

CHARACTERISTICS OF SECOND STEP BACCALAUREATE NURSING
PROGRAMS AS COMPARED TO NATIONAL LEAGUE FOR NURSING
GENERIC BACCALAUREATE NURSING PROGRAMS,

by

Margaret Gault, Opitz,

Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
DOCTOR OF EDUCATION
in
Community College Education

APPROVED:

Charles A. Atwell, Chairman

Darrel Clowes

Frances G. Seither

Marshall W. McLeod

W. Robert Sullins

Larry Weber

September 1982

Blacksburg, Virginia

© Copyright applied for
1982
Margaret Gault Opitz

FOREWORD

The value of my doctoral studies is expressed in the words of a poem by Helen Lowrie Marshall:

AIM FOR A STAR

*Aim for a star! Never be satisfied
With a life that is less than the best,
Failure lies only in not having tried--
In keeping the soul suppressed.*

*Aim for a star! Look up and away,
And follow its beckoning beam.
Make each Tomorrow a better Today--
And don't be afraid to dream.*

*Aim for a star, and keep your sights high!
With a heartful of faith within,
Your feet on the ground, and your eyes
 on the sky,
Some day you are bound to win!*

DEDICATION

This dissertation is dedicated to all those Registered Nurses who dared to take the "Second Step" and obtain a baccalaureate nursing degree as a way to better serve their fellow mankind.

ACKNOWLEDGEMENTS

Most research studies represent the valuable investment from a number of individuals. The researcher would like to acknowledge the unique contribution of each of the dissertation committee members:

To Darrel Clowes, for his penetrating questions which made the research more accurate;

To Marshall W. McLeod, for his exacting critique which contributed to the scholarliness of the research and encouraged me to press onward;

To Frances G. Seither, for her patience and support which gave me a sense of security when the path was unclear and for her expertise of baccalaureate nursing;

To W. Robert Sullins, for his interest and belief in me as a doctoral student, concern for quality community college education, and who forced me to go the extra mile which contributed to a higher level of research and my professional development;

To Larry Weber, for his sense of humor, empathy for the nursing profession, and skillful guidance in the research process.

A special gratitude is reserved for my major professor, Chairman of the Dissertation Committee, friend, and colleague, Dr. Charles A. Atwell. He provided support; gave

monumental bits of wisdom; stimulated intellectual exploration of ideas; kept me on the right track; and above all, as his research assistant, allowed me to work with a true scholar. My professional growth is directly attributed to his investment in me.

To _____, who supervised my internship, for her inspiration to always strive for excellence and as an exemplar of nursing leadership.

To _____, my friend, a special thanks for his encouragement and expertise throughout the year of Biometric Statistics.

Foremost, I wish to thank my husband, _____, who knew the desire in my heart to pursue doctoral studies, sustained me during the challenging times, allowed me to be a risk taker, and helped me keep all aspects of my life in perspective.

I wish also to extend a special tribute to my three daughters: _____ for their thoughtfulness until mother obtained "the final degree," understood the value of an education, and supported my commitment to the nursing profession.

TABLE OF CONTENTS

	Page
FOREWORD	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	x
Chapter	
I. INTRODUCTION	1
Problem Statement	4
Purpose of the Study	5
Research Questions	6
Significance of the Study	7
Definition of Terms	8
Limitations of the Study	10
Assumptions of the Study	10
Organization of the Study	10
II. REVIEW OF THE LITERATURE	12
Health Care Crisis	12
Nursing Education	14
Nursing Education Mobility Process	17
New Non-Traditional Nursing Educational Approach	26
III. RESEARCH METHODOLOGY	30
Research Questions	30
Research Design	32
Population	34
Instrument Development	35
Field Test	37
Protection of Confidentiality	39
Data Collection	40
Data Analysis	40

Chapter	Page
IV. FINDINGS OF THE STUDY	42
Response Rate	42
Institutional Characteristics	45
Profile of Institutional Characteristics for NLN Generic Baccalaureate Nursing Programs	52
Profile of Institutional Characteristics for Upper Two Second Step Nursing Programs	52
Profile of Institutional Characteristics for Two- Plus-Two Second Step Nursing Programs	54
Program Characteristics	55
Profile of Program Charac- teristics for NLN Generic Baccalaureate Nursing Programs	65
Profile of Program Charac- teristics for Upper Two Second Step Nursing Programs	65
Profile of Program Charac- teristics for Two-Plus- Two Second Step Nursing Programs	66
Faculty Characteristics	67
Profile of Faculty Charac- teristics for NLN Generic Baccalaureate Nursing Programs	79
Profile of Faculty Charac- teristics for Upper Two Second Step Nursing Programs	79
Profile of Faculty Charac- teristics for Two-Plus- Two Second Step Nursing Programs	80
Student Characteristics	81

