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Spring 2018

Clinical Advancement of Associate Degree Nurses

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Clinical Advancement of Associate Degree Nurses

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Submitted to Pamella Stoeckel PhD, RN in partial fulfillment of

NR 706C DNP Capstone Project

Regis University

April, 2018

Abstract

Associate Degree (AD) nurses are challenged to plan careers that allow them to progress to their full potential. Many nurses find it difficult to advance due to not having the Bachelor of Science (BSN) degree. Research has surfaced showing better patient outcomes by BSN prepared nurses resulting in many facilities requiring nursing to be baccalaureate prepared before being hired. Further research is showing that a minimal amount of AD nurses are continuing on in their formal education. With little financial support to pursue further education and no compensation once the degree is obtained those that choose not to return to school have few opportunities for advancement. But what is not known is what AD nurses perceive as their options for career progression. In this a key informant qualitative study, 10 AD nurses were given an informational session and their feedback received. Their information was analyzed and themes were developed regarding their perception of clinical advancement. The three theme that emerged were: *Value Me as an Associate Prepared Nurse, BSN Not Sufficiently Compensated, and Uncertainty About Promotion Options.*

Key Words: DNP Project, Associate Degree Nurse, AD nurse, Advancement of AD nurse, AD nurse certification.

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Executive Summary

Clinical Advancement of Associate Degree Nurses

Problem

An acute care Magnet hospital in Illinois has a large number of Associate Degree (AD) nurses not promoted or progressing in their careers. The hospital is showing minimal growth of nurses moving on for the bachelor degrees. Nurse managers at the hospital and nurse educators at the local community college are looking for ways to promote nurse career progression. This study will utilize the following PICO statement: How does the use of an informational session (I) on career advancement for AD nurses with at least two years of nursing experience (P) affect perceptions of personal career goals (O).

Purpose

The purpose of this quality improvement project is to determine the perceptions of career progression by AD nurses after two years of nursing experience who attend an informational session on career progression.

Goal

The goal was to determine nurses' insights about career progression that can inform nurse managers and nurse educators about ways to motivate and encourage career progression.

Objective

The objective for this capstone project included performing an informational session to participants to obtain their perceptions of career advancement within their facility through a survey questionnaire completed at the end of the session.

Plan

Using a qualitative ethnographic key informant design to gather information of AD nurses following an informational session addressing the options available to nurses at this facility. Data is gathered utilizing a Survey Monkey immediately following the informational session. Participants are asked a series of 14 questions including demographic and open-ended style questioning to gather their perceptions.

Outcomes and Results

Three themes and six subthemes were derived about nurses' perceptions toward career advancement: 1) Value Me including teaching and leadership as well as BSN valued over bedside skills. 2) No Compensation for the BSN including reviewing cost versus benefits and determining the need to go elsewhere for more pay. 3) Uncertainty about Promotion Options to include why not look at certification as well as nurses' feelings about promotion options.

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Clinical Advancement of Associate Degree Nurses

Associate Degree (AD) nurses are challenged to plan careers that allow them to progress to their full potential. Many nurses find it difficult to advance due to not having the Bachelor of Science (BSN) degree. The Institute of Medicine Report (IOM) (2011) recommended that nursing should have a goal of achieving eighty percent of nurses be baccalaureate prepared by the year 2020. This recommendation, supported by research, showed better patient outcomes by BSN prepared nurses (Van den Heede, et.al 2009). The report resulted in many facilities requiring nurses to be baccalaureate prepared before being hired. The BSN was also preferred for promotion by those nurses already employed. Research has shown that only "about 20% of ADNs and 30% of diploma educated nurses continue their formal education to the baccalaureate level or beyond" (Altman, 2011). This affects not only the nurses as they contemplate their futures but also creates a problem for nursing facilities that look for experienced nurses to advance into leadership roles.

The problem of AD nurses slow career progress is particularly clear in acute care facilities where AD nurses are already employed. In institutions that are Magnet status, 100% of nurse managers in the organization must hold a BSN or graduate degree in nursing (Hawkins & Shell, 2012). Nurses who choose not to return to school for their BSN have few opportunities for advancement. Some hospitals agreed to hire new AD nurse's contingent upon obtainment of a bachelor degree within three-years. While this appears to be a good compromise, nurses receive little financial support to pursue further education, and they are not further compensated once the degree is achieved (Delaney & Piscopo, 2004). AD nurses are encouraged to obtain higher degrees however it is unknown what AD nurses perceive as their options for career progression following employment.

Problem Recognition and Definition

Statement of Purpose

The purpose of this quality improvement project is to determine the perceptions of career progression by AD nurses after two years of nursing experience who attend a workshop on career progression. The outcome will determine nurses' insights about career progression that can inform nurse managers and nurse educators about ways to motivate and encourage career progression.

Statement of Problem

An acute care Magnet hospital in Illinois has a large number of AD nurses not promoted or progressing in their careers. Several years ago, the hospital agreed to hire AD nurses and require them to obtain their BSN in three years. In current contract negotiations, however, it was noted that the degree requirement is not legally binding, and therefore not enforceable. In looking at pre-Magnet data and post-Magnet data, the efforts by the hospital to increase the number of BSNs, has not worked well. The hospital is showing minimal growth of AD nurses moving on for their BSN. AD nurses are not being promoted and taking leadership positions in the hospital. An informal needs assessment was conducted with nurse managers and revealed that managers felt AD nurses were clinically strong and prepared to be promoted to leadership positions but this was not happening. Nurse managers at the hospital and nurse educators at the local community college are looking for ways to promote AD nurse career progression. To address this problem, it is proposed to obtain perceptions from AD nurses in the hospital following a workshop addressing career progression.

PICO

The project will be internal to the agency and will inform the agency of issues regarding

health care quality, cost, and nurse. The results of this project are not meant to generate new

knowledge or be generalizable across settings but rather seek to address a specific population, at

a specific time, at this specific agency. This project will utilize the acronym "PICO," rather than

stating a formal research hypothesis. The acronym stands for: Population or Disease (P),

Intervention or Issue of Interest (I), Comparison group or Current Practice (C), and Outcome (O)

and is usually framed as a question (Houser & Oman, 2011, p. 132).

The question this study seeks to address is:

P-Population: AD nurses with two years of nursing experience

I- Intervention: informational session on career advancement

C-Comparative: None

O-Outcome: affect perceptions of personal career goals?

Research Question: The research question is: How does the use of an informational session on

career advancement for AD nurses with at least two years of nursing experience affect

perceptions of personal career goals?

Project Scope, Significance, and Rationale

Project Scope: This is a quality improvement project for a community suburban Magnet

hospital that requires a bachelor's degree for promotion to formal leadership positions.

Significance: Hospitals with Magnet status require nurses to return for their BSN degree

to be promoted and attain leadership positions. This study will provide information on how to

help nurses better utilize experienced staff and will give insight into what nurses consider the

best options for career progression.

Rationale: This study will give insight into the perception of the AD nurse and how managers and nurse educators can address issues of career advancement.

Theoretical Foundation

The frameworks utilized will be around Dr. Patricia Benner's 'Novice to Expert Nursing Theory', Shiengold's 'Social Capital Theory', and Knowles 'Andragogy Theory'. The three theories provide the basis for this project. Benner provides the application of the Dreyfus model of skill acquisition into five stages from novice to expert (McEwen & Wills, 2014). And Shiengold provides the knowledge to improve the work environment.

This project will utilize Dr. Patricia Benner's Novice to Expert Nursing Theory. This nursing theory was chosen because it focuses on the nursing aspects of skills acquisition, experience, clinical knowledge and practical knowledge, taking a person from a novice nurse to an expert nurse. Benner proposed that one could gain knowledge of knowing how to do something without actually knowing it. Benner also notes that "practice grows through experiential learning" and then transmission of the learning into practice (McEwen & Wills, 2014). This theory fits well into the project through looking at the nurse's desires to take themselves from novice to expert and the methods of advancement they are willing to make.

Sheingold's Social Capital Theory discusses the need for social capital and how it relates to capital productivity. According to Sheingold and Sheingold (2013), "communities that possess a large amount of social capital are in a stronger position to confront vulnerability, crisis, resolve conflict and pursue new opportunities.". This theory can provide health leaders with knowledge to improve the work environment and achieve outcomes through policy (Sheingold, 2013). In the article written by Sheingold in 2013 the authors took the non-nursing population health model and looked at the effectiveness of productivity on the nursing workforce when

facilities invest in them. The outcome shows that investment of social capital of the nurses has the potential to provide facilities with tools to help build productive capacity and achieve outcomes. This will assist with the project when discovering the nurse's perception of career advancement to show that the more options for advancement that the facility has for the nurses, the more satisfied the nurses will be and the hospital will gain great return in investment.

Literature Selection

To support the project issue, a full literature review was completed utilizing CINAHL, Academic Premier and Google Scholar. The researcher first used the term nursing career progression and it returned a staggering 238,381 articles combined. This was narrowed down by using the key term associate degree nurse progression which resulted in 381 articles. At that time, the search was tapered down to include only the years 2000-2017 which resulted in 344 results. It was then lessened to only full text available articles to find 139 articles left. Through review of the abstracts of the remaining articles and removing those that didn't address the project in question, the researcher was able to narrow even further to 43 articles. Upon discussion and further reduction of the scope of the project at hand, the final 30 articles were reviewed and three themes emerged: *Background of AD Nurses, Call to BSN, and Career Advancement of AD Nurses.* Of the thirty articles reviewed, two were quantitative studies and two were randomized controlled studies, four were mixed studies and twenty-two were qualitative studies. The breakdown by levels is as follows: zero level I; one level II; zero level III; five level IV; six level V; twelve level VI and six level VII (Melnyk et al, 2005).

Scope of Evidence

Inclusion criteria for this capstone project consisted of associate degree nurse progression and nursing career progression. No exclusion criteria were utilized. The scope of evidence

revealed numerous scholarly, peer-reviewed journal articles that proved relevant to the capstone discussion. Melnyk et al. (2005) identified Levels of Evidence I-VII that were used to evaluate the strength of the research found.

Review of Evidence

Background of the Problem

In 2011 the Institute of Medicine in conjunction with the Robert Woods Johnson foundation developed a Future of Nursing report. This report developed a recommendation to have 80% of the nursing workforce as BSN prepared because their research showed better patient outcomes. In an article written by Altman, 2011, it was noted that this resulted in several facilities moving toward hiring only BSN prepared nurses. The CNO at the hospital this project is working with tried a different approach to the BSN dilemma by asking nurses to sign a letter of intent showing that they were willing to return to school for their BSN and have it completed within 3 years. This then became a legal issue when the nurses weren't returning to school, but evaluations were acceptable to continue employment. This issue has caused a reduction in the number of employees qualified to go for promotion and to obtain leadership positions.

Systematic Review of the Literature

Background of AD nursing. The role of Associate Degree nursing was developed around the end of World War II. "As early as 1945, The American Association of Junior Colleges (AAJC), which is now recognized as the American Association of Community Colleges (AACC), during a meeting with the U. S. Office of Education, discussed the possibility of including nursing in junior college curricula." (Mahaffey, 2002). There were several factors involved in the need for AD nursing. There was a supply and demand issue, a desire to move the education to the college/university setting, and a need to find better ways to educate nurses. Due

to these factors, the development of associate degree nursing education gained interest and

support of the community, colleges and federal funding institutions. This funding and support

allowed for the development of a nursing curriculum that was half general education and half

nursing coursework. AD programs attract prospective students through lower tuition rates,

completion time, graduate reputation and a dynamic curriculum (Mahaffey, 2002). The emphasis

in AD education focuses on the technical part of nursing skill and basic bedside nursing

experience. (Hidle, 2011). The AD graduate nurse must demonstrate competency through

successful completion of the National Council Licensure Examination for Registered Nurses

(NCLEX-RN). With the majority of AD graduates consisting of adult learners who are already

established in the community which they live, they exhibit a commitment to lifelong learning.

(Mahaffey, 2002). In a data report by the American Association of Colleges of Nursing in 2008,

a diploma was the highest educational credential for only 13.9 percent of RNs, with 36.1 percent

holding an associate degree and 36.8 percent hold a bachelor's degree (AACN, 2011).

Consequently, in 2015 a study completed by the National Council of State Boards of Nursing

(NCSBN), 42% of RNs had a BSN or higher degree as their initial credential, while 65% had

obtained a baccalaureate or higher degree (in any field) as their highest level of education. With

concern over increasing complexity of patient care and the growth of informatics and outcomes

management in the clinical setting, there is concern over nursing skill set with AD prepared

nurses (Maneval & Teter, 2010).

