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Evaluation of the Business and Leadership Components of a Registered Nursing to Bachelor of Science in Nursing Program

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Evaluation of the Business and Leadership Components of a
Registered Nursing to Bachelor of Science in Nursing Program

by
Linda Strommen

An Applied Dissertation Submitted to the
Fischler School of Education and Human Services
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Approval Page

This applied dissertation was submitted by Linda Strommen under the direction of the persons listed below. It was submitted to the Fischler School of Education and Human Services and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Special thanks also go to all of my colleagues in the university's nursing department, especially to Dr. Whitehead and Dr. Weiss, who were always there to support, encourage, and help me move forward. A special thanks to all of you.

I would like to dedicate this dissertation to our first upcoming grandchild, Baby Hidalgo, and all of the grandchildren we have in the coming years. I hope this dissertation will inspire them that everything in life is possible and education is a gift you give yourself.

Abstract

Evaluation of the Business and Leadership Components of a Registered Nursing to Bachelor of Science in Nursing Program. Linda Strommen, 2010: Applied Dissertation, Nova Southeastern University, Fischler School of Education and Human Services. ERIC Descriptors: Program Evaluation, Curriculum Development, Leadership Qualities, Business Skills

This applied dissertation was designed to evaluate the business and leadership components of a Registered Nursing (RN) to Bachelor of Science in Nursing (BSN) program at the university. The problem was that an evaluation of the present RN-to-BSN curriculum had not been conducted since 2006 to determine if the best practices in business and leadership were current, applicable, and relevant in the current RN-to-BSN curriculum.

The researcher utilized an evaluation methodology to assess the business and leadership components of an RN-to-BSN nursing program. An evaluation tool was developed and used to compare expected outcomes (criteria) of current practices to expected outcomes (criteria) of best practices in the field of nursing. The expected outcomes (criteria) of current best practices were developed from a review of the literature, data collected from RN-to-BSN alumni students, and input from formative and summative committees. Thirteen specific procedures guided the study to assess the value, merit, and worth of the program and to answer six research questions.

The final evaluation by the expert panel revealed that the current best practices in business and leadership taught in Nursing 4020 and Nursing 4030 courses were not current with preferred best practices. The final report recommended updating the courses with current best practices collected from the literature, formative and summative committee members, practicing RNs, and experts in the nursing profession.

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Chapter 1: Introduction

According to the American Association of Colleges of Nursing (AACN; 2008c),

today's nursing leaders are challenged by a rapidly changing healthcare environment that

includes changes in technology, demographics, workforce diversity, fiscal management,

rules and regulations, consumer demands, globalization of economics and politics, and

changing healthcare reimbursement systems. To meet these challenges, strong nursing

leadership is needed along with competent skills in business and leadership principles.

Porter-O'Grady and Malloch (2003) stated that these skills would enable the

baccalaureate-prepared registered nurse (RN) to participate as a collaborative partner in

healthcare delivery systems and be proactively involved in shaping of the future of

healthcare policy.

The AACN (2008c) supported the need for RN to Bachelor of Science (BSN)

nursing curricula to address these changing issues and include in their curricula current

courses that are relative to current business and leadership management. Programs for

RN-to-BSN students provide RNs with an associate degree and diploma the opportunity

to obtain a baccalaureate-nursing degree that includes skills that focus on business and

leadership. The development of these skills is essential in positioning baccalaureate

nurses as decision makers who are credible and valued members of interdisciplinary and

interprofessional healthcare-delivery teams.

Problem Statement

The organization for which this study was conducted was a university located in

the southeastern United States. All references to this institution will be listed as the

university. The RN-to-BSN program was conducted within this university. The problem

was that the nursing department at the university had not formally evaluated the business

and leadership components of the RN-to-BSN program since 2006 to determine if the goals, objectives, and curricula were current and relevant to the present best practices in professional nursing. According to the AACN (2008c), nursing curricula must continually be updated with current best practices and nursing standards to assure that academic programs are preparing RN-to-BSN students for current and future nursing practice.

The University System

The university was a private, independent, not-for-profit university dedicated to high-quality educational programs that begin at the preschool level and continue through the doctoral level. Based on enrollment, it was the sixth largest independent institution in the United States. The mission of the university was to prepare students for lifelong learning, leadership roles in business, leadership, the professions, and service to the community. According to the institution's strategic plan, the university offered flexible programs that met the needs of working professionals who were balancing work, family, and education. The university served the community by providing professional programs that met the needs of businesses, students, and the local, state, and national workforces.

The vision of the university was explicitly stated in university documents that included the student handbooks, the catalogues and brochures, and the organizational website. The vision of the university included five components that drove the strategic plan and the curricula of all programs within the university. The first vision was an independent institution that was not under the jurisdiction of the state university system. The benefit of this independence was the ability to provide a wider selection of educational opportunities that met the needs of students, communities, and the workforce. The second vision was a commitment of a learning environment that was not bound to

time or place and provided a stimulating atmosphere for high-quality teaching and learning opportunities. The third vision was the pursuit to continue to find new solutions to new problems. Programs were integrated vertically and horizontally to explore synergistic solutions that responded to the needs of society, the workforce, and professionals. The fourth vision was the support of quality research and development that prepared students in the understanding of the relationship between theory and professional practice. Program evaluation assisted in maintaining quality educational delivery systems that met the needs of students, education, and practice. The fifth vision was an open learning community that provided access, opportunity, and challenge to an increasingly diverse body of students.

The mission and vision of the university was supported by the core values that provide the foundation for collaboration, community service, diversity, educational access, quality academic programs, innovation, integrity, and student engagement. The university provided students with specific areas of strength that included (a) academic innovation, (b) comprehensive clinical training, (c) quality curricula based on professional best practices, and (d) flexible educational-delivery systems. The environment at the university provided educational programs that would meet the needs of future healthcare professionals and prepare graduates to assume greater business and leadership roles in healthcare-delivery systems.

The University Nursing Department

The mission of the university's nursing department was developed to prepare baccalaureate nurses for excellence in professional leadership, practice, service, and inquiry through the provision of quality and innovative teaching and learning environments. The nursing mission was fostered within a curriculum that was logically

structured to meet the program outcomes. The curricula prepared baccalaureate-nursing

students for business and leadership roles that were needed for current nursing practice.

The mission, goals, and expected outcomes of the nursing program were congruent with

those of the parent institution, reflected professional-nursing standards and best practices,

considered the needs and expectations of all stakeholders, and included the concepts of

lifelong learning, leadership roles in business and the professions, and service to the

community. The nursing curriculum built upon a foundation of the arts, the sciences, and

the humanities. Knowledge from other disciplines and fields of study enhanced and

strengthened the discipline of nursing.

The core values of the nursing department included the activities of teaching,

scholarship, research, and community outreach. These values formed the framework that

provided RN-to-BSN students the educational opportunities to further their professional

career, to assume business and leadership roles in providing care, and to participate as

interprofessionals in shaping the future of healthcare policy and nursing education. The

core values were congruent with the university's mission, vision, and strategic plan and

were based on Boyer's (1990) new perspective of scholarship that included discovery,

integration, application, and teaching.

RN-to-BSN Program

The RN-to-BSN nursing program at the university was approved by the state

board of nursing and became part of the university's college of allied health and nursing

in 2003. Associate degree and diploma nurses were admitted to the program in 2003

(National League for Nursing Accrediting Commission, 2003). The RN-to-BSN program

at the university is available to licensed RNs who have a 2-year associate degree or a 3-

year nursing diploma and desire to complete a BSN degree. The program is completed in

18 months through online or blended instructional designs. The online design requires the students to complete all of their studies through an Internet-secured platform called WebCT, with no classroom attendance required. The blended design requires the student to attend class one time a week, and the remainder of the course work is completed through WebCT. The instructional design of the RN-to-BSN program provides a flexible learning program for adult learners who are balancing work, education, and family life.

The RN-to-BSN program at the university is committed in preparing nursing students with the skills in business and leadership that are needed to collaborate with other healthcare professionals in shaping the future of healthcare policy and nursing education, and to ensure continued quality and safety in patient care. The RN-to-BSN program consists of two three-credit core courses that focus specifically on the skills and competencies related to business and leadership. The first course is Nursing 4020 (The Nurse as Leader and Manager), and the second course is Nursing 4030 (The Business of Health Care).

These courses provide RN-to-BSN students with the basic components of business and leadership that apply to current nursing practice. The courses provide the students with the knowledge and skills in business and leadership to be collaborative leaders in the healthcare profession. Achievement of the course outcomes provide the students with advanced knowledge in business and leadership that will assist the students in career advancement in expanded roles in business and leadership that involve financial management, fiscal responsibility, and economic issues impacting the current healthcare system.

The course objectives, unit objectives, and the instructional strategies for Nursing 4020 and Nursing 4030 were developed in 2003 based on the standards and competencies

of the AACN (1997) position statement, the AACN (1998) essentials of baccalaureate education for professional nursing practice, and the Pew Health Professions Commission (1998) competencies. Business and leadership curricula must advance and change to assure that the knowledge, skills, and competencies of baccalaureate nurses meet the needs of today's changing healthcare environment as well as future health delivery systems (AACN, 2008c).

To ensure that the RN-to-BSN curriculum at the university remained current with best practices in nursing business and leadership, a preliminary survey tool was developed by an ad hoc committee of credentialed full-time and adjunct nursing faculty who were experts in the practice and education of nursing business and leadership. Additionally, research staff from the health professions division of the university assisted in the process. The survey tool was developed to meet the evaluation needs of the department and to be used in current and future departmental research. The survey tool was approved by the ad hoc committee, the executive director of assessment, evaluation, and faculty development for the health professions research department, and the chairperson of the nursing department.

RN-to-BSN Student Characteristics

Students enrolled in RN-to-BSN program were adult learners who were licensed RNs and brought with them a diverse repertoire of business and leadership skills acquired from personal and professional life experiences (Cangelosi, 2006). Bentley (2006) identified that accelerated groups of students, such as RN-to-BSN students, enter nursing programs with maturity, previous education, and the ability to deal effectively with multiple disciplines. Similar research by Seldomridge and DiBartolo (2005) found that students in second-degree programs were motivated, academically talented, and diverse

in ethnicity and gender. Students in the RN-to-BSN program at the university were goal oriented, highly motivated to be actively involved in the learning process, and had the desire to excel academically.

Background and Significance of the Problem

The AACN (2008c) believed that nursing curricula must continually be updated with current best practices and nursing standards to assure that baccalaureate programs were preparing RN-to-BSN students for current and real life practice. Factors that influenced and supported the need to formally evaluate the business and leadership components of the RN-to-BSN program at the university included the following four issues: (a) lack of baccalaureate-prepared RNs, (b) the nursing shortage and aging nursing workforce, (c) quality and patient safety in initiatives, and (d) evolving best practices. According to Fitzpatrick, Sanders, and Worthen (2004), program-evaluation research is necessary to determine if the program components need updating and revising to assure that the program curricula are based on current best practices.

Lack of baccalaureate-prepared nurses. The first factor is that the majority of licensed RNs in the United States are educated at the associate-degree level. Over 60% of licensed RNs in the United States have completed an associate degree or diploma in nursing. According to the U.S. Department of Health and Human Services (2006), of the registered nurses in the United States, 42.2% graduate from associate-degree programs, 25.2% graduate from diploma programs, and 30.5% graduate from baccalaureate-nursing programs. Students admitted to the RN-to-BSN program at the university are licensed RNs who have completed their nursing education in a 2-year associate-degree program or a diploma program. Based on initial nursing-education curricula at the associate-degree level, RN-to-BSN students lack the knowledge and skills in business and leadership that

are needed for current nursing practice (Mahaffey, 2002).

      Nursing shortage and aging nursing workforce. The second factor related to the importance of evaluating the business and leadership components of the RN-to-BSN program is the nursing shortage crisis and the related aging nurse workforce. The nursing shortage in the United States is a complex issue that includes multiple, integrated factors that cannot viewed in isolation but rather in a systems perspective. The nursing shortage is influenced by a growing and aging population, a high demand for quality care, difficulties in attracting new nurses, and an RN workforce that is approaching retirement age (AACN, 2009; Florida Center for Nursing, 2008).

      According to the U.S. Bureau of Labor Statistics (2007), RNs constitute the largest healthcare occupation with 2.5 million jobs and will generate more than 587,000 jobs over the 2006-2016 periods. The nursing shortage is expected to worsen as the aging population increases and because of an increased demand for health services and care. A report released by Dr. Peter Buerhaus of Vanderbilt University School of Nursing, Dr. Douglas Stagier of Dartmouth University, and Dr. David Auerbach of the Congressional Budget Office forecasted that the nursing shortage in the United States could reach as high as 500,000 by 2025 (Buerhaus, Staiger, & Auerbach, 2008). According to the U.S. Bureau of Labor Statistics, more than one million new and replacement RNs will be needed by 2016.

      Quality and patient-care initiatives. The third factor related to the importance of evaluating the business and leadership components of the RN-to-BSN program is new challenges related to quality and patient safety in the changing healthcare environment. Major changes in the internal and external healthcare environments influence the nursing profession and the healthcare industry as a whole. Four landmark reports by the Institute

of Medicine (IOM) identified the need for fundamental change in the United States healthcare system and recommended stronger business and leadership skills in all healthcare professions, which included nursing.

The first report by the IOM (2000) concluded that 98,000 hospitalized Americans die each year as a result of medical errors. The recommendation of this report was a call to action to make health care safe for everyone. The report included a comprehensive approach for reducing medical errors and improving patient safety through strong leadership and business skills of all healthcare professions.

The second report by the IOM (2001) identified that the quality problems that exist in the present healthcare system are not just "a gap in what is and what should be, but a chasm" (p. 1). Health care in the United States fails to provide consistent high-quality care to all people and has not succeeded effectively in translating knowledge into practice. A gap exists between practice and education. Major changes in healthcare education are needed, which includes nursing. This report was a call to action to improve the United States healthcare system "as a whole for all, in all its quality dimensions, for all Americans" (p. 2). The IOM's quality-chasm committee recommended that a summit be established to develop a set of core competencies that could be consistently integrated throughout all health professions (IOM, 2001). The summit was called Health Professions Education.

The Health Professions Education summit met in 2002 and recommended that all accrediting bodies in the healthcare professions revise their standards of care based upon the core competencies developed by the summit committee. The third report by the IOM (2003a) developed and proposed to all health professions educational organizations core competencies based on best practices and current standards of care. Competencies that

are based on best practices enable nursing and all health professions to improve the quality of health care and change educational curricula to meet the needs of a changing healthcare environment. The committee recommended that education and practice partner together to create learning centers that assist in providing interdisciplinary education that spans occupations (IOM, 2003a).

The fourth report by the IOM (2003b) identified that the work environments of nurses are characterized by many threats to patient safety. The work environments of healthcare organizations include organizational leadership, business and management practices, workforce deployment practices, work design, and the organizational culture (IOM, 2003b). The review of the literature revealed that nursing leadership in healthcare organizations has decreased at many levels due to restructuring and redesigning (Gelinas & Manthey, 1997). Decentralization of services provided healthcare organizations the opportunity to decrease middle-management nursing positions, resulting in nurse executives with less power and authority than other hospital officials and unsafe work environments that threaten patient safety (Aiken, Clarke, & Sloane, 2000).

Nursing leaders need strong business and leadership skills to implement changes in the practice and education environments. Changes will include the implementation of updated and revised best practices and standards of care, which will reduce errors and increase patient safety (Aiken, Clarke, Cheung, Sloane & Silber, 2003). This landmark report recommended that evidence-based leadership (EBL) and evidence-based management (EBM) strategies should be adopted as top strategies to endure safe and positive work environments for nurses (IOM, 2003b).

Evolving best practices. The AACN (2008c) pointed out that RN-to-BSN curricula must be updated and revised to adjust to current evidence-based best practices,

new standards of care, and changing professional guidelines. Finkelman and Kenner (2007b) suggested reforming nursing education by designing curricula so that it may be changed and adjusted easily to meet current best-nursing practices. Program evaluation of the business and leadership components of the RN-to-BSN program at the university was necessary to assure that the components of the curricula were based on current best practices that met the needs of today's nursing practice and prepared nursing leaders for the future of health care.

The initial business and leadership components of the RN-to-BSN curricula were developed in 2003 and based on the standards, research, and best practices published in the AACN (1997) position statement, the AACN (1998) essentials of baccalaureate education for professional nursing practice, and the Pew Health Professions Commission (1998) competencies. Since that time, best practices have changed based on new evidence and scientific research.

Purpose of the Study

The purpose of this study was to evaluate the merit and worth of the business and leadership components of the RN-to-BSN program of the university. The study assessed if the RN-to-BSN program components were based on current best practices that would provide baccalaureate-nursing students with the core concepts of business and leadership. Based on the lack of research related to the evaluation of the business and leadership best practices in RN-to-BSN programs, the study hoped to establish specific best practices for curriculum development and future research. If this evaluation study was not conducted, the RN-to-BSN program was at risk of not preparing baccalaureate nurses for healthcare delivery and practice for the 21st century.

The final evaluation report of this study provided recommendations to the nursing

department on the merit and worth of the business and leadership components of the RN-to-BSN program. The expectation of this study was to assess if the program components prepared RN-to-BSN students with the adequate skills in business and leadership that were needed for current nursing practice. The results of this research provided additional information about the value of the program and suggestions for revisions and improvements.

Research Questions

In order to conduct this evaluation study, the following research questions were established to guide the study:

1. What are the expected learning outcomes (criteria) of the leadership and business components in Nursing 4020 and Nursing 4030 of the RN-to-BSN program? The rationale for this question was to define the current criteria of the program that would be compared to the best practices in the nursing profession.

2. What do experts in professional nursing state are the best practices needed by nurse leaders and managers at the baccalaureate level that will assist in making health care decisions related to business and leadership? The rationale for this question was to gather information from the literature that would identify the competencies, skills, and best practices of business and leadership that were needed by baccalaureate nurse leaders and managers.

3. What are the perceptions of RN-to-BSN students about best or preferred practices of business and leadership skills needed by baccalaureate nurses in nursing practice? The rationale for this question was to seek input about preferred or best practices.

4. What is the most effective and valid tool needed to evaluate the current

program criteria with the preferred criteria? The rationale for this question was to identify the best possible evaluation tool that would assist an expert evaluation panel with evaluation and recommendations.

5. What evaluative data, including a gap analysis between current practices and preferred best practices, will be included in a recommendation report to the associate dean of the nursing department of the university? The rationale for this question was to provide a final report of the study to the associate dean that included recommendations on how to improve or change the program.

6. To what extent do the business and leadership components of the RN-to-BSN program of the university provide RN-to-BSN students the appropriate practice skills and knowledge that nurse leaders and managers need at the baccalaureate level? The rationale for this question was to summarize, in a final report to the associate dean of the nursing department, the recommended revisions and improvements for the program.

Definition of Terms

For the purpose of this applied dissertation, the following terms are defined.

American Association of Colleges of Nursing (AACN). The AACN is a professional organization that establishes quality standards for bachelor and graduate-degree nursing programs. According to the AACN (2004), "the organization assists deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate, and graduate educations, research and nursing practice" (para. 2).

American Organization of Nurse Executives (AONE). The AONE (2005e) is a national organization of nurses who design, facilitate, and manage care. The organization provides leadership, professional development, advocacy, and research to advance

nursing practice and patient care. The goals of the organization include the promotion of nursing leadership and the shaping of public policy for health care.

Institute of Medicine (IOM). The IOM (2008) is a not-for-profit organization that was established in 1970 to serve as an advisor to the nation to improve health. The organization provides independent, objective, evidence-based advice to policy makers, healthcare professionals, the private sector, and the public.

National Advisory Council on Nurse Education and Practice (NACNEP). The NACNEP is an advisory council that provides recommendations to Congress and the Secretary of the Department of Health and Human Services on nursing issues related to workforce supply, education, and nursing practice (U.S. Department of Health and Human Services, 2007).

National League for Nursing Accrediting Commission. This term refers to a nationally recognized accrediting agency for postsecondary and higher degree nursing programs that include the clinical doctorate, master, baccalaureate, associate, diploma, and practical nursing education programs.

National Organization for Associate Degree Nursing. This term refers to a professional organization for associate-degree agencies and members that is dedicated to improving the quality of associate-degree education.

Chapter 2: Literature Review

Introduction

The initial review of the literature for the concept paper revealed limited research that directly related to the evaluation of the business and leadership components of RN-to-BSN program curricula. Research focused predominantly on socialization and transition factors (Birks, Chapman, & Francis, 2006; Delaney & Piscopo, 2007; Eckhardt, 2002; Harrington, 1996; Utley-Smith, Phillips, & Turner, 2007), personal and professional outcomes (Lillibridge & Fox, 2005), motivation factors related to why students enrolled in RN-to-BSN programs (Lee-Hsieh, Kao, Kuo, & Tseng, 2003), transformation of the teaching environments (Cangelosi, 2006), and the advancement of professional competence (Yeh & Chen, 2005; Zuzelo, 2001).

After an extensive review of the literature, research-based best practices of business and leadership competencies needed by RNs were prevalent in the literature. However, the literature did not reveal research that evaluated the specific business and leadership best practices taught in RN-to-BSN programs. The lack of research in this area justified the importance of conducting this research to identify best practices related to the business and leadership components that are needed in RN-to-BSN curricula. This study evaluated the merit and worth of the business and leadership components of the RN-to-BSN program at the university to determine if the components were based on current best practices. The study hoped to identify the current best practices for RN-to-BSN curriculum development and provide topics for future research.

In the review of the literature, several topics emerged as issues that drove the need to define and evaluate the business and leadership components of RN-to-BSN curricula. Four areas that supported the need for this research include the following topics: (a) the

lack of baccalaureate-prepared RNs, (b) a nursing shortage crisis and aging RN workforce, (c) a changing healthcare-delivery system, and (d) evolving best practices supported by new research. The intent of this chapter was to discuss the literature related to the four topic areas described. Continual research was conducted in the literature. Additional issues that evolved were added to the report.

Lack of Baccalaureate-Prepared Nurses

According to the U.S. Bureau of Labor Statistics (2007), registered nursing is the largest healthcare profession within the United States healthcare industry. Registered nurses held 2.5 million jobs in 2006. The RN profession is considered the top occupation with the largest projected job growth in 2006-2016 period (Dohm & Shniper, 2007). Three educational paths to become an RN include a 4-year bachelor degree, a 2-year associate degree, and a 3-year diploma program.

The first RN programs were 3-year diploma nursing programs established prior to the 1960s. Between 1960 and 1961, schools operated 908 diploma programs, 57 associate-degree programs, and 172 baccalaureate programs (Buerhaus et al., 2008). Diploma-nursing programs were hospital based and provided nursing education and training through the use of stipends. Diploma-nursing programs provided the hospitals with a consistent stream of nursing students as well as newly licensed RNs. Students graduated from the diploma programs with a certificate of completion but not a college or university degree.

After World War II, diploma-nursing programs decreased as baccalaureate programs and associate-degree programs grew (Buerhaus et al., 2008). During this time, there was a movement by professional-nursing organizations to move nursing education out of the hospital setting and into colleges and universities. Associate-degree nursing

programs grew significantly because of a national nursing shortage, an increase in the availability and access to community and technical colleges, and a shorter time frame for program completion (Mahaffey, 2002). By 2005, only 62 diploma-nursing programs were left in the United States, compared to 909 associate degree programs and 573 baccalaureate programs (Buerhaus et al., 2008).

According to the U.S. Department of Health and Human Services (2006), over 60% of licensed RNs in the United States are initially educated at the associate degree or diploma level. Substantial changes in the RN population of the United States have occurred over the past two decades. Between 1980 and 2000, the percentage of RNs receiving their basic education in associate-degree programs increased from 19% to 43% (Buerhaus et al., 2008).

Recent studies in the researcher's state were similar to national findings. According to the Florida Center for Nursing (2008), 46% of RNs have associate degrees and 16% are diploma graduates. The trend of increased numbers of associate degree nursing graduates is expected to grow over the next two decades (Buerhaus et al., 2008; U.S. Bureau of Labor Statistics, 2007).

Associate-degree nursing programs are community-college based and provide RN nursing students with a common set of core competencies required for safe and effective nursing practice at the entry level or beginning staff-level nursing position. Half of the associate-degree curricula included general-education courses, and the remaining half included nursing courses (National Organization for Associate Degree Nursing, 2006). The skills taught in associate-degree programs include direct health assessment, documentation, evaluation, rehabilitation, and mediation and treatment administration. Courses include content related to health promotion, disease prevention, and care for

clients with complicated disease processes (Mahaffey, 2002). The associate-degree curricula provide basic nursing education that prepares the graduates to take the National Council Licensure Examination, which is required in all states for practice as an RN. The associate degree nursing programs do not provide student nurses with the advanced skills and competencies related to the concepts of business and leadership (Mahaffey, 2002).

Associate-degree and diploma-nursing curricula provide limited education related to business and leadership skills needed for nursing practice. These programs focus on preparing RNs to function in beginning staff-level nursing positions and provide direct client care. Leadership and business are not strong components of these curricula (National League for Nursing Accrediting Commission, 2005; National Organization for Associate Degree Nursing, 2006). The associate-degree and diploma-nursing programs do not provide nurses with the advanced skills and competencies related to business and leadership that are needed for 21st-century health care. The AONE (2005c) recommended that advanced skills in business and leadership be included in RN-to-BSN curricula.

In 2003, the National Advisory Council on Nurse Education and Practice (NACNEP) established a national objective to reverse the current statistic of one third of the nursing force holding a BSN degree to two thirds having a BSN degree or higher by 2010 (Delaney & Piscopo, 2007). As an advocate for career mobility in nursing practice, the national objective of the NACNEP supported the need for RNs to have the knowledge and experience in healthcare business, finance, and leadership that are needed to retain their leadership roles in the changing healthcare system. Baccalaureate completion programs for RN-to-BSN students provide the educational career path and specific curriculums related to business and leadership to accomplish this national objective.

Curricula in RN-to-BSN programs provide students with the knowledge, skills, and competencies in business and leadership that are needed by professional nurses to collaborate with other healthcare professionals in shaping the future of healthcare policy, nursing education, and to ensure continued quality and safety in patient care (AACN, 2008b; AONE, 2005e). Baccalaureate-nursing education provides further skills and knowledge in critical thinking, leadership, nursing research, case management, business, and health promotion. Additional courses in the humanities provide an increased understanding of the cultural, political, social, and economic issues related to health care delivery and patient care (Flesner, Scott-Cawiezell, & Rantz, 2005).

To serve more complex clients in a changing healthcare-delivery system, RNs need to be fiscally knowledgeable and competent in leadership abilities (Kenner, Androwich, & Edwards, 2003). Sovie (1985) was one of the earliest nurse leaders to advocate for RNs to have increased fiscal knowledge and accountability and to be proactive in the management and leadership related to nursing resources. Sovie (1987) recommended nine business and leadership priorities needed by nursing leaders for success in nursing practice, healthcare organizations, and educational institutions. These recommendations included (a) addressing and solving the nursing shortage, (b) promoting a vision and clarifying values, (c) empowering and committing to excellence, (d) enabling participant management, (e) acquiring competence in business savvy, (f) shaping the corporate culture through strong leadership and collaboration, (g) developing and testing new approaches to nursing practice, (h) forging new relationships between nursing-practice organizations and nursing education, and (i) seeking and forming new coalitions with business, professional, and societal organizations. The recommendations made by Sovie (1987) are applicable to nursing practice today.

Golden (2008) explored how nurse leaders and managers lack the skills, competencies, and knowledge in business and leadership that are needed as healthcare organizations face changes and challenges related to the management of human, financial, and technological resources. According to Edwards and Roemer (1996), a study conducted in four teaching hospitals found that nurse managers perceived low competence in fiscal management even though it was ranked high related to importance. Flesner et al. (2005) described the transformational leadership skills that will be needed to create new work environments in health care that focus on change, team building, critical thinking, and the ability to see the big picture. Nurse managers must develop fiscal knowledge, skills, and competencies to support critical decisions related to the need for patient safety and financial budgetary restrictions (Flesner et al., 2005).

With the development of complex and integrated healthcare-delivery systems, RN managers perceived that the most important competencies needed by RNs included finance, information systems, organizational theory and behavior, human-resource management, and leadership (Kleinman, 2003). Mathena (2002) identified nurse-manager skill sets that assisted in developing educational curricula to prepare RNs for business and leadership roles. The study was conducted in five major Harvard-affiliated hospitals in Boston. Data analysis revealed that the respondents believed they would benefit the greatest from additional education in the areas of financial management, financial analysis, cost-to-benefit analysis, financial projections, technical skills, and situational analysis (Mathena, 2002).

Through a two-part qualitative survey approach, Scoble and Russell (2003) described the profile of the ideal nurse leader and manager for the year 2020. Part I of the research included a survey that consisted of four open-ended questions that addressed the

following issues: (a) the ideal preparation for future nurse managers, (b) curriculum content for future nurse managers, (c) desirable professional and managerial experiences for future nurse managers, and (d) key competencies for successful nurse leaders or managers. The participants in the survey were seasoned nurse leaders who were attendees at the Institute of Nursing Health Care Leadership conference in June 2001.

The study found that the curriculum content areas for future nurse leaders or managers should include business administration, leadership, financial management, human-resources management, information systems, communication, and healthcare economics and financing. Thirteen key competencies categories were identified as essential to the success of nurses in organizational leadership. The top six competencies included leadership and behavioral skills, financial budgeting, business acumen, management skills, communication skills, and human resource and labor relations (Scoble & Russell, 2003).

Part II of the research by Russell and Scoble (2003) explored the nursing-administration curriculum and more specifically the leadership and business content at the University of Massachusetts at Boston. Respondents of the survey reported hiring 118 nurses for leadership and management positions during a 12-month period. Of the new hires, 45 held less than a master's degree, indicating a need to educate new nurse managers. Proposed content areas for nurses without preparation in business and leadership included the following key areas: (a) leadership and management, (b) the business of health care, (c) managing human capital, (d) learning organizations, (e) information systems, and (f) managing quality (Russell & Scoble, 2003).

Sullivan, Bretschneider, and McCausland (2003) explored the leadership development needs of both novice and expert nurse managers. A qualitative study was

conducted utilizing focus groups to determine the developmental and educational needs of new nurse managers. Educational needs of new nurse managers included communications skills, organizational prioritization, financial management, conflict resolution, human-resources management, and performance management.

The challenging issue is that due to the large percentage of associate-degree RNs, many RNs are in expanded management and leadership roles, although they do not have the adequate business and leadership skills that are needed to be collaborative partners in today's healthcare-delivery systems. According to Mathena (2002), RNs frequently assume expanded roles in business and leadership without adequate education. Along with the large population of associate degree and diploma-prepared RNs, the nursing profession is additionally challenged by a national nursing shortage, an aging population of RNs who presently hold key roles in healthcare business and leadership, and the fact that the aging population of RNs will soon retire.