	Page
Profile of Student Characteristics for NLN Generic Baccalaureate Nursing Programs	89
Profile of Student Characteristics for Upper Two Second Step Nursing Programs	89
Profile of Student Characteristics for Two-Plus-Two Second Step Nursing Programs	90
Responses to Educational Decisions Made About and For Registered Nurses	90
V. SUMMARY, FINDINGS, TRENDS, CONCLUSIONS, AND RECOMMENDATIONS	104
Summary	104
Findings	108
Institutional Characteristics	109
Program Characteristics	111
Faculty Characteristics	114
Student Characteristics	116
Educational Decisions	118
Trends and Conclusions	119
Recommendations	124
BIBLIOGRAPHY	128
APPENDICES	133
A. Second Step Baccalaureate Nursing Programs	134
B. Upper Two Second Step Baccalaureate Nursing Programs	141
C. Two-Plus-Two Second Step Baccalaureate Nursing Programs	147
D. NLN Generic Baccalaureate Nursing Programs	150
E. Letter to Participants in Survey	155
F. The Survey Questionnaire	157
G. Second Step Programs in Field Test	173
H. Letter to Participants in Field Test	175

	Page
I. Field Test Evaluation Form	178
J. Follow-up Letter to Participants in Survey	185
K. Permission Letter from the American Journal of Nursing	187
L. Responses from NLN Generic Bacca- laureate Nursing Programs	189
M. Responses from Upper Two Second Step Nursing Programs	192
N. Responses from Two-Plus-Two Second Step Nursing Programs	197
VITA	200
ABSTRACT	

LIST OF TABLES

Table	Page	
1.	Estimated Number of Employed Registered Nurses by Highest Educational Preparation, 1971-1980	18
2.	Registered Nurse Students Enrolled in Colleges' and Universities' Baccalaureate Nursing Programs, Fall 1969-1978	20
3.	Number of Registered Nurse Students Enrolled in and Graduated from Baccalaureate Programs in Colleges and Universities, 1978	21
4.	Type of Control by Program Type	46
5.	Type of Degree Granting Institution by Program Type	47
6.	Highest Degree Granted in Nursing and Allied Health by Program Type	49
7.	Size of Institutions by Program Type	50
8.	Demographic Location by Program Type	51
9.	Academic Calendar by Program Type	53
10.	National League for Nursing Accreditation Status by Second Step Program Type	56
11.	Organizational Structure by Type of Second Step Program	57
12.	Highest Earned Credential of Nurse Administrator by Type of Second Step Program	59

Table	Page
13. Required Credit Hours by Program Type	60
14. Maximum Credit Hours Accepted in Transfer by Type of Second Step Program	62
15. Number of Annual Entry Points to Program by Program Type	63
16. Student On-time Completion Rate by Program Type	64
17. Employment Status of Faculty by Program Type	69
18. Type of Highest Earned Degree of Full-Time Faculty by Program Type	70
19. Average Age of Full-Time Faculty by Program Type	72
20. Work Experience of Full-Time Faculty by Program Type	73
21. Publications of Full-Time Faculty by Program Type	75
22. Rank of Full-Time Faculty by Program Type	76
23. Tenure-Track Appointment of Full-Time Faculty by Program Type	77
24. Average Class Size Taught by Full-Time Faculty, by Program Type	78
25. Sex and Race of Graduates by Program Type	83
26. Marital Status of Graduates by Program Type	84
27. Average Age of Graduates by Program Type	85

Table	Page
28. Enrollment Status of Graduates by Program Type	86
29. Residence Status of Graduates by Program Type	87
30. Graduates' Technical Education by Type of Second Step Program	88
31. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	94
32. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	95
33. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	97
34. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	98
35. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	99
36. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	101
37. Educational Decisions Made About and For Registered Nurses by Degree of Importance in the Program	102

CHAPTER I

INTRODUCTION

Nursing is a progressive art in which to stand still is to stand backward.

(Florence Nightengale)

Currently, three basic patterns of nursing education exist which lead to eligibility for registered nurse licensure: diploma, associate degree, and baccalaureate degree programs. In each instance, the individual must pass the licensure examination for registered nurses to practice as an R.N. Both the associate degree and the nursing diploma recipients when licensed are referred to as technical nurses. The nursing diploma is obtained after graduation from a hospital program which lasts three years. A junior or community college program leads to an associate degree in nursing, usually after two years. The four-year collegiate program leads to a baccalaureate degree in nursing, the only degree whose recipients are referred to as professional nurses.

Since 1970, the number of non-baccalaureate registered nurses, technical nurses, seeking an advanced degree has steadily increased (Anderson, 1978; Muzio & Ohashi, 1979). The usual reasons cited have been occupational

mobility, professional advancement, ever-expanding, and increased complexity of health care (Bardossi, 1980; Hillsmith, 1978; Lee, 1979b; and Lewis, 1977). The American Nurses' Association's official position statement that by 1985 the baccalaureate nursing degree will be the minimum entry level has influenced many registered nurses to seek a B.A.

