nurse Educator -
    14(5), 27-31.

Luddington, C. B. (1980). Factors influencing
    registered nurses who return to school. Unpublished
    doctoral dissertation. The University of Michigan,
    Ann Arbor.

Lynn, M. R., McCain, N. L.,& Boss, B. J. (1989).
    Socialization of RN to BSN. Image: Journal of
    Nursing Scholarship 21, 232-237.

Lynton, E.A., & Elman, S.E. (1987). New priorities for
    the university. San Francisco: Jossey-Bass, Inc.
    Publishers.

Lysault, J. P. (1974). Action in Nursing: Progress in
    Professional Purpose. New York: McGraw-Hill
    Publishers.

Lytle, J. E. (1989). The process of perspective
    transformation experienced by the registered murse
    returning for baccalaureate study. Unpublished
    doctoral dissertation, Northern Illinois University.

MacLean, J. B., Knoll, A. H., Kinney, C. K. (1985). The
    evolution of a baccalaureate program for registered
    nurses. Journal of Nursing Education 24, 53-57.

Malcolm J. & Reuther, M. (1988). Twelve common barriers
    and misconceptions for the registered nurse returning
    to school. Focus on Critical Care 15, 45-51.

Malkemes, L. C. (1974). Resocialization: A model for
    nurse practitioner preparation. Nursing Outlook
    22, 90-94.

Manfredi, C. M., and Valiga, T. M. (1990). How are we
    preparing nurse leaders?: A study of baccalaureate
    curricula. Journal of Nursing Education 29(1),
    4-9.

Mannetti, M. R. B. (1980). Attitudes toward professional
    nursing behaviors held by registered nurse students
    upon entrance and upon completion of a baccalaureate
    nursing program. Unpublished doctoral dissertation.
    Columbia University, Teachers College, New York.

Marsh, H. F. & Lasky, P. (1984). The professional
    portfolio: Documentation of prior learning. Nursing
    Outlook 32, 264-267.

Masters, M. L., & Masters, R. J. (1989). Risk taking propensity of nurses: ADN and BSN. Journal of Nursing Education, 28(9), 391-396.

Mauksch, I. G. (1982). The socialization of nurse faculty. Nurse Educator 7, 7-10.

McHugh, M. K. (1991). Direct articulation of AD nursing students into an RN to BSN completion program: A research study. Journal of Nursin Research 30, 293-296.

Meleis, A. I. (1974). Operation concern: A study of senior nursing students in three nursing programs. Nursing Research 23, 461-467.

Meyer, G. R. (1959). Conflict and harmony in nursing values. Nursing Outlook 7, 398-399.

Miller, D. M., and Miller, M. E. (1987). RN to BSN: Advanced placement policies. Nurse Educator 12, 11-14.

Miller, G. A., & Wager, L. W. (1971). Adult socialization, organizational structure, and role orientation. Administrative Science Quarterly, 16, 151-163

Mohnoy, C. C. (1987). Adult women's decision to enroll in college: The effect of life events and relationships on the enactment of motivation to enroll (Doctoral dissertation, University of Missouri, Colombia, 1986). Dissertation Abstracts International 47, 3711A. University Microfilms No. AAD87-01398.

Moloney, M. (1986). Professionalization of nursing. Philadelphia: J. B. Lippincott.

Montag, M. L. (1951). Community College Education for Nursing: An Experiment in Technical Education for Nursing. New York: McGraw-Hill.

Murdock, J. E. (1986). Characteristics of RN students and their returning to school experiences: Toward creating more responsive educational environments. (University of Massachusetts, 1986). Dissertation Abstracts International 47. 2469A. DA8622703.

Murray, L. M. & Morris, D. R. (1982). Professional autonomy among senior nursing students in diploma, associate degree, and baccalaureate nursing programs. Nursing Research 31, 311-313.

Muzio, L. G. & Ohashi, J. P. (1979). The RN student: Unique characteristics, unique needs. Nursing Outlook 27, 528-532.

National League for Nursing (1985). State approved schools of nursing - RN Division of Nursing Research. New York: The League.

National League for Nursing (1985). Position statement on awarding credit for previous nursing knowledge and competency. New York: The League.

Oechsle, L. Volden, C., Lambeth, S. (1990). Portfolios and RNs: An evaluation. Journal of Nursing Education 29, 54-59.

Olmstead, A. G. & Paget, M. A. (1969). Some theoretical issues in professional socialization. Journal of Medical Education 44, 663-669.

Periard. M.E., Bell, /e. A., Knecht, L., & Woodman, E. A. (1991). Measuring affective factors in RN/BSN programs. Nurse Educator, 16(96), 14-17.

Planning and operating an RN program (1982). Pathways to Practice. Southern Regional Board of Education.

Pollack, C., Hartley, C., Woodham, R., Bell, R., Kudzma, E., Robinson, E., Beaver, K., & D'Amico, A. (1987). Educational mobility for nurses. New York: National League for Nursing.

Powell, D. (1986). Articulation: Process and model. Virginia Nurse 54, 38-40.

Rapson, M. F., Perry, L. A., and Parker, B. (1990). The relationship between selected educational outcomes of senior RN-to-BSN students and their choice of advanced placement options available in the Maryland nursing articulation model. Journal of Professional Nursing 6(2), 113-120.

Rapson, M. (Ed) (1987). Collaboration for articulation: RN to BSN. New York: National League for Nursing.