Nursing Shortage and an Aging Nursing Workforce

The nursing shortage is substantiated by numerous reports, surveys, and research studies. The etiology of the nursing shortage includes (a) an aging of society, (b) an aging nursing workforce (Buerhaus et al., 2000; Minnick, 2000), (c) a decline in nursing enrollments (AACN, 2007), (d) increased technology (Androwich & Haas, 2007), and (e) a decreasing pool of qualified nursing faculty (AACN, 2007).

Supply and demand issues have driven the nursing shortage in the United States. On the demand side, the United States population is growing (U.S. Bureau of Labor Statistics, 2007), the baby boomers are aging and retiring (Buerhaus et al., 2008), and the general workforce is projected to slow significantly over the next decade, resulting in a growing need for healthcare services and more RNs (Dohm & Shniper, 2007). The

demand for nurses is derived from society's overall insistence for quality health care and the public awareness of increased quality care when provided by BSN-trained nurses (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Aiken et al., 2003). As healthcare systems continue to focus on quality and patient safety, baccalaureate-educated RNs with strong skills in business and leadership will be needed to work as peers in interdisciplinary and interprofessional teams (NACNEP, 2003) and to positively enhance clinical competency and care delivery (AACN, 2008a, 2008b).

Educational levels of nurses impact the quality of patient care. Aiken et al. (2003) identified a clear relationship between higher levels of nursing education and improved patient outcomes. The study found that surgical patients treated in hospitals with a higher portion of RNs educated at the baccalaureate level resulted in improved patient outcomes. When hospitals increased their portion of nurses holding a baccalaureate degree by 10%, there was a 5% decrease in patient death and failure to rescue. Estabrooks, Midodzi, Cummings, Ricker, and Giovannetti (2005) confirmed the findings of Aiken et al. (2003) and found that hospitals with a higher portion of baccalaureate nurses were associated with lower rates of 30-day patient mortality rates.

Aiken et al. (2008) provided further research that examined if the effects of hospital care environments were associated with lower patient mortality and the impact of staffing and nursing education levels on quality patient care. Care environments were measured using the practice environment scale of the Nursing Work Index. Nurses who reported more positive practice environments had fewer concerns with quality care and significantly lower risks of death and failure to rescue. The educational composition of hospital nurse workforce was measured by the percentage of staff nurses holding BSN degrees or higher. The mean portion of nurses with BSN degrees was 31% overall and

was lower in hospitals with poor care environments. Findings indicated that each 10%

increase in the proportion of nurses with a BSN was associated with a 4% decrease in risk

of death (Aiken et al., 2008).

Nurse administrators and executives recognized the difference in competencies

based on nursing education. Goode et al. (2001) found that 72% of chief nursing officers

in university hospitals preferred to hire RNs with baccalaureate degrees. These RNs had

stronger critical thinking and leadership skills as compared to nurses with either associate

degrees or diplomas. Phillips, Palmer, Zimmerman, and Mayfield (2002) identified that

RN-to-BSN students developed stronger professional skills as they progressed through a

BSN program. Pretest and posttest assessments concluded that self-reported professional

development changed from the time of entry to graduation from the program. Students at

graduation demonstrated higher skills and competencies in communication, nursing

practice, leadership, professional integration, and research and evaluation (Phillips et al.,

2002).

The U.S. Department of Health and Human Services Health Resources and

Services Administration (HRSA), as well as industry and professional organizations,

have documented reports and data related to the supply side of the nursing shortage. The

HRSA is responsible for nursing workforce analysis and development in the United

States. This agency examines the supply of RNs in the workforce, the requirements

needed by nurses in the workforce, and the composition and distribution of RNs at the

state and national levels. The National Sample Survey of Registered Nurses (NSSRN) is

the most well-known and comprehensive source of data on RNs in the United States. The

data from this survey are obtained from the HRSA and are considered the gold standard

in providing in providing statistics and characteristics of RNs in the United States (U.S.

Department of Health and Human Services, 2006).

The NSSRN survey began in 1977 and has been conducted by the HRSA every

four years, with the latest survey completed in 2004. The survey helps to provide a more

complete picture of the RN workforce. Based on the findings of the NSSRN survey (U.S.

Department of Health and Human Services, 2006), the nursing shortage in the United

States is forecasted to reach as high as 500,000 by 2025. The U.S. Bureau of Labor

Statistics (2007) supported this statistic, with government analysts projecting 587,000

new RN positions needed between 2006 and 2016. The U.S. Department of Health and

Human Services forecasted a nursing shortage of over one million RNs by 2020. The

overall demand for RNs is projected to grow 2% to 3% annually (Buerhaus et al., 2008).

The Council on Physician and Nurse Supply (2007) is a professional organization

of independent healthcare leaders at the University of Pennsylvania that was created in

response to the emerging shortage of physicians and the ongoing shortage of RNs in the

United States. Research conducted by the Council found that 30,000 additional RNs

should be graduated annually to meet the nation's healthcare needs, and the emphasis of

nursing education should be at the baccalaureate level. According to the AACN (2008b),

nurses with baccalaureate degrees provided to the practice setting the unique abilities of

critical thinking, leadership, case management, and health promotion, as well as the

ability to practice across a variety of inpatient and outpatient settings.

One of most critical issues related to the nursing shortage is the aging nurse

workforce. According to the U.S. Department of Health and Human Services (2006), the

average age of employed RNs is 46.8. A survey released by the Bernard Hodes Group

(2006) found that 55% of surveyed nurses reported they planned to retire between 2011

and 2020. The demand for nurses will continue to increase as baby boomers reach their

60s and 70s. The nursing workforce is aging because fewer individuals are entering the RN workforce to replace those who are leaving, and those entering the workforce are older than in previous decades (U.S. General Accounting Office, 2001).

Statistics show that the changing age composition of the RN workforce has influenced the current nursing shortage. Two factors are major drivers that relate to the long-term supply of RNs. First, smaller numbers of individuals are entering nursing schools in the age group of 20 to 29 years of age. Second is the women's movement of the 1960s and 1970s. The women's movement provided expanded career options for women, which resulted in changes in the roles of women in the workforce. Increased opportunities to choose other professions that may provide higher wages, more opportunities for careers growth, and increased job satisfaction are choices faced by current students (Buerhaus et al., 2008; Rambur, Palumbo, McIntosh, & Mongeon, 2003).

As a large portion of RNs retire, their expertise and skills in business and leadership will be lost. Lack of RNs with skills, knowledge, and competence in business and leadership will impact organizational structure and performance, quality care, patient safety, compliance, and fiscal management. Sherman, Bishop, Eggenberger, and Karden (2007) developed a nursing-leadership model of six competency categories that could be used as a framework to design professional-development programs and nursing curriculum. The leadership-competency model includes categories in personal mastery, financial management, human-resources management, interpersonal effectiveness, caring, and systems thinking. Formal professional development and education in these leadership competency areas are critical for RNs in today's healthcare environment (Sherman et al., 2007).

According to Arnold et al. (2006) and Kleinman (2003), with fewer RNs in the

workforce and a changing healthcare environment, the new nursing leadership must possess synthesized knowledge in business, leadership, and practice for preparation in succession planning related to an aging workforce and the nursing shortage. Curricula in RN-to-BSN programs provide RNs with the skills and knowledge in business and leadership needed for present and future healthcare practice. Continuous change in the healthcare environment has created the catalyst for nurse educators to continually research and evaluate current best practices of business and leadership, and to ensure that RN-to-BSN students are prepared for current and future practice.

Quality and Patient-Care Initiatives

The healthcare environment in the United States continues to undergo continuous and rapid change. Healthcare-delivery systems are often described as demanding, chaotic, evolving, and market driven (Fralic, 1989). Major forces in the internal and external healthcare environments continue to influence the nursing profession and the healthcare industry as a whole. Drivers of change include issues related to new technologies, shrinking budgets, increasing cost pressures, consumer and provider discontent, patient safety, and the quality gap between nursing practice and nursing education (Davidson, Calhoun, Sinioris, & Griffith, 2002; IOM, 2001). Healthcare-delivery systems are complex and demand that RNs be more knowledgeable, deliver quality care that is linked to patient outcomes, and provide care that is safe, cost effective, evidence based, and based on best-practice standards (Aiken et al., 2003; Delaney & Piscopo, 2007).

Healthcare delivery systems, organizations, and health professionals have begun to meet the healthcare needs of the new millennium population through the implementation of the initiatives established by the IOM. The healthcare focus in the 20th century was on performing the right processes. In contrast, the focus of the 21st century

is to obtain positive client outcomes through the implementation of evidence-based best practices (IOM, 2003; Porter-O'Grady & Malloch, 2003). The IOM reports provided to consumers, healthcare providers, and healthcare professionals recommendations and approaches for healthcare change through a series of four landmark reports that included (a) To Err Is Human (IOM, 2000), (b) Crossing the Quality Chasm (IOM, 2001), (c) Health Professions Education (IOM, 2003a), and (d) Keeping Patients Safe (IOM, 2003b). The committee for each of the reports conducted reviews of the literature and identified strategic plans to make the public aware of quality issues within the failing health delivery system, strategies to improve accountability for quality care, and future areas of research that may assist with improvements in quality care.

The first study (IOM, 2000) identified the magnitude of patient-care errors in the United States healthcare system and how silence and inaction surrounds the issue of errors. Improvements for patient safety require radical changes that will impact the internal and external healthcare environments through breaking the cycles of silence and inaction. Healthcare professionals, interdisciplinary team members, and nursing leaders must have strong leadership and business skills to guide the needed changes in patient safety, effective services, patient-centered care, and timely, efficient, and equitable care (IOM, 2000).

According to the AACN (2008b), nursing leaders need to maintain the business and leadership skills and competencies that will transform healthcare environments, restructure healthcare systems, and provide the movement toward increased interprofessional collaboration. Johnson (2005) and Kidder (1996, 2005) defined transformational leaders as moral and ethical people who have the potential to change the nature of groups and organizations through leadership that focuses on higher level needs

such as esteem, competency, self-fulfillment, and self-actualization. The foundation of a baccalaureate education prepares RNs to be leaders in transformational nursing (AACN, 2008b; AONE, 2005e).

According to Flesner et al. (2005), transformational nursing leaders need to possess proficient skills to transform environments and cultures through interdisciplinary team building, mentoring, and relationship building, managing change, and being participative members of research teams. The changing paradigm of healthcare-delivery systems will require RNs to use quantum thinking that focuses on whole systems, the ability to integrate across systems, and the capacity to understand how systems interconnect (Porter-O'Grady & Malloch, 2003).

Competencies in business and leadership will be the drivers of creating cultures of quality and safety while providing effective and efficient care (McNeill & Porter-O'Grady, 2007). The RN's educational background and expertise will contribute to the success of interdisciplinary teams through business and leadership skills, innovation, creative thinking, and decision-making competencies that will be needed to respond to complex and unpredictable healthcare environments (AACN, 1997). Professional-nursing organizations such as the AONE and AACN supported the issue that preparation of RNs at the baccalaureate level should be the minimum qualification to function in the professional role.

The AACN (2008a) is the national voice for baccalaureate-nursing education and supports the view that a baccalaureate degree produces the only basic nursing graduate who is prepared to practice in all healthcare settings. Quality patient care with favorable outcomes is dependent on a baccalaureate-educated workforce (Aiken et al., 2008). The AACN supported the need for RNs to acquire a baccalaureate education, which is needed

to practice safely and effectively within complex healthcare environments. The AACN (2008a) supported new and innovative models of nursing education that promoted the alignment of nursing education, practice, and research.

Further support for baccalaureate education as the minimum entry into nursing practice came from the AONE (2005e). The AONE is a national nursing organization of nursing leaders that promotes excellence in nursing leadership, maintains more than 6,500 members, and is the voice of nursing leadership in the healthcare industry. In 2004, the AONE board of directors released the organization's guiding principles for the role of the nurse in future healthcare delivery, which outlined the educational preparation for the future professional nurse as baccalaureate prepared. The AONE further recommended that competencies in nursing leadership and business are core components that will prepare nurses to function as partners, collaborators, managers, and advocates for excellent patient-centered care (AONE, 2005b). The RN-to-BSN program curricula provide to RNs with associate degree or diploma degrees the opportunity to advance their knowledge, skills, and competencies in business and leadership. Advanced knowledge will provide RNs with the opportunity to collaborate as equal partners as decisions makers in healthcare-delivery systems and policy development.

The second study conducted by the IOM (2001) reported that the present healthcare system is highly fragmented and has not utilized and integrated information technology, evidence-based practices, automated clinical information, and decision-support systems. The healthcare quality problems that exist in the United States are not people problems; they are system and process issues. The present healthcare system does not prepare or support professionals to achieve the best patient outcomes. The IOM report revealed that quality problems in the United States health delivery system are not just a

gap between what is and what should be, but a chasm. One of the most disturbing issues

that were revealed in the IOM report was the absence of restructuring in U.S. health

delivery systems to address quality, access, and cost. Transformation of the present

healthcare system will require strong business and leadership skills from all stakeholders

in practice and education, and from the private and public sectors, which include nurses,

physicians, providers, and all healthcare constituents (IOM, 2001).

The IOM (2001) committee proposed six dimensions of care for 21st-century

health care. The dimensions include health care that is safe, effective, patient centered,

timely, efficient, and equitable for all Americans. Fundamental change is necessary to

transform the American healthcare-delivery system based on these six dimensions (IOM,

2001). Healthcare organizations will need to redesign care processes, advance the

effectiveness of teams, make effective use of information technology, manage the

growing amount of knowledge through continued education, and assure that the

healthcare workforce has the education and skills needed to coordinate care across

settings, services, and time.

The IOM (2001) recommended that all healthcare professionals be involved in

this change. Changing the healthcare system will require a changed workforce with

strong business and leadership skills. The profession of nursing is the largest healthcare

profession in the United States and has the potential to be the leader in healthcare policy

change. According to Aiken et al. (2000), as healthcare-delivery systems change, RNs

with strong business and leadership skills have the opportunity to be proactive leaders in

the changes that will be needed to improve the healthcare system as a whole.

The final recommendation proposed by the IOM's quality-chasm committee was

to establish a multidisciplinary summit to develop a set of core competencies that could

be consistently integrated throughout all of the health professions curricula (IOM, 2001).

The summit was titled Health Professions Education and included participants from

nursing and allied-health professions, medical and pharmaceutical educators and

students, professional-association representatives, regulators, consumers, and policy

makers. The summit convened in July 2002 and was the catalyst for the third study.

The third study by the IOM (2003a) recommended that health-education

disciplines integrate the core competencies of patient-centered care, interdisciplinary

teams, evidence-based practice, quality improvement, and informatics into the curricula

of all healthcare professions educational programs. The report's recommendations

included the importance of developing learning centers across all health care disciplines

to provide a strong framework for the leadership and business skills needed for changing

the health delivery system (IOM, 2003a).

According to the Pew Health Professions Commission (1995), nurses and other

healthcare professionals were not adequately prepared to address the changes in the

nation's population that relate to diversity, aging, chronic illness, and varying patient

expectations. The Health Professions Education committee developed a new vision of

five competencies that were recommended for integration into the curricula of all health

professionals. The competencies included health professionals educated to deliver

patient-centered care as members of an interdisciplinary team, emphasizing evidence-

based practice, quality-improvement approaches, and informatics (IOM, 2003a). These

competencies should be shared across the health professions and are meant only to be a

framework and used as a starting point to reframe curricula in academic organizations

(IOM, 2003a).

The IOM (2003a) study suggested competency-based education across all health

professions to provide educators with outcomes data that may help to reduce costs, better prepare clinicians, improve communications, and be the driver for curriculum reform and revision. The IOM goal was for all health professions to develop an integrated outcomes-based education system that was consistent across the full continuum of education, supported by education and practice, and fully integrated with accrediting, licensing, and certification bodies.

Reframing the curriculum of health-professions education requires strong business and leadership skills from academia, practice, and research. The IOM (2003a) study recommended that the initiative of an integrated, outcomes-based educational system should be led by leaders who were competent and skilled in business, leadership, interprofessional collaboration, and partnership development.

Coonan (2008) supported the IOM's initiatives by challenging nursing academia to utilize innovative partnerships between nursing education and practice. Partnerships assist in developing new and innovative pedagogies, curricula, and technologies to improve learning. True collaboration, innovation, and partnering will assist in the development of new delivery methods and ultimately develop new and innovative practice environments. According to Coonan, nursing education has the opportunity to provide nurses with competencies and skills in business and leadership that will assist the nursing profession in transforming a healthcare-delivery system through collaboration, innovation, and risk taking.

McNeill and Porter-O'Grady (2007) confirmed the success of innovative partnering between education and nursing practice through the development of a new model of nursing education at Good Samaritan Hospital in Dayton, Ohio. Strategic planning with nursing education and practice resulted in a new vision and competencies

that assisted in the partnering of nursing education and practice. With a shared vision, the Good Samaritan Hospital nursing leadership, Wright State University, and other academic partners developed competency themes for a new nursing university. Competency themes included financial and digital fluency, cultural and generational diversity, collaboration, the willingness to embrace change, a culture of accountability, encouraging educational advancement, and the implementation of a shared leadership model (McNeill & Porter O'Grady, 2007).

The action strategy for the new educational model was the development of an onsite educational space, specifically for the promotion of professional nursing growth through education. The site was called a nursing university and consisted of 8,500 square feet, two large classrooms, and a 24-hour computer lab with 16 workstations. Other amenities included a cyber café with computer access, tables, vending machines, desks, and chairs, and a faculty preparation area. The initial capital budget for the initiative was $1.9 million.

The first cohort of RN-to-BSN students began in January 2005 and was followed by a second cohort in the fall of the same year. Future plans for the model included an LPN-to-RN program and a Master of Science degree in nursing. As a result of the implementation of the new model, the percentage of RNs at Good Samaritan Hospital with a BSN or higher increased from 23% to 40% in 3 years (McNeill & Porter O'Grady, 2007). Future research of the new education model included the evaluation of the business and leadership components of the RN-to-BSN program and the relationship between the increases in BSN prepared nurses and patient outcomes.

The restructuring of nursing and other health curriculums at the baccalaureate level will require advanced business and leadership skills that will guide the

transformation of organizations and be the practice models and change agents for adding new elements to old curricula (Coonan, 2008; Finkelman & Kenner, 2007a). Leadership is the most important factor affecting the efforts of curriculum change (Bland et al., 2000). The success of new and revised curricula change is dependent on strong business and leadership skills (IOM, 2003a).

The fourth study conducted by the IOM (2003b) identified the critical role of nurses in creating cultures of patient safety. The work environment of nurses is plagued with threats to patient safety in all key areas of healthcare organizations, including leadership, management, workforce deployment, work design, and organizational culture (IOM, 2003b). This study identified four safety defenses that organizations need to integrate into all aspects of healthcare organizations and educational institutions: (a) adopting transformational leadership and EBM practices, (b) maximizing workforce capability, (c) designing work structures and spaces to reduce error, and (d) create a sustaining culture of safety (IOM, 2003b). The EBM practices have been defined by the IOM as the identification, assessment, and application of empirical evidence from management research and then applied to practice.

Strong business and leadership qualities are identified as the top defense against threats to patient safety in healthcare organizations (Kirby & DeCampli, 2008). Tulgan (2007) confirmed that direction, feedback, and support for nurses from supervisors were sorely lacking in the practice environment. Transformational leadership and EBM skills will be necessary drivers to change the beliefs, values, processes, and practices within healthcare organizations (IOM, 2003b). Burns (1978) emphasized the importance of the need for transformational leaders when businesses or industries need a turnaround or a fresh vision. Transformational leadership is the essential precursor to change initiatives

needed in the healthcare industry and nursing education.

The IOM (2003b) study identified five management practices that are consistently associated with successful change initiatives: (a) balancing the inherent tension between efficiency and reliability, (b) creating and sustaining trust in the organization, (c) actively managing the process of change, (d) involving workers in the work design and workflow decisions, and (e) creating a learning organization. Through the identification and integration of current best practices into RN-to-BSN curricula, nursing leaders will possess the skills to transform organizations, environments, and practices. The IOM study laid the groundwork for new definitions of EBL to be explored.

De Groot (2005) suggested an expanded definition of EBL that included the leadership characteristics of stewardship, decision-making skills, and vision translation through the use of evidence-based leadership, management, and research. Ingersoll (2000) recommended a modified definition of EBL that focused on research and theory as the basis for making decisions in health care delivery environments. Further research in the evaluation of the business and leadership best practices of RN-to-BSN curricula may provide valuable information to further expanded the definition of EBL and add to the body of knowledge the competencies in business and leadership that are needed by RNs for current practice.

Evolving Best Practices

Best practices in professional nursing are developed from research and evidence-based theories, opinion leaders and expert panels, clinical expertise, and information about patient preferences and values (Melnyk & Fineout-Overholt, 2005). Best practices continue to evolve and change over time and are developed not only for the patient care and clinical settings, but also to guide nursing leaders in business,

leadership, administration, and education. Without updating curricula with current best practices, practice and education will be rapidly outdated to the detriment of patients and students. Curricula related to the business and leadership competencies needed by RNs in the current healthcare-delivery system must evolve continually, which results in the need for a lifelong-learning approach that includes gathering, generating, and applying new evidence (Melnyk & Fineout-Overholt, 2005). Implementation of best practices that have been validated in research has been supported by national nursing organizations, nursing-accreditation agencies, and the IOM studies.

Melnyk and Fineout-Overholt (2005) described evidence-based practice as a problem-solving method that used the most current research in making decisions related to patient care. Therefore, a new definition of EBL may be defined as a problem-solving approach that involves the conscientious use of current best evidence in making business and leadership decisions in healthcare-delivery systems. Business and leadership decisions include issues related organizational change, communications, human-resources management, staffing and recruiting, marketing, financial management, conflict resolution, and team building. Professional-nursing organizations, accreditation organizations, and the IOM are the drivers and champions of best practices in nursing business and leadership. The AONE (2005b) recommended that nursing education be proactive to assure that current best practices in business and leadership are integrated into RN-to-BSN curricula.

Sullivan et al. (2003) provided beginning research on the designing of a leadership-development program that was evidence-based driven. The purpose of this qualitative study was to identify the developmental and educations needs of new nurse managers and use the study findings to construct an educational program. Study

participants concluded that new managers needed skills involving communications, conflict resolution, role transitioning, financial management, organizational prioritization, performance management, and human-resource issues. Evidence from this qualitative study guided the development of an ongoing leadership program that will be reevaluated in future research. The competencies described by Sullivan et al. were similar to those cited by the IOM (2003b) report.

Nursing curricula in RN-to-BSN programs include specific courses related to business and leadership. Professional-nursing organizations supported the need for baccalaureate-nursing curricula to include content related to healthcare policy, financial management, transformational leadership, systems-management education, and business and leadership competencies (AACN, 2008a; AONE, 2005c). Professional-nursing organizations, accrediting organizations, and current research supported the development and integration of improved best practices of business and leadership into RN-to-BSN programs. Business and leadership best practices and competencies identified by professional-nursing organizations are used as curriculum guidelines for the educational preparation of RN-to-BSN nurses.

The AACN (2008a) is a professional nursing organization that provides quality standards for baccalaureate and graduate-degree nursing programs. The AACN not only establishes quality standards, but also assists deans and directors in the implementation of standards and best practices to improve baccalaureate and graduate education. In 1996, the AACN developed the initial nine essentials of baccalaureate education for professional nursing practice. These essentials provided the curricular elements and framework for baccalaureate-nursing curriculums and defined the knowledge, values, clinical skills, and other essential abilities that should be possessed by all baccalaureate

graduates (AACN, 1998).

In 2008, the AACN revised the essentials to stay current with changing and complex conditions in nursing and health care and to take a leadership role in crafting a preferred vision for nursing education. Forces that influenced the change in the essentials included scientific advances, changing demographics, increasing population diversity, new care technologies, and access of healthcare information (AACN, 2008b). The revised essentials (AACN, 2008c) addressed the recommendations from key stakeholders that included the IOM (2001, 2002, 2003a, 2003b), the American Hospital Association (2002), the Robert Wood Johnson Foundation (Kimball & O'Neil, 2002), and the Joint Commission on Accreditation of Health Care Organizations (2002).

The current essentials provide a framework for curriculum development, describe the outcomes baccalaureate-nursing students should meet at the end of the program, and provide outcomes to serve as a guide for program and course objective development (see Appendix A). The essentials provide sample content themes under each essential to assist faculty in selecting current curriculum content. As the largest profession in health care, nursing is challenged to be the key transformational leader for the improvement of quality and safety in practice and provide the leadership needed in changing the policy processes that define health delivery systems (Flesner et al., 2005).

Each of the nine essentials (AACN, 2008c) is recommended for integration into baccalaureate curricula. Essentials II and V specifically focused on the expected outcomes and course-content themes related to business and leadership that need to guide curricula development in RN-to-BSN programs. Essentials II and V described the business and leadership skills that professional nurses must demonstrate. Skills include accountability and leadership related to business, healthcare policy, legislation and

advocacy, fiscal management, quality improvement, and systems leadership. These skills assure that nursing graduates are prepared to practice in current cultural, economic, organizational, and political perspectives. Essentials II and V delineated the program outcomes related to business and leadership that are expected of baccalaureate-nursing programs (see Appendix B).

Essential II (AACN, 2008c) provided suggested curricula content related to organizational and systems leadership. Content areas recommended by Essential II included (a) ethical and critical decision making, (b) initiating and maintaining effective working relationships, (c) using mutually respectful communication and collaboration within interprofessional teams, (d) care coordination, (e) delegation, and (f) developing conflict-resolution strategies. Suggested subthemes and sample content from Essential II is provided to assist faculty to select the appropriate and relevant material needed to achieve the specific essential outcome (see Appendix C).

Corning (2002) identified similar leadership themes in a qualitative study that defined the most important leadership skills required for nurse-manager positions. Themes in the study included teamwork, interpersonal skills, systems planning, ability to adapt to change, and the management of resources, systems, and processes. Esler and Nipp (2001) discussed the leadership skills needed to change the culture of an organization. Resource-utilization teams were developed that consisted of teaching, modeling, and practicing team behaviors. Leadership activities focused on communications, conflict management, critical analysis, problem solving, and consensus building. Nursing units that were successful in change were led by leaders who empowered, coached, and role modeled.

Mathena (2002) analyzed the perceived importance of the skill sets needed to be a

successful leader and manager, as well as the perceived need for professional development. The findings of the research suggested that the most important skill set needed by nursing leaders was related to communication skills, negotiation, critical thinking, and conflict management. However, the respondents reported that the most important need for professional development was in the areas of financial analysis, situational analysis, data management, cost-to-benefit analysis, and technical skills. Kleinman (2003) found similar results, including data that revealed nurse managers rated finance, management, and human resources as the three most important competencies.

In a similar study, Ingersoll, Cook, Fogel, Applegate, and Frank (1999) concluded that middle-level managers in nursing were not prepared for organizational redesign because of expanded role responsibilities, environmental uncertainly, unclear visions, and conflicting perceptions of leadership performance. The findings of this study suggested that some successful nursing leaders are inadequately prepared for organizational redesign. Recommendations of action included the development of formal and informal high-level management skills to enable others in change management. Essential skills needed by nursing leaders included improved communications skills, group problem-solving skills, and early involvement in the change process to assure successful redesign.

Essential V (AACN, 2008c) guided nursing education to ensure that RN-to-BSN curricula included business content related to healthcare policy, finance, and regulatory environments. The AACN essentials recommended that nursing leaders possess a broad understanding of how (a) healthcare polices shape nursing practice and nursing education; (b) patient services are organized, financed, and reimbursed; (c) regulatory agencies influence nursing practice; and (d) policies influence access, affordability, equity, and social justice in health care. Suggested subthemes and sample content for

Essential V were provided to assist faculty to select the appropriate and relevant material needed to achieve this specific essential (see Appendix D).

Hughes, Duke, Bamford, and Moss (2006) described the business competencies needed by nurse mangers that assist in the advance of professional agendas, impact everyday nursing practice, and create environments that are ready for policy innovation and change. Business competencies included policy entrepreneurship and the ability to move agenda items forward through negotiation, persistence, critical thinking, and problem solving. Policy entrepreneurship provides the framework for leaders to establish strategic alliances and relationships between education, practice, and government.

Kerfoot (2008) encouraged nursing leaders to observe and learn the business of nursing from the political candidates of the country to determine what works and what does not work. Successful leaders are inspirational and engage followers in the skills and competencies need for relationship building, communicate with an open-door policy, and encourage followers to understand the vision and the outcomes of change (Kerfoot, 2008). Similar to politicians, Kouzes and Posner (2002) recommended that leaders develop a personal relationship and inspire a shared sense of vision that is based on honesty, competency, inspiration, trustworthiness, and dynamism.

Baccalaureate-prepared RNs practice in environments that are global, diverse, and include all types of healthcare organizations. Changes in health-delivery systems and the shortage in nursing are factors that emphasize the need for a comprehensive evaluation of baccalaureate curricula. Program evaluation of baccalaureate curricula is necessary to ensure that present and future nurses have current skills and competencies in business and leadership.

Scoble and Russell (2003) supported the views of the AACN Essential V.

Respondents in the study identified 130 items that described the key competencies needed by nurse leaders to be successful in organizational leadership. From these items, 13 competency categories were developed and placed in rank order. The study identified the following top competencies that nurse managers need for future practice: (a) leadership behavior and skills, (b) finance and budgeting, (c) business acumen management skills, and (d) communication skills. Sullivan et al. (2003) found similar results in a qualitative study that identified leadership-development needs of new nurse managers. The results of this study assisted in the development of an ongoing, evidence-based leadership-development program. Communication skills and financial skills were identified as the top educational needs of new nurse managers.

The AACN (2008c) essentials recommended that baccalaureate curricula provide the knowledge and skills to create a culture of competent and financially savvy nurse leaders. Waxman (2005) provided specific financial core competencies that included budgeting, reading financial statements, establishing strong relationships with the finance departments, and understanding the role of fiscal management in the planning, delivering, and evaluating of patient care.

Sherman et al. (2007) explored the perspectives of 120 nurse managers to gather data on leadership skills and competencies needed to build a nursing leadership-competency model. The results identified six competency categories to form the model that has provided guidance for curriculum development in baccalaureate programs. The competency areas included personal mastery, financial management, human-resources management, interpersonal effectiveness, caring, and systems thinking.

Golden (2008) identified the relationship between nursing and finance and the importance of understanding budgets, resource management, cost-control measures, and

financial concepts. According to Kirby and DeCampli (2008), middle-level nurse managers must have the knowledge and expertise to lead the change in health-delivery systems through increased knowledge in fiscal management and the implementation of internal and external mentoring programs.

Surakka (2008) conducted a qualitative and quantitative study to explore the work of nurse managers and how leadership and management approaches have changed. Data were collected from 155 nurses through the use of focus groups and surveys. The study concluded that the nurse manager's role had changed from nurse to nurse leader. As a synthesis of the study, a new leadership model emerged that included competencies related to responsibility, accountability, and expertise. These studies identified the common areas of competency development that included (a) the business of health care and budgeting; (b) leadership practices, behaviors, and skills; and (c) communication skills and personal effectiveness.