     Career progression in AD nursing. In 2011, the Institute of Medicine (IOM) in

connection with the Robert Woods Johnson Foundation (RWJF), developed the *Future of*

Nursing Report which calls for eighty percent of nurses in the working field to be baccalaureate

prepared by the year 2020. This recommendation was supported in an article by Altman (2011)

whom uncovered that there are studies that have shown a decreased mortality and failure-to rescue in facilities that employ a larger percentage of bachelor prepared nurses. With this type of data, it is expected that more AD nurses begin preparation to obtain their Bachelor's Degree. Maneval and Teeter (2010) noted that while a large percentage of nurses stated their desire to return to formal education, the report notes that only a small percentage of those nurses will actually complete the process Sportsman & Allen (2011) also noted that "despite articulation agreements between community colleges and universities, statewide articulation plans, and employer funding designated specifically for RN education, many RNs across the country fail to move on to achieve the BSN". It is noted that in Sportsman and Allen's research that the main barrier to returning to school is financial. The study reveals that a very high percentage of AD prepared nurses would return to school if money were not an option. In a study completed by Byrne, Mayo & Rosner (2014), although fifty percent of the respondents intended to return to school within 12 months, many did not because they felt there were already adequately educated. It is important to note that according to research completed by Maneval and Teeter (2010), stated it will take an AD nurse approximately seven and a half years to obtain their BSN. Financial need, time need and timing of returning to school appear to be important with AD nurses advancing their formal education. It is then up to the graduate of the RN-BSN to "make their employer recognize them by changing practice, affecting patient outcomes, and making improvements on the unit through participation on committees" (Delaney & Piscopo, 2004). With such significant obstacles, hospitals and other facilities struggle with enforcing the recommendation that nurses return to school to meet the needs of the IOM report for eighty percent BSN prepared by 2020. With more Magnet facilities being recognized, the need to increase the working knowledge of the bedside nurse becomes extremely important. According

to Hawkins & Shell (2012), for a facility to qualify for Magnet status, one-hundred percent of

nurse managers must hold a BSN or higher. There is not a specific mandate in Magnet facilities

for nurses in direct care to need a BSN, leading to the possibility of other alternatives for AD

nurses in career advancement. Buchanan (1998) noted that an option could be a clinical ladder

which is a grading structure to facilitate progression. In return, the nurse can climb the ladder in

their career and still maintain a predetermined area of clinical excellence, skills and competence

(Buchanan, 1998). This grading structure is typically promoted with pre-determined criteria for

grading such as clinical excellence, skills and competence and expertise. Bjork, Smadal,

Hansen, Torstad, & Hamilton (2007) noted that clinical ladders can be an on the job type of

incentive which would improve job satisfaction with less turnover rates.

Project Plan and Evaluation

Market/Risk Analyses

The facility is located in a very busy suburb of Chicago, Illinois. There are six hospitals

within a 20 mile radius of the medical center. The biggest competitor to the project hospital is

located seventeen miles to the southeast. This hospital competes with the project hospital for

quality nursing staff and hires from the same pool of nurses. It is often seen that nurses will

move from within the two hospitals on a frequent basis. The competitor has approximately 76%

of baccalaureate prepared nurses and is in a more lucrative private insurance sector of the

market.

The potential to lose qualified nurses to the competitor is a huge risk for the project

hospital. According to Nursing Solutions Inc, (2017), the average cost of turnover for a bedside

RN ranges from $38,900 to $59,700 resulting in the average hospital losing $5.13M – $7.86M,

annually. Each percent change in RN turnover will cost the average hospital an additional $410,500.

Project Strengths/Weaknesses/Opportunities and Threats

Through a SWOT analysis, it was noted that there is great support from the CNO of the facility to complete this project as it was something that was developed as a goal for the facility to gain understanding from the AD nurses toward career advancement. This is a Magnet® hospital that supports their nursing staff and there is access to approximately 367 AD nurses. Some weaknesses noted are the potential lack of participants to volunteer and finding the time to meet them that will work for all wanting to participate. There is a threat that the informational session will create a group think mentality and that it may not be considered sustainable or the information may not be accepted by administration, but the opportunities to potentially increase retention and promotion of AD nurses could be significant. This increased retention and promotion will also improve the number of leaders in the hospital at the point of care in which research shows it is needed.

Driving/Restraining Forces

The driving forces behind this project is the Magnet® designation and the full support of the hospital CNO but also important to note is that there will be more AD nurses who are leaders. The restraining forces could potentially be the number of nurse participants and the nurses that may not desire to progress in their career. The researcher employed the strategies of clarifying magnet regulations to ensure that all options are considered, considered a way to pay participants for their attendance, and found time appropriate for the AD nurses during the process of inviting them to attend.

Need/resources/sustainability

There is definite need for the project through the noted gaps in the literature review. There are several articles that discuss advancement of nurses through formal education and some through career laddering, but very few on the nurse's perception of career advancement. This project helped fill that gap that hospitals are looking for, to determine how to encourage their nurses to advance to a leadership role.

Resources used for this project include the time to plan and develop the workshop, recruit participates, conduct the workshops, gather data, analyze and code the data, and develop themes. Laptop equipment and use of a room in the hospital were other required resources. No monetary expenditures were required. The personnel involved were the nurse researcher, the participants, the nurse mentor, and the capstone chair.

Sustainability of the project involved first completing the informational session where the nurses were informed of the benefits the facility has for them. After this session, the nurses shared their opinions and thoughts via Survey Monkey and the data was then analyzed for themes. These findings were then shared with the Chief Nursing Officer (CNO) and Vice President of Patient Care Services (VPPCS). Another presentation was shared with the nursing staff where they were encouraged to use the benefits that are already established. Collaboration will occur to review and modify the policies of the institution so that this presentation can be given on an annual basis such as during annual competency training or upon orientation.

Feasibility/Risks/Unintended Consequences

The project is feasible as there are a large number of AD nurses to work with and there is very strong support of the CNO of the facility. This presentation can be given in multiple

sessions instead of just using one. Some risks to the project are that the nurses may not be willing to participate in the study and those that do participate may feel uncomfortable about giving feedback. Unintended consequences of the project show that nurses may not want to be promoted but a positive consequence would be that the use of the information session may strengthen the nurses knowledge and use of benefits.

Stakeholders and Project Team

The resource team consists of the nurse researcher, hospital education director and the capstone chair. The clinical mentor served as the consultant. Stakeholders include staff nurses at the hospital, patients, nursing leadership, and hospital administration.

Cost-Benefit Analysis

The cost benefit analysis is one that is very strong in showing the benefits definitely outweigh the cost. With the cost associated to the program, should there not be any career progression support, there is a potential of burnout by the AD nurses which could cause them to leave the facility and cost tens of thousands in new hire training and significant time to retrain a new employee. There is also the potential cost of the AD nurse feeling as if they are stuck in their position which creates an unhappy nurse which could also create an unhappy unit that could ultimately affect patient care. Benefits to this project assists with showing that if the facility could retain AD nurses, there is an increased leadership potential of those nurses as well as increased promotion opportunities.

Mission/Vision Statement

The mission of this project is to assist the local Magnet® hospital in creating more available nurses that can progress into leadership opportunities.

The vision is to assist AD nurses with career progression by giving information on benefits to achieve the BSN.

The goal of this study was to hear from AD nurses about what they want for career progression.

Process/Project Objectives

The project objective is to assist the AD nurse with career progression in the facility. The process objectives are Summer 2017 obtained project proposal approval and facility approval. Regis IRB approval occurred in October 2017, Information session was designed in October 2017 and the informational session was conducted in November 2017 with collection of data done on the same day. Spring 2018 allowed the transcription of data and development of themes in February 2018. Findings were written in March 2018 with defense of the project in April 2018. Presentation of the results to the CNO/VPPCS and the nurses occur in May 2018 with the discussion on policy changes occurring at that time. Finally, implementation of the policy change recommendations will occur at the facility in 2018.

Logic Model

The proposed project has developed a framework for the outcomes utilizing the conceptual model approach. Conceptual models are not as formal and help the researcher with organizing the structure of the study (Polit, 2017). A copy of the conceptual model developed for this project can be seen in Table 1 below. This logic model looks at the project assumptions, constraints, activities, resources, outputs and outcomes. Ultimately, it seeks to address the impact on the associate prepared nurse for career progression. The discussion focused on the perceptions of the nurse for potential development of a process to advance the nurse's knowledge base by offering many career advancement options which, in turn, will create more support. The project sought to complete this by developing a workshop to obtain feedback. It will assume,

through literature review, that the large amount of associate prepared nurses is not retiring as expected and that the cost of formal education is a barrier. The projected short term outcome will be that nurses and facilities will develop awareness around alternative ways to improve patient outcomes upon completion of the study. For a long term outcome, the project proposes that associate prepared nurses will be able to obtain acute care jobs more readily in the community which is expected to be seen within one to two years upon completion of the study.

Figure 1 - Logic Model for Project

Perceptions of Career Progression on Future Goals of Associate Degree Nurses
Misti Ludwig, DNP(c), RN-BC
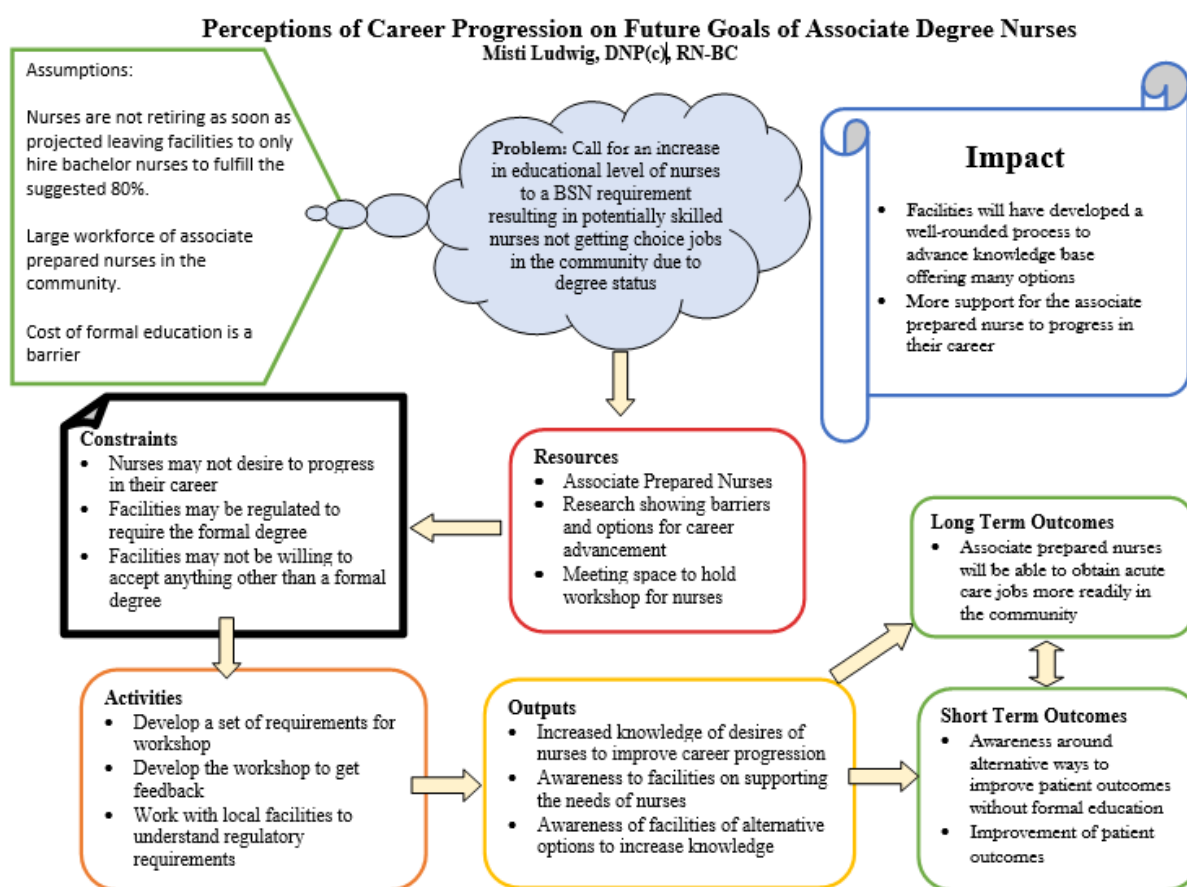
Evaluation Logic Model Guide, W.K. Kellogg Foundation, Page 54

Population/sampling parameters

The study used purposive sampling as nurses were selected from the hospital and chosen for the study. Participants had a minimum of two years of experience as a registered nurse.

Finally, they all were able to speak English and write in English. One area of exclusion was that they cannot be enrolled in a current program of study for RN-BSN or RN-MSN program.

The sample was obtained after IRB approval through the CNO at the hospital via email. The respondents replied specifically to the researcher of their desire to participate. Once the deadline to respond was complete, a survey was sent on Doodle to determine availability of the participants. Once the date was determined, the room was secured and participants were invited to the informational session and obtain informed consent. It was decided to have two sessions to ensure that all that wanted to participate were given the option to do so.

Appropriateness of Setting

The setting of the project will be in a 420 bed community hospital in the Midwest part of the United States. The hospital just recently obtained Magnet® designation and is undergoing systematic transitions. The hospital is looking to improve their bedside leadership while still obtaining associate degree nurses upon graduation.

