

Perceptions of clinical performance differences: Bachelor of science in nursing and associate degree in nursing graduates



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Abstract

In 2010, the Institute of Medicine recommended an increase in the proportion of baccalaureate nurses to 80% by 2020. However, 38% of the current nursing workforce is prepared at the associate's degree, and there has been little change in this percentage in nine years. There is limited evidence on how associate degree nurses are performing clinically. This study describes the qualitative differences in clinical performance between baccalaureate and associate degree nursing graduates from the perspective of clinical nurse leaders and managers.

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1. Introduction

Nursing remains engulfed in a decades-long debate regarding entry level into professional nursing practice. Although the conversation persists, in their mission statement, the Accreditation Commission for Education in Nursing (2013) continues to support all levels of nursing education. Likewise, the National Council of State Boards of Nursing (2011) has no position statement on entry level into nursing practice, and they acknowledge the difficulty associate degree nurses (ADN) have to further their education if they do not graduate from accredited schools of nursing.

Professional growth is critical for every nurse. There is a strong foundation of lifelong learning for all nurses, and recently, the American Association of Colleges of Nursing (2013) released a statement with significant support for academic progression. Five national nursing organizations have supported this position. Nevertheless, the current nursing workforce in the United States remains 37.9% ADN (Health Resources and Services Administration, 2013), with only a 0.1% decrease of ADNs in 9 years. Thus, given that one third of all registered nurses nationally have an associate's degree, it is imperative to consider how they are performing in clinical practice.

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2. Background

Research studies examining clinical expertise in nursing practice and level of preparation have used primarily

quantitative methods. Bobay, Gentile, and Hable (2009) reported that the results of many of the studies are contradictory with nonsignificant results. Findings from a highly influential study conducted a decade ago by Aikens, Clarke, Cheung, Sloane, and Silber (2003) reported that nurses having a bachelor of science in nursing (BSN) provide more comprehensive nursing care, which improves patient outcomes and decreases mortality rates.

Ridley (2008) conducted an integrative literature review in an effort to better understand the state of the research on level of education and patient safety over the past 20 years. Most of the studies examining potential differences in nursing care between the two levels of preparation were quantitative in nature and provided restricted categorical statistics. According to Ridley, "Although studies suggest that increasing RN dose (i.e., number of care hours) and skill mix (versus LPN) are associated with improved patient safety, evidence linking RN education level (i.e., BSN, ADN, diploma) is sorely lacking" (p. 149). These studies did not provide insight into the differences in the actual clinical performance of the graduates of ADN and BSN programs with nurses who have 2 years or less experience as a registered nurse.

This study was conducted to identify qualitative differences in clinical performance in regard to patient care, specifically in new nurses, from both ADN and BSN programs from the perspective of clinical nurse leaders and nurse managers. The findings can help to direct curricular change to improve patient care while adding to the scientific body of knowledge related to prelicensure nursing education and patient outcomes.

3. Methodology

The research design for this study was qualitative description (Caelli, Ray, & Mill, 2003; Sandelowski, 2000) consistent with the naturalistic inquiry paradigm (Lincoln & Guba, 1985). Sandelowski noted that qualitative description allows for a comprehensive summary of events or phenomena and an accurate account of the meanings attributed to them. The purpose of this qualitative study was to identify differences in clinical performance and patient care by new nurses who have graduated from nursing school within 2 years from both ADN and BSN programs, as perceived by clinical nurse leaders and nurse managers. The specific research question was: What are the perceived differences in clinical performance between associate and bachelor degree prepared nurses who have two or less years of experience as a registered nurse?

4. Sample and setting

Recruitment of participants for this study was through personal contacts and by word of mouth. The purposive sample consisted of eight female clinical nurse leaders or

nurse managers who worked with, precepted, and wrote performance evaluations on nursing staff. The average age of the participants was 39 years, with a mean of 5 years as a nurse manager. Five of the eight participants were enrolled in a nursing master's program. The setting for data collection was a medium-size community hospital in the mid-Atlantic region of the United States. The participants reported that the percentage of BSN graduates employed on their units ranged from 20 to 88%, with an approximate mean of 48% BSN graduates on the units.

5. Data collection and analysis

College and hospital institutional review board approvals were obtained for the study before initiating data collection. After a thorough explanation of the study, the participants signed an informed consent. Interviews were conducted in a private office, and all participants completed a demographic data form. Face-to-face individual interviews followed and lasted an average of 90 minutes each. Interviews were audiotape recorded and transcribed. The same investigator conducted all of the interviews using a semistructured interview guide with probes. Examples of interview questions included the following:

1. Think about your employees who graduated from an ADN and BSN program. Tell me about how he or she functions as a nurse on your unit. Describe the qualities that you believe stand out (positive and negative).
2. Tell me about patient outcomes on your department. Describe the differences you perceive between outcomes based on educational level of the nurse caring for the patient.
3. What do you think are the major differences in clinical performance between ADN and BSN graduates?

Data collection continued until saturation occurred with analysis ongoing with data collection. Transcripts were reviewed line by line. Using an iterative inductive approach, reflective process, content analysis, and coding of the text were employed in data analysis (Krippendorff, 2004). Common clusters and patterns emerged from the analysis of participant responses. Validity and trustworthiness were established through peer and audit review. Descriptive statistics summarized the characteristics of the participants.

6. Discussion of common patterns

The common patterns represent the most meaningful outcomes identified through data analysis. The pattern of "individual characteristics determining success" was the one that emerged most distinctly. Participants explained that the personality type and inherent behavior of the individual lead to success, not necessarily the degree earned. The ADN graduate who was a student in a BSN program was perceived to be "more enthusiastic" and more apt to get involved; however, clinical judgment depended on the person. If the ADN nurse

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