Professional-nursing organizations are powerful and influential organizations that establish best practices and standards of care for nursing education and nursing practice (Blais, Hayes, Kozier, & Erb, 2006; Hood & Leddy, 2005). These organizations support the needs of nurses locally, regionally, nationally, and internationally through education, advocacy, and collective bargaining. Professional-nursing organizations influence and monitor laws and regulations, study specific-practices issues, and provide a collective voice to promote quality health care for all.

Professional-nursing organizations provide standards of care, best practices, and guidelines to be used by nursing education for curriculum development. The AONE (2005d) is the premier national nursing organization for nursing leaders who design, facilitate, and manage care. The organization was founded in 1967 and is a subsidiary of

the American Hospital Association. The vision of the organization is innovative nursing leadership. The organization provides a vision and actions for nursing leaders through education and leadership development, public-policy advocacy, career development, and information resources (AONE, 2005a). The organization is a national leader in nursing leadership development and promotes innovative nursing leadership, which is essential for excellence in patient care.

The business and leadership skills that will be needed in the future will be different than the skills that are needed in the present healthcare environment. In 2005, the AONE defined and published the organization's philosophy on the educational preparation needed for the future nurse leaders. The AONE (2005c) contended that future nurse leaders must be educationally prepared at the baccalaureate level to function as partners, collaborators, and managers in the delivery of complex patient care.

The AONE (2005b) nurse-executive competencies are best practices that were originally developed in 1995 and then revised and updated by the board of directors in 2005. The competencies describe the skills that are needed by nurse leaders regardless of their practice area, title, or organization. The competencies are divided into five categories that include leadership, professionalism, business skills, communication and relationship management, and knowledge of the healthcare environment. The competencies can be used for various purposes. Nursing education utilizes these competencies as guidelines for curriculum development. The AONE competency categories provide an indepth description of the specific skills needed for competency in each domain (see Appendix E). The organization advocates and supports for all nurse leaders and managers to be competent in all five leadership domains.

The literature reviewed for this study revealed no evaluation research that

specifically evaluated the business and leadership components of RN-to-BSN curricula. The literature did reveal best practices documented by professional organizations that are used to guide the development of RN-to-BSN curricula. Best practices identified by each organization were similar and overlapping in some categories. Current best practices in leadership (see Appendix F) and business (see Appendix G) from the AACN, AONE, and IOM research provide guidance for curricula development for RN-to-BSN programs.

Evaluation

Evaluation research is important to policy, program, and curriculum developers to assist in making judgments about the merit, worth, or value of a program (Gall, Gall, & Borg, 2003; Stufflebeam, 2001). Different approaches and methods of evaluation are used that vary with the purpose and questions being asked, the methods used for collecting data, and the relationships between the evaluator and the participants being evaluated. Fitzpatrick et al. (2004) defined evaluation as a systematic process that included identifying, clarifying, and applying defensible criteria to determine the merit or worth in relationship to the criteria.

Various program-evaluation models are used in educational settings (Fitzpatrick et al., 2004; Gall et al., 2003; Stufflebeam, 2001). Three models include the context-input-process-product (CIPP) model formulated by Stufflebeam (2001), the problem-solving evaluation model developed by Varcoe (2005), and the consumer-oriented approach by Scriven (1974). These models are systems approaches to evaluation that are based on the program-evaluation standards developed by the Joint Committee on Standards for Educational Evaluation (Sanders, 1994).

The Joint Committee for Program Evaluation Standards concluded that good evaluation models include the following four criteria: (a) utility, (b) feasibility, (c)

propriety, and (d) accuracy (Sanders, 1994). Utility refers to whether the evaluation

provides practical information that serves the needs of the users. Feasibility refers to

standards that determine whether the evaluation is realistic, prudent, and diplomatic

within the natural setting. Propriety refers to standards that determine if the evaluation is

legal and ethical, as well as if the rights of all people were protected. Accuracy refers to

standards that determine whether an evaluation has merit and worth. These criteria

provide researchers with a conceptual framework and a common set of rules to guide the

evaluation process (Sanders, 1994).

The CIPP model of evaluation was developed by Stufflebeam (2001) and includes

four types of educational evaluation that pertain to how the evaluation contributes to the

decision making process in program management: (a) context evaluation, (b) input

evaluation, (c) process evaluation, and (d) product evaluation. Context evaluation

involves the identification of problems or needs in a specific setting. Input evaluation

includes judgments about the resources and strategies needed to accomplish program

goals and objectives. Process evaluation involves the collection of data over a period of

time to assist in determining the strengths and weaknesses of the program. Product

evaluation determines if the goals of the program have been achieved and assists in

making decisions about continuing or modifying the program. The strength of the CIPP

model is that it incorporates elements of other approaches such as objective-based

evaluation, needs assessment, and problem-solving methods (Gall et al., 2003). Program

improvement is the main purpose of the model.

The Varcoe (2005) problem-solving model utilized an action-research

methodology for evaluating the value, merit, or worth of a program, practice, product, or

activity when compared with preestablished criteria. This model included the key

components of information gathering, criteria development, assessment design, data collection, analysis of the data, and recommendations (Varcoe, 2005). Formative and summative advisory boards are used to validate the criteria, the assessment designs, the findings, and the recommendations.

According to Varcoe (2005), the problem-solving methodology is used for planning, making changes related to process or practice, and making judgments or decisions. The methodology described by Varcoe includes the following steps: (a) defining the problem and purpose, (b) establishing the research questions, (c) completing information gathering, (d) establishing criteria, (e) developing assessment design, (f) implementing assessment processes, (g) analyzing and reporting data, (h) conducting a gap analysis, and (i) using the findings as the basis for recommendations and decisions.

Scriven (1974) was a pioneer in applying the consumer-oriented approach to program evaluation. Scriven formulated the distinction between formative and summative evaluation and coined the words formative and summative evaluation. Formative evaluation is a type of evaluation that is completed to determine how to improve a program (Gall et al., 2003). Summative evaluation is a type of evaluation that is concerned with making judgments about if a program should be adopted, continued, or expanded (Gall et al., 2003). The review of the literature explored models and approaches that assisted in the conceptual basis for this study and provided systematic evaluation procedures for the methodology.

Evaluation Report

An important concept in program evaluation is the evaluation report. The purpose of the report will depend on the role of the evaluation. Fitzpatrick et al. (2004) described various purposes of the report that include the following points: (a) demonstrating

accountability, (b) assisting in making a decision, (c) bringing an issue to the attention of others, (d) helping stakeholders elaborate or refine their opinion of an issue, (e) convincing others to take action, (f) exploring and investigating issues, (g) involving stakeholders in program planning or policy development, (h) gaining support for a program, (i) promoting understanding of issues, (j) changing attitudes, (k) changing individual behaviors, (l) changing the nature of dialogue or interaction, (m) influencing policy, and (n) introducing those involved to new ways of thinking through evaluation. The program report is completed with the intent to impact the stakeholders related to the program. Main components of the report include an executive summary, introduction, purpose, background, program description, plan and procedures, results, conclusions, and recommendations (Fitzpatrick et al., 2004).

Conclusion

Specific business and leadership best practices are needed for curricula development in RN-to-BSN programs to ensure that nursing students are prepared and educated for current and future nursing practice. Based on the indepth literature review conducted, no research was found that specifically evaluated the business and leadership components of an RN-to-BSN program and compared them to current best practices. This evaluation research process would hopefully provide recommendations related to the merit and worth of the business and leadership components of the RN-to-BSN program at the university.

The evaluation process may reveal strengths, weaknesses, and opportunities for improvements or revisions. Determining the effectiveness of the business and leadership components of the program would validate whether or not the nursing curriculum was providing nursing students with the skills and knowledge that nursing leaders need to

make the business and leadership decisions necessary for 21st-century health care. This
evaluation research was necessary to ensure that the nursing curricula were current,
relevant, and applicable to present and future nursing practice.

Chapter 3: Methodology

The evaluation methodology allows the researcher to implement a specific set of procedures to assess the value, merit, or worth of a program or practice, when compared with preestablished criteria (Fitzpatrick et al., 2004). Three evaluation models emerged as potential methodologies for this study: (a) the CIPP model by Stufflebeam (2001), (b) the consumer-oriented approach by Scriven (1974), and (c) the problem-solving evaluation model by Varcoe (2005).

Research Design

Several research-design models to conduct evaluation studies were explored for this study. The CIPP model was a systems design that focused on the decisions of program managers rather than on program outcomes and best practices. Therefore, this model did not meet all of the needs for this study. The consumer-oriented approach by Scriven (1974) supported the use of formative and summative evaluation for evaluating the achievement of educational outcomes. The Varcoe (2005) model used a combination of a systems approach, specific problem-solving procedures, and formative and summative advisory panels. The three design models were presented and discussed with the associate dean and program directors of the nursing department. It was determined by the nursing-department executives that the Varcoe design model would be the most appropriate methodology and research design to evaluate the business and leadership components of the RN-to-BSN program.

The Varcoe (2005) problem-solving methodology was used as a guideline to conduct this study. This methodology enabled the researcher to implement a set of procedures and use the results to assess the merit or worth of a specific product or practice. The model guided specific procedures to answer the six research questions. For

purposes of this study, the term, *criteria*, was used interchangeably with the term, *best practices*.

The Varcoe (2005) model included defining the criteria presently used in the program and then gathered relevant and current information from the literature review to provide the basis for the development of the desired best practices. The procedures used to develop and validate the criteria were iterative formative and summative review and modification cycles that involved formative and summative panels. The evaluation collected and analyzed both quantitative and qualitative data. The review of the literature found no acceptable survey tool that could be used for the purpose of this study; therefore, a survey tool was developed. The data-collection tool was designed by the researcher, internal nursing faculty with expertise in business and leadership, and the executive director of assessment, evaluation, and faculty development at the university. Review of the predeveloped survey was completed by an ad hoc faculty committee and approved by the executive director of assessment, evaluation, and faculty development, and the chairperson of the nursing department.

Procedures

In order to conduct this evaluation study, six research questions were posed that guided study. The following 13 procedures were conducted to answer the six research questions.

First, the study identified the current expected outcomes (criteria) of Nursing 4020 and Nursing 4030 of the RN-to-BSN program at the university. The criteria of the current program (see Appendix H) were examined in the final-evaluation process by the expert panel. During the initial development of the RN-to-BSN program, the Nursing 4020 leadership course was designed to (a) apply selected leadership and management

theories to nursing practice; (b) discuss the impact of organizational culture, mission, and philosophy as it relates to the nursing leadership role; (c) formulate strategies to address the political, cultural, legal and ethical issues facing nurse leaders within the current healthcare system; (d) utilize effective communication skills to influence the behaviors of others; (e) implement strategies to motivate others in adapting to changing situations in the healthcare environment; (f) utilize evidence-based practice in the decision making in the role of the nurse leader; (g) role model professional behaviors as nurse leaders; and (h) design strategies to enhance the development of self as leader.

A business course was also developed during the initial stages of the RN-to-BSN program. The Nursing 4030 business course was developed to (a) demonstrate fiscal responsibility and accountability in the role of the professional nurse; (b) incorporate evidence-based practice in decision making to improve financial viability and cost management of the healthcare environment; (c) examine the professional nurse role related to financial management, fiscal responsibility, and other economic issues impacting the current healthcare system; (d) analyze the ways various health care delivery systems meet the needs of diverse clients; (e) identify the nurse's role in promoting human resource management; and (f) synthesize knowledge from nursing, business, and other disciplines to promote financial stability and responsibility. This procedure addressed Research Question 1 (What are the expected learning outcomes (criteria) of the leadership and business components in Nursing 4020 and Nursing 4030 of the RN-to-BSN program?). The rationale for this question was to define the current business and leadership outcomes of the RN-to-BSN program, which would then be compared to the current best practices in the nursing profession.

Second, an exhaustive review of the literature was conducted to collect data of the

current best practices, skills, and competencies that baccalaureate-nursing students needed related to leadership and business in the practice setting. The findings served as the foundation for the evaluation process, which was used to evaluate the current program outcomes of the RN-to-BSN program compared to the best practices identified from the literature review. The literature review also explored topics related to the study, models and approaches of successful programs, samples of data gathering tools, evaluation methodologies, research designs, and standards of evaluation. This procedure addressed Research Question 2 (What do experts in professional nursing state as the best practices needed by nurse leaders and managers at the baccalaureate level that will assist in making healthcare decisions related to business and leadership?). The rationale for this question was to gather information from the literature that identified the competencies, skills, and best practices of business and leadership that are needed by baccalaureate nurse leaders and managers.

Third, a formative committee was selected to serve in an advisory role for the study. Members of the formative committee were internal to the organization and possessed a strong understanding of the workings of the RN-to-BSN program. The committee offered review and input to (a) the expected criteria of the current program, (b) the best practices obtained from the literature review, (c) the preliminary survey tool, (d) and the final-evaluation tool to evaluate the current program criteria with the desired criteria. Comments from the formative committee were addressed through an iterative process. A feedback form was provided for members to document their comments and return to the researcher within 5 days (see Appendix I).

The formative committee was composed of two full-time associate professors in nursing with roles that included curriculum development, academic advising, teaching,

community service, and department research (see Appendix J). A formal letter of invitation was sent through e-mail to each potential member (see Appendix K). The potential committee members accepted or denied participation as a formative committee member. A participation agreement was sent to each committee member who accepted participation in the committee (see Appendix L).

Fourth, a summative committee was selected to provide, review, input, and validation. The summative committee consisted of two executive nursing leaders who were experts in nursing business and leadership. Summative committee members were external to the university and possessed expertise in the areas of nursing program development and business and leadership nursing practice. The two members were selected from nursing education and nursing practice settings (see Appendix M). The committee offered review and input to (a) the best practices obtained from the literature review, (b) the preliminary survey tool, and (d) the final-evaluation tool that was used by the expert evaluation committee to evaluate the current program criteria with the desired criteria.

A formal letter of invitation was sent through e-mail to each potential member (see Appendix N). The potential committee members accepted or denied participation as a summative committee member. A participation agreement was sent to each committee member who accepted participation in the committee (see Appendix O). Comments from the summative committee were addressed through an iterative process. A feedback form was provided for members to document their comments and return within 5 days (see Appendix P).

Fifth, the predeveloped survey tool was submitted to the formative committee for review and input (see Appendix Q). Comments from the formative committee were

addressed through an iterative process. A feedback form was provided for members to document their comments and return within 5 days. All comments from the formative committee were addressed until consensus was achieved from all members.

Sixth, the predeveloped survey tool was submitted to the summative committee for review, input, and validation. Comments from the summative committee were addressed through an iterative process. A feedback form was provided for members to document their comments and return within 5 days. All comments from the summative committee were addressed until consensus was achieved and the survey tool was determined to be valid.

Seventh, the predeveloped survey tool was administered to RN-to-BSN participants. The participants for the study were RN-to-BSN students who are alumni of the RN-to-BSN program at the university and graduated in 2005, 2006, 2007, 2008, and 2009. The survey was mailed to participants using a three-phase administration process. The first mailing included a brief cover letter, the actual survey, and a preaddressed return envelope and postage (see Appendix R). Two weeks after the first mailing, a second survey was again sent with a cover letter and a preaddressed return envelope with postage.

Four weeks after the first mailing, a third letter was sent to participants who had not returned the survey and included the survey and a preaddressed return envelope with postage. To insure confidentiality, the names of the participants were not be used. A coding system was used to track the returned surveys. The code number was placed on each survey. All returned surveys were maintained in a locked drawer and would be destroyed after the study was completed. This procedure addressed Research Question 3 (What are the perceptions of RN-to-BSN students about best or preferred practices of

business and leadership skills needed by baccalaureate nurses in nursing practice?).

Eighth, the compiled expected outcomes (criteria) for the current RN-to-BSN program, the best practices (criteria) from the literature, and the best practices obtained from the survey were presented to the formative committee for review and feedback. The iterative process was used to obtain input and recommendations from the committee until consensus was obtained. Feedback forms were completed by each committee member and returned within 5 days.

Ninth, the compiled expected outcomes (criteria) for the current RN-to-BSN program, the best practices (criteria) from the literature, and the best practices obtained from the survey were presented to the summative committee for review and feedback. The iterative process was used for the review, examination, and validation of the current program criteria, the best practices from the literature, and the best practices obtained from the survey. All comments were addressed until consensus was achieved. At the end of this process, the expected outcomes (criteria) of the current program and the expected outcomes of best practices were validated.

Tenth, a preliminary-evaluation tool was designed and consisted of four sections (see Appendix S). The first section included the expected outcomes (criteria) of the present program. The second section included the best practices obtained from the literature review combined with the preferred practices obtained from the survey data. The third section was an area for listing any possible gaps that may be shown between the current practices and the preferred best practices. The fourth section allowed the committee to list recommendations based on the findings from the gap analysis. This procedure addressed Research Question 4 (What was the most effective and valid tool needed to evaluate the current program criteria with the preferred criteria?).

Eleventh, the preliminary-evaluation tool was presented to the formative committee for review and input using the iterative process. The researcher requested the feedback forms to be completed and returned within 5 days. The committee's understanding of the department, program, and the organization provided the expertise needed for the development of the final-evaluation tool. After consensus from the formative committee, the final-evaluation tool was presented to the summative committee using the same iterative process. The summative committee reviewed, examined, and validated the final-evaluation tool through the iterative process.

Twelfth, an expert evaluation panel was formed consisting of two members who were external to the organization and experts in their field (see Appendix T). The purpose of the expert evaluation panel was to conduct the actual evaluation of the current program. The panel utilized the validated evaluation tool to determine possible gaps between current practices and desired best practices, and provided recommendations to improve the gaps. A formal letter of invitation was sent through e-mail to each potential member (see Appendix U). The potential committee members accepted or denied participation as a formative committee member. A participation agreement was sent to each committee member who accepted participation in the committee (see Appendix V). During the evaluation, the researcher was available to answer any questions or concerns regarding the criteria on the evaluation tool. The expert evaluation panel submitted their recommendations on the evaluation tool within 5 days.

Thirteenth, a formal report was written that included validated results, conclusions, and recommendations (see Appendix W). The purpose of a report was to provide a summary of the results from the evaluation conducted by the expert panel. The report was presented to the associate dean of the nursing department at the university.

The researcher was available to discuss the results and provide feedback. The final report was submitted to formative, summative, and expert panels as a courtesy.

This procedure addressed Research Questions 5 and 6. Research Question 5 asked, "What evaluative data, including the gap analysis between current practices and best practices, will be included in a recommendation report to the associate dean of the nursing department of the university?" Research Question 6 asked, "To what extent did the business and leadership components of the RN-to-BSN program of The university provide RN-to-BSN students the appropriate practice skills and knowledge nurse leaders and managers need at the baccalaureate level?" The rationale for this question was to summarize, in a final report to the associate dean of the nursing department, the recommended revisions and improvements for the program.

Proposed Time Line

The time frame for this study was 8 months in length to collect, evaluate, analyze, and record the data and results of the business and leadership components of the RN-to-BSN program at the university. The time line allowed for adequate time for formative and summative feedback, data collection, and final report preparation. The report included the study procedures, the criteria, the assessment design, the data, the findings from conducting a gap analysis, and the recommendations. The final report was presented to the associate dean of the university's nursing department.

Assumptions

Several assumptions existed that were significant for this study. First, the study assumed that the literature review was exhaustive enough to provide a basis for this study and that the information found in the literature was accurate. Second, the study assumed that the participants who responded to the survey were representative of the general

population of RN-to-BSN program students. Third, the study assumed that the tools were valid and reliable through the use of an iterative feedback process from the formative and summative committees. Fourth, the study assumed that the expert evaluation committee was honest and objective to result in an appropriate and valid study.

Limitations

Several limitations existed for this study. First, the formative and summative committee members had varying degrees of knowledge, expertise, and experience in nursing business and leadership. Second, the formative and summative committee members had differing degrees of commitment, motivation, and expectations. Third, the RN-to-BSN participants in the study came from various practice areas with diverse practice experience. Fourth, the study focused on the business and leadership components of one university program; therefore, the results may not be generalized to other nursing programs.

Expected Outcomes

The evaluation research process hopefully provided recommendations related to the merit and worth of the leadership and business components of the RN-to-BSN program of the university. The evaluation process revealed strengths, weaknesses, and opportunities for improvement, or revisions needed in the program. Determining the effectiveness of the leadership and business components of the program assisted in the validation of whether or not the nursing curricula was providing RN-to-BSN students with the skills and knowledge nurse leaders need at the baccalaureate level to make the business and leadership decisions necessary for health care decisions in the 21st century. This evaluation research was necessary to ensure the nursing curricula were current, relevant, and applicable to present and future nursing practice.

Chapter 4: Results

The purpose of this study was to evaluate the merit and worth of the business and leadership components of the RN-to-BSN program of the university to determine if the RN-to-BSN program curriculum components (criteria) were based on current best practices that would provide baccalaureate-nursing students with the core concepts of business and leadership. The evaluation methodology was used to develop an evaluation tool to conduct the study. Several evaluation models were explored. The Varcoe (2005) design was identified to be the most appropriate model to determine if any gaps existed between the current best practices in business and leadership as defined by the RN-to-BSN program against the preferred best practices identified in the review of the literature, data collected from the RN-to-BSN alumni surveys, and experts in nursing-leadership practice.

Research Question 1

Research Question 1 asked: What are the expected learning outcomes (criteria) of the business and leadership components of the RN-to-BSN program? The following procedures were conducted to answer this question. First, a review of the course objectives, unit objectives, and instructional strategies of the business and leadership courses (e.g., Nursing 4020: The Nurse as Leader and Manager, and Nursing 4030: The Business of Health Care) were completed to determine the current best-practice criteria taught in the program.

Second, a formative committee was established to serve as an advisory role and to provide input to the study. The members of the formative committee were two full-time nursing faculties, internal to the organization, with a strong understanding of the business and leadership components of the two RN-to-BSN courses. Each member possessed

expertise in curriculum development, academic advising, teaching and learning instructional strategies, and departmental research. The formative committee offered review and input to (a) the expected criteria of the current program, (b) the best practices obtained from the literature review, (c) the preliminary survey tool, and (d) the development of the final-evaluation tool to evaluate the current program criteria with the desired criteria.

Committee members included one associate professor and one assistant professor. The qualifications of the formative committee members are included in Appendix J. Each formative member was invited by the researcher to participate in the study. A formal letter of invitation (see Appendix K) and participation agreement form (see Appendix L) was sent to each member. Each formative committee member returned the signed the participation agreement form in a timely manner.

Third, the formative committee was provided a list of the expected criteria of the current program components for review and recommendations, along with a cover memorandum and feedback form. The formative committee members were asked to return the completed feedback form within 5 days. An iterative process was used as the formative committee reviewed and provided recommendations of the expected outcomes of the RN-to-BSN program. The formative committee members were supportive of the research and provided valuable suggestions for the development of this research.

One formative committee member suggested that the theme of role modeling be added to the current course criteria under the category of communications. The second recommendation was to add the theme of healthcare-delivery systems related to diversity to the category of healthcare policy. The current program criteria were revised according to the recommendations and resent to each committee member. No further

recommendations were made from committee members. Each formative committee member approved the revised program criteria. The revised program criteria were the beginning development of Section I of the final-evaluation tool (see Appendix X).

Research Question 2

To address the second research question (What do experts in professional nursing state are the best practices needed by nurse leaders and managers at the baccalaureate level that will assist in making health care decisions related to business and leadership?), the literature review conducted for this study identified the business and leadership competencies, skills, and best practices that are needed by baccalaureate nurse leaders and managers. However, no specific research was found that evaluated the best practices of nursing business and leadership components taught in RN-to-BSN programs.

Further research revealed that the lack of baccalaureate nurses, the nursing shortage, a changing health delivery system, and evolving best practices were topic areas that supported the need to identify business and leadership best practices needed in RN-to-BSN program curricula. Best practices in nursing business and leadership were assimilated from research, opinion leaders and experts, national nursing organizations, nursing accreditation organizations, and the IOM studies. The best-practice criteria collectively represent the best practice components used for the formation of the evaluation tool in the current study.

The formative committee reviewed the proposed best practice themes from the review of the literature using the iterative process. Each committee member provided input and recommendations within 5 days to the researcher using the feedback form. One formative committee member recommended that the theme of delegation be added to Category 1 of the preliminary-evaluation tool, the theme of team building and team

communications be added to Category 3, and the theme of assessing organizations be added to Category 4.

The second formative committee member recommended that (a) the theme of outcome measures be added to Category 5 of the preliminary-evaluation tool; (b) the theme of information systems related to assessment, analysis, and outcomes be added to Category 7; and (c) the theme of policy related to reimbursement be added to Category 9. Section II of the final-evaluation tool (see Appendix X) was revised with the formative committee member's recommendations and then sent back to each formative committee member for consensus. Both members accepted the revised best practices added to Section II of the preliminary-evaluation tool.

Second, a summative committee was selected to provide review, input, and validation regarding the following issues: (a) best practices obtained from the literature review, (b) the preliminary survey tool, and (d) the final-evaluation tool that was used by the expert evaluation committee to evaluate the current program criteria with the desired criteria. The two members of the summative committee were external to the university with expertise in nursing business and leadership practice.

The qualifications of the summative committee members are included in Appendix M. Each summative committee member received a formal letter of invitation (Appendix N) and participation agreement form (Appendix O). Each committee member signed and returned participation agreement form. An iterative process was used as the summative committee members reviewed and provided recommendations of the expected outcomes of the RN-to-BSN program. A feedback form was provided for members to document their comments and return within 5 days (see Appendix P).

The summative committee members were provided a list of the current best

practices taught in the program and a list of the best practices in nursing business and leadership obtained from the literature and reviewed by the formative committee. One summative committee member recommended that the themes of healthy work environment, professional-practice models, national patient safety goals, Magnet Model, and the role of research be added to Category 5 and that the theme of collective bargaining be added to Category 10. The second summative committee member suggested that appreciative inquiry and emotional intelligence be added to the leadership themes and cost accounting for nursing care and collective bargaining be added to the business themes. Both members of the committee accepted and approved the additions.

Section II of the preliminary-evaluation tool was revised and included the summative committee member's recommendations and then sent back to each summative committee member for consensus. Both members accepted Section I and Section II of the final-evaluation tool (see Appendix X).

Research Question 3

The third research question asked: What are the perceptions of RN-to-BSN students about best or preferred practices of business and leadership skills needed by baccalaureate nurses in nursing practice? The rationale for this question was to seek input about preferred or best practices from RN-to-BSN alumni. Several procedures were used to address this question. The first procedure included a review of the literature to seek existing survey tools related to evaluating the business and leadership components taught in RN-to-BSN programs. The review of the literature revealed there was no research related to evaluating the business and leadership components taught in RN-to-BSN programs. Subsequently, there were no preestablished surveys in the literature that could be used for this study.

The predeveloped survey tool was designed prior to the study from a synthesis of the review of the literature and the research questions. The survey tool was developed by the researcher, internal nursing faculty with expertise in business and leadership, and the executive director of assessment, evaluation, and faculty development at the university. Review of the survey tool was completed by an ad hoc faculty committee and approved by the executive director of assessment, evaluation, and faculty development and the chairperson of the nursing department. The survey tool was submitted, reviewed, and approved by the departmental-review process. The survey tool development and review process established the construct validity of the tool.

Second, the survey tool was distributed to the formative committee members for review and feedback. The iterative review and modification cycle was utilized and included the feedback form for comments and recommendations to be returned within 5 days. The formative committee members accepted the survey tool with no added changes.

Third, the predeveloped survey tool was distributed to the summative committee members for review and feedback. The iterative review and modification cycle was utilized and included the feedback form for comments and recommendations to be returned within 5 days. One summative committee member recommended two changes. The first recommendation was to restate one question under the category of information systems and technologies to include how the understanding of technology could be utilized to impact nursing practiced and improve patient outcomes. The second recommendation was to include a question related how the understanding of the legislative process and how it impacts healthcare reform and future budgetary considerations. The second summative committee member accepted the survey tool with no recommendations. The recommendations from the first summative committee member

were included in the survey tool. The revised survey tool was sent back to the summative

committee members for final approval. No additional recommendations were made by

the committee members. The revisions were approved (see Appendix Q).

Fourth, the predeveloped survey tool was mailed to RN-to-BSN alumni who

graduated from the RN-to-BSN program at the university in 2005, 2006, 2007, 2008, and

2009. The survey was mailed to the participants using a three-phase administration

process. The first mailing included a participation letter (see Appendix R), the actual

survey (see Appendix Q), and a preaddressed return envelope and postage. The

participation letter explained the purpose of the study, the role of the researcher, the risks

and benefits to the participant, a statement of confidentiality, and a statement regarding

the participants' rights to withdraw from the study. The preaddressed return envelope

with postage was included in the mailing as an incentive for the participant to return the

completed survey. Two subsequent mailings were completed approximately two weeks

apart. To insure confidentiality, the names of the participants were not be used. A coding

system was used to track the returned surveys. All returned surveys were maintained in a

locked drawer and will be destroyed after the study is completed.

The survey tool was mailed to 254 RN-to-BSN alumni. Five surveys were

returned with incorrect addresses, and 73 respondents completed the survey tool, which

resulted in a 29.3% return rate. To ascertain a better understanding of the characteristics

of the respondents, a table was developed with a compilation of all of the respondent

characteristics along with the subcategories (see Appendix Y). Seventy-eight percent of

the respondents were older than 40 years old, 85% were female, and 92% worked over 35

hours per week. The respondents' areas of nursing practice in which they worked varied

significantly. Sixty-four percent of the respondents had worked in nursing 11 or more

years.

The predeveloped survey tool included Likert-type scales, ranked lists, and a response format for additional comments. Likert-scaled questions allowed the participants to express their agreement or disagreement with the presented best practices. Response options for the Likert-scaled statements ranged from 1 (*strongly agree*) to 4 (*strongly disagree*). Response items were open-ended questions that allowed the participants to respond using their own words. The response format allowed the option for participants to provide other best practices that the predeveloped survey tool did not address. The ranked-list section provided the participants an opportunity to indicate, in order of importance, their preferences of best practice topic areas in business and leadership.

The survey was divided into two main parts. Part I of the predeveloped survey pertained to nursing leadership and included 34 Likert-scaled questions related to the best practices in leadership that baccalaureate nurses need in today's nursing practice. The 34 Likert-scaled questions were subdivided into seven categories of leadership that included (a) general leadership skills, (b) communications, (c) teams, (d) organizational structures, (e) quality care, (f) change, and (g) information systems and technology. At the end of each category, an open-ended question was posed for the respondent to add other best practices that the survey did not include. The final section of Part I provided 14 leadership topics from the review of the literature that were viewed as important to include in nursing curricula. The participants ranked the leadership topics in order of importance.