Design Methodology and Measurement

This project utilized the qualitative descriptive key informant design as the methodology for the study. The key informant design works well with the study because, as Marshall (2015) stated, "key informants, as a result of their personal skills, or position within a society, are able to provide more information and a deeper insight into what is going on around them".

The key informant technique was described by Marc-Adelard Tremblay and discusses the five characteristics of the ideal key informant. The role in the community is their formal role that exposes them to the kind of information being sought. Knowledge is around the informant having absorbed the information meaningfully. Willingness is that the informant should be

willing to communicate their knowledge. And impartiality refers to key informants being objective and unbiased.

This project utilized AD nurses knowledge and perceptions whom all have knowledge around career advancement, those that participated have a willingness to communicate that knowledge. A written survey format was used to gather in depth data from key informants via Survey Monkey to obtain in depth answers to questions being asked.

The primary outcome measures involve the awareness from facilities and nurses around alternative ways to improve patient outcomes while still being able to hire associate prepared nurses. The long-term outcome measure will be that this awareness will create an avenue for associate degree prepared nurses to obtain acute care facility positions more readily in the community.

Protection of Human Rights

To gather the human subjects information, each participant was given an information sheet that explains human subjects rights and the researcher asked them to sign an informed consent. Participants information was kept strictly confidential through the use of Survey Monkey which does not require any personal information to be utilized. Confidentiality was completed by asking the respondents of the email invitation to respond to the researcher personally and not the CNO whom sent out the invitation.

All participants were voluntary and they were aware that they can withdraw their desire to participate at any time. There was no connection to their employment and will have no identification with their name on it so they were not identifiable. All files will be kept for three

years in a safe at the researchers home and then destroyed. All data coding and analysis will be kept on a flash drive which will be secured in a safe.

The researcher passed the CITI course which is dedicated to promoting the public's trust in research by providing high quality education to researchers, which will not expire until 2020. This study received Exempt IRB status.

Instrumentation

This study utilized an intervention described as an informational session to obtain data. There wasn't enough information about why the nurses were not moving on in their careers. This session will assist with this issue by determining what motivates the nurses and how to increase knowledge at the bedside. After completion of the informational session, it was reviewed with the CNO for accuracy. There was limited discussion that occurred during the session as it was asked that the participants only ask questions to seek clarification but to save their thoughts for the survey.

The session was given through PowerPoint and was held in the computer lab at the hospital and took approximately 2 hours to complete, the parts of the informational session involved five items. The first was the review of the call to the BSN degree which gave the participants the reasons why there is such a desire from facilities for furthering education. The second was around ways to finance the degree such as employer tuition reimbursement, scholarship options and financial aid. The third was institutional career ladder options which discussed alternative options to obtain promotions. The fourth point was around leadership and promotion to include what options there are to taking leadership positions and what the benefits would be to being promoted. Finally, the participants wrote their perceptions into a Survey Monkey which was done before they left the informational session.

Reliability/Validity/Trustworthiness

This project established trustworthiness by looking at the Lincoln and Guba's model criteria. Credibility was established through an audit trail where the data was triangulated. Dependability was established through careful documentation and extensive audit review until saturation was achieved. Confirmability refers to the objectivity or neutrality of the data. As a quality researcher biases were set aside data was reviewed with an open mind to develop the themes and what they said. The researcher was aware that she has a particular bias toward AD nurses as she was an AD prepared nurse and an AD nurse educator for 5 years. Utilization of a second experienced qualitative researcher assisted with ensuring the data is able to be replicated and that the AD nurses voices are heard. A third researcher was used to determine the data is sound. The findings of this study are not transferable or generalizable.

Data Collection

Data collection was achieved by utilizing a survey completed in Survey Monkey following the informational session which allowed for anonymous data gathering. This survey monkey was completed in the computer lab at the hospital which is where the informational session was held. Participants were asked to fill out demographic questions and complete open-ended questions regarding their career progression. The following open ended questions were asked of the participants:

- Describe your future plans to achieve a degree beyond the Associate Degree.
- What are the reasons you would or would not achieve a BSN or higher degree?
- What are your perceptions of your ability to obtain financial support to achieve the BSN?

- What are your opinions of the promotion plan at the hospital?

- What would you like to see put into place to help you be promoted or make more money?

- Describe your personal goals for leadership in your career?

- Give your perceptions about different formats of the career ladder promotion system.

- What promotion process would work best for you and why?

Using constant comparative analysis to determine themes, Survey Monkey was used to collect data anonymously while the participants were in attendance at the informational session. This data was then pulled out of the software and analysis began. Two researchers reviewed the data several times independently. They coded the data and then developed coded themes around the key words. They then developed subthemes and narrowed them down into three themes. Finally they determined quotes that best represent the themes.

Findings

The final sample of this study was composed of 10 female Caucasian AD nurses employed at a rural hospital. The youngest was 31 years old and the oldest 56 years old. The average age was 43.5 years. All participants had a minimum of two years of experience as an RN. Three major themes were identified in the data: *Value Me as an Associate Degree Nurse, Cost of the BSN not Sufficiently Compensated,* and *Uncertainty about Promotion Options.* The themes are presented in the order they appeared in the survey responses.

Value me as an Associate Degree Nurse

The theme of *Value Me as an ADN* was revealed by participants who perceived nurses with the BSN and nurses in management as being valued more than AD nurses. They stated AD nurses were not considered for promotion even though they had superior bedside skills. One participant stated:

> I feel like it [promotion] is geared toward those same few people who want to be in management/leadership roles vs those of us who want to remain in bedside nursing roles.

This was confirmed by another nurse who noted:

> I feel that the [nurses in] management are so far from the bedside that they do not remember the reason that they became a nurse.

Several nurses spoke of being discouraged about being promoted:

> I attempted to get promoted to assistant manager in the last couple of years but was passed over—the person who got the job was a BSN.

Another nurse said:

> I feel like I won't get promoted to another position unless I have a BSN so I feel somewhat frustrated that BSN always trumps experience.

The participants also felt they were not valued for their role in orienting, precepting and teaching newly hired nurses and nursing students. One of the nurses stated

> Why not give points to [AD] nurses who precept our newest nurses and students completing their nursing education?

Another noted "I would like to NOT be so "classified" as an ADN vs. BSN." A participant summarized the feelings of several by saying "Promotion should be about practice, not titles"

Cost of the BSN not Sufficiently Compensated

The second theme *Cost of the BSN not Sufficiently Compensated* revolved around AD nurses feeling they would not be compensated sufficiently for educational costs and the time commitment to achieve the BSN. A nurse stated:

I would like to further my education …I always am willing to learn more …but

the cost of school vs benefit ($) isn't significant enough.

They perceived that the process of getting scholarships as "a hassle." One participant said:

[I] probably make too much money for scholarship and do not want to take out a

loan. I do not want to go into debt.

Many nurse believed that there was no help from the employer for tuition or financial compensation after completing the BSN. A nurse said:

I would go back if there were more career opportunities and tuition

reimbursement.

Another participant said:

I believe that the hospital tries to make it more comfortable financially to obtain

the BSN, however again, the payoff for me personally in the end would be to see

an increase in pay.

Several nurses noted that they were considering employment at other hospitals that offered greater options for financial compensation. One nurse stated "I feel that other

hospitals offer an increase in pay if you are bachelor prepared." This was supported by a

participant who stated:

> I do not want to put myself in financial strain. I have not decided if it is worth the
>
> time and money to advance my degree while employed at this hospital.

Another said:

> [I am] yet to decide if the loans/out of pocket expense is worth it [returning for the
>
> BSN] for no financial gain from this employer.

Common reasons for not pursing the BSN were summed up by this participant:

> Right now due to lack of money and raising 4 children, I don't have time or
>
> money to go back to school.

Uncertainty about Promotion Options

The final theme of *Uncertainty about Promotion Options* emerged from the data. There

was ambivalence and uncertainty about promotion options. Several nurses expressed that they

lacked full understanding of the benefits offered by the hospital for returning to school before the

informational session. One nurse stated:

> Prior to today, I was unaware that tuition reimbursement was available for
>
> employees

There was no support for the alternative CAP promotion program. Nurses that meet the clinical

criteria, based on a point system, are given a one-time bonus for their efforts. Nurses concern

around this ladder system was noted by statements such as "[I shouldn't] have to prove to a board

of others that I'm worthy of $300 for all extra activities I do for my unit and community, [I feel I]

have to create my own recognition" and "Anyone can achieve the 15 points for the promotional

system in an hour if they really wanted to. It does not show an "exceptional" nurse." Other nurses

noted that the hospital should "revise the promotional plan to gear toward increasing our bedside knowledge."

A nurse summed up the thoughts of must participants:

> I don't feel the CAP is beneficial. It is paperwork that does not represent the value of an employee and ….is not a good representation of what a RN is/does throughout the year.

The nurses did expressed support for promotion through obtaining specialty certification. They suggested "Different individualized promotion formats for different clinical nursing areas." A nurse stated:

> I want to be promoted for merit or for [work in] a specialty area. I would like to get certification in Med Surg.

Another participant said:

> With each new certification/degree, [the hospital would] pay more money or give personalized time off (PTO) regardless of full-time equivalent (FTE) status.

Many of the nurses surveyed had already obtained at least one certification in their area of specialization. Several AD nurses were satisfied to remain at the bedside and not be promoted. One nurse stated:

> [I have] no plans to promote to a higher position. [I am] content with being a staff/surgical RN. I would possibly consider being a team resource person in our department.

Most of the participants felt that they were being "strongly pushed" to return to school for the BSN. One nurse stated she would not return for the BSN due to "her age." Even though there

were road blocks to achieving the BSN many of the participants were contemplating the BSN at some point in the future. A common statement was "I am considering the BSN."

Discussion

This study revealed the perceptions of career progression by 10 registered nurses that are associate prepared after they attended an informational session. All participants surveyed felt that there was a deficit in valuing the associate degree nurse's contributions to the bedside. One nurse surveyed noted that "I know that I am a better nurse than some of my colleagues that are BSN. Promotion should be about practice and not titles". This belief is validated in research completed by Matthias and Kim-Godwin (2016) who stated that AD nurses indicated that there was no difference in regards to nursing care functions such as "hands-on skills, safe care, assessment, and scope of practice at the bedside" (pg. 209, para 5). The nurses surveyed in this study felt that their contributions to the nursing profession can be seen in their bedside practices. This belief of valuing the bedside knowledge of nurses is confirmed in an article written by McHugh and Lake (2010) who noted that researchers have found that nurses with more than 5 years of experience were associated with fewer medication errors resulting in higher patient safety outcomes. This challenges the idea that better outcomes are the result of formal education.

The nurses in this study also stated that they are taking on roles such as teaching, precepting and orienting new nurses and question why this type of bedside practice is not being valued as a form of leadership. This idea is questioned by the nurses who state, "Why not have [promotion points] available for nurses who precept our newest nurses" and "I enjoy teaching students/nurses but really have no interest in management". This idea is further validated by Henderson and Eaton (2013) who note that nurses that assume the role of preceptor are pivotal in identifying appropriate learning needs and traditional health care delivery should identify

teaching as an integral part of the health care model. The underlying thought brought through this study noted that the nurses' feel that the hospital utilizes their bedside skills for precepting and orienting, but will not recognize them formally for this contribution.

Not acknowledging nurses for their contributions to the hospital through their bedside knowledge and skills leads to a feeling of the associate degree nurses being de-valued by stating "I feel like I won't get promoted to another position unless I have a BSN so I feel somewhat frustrated that BSN always trumps experience". This is further confirmed by Altmann (2011) who states that research shows a decrease in patient morbidity and mortality with formal education which contradicts the thought process of studies that show that obtaining such a degree would not enhance clinical skills.

The recent push for nurses to obtain a more formal degree has them analyzing the cost versus benefit of the degree process. One nurse noted "I have thought about getting my BSN although I do not want to put myself in financial strain". Currently, the average cost of an RN-BSN completion program ranges from $8,000 to $55,000 (costhelper, 2018) and can take one to two years to complete. This study revealed that nurses are questioning the lack of compensation and salary increases that occurs for them to complete the degree. The informational session provided in this study was able to assist nurses with gaining knowledge around their facility's tuition reimbursement process. One nurse stated that she wasn't aware of the tuition reimbursement for her full-time equivalent status until this workshop. Even with such a benefit offered to the nursing staff, many nurses in this study expressed their frustration regarding compensation through comments such as "I don't feel that the hospital currently offers any benefits to nurses that complete their degree" and "[I have] yet to decide if the loans/out of pocket expense is worth if for no financial gain at this employer". Considering that studies such

as Matthias and Kim-Godwin (2016) mention that research shows that participants didn't see a gap in care provided by the AD nurse, the nurse's concerns are validated. Research completed by Hidle (2014) states that there is a lack of incentives such as salary to those that return.