At the 1978 Convention of the American Nurses' Association, the House of Delegates adopted a resolution aimed at clarifying and strengthening the system of nursing education. The House of Delegates recommended that the majority of practicing, non-degree registered nurses be encouraged to pursue a baccalaureate nursing degree. The delegates recognized that the educational opportunities for large numbers of non-degree registered nurses are limited and that flexible, non-traditional educational programs in nursing can be developed based on academic integrity. Therefore, the Association resolved that:

American Nurses' Association support increased accessibility to high-quality career mobility programs that utilize flexible approaches for individuals seeking academic degrees in nursing. (American Nurses' Association, Commission on Nursing Education, 1979, p. 7)

The Committee on Current and Long Term Goals of the American Nurse's Association identified seven trends that have had impact on the nursing profession and the health care

delivery system for the last 15 years. These seven trends have provided the impetus for promoting baccalaureate education for professional nursing practice. The committee cited:

(1) Growth of government concern in meeting public's needs; (2) Growing significance and influence of organized groups in this country; (3) Widespread trend toward professionalism in society-at-large; (4) Trend toward higher education in the general population; (5) Increasing productivity of workers, rising standards of living, and technological changes and advances; (6) Changes in disease patterns, advances in medical science, changing practice, increasing costs of medical care, and changes in hospital administration and business management; and (7) Population shifts and changes in mobility of people. (American Nurses' Association, Commission on Nursing Education, 1979, p. 8).

With the increasing emphasis on professional nursing education, a perplexing and challenging problem has emerged: how to provide accessible, flexible, quality professional nursing education without undue loss of time, energy, and money to a large number of registered nurses.

Nurse educators have responded with a non-traditional approach. Sonoma State University has been in the forefront of this educational phenomenon (Galliford, 1980 and Jako, Church, Wilson, Brian, & Searight, 1979). Sonoma was responsible for the original program, designed for

registered nurses; the program was for a post-licensure, upper-division baccalaureate nursing degree. Hence, "Second Step" was the term used to describe a curriculum which focused on the needs of nurses who had already taken "the first step" by completing the technical nursing education and who were licensed as registered nurses.

Second Step baccalaureate nursing programs represent the newest and fastest growing area of nursing education; as such, they have the attention of legislators, policy makers, nurse educators, and practitioners and researchers (Church, Brian, & Searight, 1980; Duffy, 1981).

PROBLEM STATEMENT

The central problem addressed in this study is the lack of comprehensive data on Second Step nursing education. No data exist which compare baccalaureate nursing programs designed specifically for practicing registered nurses with traditional generic baccalaureate nursing programs which are accredited by the National League for Nursing.

Although Second Step programs provide accessible, flexible professional nursing education for registered nurses, their quality has been questioned (Arlton, 1981). Students see these programs as easy routes to the

necessary credentials via blanket credit, elective and independent study, and limited exposure to nursing knowledge and clinical experience. Institutions see an opportunity to attract students and generate needed revenue. In addition, many Second Step programs have not sought or obtained professional accreditation nor are state boards of nursing directly involved in the educational programs since the students these programs seek to serve are already licensed to practice. With no comprehensive data base, professional nurse educators do not have the needed information to make decisions about this educational approach.

PURPOSE OF THE STUDY

Because of the lack of research, the present status of post-licensure professional nursing education remains elusive. Therefore, the purpose of this study is to:

- (1) describe post-licensure professional nursing education according to selected institutional, program, faculty, and student characteristics;
- (2) analyze the importance of educational decisions made for and about registered nurses in Second Step programs;
- (3) compare post-licensure professional nursing education with National League for Nursing accredited, generic baccalaureate nursing education

according to selected institutional, program, faculty, and student characteristics; and (4) identify current trends of post-licensure professional nursing education.

RESEARCH QUESTIONS

The research questions formulated for this study are:

1. What are the characteristics of Second Step Baccalaureate nursing programs specifically related to:
 - a) institutional types
 - b) program types
 - c) faculty
 - d) students and
 - e) educational decisions?

2. How do types of curricular programs (Upper Two and Two-Plus-Two) compare in regard to faculty characteristics specifically related to:
 - a) employment status
 - b) educational preparation
 - c) age
 - d) years of teaching experience
 - e) years of clinical experience
 - f) publications/papers
 - g) proportion on tenure track contracts
 - h) rank and
 - i) average student ratio?

3. How do types of curricular programs (Upper Two and Two-Plus-Two) compare in regard to student characteristics specifically related to:
 - a) sex
 - b) race
 - c) marital status
 - d) enrollment status
 - e) technical nursing education
 - f) age and
 - g) program completion rate?

4. How do types of curricular programs (Upper Two and Two-Plus-Two) compare in regard to the importance of education decisions made for and about registered nurses specifically related to:
 - a) selection of applicants based on individual credentials and institutional admission policies
 - b) awarding credit
 - c) required nursing curriculum content areas
 - d) nursing learning experiences
 - e) evaluation of students' learning experiences by evaluators and methods of evaluation.
 - f) structure of nursing learning experiences and
 - g) program objectives?
5. How do Second Step Programs (Upper Two and Two-Plus-Two) compare to National League for Nursing generic baccalaureate nursing programs specifically related to:
 - a) institutional characteristics
 - b) faculty characteristics and
 - c) student characteristics?
6. What are the current trends in post-licensure professional nursing education?