In response to Part I of the survey related to leadership, 98.5% of the respondents either agreed or strongly agreed that the best practices in the survey were necessary skills

that baccalaureate nurses need in today's nursing practice. Survey results pertaining to the leadership categories are provided in Table 1. The respondents ranked communications, caring, understanding oneself, problem solving, and decision making as the most important themes that baccalaureate nurses need in today's nursing practice.

Table 1

Best Practices Related to Leadership

Subcategory	No. items	Mean	% agreed	% disagreed
Communications	4	1.15	99	1
Quality care	6	1.24	99	1
Information systems	4	1.25	90	10
Teams	4	1.26	99	1
Leadership skills	5	1.29	98	2
Change	4	1.32	99	1
Organizational structure	7	1.41	97	3

The following leadership themes were narrative comments added by the respondents as themes that were not identified in the survey, but they represented areas of knowledge that baccalaureate nurses need in today's nursing practice: (a) leadership related to the business model, (b) knowledge of grants, (c) communications with senior leadership, (d) communications related to generational and gender differences, (e) learning styles of teams, (f) how to write proposals, (g) understanding accrediting bodies, (h) customer satisfaction related to patient outcomes, (i) quality of health care in the United States, (j) increased understanding of new competencies related to changing information systems, and (k) technology needs to be blended with nursing process. Appendix Y provides a complete list of the narrative comments that the respondents provided related to the leadership categories. The best-practice narrative themes provided

by the respondents were added to Section II of the final-evaluation tool.

Part II of the predeveloped survey pertained to the business of health care and included 23 Likert-scale questions related to the best practices in business that baccalaureate nurses need in today's nursing practice. The 23 Likert-scaled questions were divided into four subcategories that included (a) financial management, (b) healthcare reimbursement, (c) legislative and regulatory processes, and (d) healthcare policy. At the end of each category, an open-ended question was posed for the participant to add other best practices related to business that the survey did not include. The final section of Part II provided 11 topics in the businesses of health care from the review of the literature that were viewed as important to include in nursing curricula. The participants ranked the business topics in order of importance.

In response to the best-practice business category and subcategories, 95% of the respondents either agreed or strongly agreed that the best practices in the survey were necessary skills that baccalaureate nurses need in today's nursing practice. Survey results pertaining to the business categories are provided in Table 2.

Table 2

Best Practices Related to Business

Subcategory	No. items	Mean	% agreed	% disagreed
Legislative and regulatory processes	5	1.46	99	1
Healthcare policy	6	1.49	97	3
Healthcare reimbursement	3	1.57	95	5
Financial management	9	1.63	90	3

The respondents ranked budgeting, healthcare policy, healthcare economics, financial management, and information systems as the most important themes that

baccalaureate nurses need in today's nursing practice. The respondents provided the

following business themes that were not included in the survey: (a) health care as a

business, (b) role of nursing in reimbursement, (c) nursing and social justice, (d)

importance of nursing involvement in politics, (e) global healthcare practices, and (f) how

health care is financed in other countries. Appendix Y provides the narrative comments

that the respondents provided related to the business categories. The best-practice

narrative themes provided by the respondents were added to Section II of the final-

evaluation tool.

Research Question 4

The fourth research question asked: What is the most effective and valid tool

needed to evaluate the current program criteria with the preferred criteria? The rationale

for this question was to identify the best possible evaluation tool that would assist an

expert evaluation panel with the evaluation and recommendations. The Varcoe (2005)

research design was used to answer this research question. Five procedures were

followed.

First, the researcher developed a preliminary-evaluation tool composed of the

following four sections: (a) current course outcomes and best-practice themes taught in

the business and leadership courses, (b) business and leadership best-practice themes

derived from the literature combined with the preferred practices obtained from the

survey data, (c) a gap-analysis section to identify possible gaps between current and

preferred best practices, and (d) a section to allow the expert committee to list

recommendations based on the findings from the gap analysis.

Second, the formative committee was provided a list of the expected criteria of

the current program components for review and recommendations, along with a cover

memorandum and feedback form. The formative committee members were asked to return the completed feedback form within 5 days. An iterative process was used as the formative committee reviewed and provided recommendations of the expected outcomes of the RN-to-BSN program. Recommendations from the committee were implemented, and Section I of the preliminary-evaluation tool was established and approved through the iterative process.

Third, the compiled expected outcomes (criteria) for the current RN-to-BSN program, the best practices (criteria) from the literature, and the best practices obtained from the survey tool were presented to the formative committee for review and feedback. The iterative process was used to obtain input and recommendations from the committee until consensus was obtained. Feedback forms were completed by each committee member and returned within 5 days. Recommendations from the committee were implemented and approved through the iterative process. Section II of the final-evaluation tool was then forwarded to the summative committee using the same iterative process. The summative committee provided recommendations that were implemented in Section II. No further changes were required for Section II.

Fourth, the revised final-evaluation tool with four sections was sent back to the formative committee for review and feedback. The members agreed that no further changes were required. The revised tool was then sent to the summative committee for validation. The summative committee recommended that Section III and Section IV be combined into one section for clarity and efficiency. Revision of the tool was made and then sent back to the committee members for final approval. No further recommendations were requested from the committee. Therefore, the final-evaluation tool was considered valid (see Appendix X).

Fifth, an expert evaluation panel was formed, which consisted of two members who were external to the organizations and experts in their field (see Appendix T). A formal letter of invitation (see Appendix U) was sent through e-mail to each member. Both members agreed to participate as expert evaluators and confirmed their participation by signing the participation agreement form (see Appendix V).

Sixth, the expert evaluation panel conducted the final evaluation, utilizing the validated evaluation tool to determine the gaps between current best practices and desired best practices. The panel compared each criterion of recommended practices to current best practices and reported their findings and recommendations. Gaps existed in 10 of the 11 criteria reviewed by the expert panel members (see Appendix Z). The researcher was available by phone and e-mail during the evaluation process.

Research Question 5

The fifth research question asked: What evaluative data, including a gap analysis between current practices and preferred best practices, will be included in a recommendation report to the associate dean of the nursing department of the university? The rationale for this question was to provide a final report of the study to the associate dean that included recommendations on how to improve or change the program. For this research question, the following procedures were followed.

First, a review of the literature related to the development of evaluation reports was conducted. Evaluation-report formats vary significantly based on the purpose of the report and the audience being addressed. Reports should be clear, concise, and meet the needs of the involved stakeholders (Fitzpatrick et al., 2004). Important items of a written evaluation report would include the following components: (a) an introduction and purpose of the evaluation, (b) a description of the program being evaluated and the

questions to be answered, (c) the methodology utilized, (d) a presentation of the

evaluation results, (e) a discussion of the findings, and (f) the conclusions and

recommendations (Fitzpatrick et al., 2004).

The format was submitted to the formative and summative committee members

for review. The members recommended that the evaluation report include the following

categories: (a) purpose of the evaluation, (b) description of the program being evaluated,

(c) methodology used, (d) results, and (e) conclusions and recommendations. The format

was approved by both the formative and summative committee members to be used in the

evaluation report.

Second, the evaluation report was written based on the compilation of

recommendations reported by the expert panel. Recommendations from the experts

included gaps between current and preferred best practices, as well as recommendations

for addressing the gaps (see Appendix W). As a courtesy, the final report was provided to

the formative and summative committee members. The committee members thanked the

researcher for giving them the opportunity to read and review the final report.

Third, a meeting time would be established to present and discuss the final report

with the associate dean of nursing. The researcher would suggest that the

recommendations in the final report be presented to the nursing-curriculum council and

be included in the overall 3-year strategic plan for curriculum revision. The results of the

final-evaluation report were intended to assist in determining what curriculum changes

were needed in the business and leadership courses and to assure that RN-to-BSN

students were being taught current best practices in business and leadership.

Research Question 6

The sixth research question asked: To what extent do the business and leadership

components of the RN-to-BSN program of the university provide RN-to-BSN students the appropriate practice skills and knowledge that nurse leaders and managers need at the baccalaureate level? The rationale for this question was to summarize the recommended revisions and improvements for the program in a final report to the associate dean of the nursing department. The results of the study found that the Nursing 4020 and Nursing 4030 courses should remain as part of the RN-to-BSN curriculum. The expert panel members recommended that both courses be revised to reflect the preferred best practices that are not currently in the curriculum.

The final-evaluation report (see Appendix W) would be presented to the associate dean of the nursing department at the university. The researcher would meet with the associate dean to discuss the findings and recommendations and obtain feedback. The results of the final-evaluation report were intended to provide recommendations and suggestions for curriculum changes to improve the business and leadership courses of the program. The suggestions from this study would be recommended for integration into the current 3-year curriculum-revision plan.

For the completion of this study, the following sequence of events and activities were followed:

1. In June 2009, an exhaustive review of the existing literature was completed to identify the best practices related to business and leadership in nursing that should be included in RN-to-BSN curricula.

2. In December 2009, the research proposal was approved by the university's Institutional Review Board. Formative, summative, and expert committees were organized. All members were contacted and sent participation agreements and feedback forms. Signed participation agreements from all committee members were sent back to

the researcher.

3. In January 2010, the current best practices taught in the business and leadership courses and best practices from the literature were reviewed by the formative and summative committees. Committee members provided feedback using the feedback forms. The preliminary-evaluation tool was developed and revised based on the feedback and recommendations from the formative and summative committee members.

4. In February 2010, the predeveloped survey tool was distributed via mail to RN-to-BSN alumni to gather input to add to the development of the preliminary-evaluation tool. Data from the survey results were added to the preliminary-evaluation tool and approved by the formative and summative committees through an iterative process, which resulted in the final-evaluation tool.

5. In March 2010, the final-evaluation tool was provided to the members of the expert panel. The members completed the tool within a 2-week time frame and provided findings to the researcher.

6. In April 2010, the evaluation report was written and would be submitted to the formative and summative committees as a courtesy. The evaluation report would be provided to the associate dean of nursing at the university when this dissertation was approved.

Chapter 5: Discussion

Introduction

The purpose of this study was to evaluate the merit and worth of the business and leadership components of the RN-to-BSN program at the university. The study assessed if the RN-to-BSN program's curriculum components were based on current best practices that would provide baccalaureate-nursing students with the core concepts of business and leadership that are needed in today's healthcare-delivery systems. The nursing department at the university had not formally evaluated the business and leadership components of the RN-to-BSN program since 2006 to determine if the goals, objectives, and curricula were current and relevant to the present best practices in professional nursing.

This evaluation provided assistance in the identification of gaps between the best-practice themes that were currently taught in business and leadership courses against the preferred best practices identified in the review of the literature, data collected from the RN-to-BSN alumni surveys, and experts in nursing-leadership practice. As a result of this study, recommendations would be provided to the associate dean of the nursing department to assist the department faculty in closing the identified gaps in Nursing 4020 and Nursing 4030.

The extensive literature review found research-based best practices of business and leadership competencies needed by baccalaureate RNs. The literature did not reveal research that specifically evaluated best practices in business and leadership taught in RN-to-BSN curricula. The lack of program evaluation related to the business and leadership best practices taught in RN-to-BSN curricula justified the importance of conducting this study.

The literature review identified contributing factors that supported the need for updating and revising business and leadership curricula to current preferred best practices. Significant issues included an aging nursing workforce that is approaching retirement age, the nursing shortage, and the lack of baccalaureate-prepared nurses. Similar to the research by Buerhaus et al. (2008), the RN-to-BSN alumni who participated in this research represented an aging population. Seventy-eight percent of the participants were 41 years or older, and 26% of the 78% were 51 years or older. With the nursing shortage, more nurses retiring, and fewer nurses entering the field of nursing, practicing RNs must be knowledgeable and competent in business and leadership skills to be collaborative partners in today's healthcare-delivery systems (Arnold et al., 2006; Kleinman, 2003).

Prior to completing the RN-to-BSN program at the university, the RN-to-BSN alumni survey participants were associate degree and diploma RNs with limited education in business and leadership skills. The participants all graduated from the RN-to-BSN program at the university within the last 5 years. The survey results indicated that 98% of the participants agreed and strongly agreed that the leadership best practices in the survey were necessary skills that baccalaureate nurses need in today's healthcare environment. These results were similar to those of Phillips et al. (2002), who identified that RN-to-BSN students developed stronger professional and leadership skills as they progressed through a BSN program. Goode et al. (2001) found that over 72% of chief nursing officers in university hospitals preferred to hire RNs with baccalaureate degrees because they were strongly educated in leadership, business, and critical-thinking skills.

Similar results were found in the business categories of the survey sent to RN-to-BSN alumni. Ninety-five percent of the participants agreed and strongly agreed that the

business best practices in the survey were necessary skills that baccalaureate nurses

needed in today's nursing practice. As large portions of RNs retire, their knowledge,

skills, and expertise in business and leadership will be lost. Sherman et al. (2007)

supported these findings by providing a leadership model of six competencies to be used

as a framework of best-practice categories for formal professional development and

baccalaureate education. The competencies in this model were integrated and became

part of the survey tool for this study.

Quality and patient safety are other factors that supported the need to evaluate the

current best practices in business and leadership taught in baccalaureate-nursing

programs. Healthcare-delivery systems are challenged to provide quality care that is safe,

cost effective, evidence based, and linked to patient outcomes (Aiken et al., 2003;

Delaney & Piscopo, 2007). In the survey sent to RN-to-BSN alumni, 99% of the

participants agreed and strongly agreed that the subcategory of quality-care best practices

represented necessary skills that baccalaureate nurses needed in today's nursing practice.

Topics in the subcategory of quality care included patient-safety initiatives,

evidenced-based practice, benchmarking, root-cause analysis, ethical decision-making

skills, magnet status, cultural diversity, and diverse populations. Professional-nursing

organizations such as the AONE (2005e) and AACN (2008c) support the need for

nursing leaders to maintain business and leadership skills that will facilitate and guide the

changes in patient safety, effective services, patient-centered care, and timely, efficient,

and equitable care (IOM, 2000).

The Varcoe (2005) problem-solving methodology was used to conduct this study.

This model guided specific procedures to answer the six research questions. An

evaluation tool was developed based on the results of the review of the literature, input

from formative and summative committee members, and feedback from the RN-to-BSN

alumni survey. The formative committee members were internal to the university with

expertise in business and leadership curriculum development. The summative committee

members were practicing nurse executives from hospital systems in the southeastern

United States. The expert panel members were also top nursing executives in large

healthcare-delivery systems in the southeastern United States.

The evaluation tool was developed by utilizing data provided by the formative

and summative committee members, data from the alumni survey, and evidence-based

research from the literature review. The review of the literature, the formative and

summative committees, and the alumni survey provided a process for data collection and

assisted in the ultimate development of the final-evaluation tool. As a result, the expert

panel was able to conduct the gap analysis based on a comprehensive review of the

current best practices in business and leadership needed by baccalaureate nurses. This

study provided best practices from research, practice, and education.

The final-evaluation report would be presented to the associate dean of the

nursing department at the university. After her approval, the report would be sent to the

curriculum council for approval to be included in the 3-year strategic plan for curriculum

revision.

Results Related to Research Questions

Research Question 1 asked, "What are the expected learning outcomes (criteria)

of the business and leadership components in Nursing 4020 and Nursing 4030 of the RN-

to-BSN program?" The current best-practice themes in Nursing 4020 and Nursing 4030

were identified by the researcher and validated by the formative committee members (see

Appendix H). The results of this study revealed that the current course objectives and

best-practice themes taught in the two courses were similar to the preferred best practices found in the literature. However, there were specific topic themes in both business and leadership that were not current and were identified in the gap analysis the final evaluation completed by the expert panel.

Research Question 2 asked, "What do experts in professional nursing state are the best practices needed by nurse leaders and managers at the baccalaureate level that will assist in making health care decisions related to business and leadership?" The literature review for this study clearly identified the current best practices, skills, and competencies in business and leadership that baccalaureate RNs need in today's healthcare-delivery systems. Best practices for nursing curricula are developed by evidence-based research, opinion leaders, expert panels, and clinical expertise. Best practices that have been validated in research are supported by national nursing organizations, nursing accreditation agencies, and the IOM studies.

The AACN (2008c) provided nurse educators with best-practice competencies in business and leadership that represented expected outcomes for baccalaureate nurses. The essentials of baccalaureate education for professional nursing practice provide objectives and best-practice criteria in business (e.g., Essential V) and leadership (e.g., Essential II) that guide curricular development (see Appendices C and D). The best-practice criteria from Essentials II and V were used in the development to create the Section II of the evaluation tool used in this study.

The AONE (2005b) nurse-executive competencies provided an indepth description of the specific skills needed by baccalaureate nurses in the domains of business and leadership skills (see Appendix E). The best-practice themes from each of the domains were used in the development to create Section II of the evaluation tool used

in this study.

Healthcare-delivery systems are undergoing new initiatives established by the IOM reports (IOM, 2000, 2001, 2003a, 2003b). These initiatives focus on positive client outcomes through the implementation of evidenced-based practices (IOM, 2003; Porter-O'Grady & Malloch, 2003). The IOM reports provide to consumers, educators, and healthcare professionals recommendations and approaches for healthcare reform. Healthcare professionals, including baccalaureate nurses, must have strong business and leadership skills to guide the needed changes in healthcare reform (IOM, 2000). The core competencies validated by the IOM reports included patient-centered care, interdisciplinary teams, evidenced-based practice, quality improvement, and informatics. The IOM core-competency themes were similar to the AACN and AONE competencies and were used in the development to create Section II of the evaluation tool used in this study.

The literature review also revealed evidence-based research that supported the best-practice business and leadership themes that should be included in RN-to-BSN curricula. To serve more complex clients in a changing healthcare-delivery system, nurses need to be competent in financial management, financial analysis, resource management, cost-to-benefit analysis, and budgetary processes (Golden, 2008; Mathena, 2002). In changing healthcare environments, nursing leaders must be competent to transform healthcare systems through mentoring, team building, managing change, and facilitating interdisciplinary teams (McNeill & Porter-O'Grady, 2007). Competency themes from the literature review were used in the development to create Section II of the evaluation tool used in this study.

The formative and summative committee members provided valuable feedback

related to the best practices they thought should be added to Section II of the evaluation tool. The committee members identified delegation, team communications, assessment of organizations, outcome measures, information systems related to assessment, analysis and outcome, and healthcare policy related to reimbursement as best-practice themes that were not in the current criteria. Based on their feedback, these best-practice themes were added to Section II of the evaluation tool. These results were consistent with the gap-analysis results by the expert panel. The expert panel recommended that these same best-practice topics be included in the current courses.

Research Question 3 asked, "What are the perceptions of RN-to-BSN students about best or preferred practices of business and leadership skills needed by baccalaureate nurses in nursing practice?" The rationale for this question was to seek input about preferred or best practices from practicing nurses who had graduated from the RN-to-BSN program at the university. The review of the literature revealed no research related to evaluating RN-to-BSN business and leadership curricula. Therefore, the survey tool used in this study was a predeveloped tool completed prior to this study by an ad hoc committee that included internal and external nursing faculty with expertise in business and leadership. The predeveloped survey tool was approved by the executive director of assessment, evaluation, and faculty development and the associate dean of the nursing department.

The survey was distributed to RN-to-BSN alumni who had graduated from the program between 2005 and 2009. The demographic data of this group was similar to statistics from the U.S. Department of Health and Human Services (2006) and data from the Bernard Hodes Group (2006). Seventy-nine percent of the participants from the survey were 41 years or older, resulting in a potential retirement time frame of 15 to 20

years. These results were also similar to other statistics from the U.S. Department of

Health and Human Services, which stated that the current average age of an employed

RN is 47 years old. Similar results were found by Buerhaus et al. (2008), who projected

that the average age of an RN would be 44.5 years by 2012 and that nurses in their 50s

are expected to become the largest segment of the nursing workforce. A survey by the

Bernard Hodes Group reported that 55% of surveyed nurses reported they planned to

retire between 2011 and 2020.

Part I of the validated survey sent to RN-to-BSN alumni focused on leadership

best practices that included seven subcategories. An average of 98.5% of the participants

strongly agreed and agreed with the leadership best practices. The lowest subcategory

under leadership was information systems. An average of 10% of the participants

disagreed and strongly disagreed that information systems was not a necessary best

practice for baccalaureate nurses. In contrast, on Part II of the survey, which related to

business best practices, the participants ranked information systems as the fifth most

important theme that nurses need. This represented conflicting data. However, this is

consistent with the gap-analysis results and recommendations from the expert panel. The

expert panel identified that the current program criteria did not include best practices

related to information systems and that future revisions in the curriculum should include

more objectives and best-practice topics on information systems.

Survey participants did provide additional best practices they thought should be

included. Recommendations of additional best-practice leadership themes from the

participants included the business model, grant writing, communication with senior

leadership, proposal writing, learning styles of teams, understanding accrediting bodies,

and customer satisfaction related to patient outcomes. These suggestions were added to

Section II of the evaluation tool and approved by the formative and summative committees. The expert panel agreed that the student survey recommendations related to the best practices in leadership be included in future course revisions.

Part II of the validated survey sent to RN-to-BSN alumni focused on business best practices and included four subcategories. An average of 95% of the participants strongly agreed and agreed with the business best practices. The lowest subcategory under business was financial management. An average of 10% of the participants disagreed and strongly disagreed that financial management was a necessary best practice for baccalaureate nurses. In contrast, the participants ranked financial management as the fourth most important theme. The ranking data were not data consistent with the Likert-scaled survey results. Recommendations of additional best-practice business themes from the participants included understanding health care as a business, reimbursement knowledge, global healthcare practices, how health care is financed in other countries, hospital accreditation, and the healthcare behaviors of the uninsured. The expert panel agreed that the student survey recommendations related to the best practices in business should be included in future course revisions.

Research Question 4 asked, "What is the most effective and valid tool needed to evaluate the current program criteria with the preferred criteria?" The rationale for this question was to identify the best possible evaluation tool that would assist an expert evaluation panel with a gap analysis, evaluation, and recommendations. The literature review found no program-evaluation research on the business and leadership components taught in RN-to-BSN programs, which resulted in no existing evaluation tools. The researcher developed the final-evaluation tool from data and information collected from the literature review, the formative and summative committee results, and the RN-to-

BSN alumni surveys (see Appendix X).

The final-evaluation tool was validated through an iterative process of the formative and summative committees in this study. The evaluation tool contained seven validated best-practice categories related to leadership and four best-practice categories related to business. The expert panel compared the current best practices taught to the best-practice themes from the literature, committees, and the survey. The expert panel provided their recommendations about whether a gap existed between the current and the preferred best practices. The experts evaluated each of the 11 categories, provided their expertise of what best-practice themes should be added or deleted from the current program, and made recommendations for program change.

Research Question 5 asked, "What evaluative data, including a gap analysis between current practices and preferred best practices, will be included in a recommendation report to the associate dean of the nursing department of the university?" The rationale for this question was to provide a final report of the study to the associate dean that included recommendations on how to improve or change the program. The literature review found no specific format used for the report, but Fitzpatrick et al. (2004) recommended that the report format be based on the needs of the stakeholders.

The report format was submitted to the formative and summative committee members for review. The members recommended that the evaluation report be simple, concise, and include the following categories: (a) purpose of the evaluation, (b) description of the program being evaluated, (c) methodology used, (d) results of the gap analysis, and (e) conclusions and recommendations. The report format was approved by both the formative and summative committee members using the iterative process.

The evaluation process completed by the expert panel identified gaps between the current best practices taught and the preferred best practices from the literature, experts, and current practicing nurses with baccalaureate degrees. Eleven best-practice categories were evaluated. The panel identified gaps in 10 of 11 best-practice categories evaluated. The category with no gap was Category 6 related to change.

Evaluation and Gap Analysis

As a result of the evaluation completed by the expert panel members, areas of improvement were identified through a gap analysis. The following 10 categories were identified with gaps, and recommendations for improvement were provided (see Appendix Y).

The first gap identified was Category 1 related to leadership best-practice themes. The current best practices focused on leadership, management, problem solving, and personal leadership styles. With the issues of a changing health environment (IOM, 2001; Davidson et al., 2002), a continuous nursing shortage (AACN, 2007; U.S. Bureau of Labor Statistics, 2007), and a retiring nurse workforce (Buerhaus et al., 2008), recommendations were provided to expand the areas of leadership theory, leadership roles in education, strategic thinking, leadership within, and leaders as continuous learners. The expert panel's recommendations were consistent with evidence-based research that supports the need for nursing leaders to expand their roles as leaders (Flesner et al., 2005).

The second gap identified was Category 2 related to communications needed by nursing leaders. The current best practices focused only on communication concepts, conflict resolution, power, and legal and ethical issues. Recommendations from the expert panel included expanding the concepts of communications and adding best-

practice themes related to negotiation, emotional intelligence, grants, proposals, and presentation skills. Consistent with the literature, the experts emphasized the importance of effective communication skills for working effectively with senior executives and interprofessional groups (Sullivan et al., 2003).

The third gap identified was Category 3 related to teams. The current best practices focused only on team building and followership. Recommendations included expanding this category to include aspects of working on teams. Best-practice topic suggestions included (a) learning styles of teams, (b) team communications, (c) generational issues related to teams, and (d) learning styles of teams. Another recommendation was to add best practices related to supervision and delegation in today's healthcare environment. These recommendations were consistent with the IOM (2003a) initiatives.

The fourth gap identified was Category 4 related to organizational structure. The current best practices focused only on mission, vision, philosophy, strategic planning, types of organizations, and organizational governance. Recommendations included changing the overall category name to Organizational Systems as a broad category that would include best practices related to organizational structure and organizational culture. Recommendations were provided to include best practices related to organizational systems, disparities in systems, complex versus microsystems, learning organizations, and consumerism. These recommendations were consistent with the evidence that supports education and practice working collaboratively to transform healthcare-delivery systems (Coonan, 2008).

The fifth gap identified was Category 5 related to quality care. The current best practices focused on quality care, patient safety, retention and recruitment, stress and

burnout, performance appraisals, and employees with special needs. The first recommendation by the experts was to change the overall category name to Quality Improvement. Secondly, they highly recommended that this category should be a three-credit course that stood alone and included Category 9, Healthcare Reimbursement, and Category 11, Healthcare Policy. Main best-practice categories under the quality-care category were recommended to include Performance Improvement, Care-Delivery Systems, Human-Resources Management, and Healthcare Reform. These recommendations were consistent with the evidence-based practice and research that supports the need for nursing leaders to have the skills and competencies to be leaders on interdisciplinary teams and be the drivers and change agents for quality healthcare reform (Delaney & Piscopo, 2007; Sherman et al., 2007).

The sixth gap identified was Category 7 related to information systems and technology. There were no current best-practice themes taught in this course. Recommendations included changing the overall category name to Information Systems and including all of the best-practice themes that were identified in by the literature, practice, and survey from the RN-to-BSN alumni. This recommendation is consistent with the evidence identified by the IOM (2003a) study.

The seventh gap identified was Category 8 related to financial management. Recommendations included adding all best-practice themes from the literature, practice, and survey. The experts also recommended that healthcare reform, healthcare economics, and basic accounting concepts be added to the curriculum. These recommendations were consistent with evidenced-based practice and research that supports the need for nurse leaders to be competent in business (AONE, 2005b) and financial management (Golden, 2008; Hughes et al., 2006).

The eighth gap identified was Category 9 related to healthcare reimbursement. The expert panel recommended including all of the best practices found in the literature, practice, and the survey on the final-evaluation tool. Further recommendations suggested that the best-practice themes related to performance initiatives and the core measures from the Centers for Medicare and Medicaid Services be included in curriculum revisions. The last recommendation was to add this entire category as part of the new three-credit course that could be titled Quality Improvement.

The ninth gap identified was Category 10 related to legislative and regulatory processes. Recommendations included changing the overall category name to Legal and Regulatory Processes and including all of the best-practice themes that were identified in by the literature, practice, and the survey. The experts also recommended that topic areas include best practices related to healthcare regulation, professional regulation, and legal and ethical issues.

The 10th gap identified was Category 11 related to healthcare policy. The expert panel recommended including all of the best practices found in the literature, practice, and the survey, and adding this entire category of best practices as part of the new three-credit course of Quality Improvement. Best-practice additions to this category by the experts included influencing healthcare policy and healthcare reform.

Limitations

Several limitations were associated with this study. The research studied only the business and leadership components of one RN-to-BSN program at one university. The RN-to-BSN program that was used in this study cannot be assumed to be the same as other programs because of the lack of research. Therefore, because of the narrow focus and no previous RN-to-BSN program-evaluation research in the literature, generalization

of the results is limited. The study does provide a basis for further research by other RN-to-BSN programs to determine relevant and current best practices in business and leadership. Future research could begin to compare and contrast best practices in different RN-to-BSN programs and the potential development of new conceptual models of business and leadership related to baccalaureate-nursing leadership.

Additionally, the students surveyed in this study were from various practice backgrounds, age groups, and years in practice, but they all attended only the RN-to-BSN program from the university. This factor could have skewed the student responses to the survey. The survey did not identify if the participants were in leadership or management positions. Participants in leadership and management positions may have answered the survey differently from nurses providing direct patient care.

Another limitation of the study involved the varying degrees of knowledge, expertise, and experience of the formative, summative, and expert committee members. The committee members may have had differing degrees of commitment, motivation, and expectations. It is assumed that the best practices from the literature, the survey tool, and the evaluation tool were reliable and valid as confirmed by formative and summative committee's iterative process.

Recommendations

Research Question 6 asked to what extent the business and leadership components of the RN-to-BSN program of the university provided RN-to-BSN students the appropriate practice skills and knowledge that nurse leaders and managers need at the baccalaureate level. The rationale for this question was to summarize the recommended revisions and improvements for the program in a final report to the associate dean of the nursing department (see Appendix W).

Based on the conclusions and implications of this study, the following recommendations emerged. First, conclusions from the final evaluations by the experts determined that the business and leadership courses were sound core courses that should be continued in the current RN-to-BSN program. Based on the gaps found in each of the categories and subsequent recommendations from the experts, the decision to update the courses would be made by the associate dean, curriculum council, and the full faculty council of the nursing department at the university.

Second, the results and recommendations from the study would be presented initially to the associate dean for approval through the report format (see Appendix W) that was approved by the formative and summative committees. The report clearly identifies the gaps in each category along with recommended best-practice topics that could be integrated into the present courses. This evaluation study would provide the nursing-department faculty and councils the opportunity to revise and update each of the courses to assure that the university is providing to RN-to-BSN students with current and relevant best practices in both the leadership and business courses (e.g., Nursing 4020 and Nursing 4030, respectively).

If the associate dean approves the recommendations, the recommendations will then go through the curriculum council of the nursing department for further approval. The curriculum council is composed of faculty from all levels of nursing education. It will be an opportunity for the faculty to increase their understanding of how evidence-based research changes education practice. After approval from the curriculum council, the recommendations will be presented to full faculty for final approval. If approved by the full faculty council, an implementation plan will be integrated with the current 3-year curriculum-revision plan by the curriculum council.

