A QUALITATIVE EXPLORATION ON THE COMMUNITY COLLEGE BACCALAUREATE IN NURSING

by

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This dissertation is submitted in partial fulfillment of the requirements for the degree of

Doctor of Education

Ferris State University

November 2014
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ABSTRACT

Baccalaureate degrees are now being offered by many community colleges, in many different degree programs, and in a number of different states. Because this is a relatively new practice, little empirical research has been conducted on the community college baccalaureate, and many questions continue to arise about whether the community college, with its multiple missions, can academically prepare students for the workforce at the baccalaureate level. Because of the national shortage of nurses, the nursing baccalaureate was one of the first that community colleges offered. However, while a number of community colleges across the country confer BSNs, little is known about whether the community college can prepare students and uphold standards required of the nursing workforce. Since community colleges have been asked to play a prominent role in addressing the nursing shortage crisis, it is imperative that community college BSNs are assessed so that they meet the expectations of the profession. Therefore, this study sought to determine if community colleges can academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level.

This qualitative study explored the perspectives of two groups: nurse leaders and community college BSN graduates that are currently working in the healthcare industry. Six nurse leaders were interviewed using open-ended questions that were generally constructed to compare the readiness of BSNs that graduated from the community
college and those that graduated from the traditional university model. In addition, six community college BSN graduates were interviewed using open-ended questions that were constructed to have the graduates compare themselves in the workforce with their colleagues that have a BSN from a university. Based on the perspectives of the nurse leaders and the community college BSN graduates, this study yielded for conclusions: (1) both BSN programs (community college and university) seem to adequately prepare BSNs to enter the workforce, (2) the success of a BSN in the workforce is determined by several other factors that are more important than the institution attended, (3) There is a distinct skill level difference between an ADN and a BSN nurse, and (4) community college BSN graduates are able to compete in the workforce.
DEDICATION

To my parents, Robert and Muriel Butke, who strongly believed in higher education for their youngest son. Their constant prayers, love, and guidance provided the strength that I needed to complete my educational journey.
ACKNOWLEDGMENTS

I feel extremely fortunate to have crossed lines with Drs. Kathleen Ebener and Peggy McCart. This research would not have been possible without their support and guidance. I would also like to extend my thanks to Dr. Beth Hagan who invited me to the 13th Annual Community College Baccalaureate Association Conference to build the needed relationships for this research.

I have gotten to know Dr. Roberta Teahen for quite some time, as I have progressed through the DCCL program. Her vibrant personality, thought provoking discussions, and knowledge of the community college arena kept me focused and provided me with the needed encouragement to move through the DCCL program. She is inspirational to all. Likewise, I would like to thank Dr. Amy Fugate whose solid belief in me also provided the encouragement I needed to succeed through the program.

Lastly, completing this milestone in my life would not have been possible without the support of my family. First, I would like to thank David and Barbara Sanchez who took it upon themselves to entertain my daughter when needed so that I could complete this work. In addition, I would like to extend my greatest appreciation to my wife, Crystal Butke, as she took on extra family obligations so that I could achieve my academic endeavors.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>vii</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER I: INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>History of the Community College</td>
<td>1</td>
</tr>
<tr>
<td>Baccalaureate Movement</td>
<td>3</td>
</tr>
<tr>
<td>Nursing and the Community College</td>
<td>5</td>
</tr>
<tr>
<td>Nursing Shortages</td>
<td>6</td>
</tr>
<tr>
<td>Purpose of This Study</td>
<td>9</td>
</tr>
<tr>
<td>Study Location Selection</td>
<td>10</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>11</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>12</td>
</tr>
<tr>
<td>CHAPTER II: LITERATURE REVIEW</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>14</td>
</tr>
<tr>
<td>The History of the Community College and Its Evolving Missions</td>
<td>14</td>
</tr>
<tr>
<td>Current Models of Baccalaureate Attainment</td>
<td>16</td>
</tr>
<tr>
<td>Related Research on the Community College Baccalaureate</td>
<td>19</td>
</tr>
<tr>
<td>The History of Nursing Education</td>
<td>27</td>
</tr>
<tr>
<td>The Current Need to Continue the Advancement of Nursing Education</td>
<td>29</td>
</tr>
<tr>
<td>Advancing Nursing Education and the Community College</td>
<td>31</td>
</tr>
<tr>
<td>Nursing Education and Patient Outcomes</td>
<td>32</td>
</tr>
<tr>
<td>Conclusion</td>
<td>36</td>
</tr>
<tr>
<td>CHAPTER III: METHODOLOGY</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>38</td>
</tr>
<tr>
<td>Justification of Methodology</td>
<td>39</td>
</tr>
<tr>
<td>Qualitative Design</td>
<td>40</td>
</tr>
<tr>
<td>Collecting Data</td>
<td>42</td>
</tr>
<tr>
<td>Geographic Boundaries of the Study</td>
<td>45</td>
</tr>
<tr>
<td>Participant Selection</td>
<td>46</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Baccalaureate Conferring Community Colleges</td>
<td>8</td>
</tr>
<tr>
<td>Table 2</td>
<td>Pseudonyms Used in the Study</td>
<td>56</td>
</tr>
<tr>
<td>Table 3</td>
<td>Florida Expansive State College - Demographic Data</td>
<td>59</td>
</tr>
<tr>
<td>Table 4</td>
<td>Florida Expansive State College - Enrollment Status</td>
<td>60</td>
</tr>
<tr>
<td>Table 5</td>
<td>Florida Expansive State College - Student Age</td>
<td>60</td>
</tr>
<tr>
<td>Table 6</td>
<td>Approximate Age of Participants</td>
<td>63</td>
</tr>
<tr>
<td>Table 7</td>
<td>Research Participant Job Titles</td>
<td>64</td>
</tr>
<tr>
<td>Table 8</td>
<td>Research Participant Coding Key</td>
<td>65</td>
</tr>
</tbody>
</table>
CHAPTER I: INTRODUCTION

History of the Community College

The Community college has stood by its mission to allow open access to higher education since the turn of the 20th century. Formerly known as junior colleges, community colleges have provided an extension to high schools as transfer institutions. This gave students the opportunity to take the first two years of the lower-divisional coursework of a baccalaureate degree. Upon completion of the lower-divisional coursework, students would typically earn a Liberal Arts Associate Degree. As a result, this provided students a path to transfer to a university to earn a four-year degree. During this period, there were 70 – 200 public community colleges practicing the open-door policy (Cohen & Brawer, 2008, p. 17). Since then, community colleges have dramatically increased in numbers during the middle of the 20th century.

After World War II, political leaders made a substantial investment in higher education with the 1944 passage of the GI Bill of Rights. The GI Bill of Rights, which provided significant financial assistance to veterans, broke many barriers, both fiscally and socially to higher education (Coley, 2000). This democratic movement crowded campuses as community colleges served the majority of this population (Myran, 2009). In addition, the U.S. President’s Commission on Higher Education, known as the Truman Report of 1947, democratized accessibility to higher education that resulted in several
junior colleges renaming themselves as community colleges. This was a low-cost comprehensive institutional structure dedicated to serve and meet the needs of the local community (Bragg & Townsend, 2006). These two events played an important part in expanding higher education opportunities in the United States.

Additionally, with the demand for equal access to opportunities among African Americans and other minority populations that sparked the social revolution of the 1960’s, enrollment growth in community colleges increased exponentially and new ones were established rapidly across the country (Myran, 2009). As a result, the accessibility of the open-door policy of the community college became the primary foundation for higher education among underprivileged and underserved populations.

Throughout the last century up to the present, community colleges have provided higher education to a diverse student population that ranges from different races and ethnic backgrounds, traditional to nontraditional students, and to students with different economic statuses. In addition, a number of community college students must balance the role of work and parenting while also being a student (Myran, 2009). To a great extent, many community colleges serve disadvantaged populations with financial, economic, and personal barriers to academic success. The community college opens its doors to these students by providing them with the needed assistance to further their education, and in many cases, it also provides a gateway to a four-year college and the baccalaureate degree. The comprehensive community college continues to practice its mission of open-access by expanding services in vocational education, continuing education, community education, adult education, and remedial
education. Currently, there are more than 1,100 public and private community colleges operating in the United States serving the desires of a wide variety of students with diverse needs (Phillippe & Patton, 2000).

Many community colleges typically award students with a certificate of achievement or a 2-year associate degree for their academic achievements. Today, in the 21st century, our country has moved from an industrial driven nation to a technologically advanced, globally competitive nation. As a result, there is a greater need for higher skilled and higher educated workers to fill newer entry-level positions. Community colleges are known for their responsiveness in making changes that meet student, community, and workforce needs. According to Walker (2002), “Community colleges have attained the stage of maturity that requires that they adjust their missions to be responsive to the demands and challenges of the new globally competitive economy, or they will begin to decline” (p. 1). In the new global economy, many occupations have elevated their entry requirements to the baccalaureate level, making it essential for community colleges to not only focus on their traditional 2-year programs, but also focus on select offerings in 4-year programs by becoming baccalaureate degree conferring colleges (Walker, 2005).

**Baccalaureate Movement**

Pinpointing the exact date when the baccalaureate movement began in the United States is often blurred. However, research concludes that it seems to have begun slowly in the 1990’s. Walker (2005) indicates:
In 1993, Utah Valley Community College received legislative approval to offer baccalaureate degrees and in 1997, the Arkansas legislature authorized Westark Community College to develop a bachelor’s degree in manufacturing technology. In 1999, Great Basin College, in Reno, Nevada began offering a bachelor’s degree in education (pp. 12-13).

Since then various states have permitted several of their community colleges to change their organizations by implementing a community college baccalaureate degree. Some of these states include Hawaii, Indiana, New Mexico, New York, Texas, Vermont, Georgia, Louisiana, North Dakota, and Oklahoma (Cohen & Brawer, 2008).

In Florida, for even such a largely populated state, citizens lacked access to attainment of a baccalaureate degree. Florida legislators attributed the shortage of highly skilled workers to a lack of 4-year institutions and universities that geographically restricted access (McKinney and Morris, 2010). In 2001, the concerned lawmakers were granted the opportunity to seek approval to confer baccalaureate degrees in select disciplines with the passing of Senate Bill 1163 (Winn & Armstrong, 2005). Since the passage of Senate Bill 1163, the State of Florida has been a frontrunner in the baccalaureate movement with the authorization in the beginning of six community colleges (Chipola College, Miami Dade College, Okaloosa-Walton College, St. Petersburg College, Daytona Beach Community College and Edison College) to confer baccalaureate degrees, which resulted in a total of 19 baccalaureate degrees (Florida Department of Education [FLDOE], 2011). At present, 22 colleges have been granted authority to confer baccalaureate degrees for a total of 145 baccalaureate degrees (FLDOE, 2012).
Nursing and the Community College

In the United States, nurses can currently enter the practice of nursing via a multitude of different educational pathways. Traditionally, there are three different pathways of undergraduate study that nursing students can pursue to attain a nursing credential. These pathways include diploma programs known as License Practical Nurses (LPN) or Licensed Vocational Nurses (LVN), the Associate’s Degree in Nursing (ADN), and the Bachelor of Science in Nursing (BSN) (Institute of Medicine, [IOM], 2011). In order for any student to begin the practice of nursing, she or he must first pass the National Council Licensure Examination (NCLEX), which is administered by the National Council of State Boards of Nursing (NCSBN), a nonprofit organization that has a common interest in issues affecting the public health and the development of entry-level nurses (NCSBN, 2012). Nursing students that pursue the pathway of LPN/LVN must pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Likewise, nursing students that decide to pursue a Registered Nursing (RN) credential (those that are typically in ADN and BSN programs) must first pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) before they may begin practicing.

Community colleges play a significant role in educating nurses at the associate degree level. However, most community college nursing students who wish to further their education beyond the ADN will need to transfer to a four-year institution or university. This becomes problematic, as many of the enrollees in the ADN programs who seek a BSN program are non-traditional students. Many community college students have to balance multiple roles such as student, worker, and parent. This
balancing act makes it difficult for working ADNs to further their education. In fact, Adorno (2010) experienced this theme in her dissertation *A Phenomenological Study to Describe the Pursuit of a Baccalaureate Degree in Nursing by Associate Degree Registered Nurses*. She indicated that many of the BSN students she interviewed encountered frustrating barriers related to balancing multiple roles. Moreover, some students indicated that they had to stop going to school until personal situations changed. Since many BSN students are place-bound and community colleges are generally established in both urban and rural areas, they would be an attractive option for many of these students.

**Nursing Shortages**

An aging baby-boomer population, population increases, the arrival of new technologies, and alternative methods in patient care (critical care, outpatient care, public health, and mental health) have led to a workforce demand for nurses trained at a higher level of education. There is a demand for nurses trained in a wider range of competencies, such as healthcare policy and financing, leadership, quality improvement, and systems thinking (IOM, 2011). In addition, the variety of educational pathways for nurses has “fragmented the nursing community and has created a confusion among the public and other health professionals about the expectations for these education options” (IOM, 2011). Nurses play a significant role in the healthcare industry, since they make-up the largest sector of the healthcare workforce (Hassmiller, 2011). Fay Raines, president of the American Association of Colleges of Nurses, adds that higher nursing education is associated with improved patient outcomes (as cited in Wood,
In fact, many hospitals have initiated plans to make the BSN a preferred requirement to enter the practice of nursing (American Association of Colleges of Nursing, [AACN], 2011). In addition, there is pending legislation in New York “that would require all RN’s with an associate degree to obtain a BSN within 10 years of initial licensure in order to continue the practice” (Ropelewski-Ryan, Hess, & Bartow, 2008).

Community colleges play a significant role in educating nurses at the associate degree level. It is estimated that 60% of new nurses graduate from associate degree programs, 36% from bachelor’s degree programs, and 3% from diploma programs (Aiken 2011). Strategies must be employed to create efficient pathways for nurses to obtain additional upper-level nursing course work. Since the majority of new nurses graduate at the associate degree level, this presents a unique opportunity for community colleges to play a significant role in increasing the proportion of nurses with BSN credentials. The community college, with its current large established nursing infrastructure and its wide geographic reach, makes it an ideal candidate to address the labor shortages of higher educated nurses by granting them the authority to confer the BSN degree.

The State of Florida is experiencing an increased shortage of nurses. It is projected that in Florida there will be 8,000 job openings annually (Florida Department of Education, 2005). Many would assume that the nursing shortages in Florida are attributed to the state’s growing retirement age population. However, it is critical to examine the capacity of Florida’s nursing education programs. In the academic year 2003-04, the BSN degree programs at Florida’s universities turned away 1,884 qualified
applicants (Winn & Armstrong, 2005). In 2010, the “Florida Center for Nursing Survey of Nursing Programs found that ADN programs denied admission to almost 60% of qualified applicants and BSN degree programs denied admission to 56% of qualified applicants in Academic Year 2009-2010” (Florida Center for Nursing, [FCN], 2011). In 2002, St. Petersburg College became the first community college to confer the BSN degree. Since then, the State of Florida has expanded their capacity by approving an additional 13 community college BSN programs to address the nursing shortage crisis (FLDOE, 2012). Table 1 provides a list of baccalaureate conferring community colleges and their approval date.

**Table 1: Baccalaureate Conferring Community Colleges**

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<thead>
<tr>
<th>College Name</th>
<th>Approval Date</th>
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<tbody>
<tr>
<td>Broward College</td>
<td>1/21/2009</td>
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<tr>
<td>Chippola College</td>
<td>2/29/2008</td>
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<tr>
<td>Edison State College</td>
<td>2/19/2008</td>
</tr>
<tr>
<td>Florida Gateway College</td>
<td>6/21/2011</td>
</tr>
<tr>
<td>Florida State College at Jacksonville</td>
<td>2/19/2008</td>
</tr>
<tr>
<td>Gulf Coast State College</td>
<td>3/27/2012</td>
</tr>
<tr>
<td>Indian River State College</td>
<td>2/20/2007</td>
</tr>
<tr>
<td>Miami Dade College</td>
<td>2/20/2007</td>
</tr>
<tr>
<td>Palm Beach State College</td>
<td>6/15/2010</td>
</tr>
<tr>
<td>Polk State College</td>
<td>5/17/2011</td>
</tr>
<tr>
<td>Sante Fe College</td>
<td>10/18/2011</td>
</tr>
<tr>
<td>St. Johns River State College</td>
<td>5/10/2012</td>
</tr>
<tr>
<td>St. Petersburg College</td>
<td>10/17/2001</td>
</tr>
<tr>
<td>State College of Florida, Manatee-Sarasota</td>
<td>3/17/2009</td>
</tr>
</tbody>
</table>


**Purpose of This Study**

The primary rationale for community colleges to be given authority to grant baccalaureate degrees is to meet the need of the workforce demand for higher educated workers beyond an associate degree (Walker, 2005). Many critics of the community college baccalaureate criticize the degree because they assume the community college baccalaureate would not achieve the same academic standard as the university baccalaureate (Walker, 2001) and that it blurs the line between 2-year and 4-year institutions (Townsend 2009). The intent of the community college baccalaureate is not intended to compete with its four-year university counterparts but rather to address the workforce needs of the community and to fill gaps that are not met by the universities.

Since its inception, the community college baccalaureate is now being offered in many different degree programs and in a number of different states. There is little empirical research conducted on the community college baccalaureate, and many questions arise whether the community college, with its multiple missions, can academically prepare students for the workforce at the baccalaureate level. With a growing shortage of nurses and a number of community colleges already conferring BSNs, little is known about whether the community college can prepare students and uphold standards required of a BSN in the nursing workforce. Since community colleges can play a prominent role in addressing the nursing shortage crisis, it is imperative that community college BSNs are assessed so that they are meeting the expectations of the nursing profession. Therefore, the primary question that will be used to guide this study
is: Can community colleges academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level? Specific questions that will be used to answer the main question include:

1. How do nurse managers or team leaders rate the quality of nursing baccalaureate programs between the community college and the university?
2. How do nurse managers or team leaders rate the competencies of baccalaureate nursing graduates from both the community college and the university?
3. What expectations do nurse managers or team leaders have for performance in the BSN role in their organizations?
4. What differences do nurse managers or team leaders see in the nurses who are prepared at community colleges offering BSN degrees and those from universities?
5. How do community college BSN graduates compare themselves to university BSN graduates?

**Study Location Selection**

The State of Florida is known for being one of the most aggressive states in the pursuit for community colleges to be given authority to grant baccalaureate degrees. As part of this initiative, Florida has granted authority to 14 different community colleges to confer baccalaureate degrees to address the shortage of nurses and the barriers to upper-level course work. In addition, there are 10 different universities offering the baccalaureate degree in nursing. This makes Florida an attractive option for conducting this study, especially because Florida has been a leader in the baccalaureate movement and its history of struggling to address the labor shortages in the nursing workforce.
Significance of the Study

This study is unique to the phenomenon of the community college baccalaureate in that it gives stakeholders an opportunity to provide input on the quality of the programs and graduate competencies. Additionally, this study will provide useful information to current baccalaureate conferring schools, community college leaders, and state policymakers.