SIGNIFICANCE OF THE STUDY

Literature indicates little research has been conducted on the educational needs of registered nurses. Currently, published research consists of: (1) a case study of the original program at Sonoma State University (Jako et al., 1979); (2) National League for Nursing documents (National League for Nursing, 1976) wherein articulation programs are mentioned as part of baccalaureate nursing education; and (3) a national survey

identifying Second Step programs (Church et al., 1980). Moreover, no national data exist on the importance of educational decisions nurse educators are making about and for registered nurses regarding selecting applicants, awarding credits, and selecting educational content and learning experiences assessed as preparation for professional practice.

Further, Katzell (1970) and Kramer (1971) indicate that the areas of recruitment, selection, and retention of students and faculty could be better addressed with more knowledge about successful professional nursing education. The high attrition rate among working practitioners could also be reduced. Therefore, this research study can assist in filling in the lack of knowledge about post-licensure education and suggest current trends in professional nursing education.

DEFINITIONS OF TERMS

The following terms were used for this study:

National League for Nursing generic baccalaureate nursing program: A state-approved undergraduate curriculum leading to a baccalaureate degree in nursing: The Bachelor of Science with a nursing major (BS) or the Bachelor of Science in Nursing (BSN). Graduates are

eligible to take the registered nurse licensure examination. The program is accredited by the National League for Nursing.

Non-degree registered nurse: A nurse who is a graduate of a technical nursing program, an associate degree, or hospital diploma program licensed to practice as a registered nurse.

Second Step baccalaureate nursing program: A baccalaureate nursing program designed specifically for registered nurses as an upper-division nursing major, built upon a foundation of technical nursing education with formal methods for recognizing registered nurses' previous learning and work experiences. This includes two curriculum patterns; i.e., Upper Two and Two-Plus-Two programs.

Upper Two nursing program: An undergraduate, upper division curriculum leading to a baccalaureate degree in nursing designed specifically for licensed registered nurses who have completed technical level nursing education.

Two-Plus-Two nursing program: An undergraduate curriculum leading to an associate nursing degree with specified articulated procedures designed for the graduate to advance to the upper division of a baccalaureate nursing degree program. As with all other paths, graduates are eligible to take the licensure examination.

LIMITATIONS OF THE STUDY

This study is descriptive research. Information obtained from nurse administrators of Second Step baccalaureate nursing programs and National League for Nursing generic baccalaureate nursing programs was subject to the vagaries of any self-report data. Survey research may yield a low degree of control over extraneous variables; additionally, it does not allow a researcher to infer cause-and-effect relationships. However, the questionnaire provided a comprehensive approach to the problem and a starting point for further investigation.

ASSUMPTION OF THE STUDY

Because the best judge of each nursing education program is the one that has the most reliable total program information, that individual--the program's administrator--was asked to participate. Therefore, each instrument was completed by the individual designated as administrator of the program.

ORGANIZATION OF THE STUDY

The overall research plan of the study has five chapters.

Chapter one outlines the background of the study; the problem, purpose, and significance of the study, the research questions; definitions of terms; limitations and assumption of the study; and organization.

Chapter two reviews the literature as a foundation for the study, specifically focusing on the health care crisis; nursing education; nursing educational mobility process; a new non-traditional nursing educational approach; and summary.

Chapter three delineates the research questions, research design, population and random sample of participants, instrument development and administration, confidentiality, data collection procedures, and data analysis.

Chapter four contains descriptive and comparative information from the questionnaire used to answer the research questions.

Chapter five summarizes the findings as they related to the overall purposes, the research questions, the conclusions, trends, and the recommendations based on the data analysis of the study.

CHAPTER II

REVIEW OF LITERATURE

The literature review is organized into four areas which include: the health care crisis, nursing education, the nursing education mobility process, and a new, non-traditional approach. Research in each major area will be presented providing a foundation for studying post-licensure professional nursing education.

HEALTH CARE CRISIS

Despite the fact that more money per capita is being spent on health care of the American people, much discussion centers on the disillusionment with its delivery. High cost, access to care, and quality of services are major concerns. The greatest potential for improving the health status of the American people does not lie, however, in the amount spent on health care. The greatest potential for improvement lies in the efforts to prevent disease and promote health (Healthy People, 1979; Walsh, 1976). To a great extent, expenditures on health care have been directed toward treatment, not prevention, of

disease and disability. Currently, only 4 percent of all federal money allocated for health is specifically earmarked for health prevention (Healthy People, 1979, p. 9). Therefore, the focus for improvement needs to be shifted from treatment to prevention. The main reasons for changing the focus are to save lives, to improve the quality of life, and to produce a cost-effective health care delivery system.