The compensation issue is further validated by Altmann (2011) who stated that the facilities in their study provided around $5000 in tuition reimbursement and some offered stipends or scholarships to nurses returning to school. The apparent differences between the cost of a program and the reimbursement from employers has nurses looking for alternative benefits and incentives to obtain the higher degree set. Nurses in this study discussed the possibility of obtaining their degree and looking elsewhere to locations that do recognize them financially for the degree. Noting that "I feel other hospitals offer an increase in pay if you are bachelor prepared" and "I may get my BSN based on plans to apply to work at any other hospital" shows that nurses want to be compensated for their time and effort. Altmann (2011) validates this feeling by noting that nurses need to be recognized for their education and want their efforts rewarded with salary increases.

The concern over not being recognized for their bedside knowledge and not being compensated appropriately lends itself to the final major finding in this study which was the ambivalence of the nurses returning for the BSN and seeking alternative options to being promoted. Nurses feel pushed into their formal education by the development of the Magnet[®] program and the increased desire of facilities to become Magnet[®] designated. One nurse stated "[I feel] strongly pushed, especially now because of magnet". This is further validated by an article written by Lippincott Solutions (2017) around the key component of the Magnet[®] recognition model that states professional growth and development is essential and takes the form of strategies to increase the BSN rate. This ambivalent feeling was also noted in the study

by Matthias and Kim-Godwin (2016) who noted that nurses may not fully understand how the BSN educational competencies translate to new expectations considering they could not articulate a difference at the bedside.

The promotional system at the hospital in this study leaves nurses questioning the purpose of such a system. Noting that "Anyone can achieve the points for [the promotional system] in an hour if they really wanted to. It does not show an "exceptional" nurse" and "[I shouldn't] have to prove to a board of others that I'm worthy of [extra pay] for all the extra activities that I do for my unit and community". The nurses in this study mentioned using their current knowledge as a way to obtain increases by noting "Revise the promotional plan to gear toward increasing our bedside knowledge". All nurses in the study revealed that they would like to see specialty certifications be a requirement for promotional opportunities. One nurse stated "[Have] different individualized promotion formats for different clinical nursing areas". The idea of using professional certification as a way to improve patient outcomes and increase nurses bedside knowledge is further validated by Lippincott Solutions (2017) when it is mentioned that structural empowerment of nurses includes professional certification which will empower nurses to attain a level that will allow them to thrive.

Limitations and Recommendations

Limitations

The largest limitation to this study is that, while the hospital is a diverse one with several different ethnicities and both genders represented, the study only returned Caucasian females. So it would be best to create the study with more diversity involvement. This study was also completed in one, medium sized, community hospital which returned a small number of participants. Given the nature of the study and its intention to have a small number, it might be

important to improve upon the study to include a wide range of associate degree nurses across the state. There was a small sample size as this study had 10 that were interviewed.

Implications and Discussion

The following practice implications and discussions were developed around each theme upon completion of data analysis. Under the theme Value me as an AD nurse, the major findings were that some AD nurses did not feel valued for their skills and believed that the "BSN Trumps Experience" resulting in a dissatisfaction with work. This is supported in the research by Matthias and Kim-Godwin (2016) by stating that AD nurses indicated that there was no difference in regards to nursing care functions such as "hands-on skills, safe care, assessment, and scope of practice at the bedside between ADN and BSN"

Under the theme Cost of BSN not Sufficiently Compensated, the major findings were that AD nurses were unaware of the educational benefits offered by the hospital. They learned about these for the first time from the informational session. They also were also considering employment at hospitals with better compensation. In research, an article by Altmann (2011) validates this feeling by noting that nurses need to be recognized for their education and want their efforts rewarded with salary increases.

Under the theme Uncertainty about Promotion Options, the major findings were that AD nurses were unhappy with the CAP program that gave a one-time salary increase. They preferred the use of certification for promotion and salary increase. There was ambivalence about returning for the BSN. This is further validated by Lippincott Solutions (2017) when the research mentions that structural empowerment of nurses includes professional certification which will empower nurses to attain a level that will allow them to thrive.

Recommendations

The following recommendations have been made based on the research project. Under the theme Value Me as an AD Nurse, it is recommended that there is acknowledgment to the quality of care at the bedside. The results of the study suggest that the hospital give awards such as an additional PTO day, or provide a luncheon in honor of the recipient receiving an award, or even providing a plaque to hang at the facility with the recipient name on it.

Under the theme Cost of BSN not Sufficiently Compensated, it is recommended that the hospital provide a sustainable, yearly informational session about the educational benefits and promotion options. This will allow the hospital to provide up-to-date information about benefits and assistance to access benefits. It is further recommended that the hospital consider increasing compensation for achieving the BSN. And finally, it is recommended that the hospital review the competitors pay and benefit structure to maintain a competitive edge.

Under the theme Uncertainty about Promotion Options, it is recommended that the hospital revise the present promotion program. The study further recommends considering certification as a promotion option as well as revising or eliminating the CAP program. The final recommendations would be that the hospital provide options for RN-BSN educational opportunities that fit the lifestyle and schedules of the AD nurses.

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Appendices

Appendix A - Systematic Review of Literature

Article/Journal	Does Associate Degree Curricula Adequately Prepare Nurses for Leadership Roles?. *MEDSURG Nursing*, 1-13.	Advancing Associate Degree in Nursing-to-Baccalaureate Degree in Nursing Academic Progression: The California Collaborative Model for Nursing Education. J Nurs Educ. 54(12) 683-688. doi: 10.3928/01484834-20151110-04
Author/Year	Mbewe, C., & Jones, M. (2015).	Close L., Orlowski C.(2015)
Database/Keywords	CINAHL/Associate Degree Nursing	CINAHL/Associate Degree Nursing
Research Design	Mixed qualitative and quantitative descriptive approach	Shared evidence with a consensus driven result
Level of Evidence	Level V – Evidence obtained from systematic reviews of descriptive and qualitative studies	Level VII – Evidence obtained from expert opinion
Study Aim/Purpose	This study explored the perceptions of new RN graduates and identified how their educational experiences at an associate degree program prepared them for leadership in practice roles.	To set a new statewide standard for associate degree in nursing (ADN)-to-baccalaureate degree in nursing (BSN) progression by defining seamless academic progression parameters.
Population/Sample size Criteria/Power	102 graduates were considered, only 50 agreed to participate with 25 people responding to the questionnaire.	89 ADN programs and 49 BSN programs in the state of California.
Methods/Study Appraisal Synthesis Methods	The survey was divided into three sections. Data pertaining to the three areas were collected: respondent characteristics, respondents' perceptions of their skills, and educational preparation. The first section consisted of 13 questions regarding demographics. The second section assessed the respondents' perceptions of their comfort level with leadership skills in nursing. In the third section, the graduates were asked to rate the percentage (0-100%) of how well their nursing education had prepared them for leadership skills in nursing.	Flexibility in operationalizing the core components accelerated the development of effective approaches systematically shared across the state to support CCMNE development and implementation.
Primary Outcome Measures/Results	Nurses reported that they were not comfortable with leadership roles. They felt a lack of preparation for leadership roles and lack of professional identity.	Nearly 7% of the current California ADN student population is dually enrolled in a BSN program through 19 university-based CCMNE partnerships with 59 community colleges

Conclusions/Implications	The recommendations made by the graduates provide useful insight about the perceived weaknesses in the associate degree nursing curriculum as they pertain to their professional identity and their readiness to assume roles as managers of care and leaders in nursing practice	It provides ADN students early access to BSN education, which is promising for increasing the percentage of baccalaureate-educated nurses in the workforce
Strengths/Limitations	The small sample of students from one associate degree college in the United States limited the study and may not be reflective of RN graduates' experiences in other states.	Indeterminate future state funding to public schools presents limitations to building capacity for BSN and higher education pathways in California State universities.
Funding Source	Completed as part of a IRB review from a college project and no funding needed.	The authors received funding for this work from the Kaiser Permanente Southern California Community Benefit Foundation Grant. The authors have disclosed no other potential conflicts of interest, financial or otherwise.
Comments	**1** Preparation of leadership roles is discussed which would help me to identify nurse readiness to assume roles in leadership.	**2** This article discusses the need for better access to formalized education for associate prepared nurses which will help me with determining the accessibility of formalized education.

Article/Journal	Navigating the path of academic progression: A qualitative descriptive study of associate degree nursing faculty, public health nurses, and school nurses, Teaching and Learning in Nursing, Volume 11, Issue 2, April 2016, Pages 44-51, ISSN 1557-3087, http://dx.doi.org/10.1016/j.teln.2015.11.001.	The student perspective on RN-Plus-10 legislation: a survey of associate degree and diploma nursing program students... with discussion. *Nursing Education Perspectives*, *31*(6), 358-361. doi:10.1043/1536-5026-31.6.358
Author/Year	Jill N. Peltzer, Cynthia S. Teel, Jessica Cline, Gracielle Cromwell (2016)	Maneval, R., & Teeter, M. (2010).
Database/Keywords	CINAHL/Associate Degree Nursing	CINAHL/Associate Degree Nursing
Research Design	Qualitative Descriptive Study	Survey
Level of Evidence	Level VI – Evidence obtained from a single descriptive study	Level VI – Evidence obtained from a single qualitative study
Study Aim/Purpose	To explore impressions about academic progression among faculty teaching in associate degree nursing programs and RNs working in public health, and school nurses.	To elicit their future educational goals and opinions regarding proposed educational advancement legislation.
Population/Sample size Criteria/Power	11 public health and 12 school nurses and 5 faculty from one community college ADN program.	Twenty-eight nursing programs in Pennsylvania participated in the survey (68 percent of diploma programs, 15/22; 50 percent of AD programs, 13/26). A total of 4,390 surveys were returned (diploma students, n = 1,541; AD students, n = 2,849)
Methods/Study Appraisal Synthesis Methods	Study procedures from development of the study to data analysis and dissemination were overseen by the primary investigator, a full professor and associate dean, and one of the co-investigators, a junior faculty member.	The survey consisted of five items, each addressing specific questions related to students' self-reporting of educational goals and their opinions related to proposed RNPlus-10 requirements. Before developing the survey, one of the researchers convened and led a focus

		group with a small number of AD nurses to discuss the issue.
Primary Outcome Measures/Results	Factors that negatively or positively influenced academic progression emerged. The overarching theme was navigating the path of academic progression	Results indicated the majority of respondents (86.3 percent) planned to pursue the bachelor's degree in nursing; most (94.8 percent) hoped to be enrolled in a BSN program within four years of graduation. The majority (78.9 percent) indicated that even if they were mandated to complete the bachelor's degree in nursing within 10 years, they would still enroll in their current associate degree or diploma program. Asked if 10 years is a reasonable amount of time to complete the BSN, 79.4 percent agreed it is. If money were not an obstacle, 95.8 percent of participants indicated they would pursue a BSN or higher.
Conclusions/Implications	In order to implement the recent FoN report recommendation to increase the proportion of BSN-prepared nurses, nurse educators and health care organization leaders, must evaluate current messaging about academic progression and create models to facilitate academic progression.	The results of this survey suggest that the vast majority of associate degree and diploma nursing students value and hope to pursue higher education in nursing.
Strengths/Limitations	The sample size was mostly white, female RNs working in primarily rural public health and school settings and ADN faculty working in one rural community college. Transferability of the findings to urban or suburban settings and/or nurses from diverse racial and ethnic populations may be limited.	The findings cannot be generalized to the larger population of AD and diploma students as it is purely descriptive in nature.
Funding Source	Funding was not mentioned in the article	Funding not mentioned in article
Comments	**3** This article will assist me with understanding the academic progression of the nurse from the perspective of the nursing faculty.	**4** This article will help me to understand what the associate degree nurses

		views are of pursuing higher education for career advancement.

