



Unique experiences of direct entry BSN/BS-PhD nursing students: A Delphi study

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ABSTRACT

Background: Given the aging nursing education workforce and the persistent high demand for doctorally-prepared nursing faculty, there is a critical need to increase the number of nurses entering and completing PhD programs. To fill this need, accelerated PhD education pathways, such as the direct entry BSN/BS-PhD education pathway, have become popular.

Objective: The objective of this study was to explore the unique characteristics of the direct entry BSN/BS-PhD student experience. This study defines and details the experiences of current and past direct entry BSN/BS-PhD students.

Design: This was a qualitative, descriptive study.

Setting: Web-based journals and feedback.

Participants: Our sample includes four former and current direct entry BSN/BS-PhD students.

Methods: We used the Delphi method to first analyze participants' journal entries on their lived experiences, and then iteratively summarize and classify the experiences into summative themes.

Results: We found four themes unique to participants' experiences: commitment to science, nursing identity, exploring prospects, and balancing family and student expectations.

Conclusions: To ensure that BSN/BS-PhD students have a high-quality education, nurse leaders should be aware of the unique perspectives of direct entry BSN/BS-PhD students. Results from this study can be used to evaluate BSN/BS-PhD programs from students' perspectives.

1. Introduction/Background

The need for the advancement of nursing science, education, and practice has created an increasing demand for PhD-prepared nurses who will work in all sectors of academia. Unfortunately, the current supply of PhD-prepared nurse faculty members is not adequately meeting the demands of academic nursing (American Association of Colleges of Nursing, 2014; Bartels, 2007). In the 2012–2013 academic year, a total of 5124 nurses were enrolled in a research-focused nursing doctoral programs in the United States compared to 14,688 students in Doctor of Nursing Practice programs, a doctoral program focused on clinical practice. In 2013, only 628 nurses graduated from a research-focused doctoral program. This number fails to fill current job vacancies for PhD-prepared faculty (American Association of Colleges of Nursing, 2014; Li et al., 2016).

Although nurses have contributed significant scientific advancements through research over the past half-century, a shortage of PhD-prepared nurses impedes progress towards the advancement of nursing science. Attrition among nurse faculty has been identified as a leading culprit for the current shortage. A national survey of nurse faculty, current and past, showed 12% attrition existed among full-time nursing faculty between 2010 and 2011 (Fang and Bednash, 2014). Among the 12%, almost 50% left for non-academic nursing jobs and 20% retired at an average age of 64.5 years. Moreover, nurses on average are 45 years old when they receive their doctoral degree, reducing the lifespan of their academic careers (Fang and Bednash, 2014; Berlin and Sechrist, 2002; Fang et al., 2016). Due to the shortage of PhD-prepared nurse faculty, nursing schools are unable to admit a greater number of prospective students and in turn, cannot provide the labor force needed to hospitals in the midst of increased hospitalizations (American

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Association of Colleges of Nursing, 2014; Li et al., 2016; American Association of Colleges of Nursing (AACN), n.d.-a). This shortage threatens the expansion of current knowledge, generation of new knowledge, and evidence base for nursing practice and healthcare delivery.

One of the American Association of Colleges of Nursing's (AACN) strategies is to fast-track graduates of BSN/BS programs into doctoral programs (American Association of Colleges of Nursing, 2014). The BSN/BS-PhD program was created to increase the supply of young PhD-prepared faculty. Students can enter the PhD program immediately after earning a BSN/BS without having had any clinical experience (direct-entry) or gain clinical experience while pursuing the PhD portion. Another option is for post BSN/BS students to work for a range of years upon the passing of the licensure exam, and then enter the PhD program later (AACN, 2010). While both are viable options, direct-entry programs are often criticized for enrolling students who have not clinically practiced as a registered nurse. Most nursing PhD programs in countries outside of the US only accept Master's prepared students (Råholm et al., 2010; University of Toronto, 2018; University of Alberta, 2018; University of Manchester, 2018), with few programs accepting BSN students (University of Sydney, 2017; The Hong Kong Polytechnic University, 2017) and little is known about the experience of direct entry BSN/BS-PhD students in these programs.