Since nurses traditionally have had the most direct, continuous contact with clients, they may well be the most likely health care professionals to be involved in the impetus for change. This change implies new responsibilities, opportunities, and roles. Henderson (1977), in an editorial in Nursing Research, points out nursing's position well:

In my judgement, nurses have scarcely begun to appreciate the Social and Ethical Significance of Nursing--the extent to which they might better the lot of mankind, the extent to which they might change health care in this, or any other country. (p. 164)

The National League for Nursing addressed this same issue in 1972 when it declared nurses must "expand the scope" (p. 271) of the care they provide and also "assume greater responsibility for decision making and for leadership in the operation of the health team, in research, in

planning for and developing community health resources and services" (p. 271).

Both professional nurses and nurse educators visualize nursing education as the logical way to provide nurses with the skills and knowledge to make changes in the health care system. According to Walsh (1976), "Education is the route to equality and a colleague relationship with other health care professionals in directing the future of health care" (p. 14). The challenge for nurse educators is to prepare adequate numbers of professional, competent practitioners to assume more sophisticated, independent roles in shaping health care delivery. This can be done by increasing the pool of baccalaureate-prepared nurses and upgrading non-degree practicing registered nurses (Dineen, 1965; Bullough & Bullough, 1971).

NURSING EDUCATION

Although other routes to licensure are possible, since 1965, the American Nurses' Association has recommended that only graduates of baccalaureate nursing programs be considered professionally prepared practitioners. Its first definitive paper, A Position Paper on Educational Preparation for Nurse Practitioners and Assistants to Nurses, states, "Education for those in the health

professions must increase in depth and breadth as scientific knowledge expands" (American Nurses' Association, 1965, p. 4). Thus, the document became a landmark as it defines preparation for nursing at all levels. The document sets forth the following principles:

1. The education for all those who are licensed to practice nursing should take place in institutions of higher education.
2. Minimum preparation for beginning professional nursing practice at the present time should be baccalaureate education in nursing.
3. Minimum preparation for technical nursing practice at the present time should be associate degree education in nursing.
4. Education for assistants in the health care occupations should be short, intensive pre-service programs in vocational education institutions rather than on-the-job training programs. (American Nurses' Association, 1965, p. 5-9).

Thirteen years later in an attempt to intensify its efforts, the American Nurses' Association adopted several significant resolutions:

1. That ANA ensure two categories of nursing practice be clearly identified and titled by 1980 . . .
2. That by 1985 the minimum preparation for entry into professional practice be the baccalaureate in nursing . . .
3. That ANA establish a mechanism for deriving a comprehensive statement of competencies for the two categories of nursing practice by 1980 (American Nurses' Association, 1979, p. 5-7)

By 1985, if this paper's position is enacted into law in each state, only graduates of baccalaureate nursing programs will be eligible to be recognized as professional nurses.

The National League for Nursing, the peer accreditation body of nursing education, describes the characteristics of baccalaureate nursing education as preparation for a nurse to:

1. Be accountable for their own nursing practice;
2. Accept responsibility for the provision of nursing care through others;
3. Accept the advocacy role in relation to clients; and
4. Develop methods of working collaboratively with other health professionals. (National League for Nursing, 1979, p. 2)

Further, the National League for Nursing in its Position Statement on Nursing Roles--Scope and Practice (NLN, 1982) reaffirmed the American Nurses' Association's 1965 position paper in that, "Professional nursing practice requires the minimum of a baccalaureate degree with a major in nursing." This statement was based on the premise that professional nurses need a broad foundation of knowledge and clinical skills, as the leaders of nursing personnel involved in critical decision making activities in complex health care situations.

The latest reported statistical data from the American Nurses' Association reveal that in 1980, 1,119,100 registered nurses were employed. Of that number, only 20.7 percent held baccalaureate nursing degrees while 4.8 percent held a master's or doctoral degree. The remaining 74.5 percent has a nursing diploma or an associate degree in nursing as their highest credential (Facts About Nursing 80-81, 1981, p. 6). (See Table 1).

In the last decade 135,500 or 7.8 percent of non-degree employed registered nurses have acquired the professional credential. Despite this increase from 12.9 to 20.7 percent, approximately three-fourths of all employed registered nurses do not hold the newly-defined "essential" credential for professional nursing practice. This gap between what exists and what the professional association for registered nurses feels should be presents a serious dilemma for nursing (Facts About Nursing 80-81, 1981).

NURSING EDUCATION MOBILITY PROCESS

Data collected by the National League for Nursing in 1978 indicate non-baccalaureate registered nurses are changing career goals and enrolling in post-licensure professional nursing education. The total enrollment for

Table 1
Estimated Number of Employed Registered Nurses by Highest Educational Preparation, 1971-1980^C

Year	Total	Highest educational preparation							
		Diplomas ^b		Associate degree		Baccalaureate		Master's and above	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
1980 ^a	1,119,100	833,800	74.5	(2)	(2)	232,100	20.7	53,200	4.8
1979 ^a	1,074,500	810,800	75.5	(2)	(2)	214,600	20.0	49,100	4.6
1978 ^a	1,028,400	785,700	76.4	(2)	(2)	197,500	19.2	45,200	4.4
1977 ^a	981,500	760,600	77.5	(2)	(2)	178,900	18.2	42,000	4.3
1976	961,000	765,000	79.6	(2)	(2)	163,000	17.0	33,000	3.4
1975	906,000	731,500	80.7	(2)	(2)	144,000	15.9	30,500	3.4
1974	857,000	647,000	75.5	51,600	6.0	130,400	15.2	28,000	3.3
1973	815,000	627,500	77.0	43,200	5.3	118,200	14.5	26,100	3.2
1972	780,000	613,400	78.6	35,200	4.5	107,200	13.7	24,200	3.1
1971	750,000	603,100	80.4	27,800	3.7	96,600	12.9	22,500	3.0

^a Preliminary estimates.

