A Quality Improvement Initiative to Explore Barriers Facing Associate Degreed Nurses Obtaining a Bachelor's Degree

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Executive Summary

In 2020, the State of Texas had a total of 340,015 active Registered Nurses (RNs), 32% being Associate Degree nurses (ADN) versus 50% being Bachelor Degree nurses (BSN) (Texas Board of Nursing, 2021). While the percentage of BSN-prepared nurses is larger, it still has not met the goals set forth by the Institute of Medicine for the number of BSN nurses in practice. In the past 10 years, the percentage of BSN-prepared nurses in Texas has only risen by 10% (Texas Board of Nursing, 2021). More than ever, there is a demand for nurses to continue education while maintaining a full work schedule, which often leads to financial and time constraints. This quality improvement project aims to identify ADNs perceived barriers to obtaining a BSN degree while continuing to maintain a full-time or part-time work schedule in a healthcare setting.

Project Implementation

An eight-question survey was provided to ADN nursing staff addressing the enrollment status or interest in enrollment for a bachelor's degree and the barriers preventing enrollment or completion of a BSN. Questions regarding type of unit or department worked, type of nursing degree, and status of enrollment in an advanced nursing degree were designed as multiple-choice questions. Select all that apply was the option regarding the question on barriers and professional development area choices.

The survey was designed utilizing Google Forms and was distributed to the nurses by an email containing a link to complete the survey. The deadline to complete the survey was three weeks from distribution. The survey was anonymous.

Results

A total of 142 registered nurses received the survey. A total of 40 nurses responded to the survey, making the response rate 28.2%. The top barriers the ADN nurses identified included time constraints, financial constraints, family obligations and not interested in pursuing a bachelor's degree.

Impact

The impact of this project includes identifying the major barriers for ADN nurses when enrolling or completing a BSN degree. Once the barriers are identified, goals can be set on how to increase the number of BSN nurses within the facility for the long term. A systematic review of the literature by Phillips and Titzer (2017) shows evidence of how a higher percentage of BSN-prepared nurses within a hospital setting can decrease patient mortality, decrease length of stay, increase rescue rates, decrease medication errors and improve nursing performance indicators regarding patient care. In terms of aligning with strategic goals, the project will help the facility identify the percentage of BSN versus ADN nurses. This percentage is needed in assessing how the facility can prepare for the process of Magnet or Pathways designation.

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In 2010, the Institute of Medicine recommended that 80% of nurses in the workforce be BSN-prepared by the year 2020 (IOM, 2010). As shown by multiple surveys, the United States did not meet this recommendation by the year 2020. In 2018, a survey conducted by the U.S. Department of Health and Human Services using The National Center for Health Workforce Analysis team reported that only 63.9% of the RNs surveyed held a BSN degree (U.S. Department of Health and Human Services, 2019). The question remains to what is preventing more ADN-prepared nurses from advancing their degree to BSN and beyond. This project aims to identify barriers ADN nurses perceive when enrolling in or completing a bachelor's degree.

Background

Review of the Literature

A focused review of the literature addressing the barriers faced by ADN nurses attempting to obtain a BSN degree revealed that the majority of these nurses had similarities regarding what barriers were preventing degree advancement. Clifford and Jurado (2018) conducted a QI project with a quantitative descriptive study using a web-based survey to identify the barriers for ADN nurses, concluding that the most common barriers included financial constraints, relevance to the profession and sacrifices in their personal life. Petges and Sabio (2020) used a descriptive qualitative study using open-ended questions to access ADN nurses' perception of obtaining a BSN and its importance. The results concluded that the majority of these nurses stated finances, time and the uncertainty of online and in-person classes and how it would fit a work schedule as barriers preventing them from pursuing a BSN. Nursing program choice can be confusing and overwhelming to the ADN nurse looking to advance to BSN.

There is also literature regarding patient safety outcomes and satisfaction as it relates to BSN-prepared nurses. A systematic review with a focus of how BSN nurses impact patient outcomes (Haskins and Pierson, 2016) used meta-analysis for data synthesis, concluding that an increase in the number of BSN-prepared nurses in a hospital improved 30-day mortality rates and decreased the instances of failure-to-rescue. Because of these statistics, it is important for all facilities to find ways to increase the percentage of BSN nurses within the facility.

Description of the Problem

Nurses pursuing a higher degree often meet challenges during the time it takes for completion; however, the barriers nurses face are not frequently discussed. This project was conducted in a suburban, community-based, 154-bed hospital in South East Texas. At the time of the project, there were a total of 142 Registered Nurses. 61% of these RNs were ADN-prepared nurses. Being part of a division system striving for system-level Magnet designation status, this facility needed to increase the percentage of BSN-prepared nurses. The facility values growth for the employees and wants to find ways to retain staff already employed. Through this project, identification of the barriers ADN nurses face when attempting to advance to a BSN degree can aide in helping staff overcome those barriers with various methods.

