



It Takes a Village... RN Diploma to BSN Program

Carol L. Papp, DNP, MS, RN-BC^{a,*}, Linda Alessie Podolak, DNP, RN, ACNS-BC^b,
MaryEllen Hope Kosturko, MAHSM, BSN, RN^c, Lucille C. Gambardella, PhD, APN-BC, ANEF^d

^a School of Nursing, University of Bridgeport, Bridgeport, CT, 06610, USA

^b Bridgeport Hospital School of Nursing, Bridgeport Hospital, Bridgeport, CT 06604, USA

^c Patient Care Operations/CNO, Yale New Haven Health System/Bridgeport Hospital, Bridgeport CT 06604, USA

^d Wesley College, Positive Transitions, Lewes, DE 19958, USA

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ABSTRACT

Educational mobility is familiar to diploma and associate degree faculty and is emphasized in the Institute of Medicine Report, The Future of Nursing. Utilizing this premise, a team of nurse educators and administrators implemented the principles of organizational redesign, change process, and project planning to facilitate a transformation from a hospital-based diploma program to a university bachelor of science in nursing program. The process described truly exemplifies the fact that “it does take a village” to create success.

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Introduction

Nursing education is at a pivotal time with the need for more nurses in new roles, faculty shortages, limited availability of clinical experiences, and the need for advanced education of nurses to meet the challenges of a complex health care system. A diploma hospital-based school of nursing in New England and its hospital administration was experiencing the need for organizational change in 2013. Evidence from research indicated that lower mortality rates, fewer medication errors, and positive outcomes are all linked to nurses prepared at the baccalaureate and graduate degree levels (Aiken, Clarke, & Cheung, 2003). Although the diploma school was known for its high learning standards of excellence and graduates experiencing outstanding nursing performance with National Council Licensure Examination first time pass rates and strong clinical preparation, the hospital administration recognized the results of nursing research and the Institute of Medicine (IOM) report that presented the evidence that nursing graduates of the future must have a bachelor of science degree in nursing by the year 2020 in order to practice the art and science of nursing at the highest level.

Background

Following consideration of several options, the decision was made by hospital administration to close the diploma program and inte-

grate it with a local university to provide a bachelor of science in nursing (BSN) degree program. The goal was simply stated, but the change process involved strong executive leadership skills of effective communication and the integration of transformational and transactional leadership skills to create a successful and positive change (Giddens, 2018). The intricacies of organizational redesign were paramount to achieving success as the change involved three separate organizations and the many layers of people driving or effected by this major change. The organizational change process and the ultimate project success became the responsibility of a select few from each organization. “It takes a village” to navigate through the elements of change, learning, and success and see the future of advanced nursing education come alive.

The Theoretical Framework Sets the Stage

Exploration of concepts of organizational redesign and project planning to determine the principals to be utilized to facilitate a successful outcome were discussed, and essential elements were identified to operationalize a project management plan. Project management includes a set of interrelated tasks that need to be completed by certain dates, and several core abilities are necessary to achieve these tasks. They include the ability to use leadership, organizational and management skills, the ability to negotiate and resolve conflict, ability to communicate effectively, and the ability to embrace change and innovations to manage resources effectively. Strategic planning, time management, budget development, advocacy, and

* Corresponding author. Tel.: +1 203 576 4142.

E-mail address: capapp@bridgeport.edu (C.L. Papp).

Table 1
Redesign and project management process

Redesign process	Project management process
Assessing the readiness for major redesign	Design and initiation
Establishing the perspectives of the redesign	Planning
Creating the redesign structure	Regulation and monitoring
Gathering external data	Conclusion and lessons learned
Gathering internal data	
Choosing the tools to enable the implementation	Redesign

coordination are also skills needed in the project management process to facilitate success (Sipes, 2016).

Armed with the skills of project planning, the organizational redesign process steps were determined (Daft, 2007; Punke, 2013) and compared with the steps of the project management process (Sipes, 2016) to establish a common core of beliefs for action. A comparison of both follows in Table 1.

Utilizing these principles in combination with the characteristic traits of transformational leadership as described by Daft (2007), including clear communication, collaboration in decision-making and promoting a stimulating work environment to inspire optimism and empowerment, and solidification of the framework that allowed the “village” to overcome the challenges faced along the journey to the BSN program outcome.