Conclusion

The focus of this study was to determine the merit and worth of the business and leadership components of the RN-to-BSN program at the university. The results of the study revealed that the current courses do have merit, but there were gaps in the current best practices compared to the preferred best practices. The following plan delineates the steps that will be implemented to achieve approval to update Nursing 4020 and Nursing 4030:

1. The associate dean of the nursing department will present the final report, which includes recommendations.

2. After approval from the associate dean, the recommendations will be sent to the curriculum council for discussion and approval.

3. After approval from the curriculum council, the recommendations will be presented to the full faculty council for approval.

4. After full faculty council approval, the recommendations go to the RN-to-BSN program directors to develop a plan of implementation that integrates with the existing curriculum-revision plan.

References

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

Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2000). Hospital restructuring: Does it adversely affect care and outcomes? *Journal of Nursing Administration*, *30*, 457-465.

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

American Association of Colleges of Nursing. (1997). *A vision of baccalaureate and graduate nursing education: The next decade*. Retrieved from http://www.aacn .nche.edu/Publications/positions/vision.htm

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.

American Association of Colleges of Nursing. (2004). *About AACN*. Retrieved from http://www.aacn.nche.edu/ContactUs/index.htm

American Association of Colleges of Nursing. (2007). *Enrollment growth slows at U.S nursing colleges and universities in 2007 despite more calls for registered nurses*. Retrieved from http://www.aacn.nche.edu/media/NewsReleases/2007/enrl.htm

American Association of Colleges of Nursing. (2008a). *AACN fact sheet*. Retrieved from http://www.aacn.nche.edu/ContactUs/index.htm

American Association of Colleges of Nursing. (2008b). *Impact of education on nursing practice*. Retrieved from http://www.aacn.nche.edu/Media/Factsheets /ImpactEdNP.htm

American Association of Colleges of Nursing. (2008c). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from http://www.aacn.nche .edu/Education/pdf/BaccEssentials08.pdf

American Association of Colleges of Nursing. (2009). *Nursing shortage*. Retrieved from http://www.aacn.nche.edu/Media/Factsheets/ImpactEdNP.htm

American Hospital Association. (2002). *In our hands: How hospital leaders can build a thriving workforce*. Washington, DC: Author.

American Organization of Nurse Executives. (2005a). *2008-2010 AONE strategic plan*. Retrieved from http://www.aone.org/aone/about/pdfs

/20082010AONEStratPlanFinal.pdf

American Organization of Nurse Executives. (2005b). AONE nurse executive competencies. *Nurse Leader*, *3*(1), 15-22.

American Organization of Nurse Executives. (2005c). *BSN-level nursing education resources*. Retrieved from http://www.aone.org/aone/resource /practiceandeducation.html

American Organization of Nurse Executives. (2005d). *Organizational information*. Retrieved from http://www.aone.org/aone/about/about_aone.html

American Organization of Nurse Executives. (2005e). *Welcome to AONE*. Retrieved from http://www.aone.org/aone/about/home.html

Androwich, I., & Haas, S. (2007). American organization of nurse executives 2006 survey on nursing and information technology. *Nurse Leader*, *5*(2), 17-23.

Arnold, L., Manzano, W., Jones, S., Bisbee, G., Holecek, N., & Kerfoot, K. (2006). Toward a greater understanding of health system nursing organizations and the role of the CNO. *Nurse Leader*, *4*(4), 30-33, 49.

Bentley, R. (2006). Comparison of traditional and accelerated baccalaureate nursing graduates. *Nurse Educator*, *31*(2), 79-83.

Bernard Hodes Group. (2006). *The 2006 aging nursing workforce survey*. Retrieved from http://www.hodes.com/industries/healthcare/resources/research/agingworkforce .asp

Birks, M., Chapman, Y., & Francis, K. (2006). Baccalaureate nursing studies: Voyaging towards discovery. *International Journal of Nursing Practice*, *12*, 267-272.

Blais, K., Hayes, J. S., Kozier, B., & Erb, G. (2006). *Professional nursing practice: Concepts and perspectives* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Bland, C. J., Starnaman, L., Wersal, L., Moorhead-Rosenberg, L., Zonia, S., & Henry, R. (2000). Curricular change in medical schools: How to succeed. *Academic Medicine*, *75*(6), 575-594.

Boyer, E. (1990). *Scholarship reconsidered: Priorities of the professoriate*. San Francisco, CA: Jossey-Bass.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Implications of an aging registered nurse workforce. *Journal of the American Medical Association*, *288*, 2948-2954.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2008). *The future of the nursing*

workforce in the United States: Data, trends and implications. Boston, MA: Jones & Bartlett.

Burns, J. M. (1978). *Leadership*. New York, NY: Harper & Row.

Cangelosi, P. R. (2006). RN-to-BSN education: Creating a context that uncovers new possibilities. *Journal of Nursing Education*, *45*, 177-181.

Coonan, P. R. (2008). Educational innovation: Nursing's leadership challenge. *Nursing Economics, 26*(2), 117-121.

Corning, S. (2002). Profiling and developing nursing leaders. *Journal of Nursing Administration*, *32*, 373-375.

Council on Physician and Nurse Supply. (2007). *Finding solutions to the health care staffing shortage*. Retrieved from http://www.physiciannursesupply.com/

Davidson, P. L., Calhoun, J. G., Sinioris, M. E., & Griffith, J. R. (2002). A framework for evaluating and continuously improving the NCHL transformational leadership initiative. *Quality Management in Health Care*, *11*(1), 3-13.

De Groot, H. (2005). Evidence-based leadership: Nursing's new mandate. *Nurse Leader*, *3*(2), 37-41.

Delaney, C., & Piscopo, B. (2007). There really is a difference: Nurses' experiences with transitioning from RNs to BSNs. *Journal of Professional Nursing*, *23*, 167-173.

Dohm, A., & Shniper, L. (2007, November). Occupational employment projections to 2016. *Monthly Labor Review*, *130*(11), 86-125.

Eckhardt, J. A. (2002). Effects of program design on the professional socialization of RN-BSN students. *Journal of Professional Nursing, 18*, 157-164.

Edwards, P. A., & Roemer, L. (1996). Are nurse managers ready for the current challenges of health care? *Journal of Nursing Administration, 26*, 11-17.

Esler, R. O., & Nipp, D. A. (2001). Worker designed culture change. *Nursing Economics*, *19*(4), 161-175.

Estabrooks, C. A., Midodzi, W. K., Cummings, G. G., Ricker, K. L., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research*, *54(*2), 74-84.

Finkelman, A., & Kenner, C. (2007a). *Teaching IOM: Implications for nursing education*. Washington, DC: American Nursing Association.

Finkelman, A., & Kenner, C. (2007b). Why should nurse leaders care about the status of

nursing education? *Nurse Leader*, *5*(6), 23-27.

Fitzpatrick, J. L., Sanders, J. R., & Worthen, B. R. (2004). *Program evaluation: Alternative approaches and practical guidelines* (3rd ed.). Boston, MA: Allyn & Bacon.

Flesner, M. K., Scott-Cawiezell, J., & Rantz, M. (2005). Preparation of nurse leaders in the 21st-century workplace. *Nurse Leader*, *3*(4), 37-40.

Florida Center for Nursing. (2008). *2007 Nursing education program annual report and workforce survey*. Retrieved from http://www.flcenterfornursing.org/files/06-07 _Education_Survey_Report.pdf

Fralic, M. F. (1989). Issues surrounding RN/BSN education: A view from nursing service. *Journal of Professional Nursing*, *5*, 64, 113.

Gall, M. D., Gall, J. P., & Borg, W. R. (2003). *Educational research: An introduction* (7th ed.). Boston, MA: Allyn & Bacon.

Gelinas, L. S., & Manthey, M. M. (1997). The impact of organizational design on nurse executive leadership. *Journal of Nursing Administration*, *27*, 35-42.

Golden, T. W. (2008). Connecting the dots: Responding to the challenges of budget and finance education for nurse leaders. *Nurse Leader*, *6*(3) 42-47.

Goode, C. J., Pinkerton, S., McCausland, M. P., Southard, P., Graham, R., & Krsek, C. (2001). Documenting chief nursing officers' preference for BSN-prepared nurses. *Journal of Nursing Administration*, *31*, 55-59.

Harrington, J. H. (1996). Socialization into the professional role as experienced by the RN-BSN. *Pennsylvania Nurse*, *51*, 18-20.

Hood, L., & Leddy, S. K. (2005). *Leddy & Pepper's conceptual bases of professional nursing* (6th ed.). New York, NY: Lippincott Williams & Wilkins.

Hughes, F., Duke, J., Bamford, A., & Moss, C. (2006). Enhancing nursing leadership through policy, politics, and strategic alliances. *Nurse Leader*, *4*(2), 24-27.

Ingersoll, G. L. (2000). Evidence-based nursing: What it is and what it isn't. *Nursing Outlook, 48*(4), 151-152.

Ingersoll, G. L., Cook, J. A., Fogel S., Applegate, M., & Frank, B. (1999). The effect of patient-focused redesign on midlevel nurse managers' role responsibilities and work environment. *Journal of Nursing Administration, 29*, 21-27.

Institute of Medicine. (2000). *To err is human: Building a safer healthcare system*. Washington, DC: National Academies Press.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Keeping patients safe: Transforming the work environment of nurses*. Washington, DC: National Academies Press.

Institute of Medicine. (2008). *Mission*. Retrieved from http://www.iom.edu/

Johnson, C. E. (2005). *Meeting the ethical challenges of leadership: Casting light or shadow* (2nd ed.). Thousand Oaks, CA: Sage.

Joint Commission on Accreditation of Health Care Organizations. (2002). *Health care at the crossroads: Strategies for addressing the evolving nursing crisis*. Chicago, IL: Author.

Kenner, C., Androwich, I., & Edwards, P. (2003). Innovative educational strategies to prepare nurse executives for new leadership roles. *Nursing Administration Quarterly, 27*(2), 172-19.

Kerfoot, K. M. (2008). Leadership and learning from politicians. *Nursing Economics*, *26*(1), 59-60.

Kidder, R. M. (1996). *How good people make tough choices: Resolving the dilemmas of ethical living*. New York, NY: Simon & Schuster.

Kidder, R. M. (2005). *Moral courage*. New York, NY: HarperCollins.

Kimball, B., & O'Neil, E. (2002). *Health care's human crisis: The American nursing shortage*. Princeton, NJ: The Robert Wood Johnson Foundation.

Kirby, K., & DeCampli, P. (2008). Nurse manager development beyond the classroom. *Nurse Leader*, *6*(2) 44-47.

Kleinman, C. S. (2003). Leadership roles, competencies, and education: How prepared are our nurse managers? *Journal of Nursing Administration*, *33*, 451-455.

Kouzes, J., & Posner, B. (2002). *The leadership challenge* (3rd ed.). San Francisco, CA: Jossey-Bass.

Lee-Hsieh, J., Kao, C., Kuo, C., & Tseng, H. (2003). Clinical nursing competence of RN-to-BSN students in a nursing concept-based curriculum in Taiwan. *Journal of Nursing Education*, *42*, 536-545.

Lillibridge, J., & Fox, S. D. (2005). RN to BSN education: What do RNs think? *Nurse

Educator, *30*(1), 12-16.

Mahaffey, E. H. (2002). The relevance of associate degree nursing educations: Past, present, future. *Online Journal of Issues in Nursing*. Retrieved from http://www .nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN /TableofContents/Volume72002/No2May2002/RelevanceofAssociateDegree.aspx

Mathena, K. (2002). Nursing manager leadership skills. *Journal of Nursing Administration*, *32*, 136-142.

McNeill, A., & Porter-O'Grady, T. (2007). Engaging transformation: Constructing a new model for nursing education and practice. *Nurse Leader*, *5*(3), 30-34, 60.

Melnyk, B., & Fineout-Overholt (2005). *Evidence-based practice in nursing and health care*. Philadelphia, PA: Lippincott Williams & Wilkins.

Minnick, A. F. (2000). Retirement, the nursing workforce, and the year 2005. *Nursing Outlook*, *48*(5), 211-217.

National Advisory Council on Nurse Education and Practice. (2003). *Third report to the secretary of health and human services and the congress*. Retrieved from ftp://ftp .hrsa.gov/bhpr/nursing/nacreport.pdf

National League for Nursing Accrediting Commission. (2003). *Self-study*. Fort Lauderdale, FL: Author.

National League for Nursing Accrediting Commission. (2005). *Accreditation manual with interpretive guidelines by program type*. Retrieved from http://www.nlnac .org/manuals/Manual2005.htm

National Organization for Associate Degree Nursing. (2006). *Position statement of associate degree nursing*. Washington, DC: Author.

Pew Health Professions Commission. (1995). *Critical challenges: Revitalizing the health professions for the twenty-first century*. San Francisco: University of California at San Francisco, Center for the Health Professions.

Pew Health Professions Commission. (1998). *Recreating health professional practice for a new century*. Retrieved from http://futurehealth.ucsf.edu/pewcomm/competen .html

Phillips, C. Y., Palmer, C. V., Zimmerman, B. J., & Mayfield, M. (2002). Professional development: Assuring growth of RN-to-BSN students. *Journal of Nursing Education*, *41*, 282-284.

Porter-O'Grady, T., & Malloch, K. M. (2003). *Quantum leadership: A textbook of new leadership*. Boston, MA: Jones & Bartlett.

Rambur, B., Palumbo, M., McIntosh, B., & Mongeon, J. (2003). A statewide analysis of RNs' intention to leave their position. *Nursing Outlook*, *51*(4), 182-188.

Russell, G., & Scoble, K. (2003). Vision 2020, part 2: Educational preparation for the future nurse manager. *Journal of Nursing Administration*, *33*, 404-409.

Sanders, J. R. (1994). *The program evaluation standards: How to assess evaluations of educational programs* (2nd ed.). Thousand Oaks, CA: Sage.

Scoble, K., & Russell, G. (2003). Vision 2020, part 1: Profile of the future nurse leader. *Journal of Nursing Administration*, *33*, 324-330.

Scriven, M. (1974). Evaluation perspective and procedures. In W. J. Popham (Ed.), *Evaluation in education: Current applications* (pp. 35-56). Berkeley, CA: McCutchan.

Seldomridge, L. A., & DiBartolo, M. C. (2005). A profile of accelerated second bachelor's degree nursing students. *Nurse Educator*, *30*(2), 65-68.

Sherman, R. O., Bishop, M., Eggenberger, T., & Karden, R. (2007). Development of a leadership competency model. *Journal of Nursing Administration*, *37*, 85-94.

Sovie, M. D. (1985). Managing nursing resources in a constrained economic environment. *Nursing Economics*, *3*(2), 85-94.

Sovie, M. D. (1987). Exceptional executive leadership shapes nursing's future. *Nursing Economics*, *5*(1), 13-20, 31.

Stufflebeam, D. L. (2001). *Evaluation models*. San Francisco, CA: Jossey-Bass.

Sullivan, J., Bretschneider, J., & McCausland, M. P. (2003). Designing a leadership development program for nurse managers: An evidence-driven approach. *Journal of Nursing Administration*, *33*, 544-549.

Surakka, T. (2008). The nurse manager's work in the hospital environment during the 1990s and 2000s: Responsibility, accountability and expertise in nursing leadership. *Journal of Nursing Management*, *16*, 525-534.

Tulgan, B. (2007). It's OK to be the boss: Be a great one! *Nursing Management*, *38*(9), 18-24.

U.S. Bureau of Labor Statistics. (2007). *Occupational outlook handbook: Registered nurses*. Retrieved from http://www.bls.gov/oco/ocos083.htm

U.S. Department of Health and Human Services. (2006). *Preliminary findings: 2004 national sample survey of registered nurses*. Retrieved from http://bhpr.hrsa.gov /healthworkforce/rnsurvey04/

U.S. Department of Health and Human Services. (2007). *Nursing: National advisory council on nurse education and practice*. Retrieved from http://bhpr.hrsa.gov /nursing/nacnep.htm

U.S. General Accounting Office. (2001). *Nursing workforce: Recruitment and retention of nurses and nurse aides is a growing concern*. Retrieved from http://www.gao .gov/new.items/d01750t.pdf

Utley-Smith, Q., Phillips, B., & Turner, K. (2007). Avoiding socialization pitfalls in accelerated second-degree nursing education: The returning to school syndrome. *Journal of Nursing Education*, *46*, 423-426.

Varcoe, K. (2005). *Evaluation methodology learning activity packet*. Fort Lauderdale, FL: Nova Southeastern University.

Waxman, K. T. (2005). Creating a culture of financially savvy nurse leaders. *Nurse Leader*, *3*(1), 31-35.

Yeh, M., & Chen, H. (2005). Effects of an educational program with interactive videodisc systems in improving critical thinking dispositions for RN-BSN students in Taiwan. *International Journal of Nursing Studies*, *42*, 333-340.

Zuzelo, P. R. (2001). Describing the RN-BSN learner perspectives: Concerns, priorities, and practice influences. *Journal of Professional Nursing*, *17*, 55-65.

Appendix A

AACN Essentials of Baccalaureate Education

AACN Essentials of Baccalaureate Education

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
A solid base in liberal education provides the cornerstone for the practice and education of nurses.

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high-quality health care.

Essential III: Scholarship for Evidence-Based Practice
Professional nursing practice is grounded in the translation of current evidence into one's practice.

Essential IV: Information Management and Application of Patient Care Technology
Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

Essential V: Healthcare Policy, Finance, and Regulatory Environments
Health care polices, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
Communication and collaboration among healthcare professionals are critical to delivering high-quality and safe patient care.

Essential VII: Clinical Prevention and Population Health
Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

Essential VIII: Professionalism and Professional Values
Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

Essential IX: Baccalaureate Generalist Nursing Practice
The baccalaureate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.

Appendix B

Program Outcomes for Essentials II and V

Program Outcomes for Essentials II and V

Program Outcomes *Essential II:*

1. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, health care team coordination, and the oversight and accountability for care delivery in a variety of settings.
2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.
3. Demonstrate an awareness of complex organizational systems.
4. Demonstrate a basic understanding of organizational structure, mission, vision, philosophy, and values.
5. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the health care team.
6. Apply concepts of quality and safety using structure, process, and outcome measures to identify clinical questions and describe the process of changing current practice.
7. Promote factors that create a culture of safety and caring.
8. Promote achievement of safe and quality outcomes of care for diverse populations.
9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.
10. Use improvement methods, based on data from the outcomes of care processes, to design and test changes to continuously improve the quality and safety of health care.
11. Employ principles of quality improvement, healthcare policy, and cost-effectiveness to assist in the development and initiation of effective plans for the microsystem and/or system wide practice improvements that will improve the quality of health care delivery.
12. Participate in the development and implementation of imaginative and creative strategies to enable systems to change.

Program Outcomes *Essential V*:
1. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments, including local, state, national, and global health care trends.
2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.
3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.
4. Examine legislative and regulatory processes relevant to the provision of health care.
5. Describe state and national statutes, rules, and regulations that authorize and define professional nursing practice.
6. Explore the impact of sociocultural, economic, legal, and political factors

influencing health care delivery and practice.

7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals practice.

8. Discuss the implications of healthcare policy on issues of access, equity, affordability, and social justice in health care delivery.

9. Use an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.

10. Articulate, through a nursing perspective, issues concerning health care delivery to decisions makers within healthcare organizations and other policy arenas.

11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.

12. Advocate for consumers and nursing profession.

Appendix C

Subthemes of Essential II: Leadership

Subthemes of Essential II: Leadership

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient
Safety

1. Ethical and critical decision making
2. Leadership theory, styles, skills, characteristics, and development,
3. Leadership strategies: negotiating, collaborating, coordinating
4. Change theory and complexity science
5. Problem solving
6. Communication principals: elements, channels, barriers, models, levels,
   skill development, work place communication, and conflict resolution
7. Healthcare systems organization and relationships
8. Relationships between structure, finance, and delivery of care
9. Systems design
10. Organizational structures and operations research
11. Microsystems and their relationship to complex systems
12. Teamwork and conflict resolution
13. Patient safety principles and quality improvement (benchmarking, root
    cause analysis, Failure Mode Effects Analysis (FMEA)
14. Quality Improvement: history, elements, models, concepts, principals,
    processes, and tools
15. Nursing care delivery, management, and evaluation

Appendix D

Subthemes of Essential V: Business

Subthemes of Essential V: Business

Essential V: Healthcare policy, Finance, and Regulatory Environments

1. Health care, regulatory, and financial policies
2. Local, state, national, and global health care trends
3. Health care financing and economics
4. Major forms of reimbursement of health delivery services
5. Patient care services organized and financed
6. Patient services related to organization, finance, and reimbursement
7. Legislative and regulatory processes
8. Healthcare policy issues related to access, equity, affordability and social justice
9. Consumerism
10. Political activism in professional organizations
11. Disparities in the healthcare system
12. Negligence, malpractice, and risk management

Appendix E

AONE Competency Domains

AONE Competency Domains

I. Communication and Relationship Building
   a. Effective communication
   b. Relationship management
   c. Influence of behaviors
   d. Ability to work with diversity
   e. Shared decision making
   f. Community involvement
   g. Medical staff relationships
   h. Academic relationships
II. Knowledge of the Healthcare environment
   a. Clinical practice knowledge
   b. Work design and patient care delivery models
   c. Health care economics
   d. Healthcare policy
   e. Governance
   f. Evidence-based practice
   g. Outcome measurement
   h. Patient safety
   i. Case management
   j. Quality improvement and metrics
   k. Risk management
III. Leadership
   a. Foundational thinking skills
   b. Personal journey disciplines
   c. Systems thinking
   d. Succession planning
   e. Change management
IV. Professionalism
   a. Accountability
   b. Career planning
   c. Ethics
   d. Evidence-based clinical and management practice
   e. Active membership in professional organizations
V. Business Skills
   a. Understand health care financing
   b. Human resources management and development
   c. Strategic planning and management
   d. Marketing
   e. Information management and technology

Appendix F

Current Best Practices in Nursing Leadership

Current Best Practices in Nursing Leadership

1. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, health care team coordination, and the oversight and accountability for care delivery in a variety of settings
   a. Leadership theories and styles
   b. Interdisciplinary and interprofessional teams
   c. Evidence-based leadership and management
   d. Visionary thinking
   e. Transformational leadership
   f. Building partnerships between practice and education
2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.
   a. Problem solving
   b. Conflict resolution
   c. Relationship management
   d. Negotiation
   e. Collaboration
   f. Critical analysis
3. Demonstrate an awareness of complex organizational systems.
   a. Systems organization and design
   b. Human resource management
   c. Information systems and technology
   d. Governance
   e. Marketing
   f. Learning organizations
4. Demonstrate a basic understanding of organizational structure, mission, vision, philosophy, and values.
   a. Strategic planning
   b. Critical analysis of organizational issues
   c. SWOT and gap analysis
5. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the health care team.
   a. Patient safety principals
   b. Evidence-based practice
   c. Quality improvement
      i. Benchmarking
      ii. Root cause analysis
6. Apply concepts of quality and safety using structure, process, and outcome measures to identify clinical questions and describe the process of changing current practice.
   a. Change process
   b. Quality Improvement: history, elements, models, concepts, processes and tools.

7. Promote factors that create a culture of safety and caring.
   a. Cultural diversity
   b. Accountability
   c. Ethics
8. Promote achievement of safe and quality outcomes of care for diverse populations.
   a. Nursing care delivery management, and evaluation
   b. Cultural diversity
9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.
   a. NDNQI initiative
   b. Cultures of safety
10. Use improvement methods, based on data from the outcomes of care processes, to design and test changes to continuously improve the quality and safety of health care.
    a. Informatics
    b. Automated clinical systems
11. Employ principles of quality improvement, healthcare policy, and cost-effectiveness to assist in the development and initiation of effective plans for the microsystem and/or system wide practice improvements that will improve the quality of health care delivery.
    a. Healthcare policy
    b. Human resource management
12. Participate in the development and implementation of imaginative and creative strategies to enable systems to change.
    a. Shared decision making

Appendix G

Current Best Practices in the Business of Nursing

Current Best Practices in the Business of Nursing

1. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments, including local, state, national, and global health care trends.
    a. Regulatory policies
    b. Financial policies
    c. Fundamental concepts of economics
    d. Budgeting
2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.
    a. Financial management
    b. General accounting principles
    c. Business plans
    d. Financial implications of patient care decisions
3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.
4. Examine legislative and regulatory processes relevant to the provision of health care.
5. Describe state and national statutes, rules, and regulations that authorize and define professional nursing practice
6. Explore the impact of sociocultural, economic, legal, and political factors influencing health care delivery and practice.
    a. Negligence
    b. Malpractice
    c. Risk management
    d. Disparities in the healthcare system
    e. Workforce diversity
7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals' practice.
    a. JCAHO
    b. Magnet status
8. Discuss the implications of healthcare policy on issues of access, equity, affordability, and social justice in health care delivery.
9. Use an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.
10. Articulate, through a nursing perspective, issues concerning health care delivery to decisions makers within healthcare organizations and other policy arenas.
    a. Healthcare policy
11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.
12. Advocate for consumers and nursing profession.
    a. Partnerships between practice and education

Appendix H

Current Expected Program Outcomes

Current Expected Program Outcomes

Expected Outcomes for the RN-to-BSN program Currently Implemented at the university	Current Program Themes
1. Apply selected leadership and management theories to nursing practice.	• Management and nursing theories • Leadership and management concepts • Followership
2. Discuss the impact of organizational culture, mission, and philosophy as it relates to the nursing leadership role.	• Mission • Vision • Values • Philosophy • Strategic planning • Governance • Types of organizations
3. Formulate strategies to address the political, cultural, legal and ethical issues facing nursing leaders within the current healthcare system.	• Cultural diversity related to leadership • Organizational conflict • Organizational politics • Power • Legal issues • Organizational ethics • Special needs employees
4. Utilize effective communication skills to influence the behaviors of others.	• Critical thinking skills used in leadership • Conflict Management
5. Implement strategies to motivate others in adapting to changing situations in the healthcare environment.	• Change process • Team building • Mentoring
6. Utilize evidence-based practice in the decision making in the role of the nurse leader.	• Retention and recruitment strategies • Role of the leader in EBP
7. Role model professional behaviors	• Personal leadership style and individual growth • Leadership as a process • Managing stress and burnout • Self-appraisal • Professional organization involvement • Legislative nursing leadership
8. Design strategies to enhance the development of the self as leader.	• Leadership assessment of self

9. Demonstrate fiscal responsibility and accountability in the role of the professional nurse.	• Financial skills needed by nurse leaders
10. Incorporate evidence-based in decision making to improve financial viability and cost management of the health environment.	• Financial trends • Health care economics • Cost controls • Budget process • Quality care • Patient safety • Reimbursement • Managed care
11. Examine the professional role related to financial management, fiscal responsibility, and other economic issues impacting the current healthcare system.	• Financial skills • Financial terms • Cost containment measures • Variance analysis
12. Analyze the ways various health care delivery systems meet the needs of diverse clients.	• Health care services and products
13. Identify the nurse's role in promoting human resource management.	• Staffing process • Skill mix and FTEs • Patient classification systems • Performance appraisals • Performance improvement
14. Synthesize knowledge from nursing, business, and other disciplines to promote financial stability and responsibility.	• Business theory

Appendix I

Formative Committee Feedback Form

Formative Committee Feedback Form

Directions:

- Please complete and return this form to the researcher within 5 days
- Please attach additional pages if necessary

Submitted by:_____ Date:_____

1.   Criteria recommendations:

_____
_____
_____
_____
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_____

2.   Comments, suggestions, or recommendations:

_____
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Appendix J

Formative Committee Members

Formative Committee Members

Associate Professor - The university Nursing Department

Qualifications: PhD Health Care Administration, Capella University
Master of Nursing, University of South Florida
Master of Public Health, University of South Florida

Selection Rationale: Full-time faculty for the nursing program with past experience
working as a nurse administrator responsible for the business and
leadership operations in the public health department.

Assistant Professor - The university Nursing Department

Qualifications: PhD in Nursing, Florida Atlantic University
Master of Nursing, University of South Florida
Master of Business Administration, Florida Atlantic University

Selection Rationale: Full-time faculty for the nursing program with past experience
working in nursing administration, operations, budget,
reimbursement, and finance.

Appendix K

Invitation Letter to Formative Committee Members

Invitation Letter to Formative Committee Members

Date

Committee Member
Address
City, State, ZIP

Dear_____:

My name is Linda Strommen and I am a doctoral student attending Nova Southeastern University. As a requirement of my doctoral program, I am conducting an applied dissertation study and am writing to invite you to serve on a FORMATIVE committee.

My applied dissertation study evaluates the business and leadership components of an RN-to-BSN program in the southeastern region of the United States. The business and leadership components of the RN-to-BSN program will be compared to the current best practices. The research is expected to evaluate the merit and worth of the components and assess if the program components are based on current best practices that will provide baccalaureate-nursing students with the core concepts of business and leadership needed for current and future health care delivery.

As an expert within the area of study, your participation will provide valuable contribution to the research. I invite you to serve on the committee. If you agree, I request that you provide open and honest feedback throughout the 6-9 month study. Committees will meet either by telephone, e-mail, or face-to-face for the convenience of the members.

Thanks you for your consideration. I will contact you within the next 5 days to answer any questions you may have and learn of your decision.

I look forward in having you on the committee.

Respectfully,

Linda Strommen
Doctoral Student
Nova Southeastern University

Appendix L

Formative Committee Participation Agreement Form

Formative Committee Participation Agreement Form

       I agree to serve as a committee member for the applied dissertation study of Linda Strommen: *Evaluation of the Business and Leadership Components of an RN to BSN Nursing Program*. This study will evaluate the business and leadership components of the RN-to-BSN program compared with the current desired best practices in professional nursing. This study is expected to determine if the present program is based on current best practices in business and leadership.

       During this study, I will use my expertise to provide open and honest feedback. I will participate in meetings that will convene either by telephone, e-mail, or face-to-face. I also understand that the study is expected to conclude within 8 months.

Participant signature:_____ Date:_____

Appendix M

Summative Committee Members

Summative Committee Members

Senior Vice President and Chief Nursing Officer - South Florida Hospital System

Qualifications:

Wharton/Johnson & Johnson Nurse Fellowship, University of Pennsylvania
PH D Nursing, University of Miami
Masters of Science in Nursing, University of Miami, Coral Gables
Bachelors in Nursing, University of the State of New York, Albany
Diploma in Nursing, St.Vincent's Hospital School of Nursing, NY

Selection Rationale: Nurse Executive that oversees a large system of healthcare organizations that includes hospitals, home care services, medical groups, and long term care facilities. This senior leadership position is accountable and responsible for the acute care facilities, surgical services, emergency services, women and children's services, intensive rehab services, home health, infection control, and transportation services. She has guided the organization to Magnet Re-designation in 2008, obtained JCAHO Stroke certification, and is certified by the ANCC-NEA-BC. She received the SFONE Nurse Executive Leadership Award in 2000 and 2008. She has published various publications related to leadership, emotional intelligence, and leadership communications.