Theoretical Framework

The quality improvement model that was used for this project was the Plan-Do-Study-Act (PDSA) Cycle, created by Dr. W. Edwards Deming. The cycle is a continuous, on-going cycle that can be conducted multiple times. Plan (P) involves looking at the goal or purpose, Do (D) involves implementing the plan, Study (S) involves looking at outcomes and addressing problems or improvement areas, and Act (A) involves incorporating what was learned from the

process as a whole and adjusting as needed (The W. Edwards Deming Institute, 2021). For this project, the PDSA cycle was:

P: identifying barriers for ADN nurses to obtaining a BSN

D: distribute online survey to nursing staff

S: analyze responses from nursing staff and areas of improvement for the survey

A: change methods of how to survey nursing staff

Because the PDSA model is a never-ending loop, identifying barriers was the first PDSA cycle. The next cycle will be to implement a plan to address the barriers identified.

Purpose Statement and Project Aims

The purpose of this quality improvement project was to administer a data-gathering survey to identify the barriers ADN-prepared face when navigating toward the BSN degree.

There are two specific aims of this project:

Aim 1: Obtain 100% response rate from ADN nurses currently employed who received the survey.

Aim 2: Determine the most common barriers ADN nurses identified in their survey responses as being problematic in their pursuit toward a BSN degree and prioritize according to frequency.

For this project, I looked for the perceived barriers for ADN nurses to obtain a BSN while working full-time or part-time in this facility.

Methods

Project Design

This quality improvement project used a survey distributed to ADN-prepared nursing staff to obtain their perceptions of the barriers they face when attempting to enroll in or complete

a BSN degree while working full-time or part-time in our facility. This method was chosen because it allowed staff members to voice their thoughts and opinions individually and anonymously. A Strengths, Weaknesses, Opportunities, and Threat (SWOT-analysis) was conducted prior to beginning this project. See Table 1.

Participants and Recruitment

This project plan was reviewed and approved by the participating facility. The inclusion criteria included employees classified as either full-time or part-time nursing staff in the hospital setting that hold an ADN degree as the highest degree held. While all nursing staff were given the survey within the facility, only the ADN-prepared nurses were prompted the question regarding barriers to BSN obtainment. There was not an incentive for completing the survey. Participants were informed that the survey would allow the education team more insight on staff needs regarding educational and professional development areas. The staff were informed of the survey the day it was released via email.

Intervention

This project involved just myself in terms of carrying out the project. I created the survey questions within the Google Forms platform. The survey was reviewed and approved by my instructor and mentor. The purpose of the survey was provided to the nursing staff and that I would be initiating it as the facility educator. The staff were also informed that the results would assist the education team in addressing barriers for degree progression and with professional development opportunities. The nursing staff were informed that the survey was anonymous prior to beginning the survey questions within the informational email that released the survey. Google Forms allows for anonymity when distributing a survey or questionnaire by only

recording responses with a date and time, not a name. Once the survey became active, the staff had three weeks to respond using the link provided by Google Forms. See Appendix 1.

Measurement Tools

The measurement tool was the survey itself (Appendix 2). This survey was a self-reported, online, cross-sectional survey, as the participants were asked questions at a single point in time to identify barriers (Glasper and Rees, 2016). The survey was designed to take the staff member on a path of question prompts that were dependent on their response to the previous question. Only ADN-prepared nurses were prompted the question regarding barriers in enrolling or completing a BSN degree. The majority of questions were closed-ended, yes or no questions. Some of the questions included a select all that apply option so staff were able to fully choose what applied to their unique situation. I determined what questions needed to be asked based on the topic of the project and the need to identify barriers. A pilot of the questions was tested with current member of our MSN-LAN cohort to ensure the functionality of the survey.

Data Collection

The type of data collected included survey responses from the nursing staff. I collected all of the data using the Google Forms platform, which converted the data into Excel spreadsheets. The survey was distributed on October 8th, 2021 and closed on October 30th, 2021 (Appendix 1). A follow-up email was automatically sent to participants who successfully completed the survey, thanking them for their time. I worked with Human Resources to obtain the number of ADN-prepared nurses versus BSN-prepared nurses within the facility. There was a total of 86 ADN-prepared nurses, 52 BSN-prepared nurses and 4 MSN-prepared nurses.