Raudonis, B. M. (1987). Adult education: Its implications for baccalaureate nursing education. Journal of Nursing Education 26, 104-166.

Rendon, D. (1988). The registered nurse student: A role congruence perspective. Journal of Nursing Education 27, 172-177.

Report of RN Programs at the Baccalaureate Level (1989). National League for Nursing.

Richards, M. A. (1972). A study of differences in psychological characteristics of students graduating from three types of basic nursing programs. Nursing Research 21, 258-261.

Rogers, A. (1986). Teaching adults. Philadelphia: Open University Press.

Root, S. (1991). Registered Nurses who do and do not pursue the baccalaureate degree in nursing (BSN). Unpublished dissertation, University of Virginia, Charlottesville, Virginia.

Ross, J. M. (1985). Undergraduate re-entry women: Developmental forces influencing the decision to return to school. (Doctoral dissertation, University of Georgia, 1985). Dissertation Abstracts International 46, 2527A. (University Microfilm No. AAS85-244376).

Rothert, M., Talarczyk, G., Currier-Joynes, C., & McCarthy, M. (1988). Joining forces to meet the needs of the RN learner. Nursing and Health Care 9, 261-262.

Sargis, N. (1983). Upper division completion programs for registered nurses. In N. Chaska (Ed.) The nursing profession: A time to speak (pp 111-120). New York: McGraw-Hill Book Company.

Sasmor, J. L. (1984). Contracting for clinical. Journal of Nursing Education 23, 171-173.

Schank, M. J., & Stollenwerk, R. (1988). The leadership/management role: A differentiating factor for ADN/BSN programs? Journal of Nursing Education, 27(6), 253-257.

Seidl, A., Sauter, D. (1990). The new non-traditional student in nursing. Journal of Continuing Education 29, 13-19.

Sewall, T. J. (1984). A study of adult undergraduates: What causes them to seek a degree? Journal of Student Personnel 25, 309-314.

Seyler, S., Morgan, B., Datillo, J., & Luke, C. (1984). RNS in an integrated curriculum: Credit by competency examination. Journal of Nursing Education 23, 169-171.

Staples, P. C. (1989). Educational mobility: A descriptive survey of nursing education in Maine. (Doctoral dissertation, George Peabody College for Teachers, Vanderbilt University). Dissertation Abstracts International, 50, 4456B.

State approved schools of nursing - Registered nurse division of nursing research (1980). Official Publication of the NLN. New York: National League for Nursing.

Stone, J. C., & Green, J. L. (1975). The impact of a professional baccalaureate degree program. Nursing Research 24, 287-292.

Sullivan, E. (1984). The Registered Nurse baccalaureate student: Differences at entry; differences at exit. Journal of Nursing Education 23, 302-303.

Sullivan, E., Brye, C., Koch, C., Olson, J. and Shabel, W. (1984). RN to BSN: A quality alternative program. Journal of Nursing Education 23(4), 156-158.

Surprising new 'mandatory BSN" findings (1980). RN 43(5), cover, 2-3.

Sutton, A., and Claytor, K. (1992). Enhancing Minority nursing studnet success through a comnprehensive retention program. The ABNF Journal 3(2), 31-37.

Swanson, M. J. (1987). Baccalaureate nursing education: Students' perception of roles, effort, and performance. Journal of Nursing Education 26, 380-383.

Thompson, D. (1988). The right time: A study of registered nurses' participation in baccalaureate programs in nursing. Unpublished dissertation. North Carolina State University, Raleigh, NC.

Throwe, A. N., & Fought, A. G. (1987). Landmarks in the socialization process from RN to BSN. Nurse Educator 12, 15-18.

Thurber, F. W. (1988). A comparison of registered nurse students in two types of baccalaureate completion programs. Journal of Nursing Education 27, 266-273.

Van Maanen, J. (1975). Police socialization: A longitudinal examination of job attitudes in an urban police department. Administrative Science Quarterly 20, 207-227.

Wakefield-Fisher, M., Wright, M., & Kraft, L. (1987). A first for the nation: North Dakota and entry into nursing practice. Nursing and Health Care 7(3), 135-141.

Wall, K. (1989). Academic credit for experiential learning. Nurse Educator 14, 17-22.

Wallace, M. (1988). Women in transition: The professional socialization of student nurses. (Doctoral dissertation, University of Missouri - Columbia, 1987). Dissertation Abstracts International 48, 2742A.

Waters, V. (1986). Restricting the RN licensure to BSN graduates could cloud nursing's future. Nursing and Health Care 7, 142-146.

Wiersma, W. (1986). Research methods in education: An introduction. Boston: Allyn and Bacon, Inc.

Williams, R. M. (1983). Teaching employed RNs in BSN programs. Nursing and Health Care 4, 573-575.

Williams, T. R. & Williams, M. M. (1959). The socialization of the student nurse. Nursing Research 8, 18-25.

Woolley. A. S. (1986). Defining the Product of Baccalaureate Education. Nursing and Health Care 7, 199-201.

Yang, J. C. & Noble, J. (1990). The validity of ACT-PEP test scores for predicting academic performance of registered nurses in BSN programs. Journal of Professional Nursing, 16, 344-340.

Zusy, M. L. (1986). RN to BSN: Fitting the pieces together. American Journal of Nursing 86, 394-397.

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