Chief Nursing Officer/Senior Vice President - Regional Hospital System

Qualifications:

Masters of Science in Nursing, University of Miami
ARNP, Florida International
Bachelors of Science in Nursing, University of North Carolina

Selection Rationale: Top hospital nursing executive with current competencies in nursing leadership and business that include strategic planning, resource management and allocation, fiscal management, policy making, and coordination and evaluation of all nursing and clinical care within the healthcare system. She facilitated the achievement of Magnet status and was appointed by Governor Jeb Bush to the Board of Directors of the Florida Center for Nursing in 2006. In 2005, she was inducted in the prestigious American Academy of Nursing Fellow. Locally and nationally, she has won numerous awards in leadership and community service. She has been involved with various national review panels has held executive positions in professional nursing and business organizations.

Appendix N

Invitation Letter to Summative Committee Members

Invitation Letter to Summative Committee Members

Date

Committee Member
Address
City, State, ZIP

Dear_____:

My name is Linda Strommen and I am a doctoral student attending Nova Southeastern University. As a requirement of my doctoral program, I am conducting an applied dissertation study and am writing to invite you to serve on a SUMMATIVE committee.

My applied dissertation study evaluates the business and leadership components of an RN-to-BSN program in the southeastern region of the United States. The business and leadership components of the RN-to-BSN program will be compared to the current best practices. The research is expected to evaluate the merit and worth of the components and assess if the program components are based on current best practices that will provide baccalaureate-nursing students with the core concepts of business and leadership needed for current and future health care delivery.

As an expert within the area of study, your participation will provide valuable contribution to the research. I invite you to serve on the committee. If you agree, I request that you provide open and honest feedback throughout the 6-9 month study. Committees will meet either by telephone, e-mail, or face-to-face for the convenience of the members.

Thanks you for your consideration. I will contact you within the next 5 days to answer any questions you may have and learn of your decision.

I look forward in having you on the committee.

Respectfully,

Linda Strommen
Doctoral Student
Nova Southeastern University

Appendix O

Summative Committee Participation Agreement Form

Summative Committee Participation Agreement Form

       I agree to serve as a committee member for the applied dissertation study of Linda Strommen: *Evaluation of the Business and Leadership Components of an RN to BSN Nursing Program.* This study will evaluate the business and leadership components of the RN-to-BSN program compared with the current desired best practices in professional nursing. This study is expected to determine if the present program is based on current best practices in business and leadership.

       During this study, I will use my expertise to provide open and honest feedback. I will participate in meetings that will convene either by telephone, e-mail, or face-to-face. I also understand that the study is expected to conclude within 8 months.

Participant signature:_____ Date:_____

Appendix P

Summative Committee Feedback Form

Summative Committee Feedback Form

Directions:

- Please complete and return this form to the researcher within 5 days
- Please attach additional pages if necessary

Submitted by:_____ Date:_____

   1. Criteria recommendations:

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   2. Comments, suggestions, or recommendations:

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Appendix Q

Predeveloped Survey Tool

Predeveloped Survey Tool

Please complete Part I and Part II of this survey by circling your response.
Please indicate to what extent you agree or disagree with the following statements:

[1 = Strongly Agree (SA)   2 = Agree (A)   3 = Disagree (D) 4 = Strongly Disagree (SD)]

1. Do you agree that the following <u>best practices</u> related to **leadership** are essential skills that **baccalaureate** nurses need in today's nursing practice?

a. Apply evidenced-based leadership and management concepts in every day nursing practice.
   _____ 1   _____ 2   _____ 3   _____4

b. Apply evidenced-based leadership and management theories in every day nursing practice.
   _____ 1   _____ 2   _____ 3   _____4

c. Communicate a shared vision through transformational leadership skills.
   _____ 1   _____ 2   _____ 3   _____4

d. Employ management skills that facilitate collaborative relationships.
   _____ 1   _____ 2   _____ 3   _____4

e. Utilize self-confidence and role modeling to coach, mentor, and motivate others.

What other <u>best practices</u> related to **leadership** do <u>baccalaureate</u> nurses need to know?

2. Do you agree that the following <u>best practices</u> related to **communication** are essential leadership skills that **baccalaureate** nurses need in today's nursing practice?

a. Utilize communication principles to effectively implement patient safety and quality improvement initiatives.
   _____ 1   _____ 2   _____ 3   _____4

b. Utilize effective communication skills to influence the behaviors of others.
   _____ 1   _____ 2   _____ 3   _____4

c. Utilize effective communication skills to manage and resolve conflict.
   _____ 1   _____ 2   _____ 3   _____4

d. Utilize advanced analytic, problem solving and communication skill to identify problems and interventions that improve outcomes.
   _____ 1   _____ 2   _____ 3   _____4

What other <u>best practices</u> related to **communications** do <u>baccalaureate</u> nurses need to know?

3. Do you agree that the following <u>best practices</u> related to <u>teams</u> are essential leadership skills that **baccalaureate** nurses need in today's nursing practice?

a. Apply leadership concepts and skills within interdisciplinary and intraprofessional teams.
   _____ 1   _____ 2   _____ 3   _____4

b. Demonstrate effective leadership skills in negotiation, collaboration, and coordination.

_____ 1   _____ 2   _____ 3   _____4

c. Engage in the development of strategic partnerships between nursing education and nursing practice.

_____ 1   _____ 2   _____ 3   _____4

d. Foster team-building strategies that create partnership and collaboration within nursing and across health care disciplines

_____ 1   _____ 2   _____ 3   _____4

What other best practices related to **teams** do baccalaureate nurses need to know?

4. Do you agree that the following best practices related to organizational structure are essential leadership skills that **baccalaureate** nurses need in today's nursing practice?

a. Recognize how organizational structure, vision, mission, philosophy, and values affect nursing practice and patient outcomes.

_____ 1   _____ 2   _____ 3   _____4

b. Demonstrate an understanding of strategic planning within organizations.

_____ 1   _____ 2   _____ 3   _____4

c. Identify how to analyze critical organizational issues through SWOT and gap analysis

_____ 1   _____ 2   _____ 3   _____4

d. Recognize the importance of learning environments as a part of organizational structures.

_____ 1   _____ 2   _____ 3   _____4

e. Understand how healthcare systems and processes impact quality, safety, and patient care outcomes.

_____ 1   _____ 2   _____ 3   _____4

f. Articulate a vision for nursing practice within an organization in the context of complex health care delivery systems.

_____ 1   _____ 2   _____ 3   _____4

g. Formulate strategies to address the political, cultural, legal and ethical issues facing nursing leaders within the current healthcare system.

_____ 1   _____ 2   _____ 3   _____4

What other best practices related to **organizational structure** do baccalaureate nurses need to know?

5. Do you agree that the following best practices related to **quality care** are essential leadership skills that **baccalaureate** nurses need in today's nursing practice?

a. Participate in quality and patient safety initiatives that involve individuals, families, groups, communities, and populations.

_____ 1   _____ 2   _____ 3   _____4

b. Implement quality improvement initiatives utilizing evidence-based practice, benchmarking, and root cause analysis.

_____ 1   _____ 2   _____ 3   _____4

c. Promote factors of cultural diversity, ethics, accountability, and diverse populations to achieve safe and quality outcomes.

     _____ 1   _____ 2   _____ 3   _____4

d. Apply evidence-based quality improvement processes to effectively implement patient safety initiatives.

     _____ 1   _____ 2   _____ 3   _____4

e. Analyze data related to quality initiatives.

     _____ 1   _____ 2   _____ 3   _____4

f. Utilize ethical decision making skills in the provision of safe and quality patient care.

     _____ 1   _____ 2   _____ 3   _____4

What other best practices related to **quality care** do baccalaureate nurses need to know?

6. Do you agree that the following best practices related to change are essential leadership skills that **baccalaureate** nurses need in today's nursing practice?

a. Implement strategies to motivate others in adapting to changing situations in healthcare environments.

     _____ 1   _____ 2   _____ 3   _____4

b. Demonstrate change agent behaviors to influence others in the change process.

     _____ 1   _____ 2   _____ 3   _____4

c. Participate in the development and implementation of creative strategies to enable systems to change.

     _____ 1   _____ 2   _____ 3   _____4

d. Participate in analyzing the impact of change in healthcare systems.

     _____ 1   _____ 2   _____ 3   _____4

What other best practices related to **change** do baccalaureate nurses need to know?

7. Do you agree that the following best practices related to information systems and technologies are essential leadership skills that **baccalaureate** nurses need in today's nursing practice?

a. Utilize data from information systems and technology to continuously improve the quality and safety of health care.

     _____ 1   _____ 2   _____ 3   _____4

b. Demonstrate computer literacy as a role model to others.

     _____ 1   _____ 2   _____ 3   _____4

c. Demonstrate an understanding of how information systems and technology impact nursing practice and patient outcomes.

     _____ 1   _____ 2   _____ 3   _____4

d. Apply knowledge and skills needed in the use and management of information systems related to patient care, organizational operations, and policy.

     _____ 1   _____ 2   _____ 3   _____4

What other best practices related to **information systems and technology** do baccalaureate nurses need to know?

The following are best practice themes related to leadership that are taught in baccalaureate-nursing programs. Based on your experience, please rank the themes from most important theme (1) a baccalaureate prepared nurse should know to the least important theme (14) a baccalaureate nurse needs to know (1 = most important and 14 = the least important).

_____Caring
_____Change process
_____Collaboration
_____Conflict resolution
_____Decision making
_____Delegation
_____Effective communication
_____Evidence-based leadership
_____Organizational behavior
_____Organizational stewardship
_____Problem solving
_____Relationship building
_____Team building
_____Understanding oneself

Part II The Business of Health Care

Please indicate to what extent you agree or disagree with the following statements:
[1=Strongly Agree (SA)   2= Agree (A)   3=Disagree (D)   4= Strongly Disagree (SD)]

8. Do you agree that the following best practices related to financial management are essential business skills that **baccalaureate** nurses need in today's nursing practice?

a. Demonstrate basic knowledge about how health care is organized and financed.
        _____ 1   _____ 2   _____ 3   ____4

b. Apply fundamental concepts of economics and general accounting principles in daily nursing practice.
        _____ 1   _____ 2   _____ 3   ____4

c. Demonstrate an understanding of the budgeting process.
        _____ 1   _____ 2   _____ 3   ____4

d. Integrate financial and regulatory knowledge when making patient care decisions.
        _____ 1   _____ 2   _____ 3   ____4

e. Compare and contrast the financial implications of patient care decisions.
        _____ 1   _____ 2   _____ 3   ____4

f. Participate actively in changes that improve efficiencies in healthcare delivery.
        _____ 1   _____ 2   _____ 3   ____4

g. Demonstrate fiscal responsibility and accountability in the role of a baccalaureate nurse.
        _____ 1   _____ 2   _____ 3   ____4

h. Participate in business planning within your organization.
        _____ 1   _____ 2   _____ 3   ____4

i. Incorporate evidence-based decision making to improve financial viability and cost containment of the healthcare environment.

_____ 1   _____ 2   _____ 3   _____4

What other best practices related to **financial management** do baccalaureate nurses need to know?

9. Do you agree that the following best practices related to health care reimbursement are essential business skills that **baccalaureate** nurses need in today's nursing practice?

a. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.

_____ 1   _____ 2   _____ 3   _____4

b. Understand how health care is financed in the United States.

_____ 1   _____ 2   _____ 3   _____4

What other best practices related to **health care reimbursement** do baccalaureate nurses need to know?

10. Do you agree that the following best practices related to legislative and regulatory processes are essential business skills that **baccalaureate** nurses need in today's nursing practice?

a. Interpret how legislative and regulatory processes impact the provision of health care.

_____ 1   _____ 2   _____ 3   _____4

b. Distinguishes how state and national statutes, rules, and regulations authorize and define professional nursing practice.

_____ 1   _____ 2   _____ 3   _____4

c. Compare and contrast the roles and responsibilities of regulatory agencies (JCAHO, Magnet) and their effect on patient quality care, workplace safety, and the scope of nursing practice

_____ 1   _____ 2   _____ 3   _____4

d. Understand the importance of the role of professional nursing organizations in the legislative and regulatory processes.

_____ 1   _____ 2   _____ 3   _____4

e. Identify the nurse's role in the promotion of human resource management.

_____ 1   _____ 2   _____ 3   _____4

What other best practices related to **legislative and regulatory processes** do baccalaureate nurses need to know?

11. Do you agree that the following best practices related to health care policy are essential business skills that **baccalaureate** nurses need in today's nursing practice?

a. Analyze how various health care delivery systems meet the needs of diverse populations.

_____ 1   _____ 2   _____ 3   _____4

b. Analyze the implications of health care policy on issues of access, equity, affordability, and social justice in health care delivery.

_____ 1   _____ 2   _____ 3   _____4

c. Understand the impact of sociocultural, economic, legal, and political factors that influence health delivery and practice.

     _____ 1   _____ 2   _____ 3   ____4

d. Utilize an ethical framework to evaluate the impact of social policies on health care.

     _____ 1   _____ 2   _____ 3   ____4

e. Articulate health care issues to the policy drivers that effect healthcare delivery.

     _____ 1   _____ 2   _____ 3   ____4

f. Participate in political processes and grassroots legislative efforts to influence healthcare policy.

     _____ 1   _____ 2   _____ 3   ____4

What other best practices related to **health care policy** do baccalaureate nurses need to know?

The following are best practice themes related to business that are taught in baccalaureate-nursing programs. Based on your experience, please rank the themes from most important theme (1) a baccalaureate prepared nurse should now to the least important theme (11) a baccalaureate nurse needs to know. (1 = most important and 11 = the least important)

_____Budgeting
_____Financial management
_____Health care economics
_____Health care policy and regulations
_____Human resource management
_____Information systems
_____Marketing
_____Organizational behavior
_____Strategic planning
_____Systems thinking
_____Technology

What is your age group?
_____< 30
_____31-40 years
_____41-50 years
_____50 or older

Gender: _____Female   _____Male

Year graduated from the NSU RN-to-BSN program:
_____2005
_____2006
_____2007
_____2008
_____2009

How many years have you practiced as an RN?
_____ 1-5 years
_____6-10 years
_____ 11-20 years
_____ 20 or more years

Are you employed full or part time?
_____Full time (> 35 hours/wk)   _____Part time (< than 35 hours/week)

What is your area of practice?

_____Med/Surg

_____ICU

_____NICU

_____Pediatrics

_____OB

_____Psych

_____Administration

_____Education

_____Outpatient surgery

_____Inpatient surgery

_____Other (please indicate here:_____)

What RN-to-BSN program format did you complete?

____Fort Myers face-to-face

____Fort Lauderdale face-to-face

____Orlando face-to-face

____Online

Appendix R

Cover Letter for the Study

Cover Letter for the Study

Date

Participant Name
Address
City, State, ZIP

Dear_____:

My name is Linda Strommen and I am a doctoral student attending Nova Southeastern University (NSU). As a requirement of the doctoral program, I am conducting an applied research dissertation study and am writing to invite you to participate by completing the attached survey pertaining to my topic. The survey will take only 13 minutes to complete.

You have been selected for this survey because you have successfully graduated from the NSU RN-to-BSN program and are a current alumni.

The purpose of my study is to evaluate the business and leadership concepts that are taught in NUR 4020 (Nursing Leadership) and NUR 4030 (Business of Healthcare) in the RN-to-BSN program. The results of this study are expected to assess if the program components are based on current best practices that will provide baccalaureate-nursing students with the core concepts of business and leadership needed for current and future health care delivery.

Your expertise as a graduate baccalaureate student from the NSU RN-to-BSN program will provide valuable feedback to help determine if our program is teaching current best practices for baccalaureate RNS in business and leadership.

Please complete the survey and return to me in the stamped, self-addressed envelope before DATE. I will contact you within the next week to answer any questions you may have. Thank you for completing the survey and participating in my study.

Respectfully,

Linda Strommen
Doctoral Student
Nova Southeastern University

Appendix S

Preliminary-Evaluation Tool

Preliminary-Evaluation Tool

Section I

Expected Outcomes for the RN-to-BSN program Currently Implemented at the university	Current Program Themes
1. Apply selected leadership and management theories to nursing practice.	• Management and nursing theories • Leadership and management concepts • Followership
2. Discuss the impact of organizational culture, mission, and philosophy as it relates to the nursing leadership role.	• Mission • Vision • Values • Philosophy • Strategic planning • Governance • Types of organizations
3. Formulate strategies to address the political, cultural, legal and ethical issues facing nursing leaders within the current healthcare system.	• Cultural diversity related to leadership • Organizational conflict • Organizational politics • Power • Legal issues • Organizational ethics • Special needs employees
4. Utilize effective communication skills to influence the behaviors of others.	• Critical thinking skills used in leadership • Conflict Management
5. Implement strategies to motivate others in adapting to changing situations in the healthcare environment.	• Change process • Team building • Mentoring
6. Utilize evidence-based practice in the decision making in the role of the nurse leader.	• Retention and recruitment strategies • Role of the leader in EBP
7. Role model professional behaviors	• Personal leadership style and individual growth • Leadership as a process

	• Managing stress and burnout • Self appraisal • Professional organization involvement • Legislative nursing leadership
8. Design strategies to enhance the development of the self as leader.	• Leadership assessment of self
9. Demonstrate fiscal responsibility and accountability in the role of the professional nurse.	• Financial skills needed by nurse leaders •
10. Incorporate evidence-based in decision making to improve financial viability and cost management of the health environment.	• Financial trends • Health care economics • Cost controls • Budget process • Quality care • Patient safety • Reimbursement • Managed care
11. Examine the professional role related to financial management, fiscal responsibility, and other economic issues impacting the current healthcare system.	• Financial skills • Financial terms • Cost containment measures • Variance analysis
12. Analyze the ways various health care delivery systems meet the needs of diverse clients.	• Health care services and products
13. Identify the nurse's role in promoting human resource management.	• Staffing process • Skill mix and FTEs • Patient classification systems • Performance appraisals • Performance improvement
14. Synthesize knowledge from nursing, business, and other disciplines to promote financial stability and responsibility.	• Business theory

Section II

Best Practices from the literature review combined with the preferred best practices
obtained from the RN to BSN Survey

Best Practices Competency Categories	Current Program Themes	Best Practice Themes From the Literature Combined with Recommendations from the RN to BSN survey
Category 1: *Leadership skills* *Category 2:* *Communication* *Category 3:* *Teams*	• Management and nursing theories • Leadership and management concepts • Cultural diversity related to leadership • Leadership as process • Mentoring • Problem solving • Critical thinking • Personal leadership style • Role of leader in EBP • Communication concepts • Conflict Management • Power • Legal and ethical issues • Team building	• Shared decision making • Partnerships between education and practice • Problem solving • Critical analysis • Collaboration • Negotiation • Cultural diversity • Evidenced-based leadership • Evidenced-based management • Leadership styles and theories • Transformational leadership • Coaching and mentoring • Communication principles • Conflict resolution • Ethical decision making • Interprofessional teams • Interdisciplinary teams • Accountability

	• Followership	• Team work
Category 4: *Organizational Structure*	• Mission • Vision • Values • Philosophy • Strategic planning • Governance • Types of organizations • Organizational politics • Organizational ethics	• Healthcare systems structure • System designs • Disparities in healthcare systems • Complex vs micro systems • Strategic planning • Governance • Evidence-based practice • Evidence-based leadership • Evidence-based management practice • Marketing • Consumerism • Learning organizations
Category 5: *Quality care*	• Quality care • Patient safety • Retention and recruitment strategies • Stress and burnout • Performance appraisals • Special needs employees	• Patient care delivery models • Patient safety principals • Benchmarking • Root cause analysis • SWOT analysis • Quality improvement initiatives • Risk management • Quality improvement metrics • Legal issues • Ethical decision making • Patient centered care
Category 6:		

Change	• Change Process	• Change management • Analyze impact of change • Change agent behaviors • Change and systems
Category 7: *Information systems and technology*		• Information management • Information systems related to nursing practice • Information systems related to patient outcomes • Role model in computer literacy
Category 8: *Financial Management*	• EBP to improve financial viability • Fiscal responsibility • Fiscal accountability • Financial trends • Budget process • Financial skills needed by nursing leaders • Financial terms • Variance analysis • Staffing process/skill mix • Patient classification systems	• Fiscal responsibility • Fiscal accountability • Concepts of economics • Concepts of accounting • Budgeting • Business plans • Financial trends • Evidenced-based financial decisions related to patient care • Financial viability of healthcare environments • Cost containment • Human resource management
Category 9:		

Healthcare Reimbursement	• Reimbursement systems • Cost containment	• Health care financing • Major forms of reimbursement • Patient care services and how financed
Category 10: *Legislative and regulatory processes*	• Legislative nursing leadership • Participation in professional organizations	• Regulatory policy • Regulatory agencies • Legislative and regulatory processes • Participation in professional organizations
Category 11: *Healthcare policy*	• Healthcare economics	• Health care economics • Healthcare policy, access, equity, affordability, and social justice • Political activism • Participation in legislative efforts • Delivery systems and diverse populations • Social policies and ethical frameworks

Section III Gap Analysis
This section will evaluate the criteria (best practice themes) of the current RN-to-BSN program against the preferred criteria (best practices themes) as identified in the review of the literature and data collected from the RN to BSN surveys to determine if there is a gap between current best practice themes taught in the curriculum and preferred best practice themes. **Evaluators:** Please read and answer each criterion below and refer to Section II.

Please also provide comments and recommendations pertaining to each criterion in the space provided

---

1. Review category 1 in Section II *(Leadership skills)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

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2. Review category 2 in Section II *(Communications)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

---

3. Review category 3 in Section II *(Teams)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

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4. Review category 4 in Section II *(Organization structure)*. Identify any gaps between the   current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

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5. Review category 5 in Section II *(Quality care)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or

suggestions:

6. Review category 6 in Section II *(Change)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

7. Review category 7 in Section II *(Information systems and technology)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

8. Review category 8 in Section II *(Financial management)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

9. Review category 9 in Section II *(Healthcare reimbursement)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

10. Review category 10 in Section II *(Legislative and regulatory processes)*. Identify any gaps between the current best practice themes taught and the preferred best practice themes.

Based on your findings, please add comments, recommendations, or suggestions:

11. Review category 11 in Section II *(Healthcare policy)*. Identify any gaps

between   the current best practice themes taught and the preferred best practice themes.
Based on your findings, please add comments, recommendations, or suggestions:

Appendix T

Expert Panel Members

Expert Panel Members

Assistant Professor of a College of Nursing in Southern Florida

Qualifications: EdD Nursing Leadership - Teachers College, Columbia University.
Dissertation: Application of Fielder's Contingency Model of
Leadership to Nursing Team Members
Master of Nursing, Catholic University of America
BSN, University of Florida

Selection Rationale: Full-time Assistant Professor in a similar nursing program.
Advanced Certified Nurse Executive and has been awarded the
prestigious Robert Wood Johnson Nurse Fellowship Program grant
from 2006 to 2009. Director of the Nursing Leadership Institute
that conducts research on nursing leadership issues and provides
continuing leadership education for nurse executives, nurse
managers, and other RN staff being groomed for leadership
positions. She has published over 18 articles since 2005 and is on
the Editorial Board of *Nurse Leader*. She is in the Robert Wood
Johnson Fellowship Program since 2006. She is credentialed as an
Advance Nurse Executive through the American Nurses
Credentialing Center and has been the principal investigator for six
research studies.

Chief Nursing Officer - Multi Hospital System-Southwest Florida

Qualifications: Ed D., Nova Southeastern University
Advances Certification in Nursing Administration, American
Nurses Association
Wharton Fellows, Wharton School of Business
Masters-New York University, New York
BSN-Adelphi University, New York

Selection Rationale: Top hospital nursing executive with current competencies in
nursing leadership and business that include strategic planning,
resource management and allocation, fiscal management, policy
making, and coordination and evaluation of all nursing and clinical
care within the healthcare system. Collaborated with hospital team
to achieve full accreditation with commendation from the Joint
Commission of Accreditation of Healthcare Organizations
(JCAHO). Responsible for all inpatient and outpatient services
with an annual budget of 86 million and 814 FTEs.

Appendix U

Expert Panel Letter of Invitation

Expert Panel Letter of Invitation

Expert Panel Member
Address
City, State, ZIP

Dear_____:

My name is Linda Strommen and I am a doctoral student attending Nova Southeastern University. As a requirement of my doctoral program, I am conducting an applied dissertation study and am writing to invite you to serve on my expert panel committee.

My applied dissertation study evaluates the business and leadership components of an RN-to-BSN program in the southeastern region of the United States. The business and leadership components of the RN-to-BSN program will be compared to the current best practices. The research is expected to evaluate the merit and worth of the components and assess if the program components are based on current best practices that will provide baccalaureate-nursing students with the core concepts of business and leadership needed for current and future health care delivery.

As an expert within the area of study, your participation will provide valuable contribution to the research. I invite you to serve on the committee. If you agree, I request that you provide open and honest feedback throughout the 6-9 month study. Committees will meet either by telephone, e-mail, or face-to-face for the convenience of the members.

Thanks you for your consideration. I will contact you within the next 5 days to answer any questions you may have and learn of your decision.

I look forward in having you on the committee.

Respectfully,

Student Name
Doctoral Student
Nova Southeastern University

Appendix V

Expert Panel Participation Agreement

Expert Panel Participation Agreement

I agree to serve as an expert panel member for the applied dissertation study of Linda Strommen: *Evaluation of the Business and Leadership Components of an RN to BSN Nursing Program*. This study will evaluate the business and leadership components of the RN-to-BSN program compared with the current desired best practices in professional nursing. This study is expected to determine if the present program is based on current best practices in business and leadership.

During this study, I will use my expertise to provide open and honest feedback. I will participate in meetings that will convene either by telephone, e-mail, or face-to-face. I also understand that the study is expected to conclude within 8 months.

Participant signature:_____ Date:_____

Appendix W

Final Report

Final Report

Evaluation of the Business and Leadership
Components of an RN to BSN Nursing Program

by
Linda Strommen

An Applied Dissertation Submitted to the
Fischler School of Education and Human Services
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
2010

Table of Contents

Executive Summary

This applied dissertation was designed to evaluate the business and leadership components of an RN-to-BSN program at the university. The problem was that an evaluation of the present RN to BSN curriculum had not been conducted since 2006 to determine whether the best practices in business and leadership were current, applicable, and relevant in the current RN to BSN curriculum.

The researcher utilized an evaluation methodology to assess the business and leadership components of an RN to BSN nursing program. An evaluation tool was developed and used to compare expected outcomes (criteria) of current practices to expected outcomes (criteria) of best practices in the field of nursing. The expected outcomes (criteria) of current best practices were developed from a review of the literature, data collected from RN to BSN alumni students, and input from formative and summative committees. Thirteen specific procedures guided the study to assess the value, merit, and worth of the program and answer six research questions.

The research design incorporated the development of an evaluation tool. The tool aided in identifying gaps between current best practices and the preferred.

The final evaluation by the expert panel revealed that the current best practices in business and leadership taught in NUR 4020 and NUR 4030 courses were not current with preferred best practices. The final report recommended updating the courses with current best practices collected from the literature, formative and summative committee members, practicing RNs, and experts in the nursing profession.

Key Results

a. The evaluation panel identified gaps in 10 of 11 criteria. The gaps were between the current best practices taught in NUR 4020 and NUR 4030 of the RN-to-BSN program and the preferred best practices from the literature, practice, student surveys, and the formative and summative committee members.
b. Ten main gaps were identified as a result of this evaluation.
d. Four recommendations were submitted based upon the gap analysis results.

Purpose of the Process

Introduction

According to the American Association of Colleges of Nursing (AACN, 2008a), today's nursing leaders are challenged by a rapidly changing healthcare environment that includes changes in technology, demographics, workforce diversity, fiscal management, rules and regulations, consumer demands, globalization of economics and politics, and changing health care reimbursement systems. To meet these challenges, strong nursing leadership is needed along with competent skills in business and leadership principles. Porter-O'Grady and Malloch (2003) stated that these skills would enable the baccalaureate-prepared registered nurse (RN) to participate as a collaborative partner in health care delivery systems and be proactively involved in shaping of the future of healthcare policy. The AACN supports the need for RN to Bachelor of Science (BSN) nursing curricula to address these changing issues and include in their curricula current courses that are relative to current business and leadership management. Programs for RN-to-BSN students provide RNs with an associate degree and diploma the opportunity to obtain a baccalaureate-nursing degree that includes skills that focus on business and leadership. The development of these skills is essential in positioning baccalaureate nurses as decision makers who are credible and valued members of interdisciplinary and interprofessional health delivery systems team.

Background and Significance of the Problem

The AACN (2008c) believes that nursing curricula must continually be updated with current best practices and nursing standards to assure baccalaureate programs are preparing RN-to-BSN students for current and real life practice. Factors that influenced and supported the need to formally evaluate the business and leadership components of the RN-to-BSN program at the university include the following four issues: (a) lack of baccalaureate-prepared RNs, (b) the nursing shortage and aging nursing workforce, (c) quality and patient safety in initiatives, and (d) evolving best practices. According to Fitzpatrick, Sanders, and Worthen (2003) program evaluation research is necessary to determine if the program components need updating and revising to assure the program curricula are based on current best practices.

Lack of baccalaureate-prepared nurses. The first factor is that the majority of licensed RNs in the United States are educated at the associate-degree level. Over 60% of licensed RNs in the United States have completed an associate degree or diploma in nursing. According to the U.S. Department of Health and Human Services (2006), of the registered nurses in the United States, 42.2% graduate from associate degree programs, 25.2% from diploma programs, and 30.5% from baccalaureate-nursing programs. Students admitted to the RN-to-BSN program at the university are licensed RNs who have completed their nursing education in a 2-year associate degree program or a diploma program. Based on initial nursing education curricula at the associate degree level, RN-to-BSN students lack the knowledge and skills in business and leadership that are needed for current nursing practice (Mahaffey, 2002).

Nursing shortage and aging nursing workforce. The second factor related to the importance of evaluating the business and leadership components of the RN-to-BSN program is the nursing shortage crisis and the related aging nurse workforce. The nursing shortage in the United States is a complex issue that includes multiple, integrated factors that cannot viewed in isolation but rather in a systems perspective. The nursing shortage is influenced by a growing and aging population, a high demand for quality care, difficulties in attracting new nurses, and an RN workforce that is approaching retirement age (Florida Center for Nursing, 2008). According to the U.S. Bureau of Labor Statistics (2007), RNs constitute the largest health care occupation with 2.5 million jobs and will generate more than 587,000 jobs over the 2006-2016 periods. The nursing shortage is expected to worsen as the aging population increases and because of an increased demand for health services and care. A report released by Dr. Peter Buerhaus of Vanderbilt University School of Nursing, Dr. Douglas Stagier of Dartmouth University and Dr. David Auerbach of the Congressional Budget Office forecasted that the nursing shortage in the United States could reach as high as 500,000 by 2025 (Buerhaus, Staiger, & Auerbach, 2008). According to the U.S. Bureau of Labor Statistics (2007) more than one million new and replacement RNs will be needed by 2016.