Data Analysis

The data collected was the responses from nursing staff who completed the survey. The analytic software used to analyze the data was Microsoft Excel. The data was counted and recorded. The method of prioritizing the results from the question regarding barriers was from most common responses to least common responses. For Aim 1, the percentage of ADN nurses that participated in the survey was calculated using Microsoft Excel. For Aim 2, the amount of each barrier choice provided was tallied and prioritized from the number of selections made for the particular choices listed.

Results

Implementation

During the implementation of this project, the facility was going through major leadership changes and numerous staff resignations. The utilization of federal nurses provided through the State of Texas was also a major factor at the time of the project implementation, as many of the staff nurses were called off the schedule due to being over-staffed and could not access the survey while away from the facility. Email communication appears to be a less favorable communication tool for the staff within the facility, as only 40 nurses of the 142 nurses surveyed responded to the survey. Employee email capability is not available while away from the campus, causing some full-time and many part-time staff to miss deadlines, such as for the completion of this survey. A reminder to complete the survey was provided by email again seven days after the initial delivery date of the survey. The increase from this reminder went from 28 responses to 40 responses in week two, with no responses collected the final (third) week of the survey distribution timeframe.

Outcomes

A total of 142 nurses were surveyed in the facility. 40 nurses participated in the survey, 26 of them being ADN-prepared nurses and 14 of them being BSN-prepared nurses. For Aim 1, the percentage of ADN nurses that participated in the survey was 30.2%, a total of 26 out of 86 ADN nurses in the facility (Figure 1). For Aim 2, the number one barrier identified by ADN nurses was time to dedicate to completing a bachelor's degree, with finances, family obligations, and not showing interest at this time for degree advancement all coming in second, followed by being unsure of what program would be best coming in third (Figure 2).

Discussion

The purpose of this project was to identify the barriers ADN nurses within the facility face when advancing or attempting to advance their degree and prioritizing those barriers. I accomplished the purpose of the project by successfully distributing a survey to the nursing staff. The first aim was not met, as 100% of the ADN nurses currently employed did not respond to the survey. The second aim was met, as the responses allowed for prioritization of the most common barriers were identified.

Key successes included gaining insight from staff regarding barriers faced, which can help to develop resources and assistive programs to help address the barriers. Providing a short, easy to use survey worked very well. The major difficulties included lack of participation in completing the survey. To increase participation in surveys, I would include an incentive and begin communication of the purpose and outcomes of the survey in staff meetings, huddles, and staff information platforms whether online or physically on the unit before distributing a survey.

In 2016, a similar electronic survey was distributed by the Kentucky Nursing Capacity Consortium (KNCC) to identify the barriers Kentucky's RNs faced when obtaining a BSN. From

their results, the most common barriers included their view on personal benefit, constraints related to finances, obligations to the family and retirement plans (Warshawsky et al., 2016). There was a common thread in barriers from the nurses in Kentucky and the nurses within the facility for the project, such as family obligations and financial concerns.

Another study used a large, urban hospital setting to conduct an anonymous, cross-sectional survey sent to all RNs within the facility to identify barriers, motivators and benefits for going back to school for a BSN degree. The response rate was 24.6%, similar to this project. The most common barriers were time committed to school, financial expenses, and lack of support from the organization with tuition reimbursement (Sarver et al., 2015). The first two barriers from the study and this project were exactly the same common responses.

Limitations

Major factors that could have affected the accuracy of the results included the lack of staff engagement in completing the survey. While I truly believe addressing the barriers for nurses to advance their degree is important, the lack of engagement may not allow for a true understanding of how to support and provide appropriate resources so degree progression can occur. A possibility would be to visit staff in person and provide the means to complete the survey in person using a wireless device or paper. An additional factor was low support from administration for completing the survey, as it was not announced in huddle or staff meetings upon request. In the future, I plan to implement these questions as part of the new hire experience to gain a better understanding of the goals the staff have for themselves and where they are in their education.

Interpretation

From this survey, barriers were clearly identified, even with a small sample size. For the next PDSA cycle, more communication and interaction to complete surveys will be beneficial and will be added to the planning and doing phase. Understanding the barriers nurses face can assist in finding appropriate resources and aide in relieving some of the barriers faced when advancing a degree. One of the options includes creating a mentorship program within the facility to provide support to ADNs as they pursue their BSN.

Conclusions and Implications

The take home message from this project includes addressing the barriers ADN-prepared nurses face when obtaining a BSN. I learned that communication is key when presenting a survey to staff for buy-in and engagement. The facility learned that there is a larger percentage of ADN-prepared nurses than BSN-prepared nurses, including a higher percentage of the ADN-prepared nurses acting as preceptors instead of BSN-prepared nurses. Other hospital organizations can use a similar survey to identify barriers for their staff when attempting to advance their degree.