Since the National Academy of Medicine, formerly known as the Institute of Medicine (IOM), is calling for an increase by twofold in the number of doctorally-prepared nurses by 2020, it is imperative that we understand the unique experiences of BSN/BS-PhD students, an important subgroup of PhD nursing students (Hunger and Force, 2010). In 2014, a cross-sectional qualitative survey of US-based BSN/BS-PhD students across varying institutions was conducted in which students described their experiences as a BSN/BS-PhD student (Peterson et al., 2015). The survey results showed that BSN/BS-PhD students were motivated to enroll in doctoral programs by their strong desire to advance nursing science, the ability to shorten the time to obtain a doctoral degree, and the perception of a plethora of career opportunities that would be made available to them (Peterson et al., 2015). The program did not come without any challenges. Students identified the need to standardize the quality of the curriculum and improve faculty-student mentorship (Peterson et al., 2015). Although this survey provides some information on the experiences of BSN/BS-PhD students, it does not isolate the unique experiences of students who enter the PhD program with no clinical experience. To address this gap, the purpose of this study is to explore the experiences of direct-entry BSN/BS-PhD students and provide recommendations for administrators and faculty to help strengthen these programs based on students' experiences.

2. Methods

To describe the common experiences unique to individuals within direct-entry BSN/BS-PhD programs, we applied a modified Delphi method. The Delphi method is a systematic approach to build consensus on a specific topic by a group of experts and is widely used as a consensus method (Okoli and Pawlowski, 2004). We selected this method because it allowed us to systematically assess and prioritize responses from a group of experts ($n = 4$) with first-hand experiences with these programs (Okoli and Pawlowski, 2004). Given the geographic distance and timing constrictions of the expert panel, this method also allowed us to easily solicit and review honest expert opinions online through emails and group discussions via phone conferencing.

We assembled our expert panel by identifying current students and recent graduates of direct-entry BSN/BS-PhD programs from various locations within the U.S. using professional and social networks. Since the panel members were recruited through nursing networks via snowball sampling, some of the panel members had previous professional relationships through national nursing organizations. As there is no consensus on the number of experts required for a Delphi study (Hsu,

2007; Akins et al., 2005), we recruited direct-entry BSN/BS-PhD students/recent graduates until we had representation from several different regions and programs in the United States. After we assembled this expert panel, we conducted an iterative Delphi method of progressively assessing and refining core elements of the direct-entry BSN/BS-PhD experience (Okoli and Pawlowski, 2004; Bowles, 1999). The study was approved by XX University's Institutional Review Board.

Our process had four phases:

1st Phase: Describing general BSN/BS-PhD experience. Each expert panel member openly journaled about her experience in the BSN/BS-PhD program. We purposefully did not provide specific topics or instructions, encouraging unstructured responses about individuals' perceptions of their experience in their respective program. Journals were completed on word-processing software and de-identified by each journal author. The de-identified journals were emailed to one of the authors who compiled the journals before sending them out to the entire expert panel. Then, each expert panel member read all the journal entries, and worked together to identify major topics across the journal entries. Panelists completed a second round of journaling on any major topic that they had not previously included in their open journaling. Similar to the first round of journaling, the journals were de-identified, emailed to an author, compiled, and distributed to all panel members. The second round of journaling allowed us to compare panelists' experiences on common issues experienced across programs.

2nd Phase: Creating a list of codes across journals. Expert panelists individually reviewed all panelists' responses and created an exhaustive list of 19 individual codes summarizing panelists' experiences. The code list was generated from reading the journals broadly and identifying topics that differentiated the BSN/BS-PhD from other PhD student experiences.

3rd Phase: Grouping and ranking summary codes. Expert panelists were asked to independently rank order the 19 summary codes in order of importance and relevance to BSN/BS-PhD students' experiences. Panelists then suggested how the summary codes could be grouped into higher-order summative themes. Seven individual codes were eliminated because they were not ranked in the top half for at least two of the panelists, could not be grouped with other codes, or were repetitive. The remaining 12 codes were grouped into five summative themes (see Appendix 1).

4th Phase: Ranking five themes. A list of the five themes was distributed and further condensed to four themes by group discussion.

All of the coding was first completed independently, then compiled and summarized by one of the authors. After each iteration of independent coding, compiling, and summarizing, discussions about coding occurred via phone conferencing. We report these themes along with deeper descriptions and quotations gathered during the initial round of data collection to provide depth and richness for each theme.

3. Results

The expert panel consisted of two early career faculty members, one post-doctoral fellow, and one current BSN/BS-PhD student. All panelists had been/was currently a BSN/BS-PhD student and had not practiced clinically as RNs before starting the PhD program. The panelists' ages when beginning the PhD program ranged from 22 to 31 years, and took 4.5–5 years to complete the PhD program. Panelists had completed their PhDs from the Northeast, East, and Midwest. Two panelists were married, and one had children during their graduate programs. Two panelists were Caucasian, one African American, and one Asian.

Four common themes were identified to be unique to the BSN/BS-PhD student experience: (1) commitment to science, (2) nursing identity, (3) exploring prospects, and (4) balancing family and student

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