First, with any new institutional initiative or program, there are always areas that can be improved. The information from this research can be used by current baccalaureate conferring community colleges to evaluate program effectiveness and make any needed changes as part of a continued quality improvement process. Second, community college leaders can use this information to create highly effective programs when considering the pursuit to implement the baccalaureate degree in nursing. Last, the information from this study would be useful to provide state policymakers with current research on the community college baccalaureate. Providing state policymakers with current research will enable them to make better-informed decisions on this topic. For instance, in Michigan, granting authority to community colleges to confer baccalaureate degrees tends to be a contentious topic. The research from this study would be beneficial to policymakers in Michigan since there is pending legislation that would authorize community colleges to grant additional baccalaureate degrees in applied and technical disciplines.
Definition of Terms

For the purpose of this study, it is important to have a complete understanding of the critical terms used. Terms are often interpreted differently. For this reason, a list of terms is included below to assure consistency and accuracy in the study:

- **National League for Nursing Accreditation Commission (NLNAC).** Specialized accreditation agency for programs in nursing. The NLNAC holds nursing programs accountable in meeting or exceeding the standards from practical to clinical doctoral programs (NLNAC, 2012)

- **National Council of State Boards of Nursing (NCSBN).** An organization that is responsible for administering the NCLEX-RN and NCLEX-PN exams for nursing licensure. The NCLEX-RN is the licensure exam that ADN and BSN students take to ultimately become a registered nurse (RN) (IOM, 2011); while the NCLEX-PN is the exam that an LPN/LVN would take to become a licensed practical nurse (NCSBN, 2012).

- **Community College.** “Any institution regionally accredited to award the associate in arts or the associate in science as its highest degree” (Cohen & Brawer, 2008 p. 5). The onset of the community college baccalaureate in certain states would include upper-level courses that would lead to a baccalaureate degree in the above definition.

- **Place-bound.** Refers to students that are unable to leave their homestead to further education due to finances, familial obligations, transportation, time commitment, or work. Restrictions in accessing the baccalaureate degree are problematic in the United States. Many models have been established to address this situation, such as articulation agreements, university centers, university extensions, and the community college baccalaureate (Floyd, 2005).

- **Traditional Student.** Although the traditional student is becoming increasingly uncommon (Allen, 2000), it often refers to students between the ages of 18-22, who is financially dependent, enrolled fulltime, and works part-time or not at all.

- **Non-traditional Student.** This term is used vaguely, but often refers to students that are adult learners, have dependents other than a spouse, work fulltime, enroll part-time, are financially independent, belong to a minority group, are married, or a first generation college student (National Center for Educational Statistics, 2012).

- **Community College Baccalaureate Association (CCBA).** This is a nonprofit organization dedicated to educate and promote the community college
baccalaureate as an avenue to address the barriers, cost, and demand for higher-levels of education (beyond an associate degree) (Walker, 2005).

• Articulation. This term refers to an “agreement that ensures acceptance of freshman and sophomore credits by senior colleges and universities” (Floyd, 2005, p. 30).

• University Center. This is a collaboration between the community college and universities in order to provide more accessible options to baccalaureate degrees that are located on or near the community college campus (Lorenzo, 2005).

• University Extension. These are university sites or campuses that offer baccalaureate courses away from the main campus (Floyd, 2005).
CHAPTER II: LITERATURE REVIEW

Introduction

Discussion in this chapter begins with a brief overview of the history of the community college and how its evolving missions change to meet the needs of the community. Next, a presentation will follow on the current models of baccalaureate attainment. Then a presentation of current research on the community college baccalaureate will be detailed. The chapter will then focus on nursing, beginning with the history of nursing education, the call for the advancement of nursing education, and research supporting the advancement of nursing education.

The History of the Community College and Its Evolving Missions

Community colleges, formerly known as junior colleges, first began in the early 20th century. William Rainy Harper, of the University of Chicago, envisioned the junior college as an extension to high schools that would provide the first two years of college preparatory work, which gave universities higher responsibilities with greater focus on upper-division course work (Cohen & Bawer, 2008). In 1901, one of the first community colleges, Joliet Junior College, opened its doors. Early in the beginning of the 20th century, the mission of the community college was to provide access, transferable education that lead to a baccalaureate degree, and serve as an extension to the local high school (Myran, 2009).
Since their inception over 100 years ago, community colleges have made significant changes in an effort to respond to community needs and advance the mission of open-access. For example, the transfer mission provided students with the first two years of a baccalaureate degree at a 4-year institution or university (Townsend & Wilson, 2006). Vocational education provides students with specialized training for positions in business or industry that awards students with an associate degree in applied science (Cohen and Brawer, 2008). Developmental education embraces the open-door policy by preparing students that are underprepared for college, and in most cases, turned away by universities (Dougherty, 2006). Lastly, workforce development responds to business and industry by providing specialized or updated training for their employees; in addition, workforce development also generally re trains unemployed workers with new skills for employment (Dougherty, 2006).

Community colleges are known for being responsive to economic, social, and political environments. As a result, the forces that shape the mission of the community college will vary widely based on geographic location (Dougherty & Townsend, 2006). For example, in the community of one community college, the mission of transfer education may be of high priority to provide students a low-cost approach to lower-division academic work that would transfer to a nearby university. On the other hand, a community college in another community may have a high-priority mission of vocational education that will provide businesses and industry in the community with skilled employees that they need. Therefore, the mission of the community college should
define a “social purpose [that] is unique to each individual community...” (Hert, et al., 2011, p. 2).

According to Doughtery & Townsend (2006), “The community college is not a static institution and neither are its missions. They have changed over time, with new missions appearing and older ones changing in importance” (p. 8). Therefore, today, in the 21st century that social purpose may call for certain community colleges to graduate students with higher skills and higher educational levels to fill newer entry-level positions in the workforce. In view of that, community colleges may now need to advance their mission by not only focusing on their 2-year programs, but also focusing on 4-year programs in certain areas where the workforce is facing critical shortages of qualified workers. One such area of need is nursing wherein becoming a baccalaureate conferring school could be most beneficial.

**Current Models of Baccalaureate Attainment**

When examining the community college baccalaureate, it is essential to discuss the pathways that students follow in attaining a baccalaureate degree. The traditional method in which community college students attain a baccalaureate degree is typically done through a process of transferring credits. This method, however, provides many barriers for students. For example, some students may have trouble not being able to obtain junior status during the credit transfer process, high tuition cost of 4-year colleges and universities, and the geographic location of 4-year colleges and universities affecting students that are place-bound.
To increase baccalaureate attainment, leaders in higher education have developed several models to increase baccalaureate attainment over the years. Floyd (2005) describes the four models in detail that are currently being utilized to elevate barriers in baccalaureate attainment. These models are the articulation model, university center model, university extension model, and the community college baccalaureate.

The first model is the articulation model and it involves an agreement between the community college and a 4-year institution. Articulation agreements “ensure [the] acceptance of freshman and sophomore credits by senior colleges and universities…” (Floyd, 2005, p. 30). Many community colleges and 4-year institutions have recently formed many two-plus-two models and a newer emerging articulation agreement model known as the three-plus-one. These articulation models allow students to enroll their first of two or three years at the community college and finish with one or two years at a 4-year institution. The articulation model benefits students by allowing them to complete their first two or three years at a community college, as their credits are guaranteed to transfer. In addition, articulation agreements allow students to take advantage of lower tuition rates by being able to enroll in the community college for the first two or three years. Then again, however, articulation agreements still provide barriers to many community college students that are place-bound, making it difficult for those that have families or are working, as they are typically forced to travel. (Floyd, 2005).
The second model designed to increase the access to upper-division work is the university center model. University centers involve an interesting partnership between the local community college and various 4-year institutions. They are usually located near a community college. This model allows students to enroll their first two years at the community college and then they can transfer to one of the 4-year institutions located in the university center. This allows students to attain a baccalaureate degree without leaving the area. University centers have increased access to upper-division course work by allowing students to enroll their first two years at the community college, saving them from paying higher tuition costs. Secondly, the university center alleviates barriers for those that are place-bound, which is typically associated with traditional and articulation models of baccalaureate attainment. This makes it possible for students to take classes without leaving the area. However, according to Floyd (2005), classes offered through a university center frequently experience low enrollment that results in the cancellation of many classes. In this case, barriers in baccalaureate attainment for community college students are still present, affecting students’ scheduled course completion dates.

Another model used to increase baccalaureate attainment is the university extension model. University extensions provide educational opportunities through smaller off-campus universities or centers that are extensions of their main campus (Floyd, 2005). A great example of a university extension is the University of Michigan’s two extensions (University of Michigan-Flint and University of Michigan-Dearborn) located near two community colleges in Flint and Dearborn, Michigan. Students can
enroll all four years at the extension sites or they can enroll at Mott Community College (located in Flint) or Henry Ford Community College (located in Dearborn) for their first two years and then transfer to one of the extension sites to attain a baccalaureate degree. Whatever path the student chooses to follow in this model, the barriers toward higher education are reduced for students that are place-bound; however, there is still the added tuition cost of attending a 4-year institution or university.

Lastly, the new emerging model is the community college baccalaureate. This new trend has given the authority to confer baccalaureate degrees to certain community colleges (Floyd, 2006). This model provides greater access to baccalaureate attainment than any of the other models (Floyd, 2006). The community college baccalaureate eliminates higher education barriers by removing credit transfer problems, significantly reducing tuition cost, provides higher levels of education for community businesses and industry in specialized niche areas, and most importantly, it provides access for students that are place-bound.

**Related Research on the Community College Baccalaureate**

The expansion of community colleges continues to be a topic of debate with arguments in support and opposed to the idea of granting authority to allow community colleges to confer baccalaureate degrees. Arguments in support of granting community colleges the authority to confer the baccalaureate degrees are that it will meet the needs of students who yearn to obtain a 4-year degree that are “place-bound,” it will help fill unmet needs in the communities’ workforce, and it will provide students with advanced education in specialized niche areas. On the opposite side of the pendulum,
those with opposing views argue that community colleges conferring baccalaureate degrees will increase institutional expenses and be a drain on state resources, cause duplication of programming, mission creep, and the curriculum and quality of preparation would not be at the same level as 4-year institutions (Glennon, 2005). As with any major initiative involving a heavily weighted debate, it is critical to document and research a topic such as this. Fortunately, even though the community college baccalaureate is still rather new, there is a growing body of research that headlines the limitations of the critics’ arguments on the community college baccalaureate below.

The first piece of research analyzes student and employer perspectives of the community college applied baccalaureate degree. Grothe (2009), in his dissertation The Community College Applied Baccalaureate Degree: Employers’ and Graduates’ Perspectives, illustrates interesting findings from his qualitative study. As a former college student himself and currently serving as the Executive Dean for Technical and Workforce Education at South Seattle Community College, Grothe wanted to gain a better understanding of employers’ and graduates’ perceptions of the applied community college baccalaureate degree. In order to develop an inquiry, Grothe interviewed students in the applied baccalaureate programs to gain an understanding of how the students viewed their degree. According to Grothe (2009), five themes emerged from the interviews that suggested that the applied community college baccalaureate degree:

• Does not present barriers to attaining a bachelor’s degree.
• Accommodates students’ needs better.
• Prepares students for additional education.
• Utilizes delivery modes that meet and exceed student expectations.
• Prepares students for their chosen fields.

Grothe then interviewed employers to develop an inquiry of what their views are of the applied community college baccalaureate degree. According to Grothe (2009), two major themes emerged from the research:

• The applied community college baccalaureate meets and exceeds employer’s expectations.
• It is a community builder.

In Shah’s (2010) dissertation, similar to Grothe’s, her research focused on teacher education program graduate perceptions from a community college and a university. To gain an understanding of teacher education graduate perceptions, Shah surveyed graduates from 2004-08 that attended St. Petersburg College and the University of South Florida. In framing her study, the questions on her survey were directly related to the quality of students’ teacher education program and their capabilities in the field of education.

The results of her survey provided interesting comparisons of teacher education programs from the community college and the university. According to Shah (2010), graduates of both the community college and the university showed no significant differences in their competencies as teachers. Intriguingly, teacher education graduates from the community college were more fulfilled with their career choice.
interesting to note that teacher graduates from the community college rated their advisement and field experiences higher than those of the university.

In McKee’s (2001) dissertation Factors and Issues Surrounding Development of One Community College Baccalaureate Degree Program, she conducted a qualitative study examining elements that led to the development of the baccalaureate program in Manufacturing Technology at Westark College in Fort Smith, Arkansas, one of the first community colleges to implement the community college baccalaureate. Three themes emerged from in the development of this degree at Westark:

- The degree was developed in response to the need for Manufacturing Technology.
- The program was developed with an alternative delivery model that consisted of a sequence of self-paced competency-based modules.
- Local community support.

Many community colleges have implemented baccalaureate programs based on many of the same factors as Westark. However, the curriculum that was delivered in this program was unprecedented. For example, the curriculum delivery model provided an opportunity for industry to give input in the development of the competencies. From a student point of view, it offered flexibility and relevance to the profession.

Similar to McKee’s study, Currier (2012) explored issues pertinent to the strategic decision-making process accompanying the decision to confer the community college baccalaureate degree. In his dissertation Strategic Decision Making In Community Colleges: An Exploration of Issues Relevant to Decision Making to Confer
Community College Baccalaureate Degrees, Currier conducted a qualitative case study that was bound to six institutions that have made a substantial effort in considering the implementation of the community college baccalaureate (community colleges that have decided to and have not decided to confer baccalaureate degrees). In his study, Currier found that ensuring program quality, trustee support, strong presidential leadership, and positive community perceptions were factors outlined by the participants in the study that influenced whether or not their institutions decided to pursue the baccalaureate degree. Interestingly enough, during the decision process, an appraisal of the factors outlined above was not utilized. Instead, the decision to grant the baccalaureate was influenced by the evaluation of economic, political, cultural, and technological concerns.

Intriguingly, none of the participants indicated that their institutions used any formal model as part of the decision process. Deciding whether to implement the community college baccalaureate is a complex task and based on the findings of this study, Currier developed a model known as the Currier Model for Complex Institutional Decisions. This model is adaptable for community college leaders to use in any complex decision but, more importantly, since it was developed based on research in the decision-making process to confer baccalaureate degrees, it will serve as an invaluable resource for community college leaders that are contemplative in the pursuit of the community college baccalaureate at their institutions.

Hofland (2011), in her dissertation A Case Study of the Community College Baccalaureate: What Happened in Ten Years, explored Great Basin College from 1997-
98 through 2009-2010, covered a historical period of the college developing and maintaining five baccalaureate programs. Her study focused on the implications of the community college mission as Great Basin College underwent the transformational change to confer the baccalaureate degree. During her study, she interviewed twenty administrators and faculty to determine how the transformational process impacted students, faculty, curriculum, governance, and culture of the community college.

According to Hofland (2011) many of the participants in her study indicated that since the college had begun to confer baccalaureate degrees the mission of the college had not changed with the exception of its extended responsibilities. It is understood that any college making a transformational change, such as this, is going to be impacted to some extent. Great Basin College, however, was impacted in seven ways:

- The college had to hire more faculty members with doctorates. This resulted in a more diverse workforce and a greater depth of experience to work with issues on campus.

- General education courses had to be rewritten; this strengthened the college’s two-year courses and rejuvenated faculty, as they were able to reach deeper levels into their areas of expertise.

- As part of the accreditation process, the college was required to expand certain facilities. Greater emphasis was placed on library expansion. The expansion of facilities at the college was viewed as a benefit as it further assisted all programs and students in their studies.

- In addition to the accreditation process, standardization and policy requirements had to be rewritten, such as syllabi, course outcomes, prerequisites, course development, and updating.

- Organizational structures of the college were changed to reestablish workloads and to accommodate new staffing positions and provide reassignment time for faculty.

- Student services were increased to make the needed changes to handle the financial aid requirements for baccalaureate degrees. Additionally, a new
advising strategy that would support the baccalaureate programs was developed and expanded student life services that included housing, student government, student activities, and organizations.

- The culture and the perception of the college have changed. Hofland (2010) found that the college is now viewed by the community as a justifiable institution for higher education. She also indicated that the college seems to have more energy and the administration and faculty view the students in more of a traditional student role as they are on campus longer.

Lastly, McKinney and Morris (2009) conducted a study that examined organizational change accompanying the development of a community college baccalaureate. Data were generated by interviewing six administrators from two community colleges. These administrators played a key part in the development of the community college baccalaureate at their institutions. Three of the administrators were employees at one of the community colleges and the other three were employees at another community college. Two community colleges were surveyed in the study to provide a larger inquiry.

McKinney and Morris’s (2009) findings from the interviewees suggest that justifying a need is a critical step in the development of a community college baccalaureate degree. One interviewee stated the development of the community college baccalaureate is designed “to meet unmet labor needs in our community” (as cited in McKinney & Morris, 2009, p. 195). Another interviewee stated:

We thought that there was an unmet need in the educational community. There were areas that were not being served by the local university, and because of that, that created the opportunity. I think a great deal of that had to do with the need for some of those degrees in our region (as cited in McKinney & Morris, 2009, p. 196).
Increasing access to a bachelor’s degree was another reason for the implementation of the degree. According to McKinney and Morris (2009), one interviewee mentioned several of the public universities in Florida have capped undergraduate enrollment, which results in thousands of students unable to gain access to these universities. Similarly, another interviewee who was extremely discouraged by the 4-year universities stated:

“You had to have a transfer degree and that was the AA (Associate of Arts), to get into the State University System. OK. So I felt that was really unfortunate. I felt really badly for these thousands of AS students that had to go get an AA. I couldn’t understand why they couldn’t get an AA along the way, because most of them already had about 18 general education credits” (as cited in McKinney & Morris, 2009, p. 196).

Though the debate on community colleges conferring baccalaureate degrees is likely to continue, the research above presents some valuable and informative findings surrounding the community college baccalaureate. The research above illustrates how the community college baccalaureate reinforces the community college mission (Hoffland, 2011), meets the need of the community (Grothe, 2010; Hoffland, 2011), develops in response to unmet labor shortages (Mckee, 2001; Mckinney & Morris 2009; Currier, 2012), provides the same level of curriculum and student preparation as 4-year institutions (Shah, 2010), provides a seamless transition to upper division preparatory work (Grothe, 2010; Mckinney & Morris, 2009), and strengthens the colleges’ two-year programs (Hoffland, 2011). It is understood that further research is needed to completely understand the implications of the community college baccalaureate, but it
is important to also recognize, based on current research, the positive impact that it has had in its short tenure.