Other areas within the organization that would benefit from a project like this includes any department which requires degree advancement or professional development, such as Allied Health. Understanding barriers from all staff members can help to develop the resources staff members need for growth.

More research needs to be conducted on how to address the barriers identified by ADN nurses. While many organizations offer incentives or benefits to advance in education, often staff members are not fully aware of the means of utilizing these benefits for growth.

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Tables

Table 1SWOT Analysis

Strengths	Weaknesses
 Gives voice to nursing staff Strong plan to assist nurses in obtaining BSN	 Low participation in survey Inability to meet unique, individual needs of all staff
Opportunities	Threats
 Increase communication between nursing staff and education team Progression through DPM model, a pathway up the clinical ladder for the organization 	 Reduction in resources (financial support, leadership support, etc.) Do not trust anonymity of the survey Not be completely truthful or forthcoming with feedback for fear of retaliation

Figures

Figure 1

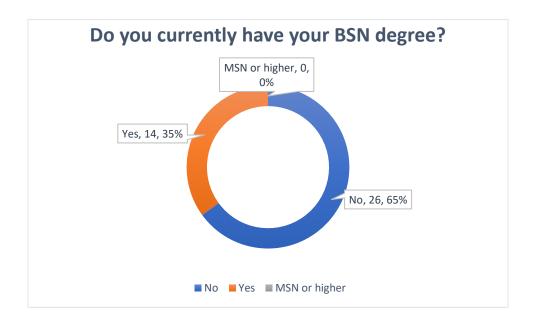
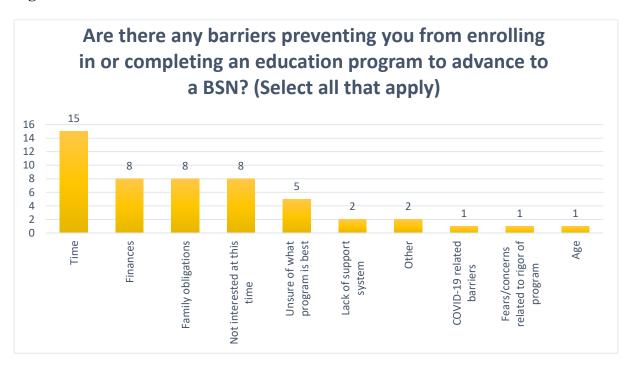


Figure 2



Appendices

Appendix 1

Project Timeline



Appendix 2

Educational Needs Assessment Survey – Nursing Staff 2021

Question 1:

Which unit/floor/department do you work? Please enter your unit/department if "other".

- Med/Surg
- ICU
- Labor and Delivery
- Emergency Department
- Ambulatory/Clinic
- Perioperative
- Cath Lab
- Wound Center
- Other

Question 2:

Do you currently have a BSN degree?

- Yes (go to question 3)
- No (go to question 4)
- MSN or higher degree (go to question 3)

Question 3:

Are you currently enrolled in an MSN or DNP program?

- Yes-MSN (go to question 6)
- No (go to question 6)
- No but interested in enrolling into a program soon (go to question 6)
- Yes-DNP (go to question 6)
- MBA (go to question 6)
- Other (go to question 6)

Question 4:

Are you currently enrolled in an ADN program, RN to BSN program or BSN program?

- RN to BSN program (go to question 5)
- BSN program (go to question 5)
- ADN program (go to question 5)
- No (go to question 5)
- No, but interested in enrolling into a program soon (go to question 5)
- Other (go to question 5)

Question 5:

Are there any barriers preventing you from enrolling in or completing an education program to advance to a BSN? (Select all that apply). (These all go to question 6)

- Time
- Finances
- COVID-19 related barriers
- Lack of support system
- Family obligations
- Fears/concerns related to rigor of program
- Unsure of what program is best
- Not interested at this time
- Other

Question 6:

If you are currently enrolled or were previously enrolled in a RN to BSN, BSN or MSN/DNP program, did you have to pause your learning due to the COVID-19 pandemic? (Next question)

- Yes
- No
- Not applicable

Question 7:

What areas of professional development would you be interested in learning more about? (Select all that apply). (Next question)

- Career growth/advancement
- Education advancement
- Certification
- Resume/CV guidance
- Continuing education
- Mentorship
- Other

Question 8:

Would you be interested in participating in a mentorship program to assist staff obtaining their BSN? (Will go to next question, optional)

- Yes-as a mentor
- Yes-as a mentee
- Maybe
- No

Question 9:

If you chose "yes" to be a mentor or mentee, please enter your work email address: