

# MAGNET® FACILITY NURSES: PURSUING A BACCALAUREATE DEGREE IN NURSING



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The aim is to explore factors that motivate and obstacles that impede nurses from pursuing baccalaureate education when employed by a Magnet® organization. In the *Future of Nursing* (2011), the Institute of Medicine concluded that the baccalaureate should be the minimum education for nurses. Magnet organizations are encouraged to meet the Institute of Medicine goal of 80% of nurses with a baccalaureate by 2020. In February 2014, a 15-item on-line survey was sent to nurses at a western Magnet-designated hospital to assess factors that motivate registered nurses to achieve a baccalaureate. Descriptive statistics and a general thematic analysis were completed. A 20% response rate ( $N = 191$ ) was achieved. Most respondents (78%) entered nursing as associate degree/diploma graduates, and most (84%) either had a baccalaureate or master's degree or were currently enrolled in school. Encouragement from other nurses was the factor most frequently selected as facilitating return to school. Impeding factors included age and family responsibilities. A minority of nurses reported that they did not believe that a baccalaureate would make them a better nurse. Findings suggest that peer and leadership support play a larger role in facilitating baccalaureate completion more than previously reported. Additional research is needed to explore the role of registered nurse to registered nurse encouragement in facilitating educational advancement. (Index words: Magnet; Baccalaureate education; Nursing education; Motivation; Education, post RN; School re-entry) *J Prof Nurs* 32:283–291, 2016. © 2016 Elsevier Inc. All rights reserved.

## Background

In its *Future of Nursing* report, the Institute of Medicine (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, 2011) urged nurses in all settings to work together to increase the proportion of nurses with a baccalaureate degree to 80% by 2020. The report conclusion, supported by increased complexity of health care and improved patient care outcomes, was that a baccalaureate should be the minimum educational degree for nursing. Magnet®-designated organizations have been encouraged by the American Nurses Credentialing Center to meet this goal (American Nurses Credentialing Center).

The nursing literature includes a number of studies exploring factors that motivate diploma and associate degree

(AD) nurses to return to school (Altmann, 2011; Delaney & Piscopo, 2004; Megginson, 2008; Schwarz & Leibold, 2014). These studies support specific barriers faced by nurses considering a baccalaureate degree. However, little is known about the effect of Magnet designation on employed nurses considering or returning to school.

## Benefits of Having a Baccalaureate-Prepared Staff

Aiken's (2014) recent comments on the value of employing a predominately baccalaureate workforce point to the benefits in decreasing lengths of stay and readmission rates (cost savings) and improved patient mortality. In an innovatively designed study, Yakusheva, Lindrooth, and Weiss (2014) found that patients from an urban Magnet-designated academic medical center receiving at least 80% of their care from nurses with a baccalaureate degree had significantly lower mortality (Odds Ratio = 0.891), lower odds of readmission (Odds Ratio = 0.813), and 1.9% shorter length of stay. These findings are consistent with earlier findings (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Blegen, Goode, Park, Vaughn, & Spetz, 2013). Among 168 Pennsylvania hospitals with varying educational levels among registered nurses (RNs) (0–77% RNs with bachelor's degree or higher), a 10% increase in the proportion of nurses with higher degrees

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decreased the risk of mortality or failure to rescue by 5% among surgical patients (Aiken et al., 2003). Among 18 teaching hospitals who had 62% of nurses with at least a baccalaureate degree, higher levels of RN education were negatively correlated with numbers of adverse events and lengths of stay for patients after taking into account staffing and hospital characteristics (Blegen et al., 2013).

### **Barriers and Facilitators to Returning to School**

Few recent studies have documented barriers and facilitators for nurses to obtain a baccalaureate degree, and fewer described AD and diploma nurse perceptions of pursuing further education (Altmann, 2011; Schwarz & Leibold, 2014). These issues merit reanalysis given the changing health care and economic climate and the possibility of an effect of Magnet designation on education seeking among RNs.