**The History of Nursing Education**

The development of nursing, for the most part, has been influenced by the progression of sciences, technology, and societal needs (Klainberg, 2010). In the nineteenth century, traditionally women would primarily take on the role of nursing, due to their inherent instincts as nurturers and caregivers to their young (Egenes, 2009). It was thought a woman’s nurturing and caregiving instincts would provide the care sufficient for those that were sick or injured with no formal education. Caring for those that were sick or injured was learned through experience or through traditions that were passed from generations (Egenes, 2009). Therefore, nursing care in the nineteenth century was primarily conducted by family members in the household with no formal education.

This did not change until the emergence of Florence Nightingale, whom many in the profession of nursing consider as the pioneer in the development of the nursing profession, due to her *Notes on Nursing: What It Is and What It Is Not*. This ultimately helped shape and define nursing as a profession. Nightingale, who was well educated and came from an affluent British family, took an untraditional path for someone in the upper class by learning the basics in patient care (Mason, 2011). During the Crimean War in 1854, Nightingale, as a nurse, cared for the sick and wounded British Military Troops. A data-driven practitioner, Nightingale found that patient mortality rates among the British Military troops were significantly reduced by improving “conditions
such as a clean and nontoxic environment, fresh air, good nutrition, comfort, rest, and emotional support” (Mason, 2011, p. 5). Her work during the Crimean War was revolutionary and was the necessary underpinning for the practice of modern nursing.

Moving into the twentieth century, nurses were typically trained as apprentices in hospitals with little regard to rigor and standards (Benner, Sutphen, Leonard, & Day, 2010). As a result, a committee was formed and funded by the Rockefeller Foundation for the Study of Nursing Education. The report issued by this committee is known as the Goldmark Report of 1923. This report called for higher standards in nursing education and recommended the formalization of nursing education/training by moving nursing education away from the hospitals to the universities (Mason, 2011).

Following the Goldmark Report, after the Second World War, the Carnegie Foundation funded a report published in 1948 known as the Future of Nursing, also known as the Brown Report. Esther Brown, the author of the report, recommended that nursing education should remain autonomous from the hospitals (Egenes, 2009) and the practice of nursing education should not only be expanded to universities, but also to community settings (Mason, 2011).

When the Brown Report was first published there were only a few baccalaureate programs in nursing during this time (Benner et al., 2010), until Mildred Montag responded to the report as a topic of her dissertation during the 1950’s (Mason, 2011; Egenes, 2009). As a result, a written proposal was developed by Montag and granted by the W.K. Kellogg Foundation, where she received funding to provide and educate technical nurses in associate degree programs at seven junior colleges. The success that
she had in the development of ADN programs multiplied along with the rapid growth of
the community college movement during this time (Benner et al., 2010; Egenes, 2009).
The work of Brown and Montag was critical in improving nursing education by calling for
the separation of nursing education from hospitals to higher education institutions, as
many of the hospitals gave “higher priority to the service needs of the hospitals rather
than to their students’ educational needs” (Egenes, 2009, p. 20). In fact, the movement
was so successful, as Mahaffey indicated that associate degree programs in nursing
grew from seven to nearly seven hundred (as cited in Benner et al., 2010, p. 34).

The Current Need to Continue the Advancement of Nursing Education

Since the work of Brown and Montag, the progression of nursing education has
been rather limited. New technologies, an aging baby boomer population, the number
of different healthcare units, the demand of evidence-based practices, and the recent
passage of healthcare reform legislation have created the need to increase the number
of nurses with advanced credentials (BSN or higher). Aiken, Cheung, & Olds (2009)
argue that “Nursing education and workforce planning lack a unified strategy to create a
nursing workforce that is sufficient in numbers and educational mix to meet national
healthcare needs” (p. 12).

Similar to Aiken et al., The Tri-Council for Nursing, which is composed of four
nursing organizations such as the American Association of Colleges of Nursing, American
Nurses Association, American Organization of Nurse Executives, and the National
League for Nursing have formed an alliance with each other to ethically and responsibly
advance the profession of nursing. On May 17, 2010, this council called for all registered nurses to advance their education. Tri-Council for Nursing (2010) states:

Current health care reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation’s health will be further at risk (para. 1).

Likewise, the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (IOM) was charged with analyzing the nursing workforce, articulating the pressures placed on the nursing workforce, and make recommendations to improve the nursing workforce. In the report, the committee indicated that there is a need for more BSN-prepared nurses. They go as far to say that “an increase in the percentage of nurses with a BSN is imperative as the scope of what the public needs from nurses grows, expectations surrounding quality heighten, and the settings where nurses are needed proliferate and become more complex” (IOM, 2010, p. 4-9). In fact, the IOM (2010) indicates that it is necessary to increase the number of nurses with a BSN in the workforce to 80% by 2020.

The IOM is not the only organization that supports such a bold goal. In 2003, the New York State Board for Nurses (BON) unanimously recommended and approved action to increase the level of education of future nurse licensees. Through collaboration efforts, the New York BON was able to obtain sponsors in the New York State Assembly and Senate to develop the language for legislative bills that “Requires registered professional nurses to attain a baccalaureate degree in nursing within ten
years of their initial licensure; provides exemptions for those currently licensed or
enrolled in nursing programs” (S. 02553A, 2011; A. 01977B, 2011). According to Zittel
(2012) specifics of the bills include:

- Current licensed RNs would be exempt from meeting the requirements of the bill
- Students enrolled in associates or diploma programs would be exempt in meeting the requirements of the bill.
- A licensed RN would have his or her license put on hold if he or she did not complete the baccalaureate degree in ten years.

**Advancing Nursing Education and the Community College**

With the call to advance nursing education, it is essential to explore opportunities to meet this initiative or achieve IOM’s goal of increasing the nursing workforce with BSN credentials by 2020. Graduates from associate-degree-granting institutions currently represent nearly 60% of the nursing graduates each year (Mahaffy, 2002), most of which are from community colleges (Aiken et al., 2009; Benner et al. 2009). On the other hand, RNs that have received the BSN credential and begun their initial education in a four-year college or university represents 30% of the nurses (Aiken et al., 2009). Knowing that over 50% of nurses begin their nursing education at a community college, community colleges, therefore, could play a key role in advancement of nursing education, as they would provide a seamless transition to upper-divisional course work required of a BSN.

In fact, the IOM report indicates that community colleges play a prominent role in achieving its goal of obtaining a nursing workforce representing 80% of RNs with BSN
credentials by 2020. To achieve the goal, according the IOM (2010) community colleges “must either join educational collaboratives or develop innovative and easily accessible programs that seamlessly connect students to schools offering the BSN and higher degrees, or they must develop their own BSN programs (if feasible within state laws and regulations)” (p.4-12).

In a recent study, Daun-Barnett (2011) analyzed states and institutions offering the BSN at community colleges to see if the rate of growth in a given state exceeded the rate of growth in other states that do not authorize community colleges to confer baccalaureate degrees. Daun-Barnett’s (2011) research supports IOM’s recommendations in that his findings suggest that BSN growth rate is higher in states that have given authority for community colleges to grant BSN’s than those that have not adopted the policy.

Nursing Education and Patient Outcomes

It is known that there has been a nursing shortage for quite some time now. Yet, there is a recent shift in the healthcare industry to increase educational levels of nurses, most notably ADN to BSN. With the many prominent healthcare organizations, such as the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, National League for Nursing, and the Institute of Medicine calling for the advancement in nursing education with a minimum of a BSN for entry into the field, it is necessary to examine the forces that are causing the shift to advance the education of the nursing workforce.
In Aiken et al. (2011), *Educational Levels of Hospital Nurses and Surgical Patient Mortality*, they examined the impact of nurse education and patient outcomes. The findings in the study are the results of exploring 80% of Pennsylvania’s adult acute-care general hospitals. By controlling for variables such as hospital characteristics, nursing experience, and workload, Aiken et al. (2011) found that:

- Surgical patients had a considerable survival advantage in hospitals that had a higher proportion of RNs that hold a BSN over surgical patients that received care in hospitals with a lower proportion of RNs holding a BSN degree or higher. It is important to note that a larger proportionate number of baccalaureate nurses in hospitals substantially reduces the number of mortality rates among surgical patients and patients that develop complications. Surprisingly, Aiken et al. (2011) indicated that “if the proportion of [baccalaureate] nurses was 60% rather than 20%, 3.6 fewer deaths per 1000 patients and 14.2 fewer deaths per 1000 patients with complication would be expected” (para. 25).

- Surgical patients that underwent serious complications during hospitalization had a considerable survival advantage in hospitals that had a higher proportion of RNs that hold a BSN over surgical patients that underwent serious complications during hospitalization with a lower proportion of RNs holding a BSN degree or higher.

- When analyzing hospitals that had a higher proportion of RNs with a diploma or associate degree (ADN), the results were non-significant as a predictor of patient outcomes.

- The mean years of an RN’s experience was not found as a predictor of patient mortality or failure to rescue.

- There is seemingly a shared association with hospitals having a higher proportion of RNs with a BSN credential or higher and lower patient-to-nurse ratio with lower patient mortality and failure-to-rescue.

In another study that supports higher levels of educated nurses was a study titled *Hospital Nurse Practice Environments and Outcomes for Surgical Oncology Patients*. By controlling for variables such as patient-to-nurse ratio, the proportion of
nurses holding at least a bachelor’s degree, and the Practice Environment Scale of the Nursing Work Index, Friese et al. (2008) used quantitative models to control for variables, such as 30-day patient mortality, complication, and failure to rescue rates.

Based on the results of their study, they have concluded:

- The quality of the nurse practice environment will likely transition into higher outcomes for surgical oncology patients.
- The higher proportion of nurses per patient would limit adverse outcomes for patients.
- A higher percentage of the nursing staff with a minimum of a baccalaureate degree would limit adverse outcomes for patients.

Tourangeau et al. (2006), in their study Impact of Hospital Nursing Care On 30-day Mortality for Acute Medical Patients, utilized patient data reported from the Ontario, Canada, Discharge Abstract Database from 2002-2003, the Ontario Nurse Survey from 2003, and staffing data that was reported to the Ontario Hospital Reporting System from 2002-2003. This was examined by the researchers to develop variables in theory that would predict a 30-day mortality rate for acute patients. Based on their research, Tourangeau et al. (2006) found:

- That a 10% increase in the number of RNs would correlate to six fewer deaths per 1000 discharged patients.
- That a 10% increase in baccalaureate-prepared nurses would correlate to nine fewer deaths per 1000 discharged patients.
- That a 10% increase in the adequacy of staffing and resources would correlate to 17 fewer deaths per 1000 discharged patients.
- Lower risk to 30-day patient mortality for hospitals that consistently use care maps to guide patient care.
Lastly, McHugh et al. (2012) in their study *Lower Mortality in Magnet Hospitals* compared the probability of patient mortality and failure to rescue between Magnet hospitals and non-Magnet hospitals. Before moving forward with the scope of the study, it is critical to understand what the difference is between Magnet and non-Magnet hospitals, and how it relates to the study at hand. According to the American Nurses Credentialing Center (ANCC, 2013), the organization that issues the Magnet recognition, indicates that a Magnet hospital recognition “is the most prestigious distinction a health care organization can receive for nursing excellence and quality patient outcomes. Organizations that achieve Magnet recognition are part of an esteemed group that demonstrates superior nursing practices and outcomes” (para 5).

The vision for Magnet revolves around global issues in nursing and health care, which categorically includes various forces that present challenges to nursing and health care (ANCC, 2013). Diving deeper into Magnet recognition and the general makeup of hospitals that have received the distinction, it is thought-provoking, when examining the organizational characteristics of Magnet hospitals, that a little over 50% of the nursing workforce possesses a baccalaureate degree, and in a pediatric setting 65% of the nursing workforce possesses a baccalaureate degree (ANCC, 2012).

During the study, McHugh et al. (2012) examined 56 Magnet and 508 non-Magnet adult general hospitals from four states (California, Florida, Pennsylvania, and New Jersey). The findings from McHugh et al. (2012) show that the odds of mortality and failure to rescue are lower in Magnet hospitals when comparing them to non-
Magnet hospitals; in fact, odds of mortality are 14% lower, and failure-to-rescue is 12% lower in Magnet hospitals. The researchers also found when examining the characteristics of the hospitals the work environments were significantly better and the proportion of nurses possessing a baccalaureate was higher in Magnet recognized hospitals.

In all of the above studies, the researchers examined patient outcomes by using variables such as patient mortality, failure-to-rescue, or complications. The researchers also adjusted their research to account for variables such as nurse-to-patient ratio, work environments, nursing education levels, nurse experience, hospital units, and patients. There were a number of common themes that emerged from studies that improved patient outcomes, but the theme that inconclusively emerged in all the studies is:

A higher proportion of nurses that possess higher levels of education such as a BSN correlate to higher patient outcomes. As a result, the reinforcement of supported research has created a movement to advance the education of registered nurses.

As a number of community colleges seek the authority to grant BSN degrees to fill the need of RNs possessing higher levels of education nationwide, it is imperative, due to the lack of research, to examine the competencies of community college BSN alumni to ensure that they are academically and professionally prepared to fulfill the needs within the health care industry. This is the premise of the present study.

Conclusion

This chapter illustrated the history of community colleges evolving missions and how those missions define a social purpose in the community. The chapter then
discusses current models that students follow in attainment of a baccalaureate degree. Next, in response to the continued debate on the community college baccalaureate, a review of current research was examined. Then the chapter shifts to a focus on nursing that begins with the history of nursing education, followed by the need for the advancement of nursing education, and how community colleges can play a role in increasing educational levels for nurses. Lastly, the chapter ends with current research supporting that need to advance the credentials for nurses.

Next, chapter three will provide a description of the methodology and justification for how the study was conducted, such as design, data collection, sample, accuracy, and protection of human subjects.
CHAPTER III: METHODOLOGY

Introduction

This chapter illustrates in detail the methodology for this investigation.

Currently, there are many states, with the State of Florida leading the pack that have now permitted community colleges to confer baccalaureate degrees in a number of different disciplines where research indicates there is a shortage of qualified workers. The phenomenon of community colleges conferring baccalaureate degrees is growing rapidly, and there is little research on the relative readiness of students that graduate from the community college at the baccalaureate level. However, this study seeks to examine the relative readiness of the community college baccalaureate in a single disciplinary area. Therefore, the purpose of this study is to examine if community colleges can academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level from the perspective of employers and students.

At present, there is a national shortage of nurses that are educated at the BSN level and the State of Florida has recognized this as an essential issue to address. As a result, the State of Florida has granted authority to fourteen community colleges to confer BSN degrees. This study will shed light on the community college baccalaureate in general, but more importantly it is designed to generate a greater understanding of
the impact of the community college BSN. This chapter specifies the design of the study that includes: justification of methodology, qualitative design, data collection, geographic boundaries, participant selection, accuracy of the research, and trustworthiness.

**Justification of Methodology**

The primary form of research utilized in this study is qualitative. According to Merriam (2010), “Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences (p. 5). Bloomberg and Volpe (2012) go on to say that “Qualitative research is suited to promoting a deep understanding of a social setting or activity as viewed from the perspective of the researcher” (p. 27). Therefore, in this study, the researcher is the primary instrument for data collection or inquiry, and inductively constructs reality and meaning based on the data collected.

Hancock (2002) indicates that qualitative research seeks to understand social aspects of a particular phenomenon and answer questions about:

- Why people behave the way they do
- How opinions and attitudes are formed
- How people are affected by the events that go on around them
- How and why cultures have developed in the way they have
- The differences between social groups (p. 2).
Given that the objective of this study is to determine if community colleges can academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level based on the perceptions of employers and students, it is clear that the questions above, outlined by Hancock (2002), that qualitative research seeks to answer makes it a suitable research method for this study.

**Qualitative Design**

Qualitative research covers an array of knowledge claims shepherding how the researcher constructs meaning in a particular phenomenon. Knowledge claims are the theoretical research paradigms that conceptually guide the practice of the investigation. In this study, the researcher constructed meaning under the social constructivist epistemological perspective. Central to this paradigm, according to Bloomberg and Volpe (2012) “is that reality is socially constructed, that individuals develop subjective meanings of their own personal experience, and that this gives way to multiple meanings” (p. 29). As a result, the researcher constructed meaning based on the interpretations of the realities from the perspective of the participants.

Underlying the constructivist paradigm, the method of grounded theory was used to conduct the study. Grounded theory is a strategy or process of developing an emerging theory based on data collection and analysis (Merriam 2009). Procedures guiding a grounded theory study include: theoretical sampling, the constant comparative method of data analysis, and the identification of a core category.

First, theoretical sampling is a process of identifying individuals that can contribute to an emerging theory. Once the researcher identified individuals that
contributed to the emerging theory, he then reached out to them to begin investigating.

After the investigation process of collecting data, the researcher then analyzed the data by coding. This process began after the first field observation in order to identify additional data that was needed to answer the overarching research question. This process ended when the researcher had exhausted all other variables.

Interlinked with theoretical sampling, coding began by reading the interview transcriptions and jotting down notations from words, phrases, sentences, or even paragraphs that uncovered or potentially were relevant in answering the research question (Merriam 2009). The notations were written in the margins of the transcriptions next to the particular text it came from. The notations are known as codes. After the researcher finished coding the transcriptions, he then reviewed the notations in the margins and assigned the codes to an emerging category or theme. This was a process that followed the guiding principle of grounded theory, recognized as open coding where categories of themes were developed inductively through data instead of being predetermined (Mills, Bonner, & Francis, 2006).

Next, the constant comparative method of data analysis involved the researcher to continuously compare data from one event to another event. For example, in this research study, the researcher constantly compared data derived from interviews between employer-to-employer, student graduate-to-student graduate, and employer-to-student graduate. Through this process, tentative categories were developed and constantly compared. Lastly, a core category was developed. Merriam (2009) describes
the core category as the “central defining aspect of the phenomenon to which all other categories or hypotheses are related or interconnected” (p. 200).

Collecting Data

The overarching question that was used to guide this study was: Can community colleges academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level? Specific questions that were used to answer the main question include:

1. How do nurse managers or team leaders rate the quality of nursing baccalaureate programs between the community college and the university?

2. How do nurse managers or team leaders rate the competencies of baccalaureate nursing graduates from both the community college and the university?

3. What expectations do nurse managers or team leaders have for performance in the BSN role in their organizations?

4. What differences do nurse managers or team leaders see in the nurses who are prepared at community colleges offering BSN degrees and those from universities?

5. How do community college BSN graduates compare themselves to university BSN graduates?

Residing with methods that are central to qualitative research (grounded theory), data collection was conducted predominantly through interviews with nurse managers, nurse team leaders, and community college BSN graduates that were currently employed as a nurse. An interview guide was used by the researcher during the interviews in order to yield more substantive participant contributions. An
interview guide is a set of interview questions that are used by the researcher as a guide to enable the researcher to focus on participant contributions.