Article/Journal	The Role of Professional Values in Motivating Associate Degree Nursing Students to Pursue Higher Nursing Education. *International Journal Of Nursing Education*, *3*(2), 128-132.	ADN to BSN: Lessons from Human Capital Theory
Author/Year	Hidle, U. (2011)	Graf, C.M. (2006)
Database/Keywords	CINAHL/Associate Degree Nursing	CINAHL/ADN to BSN
Research Design	Quantitative structural equation (SEM) modeling study	Model study
Level of Evidence	Level II – Evidence obtained from at least one well-designed RCT	Level IV – Evidence obtained from well-designed case-control and cohort studies (non-experimental studies)
Study Aim/Purpose	Investigates the relationship between motivational factors, professional values and the intent to continue formal post-AD nursing education	Investigate the return on investment of increasing education for Associate nurses.
Population/Sample size Criteria/Power	A sample of 62 AD nursing students in urban community colleges participated. Based on statistical calculations, a minimum sample size of 67 was International Journal of Nursing Education. July - December 2011, Vol. 3, No. 2 129 suggested when using a moderate effect size (0.15), power of 0.80, and a = 0.05.22	Information from approximately 9,000 AD nurses was obtained to determine internal rate of return and probability of obtaining an advanced degree.
Methods/Study Appraisal Synthesis Methods	The AMS-C 28 was used to measure motivational factor and the NPVS-R was used to measure professional values of AD nursing students. Additionally, a demographic questionnaire was collected, including a Likert-type scale to measure intent to continue post-AD education.	The Wage Regression model was used to determine the premium of education. The Simulation model was used to calculate the net lifetime earnings benefit. And the logistics regression and probability model to determine if the net earnings will influence the desire to go back to school.
Primary Outcome Measures/Results	Findings for the indirect effect of interest, professional values and intent to continue formal education, consisted of a standardized indirect effect of -.065, indicating that a one standard deviation increase in professional values was associated with a .065 standard deviation decrease in intent, which was indirect,	On average a significant annual wage premium for ADNs who acquire a BSN degree (in 1996 = $2,543 $p<0.00$, in 2000 = $2,178 $p<0.00$). For this group, the mean IRR was very slightly positive at 0.1% but markedly greater than that for the total sample. Results are presented in Table 2. Of note is

	through the three intrinsic motivation variables	that, although respondents in the younger age group represented 71% of the total sample, they accounted for 97% of the positive IRRs. The probabilities were calculated for a representative case with age set at 30 and no previous health care experience. This analysis suggests that, compared to a negative IRR, ADNs are almost four times as likely to pursue advanced education if the IRR is greater than 6.8%, three times as likely if the IRR is in the range of 3% to 6.8%, and twice as likely if the IRR is less than 3% but still positive.
Conclusions/Implications	Factors contributing to the large number of AD nursing students intending to continue nursing education may include the proposed mandate "BSN in 10" for AD nurses to obtain a BS in nursing within 10 years of initial licensure to maintain RN status. Another dominant theme in what would help AD nursing students to pursue further education was financial support.	At a time of growing demand for baccalaureate-prepared nurses, the proportion of associate-degree prepared nurses entering the profession and in the workforce is steadily increasing. Given the current trends in the nursing profession for increasing numbers of ADN graduates in the workforce, it is critical that more of these nurses acquire advanced education to meet this need. This study suggests that increasing the benefits that human capital theory posits as accruing to advanced education can influence associate degree nursing graduates to pursue baccalaureate and higher degree education.
Strengths/Limitations	The majority of students were female, non-traditional students.	Limited to those at age 30 at graduate from the ADN program so the time of graduation may have been significantly outside the new requirements.
Funding Source	No funding noted	No funding noted
Comments	**5** This article will help me to understand the regulatory requirements that associate degree nurses face when it comes to advancing careers.	**6** This article will help me to understand the financial aspect of advancing education and career progression.

Article/Journal	Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science,* 23(1), 12-28.	RN–BSN Programs: Associate Degree and Diploma Nurses' Perceptions of the Benefits and Barriers to Returning to School
Author/Year	Meleis, A.I., Sawyer, L.M., Im, E., Messias, D.K.H., & Schumacher, K. (2000).	Delaney, C., Piscopo, B. (2004)
Database/Keywords	CINAHL/middle range/transition/nursing	CINAHL/Associate Degree Nurse
Research Design	Analysis of collective research	Researcher Developed Survey
Level of Evidence	Level V: Evidence obtained from systematic reviews of descriptive and qualitative studies.	Level VI: Evidence obtained from a single qualitative study
Study Aim/Purpose	Nurses often are the primary caregivers of clients and their families who are undergoing transition. They attend to the changes and demands that transitions bring into the daily lives of clients and their families. Furthermore, nurses tend to be the caregivers who prepare clients for impending transitions and who facilitate the process of learning new skills related to clients' health and illness experiences.	To explore associate degree and diploma nurses' perceptions of the benefits and barriers to RN-BSN programs.
Population/Sample size Criteria/Power	5 independent studies of the same genre of transitions were reviewed and an emerging framework was developed.	101 practicing RNs in Connecticut who graduated from an AD or diploma program.
Methods/Study Appraisal Synthesis Methods	In this article the first five components of the framework are addressed. Concurrently with the analysis presented here, implications for nursing therapeutics are addressed;	Demographic form with data that was analyzed using Miles and Huberman's (1994) method of content analysis.
Primary Outcome Measures/Results	Theories provide frameworks for understanding complex situations such as vulnerable clients' processes and responses to transitions. A middle-range theory of transitions emerged from the analyses of the studies presented here. A full exposition of the analysis part of the framework is beyond the scope of this article.	Data were analyzed to examine group differences between those nurses who planned to return to school and those who did not. Differences were found between these groups in terms of age ($p < .001$) and income before becoming an RN ($p < .05$). Nurses who planned on returning to school tended to be younger (35.7 years) and had a higher income level ($25,000) prior to becoming an RN. In contrast, nurses who were not planning to return to school were older (46.3 years) and had a lower income

		($10,000– 20,000) prior to becoming an RN.
Conclusions/Implications	As the studies presented in this article indicate, transition experiences are not unidimensional. Rather, each transition is characterized by its own uniqueness, complexities, and multiple dimensions. Future endeavors should be directed toward defining the diversities and complexities in transition experiences through research with diverse populations in diverse types and patterns of transitions.	The findings from this study provide the foundation for future research efforts and the opportunity to explore the correlation between study variables and the decision to return to school, the affect on patient outcomes, the lived experience of RNs enrolled in RN–BSN programs, and the change in nursing practice.
Strengths/Limitations	Each concept proposed here needs to be further developed and refined. Similarly, research to discover the levels and nature of vulnerability at different points during transitions could be driven by this middle-range theory.	A major strength of this study is its pertinence to current concerns in nursing education and practice. In addition, it fills a gap in the literature, as this population has been previously under-researched.
Funding Source	None identified	None identified
Comments	This was more of a meta-analysis type of study that requires more work to develop a solid research. **7** This article will help me to understand some of the transitional issues that occur with new graduate nurses. This will also help me with understanding the timing of advancement of career.	**8** This article will assist me with understanding the need for transition from the nurse's perspective and how that advancement may affect patient outcomes.

Article/Journal	Skills Required for Nursing Career Advancement: A Qualitative Study	A Process of Becoming: The Stages of New Nursing Graduate Professional Role Transition
Author/Year	Sheikhi, M.R, Khoshknab, M.F., Mohammadi F., and Oskouie F. (2016)	Duchscher, J.B (2008)
Database/Keywords	CINAHL/Associate Degree Nurse	CINAHL/Associate Degree Nurse
Research Design	Qualitative Study	Qualitative Study
Level of Evidence	Level VI: Evidence obtained from a single qualitative study	Level V: Evidence obtained from systematic reviews of descriptive and qualitative studies.
Study Aim/Purpose	This study aimed to identify the skills needed for nurses' career advancement.	This research used qualitative methods to build on and mature aspects of the new nurse's transition experience into acute care.
Population/Sample size Criteria/Power	Sample of eighteen nurses working in teaching hospitals affiliated with the Qazvin, Shahid Beheshti, and Iran Universities of Medical Sciences.	Fourteen female graduates from the same 4-year baccalaureate undergraduate nursing program were selected from two major cities in Canada.
Methods/Study Appraisal Synthesis Methods	A qualitative approach using content analysis was adopted to study a purposive sample. The data were collected through semi-structured interviews, and analyzed using conventional content analysis. Results: The three themes extracted from the data included interpersonal capabilities	The basis for this theory of transition arises out of four qualitative studies spanning 10 years. The final study, which culminated in the conceptualization of the transition stages theory presented here, employed a generic qualitative approach of interpretive inquiry, using foundational knowledge on the newly graduated nurse's introduction to the workplace to frame an exploration of the process of transition that occurs during the first 12 months of practice.
Primary Outcome Measures/Results	The three themes extracted from the data included interpersonal capabilities, competency for career success, and personal capacities. The results showed that acquiring a variety of skills is essential for career advancement.	Research strategies included a demographic survey at the start of the research; six face-to-face interviews at 1, 3, 6, 9, 12, and 18 months followed, in the initial two instances, by focus groups with participants from the second major city; pre-interview questionnaires requesting the completion of a process-revealing exercise (i.e., letter writing, collage construction, or picture drawing);

		monthly journals; and ongoing e-mail communication with all participants during the 18 months.
Conclusions/Implications	The findings showed that personal, interpersonal, and functional skills can facilitate nurses' career advancement. The effects of these skills on career advancement depend on a variety of conditions that require further studies.	Having an institutional or region-wide, rather than a unit-based, approach to advancing the career pathway of newly graduated nurses and being open to challenge and change at all levels of the organization are not only desirable attributes of the contemporary workplace, but may well determine the recruitment and retention capacity of all future health human resource institutions.
Strengths/Limitations	Strengths: The data trustworthiness was achieved using the Guba and Lincoln criteria, including credibility, confirmability, dependability, and transferability. Limitations: This study was conducted on a small sample of nurses.	Drawing from individualized personal experiences which may be skewed by location of assignment and unit demands.
Funding Source	This study was exclusively funded by the university of social welfare and rehabilitation sciences.	None
Comments	**9** This study will help me review the skills needed for graduate nurses to be able to advance their career.	**10** This study will help me to understand the transition into nursing care that the nurse experiences as possible help or barriers to advancing careers.

Article/Journal	Education as a Determinant of Career Retention and Job Satisfaction Among Registered Nurses	The role of working environment in nurses' career advancement from nursing mangers' perspectives: A qualitative study
Author/Year	Rambur, B., McIntosh, B., Val Palumbo, M., Reinier, K. (2005)	Sheikhi, M.R., Khoshknab, M.F, Mohammadi, F., Oskouie, F. (2016)
Database/Keywords	CINAHL/Associate Degree Nurse	CINAHL/Associate Degree Nurse
Research Design	Survey	Qualitative Study
Level of Evidence	Level VI: Evidence obtained from a single qualitative study	Level VI: Evidence obtained from a single qualitative study
Study Aim/Purpose	To compare job satisfaction and career retention in two cohorts of RNs, those whose highest degrees were the associate degree (AD) or the bachelor's degree (BS) in nursing.	To explore the role of working environment in nurses' career advancement from Nursing Mangers' Perspectives.
Population/Sample size Criteria/Power	The study population was drawn from the roster of registered nurses by the Vermont Board of Nursing in September 2002 (n=7,028).	Eighteen nursing mangers participated in the study with maximum variations in position and managerial history in the levels of head nurse, supervisor, and hospital nurse manager.
Methods/Study Appraisal Synthesis Methods	Instruments included a career satisfaction scale and questions based on the ongoing U.S. Health and Retirement Survey. Three-thousand nurses in the U.S. state of Vermont were surveyed with a resulting response rate of 56.7%. Of these respondents, 878 RNs fit the study criteria.	This qualitative study was conducted using content analysis method. Eighteen nursing managers from hospitals affiliated to Qazvin, Tehran, Iran and Shahid Beheshti Medical Sciences Universities participated in the study. A purposive sample of nursing mangers with rich experiences and maximum variations were selected and continued to reaching data saturation. The data were analyzed using content analysis method.
Primary Outcome Measures/Results	BS RNs started their nursing careers earlier, were employed longer, had held more positions, and in the largest age cohort (age 40–54), were more likely to have been in their current positions at least 10 years. BS RNs scored significantly higher in job satisfaction related to: (a) opportunity for autonomy and growth, (b) job stress and physical demands, and (c) job and organizational	Participants believed that working environment have two major roles in nurses' career advancement including motivating and restricting roles. According to nursing mangers, motivating working environment had facilitating role, while restricting working environment had blocking role in Iranian nurses' career advancement.

	security. AD and BS nurses were not significantly different in their satisfaction with supervision; career, continuing education, and promotion opportunities; or pay and benefits.	
Conclusions/Implications	These findings indicate support of bachelor's level education for individual and social return on investment, and they show that AD education might have unintended consequences. Implications for the nursing shortage and educational policy are discussed.	It seems that recognizing characteristics of working environment could assist nurses and nursing managers to develop conditions of working environment facilitating career advancement for nurses and decrease restrictive factors.
Strengths/Limitations	A cross-sectional sample includes RNs currently in the workforce, not totaled and actual nurse-year. Analysis was limited to those RNs with nursing education at the AD or BS level. The study was limited to RNs in one rural U.S. state, thereby limiting generalizability.	The findings of the current study are probably situation-specific and hence of limited transferability.
Funding Source	2002–2003 HRSA/ORHP grant: "Rural Nursing Workforce Research, Planning, and Development."	This study was funded by University of Social Welfare and Rehabilitation Sciences, Tehran, Iran (Grant No: 732).
Comments	**11** This study will help me understand job satisfaction which can link to desire to advance career.	**12** This article will help me understand job satisfaction and how that is linked to nurse desire to advance career.