^b Nurses with associate degrees as highest educational preparation are included with diploma.

^c Originally cited in American Nurses' Association, Facts About Nursing, 80-81, 1981, p. 6. Copyright (c) 1981, American Journal of Nursing Company. Reprint from Facts About Nursing, 80-81. See Appendix K.

1978, the most recently reported data, was 25,563, a substantial increase since the 1969 reported figure of 8,329 (Facts About Nursing, 80-81, 1981, p. 161) (See Table 2). Furthermore, students enrolled in baccalaureate nursing programs demonstrated a proclivity for less than full-time enrollment with 56.1 percent attending as "part-timers" (Facts About Nursing, 80-81, 1981, p. 164) (See Table 3).

Bardossi (1980) surveyed readers of RN and discovered that 53 percent of the respondents under 45 years old were interested in a bachelor of science degree in nursing. Of those age 25 and under, 83 percent indicated a strong desire for the degree. This last group represents the nurses with 40 career years ahead of them (p. 53).

Registered nurses who are enrolling in post-licensure professional nursing education do so for a variety of reasons. Lee (1979a, 1979b), Pollok (1979), Hillsmith (1978), Bardossi (1980), and others have studied the problem and found the reasons to be varied. They are as various as the need to update, the desire for better pay, the need for respect nurses deserve, job improvement, and personal satisfaction. However, Lewis (1977), in a Nursing Outlook editorial, succinctly summarized the main reasons:

Table 2

Registered Nurse Students Enrolled in Colleges' and
Universities' Baccalaureate Nursing Programs,
Fall 1969-1978^a

Year	Baccalaureate Degrees	
	Number	Percent ^b
1978	25,563	64.8
1977	23,259	64.3
1976	19,231	62.7
1975	15,854	60.9
1974	13,518	61.7
1973	11,711	62.1
1972	9,223	57.8
1971	7,700	57.5
1970	7,692	60.2
1969	8,329	63.8

^aAdapted from American Nurses' Association, Facts About Nursing, 80-81, 1981, p. 161. Copyright (c) 1981, American Journal of Nursing Company. Reprint from Facts About Nursing, 80-81. See Appendix K.

^bRegistered Nurses enrolled in baccalaureate nursing programs as compared to higher degree programs in nursing.

Table 3
 Number of Registered Nurse Students Enrolled^a in and Graduated^b from
 Baccalaureate Programs in Colleges and Universities, 1978^c

State or area	Enrollments fall 1978			Graduations 1977-78		
	Number of institutions	Total	Full-time	Part-time	Number of institutions	Number of graduates
TOTAL	399	25,563	11,215	14,348	323	6,146
<u>United States Total</u>	395	25,437	11,171	14,266	320	6,122
Alabama	13	863	456	407	10	141
Alaska	1	57	15	42	1	5
Arizona	2	104	104	...	2	18
Arkansas	6	45	34	11	2	8
California	24	1,647	650	997	21	745
Colorado	6	839	220	619	4	142
Connecticut	7	394	118	276	4	71
Delaware	1	35	9	26	1	1
District of Columbia	5	83	49	33	4	36
Florida	7	510	302	208	6	202
Georgia	9	508	186	322	6	250
Hawaii	1	12	12	...	1	6
Idaho	2	37	21	16	2	17
Illinois	16	797	383	414	14	252
Indiana	11	762	311	451	10	219
Iowa	9	276	119	157	7	99
Kansas	8	166	52	114	6	45
Kentucky	7	441	238	203	7	67
Louisiana	8	129	58	71	5	17
Maine	1	20	17	3	1	5
Maryland	5	276	193	83	3	128
Massachusetts	14	735	495	240	13	280
Michigan	12	848	247	601	9	165
Minnesota	10	262	228	34	9	122
Mississippi	4	85	42	43	5	67