During the interviews with employers, the following questions included on the interview guide and directed to the participants included:

1. What position do you currently hold at your organization?
2. How long have you been in this position?
3. Do you currently have community college BSN graduates working in your organization? If yes, why do you believe that they were hired over a BSN graduate from a university?
4. Is your organization likely to hire a person with an RN credential or a BSN credential? Why?
5. Is your organization likely to hire a person with a BSN from a university or from a community college? Why?
6. Describe the difference, if any, relative to skill level between an RN and BSN?
7. Based on your perceptions, describe the difference, if any, relative to skill level between a community college and a university BSN graduate?
8. Based on your perceptions, describe the difference, if any, relative to work ethic between a community college and a university BSN graduate?
9. Based on your perception, would you recommend hiring BSNs from a university or a community college? Why?
10. What responsibilities should a BSN graduate be able to handle out of college? Based on your perception, are community college BSN graduates able to perform these responsibilities?
11. Some people say that community colleges cannot professionally prepare BSN students equivalently to universities. What are your thoughts on this?
12. Suppose a family member came to you asking for advice on the type of institution to enroll in to pursue a BSN. Of the following, four-year community college, four-year public universities, or four-year for-profit institution, which one would you recommend sending your family member to? Why?
13. Given the generic nursing transcripts, which candidate would you be more likely to hire? Why?

During the interviews with BSN graduates, the following questions used on the interview guide and asked of the participants included:

1. What position do you hold at your organization?
2. How many years have you been employed in the position?
3. What previous education have you had before attaining your BSN?
4. Based on your perception, do you believe that your BSN degree from the local community college prepared you for work? Why?
5. Do you feel that your community college adequately prepared you to perform the expectations required of a BSN in your organization? Why?
6. Now that you have received a BSN from a local community college, from your perception, do you believe that you are performing tasks that are at the same or higher level than the tasks that you were performing when you were an RN? Explain?
7. Now that you have received a BSN from a local community college, from your perception, do you believe that you are performing tasks that are at the same or higher level than the tasks that are being performed by RN’s in your organization? Explain?
8. Now that you have received a BSN from a local community college, from your perception, do you believe that your responsibilities parallel with your colleagues that have a BSN from a University? Explain?
9. Now that you have received a BSN from a local community college, from your perception, do you believe that you are able to compete at the same level as your colleagues that have a BSN from a university in terms of recognition, advancement, or monetary compensation? Explain?
Geographic Boundaries of the Study

Currently, there are fourteen approved community college BSN programs in the State of Florida. However, many of these BSN programs are quite new, which limits the number of community college BSN graduates that are currently employed. In order to inductively examine the perception of nurse managers or team leaders and community college BSN graduates on the relative readiness of BSN nurses that have graduated from the community college, the researcher needed to establish an area geographically in the State of Florida where there is a concentration of community college BSN alumni working in the field.

Prior to beginning this study, during the 13th Annual Community College Baccalaureate Association Conference held in Dallas, Texas, the researcher discussed the study with Dr. No Name, Associate Dean of the BSN program at Florida Expansive State College (FESC). She was interested and thought that the study would contribute to a growing body of literature. She indicated that she had a number of BSN graduates working in her community college service area (Personal Communication, 2013). As a result, the researcher bounded the study geographically to the service area of FESC for the following reasons:

- The researcher needed somebody who saw value in the study that was willing to assist the researcher in making the needed connections to conduct the research.
- There is a concentration of community college BSN graduates working in the service area of FESC.
Participant Selection

In order for the researcher to gain insight on the relative readiness of community college BSN graduates and compare them to university BSN graduates, the researcher conditionally selected participants for the study. As a result, in this study, purposeful sampling was employed for the purpose of inquiry. According to Merriam (2009), “Purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned. Thus, all participants in the study consisted of employers and community college BSN graduates. In addition, all study participants were bounded geographically to the service area of No Name Community College.

Employer/Employee Selection

The field of healthcare is a multifaceted industry in terms of providing patient care. Therefore, nurses may be employed by hospitals, clinics, doctor’s offices, or urgent care facilities. It would be difficult, considering that the community college BSN is still a new phenomenon, to bound the study into a particular healthcare provider segment. Thus, employers interviewed for this study could have been part of any of the above mentioned healthcare provider areas. Nonetheless, the criterion for selecting an employer as a participant was that they had to have hired at least one nurse that had graduated with a BSN from an accredited community college. The criteria for selecting people to interview from the selected employers was that they must have had a substantial amount experience working with community college BSN graduates, such as nurse managers or nurse team leaders. The rationale for selecting employers in a broad
range of patient care was that the community college BSN is still somewhat of a new concept which limits the pool from which employers have hired nurses with a BSN from a community college. Likewise, the rationale for selecting people to interview from the selected employers was that they had substantial experience working with one or more community college BSN graduate(s), and they would likely be able to provide the researcher with rich, thick descriptions needed to inductively develop meaning of the phenomenon from the employer perspective.

**Student Selection**

The students selected to participate in the study had to have graduated with a BSN from No Name Community College and were currently employed in the field of nursing. The rationale for the criteria for selecting students to participate in the study was that the research was bound geographically to the service area of No Name Community College. In addition, in order for the students to accurately describe the relative readiness of their education, they would have had to have finished all course work and have worked with the credential for a period of time to provide the researcher with rich, thick descriptions from a course work aspect and an employment aspect.

**Contacting Participants**

Mentioned earlier, during the 13th Annual Community College Baccalaureate Association Conference, the researcher discussed the study with Dr. No Name who was interested in the research. Four days after the conference, the researcher sent Dr. No Name an email providing her with further information on the research project. The researcher then followed up with the email and contacted Dr. No Name by phone to
discuss details on reaching the participants for the study. She indicated the researcher would need to write a generic letter to her outlining the fundamentals of the study, such as the number of participants, and the criteria for selecting participants. Then, she reached out to the participants in order to get the researcher the buy-in he needed to conduct the research. Once Dr. No Name was able to get the buy-in from the research participants, she then gave the researcher their contact information. The researcher then contacted the participants explaining the study and the benefits of their participation in the research. All participants that agreed to participate in the study agreed to meet with the researcher face-to-face at a location mutually agreed upon for a one-hour interview.

**Ensuring Accuracy in the Research**

Ensuring accuracy within interpretive research was primarily centered on issues of trustworthiness, such as credibility, dependability, and transferability; researcher biases and assumptions; and limitations and delimitations.

**Trustworthiness**

First, credibility involves the researcher accurately representing what the participants think, feel, and do (Bloomberg & Volpe, 2012), and there were a number of methods used to support credibility issues. One method used in support of credibility was member checks. Member checks is a process exercised by the researcher taking his interpretations of each research participant for review to ensure that the participants were accurately portrayed (Merriam, 2009). This was the method used in this particular study with the exception that the researcher’s interpretations were e-mailed to each of
the participants for review. Secondly, dependability refers to the tracking procedures used by the researcher for the purposes of collecting and interpreting data. In this study, the research used a well-known strategy in qualitative research known as an audit trail. Undoubtedly, it is not probable to include all documents, such as transcriptions, templates used for coding, methods of analysis etc. into the findings chapter. Thus, the researcher will keep the data available for review for a period of five years so that others will have the availability to review the data. Lastly, transferability refers to the ability of a reader to generalize the findings from one circumstance to another (Bloomberg & Volpe, 2012). Since this study was a qualitative investigation, the findings were based on a process of developing meaning inductively that was consistent with the data collected. In this study, the reader will not be able to generalize the findings from a quantitative perspective. As a result, so that the reader can assess the transferability of this study, the researcher utilized rich, thick descriptions in the findings, thus enabling the reader to apply the data in different contexts.

*Research Biases and Assumptions*

The researcher’s relationship with the community college baccalaureate or the community college BSN is significantly limited. He has never worked or visited a baccalaureate granting community college, thus leaving the researcher with little interpretation to draw upon any biases or assumptions. However, the researcher is currently employed at a community college and has had a significant amount of exposure in the traditional community college arena. The researcher’s background in the community college arena provides a valuable element to the research, as he has a
clear understanding of the mission of the community college. This does not mean, by any chance, that the researcher did not allure himself to any biases or assumptions during the investigation. As a result, so the study does not become infected, the researcher carefully planned during the investigation to critically think and self-reflect on the biases and assumptions that endured through the study. This strategy heightened the researcher’s awareness of this issue, leaving the study uninfected.

**Limitations and Delimitations**

Limitations are “weaknesses in a study and are out of the [researcher’s] control” (Simon, n.d.). There are limitations to almost every study; however, identifying limitations is essential to ensure that the study is valid and reliable. Limitations of this study include:

1. The participants (nurse manager or team leader) may not have had sufficient amount of time in their current position to appropriately assess and evaluate nurses.

2. BSN graduates may not have had sufficient amount of time in their current position to appropriately reflect on their work experiences.

3. Since the authorization of community colleges to award the BSN degree is still a new phenomenon, the participants (nurse manager or team leader) may not have had adequate exposure to these graduates to appropriately assess and evaluate them.

4. Yet again, since authorization of community colleges awarding BSNs is still a new phenomenon, the exposure of community college BSN graduates may be somewhat limited in hospitals.

5. Participants may have responded dishonestly, embellished, or left out pertinent information to their responses that could limit the research.

6. Participants may have been unwilling to contrast the relative performance of different employees.
Delimitations are “characteristics that limit the scope and define the boundaries of [the] study” (Simon, n.d.). It is important to note that this study focuses on the perceptions of nurse managers or team leaders that have had sufficient exposure to graduates from both BSN delivery models (community college baccalaureate programs and university baccalaureate programs) in the work setting. Delimitations of this study include the following:

1. Currently, there are other states besides Florida that have given authority to community colleges to confer baccalaureate degrees in nursing; however, in this study the research is delimited geographically to the State of Florida.

2. Many states, including Florida, have authorized community colleges to confer baccalaureate degrees in many disciplines other than nursing. This study was limited to the discipline of nursing.

3. The State of Florida has fourteen community colleges that have been granted authority to confer baccalaureate degrees in nursing. This study was limited to the service area of one of those community colleges.

4. To assess the quality of BSN graduates from the perspective of nurse managers or team leaders, participants are limited to experience that they had in working with BSN graduates from both the community college and the university.

Protection of Human Subjects

Due to the fact that the researcher was an active participant in the study, it is not feasible to maintain anonymity of the research participants that were involved. However, participants involved in the study will be kept confidential. This anonymity included the service area of the community college studied, the healthcare facilities, the employees, and the BSN graduates. Every measure was made to secure the identity of
the participants involved in this research study. For example, in the presentation of findings, pseudonyms were used to identify the community college service area and the participating healthcare facilities, employees, and BSN graduates.

The study was approved by the Ferris State University Institutional Review Board (IRB) before any contact was made with any of the human subjects. In consideration of the release of human subject’s e-mail and phone numbers to the researcher, No Name Community College contacted the participants for approval to release their contact information to the researcher. The researcher presented all participants with an informed consent form for their review before making any commitment as a research participant.

During the interviews all responses from the participants during the interviews were digitally recorded on two devices. After each interview, the researcher downloaded all the recordings onto a flash drive in “mp3” format. All recordings were then transcribed and coded using Microsoft Word. The transcriptions were then saved onto the flash drive in “Word” format. To protect the confidentiality of the participants, when not in use, the flash drive was password protected and stored in a locked box. In addition, after the study has been completed the data on the flash drive will be password protected and stored in a locked box until the holding period has been met. Once the holding period has been met, the researcher will then destroy the flash drive using appropriate electronic disposal procedures.
Conclusion

This chapter provided a detailed illustration of the methodology of this study. In summary, the chapter provided the overarching question that framed the study. A justification for the research methodology was also explained. Then, procedures for collecting and analyzing data were outlined. In addition, the geographic boundaries and the criteria for participant selection were described. To ensure accuracy with the study, issues of trustworthiness were delineated, such as credibility, dependability, and transferability; researcher biases and assumptions; and limitations and delimitations. Lastly, in consideration for human subjects, procedures were explained on the protection of participant confidentiality.

In the ensuing chapters, a presentation of findings will be explained in chapter four; in chapter 5, a presentation of the study conclusions will be outlined, along with implications and recommendations for further research.
CHAPTER IV: FINDINGS

Introduction to the Findings

This study sought to examine if community colleges could academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level. The researcher examined the perceptions and experiences of nurse leaders and community college BSN graduates by conducting twelve in-depth interviews. Six of the twelve interviews were conducted with nurse leaders, and the other six were conducted with community college BSN graduates.

The data from the study will be presented based on themes that emerge from the data and will be presented in two parts: themes that emerge from (1) nurse leaders and themes that emerge from (2) community college BSN graduates. Emerging themes presented in this study are based on the researcher’s interpretations of the data collected from the twelve interviews. Six themes emerged from the nurse leaders and five themes emerged from the community college BSN graduates:

Findings from Nurse Leaders

1. Nurse leaders are more likely to hire a BSN over an ADN credentialed nurse.

2. Nurse leaders hire BSNs based on experience, how well they interviewed, and the qualifications that they can bring to the organization.

3. The work ethic of a BSN comes from within the individual.
4. ADN nurses tend to be more task-oriented, while it is believed that BSN nurses possess the same skills as an ADN, but they are able to think more critically.

5. BSNs are likely to be more successful in the workforce when they are given the right orientation or on-boarding process.

6. Nurse Leaders are confident that community colleges can professionally prepare BSNs to enter the workforce.

**Findings from Community College BSNs**

1. Community college BSN graduates believe that their education prepared them for work.

2. Community college BSN graduates believe that they are able to perform the expectations of a BSN in the workforce.

3. Community college BSNs believe they are working at a higher level than ADNs in their organization.

4. Community college nursing graduates believe that their responsibilities are parallel with their colleagues that have a BSN from a university.

5. Community college BSN graduates feel that they are able to compete in the workforce at the same level as their university BSN colleagues.

Before the discussion of the study’s findings begins, it is essential to ensure confidentiality of the hospital system where the nurse leader participants were employed and the community college of the CCBSN graduate participants. Thus, pseudonyms will be used in place of their names and the city where they are located. Furthermore, some of the participants mentioned the names of three higher education institutions and one hospital in the region where the study was conducted. These organizations will be kept confidential as well by using pseudonyms in place of their
names in the supporting quotes of the research participants. Table two provides a list of pseudonyms with descriptions as they are used within the context of the study.

Table 2: Pseudonyms Used in the Study

<table>
<thead>
<tr>
<th>HOSPITALS</th>
<th>DESCRIPTION WITHIN CONTEXT OF THE STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Health Systems</td>
<td>The hospital system where the nurse leader participants in the study were employed.</td>
</tr>
<tr>
<td>Florida Medical Oranges</td>
<td>One of Florida Health’s five regional hospitals.</td>
</tr>
<tr>
<td>Florida Medical Sunshine</td>
<td>One of Florida Health’s five regional hospitals.</td>
</tr>
<tr>
<td>Florida Medical Bluewater</td>
<td>One of Florida Health’s five regional hospitals.</td>
</tr>
<tr>
<td>Florida Medical Coastline</td>
<td>One of Florida Health’s five regional hospitals.</td>
</tr>
<tr>
<td>Florida Medical Atlantic</td>
<td>One of Florida Health’s five regional hospitals.</td>
</tr>
<tr>
<td>Healing Hospital</td>
<td>A hospital mentioned by one or more of the research participants in the study.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTITUTIONS</th>
<th>DESCRIPTION WITHIN CONTEXT OF THE STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Expansive State College</td>
<td>The institution that the CCBSN participants in the study graduated from.</td>
</tr>
<tr>
<td>University of Patient Care</td>
<td>An institution mentioned by one or more of the research participants in the study.</td>
</tr>
<tr>
<td>Bedside Nursing University</td>
<td>An institution mentioned by one or more of the research participants in the study.</td>
</tr>
<tr>
<td>University of Caring</td>
<td>An institution mentioned by one or more of the research participants in the study.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>DESCRIPTION WITHIN CONTEXT OF THE STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasantville:</td>
<td>The city where the study was regionally bound</td>
</tr>
</tbody>
</table>

a. Pseudonyms used to protect the hospitals mentioned in the study.
b. Pseudonyms used to protect the institutions mentioned in the study
c. Pseudonyms used to protect the location of the study.

As mentioned in the previous chapter, the research in this study was bound to the region of Pleasantville, Florida. The data collected from the nurse leaders were all employees of Florida Health Systems, which is a large hospital system within the region. In addition, the data collected from the community college BSNs were all graduates of
Florida Expansive State College’s BSN program. Since the research was conducted from within Florida Health and FESC, it is essential, before a complete detailed analysis is explained, to not only develop an understanding of the two organizations, but also to understand the characteristics of the research participants. This will provide the reader with a clearer picture to interpret the findings.

**Florida Health**

Florida Health first served the health-related needs of residents in the northeast part of Florida in the City of Pleasantville in 1955. Florida Health is a faith-based, not-for-profit organization that is owned by the community and is guided by a volunteer board that consists of eighty-five members. Today, Florida Health has a network of five major hospitals in the region that includes: Florida Medical Oranges, centrally located in downtown Pleasantville; Florida Medical Oranges, located on the southern side of Pleasantville; Florida Medical Sunshine, located on the east side of Pleasantville; Florida Medical Bluewater, located northeast of Pleasantville; and Florida Medical Atlantic, connected to Florida Medical Oranges in downtown Pleasantville.

Florida Health is a premier hospital serving the northeast part of Florida and is the region’s largest private employer employing more than 9,000 workers. According to a document posted on the website of Florida Health, based on data reported in 2013, as a system, they currently have 1,154 beds to care for patients. They have 52,977 inpatients with an average of 672 hospitalized patients daily. There have been 249,096 emergency room visits and 42,783 total surgeries conducted. Lastly, Florida Health has delivered 6,736 babies and receives 47 newborn intensive care patients daily.
Florida Health has received a number of exclusive awards, both nationally and regionally, in several different areas of patient care and is Magnet designated. According to the American Nursing Credentialing Center (ANCC) (n.d.), the Magnet designation “is the ultimate distinction for high-quality nursing and a leading source of nursing best practices worldwide.” This prestigious designation has been awarded to only 7% of the hospitals in the United States (ANCC, n.d.). In 2007 Florida Health first received the designation, and in 2012 was re-designated (ANCC, n.d.).