Article/Journal	Registered nurses returning to school for a bachelors degree in nursing: Issues emerging from a meta-analysis of the research	What internal motivators drive RNs to pursue a BSN?
Author/Year	Altmann, T.K., (2011)	Byrne, D., Mayo, R., Rosner, C. (2014)
Database/Keywords	CINAHL/Associate Degree Nurse Career	CINAHL/Associate Degree Nurse Career
Research Design	Literature Review	Survey
Level of Evidence	Level VII – Evidence obtained from expert opinion, regulatory opinioins, and/or reports of expert committees	Level VI: Evidence obtained from a single descriptive and qualitative study
Study Aim/Purpose	Understanding nurses' attitudes and perceptions may help identify gaps in our knowledge, determine ways to foster positive attitudes toward education learning among nurses, and allow us to entice nurses to return to school. It may also identify crucial steps to ensure the provision of quality healthcare.	To identify internal motivators for nurses returning to school for a BSN.
Population/Sample size Criteria/Power	28 studies reviewed	Received 27 completed surveys. All respondents were female, and most were between ages 31 and 60. Two-thirds of these nurses had an AD, and only one third had a diploma.
Methods/Study Appraisal Synthesis Methods	The most common data collection instrument was the questionnaire	A pilot study was designed using Ajzen's theory of planned behavior to develop a survey. This theory has successfully explained and predicted behavior in many research studies.
Primary Outcome Measures/Results	Research should also be conducted in the area of the educational level of RNs and its relationship to quality outcomes (Davey & Robinson, 2002; Megginson, 2008). Specifically, this type of research needs to look at the quality of care provided by RNs who do advance their education to the BSN level to determine the impact of education on clinical practice.	Of the respondents, 25% felt that they were already adequately educated. Only 33% of the respondents felt that the higher the nursing degree, the more the nurse is valued.
Conclusions/Implications	Reports in the literature demonstrate that barriers	Although 50% of the respondents intended to return to school in the

	and motivators to continuing formal education can be classified as personal, professional, and academic.	next 12 months, many had a fear of failure. One of the most significant findings was that many nurses feel they're already adequately educated.
Strengths/Limitations	Limitations on the research reviewed include that fact that most researchers did not define their variables and used questionnaires with small convenience samples from small geographical locations.	A limitation of this research is that the nurses in this small sample may not represent a larger group. The researchers' lack of direct control over the distribution and collection of their own data also may have limited
Funding Source	None noted	None
Comments	**13** This article will assist me with understanding how nurses that advance their career provide better clinical practice.	**14** This article will help me to understand the motivating factors that assist nurses with seeking education to advance career.

Article/Journal	Differentiating The Workplace Needs Of Nurses By Academic Preparation And Years In Nursing	Transitioning Associate Degree In Nursing Students To The Bachelor Of Science In Nursing And Beyond: A Mandate For Academic Partnerships
Author/Year	Sexton, K.A., Hunt, C.E., Cox, K.S. Teasley, S.L, Carroll, C.A. (2008)	Sportsman, S., And Allen, P. (2011)
Database/Keywords	CINAHL/Associate Degree Nurse Career	CINAHL/Associate Degree Nurse Career
Research Design	Survey	Survey
Level of Evidence	Level VI: Evidence obtained from a single descriptive or qualitative study	Level VI: Evidence obtained from a single descriptive or qualitative study
Study Aim/Purpose	The objective of this study was to determine if differences in work environment perceptions exist for nurses with different levels of academic preparation but similar years of experience in nursing.	Three surveys were developed to capture the perceptions of students enrolled in Texas associate degree nursing (ADN) programs and their faculty regarding enrollment in a bachelor of science in nursing program.
Population/Sample size Criteria/Power	The study population included a convenience sample of more than 5,000 nurses employed in facilities located in rural and urban areas of the nation.	416 student respondents
Methods/Study Appraisal Synthesis Methods	Respondents provide their perceptions of key characteristics of the work environment on a 5-point Likert scale, with responses ranging from 1 (strongly disagree) to 5 (strongly agree). The selection of the IWPS-R as the instrument to assess nurse perceptions of key characteristics of the work environment was predicated on its sound psychometric properties and the small amount of time it takes nurses to complete it Internal consistency has been demonstrated, with the instrument having Cronbach's alphas ranging from 0.61 to 0.90	Three surveys were developed to capture the perceptions of students enrolled in Texas ADN programs and their faculty regarding enrollment in a BSN program.
Primary Outcome Measures/Results	Across all domains measured by the IWPS-R, BSNs reported more positive perceptions of the work environment as compared with ADNs. Statistically significant differences were observed in perceptions of peer support, unit	Most (89.8%) of the students planned to enroll in a BSN some time in their career. Thirty respondents (7.3%) were currently enrolled in prerequisites, and another 159 (38.6%) planned

	support, workload, and overall nurse satisfaction, whereas no difference was observed in intent to stay. The biggest difference in the perceptions of the two groups was in perceptions of workload.	to attend a BSN program immediately after completing their current program. Only 42 (10.2%) of the respondents did not plan to ever enroll in a BSN program.
Conclusions/Implications	The type of academic preparation nurses receive appears to be linked with work environment perceptions across the continuum of professional nursing practice. In general, BSNs have more positive perceptions of the work environment as compared with their colleagues who were trained in AD programs.	Time, financial constraints, and perceived difficulty in completing needed prerequisite general education courses were primary reasons that RNs did not return to school. Texas associate degree students are not always aware of the opportunities available for RN-to-BSN education within this state.
Strengths/Limitations	There was a large sample size and no specific set of inclusion/exclusion criteria was used to guide study participation. Therefore, all nurses across all practice settings and shifts were allowed to participate if they so wished.	A limitation of this survey was that AHEC had e-mail addresses primarily for CNOs from acute care hospitals in west Texas. When their responses are compared with the students and faculty from across the state, not only were the number of responses smaller, but they may not necessarily have represented responses of their colleagues in other parts of the state or in clinical sites other than acute care.
Funding Source	None noted	None noted
Comments	**15** This article would help me to understand how the level of education is related to job satisfaction.	**16** This article will help me to understand the desire of nurses to continue their education either now or in the future as well as looking at reasons why they do not return.

Article/Journal	Describing the RN-BSN Learner Perspective: Concerns, Priorities, and Practice Influences	Outcomes of a Career Planning And Development Program For Registered Nurses
Author/Year	Zuzelo, P.R (2001)	Linda McGillis Hall, L.M., Waddell, J., Donner, G., and Wheeler, M.M. (2004)
Database/Keywords	CINAHL/Associate Degree Nurse Career	CINAHL/Nursing Career Progression Workshop
Research Design	Focus Group Study	Survey
Level of Evidence	Level VI: Evidence obtained from a single descriptive or qualitative study	Level VI: Evidence obtained from a single descriptive or qualitative study
Study Aim/Purpose	The purpose of this study was to describe the concerns and priorities of RN-BSN students attending baccalaureate degree programs in a large metropolitan area.	To examine the impact of a career planning and development program (CPDP) for registered nurses (RNs) on nurse and system outcomes.
Population/Sample size Criteria/Power	The purposively selected participants were female RNs (N=35) who were actively enrolled in courses on a part-time basis, within four courses of degree completion, and currently employed as professional nurses.	A total of 252 surveys were sent out, and 144 usable questionnaires were returned for an overall response rate of 57%.
Methods/Study Appraisal Synthesis Methods	Focus group methodology was selected for this study to take advantage of the exchange of ideas inherent in the interactive processes of group interviews	Participants were assigned to one of two groups: (a) the experimental group who participated in the CPDP, and (b) the control group who did not participate in the program.
Primary Outcome Measures/Results	Eighteen themes are identified; each theme is linked with subthemes.	The average age of participants was 38 years, with half of these (51%) indicating that they had a baccalaureate nursing degree. The educational demographics indicate a high percentage of baccalaureate-prepared nurses since the provincial average is only 19%.
Conclusions/Implications	The results of this study may provide a vehicle for developing an outcome measurement instrument to document the quality of RN-BSN educational programs and to help define quality within RNBSN programs from the student's perspective.	This research provides evidence that a CPDP can assist nurses in developing a career plan and can ultimately contribute to nursing retention and organizational commitment.

Strengths/Limitations	Researcher bias was a potential validity threat. Another bias that required consideration was the researcher's belief that baccalaureate education should be the minimum level of entry into professional nursing.	The organizational site for this study was an acute care urban teaching hospital with a high proportion of baccalaureate-prepared nurses.
Funding Source	None noted	None noted
Comments	**17** This article will assist me with noting potential barriers to furthering education for associate prepared nurses.	**18** This article will help me to see what types of career progression models are available so that I can determine alternatives to career advancement and not just formal education.

Article/Journal	Professional Excellence and Career Advancement in Nursing: A Conceptual Framework for Clinical Leadership Development	Assessing the Credibility of a Clinical Ladder Review Process: An Interrater Reliability Study
Author/Year	Adeniran, R.K., Bhattacharya, A., Adeniran, A.A., (2012)	Froman,R.D (2001)
Database/Keywords	Google Scholar/Career Advancement in Nursing	Google Scholar/Career Advancement in Nursing
Research Design	Conceptual Framework Design	An Interrater Reliability Study
Level of Evidence	Level VII – Evidence obtained from expert opinion, regulatory opinions, and/or reports of expert committees	Level IV – Evidence obtained from well-designed case-control and cohort studies (non-experimental studies)
Study Aim/Purpose	A framework to guide and provide scientific evidence of how frontline nurses can be engaged will be paramount.	The implementation of an effective clinical ladder review system assumes the process is objective, replicable, and fair. This project describes the assessment of one clinical ladder review system.
Population/Sample size Criteria/Power	Model Needs further testing	Fifteen portfolios (none of which were in the examples provided for orientation) were systematically selected to serve as the data set for review by the external raters.
Methods/Study Appraisal Synthesis Methods	Model introduced and not tested	Finally, within the mix of 15 selected portfolios, 9 were selected in which interviews with candidates were required by the panel to allow decision making about recommendations. The remaining 6 were portfolios selected to represent cases in which no additional information beyond that contained in the portfolio was required for decision making.
Primary Outcome Measures/Results	Presently, most nursing career advancement structures emphasize and reward nurses' abilities and competencies in their specific clinical practice areas. The structure does not incentivize nurses to be leaders at the sharp end of care, nor does it encourage clinical nurses to pursue, engage, and/or acquire a formal advanced degree, while remaining in clinical or frontline of nursing practice.	5 out of 6 agreements between panel and external decisions, represent 83.3% agreement on decisions. This level is beyond that recommended by Lynn4 to control for chance agreement by experts and exceeds the suggested level of 0.80 for evidence of interrater agreement given by Nunnally and Bernstein.5 This finding is supportive of the interrater agreement in use of the criteria for decision making.

Conclusions/Implications	The PECAN framework is an attempt to provide a simplified approach to help not only nurse leaders, but also nurses who are looking to become leaders, in their clinical areas identify variables that impact career advancement and leadership development.	There is greater than 80% agreement between independent groups of raters when provided precisely the same written materials. When the panel members were in agreement and no interviews were required for decision making, interrater agreement is evident.
Strengths/Limitations	The framework assumes that each factor influences a professional nurse directly, although the final outcome is an interactive effect of all the factors.	Although brief, the study helped allay concerns about implementing a new review procedure intended to recognize, reward, and differentiate levels of professional nursing practice.
Funding Source	None noted	None noted
Comments	**19** This will help me to understand alternatives to career advancement for nurses that may not only focus on formal education.	**20** This article will help me to understand other alternatives to facilities to encourage advancement of nurse knowledge through clinical ladder options.

Article/Journal	Evaluating the benefits of a clinical ladder for nursing staff: an international review	Evaluation of a Career Ladder Program in an Ambulatory Care Environment
Author/Year	Buchan, J. (1998)	Nelson, J.M., Cook, P.F. (2008)
Database/Keywords	Google Scholar/Career Advancement in Nursing	Google Scholar/Career Advancement in Nursing
Research Design	Literature Review	Survey Study
Level of Evidence	Level VII – Evidence obtained from expert opinion, regulatory opinions, and/or reports of expert committees	Level IV – Evidence obtained from well-designed case-control and cohort studies (non-experimental studies)
Study Aim/Purpose	This paper reviews literature which has described or examined the use of clinical ladders for qualified nurses.	The purpose of this descriptive study was to determine whether RN career ladder and non-career ladder nurses differ on measures of job satisfaction and role engagement, and to understand factors that may be barriers to career ladder participation.
Population/Sample size Criteria/Power	The majority of the literature reviewed in the paper is from the United States, with other work having been published in Britain, New Zealand and Australia.	Sixty-eight nurses participated in this study,
Methods/Study Appraisal Synthesis Methods	Review of literature. A search was conducted of English language publications on CINAHL, Medline, and at the library of the Royal College of Nursing.	A brief survey, to be completed electronically using a survey Web site (www.surveymonkey. com), was sent to all current career ladder RNs at KPCO, and an equal number of non-career ladder RNs.
Primary Outcome Measures/Results	Few published reports or articles were identified in this review which had attempted to evaluate the im-plementation of clinical/career ladders, and to test if the use of a ladder does lead to the claimed benefits.	With 45 career ladder participants and 23 nonparticipants responding. The 45 career ladder participants represented 62% of the 73 career ladder nurses at KPCO. Of the total sample, 17 (25%) were nurses working in primary care, 20 (29%) work in specialty care, and 26 (38%) work as case managers, with five participants' primary job roles (7%) categorized as "other." The distribution of career ladder nurses across job role categories was relatively equal, F (3, 64)=1.92, p=0.14.