Table 3--Continued

State or area	Enrollments fall 1978			Graduations 1977-78		
	Number of institutions	Total	Full-time	Part-time	Number of institutions	Number of graduates
Missouri	12	1,212	221	991	8	288
Montana	2	53	48	5	2	34
Nebraska	3	250	128	122	3	93
Nevada	2	69	16	53	1	16
New Hampshire	2	370	16	354	1	14
New Jersey	8	781	495	286	7	177
New Mexico	2	70	44	26	1	7
New York	39	6,790	2,948	3,842	30	929
North Carolina	11	218	109	109	11	70
North Dakota	3	33	22	11	3	11
Ohio	16	970	337	633	12	144
Oklahoma	6	78	45	33	5	15
Oregon	3	123	40	83	3	40
Pennsylvania	29	1,434	539	895	22	297
Rhode Island	3	267	69	198	3	67
South Carolina	4	192	121	71	3	62
South Dakota	3	19	14	5	2	7
Tennessee	9	402	177	225	7	40
Texas	19	687	365	322	14	268
Utah	1	132	113	19	3	56
Vermont	1	14	9	5	1	2
Virginia	8	327	234	93	7	125
Washington	6	230	187	43	6	62
West Virginia	4	262	106	156	4	68
Wisconsin	7	513	202	311	7	119
Wyoming	1	11	7	4	1	3
Puerto Rico	4	126	44	82	3	24

^aEnrollments as of October 15, 1978.

^bGraduations between August 1, 1977 and July 31, 1978.

^cOriginally cited in American Nurses' Association, Facts About Nursing, 80-81, 1981, p. 164.
Copyright (c) 1981, American Journal of Nursing Company. Reprint from Facts About Nursing, 80-81. See Appendix K.

Over the past decade or so, the degree (BSN) has become something almost every nurse wants to have--either as a mark of professional status, the route to advancement or a better salary, or because it just might become a requirement for registered nurse licensure one of these days. (p. 369)

Stated another way and from many nurse educators' viewpoint, Christman, Vice President for Nursing Affairs at Rush-Presbyterian-St. Luke's Medical Center, and Dean of the College of Nursing at Rush University, Chicago, warns:

There is no other profession involved in health care that requires less than a university preparation--physical therapists, clinical psychologists, social workers, dieticians, and others. Nurses can't remain at the lowest level of education among the health care providers and still think they have a position of equal influence in the system. All other professionals are moving ahead rapidly in advanced educational programs. . . . What's motivating all these other professionals isn't just the prestige of getting more degrees. It's the vast expansion of science and technology. (Lee, 1979b, p. 72)

Despite the fact that nurse academicians have made an effort to accommodate registered nurses in traditional baccalaureate nursing programs, getting non-degree registered nurses through programs has been a difficult and complex task. The reasons such programs have had difficulty accommodating this group of nurses include the lack of a system for awarding credit for past learning

experiences, the limited number of qualified faculty, the lack of financial resources, and the need for more and varied clinical learning facilities for program expansion (Guliland, 1974; Muzio & Ohashi, 1979). From the registered nurses' viewpoint, there is no guarantee that qualified applicants will be accepted into baccalaureate nursing programs. The demand for entrance into baccalaureate nursing programs far exceeds available positions. If one is not accepted, then there is the process of waiting, reapplying, or applying to other programs with a different set of entrance requirements (LeTourneau, 1980).

An overwhelming 96 percent of those enrolled in baccalaureate nursing programs found major impediments to obtaining the professional credential (Bardossi, 1980, p. 55). The major problems are time, cost, and distance. Bardossi (1980) discovered 71 percent of those surveyed believed time to be the biggest hurdle (p. 55). Time became the issue because programs were not adequately planned to reduce repetition of courses and course content, to allow more accessible part-time study, to accommodate for job and family responsibility, or to focus on individual learning needs.

The next major obstacle, according to Bardossi (1980), is cost. In his study 62 percent identified cost as a major factor (p. 55). The studies of Hillsmith (1978,

p. 101), Pollok (1979), Squaires and Hinsvark (1975) all concurred; again, because of programs that failed to eliminate redundancy in courses or give credit for previous work experience, cost is an important factor.

For many, distance is a hurdle since program requirements or geographic location often forced them to stop working in order to travel for study. One registered nurse summed up the situation clearly; "If you don't have the money or time, nothing else matters" (Pollok, 1979, p. 117). Consequently, those who do eventually enter often pay a price in time, money, and discouragement (Muzio & Ohashi, 1979).

Petron, Chairman of the Department of General Studies in the College of Allied Health Sciences, Thomas Jefferson University, Philadelphia, seems to place the responsibility for the problems on someone other than the student. Petron asserts:

The disorganized state of nursing education, with its almost total absence of articulation among programs, creates resentment about the time, effort, and money it takes to get a BSN. When RNs apply for entry into BSN programs, their years of nursing education and clinical experience count for naught. (Lee, 1979a, p. 66)

Furthermore, Allen, Director of Continuing Education in Nursing at the University of Michigan School of Nursing, addresses the articulation problem by suggesting

organized nursing adopt a sound articulation system which would assess the competency of each registered nurse entering professional nursing education in order to tap all of nursing's potential (Lee, 1979a).