**Florida Expansive State College**

Florida Expansive State College (FESC) is part of the Florida College System and is located in the Northern region of Florida. FESC has changed its name several times in response to the economic needs of its community. In 1966, FESC first opened its doors, then known as Florida Sunshine Junior College, on two campuses with an initial enrollment of 2,610 students. The college then changed its name from Florida Sunshine Junior College to Florida Sunshine Community College. Upon receiving accreditation from the Southern Association of Colleges and Schools Commission on Colleges (SACS-COC) to offer baccalaureate degrees in 2007, the college changed its name again in 2009 to what it is known today as Florida Expansive State College. FESC is now the second largest college in the Florida State College System in terms of five-year annual total unduplicated student enrolment for a total of 389,180 students. It is also considered to be the third largest college in the Florida State College System in terms of annual unduplicated headcount enrollment for a total of 66,951 students. FESC now serves these students across five different campuses.
In the beginning of the 2012 fall semester, FESC had an unduplicated enrollment of 30,053 students enrolled at the college. During that same term, FESC reported the student demographic makeup as follows: 46.6 % White, 25.7% Black, 5.9% Hispanic, two or more races 1.4%, other minority, 4.3%, non-resident alien 0.9%, and unknown ethnicity 15.2%. In addition, the majority of the students that attend FESC are female at 59.5% and 40.5% are male. Table 3 illustrates the demographic make-up by gender and ethnicity in terms of headcount and percentages.

**Table 3: Florida Expansive State College - Demographic Data**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>12,157</td>
<td>40.50%</td>
</tr>
<tr>
<td>Women</td>
<td>17,896</td>
<td>59.50%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>7,721</td>
<td>25.70%</td>
</tr>
<tr>
<td>White</td>
<td>14,015</td>
<td>46.60%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,785</td>
<td>25.7%</td>
</tr>
<tr>
<td>Non-resident alien</td>
<td>250</td>
<td>0.90%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>410</td>
<td>1.40%</td>
</tr>
<tr>
<td>Unknown ethnicity</td>
<td>4,577</td>
<td>15.20%</td>
</tr>
</tbody>
</table>

With the data reported in FESC’s *Fact Book*, FESC is serving a non-traditional student population. According to FESC, 68% of the students enroll part-time and 32% enroll full-time at the college. Table 4 shows FESC’s student enrollment status by headcount and percentage.
**Table 4: Florida Expansive State College - Enrollment Status**

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>9,614</td>
<td>32.00%</td>
</tr>
<tr>
<td>Part-time</td>
<td>20,439</td>
<td>68.00%</td>
</tr>
</tbody>
</table>

In addition, it is also interesting to note that the average (mean) age of students that attend the college is 27.4 years, while the median age reported is 23.9. Table 5 illustrates the data on student age by breaking it down by gender.

**Table 5: Florida Expansive State College - Student Age**

<table>
<thead>
<tr>
<th>Student Age</th>
<th>Mean</th>
<th>Median</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>27.1</td>
<td>23.7</td>
<td>14</td>
<td>77.3</td>
</tr>
<tr>
<td>Women</td>
<td>27.7</td>
<td>23.9</td>
<td>13.8</td>
<td>77.7</td>
</tr>
<tr>
<td>College-wide</td>
<td>27.4</td>
<td>23.9</td>
<td>13.77</td>
<td>77.73</td>
</tr>
</tbody>
</table>

To serve its large community in several different areas, FESC offers 45 associate degrees, 2 advanced technical degrees, and 104 technical and workforce certificates. Now that FESC is accredited from SACS-COC to offer baccalaureate degrees, it has now been granted authority from the Florida Department of Education (FLDOE) to confer the Bachelor of Applied Science and Bachelor of Science degrees in thirteen different areas that are relevant to communities that FESC serves: Biomedical Sciences, Business Administration, Computer Systems Networking and Telecommunications, Converged Communications, Digital Media, Early Childhood Education, Financial Services, Human Services, Information Technology Management, Logistics, Nursing, Public Safety Management, Supervision and Management.
In the fall of 2008, FESC began conducting classes in their BSN program in order to meet the needs of the large healthcare workforce that FESC serves. This came at the request of many local hospitals in the area that are requesting more baccalaureate-prepared nurses as they seek the Magnet designation. FESC’s BSN program is accredited by the National League for Nursing Accrediting Commission (NLNAC), and requires students in the program to take thirty-five credit hours in professional nursing courses at the baccalaureate level. According to FESC’s Executive Summary NLNAC Bachelor of Science Degree in Nursing Self Study (2011), faculty members are actively involved in the development of curriculum in the BSN program, and together they have identified five competencies that FESC’s BSN students must demonstrate as a requirement of the program:

- Utilize effective, culturally sensitive, and ethical communication methods to collaborate with patients, families, communities and health care providers.

- Systematically review and analyze current information to guide professional nursing practice.

- Synthesize leadership and management principles to promote professional development and optimal patient-focused outcomes.

- Develop a consistent problem-solving approach to clinical practice that integrates current evidence, clinical expertise, and individual/family/community preferences and values.

- Integrate principles of teaching and learning in professional nursing practice.

Students in FESC’s BSN program are educated by highly credentialed faculty members. Faculty members must have a minimum of a master’s degree in nursing. Of the full-time faculty who are currently educating students in the program, all of them
hold doctorate degrees. In addition, faculty members are also required to stay current in their field in order to meet college and state licensure credentialing requirements.

The team that developed FESC’s BSN program was vigilant, not only in the process to ensure rigor and relevance within the curriculum, but also to ensure that the program was accessible for the non-traditional student. This cohort-based program admits up to twenty-four students each fall and spring, and generally admits ten to twenty-four qualified applicants into each cohort. In addition, FESC schedules classes in the evenings on weekdays and during the day on Saturdays to meet the needs of non-traditional students that attend the college.

**Participant Characteristics**

Lastly, before the findings are presented, it is essential to gain insight on where the participant interviews took place and the characteristics of the participants in the study. By gaining an understanding of the setting on how and where the interviews took place, along with certain characteristics of the research participants, this will bring the reader closer to the reality of the participants. In addition, this will provide the reader the opportunity to analyze the findings more accurately.

**Interview Locations**

All of the nurse leaders, except for two, were interviewed in their office. For convenience purposes, one of the two nurse leaders was interviewed at the Healing Library at Florida Medical Oranges, and the other nurse leader was interviewed at a Pleasantville Public Library. The interviews with community graduates took place in a number of different places, such as hospital meeting rooms, public or hospital libraries,
or the lobby at the researcher’s hotel. Three of the community college BSN graduates were interviewed in a meeting room at the hospital where they were currently working. Two of the community college BSN graduates were interviewed in libraries, one was interviewed at the Healing Library at Florida Medical Oranges and the other was interviewed at a Pleasantville Public Library. Lastly, one community college BSN graduate was interviewed in the lobby at the researcher’s hotel.

**Participant Demographics: Age**

The research instrument did not contain any questions that would disclose the age of the participants and none of the participants had disclosed their age during the interview. Based on the information that the participants self-disclosed during the interviews, as well as personal appearances, the researcher was able to approximately estimate the ages of the participants. The ages of the nurse leaders ranged from approximately thirty-five to fifty-five years. However, the age of the community college BSN graduates interviewed were slightly more diverse ranging from approximately twenty-five to fifty-five years. Table 6 below approximately charts the age of the nurse leaders and the community college BSN participants.

**Table 6: Approximate Age of Participants**

<table>
<thead>
<tr>
<th>Age</th>
<th>NL</th>
<th>CCBSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-29</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>30-34</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>40-44</td>
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<td>45-49</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>50-55</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Note: NL = Nurse Leader; CCBSN = Community College BSN graduate*
Participant Demographics: Job Title

To provide another opportunity for the reader to delve deeper into the reality of the participants, the researcher believes it is essential to provide information on the research participants’ current job titles or positions that they were holding at the time of the interview. This will give the reader the opportunity to comprehend the participants’ responses from the position they were holding in their organizations. Research participants disclosed their current positions when the researcher solicited it as part of the research instrument. Many of the nurse leaders reported that they held a nurse manager or director position in their organizations. On the other hand, community college BSN graduates reported holding a diverse range of positions in their organizations. Below, Table 7 provides each of the nurse leaders and the community college BSNs job title at the time of the interview.

Table 7: Research Participant Job Titles

<table>
<thead>
<tr>
<th>Nurse Leader</th>
<th>Job Title</th>
<th>CCBSN</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL1</td>
<td>Nurse Manager</td>
<td>CCBSN1</td>
<td>RN (occasionally charge nurse)</td>
</tr>
<tr>
<td>NL2</td>
<td>Nurse Manager</td>
<td>CCBSN2</td>
<td>Assistant Director of Nursing</td>
</tr>
<tr>
<td>NL3</td>
<td>Nurse Manager</td>
<td>CCBSN3</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>NL4</td>
<td>Nurse Manager</td>
<td>CCBSN4</td>
<td>Nurse Consultant</td>
</tr>
<tr>
<td>NL5</td>
<td>Nurse Manager</td>
<td>CCBSN5</td>
<td>Assistant Director of Nursing</td>
</tr>
<tr>
<td>NL6</td>
<td>Chief Nursing Exec.</td>
<td>CCBSN6</td>
<td>Care Coordinator/Lead RN</td>
</tr>
</tbody>
</table>

Presentation of Findings

Once again, the presentation of findings is organized in two parts. The first part encompasses the six major themes expressed from the perspective of the nurse leaders.
The second part embodies the five major themes conveyed from the perspective of the community college BSN graduates. In each one of the findings, the researcher set out to explain each one of the findings with supported quotes from the research participants. The researcher’s approach in presenting the findings in this way was to bring the reader closer to the reality of the research participants. Since many of the findings are supported with quotes from research participants, Table 8 below is provided for participant identification.

**Table 8: Research Participant Coding Key**

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL</td>
<td>Nurse Leader</td>
<td>1</td>
</tr>
<tr>
<td>CCBSN</td>
<td>Community College BSN Graduate</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
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<td>4</td>
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<tr>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

Note: NL4 denotes the fourth nursing leader interviewed; CCBSN6 denotes the sixth community college BSN graduate interviewed.

**Emerging Themes from Nurse Leaders**

**Theme 1: Nurse Leaders are more likely to hire a BSN over an ADN credentialed nurse.**

The first theme that emerged is that nurse leaders are more likely to hire a BSN over a ADN credentialed nurse. Question four on the research instrument sought to determine if there was a workforce need for BSNs and what factors are driving the need for more BSNs. Research participants indicated they are more likely to hire BSN credentialed nurses based on pressure from the hospital, Magnet sources of evidence,
and the 80/20 initiative outlined in a report published by the Institute of Medicine. Additionally, they also cited current literature that indicates that the quality of patient care is better with a more educated nursing workforce as a motive to hire more baccalaureate-prepared nurses. Participants expressed the workforce demand for BSN credentialed nurses in the following ways:

When I first became a manager you would really pick the best candidate and the BSN versus the ADN may have been a factor, but really if they were to have a lot of experience and they interviewed well, it really didn’t matter. The last couple of years and certainly the last six months, I look at their resume, and if they do not have a BSN they do not even get an interview. (NL1)

Yes, we are more likely to hire a bachelor-level degree [nurse] and the why behind it is a couple of things: One, obviously, the literature we talked about that supports the outcomes are better [for patients]; also, I find, as a manager, that those who have been through the bachelor level program seem to have better job skills and not just technical skills, but also etiquette. You know, in a job the way that they work and the commitment to their work, their responsibility and accountability. Those kind of things. They seem more prepared to do the job and all it encompasses and less focused on the actual tasks. (NL2)

The BSN, because that’s where we’re headed with the professionalism of nursing. Not just as the nursing profession in general, but as an organization we’re headed that way. And with our Magnet status, we’ve always been pushing for elevating the professionalism of nursing, and with all the literature that’s out there with getting the skill set, and the better patient outcomes. We’re looking more towards increasing our percentage of BSNs. Right now we have an initiative that we’re trying to increase our BSN percentage to 80% by the year 2020 to be in line with the Institute of Medicine’s white paper and recommendations. (NL5)

They are more likely to hire a BSN credentialed nurse. They will have hired that BSN credentialed nurse for two reasons. They will have hired the BSN prepared nurse because of the literature that says the quality of care is better with a more educated nurse, and they will have also hired that BSN prepared nurse because it is a requirement for Magnet. And we are a Magnet designated facility for Florida Health Systems. Actually, all of our hospitals are Magnet designated. (NL4)
**Theme 2:** Nurse Leaders hire BSNs based on experience, how well they interviewed, and the qualifications that they can bring to the organization.

The following are in response to question five: Is your organization likely to hire a person with a BSN from a university or from a community college? Why? Most of the participants were unable to speak on behalf of the organization, but spoke for themselves since they play a major role in the hiring of nurses in their units. The majority of the nurses indicated that if they had to choose (BSN from a community college or a BSN from a university) with all other factors excluded, they would lean more towards hiring a BSN from a university. One nurse leader expresses why she would lean more towards the university BSN in this way:

Mainly because our program [FESC] here is new, I think if I had worked side-by-side with some nurses that have come out of FESC [my answer may have been different]. I actually went to that college as an ADN, but most recently nurses that came from University of Patient Care and Bedside Nursing University have been very, very well qualified nurses as far as the professional side goes. (NL2)

Similar to NL2’s thought, another nurse leader expressed her thought compassionately on why she would lean more towards the university BSN:

That is a tough question. Now I am going to speak for me because I don’t know if this is consistent with the organization. They have not really talked about it as much since we’re just now starting to see our community college offer the BSN, and I haven’t hired anybody from the school or I haven’t interviewed [anyone]. I would probably hire the university BSN. I’ve been very torn about this and just to give you a little background and my train of thought, I’ve been studying education for quite some time, and in looking at studying the different levels of education of the nursing and how this is related patient outcomes has always been the primary research that I have been very interested in. When I first heard that FESC was gonna confer BSN degrees, I was shocked. I had not done any reading in the literature to find out about the community college baccalaureate programs or anything else. It was totally foreign to me.
I was really surprised at first, but the more I read about it I think I’m becoming a lot more receptive to it. My initial reaction was “what are we doing?” Because it seems that we are mixing a lot of things that may or may not fit when you are looking at the different levels of education. My reason for going more toward the university is that it does seem at the university level that the atmosphere in the environment is geared more toward that more advanced education level . . . versus when I think of community college I think of more your starting point.

Where you start your education, you get that foundation whether it be your first two years in associate or whether it be your generalized education and then you build on it by going to the university level. When I first heard of community colleges offering bachelor degrees my first thought was are they equipped with all the tools that they would need so that the candidate or the student will get the same thing as far as curriculum, the level of intensity, that level of rigor, and the expectations. Would the student get the same thing at the community college versus the university and I just didn’t know enough about it to be comfortable with it.

I was on the fence for a couple of years and this past year I took one of my supporting courses “Community Colleges in America” because I wanted to learn more about it and because I know that were starting to do this. When I took that course and found out and learned everything from pillar to post about the community college, I really got a lot more insight and I developed a greater appreciation for community colleges in everything that they offer, the breadth and depth of their offerings was a lot more clear to me, and that is what helped me to start becoming more receptive to [the idea] that students can get a bachelor’s degree at a community college. We can have the same level of rigor and we can offer more alternatives to students that live in the community that may benefit from having local access, closer access and financially may be a lot better for them to attend at a community college rate versus the university rate. This is also something that the general public may need to be educated on as well. (NL5)

On the other hand, the majority of the nurse leaders indicated that they do not hire BSN nurses based on where they received their education alone. Nurse leaders indicated that there are many factors that are taken into account when hiring a BSN. Major factors that were expressed include the candidates’ experiences, their people skills, and what they could bring to the organization. One nurse leader raised this perspective stating “If all things being equal [university BSN candidate and community
college BSN candidate), I might lean towards the traditional university, but really I would look at experience, and how they interviewed and their people skills. That kind of thing, and things are not normally equal” (NL2). Similarly, two nurse leaders commented:

In my department, I would be looking at experience... I want to know where you [the candidate] have been and what kind of experience you bring with it, because the degree alone does not cover what I need you to cover. (NL4)

For me, if I had a candidate that had their bachelor through [Florida Sunshine State College], I didn’t look at that. I looked that they had their bachelor’s. The position that I am over are Master’s required, so where they got their bachelor’s isn’t much of a concern. (NL3)

Lastly, one nurse leader expressed her thoughts in the same way as the nurses quoted above, but also conveyed her understanding of the barriers present in attaining a BSN from a traditional university for non-traditional students:

I would meet the candidate and look at their skill set. If they have their BSN, they may have had to go through the community college BSN route because of work issues. They may not be able to go to a university, so it really comes down to the individual. I would not take one over the other and not interview. (NL6)

**Theme 3: Work ethic of a BSN comes from within the individual.**

The majority of nurse leaders, when hiring BSN nurses, were more interested in the candidates’ experience, people skills, and what they could bring to the organization rather than where they went to school. This lends itself to the idea that they would also perceive work ethic similarly, as many of the nurse leaders reported. The nurse leaders expressed that work ethic is not something that can be taught at any particular institution; they believe work ethic comes from maturity or the inner core of the person. On the idea that work ethic comes from maturity, one nurse leader stated: “I don’t think
the environment [institution attended] matters. It is the age of the nurse itself. Now I will use the term second-career students [that] normally do much better and it doesn’t matter which environment [institution] they are in, they’ll excel” (NL6).

Another nurse leader strongly responded to the idea that work ethic comes from the inner core of the person:

I don’t think that has anything to do with a college at all. I think that has to do with the person. To me, again, it’s the person. I don’t prefer one over the other [community college BSN or university BSN]. It’s their experience and the skill sets they bring and the person they are. I do look at their personality. I look at their work ethic, which I think is ingrained in the person, not from what school they came from. I look at all of that. Their fit for the department and the work they are going to do. I don’t look at which school you came from. I look at what you can bring to the table. (NL4)

**Theme 4: ADN nurses tend to be more task-oriented, while though BSN nurses possess those same skills as an ADN, they have better critical thinking skills.**

Given that the nurse leaders indicated that they are more likely to hire a BSN over an ADN, it is not surprising that nurse leaders reported a significant difference in the skill set between the two nursing credentials. In response to question six on the researcher’s survey: Describe the difference relative to skill level between an ADN and BSN? The majority of the nurse leaders described ADNs as being more task-orientated. Based on their responses, this means that ADN nurses are mainly focused on the day-to-day tasks performed at the patient’s bedside, as one nurse leader expressed, “The ADNs seem to be more task-oriented. They are very comfortable with the hands-on skills of doing a full catheter insertion or I.V. and hanging medications” (NL1). On the other
hand, the majority of nurses also agreed that BSN nurses tend to think more critically.

NL1 continues to describe the difference stating:

They [BSN nurses] still have those same nursing skills [as an ADN] but I think their level of thinking is a lot broader, there’re more flexible in their thinking. They think about more of the global topics, such as evidence-based practices, research, literature, or they are thinking about things like our shared governance model. They seem to be more flexible in their thinking whenever you introduce topics outside of just their immediate hands-on nursing stuff. Whereas, my ADNs are still open to it, but they would have to be pushed into it a little bit more and kind of more assisted with more information to get them to the same level.