Conclusions/Implications	This paper has reviewed the literature on the use of clinical ladders, and on the evaluation of that use. Clinical ladders were first implemented in hospitals in the United States in the 1970s; since then, their use has become widespread, most often based on a three or four level system, with clinical performance, education and competence being common criteria for assessment.	In this study significantly more involvement in leadership, interdisciplinary, and quality improvement activities were found among career ladder nurses than non-career ladder nurses, regardless of their job role.
Strengths/Limitations	The extent to which there are any generalizable lessons from these published research studies is extremely limited.	This study's major limitation was the self-report format used to measure career ladder outcomes. The survey used in this study was a new instrument with previously untested reliability and validity, although some preliminary psychometric support was gathered in the course of the study.
Funding Source	This study is based on research commissioned by the Scottish Office Health Department.	None noted
Comments	**21** This will help me understand what a clinical ladder consists of and how that may help nurses and facilities with advancement	**22** This article will help me to understand the nurse's view on utilization of a clinical ladder program.

Article/Journal	The Career Advancement for Registered Nurse Excellence Program	Evaluation and Revision of a Clinical Advancement Program
Author/Year	Fusilero, J., Lini, L., Prohaska, P., Szweda, C., Carney, K., Mion, L.C. (2008)	Goodrich, C.A., and Ward, C.W. (2004)
Database/Keywords	Google Scholar/Career Advancement in Nursing	Google Scholar/Career Advancement in Nursing
Research Design	Survey Study	Quantitative and Qualitative Study
Level of Evidence	Level IV – Evidence obtained from well-designed case-control and cohort studies (non-experimental studies)	Level IV – Evidence obtained from well-designed case-control and cohort studies (non-experimental studies)
Study Aim/Purpose	Describe one approach to create opportunities to improve professional nurse development and the necessity for ongoing assessment of its impact on nurses' job satisfaction.	The purpose of this quantitative and qualitative program evaluation was to provide information to staff and administration regarding reasons for the perceived inactivity of the current career ladder process.
Population/Sample size Criteria/Power	Surveys were distributed to 755 eligible RNs; 421 (56% response) surveys were returned.	A convenience sample of 1,021 RNs was surveyed. Questionnaires were completed and returned by 282 RNs, representing a 28% return rate.
Methods/Study Appraisal Synthesis Methods	Surveys were anonymous, and IRB approval was obtained before distribution. Information collected included demographics, clinical area, shift, participation in CARE, and, if not participating, reasons for noninvolvement.	The Index of Work Satisfaction (IWS) (Stamps, 1997) was used. This instrument was designed to evaluate the level of nurses' satisfaction with their work. The instrument comprises 44 items.
Primary Outcome Measures/Results	Respondents were primarily women (98%), most (63%) were 40 years or older, most (62%) had an associate degree or diploma of nursing, and approximately half (54%) were employed for 11 or more years at MHMC. As compared with nonparticipants (n = 252), CARE participants were proportionally greater in the 31- to 40-year age group (34% vs 20%) and less so in the 41- to 50-year age group (12% vs 39%, #2 = 9.89, P = .04). Participants of CARE were also more heavily represented in the critical care	The results of the IWS revealed that pay was the most important element to the nurses, yet it was the least satisfying element. In the current study, autonomy and professional status were identified as the second and third most important elements, respectively. The overall satisfaction score of the IWS was consistent

	area (30% vs 18%) but less represented in ambulatory care (10% vs 31%, #2 = 42.63, P G .0001).	with other organizations who have evaluated career advancement processes using the same instrument.
Conclusions/Implications	However, many nurses believe that administrative decisions are made at various levels of administration (from chief executive officer to nurse manager) and impact the day-today workings of the nurse and for which they have no control or input. Factors that were dissatisfying were issues of not enough time to accomplish the goals, inability to change peers' behavior, sense of being made to "police" their peers, lack of consistency and direction between units for similar roles, and lack of resources including workspace.	Findings suggested that modifications needed to be made in the advancement process. The RN respondents were seeking to make a difference at the bedside with patient outcomes and to share expertise across the organization.
Strengths/Limitations	Respondents were limited to those that volunteered to respond to the survey monkey.	A convenience sample was used for the survey, but the rationale was to give every nurse an opportunity to respond. Because the researcher was employed within the organization, possibility of researcher bias existed.
Funding Source	None noted	None noted
Comments	**23** This article gives me a better view on those things that are offered to nurses to improve professional development in a facility.	**24** This article will help me see potential barriers to clinical ladder program and advancement and consistent engagement of staff.

Article/Journal	Job satisfaction in a Norwegian population of nurses: A questionnaire survey	Review of Magnet Hospital Research: Findings and Implications for Professional Nursing Practice
Author/Year	Bjørk, I.T., Samdal, G.B., Hansen, B.S., Tørstad, S., Hamilton, G.A. (2007)	Scott, J.G., Sochalski, J., Aiken, L. (1999)
Database/Keywords	Google Scholar/Career Advancement in Nursing	Google Scholar/Career Advancement in Nursing
Research Design	Survey	Research Review
Level of Evidence	Level VI: Evidence obtained from a single descriptive or qualitative study	Level VII – Evidence obtained from expert opinion, regulatory opinions, and/or reports of expert committees
Study Aim/Purpose	To describe job satisfaction among hospital nurses in Norway, to explore the relationship between nurses' job satisfaction and participation in a clinical ladder program and to explore relationships between several variables and intent to stay. A secondary purpose was to investigate the use of a job satisfaction instrument in a different culture than its origin.	The purpose of this review is to: 1) synthesize the magnet hospital research that describes and evaluates the professional practice of nurses within these institutions and (2) identify areas for future research to advance professional nursing models within current hospital organizations.
Population/Sample size Criteria/Power	2095 nurses in four different hospitals	46 Magnet Hospitals were reviewed
Methods/Study Appraisal Synthesis Methods	In a survey on intent to stay and a job satisfaction instrument covering the importance of and actual satisfaction with different job factors.	Summary of research finding from 46 magnet hospitals were reviewed and summarized.
Primary Outcome Measures/Results	Interaction, followed by pay and autonomy were the most important job factors for Norwegian nurses. Actual job satisfaction was similar to nurses in other countries. There was no significant difference in job satisfaction between participants and non-participants in a clinical ladder. Nurses intending to stay more than a year were significantly more satisfied in their job. Further education and 1 day or more scheduled for professional development were factors that were positively related to intent to stay in the hospital.	These findings allowed others to incorporate the information into the development or enhancement of professional practice models in their organizations. The centrality of the nurse patient relationship was documented over the course of the 8 years. The importance of autonomy, status, and collaboration to staff nurse satisfaction was described. These findings substantiated the need to quantify empirically these attributes and measure their effects on patient outcomes.

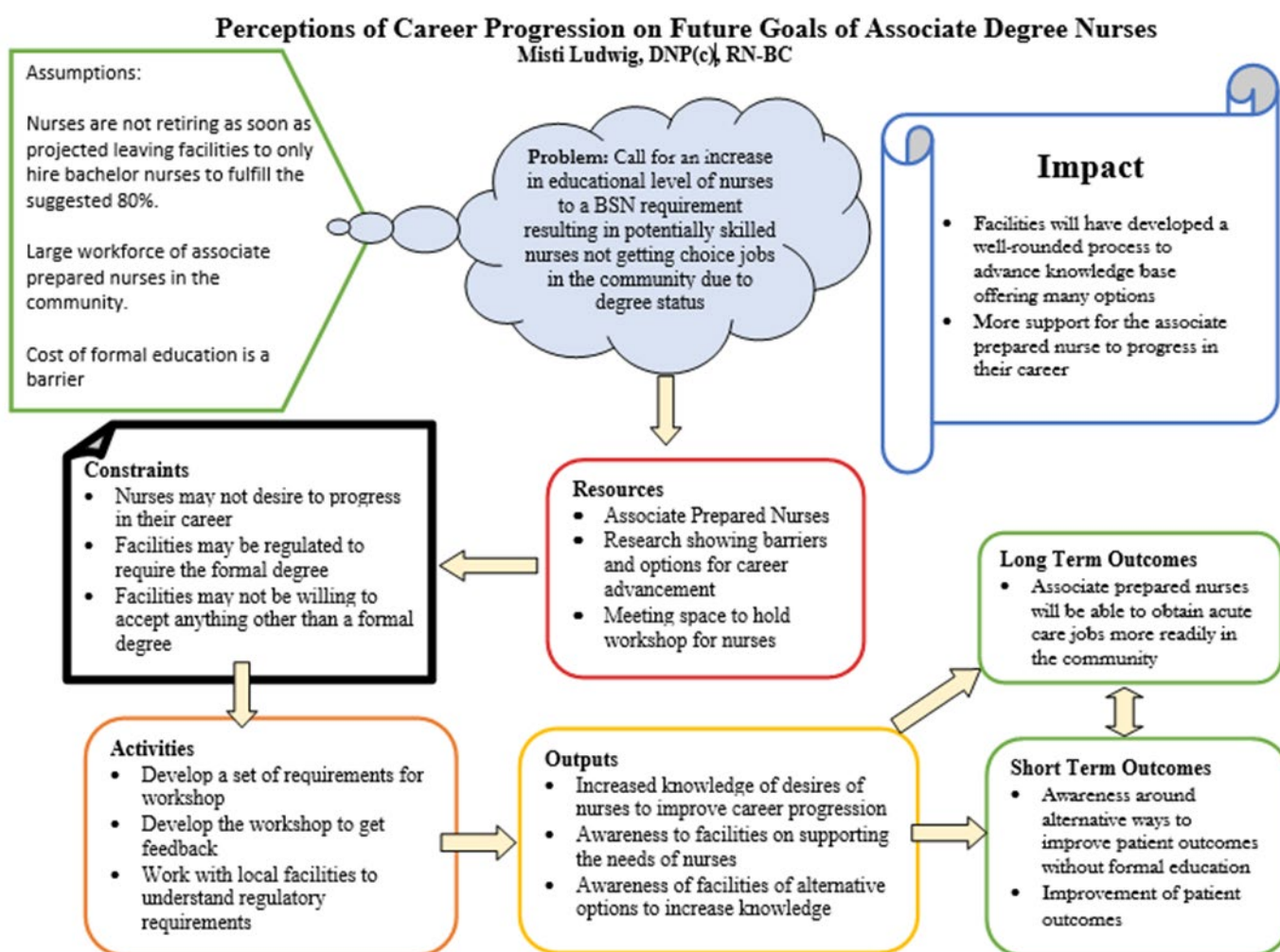|		
Conclusions/Implications	Norwegian nurses' views on the importance of different job factors mirrored views of the importance ascribed to working milieu in the Norwegian society. As such, the instrument used seemed sensitive to cultural differences. Nurses' actual satisfaction with their job was similar to respondents in many other countries and may imply that structures and content defining nurses' working situation are similar in many parts of the world. Participation in a clinical ladder did not increase nurses' overall job satisfaction. However, further education and the opportunity for professional development increased nurses' intention to stay in the organization.	This review of magnet hospital research contributes to a better understanding of the description and effects of professional nursing practice within healthcare organizations. Important attributes such as effective leadership, autonomy, and collaborative relationships have been described explicitly in the research. The research shows consistent support for the positive effects that these attributes have on organizational outcomes, such as nurse retention and satisfaction.
Strengths/Limitations	It should be borne in mind that there are a few issues with the internal consistency of some of the Stamps subscales, thus caution must be used when presenting results where reliability of some scales is an issue.	The limitations of the earlier studies center mainly around the design and methods chosen. Biased sampling technique (self-selection) limited the hospitals that were chosen first as the best examples of "magnet" hospitals.
Funding Source	None noted	None noted
Comments	**25** This article will help me to understand those things that are positive with the use of clinical ladders and job satisfaction.	**26** This article will help me to see the regulatory requirements for nurses that work with magnet hospitals.