Quality and patient care initiatives. The third factor related to the importance of evaluating the business and leadership components of the RN-to-BSN program is new challenges related to quality and patient safety in the changing healthcare environment. Major changes in the internal and external healthcare environments influence the nursing profession and the healthcare industry as a whole. Four landmark reports by the Institute of Medicine (IOM) identified the need for fundamental change in the United States healthcare system and recommend stronger business and leadership skills in all healthcare professions, including nursing.

The first report by the IOM, *To Err is Human* (IOM, 2000), concluded that 98,000 hospitalized Americans die each year as a result of medical errors. The recommendation of this report was a call to action to make health care safe for everyone. The report included a comprehensive approach for reducing medical errors and improving patient safety through strong leadership and business skills of all healthcare professions.

The second report by the IOM, *Crossing the Quality Chasm* (IOM, 2001) identified that the quality problems that exist in the present healthcare system are not just "a gap in what is and what should be, but a chasm" (IOM, p. 1). Health care in the United States fails to provide consistent high-quality care to all people and has not succeeded effectively in translating knowledge into practice. A gap exists between practice and education. Major changes in healthcare education are needed, including nursing. This report was a call to action to improve the United States healthcare system "as a whole for all, in all its quality dimensions, for all Americans" (IOM, p. 2). The *Quality Chasm* committee recommended that a summit be established to develop a set of core competencies that could be consistently integrated throughout all health professions (IOM). The summit was called *Health Professions Education*.

The *Health Profession Education* summit met in 2002 and recommended that all accrediting bodies in the healthcare professions revise their standards of care based upon the core competencies developed by the summit committee. The third report from the IOM (2003), *Health Professions Education*, developed and proposed to all health professions educational organizations, core competencies based on best practices and current standards of care. Competencies that are based on best practices enable nursing and all health professions to improve the quality of health care and change educational curricula to meet the needs of a changing healthcare environment. The committee recommended that education and practice partner together to create learning centers that assist in providing interdisciplinary education that spans occupations (IOM).

The fourth report from the IOM, *Keeping Patients Safe* (IOM, 2003) identified that the work environments of nurses is characterized by many threats to patient safety. The work environments of healthcare organizations include organizational leadership, business, and management practices, workforce deployment practices, work design, and the organizational culture (IOM). The review of the literature revealed that nursing leadership in healthcare organizations has decreased at many levels due to restructuring and redesigning (Gelinas & Manthey, 1997). Decentralization of services provided healthcare organizations the opportunity to decrease middle management nursing positions, resulting in nurse executives with less power and authority than other hospital officials and unsafe work environments that threaten patient safety (Aiken, Clarke, & Sloane, 2000). Nursing leaders need strong business and leadership skills to implement changes in the practice and education environments. Changes will include the implementation of updated and revised best practices and standards of care, which will reduce errors and increase patient safety (Aiken, Clarke, Cheung, Sloane & Silber, 2003). This landmark report recommended that evidence-based leadership (EBL) and evidence-based management (EBM) strategies be adopted as top strategies to endure safe and positive work environments for nurses (IOM).

Evolving best practices. The AACN (2008a) *Essentials of Baccalaureate Education* identified that RN to BSN nursing curricula must be updated and revised to adjust to current evidence-based best practices, new standards of care, and changing professional guidelines. Finkelman and Kenner (2007a) suggested reforming nursing

education by designing curricula so that it may be changed and adjusted easily to meet current best nursing practices. Program evaluation of the business and leadership components of the RN-to-BSN program at the university was necessary to assure that the components of the curricula were based on current best practices that meet the needs of today's nursing practice and prepare nursing leaders for the future of health care.

The initial business and leadership components of the RN-to-BSN curricula were developed in 2003 and based on the standards, research, and best practices published in the AACN (1997) *Position Statement*, the AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* (1998), and the *PEW Health Commission Competencies* (1998). Since that time, best practices have changed based on new evidence and scientific research.

Purpose of the Project

The purpose of this study was to evaluate the merit and worth of the business and leadership components of the RN-to-BSN program of the university. The study assessed if the RN-to-BSN program components were based on current best practices that would provide baccalaureate-nursing students with the core concepts of business and leadership. Based on the lack of research related to the evaluation of the business and leadership best practices in RN-to-BSN programs, the study hoped to establish specific best practices for curriculum development and future research. If this evaluation study was not conducted, the RN-to-BSN program was at risk of not preparing baccalaureate nurses for health care delivery and practice for the 21st century.

The final evaluation report of this study provided recommendations to the nursing department on the merit and worth of the business and leadership components of the RN-to-BSN program. The expectation of this study was to assess if the program components prepare RN-to-BSN students with the adequate skills in business and leadership that are needed for current nursing practice. The results of this research provided additional information about the value of the program and suggestions for revisions and improvements.

Research Questions

In order to conduct this evaluation study, six research questions were proposed that guided the study:

Research question 1. What are the expected learning outcomes (criteria) of the leadership and business components in courses NUR 4020 and NUR 4030 of the RN-to-BSN program? The rationale for this question is to define the current criteria of the program that will be compared to the best practices in the nursing profession.

Research question 2. What do experts in professional nursing state are the best practices needed by nurse leaders and managers at the baccalaureate level that will assist in making health care decisions related to business and leadership? The rationale for this question was to gather information from the literature that identifies the competencies, skills, and best practices of business and leadership that are needed by baccalaureate nurse leaders and managers.

Research question 3. What are the perceptions of RN-to-BSN students about best or preferred practices of business and leadership skills needed by baccalaureate nurses in nursing practice? The rationale for this question was to seek input about preferred or best practices.

Research question 4. What is the most effective and valid tool needed to evaluate the current program criteria with the preferred criteria? The rationale for this question was to identify the best possible evaluation tool that would assist an expert evaluation panel with evaluation and recommendations.

Research question 5. What evaluative data, including a gap analysis between current practices and preferred best practices, will be included in a recommendation report to the associate dean of the nursing department of The university? The rational for this question was to provide a final report of the study to the associate dean that includes with recommendations on how to improve or change the program.

Research question 6. To what extent do the business and leadership components of the RN-to-BSN program of the university provide RN-to-BSN students the appropriate practice skills and knowledge that nurse leaders and managers need at the baccalaureate level? The rationale for this question was to summarize in a final report to the associate dean of the nursing department, the recommended revisions and improvements for the program.

Methodology

The evaluation methodology allows the researcher to implement a specific set of procedures to assess the value, merit, or worth of a program or practice, when compared with preestablished criteria (Fitzpatrick et al., 2003). Three evaluation models emerged as potential methodologies for this study: (a) the CIPP model by Stufflebeam (2001), (b) the consumer-oriented approach by Scriven (1974), and (c) the problem-solving evaluation model by Varcoe (2005).

Research Design

The CIPP model focused on the decisions of program managers rather than program outcomes and best practices. Therefore, this model did not meet the needs of this study. The consumer-oriented approach by Scriven (1974) supported the use of formative and summative evaluation for evaluating the achievement of educational outcomes. The Varcoe (2005) model used a combination of specific problem-solving procedures as well as formative and summative advisory panels, resulting in the best possible methodology for this study.

The Varcoe (2005) problem-solving methodology was used as a guideline to conduct this study. This methodology enabled the researcher to implement a set of procedures and use the results to assess the merit or worth of a specific product or practice. The model guided specific procedures to answer the six research questions. For purposes of this study, the term *criteria* was used interchangeably with the term *best practices*.

The Varcoe (2005) model included defining the criteria presently used in the program and then gathered relevant and current information from the literature review to provide the basis for the development of the desired best practices. The procedures used to develop and validate the criteria were iterative formative and summative review and modify cycles that involved formative and summative panels. The evaluation collected and analyzed both quantitative and qualitative data. The review of the literature found no acceptable survey tool that could be used for the purpose of this study; therefore, a survey tool was developed. The data collection tool was designed by the researcher, internal nursing faculty with expertise in business and leadership, and the Executive Director of

Assessment, Evaluation, and Faculty Development at the university. Review of the predeveloped survey was completed by and ad hoc faculty committee and approved by the Executive Director of Assessment, Evaluation, and Faculty Development, and the Chair of the Nursing Department.

Procedures

Formative and summative committees were formed to assist the researcher with developing criteria and the evaluation tool. Criteria for the final-evaluation tool were developed using the results for the review of the literature, student surveys, and the expertise from the formative and summative committee members. All participants in the student survey were provided a participation letter along with the survey. Survey results were collected and secured in a locked file cabinet to assure participant confidentiality. The collected data aided in identifying criteria and contributed to the development of the evaluation tool. The tool was considered valid after its review by the formative and summative committees.

The researcher forwarded the validated evaluation tool via e-mail to the expert evaluation panel, which consisted of two members external to the college. The evaluation was completed, and the members provided their results to the researcher. The researcher examined the data and prepared an evaluation report. The evaluation report was sent to the formative and summative committee members as a courtesy.

The researcher anticipates that the results of this evaluation study will facilitate implementation of recommendations for improving course NUR 4020 and NUR 4030 through the implementation of the recommended best practices in nursing business and leadership. The recommendations of this study will provide opportunities to improve student engagement at the criminal justice division.

Limitations

Several limitations were associated with this study. The research only studied the business and leadership components of one RN-to-BSN program at one university. The RN-to-BSN program that was used in this study cannot be assumed to be the same as other programs because of the lack of research. Therefore, because of the narrow focus and no previous RN-to-BSN program evaluation research in the literature, generalization of the results is limited. The study does provide a basis for further research by other RN-to-BSN programs to determine relevant and current best practices in business and leadership. Future research could begin to compare and contrast best practices in different RN-to-BSN programs and the potential development of new conceptual models of business and leadership related to baccalaureate-nursing leadership.

Additionally, the students surveyed in this study were from various practice backgrounds, age groups, and years in practice, but all attended only the RN-to-BSN program from the university. This factor could have skewed the student responses to the survey. The survey did not identify if the participants were in leadership or management positions. Participants in leadership and management positions may have answered the survey differently from nurses providing direct patient care.

Another limitation of the study was the varying degrees of knowledge, expertise, and experience of the formative, summative, and expert committee members. The committee members may have had differing degrees of commitment, motivation, and expectations. It is assumed that the best practices from the literature, the survey tool, and

the evaluation tool were reliable and valid as confirmed by formative and summative committee's iterative process.

Results
Evaluation and Gap Analysis

As a result of the evaluation completed by the expert panel members, areas of improvement were identified through a gap analysis. The following ten categories were identified with gaps and recommendations for improvement were provided.

The first gap identified was *Category 1* related to *leadership* best practice themes. The current best practices focused on leadership, management, problem solving, and personal leadership styles. With the issues of a changing health environment (IOM, 2001; Davidson et al., 2002), a continuous nursing shortage (AACN, 2007; U.S. Department of Labor, 2007), and a retiring nurse workforce (Buerhaus et al., 2008) recommendations were provided to expand the areas of leadership theory, leadership roles in education, strategic thinking, leadership within, and leaders as continuous learners. The expert panel recommendations were consistent with evidence-based research that supports the need for nursing leaders to expand their roles as leaders (Flesner et al., 2005).

The second gap identified was *Category 2* related to *communications* needed by nursing leaders. The current best practices focused only on communication concepts, conflict resolution, power, and legal and ethical issues. Recommendations from the expert panel included expanding the concepts of communications and add best practice themes related to negotiation, emotional intelligence, grants, proposals, and presentation skills. Consistent with the literature, the experts emphasized the importance of effective communication skills for working effectively with senior executives and interprofessional groups (Sullivan et al., 2003).

The third gap identified was *Category 3* related to *teams*. The current best practices focused only on team building and followership. Recommendations included expanding this category to include aspects of working on teams. Best practice topic suggestions included learning styles of teams, team communications, generational issues related to teams, and learning styles of teams. Another recommendation was to add best practices related to supervision and delegation in today's healthcare environment. These recommendations were consistent with the IOM (2003) initiatives.

The fourth gap identified was *Category 4* related to *organizational structure*. The current best practices focused only on mission, vision, philosophy, strategic planning, types of organizations, and organizational governance. Recommendations included changing the overall category name to *Organizational Systems* as a broad category that would include best practices related to organizational structure and organizational culture. Recommendations were provided to include best practices related to organizational systems, disparities in systems, complex versus microsystems, learning organizations, and consumerism. These recommendations were consistent with the evidence that supports education and practice working collaboratively to transform health delivery systems (Coonan, 2008).

The fifth gap identified was *Category 5* related to *quality care*. The current best practices focused on quality care, patient safely, retention and recruitment, stress and burnout, performance appraisals, and employees with special needs. The first recommendation by the experts was to change the overall category name to *Quality Improvement*. Secondly, they highly recommended that this category should be a 3-credit

course that stands alone and includes *Category 9, Healthcare Reimbursement* and *Category 11, Healthcare Policy,* Main best practice categories under the *quality care* category were recommended to include Performance Improvement, Care Delivery Systems, Human Resource Management, and Healthcare Reform. These recommendations were consistent with the evidence-based practice and research that supports the need for nursing leaders to have the skills and competencies to be leaders on interdisciplinary teams and be the drivers and change agents for quality healthcare reform (Delaney & Piscopo, 2007; Sherman et al., 2007).

The sixth gap identified was *Category 7* related to *information systems* and *technology*. There were no current best practice themes taught in this course. Recommendations included changing the overall category name to *Information Systems* and including all of the best practice themes that were identified in by the literature, practice, and survey from the RN to BSN alumni. This recommendation is consistent with the evidence identified by the IOM (2003) study.

The seventh gap identified was *Category 8* related to *financial management*. Recommendations included adding all best practice themes from the literature, practice, and survey. The experts also recommended that healthcare reform, healthcare economics, and basic accounting concepts be added to the curriculum. These recommendations were consistent with evidenced-based practice and research that supports the need for nurse leaders to be competent in business (AONE, 2005b) and financial management (Golden, 2008; Hughes et al., 2006).

The eighth gap identified was *Category 9* related to *healthcare reimbursement*. The expert panel recommended to include all of the best practices found in the literature, practice, and the survey on the final-evaluation tool. Further recommendations suggested that the best practice themes related to performance initiatives and the core measures from the Centers for Medicare and Medicaid Services (CMS) be included in curriculum revisions. The last recommendation was to add this entire category as part of the new three-credit course that could be titled Quality Improvement.

The ninth gap identified was *Category 10* related to *legislative* and *regulatory processes*. Recommendations included changing the overall category name to *Legal and Regulatory Processes* and including all of the best practice themes that were identified in by the literature, practice, and the survey. The experts also recommended that topic areas include best practices related to healthcare regulation, professional regulation, and legal and ethical issues.

The tenth gap identified was *Category 11* related to *healthcare policy*. The expert panel recommended to include all of the best practices found in the literature, practice, and the survey, and to add this entire category of best practices as part of the new three-credit course of Quality Improvement. Best practice additions to this category by the experts included influencing healthcare policy and healthcare reform.

Current Course Outcomes and Best Practice Themes Taught in the Leadership and Business Courses	Best Practice Themes From the Literature Combined with Recommendations from the RN to BSN Survey and the Formative and Summative Committee	**Gap Analysis** and Recommendations from Experts Panel	Final Recommendations for the Report

	Members		
Category 1: Leadership skills	*Category 1:* Leadership skills	*Category 1:* Leadership skills	*Category 1:* Leadership skills

Apply selected leadership and management theories to nursing practice. *Design strategies to enhance the development of the self as leader.* • Management and nursing theories • Leadership and management concepts • Cultural diversity related to leadership • Leadership as process • Mentoring • Problem solving • Critical thinking • Personal leadership style • Role of leader in EBP	• Shared decision making • Partnerships between education and practice • Problem solving • Critical analysis • Collaboration • Negotiation • Cultural diversity • Evidenced-based leadership • Evidenced-based management • Leadership styles and theories • Transformational leadership • Coaching and mentoring • Appreciative inquiry • Leadership related to the corporate business model	**Gap Exists:** Keep best practice themes with these added suggestions: *Eliminate Nursing Theories (probably covered elsewhere in the curriculum) and add Leadership Theory (which should cover styles and transformational leadership* *Eliminate leadership as process - this should be covered in leadership concepts and add the Nurse Leader's Role in Education (Coaching, Mentoring, Practice Partnerships, Staff Self Governance)* *Eliminate Problem Solving - expand to Strategic Thinking (Critical Analysis, Problem Solving, Decision Making, Appreciative Inquiry)* *Eliminate Personal Leadership Style - expand to the Leader Within (personal style, reflective practice, emotional intelligence, leadership ethics, professionalism - not sure why some of these did not come up on literature review or in your research)* *Add - the Leader as a Continuous Learner*	Leadership Theory • Leadership styles and theories • Transformational leadership • Collaboration • Leadership and the business model Leaders Role in Education • Coaching • Mentoring • Practice and education partnerships • Staff Self-Governance • Evidenced-based leadership Strategic Thinking • Critical thinking • Critical analysis • Problem solving • Shared decision making • Appreciative inquiry Leadership Within • Personal style • Reflective practice • Emotional intelligence • Leadership ethics • Professionalism Leader as Continuous Learner • Role of evidence-based practice and leadership skills • Professional development

		(role of evidence-based practice and leadership skills, professional development) *Negotiations should be moved to communications category.* *Add Emotional Intelligence*	
Category 2: Communications *Utilize effective communication skills to influence the behaviors of others.* • Communication concepts • Conflict Management • Power • Legal and ethical issues	*Category 2:* Communications • Communication principles • Conflict resolution • Ethical decision making • Emotional intelligence • Knowledge of grants • Communication with senior leadership • Communications related to generational and gender differences • How to write proposals	*Category 2:* Communications **Gap exists:** Keep best practice themes with these added suggestions: *Communication Concepts could be expanded to include negotiation, communication principles, styles of communication, collaboration* *Add Leadership Presentation Skills - Oral and Written* *Legal and Ethical Issues should be included in other Categories - not a good fit here* *Add emotional intelligence to this category* *Basic knowledge of grant writing and proposals are necessary*	*Category 2:* Communications Communication Concepts • Communication Principles • Styles of communication • Negotiation • Emotional intelligence • Conflict management • Communications related to gender • Communications related to generations Leadership Presentation Skills • Oral and written • Grant writing-knowledge • Writing proposals-narrow a problem • How to communicate with senior leadership

Category 3: Teams *Utilize evidence-based practice in the decision making in the role of the nurse leader.* *Role model professional behaviors.* • Team building • Followership	*Category 3:* Teams • Interprofessional teams • Interdisciplinary teams • Accountability • Team work • Learning styles of teams	*Category 3:* Teams **Gap Exists**: Keep best practice themes with these added suggestions: *Keep Team Building and Followership - Expand to Working on Teams which include team dynamics, generational issues, team communication, horizontal violence* *Add Supervision and Delegation in today's Healthcare Environment - big missing piece in current program outline*	*Category 3:* Teams Working on Teams • Team dynamics • Team building • Followership • Learning styles of teams • Generational issues • Team communications • Horizontal violence • Interprofessional teams • Interdisciplinary teams • Accountability Supervision and Delegation in Today's Healthcare Environment

Category 4: Organizational Structure
 	
Discuss the impact of organizational culture, mission, and philosophy as it relates to the nursing leadership role.
 	
• Mission
• Vision
• Values
• Philosophy
• Strategic planning
• Governance
• Types of organizations
• Organizational politics
• Organizational ethics
	Category 4: Organizational Structure
	
	• Healthcare systems structure
	• System designs
	• Disparities in healthcare systems
	• Complex vs micro systems
	• Strategic planning
	• Governance
	• Evidence-based practice
	• Evidence-based leadership
	• Evidence-based management practice
	• Marketing
	• Consumerism
	• Learning organizations
		*Category 4:*Organizational Structure
		
		Gap Exists: Keep best practice themes with these added suggestions:
		
		May want to consider call this category Organizational Systems
		
		Organizational Structure - could include mission, vision, values, philosophy, governance, complex versus microsystems
		
		Organizational Culture - types, politics and ethics, healthy work environments
			Category 4: Organizational Systems
			
			Organizational Structure
			• System designs
			• Healthcare systems structure
			  • Mission
			  • Vision
			  • Values
			  • Philosophy
			  • Governance
			  • Complex vs micro systems
			• Disparities in healthcare systems
			• Strategic planning
			• Evidenced-based practice
			• Evidence-based leadership

		Strategic planning should be a big part of this category *Consumerism should be highly emphasized in light of health care reform* *Evidenced base leadership and practice need to be integrated into all aspects of organizational structure culture*	Organizational Culture • Types • Ethics • Healthy work environments • Organizational politics • Learning organizations • Consumerism • Marketing
Category 5: Quality care *Formulate strategies to address the political, cultural, legal and ethical issues facing nursing leaders within the current healthcare system.* *Analyze the ways various health care delivery systems meet the needs of diverse clients.* *Identify the nurse's role in promoting human resource management.* • Quality care • Patient safety • Retention and recruitment strategies • Stress and burnout • Performance appraisals • Special needs employees	*Category 5:* Quality care • Patient care delivery models • Patient safety principals • Benchmarking • Root cause analysis • SWOT analysis • Quality improvement initiatives • Risk management • Quality improvement metrics • Legal issues • Ethical decision making • Patient centered care • Increased understanding of accrediting bodies • Customer satisfaction related to patient outcomes	*Category 5:* Quality care **Gap Exists** *: Keep best practice themes with these added suggestions:* *Outline Topics Differently......* *Performance Improvement - patient safety, benchmarking, SWOT, Root Cause, risk management* *The Care Delivery System - Patient Care Delivery Models, Patient Centered Care, Customer Satisfaction, Performance Measures* *Human Resource Management - stress & burnout, performance appraisal, recruitment and retention, staff self governance, motivation, rewards and recognition*	*Category 5:* Quality Improvement Performance Improvement • Patient safety • Benchmarking • SWOT • Root cause • Risk management • Quality improvement metrics and initiatives Care Delivery Systems • Patient care delivery models • Patient centered care • Customer satisfaction related to patient outcomes • Performance measures • Accrediting bodies • Evidence-based practice Human Resource

		In light of health care reform changes, this category should be a 3 credit course. Recommend adding these best practice initiatives: • *Health care reform* • *IOM initiatives* • *CMS and core measure* • *HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems).*	Management • Stress and burnout • Performance Appraisal • Recruitment and retention • Staff self governance • Motivation • Rewards and recognition Healthcare Reform • IOM initiatives • CMS and core measures • HCAHPS assessments
Category 6: Change *Implement strategies to motivate others in adapting to changing situations in the healthcare environment.* • Change Process • Change theory	*Category 6:* Change • Change management • Analyze impact of change • Change agent behaviors • Change and systems	*Category 6:* Change **NO Gap exists** *Change Management - change theory, innovation theory, analyzing the impact of change* *Consider Adding - Chaos and Complexity Content*	*Category 6:* Change Change Management • Change theory • Innovation theory • Analyzing the impact of change • Chaos • Complexity • Change and systems
Category 7: Information systems and technology	*Category 7:* Information systems and technology • Information management • Information systems related to nursing practice • Information systems related to patient outcomes	*Category 7:* Information systems and technology **Gap Exists** *:* Keep best practice themes with these added suggestions: *Change to Information Technology - Information Systems, information*	*Category 7:* Information Technology • Information Systems • Information Management • Impact of technology on patient care • Information systems relate to patient outcomes

	• Role model in computer literacy • Increased understanding of ongoing new competencies needed for changing information systems. • Technology needs to be blended with nursing process.	*management, impact of technology on patient care, computer literacy in practice today* *Add Electronic Medical Records*	• Role modeling in computer literacy • Computer literacy in practice • Changing competencies related to information systems • Technology and nursing process • Electronic Medical Records (EMRs)
Category 8: Financial Management *Demonstrate fiscal responsibility and accountability in the role of the professional nurse.* • EBP to improve financial viability • Fiscal responsibility • Fiscal accountability • Financial trends • Budget process • Financial skills needed by nursing leaders • Financial terms • Variance analysis • Staffing process/skill mix • Patient classification systems	*Category 8*: Financial Management • Fiscal responsibility • Fiscal accountability • Concepts of economics • Concepts of accounting • Budgeting • Business plans • Financial trends • Evidenced-based financial decisions related to patient care • Financial viability of healthcare environments • Cost containment • Human resource management • Cost accounting for nursing care • Health care as a business	*Category 8*: Financial Management __*Gap Exists :*__ Keep best practice themes with these added suggestions: *Add a focus on Healthcare Reform, health care economics, and basic accounting concepts.*	*Category 8*: Financial Management Financial Management • Fiscal responsibility • Fiscal accountability • Health care economics • Concepts of accounting • Budgeting • Business plans • Financial trends • Evidenced-based financial decisions related to patient care • Financial viability of healthcare environments • Cost containment • Human resource management • Cost accounting for nursing care • Health care as a business • Health care reform

Category 9: Healthcare Reimbursement *Examine the professional role related to financial management, fiscal responsibility, and other economic issues impacting the current healthcare system.* • Reimbursement systems • Cost containment	*Category 9:* Healthcare Reimbursement • Health care financing • Major forms of reimbursement • Patient care services and how financed • Nursing's role in reimbursement	*Category 9:* Healthcare Reimbursement **_Gap Exists :_** Keep best practice themes with these added suggestions: *Add Pay for Performance Initiatives CMS and core measures* *Add this entire category to the Quality Improvement 3 credit course.*	*Category 9:* Healthcare Reimbursement Healthcare Reimbursement • Health care financing • Major forms of reimbursement • Patient care services and how financed • Nursing's role in reimbursement • Pay for performance initiatives • CMS core measures
Category 10: Legislative and Regulatory Processes *Synthesize knowledge from nursing, business, and other disciplines to promote financial stability and responsibility.* • Legislative nursing leadership • Participation in professional organizations	*Category 10*: Legislative and Regulatory Processes • Regulatory policy • Regulatory agencies and processes • Legistlative processes • Participation in professional organizations • Nursing and social justice • Collective bargaining • Ethics • Political participation	*Category 10*: Legislative and Regulatory Processes **_Gap Exists_** *: Keep best practice themes with these added suggestions:* *Two major topic areas: Healthcare Regulation Professional Regulation* *I would include all of the suggestions from the literature/best practice themes Perhaps the Category Topic could be changed to Legal and Regulatory Processes and include legal content here* *Add Ethics here also*	*Category 10:* Legal and Regulatory Processes • Regulatory policy • Healthcare regulation • Regulatory agencies and processes • Legislative processes • Policy advocacy • Participation in professional organizations • Professional regulation • Nursing and social justice • Collective bargaining • Ethics • Political participation • Political activism
Category 11: Healthcare policy	*Category 11*: Healthcare policy	*Category 11*: Healthcare policy	*Category 11*: Influencing Healthcare policy

Incorporate evidence-based in decision making to improve financial viability and cost management of the health environment.
 	
    • Healthcare economics
	• Health care economics
	• Healthcare policy, access, equity, affordability, and social justice
	• Political activism
	• Participation in legislative efforts
	• Delivery systems and diverse populations
	• Social policies and ethical frameworks
	• Global health care practices
	• How health care is financed in other countries
		Gap Exists : Keep best practice themes with these added suggestions:
		
		Change major topic to Influencing Health Policy
		Add to category 10:The Legislative Process
		    Policy Advocacy (political activism, influencing legislation
		    Issues with Health Reform (economics, access, global benchmarking)
		
		    Add this entire category to the new Quality Improvement 3 credit course
			Influencing Healthcare policy
			    • Health care economics
			    • Healthcare policy, access, equity, affordability, and social justice
			    • Political activism
			    • Participation in legislative efforts
			    • Delivery systems and diverse populations
			    • Social policies and ethical frameworks
			    • Global health care practices
			    • Quality of healthcare in the US
			    • How health care is financed in other countries
			
			Healthcare Reform
			    • Economics
			    • Access
			    • Global benchmarking
			    • Influencing issues with health care reform

Recommendations

Based on the conclusions and implications of this study, the following recommendations emerged. First, conclusions from the final evaluations by the experts determined that the business and leadership courses were sound core courses that should be continued in the current RN-to-BSN program. Based on the gaps found in each of the categories and subsequent recommendations from the experts, the decision to update the courses will be made by the associate dean, curriculum council, and the full faculty council of the ND at the university.

Second, the results and recommendations from the study will be presented initially to the associate dean for approval through the report format that was approved by the formative and summative committees. The report clearly identifies the gaps in each category along with recommended best practice topics that could be integrated into the present courses. This evaluation study will provide the ND faculty and councils the

opportunity to revise and update each of the courses to assure that the university is providing to RN-to-BSN students with current and relevant best practices in both the business (NUR 4030) and the leadership courses (NUR 4020).

      If the associate dean approves the recommendations, the recommendations will then go through the curriculum council of the ND for further approval. The curriculum council is composed of faculty from all levels of nursing education. It will be an opportunity for the faculty to increase their understanding of how evidence-based research changes education practice. After approval from the curriculum council, the recommendations will be presented to full faculty for final approval. If approved by the full faculty council, an implementation plan will be integrated with the current 3-year curriculum revision plan by the curriculum council.

Conclusion

      The focus of this study was to determine the merit and worth of the business and leadership components of the RN-to-BSN program at the university. The results of the study revealed that the current courses do have merit, but there were gaps in the current best practices compared to the preferred best practices. The following plan delineates the steps that will be implemented to achieve approval to update courses NUR 4020 and NUR 4030.

1. The associate dean of the ND will present the final report, which includes recommendations.
2. After approval from the associate dean, the recommendations will be sent to the curriculum council for discussion and approval.
3. After approval from the curriculum council, the recommendations will be presented to the full faculty council for approval.
4. After full faculty council approval, the recommendations go to the RN-to-BSN program directors to develop a plan of implementation that integrates with the existing curriculum revision plan.

References

Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2000). Hospital restructuring: Does it adversely affect care and outcomes? *Journal of Nursing Administration*, *30*(10), 457-465.

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

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

American Association of Colleges of Nursing. (1997). *A vision of baccalaureate and graduate nursing education: The next decade*. Retrieved January 1, 2009, from http://www.aacn.nche.edu/Publications/positions/vision.htm

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate*

education for professional nursing practice. Washington, DC: Author.