Two of the nurse leaders had responses that were different from the majority that are worth noting. One nurse pointed out that there is a difference in literacy levels between the ADN and the BSN. On this point, she commented: “Some of it is literacy level, too. On the university side, I think there’s more focus on that type of academic environment where they are submitting papers, being reviewed, and less in the associate program” (NL6). The other nurse leader pointed to confidence as a difference between an ADN and a BSN credentialed nurse. She said:

In general terms, the bachelor-prepared nurses coming out of school are more confident. I think they have had more clinical hours through the end part of their practicum that they do as a longer period of time, and there’re more independent. (NL2)

From a curriculum perspective, some of the nurse leaders suggest that the difference in skill level between an ADN and a BSN is that ADNs seem to be missing the theory behind nursing and their practicums may be shorter. Responding to the idea that ADNs are missing the theory behind nursing, one nurse leader said: “I think the four-year program to the BSN probably has a little more theory in it. In the associate
program, they are more task-oriented and less theory oriented” (NL6). Another nurse leader responded similarly stating:

An ADN, in my opinion, is less able to prioritize her day, her goals for the workday, and the things she has to do because they’re so task driven. . . They’ve learned their meds, they’ve learned how to do their assessments, and they are out seeing patients. [But] they’ve also not had that theoretical piece of nursing [and] the science of nursing. Yes, we are at the bedside [as ADNs]. Yes, we are providing nursing care [as ADNs]. But you’re not going for the greater good of nursing I think coming out of an ADN program. (NL3)

The last nurse leader that responded from a curriculum perspective as a reason why she believes there is a difference in the skill level between an ADN and BSN nurse is that she has observed shorter practicums from ADN nurses. She had this to say: “The ADN nurses that we see, their practicum is very short and while they are independent during that time, I don’t think that they are building the confidence that they need to really shine as a new grad. Not quite as bright as the BSNs are” (NL2).

**Theme 5: BSNs are likely to be more successful in the workforce when they are given the right orientation or on-boarding process.**

Several nurses reported that where a BSN student receives their education (community college or university), is not necessarily an indicator of success in the workforce. The education that BSNs receive at their institutions provides them with the foundation needed to enter the workforce. Therefore, along with a good foundation, many of the nurse leaders seem to believe the success of a nurse may be dependent on a hospital’s orientation process. This notion was expressed by one nurse leader as she reflected on the progression of nurses entering the workforce:
The expectation out of college is that you [new BSN graduate] are ready to join the workforce and begin caring for patients in a very graduated way. They need that expectation. They have basic skills and they have a basic theoretical knowledge of how to care for patients. It’s a matter of putting that into practice. They start off small with their preceptor work over three to six months of being in that new phase of understanding how to set their priorities, how to care for five to six patients at a time, and doing their work. (NL3)

Another nurse leader expressed that the clinical competency levels from both the ADN and BSN are not at the level where they need to be. Consequently, she strongly perceives the on-boarding process, which is designed to help “new hires adjust to social and performance aspects of their new jobs quickly and smoothly” (Bauer, 2010), is a major component to the success of RNs, and would also like to see her organization implement a RN residency program. She said:

The clinical competency level of the graduates from both programs are not where they need to be. So we’re looking at doing a full-blown RN residency program postgraduate. Some of these nurses come out and they have not even given an injection. This type of program is actually really highly recommended. It really transitions the new grad much better into the workforce. (NL6)

Lastly, another comment worth noting is similar to the previous nurse leaders, but from the perspective of the community college BSN versus the university BSN. She had this to say:

Right out of college we need to give them a little time to be a nurse, but I think given a year or so they should be up and running. They should be somewhat equal [both community college BSN and university BSN] if they were given the right orientation. (NL1)

Theme 6: Nurse Leaders are confident that community colleges can professionally prepare BSNs to enter the workforce.
As mentioned earlier, the majority of nurse leaders indicated that they are more likely to lean toward hiring a university BSN. However, four of the six participants believe that community colleges can professionally prepare BSN nurses to enter the workforce. One of the nurse leaders responded confidently that community colleges can prepare BSNs for the workforce. She had this to say as she reflected on her experiences as a student in the community college:

Having started my career at a community college, I know that they have a lot of great things to offer. Not that it was easy to get in the program, it wasn’t. Acceptance, quick acceptance, was important in my life at the time. Getting going on starting my career quickly, rather than waiting around for strict application deadlines or cuts, and that kind of thing. It was important because I think if it was delayed or long, and having to wait a year to get into the program, I may not have even chosen nursing. I may have gone in a different direction. I think that piece is important and I think the community colleges can obviously offer a lot more. Also it is less, usually more affordable. It’s a little less intimidating for some of the older adults as far as not having to stay in the dorm. Working with people that are just newly moving out of their parents’ home, I think it’s a little less intimidating in that manner. (NL2)

Another nurse leader commented that students enrolled in the community college BSN programs may be transitioning from the workforce to go back to school. Thus, community college BSN students may have a higher skill set gained from experience in the workforce, especially when the student is making the transition from ADN to BSN. She said:

My thoughts are when you look at the associate program they may finish such a program then go back into the BSN component or they are in the workforce working so they are already getting hands-on experience, whereas the four year may not have any hospital experience at all. So they may have a better skill set. (NL6)
Two of the participants were unable to respond confidently that community colleges can prepare BSNs professionally to enter the workforce because they have limited knowledge of community colleges conferring BSNs, were unfamiliar with the curriculum, and the credentialing of the program and professor. One of the nurse leaders described it as follows:

When I hear that there may be some variation between community colleges preparing the BSN versus the university prepared BSN, my first thought about that was I did not know the level of instruction that they were going to from their professors, if their professors would have the same type of credentialing, were their professors going be educated at the masters level or at the doctorate level, or do you have some bachelor level. So I just didn’t know and I think what the student learns is significantly impacted by the level of education of their professors in the exposure. And the higher the level of education, the more they can offer to their students whether it be on experience type issues and topics or just on global topics or research topics or just on different things. I did not know whether or not offering the BSN added to the criteria that they already had for their instructors or if it was the same instructors who are teaching the ADN program that are now or just enrolling in another curriculum that is going to be taught to the BSN students, but still being taught by the same instructors. So if it is being taught by the same instructors, I don’t think it will be the same. I think you would definitely have to change your level of professors that are going to teach a higher level because it would be hard to teach if you don’t have that level of exposure. (NLS)

Perceptions from Community College BSN Graduates

**Theme 1:** Community college BSN graduates believe that their education prepared them for work.

An overwhelming majority of the participants indicated that the education they received in the BSN program at FESC prepared them for work. This finding is significant since all of the participants found the program beneficial and had worked in the healthcare field in some capacity before going back to school to pursue their BSN. The
following participants conveyed how their community college BSN prepared them for work:

It helped me learn how to research for what studies I wanted to go into. It helped me understand how to do it, and it helped me deal with the day-to-day complexities that I’ve incurred because I’m in a position to deal with patients and family members that are not happy with their care. (CCBSN2)

It actually did more than prepare me for work. I had planned to look for another job after graduation, but the job came to me before graduation even happened, and the study that I did during my BSN is what granted me that position. (CCBSN6)

I mean it does, because when you’re in a two-year degree like I was, you pretty much just learned skills to become a nurse and you don’t learn a lot of theory. You know, you do have it, but there’s more theory-based classes and you kind of get more into how the process works, not only nursing as a practice, but also the professionalism of it, that sort of thing. So yeah, it does help. (CCBSN4)

It is interesting to note this similarity to a comment expressed earlier by NL6 indicating that community college BSNs may have a better skill set than university BSNs carry, since many of the community college BSN students have been working in the workforce and are now transitioning their ADN to a BSN. Two of the participants, among other variables, perceive working for a few years as an ADN aided them in the preparation of becoming and working as a BSN nurse. The two participants conveyed this as follows:

Absolutely, it prepared me for work. Actually, at just the associate level it prepared me a great deal for the work that I did because I worked for a couple years before I went back for my bachelors. So, in that sense, I even asked people in the community, people at the local hospitals. The feedback that I got was that at the community college that I went were more prepared than a couple of the four-year colleges in the area. So, I felt really good about that and it turned out to be true for me. I felt pretty well prepared after the associates program, so I went back to the school once they developed the bachelors program and was also very impressed with the education I received there. And was able to
incorporate the additional amount of education into the workplace through quality improvement programs based on research. Really, I feel like it enhanced my position in the place where I worked to get my bachelors. (CCBSN1)

I am of the opinion that going to nursing school to be a regular nurse by a two-year degree program adequately prepared me for that and then when it was time to do the BSN portion of my degree through a different state college, but also a community college. It focused more on the management part, so I feel like I had more of an advantage because when I learned how to be a nurse at a two-year program, I got to focus on being a nurse. It wasn’t all management, so when it was time to focus on my BSN for management, I got the management portion. My instructors were doctorate instructors or masters prepared nurses. They taught the management classes well. They taught the pharmacology and the assessment classes as well. I don’t feel like I was at any disadvantage. I had no problem getting into grad school. I am in grad school now. I don’t feel I was at a disservice. (CCBSN5)

Lastly, the one participant that indicated that the community college BSN did not prepare her for work had been a nurse manager for a number of years. She, however, attained this position as an ADN, when the minimum requirement for this type of leadership position is usually a BSN. Even though she has been working at the capacity of a BSN credentialed nurse, she did, however, ascertain that the program did benefit her in her current position as a nurse manager. She said:

Well, I had already been working for fifteen or sixteen years as a nurse before I went back to school. Did it prepare me? No. Did it help me? Yes. To gain insight into additional ways to lead, ways to look at research, and current research, past research that has been done. Help? Yes. Prepare? No. (CCBSN3)

**Theme 2: Community college BSN graduate believe that they are able to perform the expectations of a BSN in the workforce.**

All six community college BSN graduates reported that they are meeting the expectations of a BSN in the workforce. However, two primary core areas within the
curriculum emerged and were reported as a significant resource for the community
college BSN graduates in meeting the expectations of a BSN in their organization:
evidence-based-practices and leadership.

Two of the graduates reported having the skills in evidence-based practices as a
significant factor for them in meeting the expectations of a BSN in the workforce.
Evidence-based practice is defined inconsistently throughout literature (Stetler et al.,
1998; Jennings & Loan, 2001; Rycroft-Malone et al., 2004). However, the most
recognized definition of evidence-based practice in nursing is defined by Sackett,
Rosenberg, Gray, Haynes, and Richardson (1996) as “the conscientious, explicit and
judicious use of current best evidence in making decisions about the care of the
individual patient” (p. 71). Therefore, the objective of evidence-based practice
“provides nurses with a method to use critically appraised and scientifically proven
evidence for delivering quality health care to a specific population” (Majid et al., 2011).
The following community college BSN graduates conveyed how their knowledge of
evidence-based practices has helped them meet the expectations of a BSN in the
workforce:

I feel like as a nurse with a bachelor’s degree I’m expected to know more about
evidence-based practice and implementing that evidence-based practice than
someone without a bachelor’s degree. And I participated in research clubs and
quality improvement programs that require me to draw upon my knowledge of
the different levels of research and how to educate and implement that with the
staff. Yeah, I wouldn’t have been able to do that without the bachelors program.
(CCASN1)

It actually prepared me more, as I was promoted after one month of getting that
position, and I was then promoted a second time a month after that, and given
some of the tasks to do that I would have been unable to do had I not done
evidence-based practice in my bachelor degree program. (CCBSN6)
Additionally, three of the graduates reported, both directly and indirectly, having skills in leadership was a significant factor for them in meeting the expectations of a BSN in the workforce. Their responses follow:

My position requires a BSN. I was grandfathered in even though I only had an associate, but it is required for my job. It did prepare me to go in further to go into leadership. I was selected to go into emerging leaders because I got my bachelor’s. (CCBSN2)

Unfortunately mine is a double-edged sword again because I held a management position, which most people already had a BSN, but I did not. So it really didn’t change anything as part of my job other than me learning new and different ways to do things. So I think I grew through the program. I grew in my current role as a manager. (CCBSN3)

The management portion, you know, the BSN part of it that focuses more on management and that is what I do now: making difficult choices, critical thinking, how to handle difficult personalities, and difficult situations. Though, the year that I spent getting my BSN was more for management, and report to management and has greatly helped me in this role. (CCBSN5)

**Theme 3: Community college BSNs believe they are working at a higher level than ADNs in their organization.**

With documented literature indicating that there is a workforce need for BSNs and the fact that higher patient success is linked to care by a higher educated nursing workforce, it is critical to ensure that community college BSN graduates are working at a higher level than ADNs in their organization. In various capacities, 100% of the community college BSN graduates interviewed reported that they are performing tasks at a higher level than ADNs in their organization. One community college BSN graduate reported that even though many of her duties are the same, she believes that management views her role in the organization in a more positive way. She said: “Even
though I was performing them [same tasks as a BSN] prior, I feel that management looks at me different when I got my BSN. They give me more tasks within the company, they put me on more committees, and they value my opinion” (CCBSN2).

Two more community college BSN graduates expressed their thoughts saying:

Some roles and responsibilities are similar and I have access to greater opportunities because I have a BSN, as well as do people I work with who have BSNs from any college that they have graduated from. We have access to clinical development ladders that aren’t available to our coworkers who simply graduated from an associates program or an ADN program. (CCBSN1) I think that I critically think better, and I can think outside of the box more. My organization is a little different. We don’t have many BSNs here. To be a line nurse, just a regular everyday nurse, I have more critical thinking, more pharmacology experience, and more assessment experience. I have additional classroom experience, and, so I definitely think that being a regular nurse I would be at an advantage because I have more education to perform higher. There is a lot of additional education from a supervisor standpoint and other supervisors that don’t have a bachelor’s degree, they don’t understand some of the management things that you can and can’t do with FMLA (Family Medical Leave Act) and the FSWP (Family Support of Work Program). Tough issues that they weren’t trained in their two-year degree program because their main function in a two-year degree program is how to be a nurse. They don’t teach you the management things. (CCBSN5)

**Theme 4: Community college nursing graduates believe that their responsibilities parallel with their colleagues that have a BSN from a university.**

All six of the community college BSN graduates indicated that their responsibilities are comparable to their colleagues that have a BSN from a university. Most of the nurses reported that their duties or tasks that they are performing are similar to the duties or tasks that are performed by their colleagues that have a BSN from a university. However, one community college BSN graduate indicated that some of her university BSN colleagues are still working at an ADN level, “I can only think of a
few who are not working at the level that I’m working at. They’ve gotten their BSNs and they are still at an ADN level” (CCBSN6). Another community college BSN graduate reported she believes her skills may be better because she started with the community college. She said:

I work with other nurses and managers that have bachelors from state colleges or private universities and I would say our skills are equal and mine may be better because I started with a community college that really taught you skills in the ADN program, and the BSN program really focused for those working nurses, from additional things, not so much the clinical hands-on stuff that you already know and have been doing for years. (CCBSN3)

Additionally, one community college BSN graduate points to aspects such as the credentials of professors and the rigorous curriculum at FESC that she endured as reasons why she believes her responsibilities align with her colleagues that have a BSN from a university. She described it in this way: “I had master’s degree or doctorate degree prepared instructors, the same classes, and the tests were hard. I felt like I was challenged” (CCBSN5).

**Theme 5: Community college BSN graduates feel that they are able to compete in the workforce at the same level as their university BSN colleagues.**

Given that all the community BSN graduates reported that their responsibilities are the same as their university BSN colleagues, it is not surprising that all of them also believe that they are able to compete with their university BSN colleagues in terms of recognition, advancement, or compensation. One community college BSN graduate described how she has been competing and advanced in her organization before she
finished her BSN: “Yes, absolutely, I’ve already competed. A week before I finished I had already been competing, especially with the promotions that I received” (CCBSN6).

Two community college BSN graduates strongly expressed that they can compete with anybody, since employers are not concerned with where the BSN was granted; they are looking at the fact that you have the BSN. Their comments are conveyed as follows:

Yes, most definitely, because ultimately, what I see, most jobs it’s about the initials. It’s ultimately about that you have the bachelors. It’s not that you got it from here or got it from there. I truly believe that most employers do not care where you got it from, because there are so many online programs now that you just can’t keep up any more with where everybody is going to school and I think as long as you achieve the degree, that, for most employers, it doesn’t matter [where]. So can I compete with anybody? Yeah, I can. Is there a difference because mine came from a community college versus University of Caring? No. Only a namesake, to certain people, will matter, but I think to employers they don’t care and it won’t make a difference in pay or anything else. (CCBSN3)

I believe so. Here, when we hire a BSN, it’s a BSN. We don’t look at it as different from a state school or a community college. I have worked at Healing Hospital prior to here and Healing recognized the BSN. I think a lot of it is based on performance. I consider myself to be pretty smart. I feel like I could go toe-to-toe with anybody. I came from Healing Trauma, so I have a lot of training. I don’t think that anybody looks at my BSN and says you got a BSN from Florida Expansive State College, not University of Patient Care; I’d rather take the University of Patient Care nurse. (CCBSN6)

Lastly, one community BSN graduate described how she is compensated equally to her university BSN colleagues when performing extra contributions to the workplace:

I’ve been able to participate in career development programs that require a bachelor’s at the hospital, and those are year-long programs that require proof of contributions to the workplace based on evidence-based practices in projects that you’ve done. And I’ve completed those and received direct and equal compensation, as compared to the people who graduated from universities. (CCBSN1)
Conclusion

This chapter revealed eleven findings from the perceptions of nurse leaders and community college graduates. Six of the themes emerged from the responses expressed by the nurse leaders and the last five themes emerged from the responses conveyed by the community college BSN graduates. Data from the interviews were recorded and transcribed. Once the data was transcribed, the researcher critically analyzed the data by coding it. The researcher’s analysis of the coded data uncovered the eleven themes. In addition, participants’ quotes were pulled from the transcriptions to accurately reveal the reality of the research participants.

Chapter 5 will present the conclusion to the study, along with an analysis of the study. Then, implications for policy makers in Michigan will be discussed, followed by recommendations for nursing administrators and faculty at FESC, future CCBSN students, and for further research. The chapter will also discuss the conclusion to the study.
CHAPTER V: CONCLUSION AND RECOMMENDATIONS

Introduction

The objective of this study was to examine the community college BSN from both the employer side at Florida Health and the graduate side from Florida Expansive State College. Through the perceptions of the employers and the BSN graduates, this study strived to bring out the participants’ realities of the community college BSN, in order to better understand this particular phenomenon. The overarching question used to guide this study is: Can community colleges academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level?