Assessments and Preliminary Planning

On the heels of the significant Robert Wood Johnson and IOM report *The Future of Nursing: Leading Change, Advancing Health* (2010), diploma and associate degree nursing programs began to contemplate the future direction of their programs and curricula to facilitate the ongoing sustainability of their programs in the marketplace. Coupled with the research of Aiken et al. (2003, 2009) and Clarke & Aiken (2006), the reports reaffirmed that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The deliberation of future goals similarly happened in this diploma school of nursing. This school with a stellar reputation did not seem the likely candidate for concern about the IOM findings and recommendations. However, the school's senior vice president of patient care operations/chief nursing officer and the school of nursing director recognized the impact of the report on the future of nursing practice and education. Questions arose, such as “How will our hospital have the ability to meet the 80% requirement for Magnet designation?” “How will the School be able to maintain enrollments as we get closer to 2020?” “How can we be sure our graduates will remain marketable in the state and beyond as other employers strive to meet BSN nursing practice standards?” and “How can we help our alumni move toward the BSN level of preparation?”

Even more troubling were the lack of nursing classroom seats to accommodate the number of applicants desiring to enter BSN programs in the state resulting in the turning away of highly qualified potential BSN students and the lack of BSN-prepared graduates available to fill the openings at hospitals across the state and nation as a whole. A major financial concern was the impact on the hospital losing Medicare pass through funds that flow to the hospital as a result of having the diploma school of nursing. In order to appropriately design possible solutions to the dilemma of determining the future direction of the school and to formulate a plan of action, a decision was made to have a nurse educator consultant to assist the team with the process of examining the issues from an evidence-based perspective. Many options were explored in the initial conversations and meetings regarding the BSN questions. A major consideration

was the desire to pull together three different cultures to create a new culture unique to the goals of the project. (See Fig. 1.)

Options entertained in early meetings included:

- Maintaining the school and strengthening affiliations with all state colleges to earn the BSN following graduation from the diploma school and postlicensure.
- Becoming a freestanding single-purpose institution that would offer the BSN degree.
- Creating a 1 + 2 + 1 option where students could take the prerequisites at the local university (Year 1), earn the diploma at the hospital school of nursing (Years 2 and 3) and, then, return to the same local university to earn the BSN (Year 4).
- Maintaining the diploma school of nursing until enrollments no longer supported it and, then, close it.
- Partnering with the local university to offer a BSN degree and phase out and close the hospital diploma program.

It was also important to determine an analysis of the stakeholders that would be affected by any option that was chosen. The graphic below in Fig. 2 highlights the stakeholders involved in this project.

Ultimately, but not until after administrative meetings and extensive discussion with all who would be impacted by the chosen path, the decision was made to partner with a local university to offer a BSN degree and phase out and close the hospital diploma program. The discussions over several months with the consultant resulted in the presentation of the following strategic opportunities and project goals (Table 2).

Once the decision to create a BSN program was made, the arduous task of selecting an appropriate educational university partner began. All of the universities surrounding the hospital diploma program expressed interest in the partnership. Most had BSN programs in place that could merely integrate qualified faculty without changing much else. This might have been an easier choice, but the downside would have been the loss of the tradition and essence of the diploma program. On the other hand, one of the universities did not currently have a BSN program in its offerings, so there was great opportunity to create a branding that was unique and could incorporate the strong history and tradition from the diploma school to develop an original mission, vision, values, and goals truly exemplifying the purpose of the new program and the audience it would serve.

After remarkable negotiation and mediation for legal issues and requirements affecting a transitioning process, the university that did not have a nursing option was chosen as the partner; although this university did not have a BSN program, it had major stature and reputation for other health care-based programs, such as dental hygiene, holistic health, physician assistant, and chiropractic medicine. In addition, the missions of the hospital and the university were strikingly compatible and demonstrated good fit of philosophy and goals. Geographically, it was ideally located near the hospital, which would facilitate utilization of clinical sites and would continue to support the hospital community. Finally, the university had the ability to satisfy financial and staffing requirements that provided a advantageous situation for both institutions and meet the regulatory guidelines of the state and national accrediting bodies.

In order to proceed, a regional feasibility study was conducted and submitted to the Board of Examiners for Nursing. The study intent was to validate the assessment of the need for the establishment of a BSN program at the university. The study addressed both the educational need and the availability of clinical resources. Thirty-three clinical facilities and 15 educational facilities were surveyed. Based on a total return rate of 79% (26/33) from the clinical facilities, results showed that 100% (26/26) supported the establishment of a BSN program at the university. Of the 26 clinical facilities responding to the survey, 21 clinical facilities had a diploma school contract and 100% (21/21) would continue that

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