Barriers have largely been identified as the multiple competing priorities in nurses' lives and work. Facilitators include the perceived personal or professional growth potential to be gained from education (Delaney & Piscopo, 2004; Schwarz & Leibold, 2014) and availability of programs that are geared to working nurses (Altmann, 2011; Megginson, 2008). In a review of 28 studies about nurses' attitudes and perceptions about returning to school, Altmann (2011) categorized incentives/disincentives into three categories: personal, professional, and academic (Table 1).

An understudied barrier to returning to school is "lack of vision" (Orsolini-Hain, 2012). *Lack of vision* was described as lack of appreciation for what would be gained from baccalaureate or graduate education. This lack of vision may stem from work cultures that do not distinguish between the functioning knowledge and skill levels of nurses who have different academic degrees (Orsolini-Hain, 2012).

Among 297 Maryland AD/diploma nurses under 50 years of age working in hospitals in 2004, and not currently in a baccalaureate or higher nursing program, only 19% planned to enroll in further nursing education (Warren & Mills, 2009). Certain factors predicted intention to return to school (e.g., planning a career in nursing, requirement of further education to maintain current position) and included organizational incentives. In this study, satisfaction with current employment was a reason for not returning to school (Warren & Mills, 2009). This latter finding indicates that having an organizational push for further education such as the Magnet benchmarks may serve to catalyze nurse action related to further education.

### **Factors Related to Graduation for RN-to-BSN Students**

Little is known about factors that facilitate RN-to-BSN (bachelor of science in nursing) student success. In a survey of 14 California schools, RN-to-BSN students were identified as generally older, married, and going to school part time while working and juggling family responsibil-

ities (Robertson, Canary, Orr, Herberg, & Rutledge, 2010). Factors predicting academic success were flexible work schedules, nondemanding family responsibilities, financial and personal support, realistic expectations from work, personal motivation, higher grades, and fewer hours worked. These are congruent with themes identified by nurses interviewed about facilitators and barriers to BSN completion (Duffy et al., 2014). Nurses have described the importance of having an appropriate classroom environment and support from their classmates (Delaney & Piscopo, 2007). In a study comparing RNs who succeeded in obtaining a degree and those who did not, nongraduates had more negative reactions related to college attendance and did not see future benefits from the BSN (Dowell, 2000).

### **Conceptual Underpinnings**

Returning to school is a desired outcome that is related to but different from staying in school. Key constructs in the process of nurse decision-making to return to and stay in school include individual characteristics, organizational influences (Warren & Mills, 2009), and academic factors (Altmann, 2011). Individual characteristics include demographics (e.g., age, caregiving responsibilities, income), professional commitment, career identify (e.g., how much the person identifies with nursing as a career), and perceptions of what the baccalaureate degree offers a nurse. As described by Warren and Mills (2009), personal motivation is influenced by individual nurse characteristics such as perceived effort that are mediated by organizational influences. Organizational facilitators may be considered either rewards or incentives (e.g., payment for classes, on-line class offerings, forgivable loans). The characteristics of an academic program can serve as facilitators (e.g., on-line offerings, flexibility) or disincentives (e.g., travel distance, enrollment procedures). In summary, employed nurse motivation to return and stay in school is influenced by individual nurse characteristics along with organizational and academic program influences.

### **Local Context Related to Nursing Educational Advancement**

Early in 2013, a discussion about educational advancement for nurses occurred between the chief nursing officer and a human resources staff member from a twice Magnet-designated facility in the southwest. Given a nursing staff with about 60% baccalaureate education and in light of trying to achieve the 80% Institute of Medicine goal, they posed two questions: (a) what were the incentives and barriers for diploma/AD-educated staff nurses to consider returning to school and (b) when a nurse returned to school, what factors predicted graduation with a baccalaureate degree? These questions were shared with the hospital nursing research council.

### **Study Purpose**

The aim of the study was to explore the factors that motivate and the obstacles that impede nurses employed in a Magnet-designated organization from returning to

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