Specific questions used to guide a conclusion to the main question include:

- How do nurse leaders rate the quality of nursing baccalaureate programs between the community college and the university?
- How do nurse leaders rate the competencies of baccalaureate nursing graduates from both the community college and the university?
- What expectations do nurse leaders have for performance in the BSN role in their organizations?
- What differences do nurse leaders see in the nurses who are prepared at community colleges offering BSN degrees and those from universities?
- How do community college BSN graduates compare themselves to university BSN graduates?
This chapter begins with a summary of the four conclusions to the study. Then, the findings will be presented in connection with current literature. From there, an analysis of the study will be presented, followed by implications for state policy makers. At that point, recommendations will be reviewed for nursing administrators and faculty, future CCBSN students, and for further research. Lastly, a conclusion to the study will be discussed.

**Summary**

Qualitatively, this study developed four conclusions based on the themes that emerged. First, both BSN programs (community college and university) seem to be adequately prepared to provide BSNs with the foundation to enter the workforce. Second, the success of a BSN in the workforce is determined by several factors other than the institution attended, such as obtaining employment and having a process in place to make the transition from work to school. Next, there is a distinct skill level difference between an ADN and a BSN nurse. Moreover, community college BSN graduates are able to compete in the workforce.

**Study Conclusion**

This section will review the four major findings of the study in context with the eleven themes that emerged from both the nurse leaders and the community college BSN graduates. In addition, the four major findings will also be reviewed in relation to existing literature.
Conclusion 1: Both BSN programs (community college and university) seem to adequately prepare BSNs to enter the workforce.

The majority of nurse leaders in this study indicated that they would lean more towards hiring a BSN from a university, if the qualifications of each candidate were equal. There are a number of different reasons why the nurse leaders chose the university BSN in the particular scenario. Some of the thoughts from the nurse leaders include:

- The FESC BSN program is still somewhat new.
- The BSNs from the University of Patient Care and Bedside Nursing University have been well qualified.
- They did not know if FESC’s BSN program was accredited.
- They did not know the curriculum.
- They did not know if the professors in FESC’s BSN program would have the same credentials as professors from a university.

Some nurse leaders also commented that they have been pleased with the skill sets of the graduates from the university BSN programs in the area, which is why they favored the university candidate in this scenario. Based on the confidence that the nurse leaders have in the university BSN programs in their area, a conclusion can be drawn that university BSN programs seem to be equipped to prepare BSN nurses to enter the workforce. In addition, another conclusion can be drawn that the university programs are simply better known, and that their longevity may give them an advantage in the perceptions of the nurse leaders.
On the other hand, the research questions used in the study further examined the perceptions of FESC’s CCBSN graduates and found that they believe they received a quality education that prepared them to enter the workforce. Several variables were reported by the CCBSN graduates as evidence that they were competently prepared. For example, they feel they are able to meet expectations of a BSN in the workforce, their responsibilities align with their colleagues that have a BSN from a university, and they are able to compete in the workforce at the same level as their university BSN colleagues. Based on the perceptions of the CCBSN graduates’ experiences in FESC’s BSN program and in the workforce, a second conclusion can be drawn that community colleges provide adequate preparation for BSNs.

Given the fact that the nurse leaders have had positive experiences with BSNs prepared by universities and the fact that community college BSN graduates have had positive experiences in their BSN program and in their roles as BSNs in the workforce, it may reasonably be concluded that both BSN preparatory models are able to prepare BSNs to enter the workforce.

Conclusion 2: *The success of a BSN in the workforce is determined by several other factors that are more important than the institution attended.*

The second conclusion to the study, in connection with themes that emerged from the research questions, is that the success of a BSN nurse is determined by several other factors beyond the institution attended. Constructed from responses of nurse leaders to questions during the interviews, this research concluded that orientations
and on-boarding processes also play a role in successfully integrating BSNs into the workplace.

Nurse leaders revealed that an indicator of the success of a BSN nurse is an effective orientation or on-boarding process. When a BSN graduate has attained the credential from his or her respected institution, it is suggested that he or she has been provided with the essential skills or the foundation to enter the workforce as a BSN. Therefore, when BSNs enter the workforce, they use their foundational skills to begin caring for patients in a graduated way. Thus, many of the nurse leaders have expressed that having a nursing orientation or on-boarding process at the hospital is an essential component and predictor in the success of BSNs entering the workforce. Culley et al. (2012) suggests that a “Traditional nursing orientation typically consists of 3 to 5 days of “information overload” in an effort to comply with hospital policies and regulations from the state and regulatory organizations . . . “ (p.46). In addition, one nurse leader believes that an orientation or on-boarding process is not enough for ADNs and BSNs entering the workforce and would like to take it a step further by requiring RNs in her organization to complete a RN residency program postgraduate.

A residency program typically has a duration period of six months to a year and is designed to help new nurses make the transition from school to work. Bleich (2012) indicates that residency programs enhance the orientation/on-boarding process in the following ways:

• Occurs during a career transition
• Fosters reflection and exploration of what it means to be a nurse through case review and use of the self as an instrument of healing
• Advances communication skills and reinforces the necessity of navigating organizational politics to protect the patient from physical and emotional harm

• Creates professional connectivity among intergenerational nurses to ensure that values are passed along and celebrated

• Builds confidence by linking critical thinking with critical actions (p. 48).

Outside of the scope of procedural and operational competencies, Bleich (2012) also indicates that a thorough comprehensive residency program should also include:

• Enhanced use of evidence-based decision making tied to case review

• Increased functioning as an advocate for the patient, family, and organization based on real-world experiences

• Engagement in crucial conversations that are time-sensitive and bear political risk, to include actual role playing and execution in practice

• Expanding leadership through principal action and network building, resulting in a documented and expanded portfolio of leading groups and defined interprofessional cohorts

• Projecting a trajectory for individual patient-centered care into the family and community, based on case review and peer review (p. 48).

This does not mean that the current structure that is in place for educating BSNs is in need of reforming, as Goode, Lynn, Krsek, and Bednash (2009) argue that nurse leaders believe that nursing schools are adequately educating BSNs and providing them with the foundational skills needed to enter the workforce. The problem is with a critical shortage of BSN nurses in the workforce; there is also a problem in retaining new nurses. University HealthSystem Consortium (2008) indicates that turnover rates are as high as 50% for first-year nurses. This is largely due to the difficulties that first-year
nurses are experiencing as they make the transition from school to work, because of the complexities of hospitals and patient care that new nurses are quickly immersed into today (Krsek, 2011). A residency could help with this issue.

The longest-running nursing residency program was co-developed by the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN). It has yielded positive results in the retention of new nurses. UHC (2008) reports that through their residency program they have reduced the turnover rate of new graduate nurses by 80% at the University of Wisconsin Hospital and Clinics.

Nursing residency programs are a worthy option for hospitals to retain more new nurses, but these programs can be taxing on budgets, limiting the number of hospitals that would be able to absorb the costs. Therefore, as another option, some hospitals may want to research and reform their current orientation process in an effort to retain more new nursing graduates. Many hospitals have taken this step by adopting competency-based orientations for new graduate nurses. Fey and Miltner (2000) researched competency-based orientation at Washington Hospital Center in Washington, DC. They found, after one year, almost 90% of the new nurses in the first group to go through the program were retained (Fay & Miltner, 2000).

It is also critical to note that the highest nursing credential that most community college nursing programs traditionally awarded was the ADN. Therefore, as community colleges developed their BSN programs they were constructed based on two-plus-two modeling. This means that when a student enrolls into a community college they will typically complete the nursing requirements to become an ADN and enter the
workforce. After the ADN student has gained a year or two in workforce, the student will then have the opportunity to enroll into a community college BSN program and complete the program while working. On the other hand, students that enroll in the traditional university BSN model typically complete four years of course work, leading to a BSN before entering the workforce. As a result, the community college BSN model may retain more BSN nurses in the workforce and they may be more prepared since many of community college BSNs have work experience before attaining a BSN.

Since higher educational institutions, in general and in the present study, seem to be providing BSN graduates with the foundational skills to enter the workforce, this study also suggests that there are a number of other factors to predict the success of a BSN graduate in the workforce. These other factors include nursing employment skills, prior experience, and having a quality orientation/on-boarding process or residency. With the number of factors as predictors in the success of BSN graduates in the workforce outside of the realm of higher education, a conclusion can be drawn suggesting that where a BSN graduate attains his or her credential is not a significant predictor of success as a BSN in the workforce.

*Conclusion 3: There is a distinct skill level difference between an ADN and a BSN nurse.*

The study's third conclusion stems from the researcher's design of the survey instrument seeking to determine the difference in skill level between an ADN and a BSN nurse, and found that there is a distinct skill level difference between the two nursing credentials. This was cited by both nurse leaders and the CCBSN graduates. This is a significant finding, considering that many prominent organizations, such as the
American Association of Colleges of Nursing, American Nursing Association, American Organization of Nursing Executives, National League for Nursing, and Institute of Medicine support the advancement of nursing education beyond an ADN. In addition, the IOM is calling on community colleges to assist them in meeting their goal of increasing the percentage of nurses with a BSN credential or higher by year 2020.

Nurse leaders cited, when comparing the skill levels between an ADN and a BSN credentialed nurse, one would also need to consider experience as a factor. However, in general terms, the majority of them distinguish the two nurses differently. They perceive the ADN credentialed nurses as being more task-orientated; this means that they are narrowly focused on the day-to-day procedures of taking care of patients at the bedside. This was noted twenty-six years ago in Johnson’s (1988) study *Differences in the Performance of Baccalaureate, Associate degree, and Diploma Nurses: A Meta-Analysis*, suggesting that baccalaureate degree nurses have higher-skilled abilities in problem-solving than associate degree and diploma nurses. Similar to Johnson (1988), nurse leaders perceive that BSN credentialed nurses have the same skills of day-to-day patient care at the bedside as ADNs have, but BSNs also think more critically and have higher-level abilities in areas such as assessment.

CCBSN graduates, on the other hand, reported that they were performing at a higher skill level than ADNs. The researcher found that CCBSN graduates, with their higher-level degree, were now expected to know and utilize evidence-based practices. This requires higher-order thinking and requires nurses to draw from different levels of research. Again, as stated in the previous chapter, evidence-based practice is “the
conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient” (Sackett et al., 1996). By the same token, it is interesting to note that one nurse leader also suggested that BSN nurses are more flexible in their thinking, because they have learned the theory behind evidence-based practices.

Since the researcher observed a difference in the skill levels between an ADN and BSN from the response of both the nurse leaders and the CCBSN graduates, the researcher felt that it was essential to also examine the learning outcomes from FESC’s ADN and BSN programs. Observing a difference in the learning outcomes between the two programs may help illuminate why there is a difference in skill level between the ADN and the BSN credentialed nurse. The learning outcomes in FECS’s ADN program, as reported in their Executive Summary NLNAC ADN Self Study are these:

- Use effective communication skills appropriate for nursing
- Apply clinical judgment in providing care throughout the lifecycle using the nursing process
- Demonstrate a commitment to ethical/legal practice and continuous learning for personal and professional growth
- Provide competent and safe client care in health care settings
- Engage in teaching and learning with clients throughout the lifecycle (FESC, p. 18).

Furthermore, the learning outcomes for the BSN program at FESC, as reported in their Executive Summary NLNAC BSN Self Study are the following:

- Utilize effective, culturally sensitive, and ethical communication methods to collaborate with patients, families, communities and health care providers.
• Systematically review and analyze current information to guide professional nursing practice.

• Synthesize leadership and management principles to promote professional development and optimal patient-focused outcomes.

• Develop a consistent problem-solving approach to clinical practice that integrates current evidence, clinical expertise, and individual/family/community preferences and values.

• Integrate principles of teaching and learning in professional nursing practice.

The nurse leaders in the study mentioned that BSN nurses have a higher skill set than ADN nurses because ADNs are missing the theoretical piece of nursing and also one nurse leader has observed shorter practicums from nurses in ADN programs. From a curriculum standpoint, based on the learning outcomes reported by FESC, it is difficult to determine where the theory of nursing fits and why one nurse has observed shorter practicums from ADN nurses. However, with the current learning outcomes reported in both the ADN and the BSN programs at FESC, it is easy to see that ADNs are missing critical thinking, leadership and management, and evidence-based practice components within their curriculum. This may be one piece of the puzzle on why there is an observed difference by the research participants between the two nursing credentials.

It is also important to remember that the baccalaureate provides two more years of education than the associate degree, which would suggest that additional and more advanced topics would be included in this extra time.

Though ADNs and BSNs are both able to provide the day-to-day tasks of taking care of patients at the bedside, there is still a distinct difference in the skill level
between an ADN and a BSN credentialed nurse. Similar to each other, both nurse leaders and the community college BSN graduates express a difference in the skill levels between an ADN and a BSN. The nurse leaders reported that BSN nurses seem to have more of an understanding on the progression of nursing, while the CCBSN graduates suggested that there are expectations to know the theory behind evidence-based practices as a difference between the two nursing credentials. The comments cited by the nurse leaders and the CCBSN graduates on the skill sets between an ADN and a BSN is reflected in the Goode et al. (2001) study Documenting Chief Nursing Officers’ Preference for BSN-Prepared Nurses, that found that chief nursing officers (CNO) perceive differences between an ADN and BSN nurse. Higher skills in critical thinking, leadership, communication, and being less task-oriented were mentioned as differences between an ADN and BSN nurse by the CNOs in the Goode et al. (2001) study.

The findings in their study were also cited by both the nurse leaders and CCBSN graduates as contributing factors of why BSNs in general are working at a higher skill level than ADNs. The education in leadership, research, evidence-based practice, and critical thinking that a student receives in a BSN program requires a deeper level of thinking than a student would receive from an ADN program. Therefore, a conclusion can be drawn that knowledge in leadership, research, evidence-based practice, and critical thinking, although not on its own, may be linked to BSN nurses having a deeper level of thinking than ADN nurses, thus suggesting one of the distinct differences between the two nursing credentials.
Conclusion 4: Community college BSN graduates are able to compete in the workforce.

The last conclusion in this study is that CCBSN graduates believe that they were equipped with the skills from their baccalaureate-granting community college to compete in the workforce. The majority of the CCBSN participants indicated that they were able to compete with other university BSNs in several different areas that included responsibilities, recognition, advancement, and compensation.

In response to remarks made by two of the community college BSN graduates and one of the nurse leaders, community college BSNs may have a higher nursing practice skill-level than university BSNs, due to the fact that many of them have been working as ADNs. In fact, CCBSN students are often more competitive in employment seeking and career progression because they already often have years of experience. Having this type of experience is valued in the healthcare industry. As a result, community college BSNs are likely to have a higher nursing practice skill-level than university BSNs, due to the experience they have gained in the workforce. It is also critical to point out that one CCBSN graduate that has been in an upper leadership position in her hospital for over ten years revealed that going through the BSN program at the community college has enhanced her leadership position. Similarly, another CCBSN graduate revealed that she has not had any problems competing in the workforce as she has received multiple promotions from her employer. In fact, the research project she did as a requirement in her BSN program assisted her in gaining her first promotion.
Based on the positive inquiry about FESC’s BSN program and how the CCBSN graduates are competing in the workforce, and the finding that 100% of those interviewed believed this, this research suggests that the community college BSN model produces the same level of skills and competencies expected of all nursing graduates. As a result, this study concludes that community college BSN graduates are able to compete in the workforce.

Analysis of the Study

With the current shortage of BSN credentialed nurses in the workforce and the fact that there is a correlation between higher levels of patient care and BSN or higher-credentialed nursing, there is a critical need to advance the level of education of nurses to a BSN credential or higher. Many hospitals and prominent nursing organizations have been exploring innovative ways to increase the education of the nursing workforce. In a report published by the Committee on the Robert Wood Foundation Initiative on the Future of Nursing at the Institute of Medicine, they indicated that there is an imperative need to increase the number of BSN-prepared nurses in the workforce (IOM, 2010). According to the IOM (2010), approximately 50% of the nursing workforce holds a BSN credential or higher, and they have set a goal to increase that percentage to 80% by 2020. This is a significant goal to achieve, but the IOM (2010) believes that the existing workforce is available to achieve the goal by having current RNs with a diploma or an ADN to complete the degree. In addition, now that some community colleges have been granted authority to confer baccalaureate degrees, the IOM (2010) indicates that
they play a key role in achieving the goal of increasing the nursing workforce to a BSN or higher by 2020.

Community colleges are known for being accessible for adult students that work, and FESC has also developed their BSN program in the same way. Ensuring that they are meeting the needs of students that work while also ensuring rigor within the curriculum, FESC developed a cohort-based BSN program that schedules classes during the evenings on weekdays and during weekends. Based on the present study, FESC’s BSN graduates reported that they felt they were competently educated and they rated their competencies equally to their colleagues that have a BSN from a traditional university. This may shed light in meeting IOM’s (2010) goal of having a BSN or higher credentialed nursing workforce by 2020, as FESC’s BSN delivery format provides non-traditional students, such as working RNs with a diploma or an ADN, to pursue a BSN while working.

Today, many jobs require further education above a high school diploma in order to lead an opportunistic career path. In fact, in the current global economy, many jobs are left vacant as the workforce is demanding higher education above an associate degree. President Barack Obama has recognized this as he indicated that “three-quarters of the fastest growing occupations require more than a high school diploma” (Obama, 2009). As a result, President Obama has called on community colleges to achieve a goal by bringing America back to the top in having the highest proportion of college graduates by 2020 (Obama, 2009). Therefore, granting community colleges the authority to confer baccalaureate degrees in high demand occupations, such as nursing,
can assist in meeting current workforce demands and President Barack Obama’s higher education initiative.

Many questions arise for the future of community colleges that make the transformational change in implementing the baccalaureate degree. Some of these questions are: Would community colleges lose sight of their identity? Will community colleges turn into four-year institutions? Will the community college use the majority of their resources to fund their 4-year programs while leaving their 2-year programs to suffer? Many of these questions cannot be answered yet.

On the other hand, many states have already authorized community colleges to confer certain baccalaureate degrees. This has allowed several community colleges to create innovative programs to meet community needs and provide access to higher education, especially for the non-traditional student. The community college has a strong history for being responsive to the needs of the workforce within its community. As caring for patients in the hospital setting continues to grow more complex, the community college will be expected to respond by expanding their current nursing programs to include the Bachelor of Science in Nursing. This will in turn provide traditional and nontraditional students, and currently employed ADNs, access to an affordable upper-level degree that will fulfill the needs of the healthcare industry.

**Limits in the Study**

In retrospect, there are several factors in the study that could have been improved. First, the nurse leaders that participated in the study have had very limited exposure to BSNs that graduated from a community college such as FESC. This made it
difficult for some of the nurse leaders to accurately answer some of the research questions. There are two reasons why the nurse leaders experienced limited exposure to CCBSN graduates: geographic location in which the study was bound and a relatively new BSN program at FESC. Nevertheless, awarding of community college baccalaureate degrees is a relatively new phenomenon across the nation, so many current employers would lack their experience with community college baccalaureate completers.