Article/Journal	The Effects of Health Care Reforms on Job Satisfaction and Voluntary Turnover Among Hospital Based Nurses	The Initiative to Move Toward a More Highly Educated Nursing Workforce: Findings from the Kansas Registered Nurse Workforce Survey
Author/Year	Davidson, H., Folcarelli, P.H., Crawford, S., Duprat, L.J., Clifford, J.C. (1997)	Shen, Q., Peltzer, J., Teel, C., Pierce, J. (2015)
Database/Keywords	Google Scholar/Career Advancement in Nursing	CINAHL/Nursing Career Progression
Research Design	Longitudinal Survey	Workforce Survey
Level of Evidence	Level V – Evidence obtained from systematic reviews of descriptive and qualitative studies	Level V – Evidence obtained from systematic reviews of descriptive and qualitative studies
Study Aim/Purpose	This article examines the effects of changes in the hospital environment on nurses' job satisfaction and voluntary turnover between 1993 and 1994.	The purposes of the survey were to (a) describe the Kansas RN workforce, (b) examine the relationship between nursing education and employment, (c) compare and contrast the workforce to other states and national data and (d) discuss implications of strategic planning and policy making for nursing education.
Population/Sample size Criteria/Power	736 hospital nurses in one hospital	The final sample of the survey consisted of 6,948 RNs, a response rate of 15.6%.
Methods/Study Appraisal Synthesis Methods	Data were collected in a longitudinal survey of 736 hospital nurses in one hospital to examine correlates of change in aspects of job satisfaction and predictors of leaving among nurses who terminated in that period.	The Kansas RN Workforce Survey consisted of 34 questions, including items about demographics, education, licensing, and employment.
Primary Outcome Measures/Results	Unadjusted results showed decline in most aspects of satisfaction as measured by Hinshaw and Atwood's 14 and Price and Mueller's 10 scales. Multivariate analysis indicated that the most important determinants of low satisfaction were poor instrumental communication within the organization and too great a workload. Intent to leave was predicted by the perception of little promotional opportunity, high routinization, low decision	Analysis of highest level of nursing education showed that 60.5% of Kansas RNs were at least baccalaureate prepared, with 14.9% obtaining a master's degree or higher. More than 50% of RNs worked in hospitals as staff nurses. RNs with advanced education were more likely to be employed, tended to work in academic settings or ambulatory clinics, and were more likely to be faculty or in management/leadership positions.

	latitude, and poor communication. Predictors of turnover were fewer years on the job, expressed intent to leave, and not enough time to do the job well.	
Conclusions/Implications	The authors conclude that although many aspects of job satisfaction are diminished, some factors predicting low satisfaction and turnover may be amenable to change by hospital administrators.	Overall, the Kansas RN workforce is closer to reaching the 80% baccalaureate-prepared goal recommended by the Future of Nursing report than has been reported. Educational level was closely related to RNs' choices of work settings and positions. Additional work such as promoting academic progression needs to continue to build a more highly educated RN workforce.
Strengths/Limitations	Comprehensive review of several facilities.	The response rate (15.6%) of the study was relatively low. Demographic information about the non-respondents was unavailable.
Funding Source	This research was supported by grant no. 20914 from the Robert Wood Johnson Foundation.	Robert Wood Johnson Foundation (RWJF) provided the State Implementation Program grant funding to support the work of the team.
Comments	**27** This article will help me with job satisfaction in regards to perception of career advancement.	**28** This article will help me to understand how degree obtainment is related to positions in a facility.

Article/Journal	The Integrated Nursing Pathway: An Innovative Collaborative Model to Increase the Proportion of Baccalaureate-Prepared Nurses	There Really is a Difference: Nurses Experiences with Transitioning from RNs to BSNs
Author/Year	Goode, C.J., Preheim, G.J., Case, N.K., VanderMeer, J., Iannelli, G. (2016)	Delaney, C., Piscopo, B. (2007)
Database/Keywords	CINAHL/Associate Degree Nursing Progression	CINAHL/Associate Degree Nurse Career
Research Design	Meta-analysis	Phenomenological Study
Level of Evidence	Level VII – Evidence obtained from expert opinion, regulatory opinions, and/or reports of expert committees	Level V – Evidence obtained from systematic reviews of descriptive and qualitative studies
Study Aim/Purpose	A meta-analysis to determine what is known about nurses' motivators, barriers, perceptions, and attitudes about returning to school for a BSN degree found that cost, lack of support, curricular issues, and lack of self-confidence are barriers, while autonomy, quality care, improved clinical judgment, career advancement, and personal growth are motivators	To explore and describe the experience that associate degree and diploma nursing graduates have when transitioning from RN to BSN.
Population/Sample size Criteria/Power	A smaller cohort of 18 students. Of the 18 students in the initial cohort, 13 earned an associate degree from CCA in 2011; in May 2013, all 13 graduated from the UC-CON and all passed the NCLEX-RN. The second cohort consisted of 24 students; 20 in this group obtained an associate degree, and 16 are seniors in the UC-CON. Thirty were admitted to the third cohort, and 26 who finished with an associate degree are in their junior year at UC-CON.	Twelve nurses with a variety of clinical backgrounds and completion of different RN–BSN programs were interviewed to elicit the lived experience of transitioning from RN to BSN.
Methods/Study Appraisal Synthesis Methods	The Pathway model was developed with the intent to be replicated by other community colleges and universities. CCA did not have an existing nursing program, which is recognized as an advantage in the initial development of an integrated model.	Data collection occurred over a 12-month period. Each nurse was asked to describe his or her experience with transitioning as an RN to a BSN in as much detail as possible. The interviews were conducted at the place and time of the participants' choice to increase their comfort level and facilitate free expression.

		Interviews were audiotaped and later transcribed by a professional transcriptionist.
Primary Outcome Measures/Results	Evidence of increased opportunity and enhanced diversity is demonstrated in the most recently admitted cohort. The group is ethnically and racially diverse, and 25 percent are men, with 25 percent first-generation college students. With a better understanding of attrition statistics, the plans are to admit more than 30 students in future cohorts.	Analysis of the 12 stories describing the participants' transition as RNs to BSNs resulted in eight themes that illustrate the essence of their experience.
Conclusions/Implications	The mission and goals of the partnership between the University of Colorado and the Aurora Community College System call for greater access to quality education for citizens of the state. The Integrated Nursing Pathway focuses on student potential and diversity, employer hiring trends for BSN graduates, and the need by consumers for a well-educated, diverse nursing workforce	The ability to see the bigger picture was the most powerful common experience for the nurses. They were able to move beyond old patterns of thinking and behavior to envision the whole person, critically analyzing the complexity of the human experience. The biggest change occurred in their thought process, although skill levels also advanced for many. By the end of the program, the nurses saw their work in a different light and began recreating their everyday practice. The nurses had successfully transitioned as RNs to BSNs and emerged with a renewed commitment to their profession, forever changed by the experience.
Strengths/Limitations	Enrichment of the UC-CON student body and enhancement of diversity within the nursing workforce are significant strengths of the program.	Current literature, albeit limited, provides evidence of the effectiveness of baccalaureate education in improving critical thinking and professionalism as well as facilitating personal and professional growth,
Funding Source	None noted	None noted
Comments	**29** This article will help me understand the desired support structure needed by nurses as they return to school while employed as a nurse.	**30** This article will help me to understand what is involved in transitioning from RN to BSN and how that affected practice.

Appendix B - Logic Model

Perceptions of Career Progression on Future Goals of Associate Degree Nurses
Misti Ludwig, DNP(c), RN-BC

Assumptions:

Nurses are not retiring as soon as projected leaving facilities to only hire bachelor nurses to fulfill the suggested 80%.

Large workforce of associate prepared nurses in the community.

Cost of formal education is a barrier

Problem: Call for an increase in educational level of nurses to a BSN requirement resulting in potentially skilled nurses not getting choice jobs in the community due to degree status

Impact

- Facilities will have developed a well-rounded process to advance knowledge base offering many options
- More support for the associate prepared nurse to progress in their career

Constraints
- Nurses may not desire to progress in their career
- Facilities may be regulated to require the formal degree
- Facilities may not be willing to accept anything other than a formal degree

Resources
- Associate Prepared Nurses
- Research showing barriers and options for career advancement
- Meeting space to hold workshop for nurses

Long Term Outcomes
- Associate prepared nurses will be able to obtain acute care jobs more readily in the community

Activities
- Develop a set of requirements for workshop
- Develop the workshop to get feedback
- Work with local facilities to understand regulatory requirements

Outputs
- Increased knowledge of desires of nurses to improve career progression
- Awareness to facilities on supporting the needs of nurses
- Awareness of facilities of alternative options to increase knowledge

Short Term Outcomes
- Awareness around alternative ways to improve patient outcomes without formal education
- Improvement of patient outcomes

Evaluation Logic Model Guide, W.K. Kellogg Foundation, Page 54

Appendix C - Conceptual Diagram

Perceptions of Career Progression on Future Goals of Associate Degree Nurses
Misti Ludwig, DNP(c), RN-BC

RESOURCES	ACTIVITIES	OUTPUTS	SHORT & LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	*In order to address our problem or asset we will accomplish the following activities:*	*We expect that once accomplished these activities will produce the following evidence of service delivery:*	*We expect that if accomplished these activities will lead to the following changes in 1-3 then 4-6 years:*	*We expect that if accomplished these activities will lead to the following changes in 7-10 years:*
Associate Prepared Nurses	Develop a set of requirements that would allow nurses to advance knowledge in many facets.	Increased knowledge of desires of nurses to improve career progression	Short Term – Awareness around alternative ways to improve patient outcomes without formal education	Facilities will have developed a well-rounded process to advance knowledge base offering options
Meeting space to hold the workshop	Develop a workshop to obtain feedback from nurses.	Awareness created to assist facilities in supporting needs of nurses	Short Term and Long Term – Patient outcomes will be improved	More support for the associate prepared nurse to progress in their career
Research showing the barriers and options for career advancement	Work with local facilities to determine regulatory requirements.	Facility awareness of alternative options to increase nurse's knowledge	Long Term – Associate prepared nurses will be able to obtain acute care jobs more readily in the community	

Appendix D – Timeline

- February 2017: PICO Identified

- July 2017: Defend proposal

- August 2017: Site approval letter signed

- August 2017: Submit to Regis IRB

- September 2017: Develop protocol for the informational session

- October 2017---- Identify participants and obtain informed consent

- November 2017: Conduct the informational session and complete survey

- January 2018: Analyze data for themes

- March 2018: Write up final project

- May 2018: Defend project

Appendix E – Budget and Resources

Researcher Costs

Researcher development, conduction and analysis of informational session Time for researcher is $50/hr Development = 16hours Conduction = 3 hours Analysis = 32 hours	$ 0
Use of Survey Monkey	$ 50
Word files to organize data instead of NVivo	$ 0
Printing Materials	$100
Computer Lab Room	$ 0
Projector use	$ 0
Total Cost	**$150**

Costs to Replicate

Researcher development, conduction and analysis of informational session Time for researcher is $50/hr Development = 8 hours Conduction = 3 hours Analysis = 8 hours	$2,550
Use of Survey Monkey	$ 372
NVivo to organize data	$ 700
Printing Materials	$ 100
Computer Lab Room	$ 50
Projector use	$ 58
Total Cost	**$3,830**

Appendix F - IRB Approval Letter

Ludwig, Misti D

From: Alan Stark <no-reply@irbnet.org>
Sent: Tuesday, October 10, 2017 9:33 AM
To: Ludwig, Misti D; Stoeckel, Pamella R
Subject: IRBNet Board Action

Please note that Regis University Human Subjects IRB has taken the following action on IRBNet:

Project Title: [1116694-3] Clinical Advancement of Associate Degree Nurses Principal Investigator: Misti Ludwig, MSN

Submission Type: Amendment/Modification
Date Submitted: October 3, 2017

Action: APPROVED
Effective Date: October 10, 2017
Review Type: Administrative Review

Should you have any questions you may contact Alan Stark at astark@regis.edu.

Thank you,
The IRBNet Support Team

www.irbnet.org

Appendix G – CITI Training Certificate

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:**   Misti Ludwig (ID: 6162885)
- **Institution Affiliation:**   Regis University (ID: 745)
- **Institution Email:**   ludwi377@regis.edu
- **Institution Unit:**   Nursing

- **Curriculum Group:**   Human Research
- **Course Learner Group:**   Social Behavioral Research Investigators and Key Personnel
- **Stage:**   Stage 1 - Basic Course

- **Record ID:**   22304564
- **Report Date:**   11-Feb-2017
- **Current Score**:**   100

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethical Principles - SBE (ID: 490)	11-Feb-2017	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	11-Feb-2017	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	11-Feb-2017	5/5 (100%)
Assessing Risk - SBE (ID: 503)	11-Feb-2017	5/5 (100%)
Informed Consent - SBE (ID: 504)	11-Feb-2017	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	11-Feb-2017	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?k648979b2-28d6-47de-be5f-9adb0874dafa-22304564

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

Appendix H – Agency Letter of Support

Presence
Saint Joseph Medical Center

Letter of Agreement

July 30, 2017

To Regis University Institutional Review Board (IRB):

I am familiar with Misti Ludwig's research project entitled Clinical Advancement of Associate Degree Nurses. I understand Presence St. Joseph Medical Center's (PSJMC) involvement to allow the associate prepared nurse with at least two years' experience to be interviewed prior to and after a two-hour workshop conducted. The workshop will be designed to obtain the perception of the nurse with an associate degree for career advancement. Participants will be given a questionnaire to fill in prior to the workshop and then immediately after. Data will then be collected and themes will be developed and presented to PSJMC. All participant names and personal data will be withheld for confidentiality.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Presence St. Joseph Medical Center, I agree that Misti Ludwig's research project may be conducted at our agency/institution.

Sincerely,

Lynn Watson, MSN, RN

Lynn Watson, RN
Interim Chief Nursing Officer
Presence Saint Joseph Medical Center
815-741-7695