



The Experiences of Nurse Educators in Developing and Implementing Concurrent Enrollment Associate Degree in Nursing–Bachelor of Science in Nursing Programs^{1,2}



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ABSTRACT

There is a critical shortage of bachelor of science-prepared nurses. Efficient pathways for bachelor of science completion, such as concurrent enrollment associate degree-to-bachelor of science programs, are needed to meet workforce demands. This article shares findings from a study of the experiences of nurse educators in developing and implementing concurrent enrollment in associate degree-to-bachelor of science programs. Detailed accounts of their experiences may facilitate an understanding of the process and assist educators in implementing similar programs.

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Introduction

Nursing leaders have called for more baccalaureate-prepared (BSN) registered nurses (RNs) in the workforce (Aiken, 2014; Yakusheva, Lindrooth, & Weiss, 2014a, 2014b). Because of faculty shortages and limited clinical space, BSN prelicensure programs are unable to meet the demand (American Association of Colleges of Nursing [AACN], 2017d, 2017e). Because associate degree in nursing (ADN) programs produce the majority of RNs, nurse educators recommend innovative educational models, such as concurrent enrollment ADN-BSN programs (CEPs), for seamless progression to the BSN (AACN, 2017c; Health Resources and Services Administration [HRSA], 2013). There is limited information to assist nurse educators in determining whether or not to adopt the concurrent enrollment model at their own institutions. The purpose of this study was to describe the experiences of nurse educators in developing and implementing CEPs. Detailed accounts of their experiences may facilitate an understanding of the process and assist other nurse educators in implementing similar programs at other institutions. The research question that steered this study was: What is the experience

of nurse educators in developing and implementing concurrent enrollment associate degree in nursing-to-bachelor of science in nursing (ADN-BSN) completion programs?

Background

The Institute of Medicine (IOM, 2011) recommended increasing the number of BSN-prepared RNs to 80% by 2020. Increasing the number of RNs with BSN degrees at the bedside has been associated with improved quality of care and lower hospitalization costs (Aiken, 2014; Yakusheva et al., 2014a, 2014b). As a result, 86% of RN employers would prefer to hire BSN graduates, and 49% require a BSN for all new hires (AACN, 2017b). Currently, only 55% of RNs are BSN prepared (HRSA, 2013). Because faculty shortages and lack of clinical sites limit the ability of traditional BSN programs to increase capacity, thousands of qualified applicants are turned away each year (AACN, 2017e). The limited capacity of BSN programs coupled with the predicted job growth and impending retirements of RNs results in the projected severe shortage of BSN RNs to meet workforce demands (AACN, 2017e). Nursing education programs are compelled to respond to the projected shortage.

ADN programs produce almost 60% of RN graduates (Auerbach, Buerhaus, & Staiger, 2015; HRSA, 2013). Although nurse educators have long advocated for the BSN as the entry to practice degree, the percentage of RNs educated in ADN programs is not likely to change

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because of multiple factors. In addition to the limited capacity of BSN programs, nurse educators in support of ADN programs argue that BSN-only programs would decrease access to nursing education. Because BSN programs are more expensive and often not conveniently located for rural students, the added expense of relocation and tuition would limit enrollment to those who can afford the costs (Pittman et al., 2013). Graduates of 4-year programs typically incur more student loan debt than ADN graduates (Feeg & Mancino, 2014). Limiting access to education potentially decreases the number of RNs in rural communities, negatively impacts diversity in nursing, and contributes to the overall nursing shortage (National League for Nursing [NLN], 2011). The NLN (2011) strongly supports multiple pathways for entry into professional RN practice “to promote diversity of the nursing workforce, provide increased access to nursing, and contain the cost of educating health care professionals.” The AACN (2017a) recognizes the role of ADN programs in producing enough RNs to meet demand and supports ADN-BSN programs to increase the number of BSN graduates in nursing practice. Historically, only 21% of ADN graduates return to school to complete the BSN (HRSA, 2010). The recent increase of students enrolled in ADN-BSN programs is promising, but the delay of 3 to 5 years before matriculation slows the production of BSN graduates (AACN, 2017d; Sportsman & Allen, 2011). Once enrolled, progress in ADN-BSN programs is slow, and attrition is about 50% (Altmann, 2011; Gilmore & Lyons, 2012; Robertson, Canary, Orr, Herberg, & Rutledge, 2010). The high levels of attrition and slow progression for degree completion further hinder production of BSN graduates. Continuing the current pathways for BSN degree completion is not adequate to meet the demand and urgency for BSN nurses.

NLN (2011) calls for new educational models that promote seamless academic progression for BSN completion. Students specifically identify the lack of seamless progression from the ADN to the BSN as a significant barrier to degree completion (AACN, 2017a). For seamless progression, nurse educators recommend collaborative partnerships that bridge the gap between ADN and BSN nursing programs (AACN, 2017c). One example of collaborative partnerships between community colleges and universities is CEPs. CEPs allow nursing students to enroll in ADN and BSN programs simultaneously. This pathway offers a more efficient educational model for BSN completion (Conner & Thielemann, 2013). A number of CEPs are now offered across the country. The positive early reports suggest the model as a viable strategy to increase the number of BSN RNs (Karlłowicz & Palmer, 2012; Masters, 2015; Nasiff, 2015). However, limited information exists that describes the process of developing and implementing CEPs, which is inherently different than traditional postlicensure ADN-BSN programs because of the need to coordinate between programs and balance the interests of the two institutions. Nurse educators need more information on the experiences of nurse educators implementing CEPs in order to consider this educational model at other institutions.

Method

Approval to conduct the study was obtained from the affiliated university institutional review board. The method of inquiry was a generic qualitative descriptive study (

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