This study was bound to the service area of FESC, which serves the large City of Pleasantville. This is the largest city landmass wise in the contiguous United States and has an estimated population of 850,000. The significant size of the city lends itself to the capacity to support several hospitals. Some of the major hospitals within the city include: Florida Health Systems, which includes Florida Medical Oranges, Florida Medical Sunshine, Florida Medical Bluewater, and Florida Medical Atlantic; Healing Hospital; Southern Healthcare, which includes Southern Medical Saltwater and Southern Medical Coastal; Blue Marlin Hospital; and Suntan Hospital.

The significant size of Pleasantville, which supports a large healthcare industry, has dispersed CCBSN graduates among all the different hospitals in the city. As a result, this has limited the concentration of BSN graduates at Florida Health Systems, thus making it difficult for nurse leaders to assess the relative readiness of CCBSN graduates in relation to university BSN graduates, as part of the research questionnaire.

The second reason why the nurse leaders experienced low exposure to CCBSN graduates is that FESC’s BSN program is still a newer program. FESC first began conducting classes in their BSN program in the fall of 2008. This cohort-based program
admits up to twenty-four students in each cohort. If FESC admitted twenty-four students in each cohort, this would have provided the healthcare industry in Pleasantville, at the time the research was conducted, roughly a total of two hundred twelve students that possibly may be working as a nurse with a BSN credential. With only 212 CCBSN graduates, this would thinly spread the graduates across the large healthcare industry in Pleasantville, once more, limiting the exposure for nurse leaders to assess the relative readiness of BSN graduates in relation to university BSN graduates.

**Implications**

Although this is still somewhat of a new phenomenon, the debate on community colleges conferring baccalaureate degrees has been a controversial topic for years. Though it was not the first state to grant community colleges the authority to confer baccalaureate degrees, the State of Florida is now the front-runner in granting authority for their community colleges to confer baccalaureate degrees, as their community colleges have more combined baccalaureate programs than any other state in the United States (Community College Baccalaureate Association, 2014). Many other states have now also granted authority for their community colleges to confer baccalaureate degrees.

At the time of this study, the latest state to grant authority to community colleges to confer baccalaureate degrees is Michigan. In recent weeks, California has been added to the list. The topic of granting authority to community colleges to confer baccalaureate degrees in Michigan continues to be a contentious topic. The original Michigan House Bill HB4837 was introduced to grant authority for community colleges
to confer baccalaureate degrees in select disciplines, such as cement technology, maritime technology, culinary arts, and nursing (Michigan Community College Association [MCCA], 2009). After deliberation, Michigan House Bill HB4496 was introduced to grant authority to community colleges in the above disciplines, with the addition of energy production technology (MCCA, 2012). In 2012, HB4496 was voted on and passed, with the exception of nursing (MCCA, n.d.). Why was nursing removed from the bill? Was it the fact that congress thought community colleges could not adequately prepare BSN students for the workforce? Was it the fact that the nursing programs would compete with universities?

Today, the topic of granting authority to community colleges to conferring baccalaureate degrees continues to be contentious with the introduction of Michigan House Bills HB4148 and HB4318. HB4148 would give community colleges the authority to expand their baccalaureate degree offerings in wastewater treatment technology, allied health, ski area management, information technology, manufacturing technology (MCCA n.d.). In addition, HB4318 would expand the above list to include the Bachelor of Science in Nursing (MCCA, n.d.).

Because this study focused only on the BSN, it may not be informative about the appropriateness of HB4496. However, although limited to one college in another state, this study provides an informative piece for HB 4318 on the vertical expansion of Michigan Community Colleges in nursing for the following reasons: (1) The CCBSN participants believed that their community college prepared them with the necessary skills to enter the nursing workforce. (2) Nurse leaders that participated in the study do
not believe that where a BSN nurse attains his or her degree is a predictor in the success of a BSN. (3) CCBSN graduates believe that they are able to compete in the nursing workforce. One important takeaway from this study, as the great debate on community colleges conferring baccalaureate degrees in Michigan continues, is that this study did not find a significant difference in the competencies of both baccalaureate nursing models (community college and university) when comparing the responses of nurse leaders and the CCBSN graduates.

Recommendations

Based on the themes that emerged and the conclusions from this study, the following recommendations are for community college administrators and BSN faculty, students, and suggestions for further research.

Recommendations for Administration and Faculty at FESC

• The students who have graduated from FESC’s BSN program that participated in this study report that they had positive experiences and appear to be more than equipped with the necessary knowledge and skills to enter the workforce. However, several of the nurse leaders expressed that they were unfamiliar with FESC’s BSN program in areas such as curriculum, accreditations, and faculty credentials. Yet, from the responses of FESC’s BSN graduates, it appears that FESC does have a quality program that may be lacking community awareness. Therefore, FESC administrators and faculty may want to consider revisiting or starting a marketing and community engagement project for the BSN program, with a goal of creating awareness and promoting the program’s value in the community.

Recommendations for Future Students

• Choosing a BSN nursing program to enroll in can be a daunting task, especially with several options available to achieve the credential. Students that are looking to enroll in a BSN program should consider the accessibility of the
college, family consideration, and work obligations. Community colleges have a rich history of being known as accessible institutions. In addition, CCBSN graduates, in the present study, found their education beneficial and were able to meet the expectations of a BSN in the workforce. As a result, students that have families or are currently working may find the community college to be an excellent option. This is because community colleges are typically more flexible and accommodating for nontraditional students (Watson, 2009).

Recommendations for Further Research

During the course of the study, the nurse leaders and the community college BSN graduates provided the researcher with important information on the phenomenon of community colleges conferring BSN degrees. It is important to communicate this information about community college baccalaureates in an effort to develop a larger comprehensive database to not only further understand the community college BSN, but to also harness that understanding to make program changes to further benefit future students that enroll in a community college BSN program. This research provided a starting point in the exploration of community colleges conferring BSNs and sought to determine the extent to which they would be successful with these higher-level degrees. The following suggestions can be used to further investigate this phenomenon:

- The limited exposure that nurse leaders had in this study working with community college BSNs made it difficult for nurse leaders to assess CCBSNs relative to university BSNs. As mentioned earlier, this resulted from a limited number of graduates from FESC’s relatively new program that thinly spread them across Pleasantville’s large healthcare industry. It is recommended that the research of employers should be conducted again in five years, so that there is a larger pool of FESC BSN graduates for the nurse leaders to accurately assess. In addition, the study could also be repeated on the employer side in a city with a smaller population and healthcare industry. Both of these research options would likely create concentrations of CCBSN graduates resulting in more
exposure for nurse leaders to assess CCBSN competencies relative to university BSNs.

- Overall, all of the CCBSN graduates that participated in this study were satisfied with the education that they had received in the BSN program at FESC. Due to the fact that the student side of this study focused on community college baccalaureate graduates in a single discipline, a comparable study that assesses FESC’s baccalaureate graduates from other disciplines should be conducted. This would provide a comparison of students’ experiences in the workforce in another community college baccalaureate discipline. This would also contribute to a growing body of literature on the effects of the community college baccalaureate in the workforce.

- This particular study did not take into consideration the experiences or the reality of BSNs that have graduated from the traditional university model. A comparison and analysis should be conducted using the same research instrument on the student side of the study of recent university BSN graduates. This research would illuminate the similarities and differences from the perspectives of graduates from both baccalaureate models.

- This study found a distinct difference in the skill level between an ADN and a BSN credentialed nurse. Both nurse leaders and CCBSN graduates revealed the differences between the two nursing credentials, but their responses were somewhat different. This study, on the other hand, sought to examine the relative readiness of CCBSN graduates in the workforce. Thus, it was difficult to determine why there is a skill level difference between an ADN and a BSN nurse. This leaves many questions unanswered on why there is a perceived difference between the two nursing credentials, and further exploration is needed to determine why that is. Therefore, nurse leaders and faculty in ADN and BSN programs should be interviewed to explore more on this aspect.

- Furthermore, this study suggested that where a nurse receives his or her BSN credential is not a predictor of success in the workforce. The nurse leaders in this study indicated that an on-boarding process is an essential component and predictor in the success of BSN nurses entering the workforce. However, some argue that a hospital on-boarding process is not enough to prepare nurses to make the transition from school to work and suggest that nurses go through a competency-based orientation or a nursing residency program. Much of the research on these programs illustrates that they help to retain more new nurses, but the research does not illustrate if they improve nurse readiness in the workplace. Therefore, a comparison study should be conducted on the readiness of BSN nurses that go through a traditional hospital on-boarding process, a competency-based orientation, and a nurse residency program. This
research would provide the best method to help new nurses make the transition from school to work.

**Conclusion**

This chapter presented a summary of the four conclusions to the study, and then the findings were presented in connection with current literature. Next, an analysis of the study was presented, along with implications for state policy makers. Furthermore, recommendations were reviewed for nursing administrators and faculty, future CCBSN students, and for further research.

Qualitatively, this study sought to examine the readiness of CCBSN graduates based on the interpretations of nurse leaders and CCBSN graduates. The interpretations of the research participants in this study suggest that both BSN preparatory models (university and community college) seem to have the capabilities to prepare BSN’s to enter the workforce. Furthermore, they both indicated that there is distinct difference in the skill level between an ADN and BSN credentialed nurse. The nurse leaders suggested that ADNs were more task-orientated, while CCBSN graduates indicated that they were performing at a higher skill level than ADNs based on the education they had received in evidence-based practice. Next, nurse leaders indicated that a particular institution that a BSN attends is not a predictor in the success of a BSN in the workforce. Lastly, the CCBSNs indicated that they were adequately prepared to compete in the workforce.
The results of this study suggest that community colleges can academically and professionally prepare BSNs. In view of that, the community college BSN preparatory model can help fulfill labor shortages of qualified BSNs, as it appears that it will continue to expand as hospitals shift their staffing models. In addition, it can also assist in meeting President Obama’s goal of bringing America back to the top in having the highest proportion of college graduates by 2020. Therefore, granting community colleges the authority to confer BSNs, in addition to baccalaureate degrees in other disciplines, may be an invaluable project for trustee boards, community college administrators, and state policy makers to pursue.
REFERENCES


Townsend, B. K. (2009). The outlook for transfer programs and the direction of the community college. New Directions for Community Colleges, 146, 103-110. doi: 10.1002/cc.371


APPENDIX

A: RESEARCH PARTICIPANT INVITATION/INFORMED CONSENT LETTER
PART 1: Research Description

Principal Researcher: David Butke and Peggy McCartney, PhD, ARNP

Research Title: A Qualitative Exploration on the Community College Baccalaureate in Nursing

You are invited to participate in a research study that explores the community college bachelor of science (BSN) in nursing. Your participation in this study requires an interview during which you will be asked questions about your opinions and attitudes relative to your experience in the nursing field. The duration of the interview will be approximately 60 minutes. With your permission, the interview will be audiotaped and transcribed, the purpose thereof being to capture and maintain an accurate record of the discussion. Your name will not be used at all. On all transcripts and data collected you will be referred to only by way of a pseudonym.

This study will be conducted by David Butke, a doctoral candidate at Ferris State University. The interview will be undertaken at a time and location that is mutually suitable.

Risks and Benefits
This research will hopefully contribute to understanding the community college bachelor of science in nursing, but more importantly, the study has the potential benefit of illuminating the impact of community colleges conferring BSN degrees and the advancement of the community college mission. While considered minimal, researcher acknowledgement of the participants involved is the only risk. There is no financial remuneration for your participation in this study.

Data Storage to Protect Confidentiality
Under no circumstances whatsoever will you be identified by name in the course of this research study, or in any publication thereof. Every effort will be made that all information provided by you will be treated as strictly confidential. All data will be coded and securely stored, and will be used for professional purposes only.

How the Results Will Be Used
This research study is to be submitted in partial fulfillment of requirements for the degree of Doctor of Education in Community College Leadership, Ferris State University, Big Rapids, Michigan. The results of this study will be published as a dissertation. In addition, information may be used for educational purposes in professional presentation(s) and/or educational publications.
PART 2: Participants Rights

- I have read and discussed the research description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in this research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status, or other entitlements.
- The researcher may withdraw me from the research at his professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available that may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research that personally identifies me will not be voluntarily released of disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the researcher, David Butke, who will answer my questions. The researcher’s phone number is (231) 499-1845. I may also contact the researcher’s committee chair, Roberta Teaheen, at (231) 591-3805.
- If at any time I have comments or concerns regarding the conduct of the research, or questions about my rights as a research subject, I should contact Ferris State University Institutional Review Board. The Phone number for the IRB is (231) 591-2759.
- I should receive a copy of the Research Description and this Participant’s Rights document.
- Audiotaping is part of this research. Only the principal researcher and the members of the research team will have access to written and taped materials. Please check one:

  ( ) I consent to being audiotaped.

  ( ) I do not consent to being audiotaped

My signature means that I agree to participate in this study.

Participant’s signature: ___________________________ Date: ____/ ____/ ____

Name: (Please print) ________________________________
APPENDIX

B: EMPLOYEE RESEARCH QUESTIONS
EMPLOYEE RESEARCH QUESTIONS

The overarching question that is used to guide this study is: Can community colleges academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level? Sub-questions that will be used to answer the main questions include:

1. How do nurse managers or team leaders rate the quality or nursing baccalaureate programs between the community college and the university?
2. How do nurse managers or team leaders rate the competencies of baccalaureate nursing graduates from both the community college and the university?
3. What expectations do nurse managers or team leaders have for performance in the BSN role in their organizations.
4. What differences do nurse managers or team leaders see in the nurses who are prepared at community colleges offering BSN degrees and those from universities.

a. What position do you currently hold at your organization?
b. How long have you been in the position?
c. Do you currently have community college BSN graduates working in your organization? If yes, why do you suspect that they were hired over a BSN graduate from a university?
d. Is your organization likely to hire a person with a ADN credential or a BSN credential? Why?
e. Is your organization likely to hire a person with a BSN from a university or a community college? Why?
f. Describe the difference relative to skill level between an ADN and BSN?
g. Based on your perceptions, describe the difference relative to skill level between a community college and a university BSN graduate?
h. Based on your perceptions, describe the difference relative to work ethic between a community college and a university BSN graduate?

i. Based on your perception, would you recommend hiring BSNs from a university or a community college? Why?

j. What responsibilities should a BSN graduate be able to handle out of college? Based on your perception, are community college BSN graduates able to perform these responsibilities.

k. Some people would say that community colleges cannot professionally prepare BSN students equivalently to universities. What are your thoughts on this?

l. Suppose a family member came to you asking for advice on the type of institution to enroll in to pursue a BSN. Of the following, four-year community college, four-year public universities, or four-year for-profit institution which one would you recommend sending your family member to? Why?

m. Given the generic nursing transcripts, which candidate would you be more likely to hire? Why?
APPENDIX

C: STUDENT RESEARCH QUESTIONS
STUDENT RESEARCH QUESTIONS

The overarching question that is used to guide this study is: Can community colleges academically and professionally prepare BSN students equivalently to their university counterparts at the baccalaureate level? The sub-question that will be used to answer the main question is:

1. How do community college BSN graduates compare themselves to university BSN graduates?
2. What position do you hold at your organization?
3. How many years have you been employed in the position?
4. What previous education have you had before attaining your BSN?
5. Based on your perception, do you believe that your BSN degree from the local community college prepared you for work? Why?
6. Do you feel that your community college adequately prepared you to perform the expectations required of a BSN in your organization? Why?
7. Now that you have received a BSN from a local community college, from your perception, do you believe that you are performing tasks at the same or higher level than the tasks that you were performing when you were an ADN? Explain?
8. Now that you have received a BSN from a local community college, from your perception, do you believe that your responsibilities parallels with your colleagues that have a BSN from a University? Explain?
9. Now that you have received a BSN from a local community college, from your perception, do you believe that you are able to compete at the same level as your colleagues that have a BSN from a university in terms of recognition, advancement, or compensation? Explain?
APPENDIX

D: FERRIS STATE UNIVERSITY IRB APPROVAL LETTER
To: Dr. Roberta Teahan and Mr. David Butke
From: Dr. Stephanie Thomson, IRB Chair
Re: IRB Application #130706 (Title: A Qualitative Exploration on the Community College Baccalaureate in Nursing)
Date: January 22, 2014

The Ferris State University Institutional Review Board (IRB) has reviewed your application for using human subjects in the study, “A Qualitative Exploration on the Community College Baccalaureate in Nursing” (#130706) and approved it as expedited—category 2F from full committee review. This approval has an expiration date of one year from the date of this letter. As such, you may collect data according to procedures in your application until January 22, 2015. It is your obligation to inform the IRB of any changes in your research protocol that would substantially alter the methods and procedures reviewed and approved by the IRB in this application. Your application has been assigned a project number (#130706) which you should refer to in future communications involving the same research procedure.

We also wish to inform researchers that the IRB requires follow-up reports for all research protocols as mandated by Title 45 Code of Federal Regulations, Part 46 (45 CFR 46) for using human subjects in research. We will send a one-year reminder to complete the final report or note the continuation of this study. The final-report form is available on the IRB homepage. Thank you for your compliance with these guidelines and best wishes for a successful research endeavor. Please let us know if the IRB can be of any future assistance.

Regards,

Ferris State University Institutional Review Board
Office of Academic Research, Academic Affairs
APPENDIX

E: FLORIDA EXPANSIVE STATE COLLEGE IRB APPROVAL LETTER
January 21, 2014

Sandra J. Balkema, PhD
Dissertation Director
Ferris State University
Big Rapids, MI 49307

Subject: IRB Approval for Mr. David Butke

This letter is to inform you that the research project proposed by Mr. Butke to survey [redacted] students who have graduated from the BSN program has been reviewed and approved.

This research project meets the criteria for “ Expedited IRB Review” as the researcher’s listed survey questions pose no more than minimal risk to the subjects.

Please feel free to contact the undersigned if you have any questions regarding this matter.

IRB Chair

Cc: Mr. David Butke
    Dr. M. Kathleen Ebener
APPENDIX

F: FLORIDA HEALTH IRB APPROVAL LETTER
MEMORANDUM

TO: David Butke

FROM: [Redacted]

DATE: January 20, 2014

RE: Expedited Review – Initial Approval

The Institutional Review Board (IRB) of [Redacted] met on January 9, 2014 and the following new protocol was reviewed and approved via expedited review for a period of one year:

#14-04, [Redacted] "A Qualitative Exploration on the Community College Baccalaureate in Nursing"
- [Redacted] Introductory Questionnaire; Ferris State Application for Research Review; Attachment A Invitation & Informed Consent; Attachment B Employee Research Questions; Attachment C Student Research Questions; PI Agreement

Enclosed is the stamped consent with the approval and expiration dates needed to enroll patients. The anniversary date for this study is January 8, 2015. At that time, please submit a report of your experiences with this protocol.

Should you have any questions, please contact the IRB office. The IRB meets the requirements in 21 CFR 56 (Rev.), 45 CFR 46 (Rev.) and ICH (E6) GCP guidelines. Good luck with this endeavor.