American Association of Colleges of Nursing. (2004). *About AACN*. Retrieved January 3, 2009, from http://www.aacn.nche.edu/ContactUs/index.htm

American Association of Colleges of Nursing. (2007). *Enrollment growth slows at U.S nursing colleges and universities in 2007 despite more calls for registered nurses*. Retrieved December 29, 2008, from http://www.aacn.nche.edu/media/NewsReleases/2007/enrl.htm

American Association of Colleges of Nursing. (2008a). *The essentials of baccalaureate education for professional nursing practice*. Retrieved January 7, 2009, from http://www.aacn.nche.edu/Education/pdf/BaccEssentials08.pdf

American Association of Colleges of Nursing. (2008a). *AACN fact sheet*. Retrieved January 4, 2009, from http://www.aacn.nche.edu/ContactUs/index.htm

American Association of Colleges of Nursing. (2008c). *Impact of education on nursing practice*. Retrieved January 4, 2009, from http://www.aacn.nche.edu/Media/Factsheets/ImpactEdNP.htm

American Association of Colleges of Nursing. (2009). *Nursing shortage*. Retrieved April 5, 2010, from http://www.aacn.nche.edu/Media/Factsheets/ImpactEdNP.htm

American Hospital Association. (2002). *In our hands: How hospital leaders can build a thriving workforce*. Washington, DC: Author.

American Organization of Nurse Executives. (2005). *Welcome to AONE*. Retrieved August 31, 2008, from http://www.aone.org/aone/about/home.html

American Organization of Nurse Executives. (2005a). *2008-2010 AONE strategic plan*. Retrieved from http://www.aone.org/aone/about/pdfs/20082010AONEStratPlanFinal.pdf

American Organization of Nurse Executives. (2005b). AONE nurse executive competencies. *Nurse Leader*, *3*(1), 15-22.

American Organization of Nurse Executives. (2005c). *BSN-level nursing education resources*. Retrieved January 2, 2009, from http://www.aone.org/aone/resource/practiceandeducation.html

American Organization of Nurse Executives. (2005d). *Organizational information*. Retrieved January 2, 2009, from http://www.aone.org/aone/about/about_aone.html

Androwich, I., & Haas, S. (2007). American Organization of Nurse Executives 2006 survey on nursing and information technology. *Nurse Leader*, *5*(2), 17-23.

Arnold, L., Manzano, W., Jones, S., Bisbee, G., Holecek, N., & Kerfoot, K. (2006). Toward a greater understanding of health system nursing organizations and the role of the CNO. *Nurse Leader*, *4*(4), 30-33, 49.

Bentley, R. (2006). Comparison of traditional and accelerated baccalaureate nursing graduates. *Nurse Educator*, *31*(2), 79-83.

Bernard Hodes Group. (2006). *The 2006 aging nursing workforce survey*. Retrieved December 28, 2008, from http://www.hodes.com/industries/health care/resources/research/agingworkforce.asp

Birks, M., Chapman, Y., & Francis, K. (2006). Baccalaureate nursing studies: Voyaging towards discovery. *International Journal of Nursing Practice*, *12*(5), 267-272.

Blais, K., Hayes, J. S., Kozier, B., & Erb, G. (2006). *Professional nursing practice: Concepts and perspectives* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Bland, C. J., Starnaman, L., Wersal, L., Moorhead-Rosenberg, L., Zonia, S., & Henry, R. (2000). Curricular change in medical schools: How to succeed. *Academic Medicine*, *75*(6), 575-94.

Boyer, E. (1990). *Scholarship reconsidered: Priorities of the professoriate*. San Francisco: Jossey-Bass.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Implications of an aging registered nurse workforce. *JAMA*, *288*(22), 2948-2954.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2008). *The future of the nursing workforce in the United States: Data, trends and implications*. Boston: Jones and Bartlett Publishers.

Burns, J. M. (1978). *Leadership*. New York: Harper & Row.

Cangelosi, P. R. (2006). RN-to-BSN education: Creating a context that uncovers new possibilities. *Journal of Nursing Education*, *45*(5), 177-181.

Coonan, P. R. (2008). Educational innovation: Nursing's leadership challenge. *Nursing Economics, 26*(2), 117-121.

Corning, S. (2002). Profiling and developing nursing leaders. *Journal of Nursing Administration*, *32*(7/8), 373-375.

Council on Physician and Nurse Supply. (2007). *Finding solutions to the health care staffing shortage*. Retrieved December 29, 2008, from http://www.physiciannursesupply.com/

Davidson, P. L., Calhoun, J. G., Sinioris, M. E., & Griffith, J. R. (2002). A framework for

evaluating and continuously improving the NCHL transformational leadership initiative. *Quality Management in Health Care*, *11*(1), 3-13.

De Groot, H. (2005). Evidence-based leadership: Nursing's new mandate. *Nurse Leader*, *3*(2), 37-41.

Delaney, C., & Piscopo, B. (2007). There really is a difference: Nurses' experiences with transitioning from RNs to BSNs. *Journal of Professional Nursing*, *23*(3), 167-173.

Dohm, A., & Shniper, L. (November 2007). Occupational employment projections to 2016. *Monthly Labor Review*, *130*(11), 86-125.

Eckhardt, J. A. (2002). Effects of program design on the professional socialization of RN-BSN students. *Journal of Professional Nursing, 18*(3), 157-164.

Edwards, P. A., & Roemer, L. (1996). Are nurse managers ready for the current challenges of health care? *Journal of Nursing Administration*, *26*(9), 11-17.

Esler, R. O., & Nipp, D. A. (2001). Worker designed culture change. *Nursing Economics*, *19*(4), 161-175.

Estabrooks, C. A., Midodzi, W. K., Cummings, G.G., Ricker, K. L., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research*, *54(*2), 74-84.

Finkelman, A., & Kenner, C. (2007a). Why should nurse leaders care about the status of nursing education? *Nurse Leader*, *5*(6), 23-27.

Finkelman, A., & Kenner, C. (2007b). Teaching IOM: Implications for nursing education. Washington, DC: ANA.

Fitzpatrick, J. L., Sanders, J. R., & Worthen, B. R. (2004). *Program evaluation: Alternative approaches and practical guidelines* (3rd ed.). Boston: Allyn & Bacon.

Flesner, M. K., Scott-Cawiezell, J., & Rantz, M. (2005). Preparation of nurse leaders in the 21st century workplace. *Nurse Leader*, *3*(4), 37-40.

Florida Center for Nursing (2008). *2007 Nursing education program annual report and workforce survey*. Retrieved January 4, 2009, from http://www.flcenterfornursing.org/files/06-07_Education_Survey_Report.pdf

Fralic, M. F. (1989). Issues surrounding RN/BSN education: A view from nursing service. *Journal of Professional Nursing*, *5*(2), 64, 113.

Gall, M. D., Gall, J. P., & Borg, W. R. (2003). *Educational research: An introduction*

(7th ed.). Boston: Allyn and Bacon.

Gelinas, L. S., & Manthey, M. M. (1997). The impact of organizational design on nurse executive leadership. *Journal of Nursing Administration*, *27*(10), 35-42.

Golden, T. W. (2008). Connecting the dots: Responding to the challenges of budget and finance education for nurse leaders. *Nurse Leader*, *6*(3) 42-47.

Goode, C. J., Pinkerton, S., McCausland, M. P., Southard, P., Graham, R., & Krsek, C. (2001). Documenting chief nursing officers' preference for BSN-prepared nurses. *Journal of Nursing Administration*, *31*(2), 55-59.

Harrington, J. H. (1996). Socialization into the professional role as experienced by the RN-BSN. *Pennsylvania Nurse*, *51*, 18-20.

Hood, L., & Leddy, S. K. (2005). *Leddy & Pepper's conceptual bases of professional nursing* (6th ed.). New York: Lippincott Williams & Wilkins.

Hughes, F., Duke, J., Bamford, A., & Moss, C. (2006). Enhancing nursing leadership through policy, politics, and strategic alliances. *Nurse Leader*, *4*(2), 24-27.

Ingersoll, G. L., Cook, J. A., Fogel S., Applegate, M., & Frank, B. (1999). The effect of patient-focused redesign on midlevel nurse managers' role responsibilities and work environment. *Journal of Nursing Administration, 29*(5), 21-27.

Ingersoll, G. L. (2000). Evidence-based nursing: What it is and what it isn't. *Nursing Outlook, 48*(4), 151-152.

Institute of Medicine. (2000). *To err is human: Building a safer healthcare system*. Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Eds. Washington, DC: National Academies Press.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Ann C. Greiner and Elisa Knebel, Eds. Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Keeping patients safe: Transforming the work environment of nurses*. Ann Page, Ed. Washington, DC: National Academies Press.

Institute of Medicine. (2008). *Mission*. Retrieved August 31, 2008, from http://www.iom.edu/

Joint Commission on Accreditation of Healthcare organizations. (2002). *Health care at the crossroads: Strategies for addressing the evolving nursing crisis*. Chicago: Author.

Joint Committee on Standards for Educational Evaluation. (n.d.) *The program evaluation standards*. Retrieved January 2, 2009, from http://www.wmich.edu/evalctr/jc/

Johnson, C. E. (2005). *Meeting the Ethical Challenges of Leadership: Casting Light or Shadow* (2nd ed.). Thousand Oaks, CA: SAGE Publications.

Kenner, C., Androwich, I., & Edwards, P. (2003). Innovative educational strategies to prepare nurse executives for new leadership roles. *Nursing Administration Quarterly, 27*(2), 172-19.

Kerfoot, K. M. (2008). Leadership and learning from politicians. *Nursing Economics*, *26*(1), 59-60.

Kidder, R. M. (1996). *How good people make tough choices: Resolving the dilemmas of ethical living*. New York: Fireside/Simon & Schuster.

Kidder, R. M. (2005). *Moral courage*. New York: HarperCollins.

Kimball, B., & O'Neil, E. (2002). Health care's human crisis: The American nursing shortage. Princeton, NJ: The Robert Wood Johnson Foundation.

Kirby, K., & DeCampli, P. (2008). Nurse manager development beyond the classroom. *Nurse Leader*, *6*(2) 44-47.

Kleinman, C. S. (2003). Leadership roles, competencies, and education: How prepared are our nurse managers? *Journal of Nursing Administration*, *33*(9), 451-455.

Kouzes, J., & Posner, B. (2002). *The leadership challenge* (3rd ed.). San Francisco: Jossey-Bass.

Lee-Hsieh, J., Kao, C., Kuo, C., & Tseng, H. (2003). Clinical nursing competence of RN-to-BSN students in a nursing concept-based curriculum in Taiwan. *Journal of Nursing Education*, *42*(12), 536-545.

Lillibridge, J., & Fox, S. D. (2005). RN to BSN education: What do RNs think? *Nurse Educator*, *30*(1), 12-16.

Mahaffey, E. H. (2002). The relevance of associate degree nursing educations: Past, present, future. *Online Journal of Issues in Nursing*. Retrieved from http://www .nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN /TableofContents/Volume72002/No2May2002/RelevanceofAssociateDegree.aspx

Mathena, K. (2002). Nursing manager leadership skills. *Journal of Nursing Administration*, *32*(3), 136-142.

McNeill, A., & Porter-O'Grady, T. (2007). Engaging transformation: Constructing a new model for nursing education and practice. *Nurse Leader*, *5*(3), 30-34, 60.

Melnyk, B., & Fineout-Overholt (2005). *Evidence-based practice in nursing and health care*. Philadelphia: Lippincott Williams & Wilkins.

Minnick, A. F. (2000). Retirement, the nursing workforce, and the year 2005. *Nursing Outlook*, *48*(5), 211-217.

Mission Statement. (2008). Retrieved December 29, 2008, from ABC University website: http://www.nova.edu/cwis/about-nsu/mission.html

Mission Statement Nursing. (2008). Retrieved December 29, 2008, from ABC University website: http://www.undergrad.nova.edu/catalog/html/index.cfm?numContentID=279

National Advisory Council on Nurse Education and Practice. (2003). Third report to the secretary of health and human services and the congress. Retrieved August 1, 2008, from ftp://ftp.hrsa.gov/bhpr/nursing/nacreport.pdf

National League for Nursing Accrediting Commission Self Study. (2003). Nursing Department of The university.

National League for Nursing Accrediting Commission. (2005). *Accreditation manual with interpretive guidelines by program type*. Retrieved October 29, 2008, from http://www.nlnac.org/manuals/Manual2005.htm

National Organization for Associate Degree Nursing. (2006). *Position statement of associate degree nursing*. National Organization for Associate Degree Nursing: NOADN National Office.

Pew Health Professions Commission. (1995). *Critical challenges: Revitalizing the health professions for the twenty-first century*. San Francisco: UCSF Center for the Health Professions.

Pew Health Professions Commission. (1998). *Recreating health professional practice for a new century*. San Francisco: Pew Health Professions Commission. Retrieved November 12, 2008, from http://futurehealth.ucsf.edu/pewcomm/competen.html

Phillips, C. Y., Palmer, C. V., Zimmerman, B. J., & Mayfield, M. (2002). Professional development: Assuring growth of RN-to-BSN students. *Journal of Nursing Education*, *41*(6), 282-284.

Porter-O'Grady, T., & Malloch, K. M. (2003). *Quantum leadership: A textbook of new leadership*. Boston: Jones and Bartlett Publishers

Rambur, B., Palumbo, M., McIntosh, B., & Mongeon, J. (2003). A statewide analysis of RN's intention to leave their position. *Nursing Outlook*, *51*(4), 182-188.

Russell, G., & Scoble, K. (2003). Vision 2020, part 2: Educational preparation for the

future nurse manager. *Journal of Nursing Administration*, *33*(7/8), 404-409.

Scoble, K., & Russell, G. (2003). Vision 2020, part 1: Profile of the future nurse leader. *Journal of Nursing Administration*, *33*(6), 324-330.

Scriven, M. (1974). Evaluation perspective and procedures. In W. J. Popham (Ed.). *Evaluation in education: Current applications*. Berkeley, CA: McCutchan Publishing Corporation.

Seldomridge, L. A., & DiBartolo, M. C. (2005). A profile of accelerated second bachelor's degree nursing students. *Nurse Educator*, *30*(2), 65-68.

Sherman, R. O., Bishop, M., Eggenberger, T., & Karden, R. (2007). Development of a leadership competency model. *Journal of Nursing Administration*, *37*(2), 85-94.

Sovie, M. D. (1985). Managing nursing resources in a constrained economic environment. *Nursing Economics*, *3*(2), 85-94.

Sovie, M. D. (1987). Exceptional executive leadership shapes nursing's future. *Nursing Economics*, *5*(1), 13-20, 31.

Stufflebeam, D. L. (2001). *Evaluation models*. San Francisco: Jossey-Bass.

Sullivan, J., Bretschneider, J., & McCausland, M. P. (2003). Designing a leadership development program for nurse managers: An evidence-driven approach. *Journal of Nursing Administration*, *33*(10), 544-549.

Surakka, T. (2008). The nurse manager's work in the hospital environment during the 1990s and 2000s: Responsibility, accountability and expertise in nursing leadership. *Journal of Nursing Management*, *16*(5), 525-534.

Tulgan, B. (2007). It's OK to be the boss-be a great one! *Nursing Management*, *38*(9), 18-24.

U.S. Bureau of Labor Statistics. (2007). *Occupational outlook handbook: Registered nurses*. Retrieved August 15, 2008, from http://www.bls.gov/oco/ocos083.htm

U.S. Department of Health and Human Services. (2006). *Preliminary findings: 2004 national sample survey of registered nurses*. Retrieved March 1, 2009, from http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/

U.S. Department of Health and Human Services. (2007). *Nursing: National advisory council on nurse education and practice*. Retrieved September 1, 2008, from http://bhpr.hrsa.gov/nursing/nacnep.htm

U.S. General Accounting Office. (2001). *Nursing workforce: Recruitment and retention*

of nurses and nurse aides is a growing concern.
Report: GAO-01-750T. Retrieved August 15, 2008, from
http://www.gao.gov/new.items/d01750t.pdf

Utley-Smith, Q., Phillips, B., & Turner, K. (2007). Avoiding socialization pitfalls in
accelerated second-degree nursing education: The returning to school syndrome.
Journal of Nursing Education, *46*(9), 423-426.

Varcoe, K. (2005). *Evaluation methodology learning activity packet*. Fort Lauderdale,
FL: Program for Higher Education, Nova Southeastern University.

Waxman, K. T. (2005). Creating a culture of financially savvy nurse leaders. *Nurse
Leader*, *3*(1), 31-35.

Yeh, M., & Chen, H. (2005). Effects of an educational program with interactive
videodisc systems in improving critical thinking dispositions for
RN-BSN students in Taiwan. *International Journal of Nursing Studies*, *42*(3),
333-340

Zuzelo, P. R. (2001). Describing the RN-BSN learner perspectives: Concerns, priorities,
and practice influences. *Journal of Professional Nursing*, *17*(1), 55-65.

Appendix X

Final-Evaluation Tool

Final-Evaluation Tool

Section I includes the current Leadership and Business *course outcomes* and subcategories of Best Practice themes that are taught in the two courses.

Section II includes the Best Practice themes from the review of the literature combined with the recommendations of Best Practice themes obtained from the RN to BSN alumni survey and the formative and summative committee members.

Section III-Follow the instructions in Section III to complete the gap analysis.

Section I	Section II
Current Course Outcomes and Best Practice Themes Taught in the Leadership and Business Courses	Best Practice Themes From the Literature Combined with Recommendations from the RN to BSN Survey and the Formative and Summative committee Members
Category 1: Leadership skills *Apply selected leadership and management theories to nursing practice.* *Design strategies to enhance the development of the self as leader.* • Management and nursing theories • Leadership and management concepts • Cultural diversity related to leadership • Leadership as process • Mentoring • Problem solving • Critical thinking • Personal leadership style • Role of leader in EBP	*Category 1:* Leadership skills • Shared decision making • Partnerships between education and practice • Problem solving • Critical analysis • Collaboration • Delegation • Negotiation • Cultural diversity • Evidenced-based leadership • Evidenced-based management • Leadership styles and theories • Transformational leadership • Coaching and mentoring • Appreciative inquiry • Emotional intelligence • Leadership related to the corporate business model
Category 2: Communications *Utilize effective communication skills to influence the behaviors of others.*	*Category 2:* Communications • Communication principles • Conflict resolution

• Communication concepts • Conflict Management • Power • Legal and ethical issues • Role modeling	• Role modeling • Ethical decision making • Emotional intelligence • Knowledge of grants • Communication with senior leadership • Communications related to generational and gender differences • How to write proposals
Category 3: Teams *Utilize evidence-based practice in the decision making in the role of the nurse leader.* *Role model professional behaviors.* • Team building • Followership	*Category 3:* Teams • Interprofessional teams • Interdisciplinary teams • Accountability • Team work • Learning styles of teams • Team building • Team communications
Category 4: Organizational Structure *Discuss the impact of organizational culture, mission, and philosophy as it relates to the nursing leadership role.* • Mission • Vision • Values • Philosophy • Strategic planning • Governance • Types of organizations • Organizational politics • Organizational ethics	*Category 4:* Organizational Structure • Healthcare systems structure • System designs • Disparities in healthcare systems • Complex vs micro systems • Strategic planning • Assessing organizations • Governance • Evidence-based practice • Evidence-based leadership • Evidence-based management practice • Marketing • Consumerism • Learning organizations
Category 5: Quality care *Formulate strategies to address the political, cultural, legal and ethical*	*Category 5:* Quality care • Patient care delivery models • Patient safety principals

issues facing nursing leaders within the current healthcare system. *Analyze the ways various health care delivery systems meet the needs of diverse clients.* *Identify the nurse's role in promoting human resource management.* • Quality care • Patient safety • Retention and recruitment strategies • Stress and burnout • Performance appraisals • Special needs employees	• Benchmarking • Root cause analysis • SWOT analysis • Quality improvement initiatives • Risk management • Outcome measures • Quality improvement metrics • Legal issues • Ethical decision making • Patient centered care • Increased understanding of accrediting bodies • Customer satisfaction related to patient outcomes • Quality of health care in the United States. • National patient safety goals • Magnet status
Category 6: Change *Implement strategies to motivate others in adapting to changing situations in the healthcare environment.* • Change Process	*Category 6:* Change • Change management • Analyze impact of change • Change agent behaviors • Change and systems
Category 7: Information systems and technology	*Category 7*: Information systems and technology • Information management • Information systems related to nursing practice • Information systems related to patient outcomes • Role model in computer literacy • Increased understanding of ongoing new competencies needed for changing information systems. • Technology needs to be blended with nursing process • Information systems relates to

	assessment, analysis and outcomes
Category 8: Financial Management *Demonstrate fiscal responsibility and accountability in the role of the professional nurse.* • EBP to improve financial viability • Fiscal responsibility • Fiscal accountability • Financial trends • Budget process • Financial skills needed by nursing leaders • Financial terms • Variance analysis • Staffing process/skill mix • Patient classification systems	*Category 8*: Financial Management • Fiscal responsibility • Fiscal accountability • Concepts of economics • Concepts of accounting • Budgeting • Business plans • Financial trends • Evidenced-based financial decisions related to patient care • Financial viability of healthcare environments • Cost containment • Human resource management • Cost accounting for nursing care • Health care as a business
Category 9: Healthcare Reimbursement *Examine the professional role related to financial management, fiscal responsibility, and other economic issues impacting the current healthcare system.* • Reimbursement systems • Cost containment	*Category 9:* Healthcare Reimbursement • Health care financing • Major forms of reimbursement • Patient care services and how financed • Nursing's role in reimbursement • Policy related to reimbursement
Category 10: Legislative and Regulatory Processes *Synthesize knowledge from nursing, business, and other disciplines to promote financial stability and responsibility.* • Legislative nursing leadership	*Category 10*: Legislative and Regulatory Processes • Regulatory policy • Regulatory agencies • Legislative and regulatory processes • Participation in professional organizations

• Participation in professional organizations	• Collective bargaining • Nursing and social justice • Importance of nurses involvement in politics
Category 11: Healthcare policy *Incorporate evidence-based in decision making to improve financial viability and cost management of the health environment.* • Healthcare economics • Deliver models and diversity	*Category 11*: Healthcare policy • Health care economics • Healthcare policy, access, equity, affordability, and social justice • Political activism • Participation in legislative efforts • Delivery systems and diverse populations • Social policies and ethical frameworks • Global health care practices • How health care is financed in other countries

Section III
Gap Analysis

Instructions to Evaluators:

1. Read and review Section I. These are the best practices we currently teach in our two courses.

2. Read and review Section II. These are the preferred Best Practices Themes as identified in the review of the literature, data collected from the RN to BSN surveys, and recommendations from the formative and summative committee members.

3. In this Section III, please compare the Best Practice Themes of the current RN-to-BSN program (Section I above) with the preferred Best Practices Themes as identified in the review of the literature, data collected from the RN to BSN surveys, and recommendations from the formative and summative committee members (Section II). Is there a gap between current best practice themes taught in the curriculum and preferred best practice themes in the literature and practice?

4. Please provide comments and recommendations pertaining to each criterion

below. Please be specific. Based on your experience and expertise, what themes in Section II should be added to our current curriculum?

5. Please complete within 10 days and return it to me via e-mail at strommen@nova.edu

Thank you so much.

2. Review Category 1 *(Leadership Skills)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

3. Review Category 2 *(Communications)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

4. Review Category 3 *(Teams)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

5. Review Category 4 *(Organization structure)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

6. Review Category 5 *(Quality care)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

7. Review Category 6 *(Change)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

8. Review Category 7 *(Information Systems and Technology)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

9. Review Category 8 in *(Financial management)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

10. Review Category 9 *(Healthcare reimbursement)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?

Based on your findings, please add comments, recommendations, or suggestions:

11. Review Category 10 *(Legislative and Regulatory Processes))* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data

collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?
Based on your findings, please add comments, recommendations, or suggestions:
12. Review Category 11 (*Healthcare policy)* in Section I which provides the themes that are currently taught. Section II provides a compilation of the best practices from the review of the literature, data collected from the RN to BSN surveys, and expertise from formative and summative committee members. Based on your knowledge and expertise, what best practice themes should be added or eliminated to our current curriculum?
Based on your findings, please add comments, recommendations, or suggestions:

Thank you so much for participating in my research.
A copy of my report to the university will be shared with you when my dissertation has been approved.

Linda Strommen RN MSN

Appendix Y

Respondent Characteristics and Best-Practice Themes

Respondent Characteristics and Best-Practice Themes

Respondent Characteristics

Characteristic	N	% of total
Age group		
< 30 years	5	6.8
31-40 years	11	15.1
41-50 years	38	52.1
50 years or older	19	26.1
Gender		
Female	62	84.9
Male	11	15.1
Year graduated		
2005	14	19.2
2006	7	9.6
2007	8	11.0
2008	27	37.0
2009	17	23.0
Employment status		
Full time (>35 hours per week)	67	91.8
Part time (<34 hours per week)	5	6.8
Missing data	1	1.4
Area of nursing practice		
Medical/Surgical	14	19.0
Intensive Care	13	17.8
Neonatal Intensive Care	4	5.5
Pediatrics	2	2.7
Obstetrics	4	5.5
Psychiatry	1	1.4
Administration	9	12.3
Education	6	8.2
Out-Patient Surgery	1	1.4
In-Patient Surgery	2	2.7
Other	17	23.3
Years in nursing practice		
1-5 years	9	12.3
6-10 years	17	23.3
11-20 years	23	31.5
20 or more years	24	32.9

Best-Practice Themes Related to Leadership

Leadership
- Encourage BSN nurses to become involved in the politics of nursing outside their area of employment.
- Teach leadership skills and relate them to the corporate business model
- Nurses need a better understanding of learning styles
- How to develop, participated and sustain a healthy work environment.
- Model healthy behavior through teaching health promotion
- Focus more on how to empower others to lead

Communication
- Effective written communications (ie: documentation)
- Listening skills
- Effective listening skills
- Writing proposals
- Knowledge of grants
- Ability to effectively communicate with senior leadership
- Learning how to have a voice in the decision making process in health care reform
- Recognize gender and generational differences in communication techniques.
- Communication skills to improve the image of nursing with multidisciplinary teams1

Teams
- Develop and participate in shared governance.
- Nurse must understand the dynamics of teams (team leadership, motivation) and how to work more effectively within teams.
- Learning styles of teams and how they function

Org structure
- Professional nurses need a better understanding of the positive aspects of power.
- A better understanding of the accrediting bodies of hospitals
- Understand the role of the case manager
- Role of doctors on the profession of nursing

Quality Care
- The quality of healthcare delivered in the U. S.
- Nurses must understand the importance of customer satisfaction and how to improve on patient outcomes.

Information Systems
- Ongoing technology education for older nurses to help move forward technology at the bedside, and decrease the gap between generational nurses.
- Technology needs to be blended with the nursing process.
- Nurse need to understand the ever changing information systems and new competencies.

Best-Practice Themes Related to Business

Financial Management
- Understanding health care as a business.
- Nurses need a in-depth knowledge of reimbursement and their role in cost containment.

HC reimbursement
- CMS reimbursements
- Global health care practices to better understand and change our own healthcare system
- Costs related to HCPCS, diagnoses, and ICD-9
- Understand how health care is financed in other countries.

Legislative
- Nurses need a better understanding of social justice
- Nurses need a better understanding of the hospital accreditation process.

Healthcare policy
- Include learning related to EMTALA
- Study the health care behaviors of the uninsured

Appendix Z

Gap Analysis

Gap Analysis

Category 1: Leadership skills
Gap Exists: Keep best practice themes with these added suggestions:

Eliminate Nursing Theories (probably covered elsewhere in the curriculum) and add Leadership Theory (which should cover styles and transformational leadership

Eliminate leadership as process - this should be covered in leadership concepts and add the Nurse Leader's Role in Education (Coaching, Mentoring, Practice Partnerships, Staff Self Governance)

Eliminate Problem Solving - expand to Strategic Thinking (Critical Analysis, Problem Solving, Decision Making, Appreciative Inquiry)

Eliminate Personal Leadership Style - expand to the Leader Within (personal style, reflective practice, emotional intelligence, leadership ethics, professionalism - not sure why some of these did not come up on literature review or in your research)

Add - the Leader as a Continuous Learner (role of evidence-based practice and leadership skills, professional development)

Negotiations should be moved to communications category.

Add   Emotional Intelligence

Category 2: Communications
Gap exists: Keep best practice themes with these added suggestions:

Communication Concepts could be expanded to include negotiation, communication principles, styles of communication, collaboration

Add Leadership Presentation Skills - Oral and Written

Legal and Ethical Issues should be included in other Categories - not a good fit here

Add emotional intelligence to this category

Basic knowledge of grant writing and proposals are necessary

Category 3: Teams
__Gap Exists__: Keep best practice themes with these added suggestions:

Keep Team Building and Followership - Expand to Working on Teams which include team dynamics, generational issues, team communication, horizontal violence

Add Supervision and Delegation in today's Healthcare Environment - big missing piece in current program outline

Category 4:Organizational Structure
__Gap Exists__: Keep best practice themes with these added suggestions:

May want to consider call this category Organizational Systems

Organizational Structure - could include mission, vision, values, philosophy, governance, complex versus microsystems

Organizational Culture - types, politics and ethics, healthy work environments

Strategic planning should be a big part of this category

Consumerism should be highly emphasized in light of health care reform

Evidenced base leadership and practice need to be integrated into all aspects of organizational structure culture

Category 5: Quality care
__Gap Exists__ : Keep best practice themes with these added suggestions:

Outline Topics Differently......
Performance Improvement - patient safety, benchmarking, SWOT, Root Cause, risk management
The Care Delivery System - Patient Care Delivery Models, Patient Centered Care, Customer Satisfaction, Performance Measures

Human Resource Management - stress & burnout, performance appraisal, recruitment and retention, staff self governance, motivation, rewards and recognition

In light of health care reform changes, this category should be a 3 credit course. Recommend adding these best practice initiatives:
- *Health care reform*
- *IOM initiatives*

- *CMS and core measure*
- *HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems).*

Category 6: Change
NO Gap exists

Change Management - change theory, innovation theory, analyzing the impact of change
Consider Adding - Chaos and Complexity Content

Category 7: Information systems and technology
Gap Exists *:* Keep best practice themes with these added suggestions:

Change to Information Technology - Information Systems, information management, impact of technology on patient care, computer literacy in practice today

Add Electronic Medical Records

Category 8: Financial Management
Gap Exists : Keep best practice themes with these added suggestions:

Add a focus on Healthcare Reform, health care economics, and basic accounting concepts.

Category 9: Healthcare Reimbursement
Gap Exists : Keep best practice themes with these added suggestions:

Add Pay for Performance Initiatives
CMS and core measures

Add this entire category to the Quality Improvement 3 credit course.

Category 10: Legislative and Regulatory Processes
Gap Exists *:* Keep best practice themes with these added suggestions:

Two major topic areas:
Healthcare Regulation
Professional Regulation

I would include all of the suggestions from the literature/best practice themes
Perhaps the Category Topic could be changed to Legal and Regulatory Processes
and include legal content here

Add Ethics here also

Category 11: Healthcare policy
Gap Exists : Keep best practice themes with these added suggestions:

Change major topic to Influencing Health Policy
Add to category 10:The Legislative Process
    Policy Advocacy (political activism, influencing legislation
    Issues with Health Reform (economics, access, global benchmarking)

    Add this entire category to the new Quality Improvement 3 credit course