Moreover, at the completion of its study in 1970, the National Commission for the Study of Nursing Education declared:

Every nurse should be provided with continuing opportunities for career mobility, specifically including the right to extended formal education with a minimum of obstacles and a maximum of choice.
(p. 156-157)

Career mobility is supported by the American Nurses' Association and the National League for Nursing and usually encouraged by nurse employers. Nevertheless, the plight of non-degree registered nurses pursuing the advanced degree continues to persist primarily, it appears as Allen and other have pointed out, because of the lack of articulation and coordination.

NEW NON-TRADITIONAL NURSING EDUCATIONAL APPROACH

One alternative approach for registered nurses which is gaining increasing acceptance has been post-licensure professional nursing education designed specifically for registered nurses (Galliford, 1980).

Since 1972, programs have developed patterned after the curriculum at Sonoma State University. Basically, the idea was to build an upper division nursing major upon associate nursing degree or hospital diploma preparation in an educationally sound way (Searight, 1976). This new curriculum pattern departs from the traditional nursing curriculum. Traditional degrees build upon general education and foundation courses taken in the first two years. In the new pattern, registered nurses build upon the first step of technical nursing education taken previously.

Second Step programs are upper division nursing programs with two curriculum variations. One variation is the Upper Two option as represented by the classic program at Sonoma State University. The other is a Two-Plus-Two variant. These are nursing programs which award both the ADN and BSN. Wilson, Vaughan, and Gaff (1977) note that in a Two-Plus-Two program a practicing, non-degree registered nurse could return to the educational system without repeating past educational accomplishments. Because they represent nurse educators' attempts to develop sound articulation between the technical and professional levels, Second Step programs are important. Wilson et al. (1977) state that in these programs the educational focus is placed upon "Helping

students to develop the competencies required for supplanting their technical roles with professional ones" (p. 28). A new message has been communicated to non-degree registered nurses interested in pursuing an advanced degree, i.e., the value of their previous education and the reduction of barriers to educational mobility.

Second Step baccalaureate nursing programs have continued to proliferate representing the newest and fastest growing phenomenon in nursing education (Church, Brian, & Searight, 1980; Duffy, 1981). As such, they hold promise for upgrading the status of practicing, non-degree registered nurses, establishing a sound articulation system, and providing opportunities for nurses to participate actively in shaping health care delivery by assuming more responsible roles commensurate with new educational preparation. However, Galliford (1980) warns that finding post-licensure baccalaureate nursing programs and identifying the specific design of program offerings remain difficult tasks.

The research questions delineated in Chapters I and III were formulated to generate comprehensive data on post-licensure nursing programs for registered nurses. Also, they were designed for comparison of these educational programs with established peer-accredited baccalaureate nursing programs which represent a recognized

quality standard in nursing education. The data generated and the accompanying analyses will provide the impetus for future research studies on post-licensure professional nursing education.

CHAPTER III

RESEARCH METHODOLOGY

This chapter will include the research questions in the study, a description of the research design employed to answer the research questions, and a discussion of the population of Second Step programs and the sampling procedure used to select National League for Nursing generic baccalaureate nursing programs. This chapter will describe the instrument, Characteristics of Baccalaureate Nursing Education for Registered Nurses Survey, used to collect data for the national study. Further, the procedure used to field test the instrument will be explained; protection of confidentiality of all participants involved in the study will be stated. Finally, this chapter will provide the procedures employed in collecting and analyzing the data generated to answer the research questions.

RESEARCH QUESTIONS

The research questions were devised to facilitate describing baccalaureate nursing education for registered nurses and comparing it with National League for Nursing

accredited generic baccalaureate nursing education. They are:

1. What are the characteristics of Second Step baccalaureate nursing programs specifically related to:
 - a) institutional types
 - b) program types
 - c) students and
 - d) educational decisions?

2. How do types of curricular programs (Upper Two and Two-Plus-Two) compare in regard to faculty characteristics specifically related to:
 - a) employment status
 - b) educational preparation
 - c) age
 - d) years of teaching experience
 - e) years of clinical experience
 - f) quantity of research
 - g) proportion on tenure track contracts
 - h) rank and
 - i) average student ratio?

3. How do types of curricular programs (Upper Two and Two-Plus-Two) compare in regard to student characteristics specifically related to:
 - a) sex
 - b) race
 - c) marital status
 - d) enrollment status
 - e) technical nursing education
 - f) age and
 - g) program completion rate?

4. How do types of curricular programs (Upper Two and Two-Plus-Two) compare in regard to the importance of educational decisions made for and about registered nurses specifically related to:
 - a) Selection of applicants based on individual credentials and institutional admission policies

- b) awarding credit
 - c) required nursing curriculum content areas
 - d) nursing learning experiences
 - e) evaluation of students' learning experiences by evaluation and methods of evaluation
 - f) structure of nursing learning experiences and
 - g) program objectives?
5. How do Second Step Programs (Upper Two and Two-Plus-Two) compare to National League for Nursing generic baccalaureate nursing programs specifically related to:
- a) institutional characteristics
 - b) faculty characteristics and
 - c) student characteristics?
6. What are the current trends in post-licensure professional nursing education?

RESEARCH DESIGN

Because this was a descriptive/comparative study rather than experimental research, a static group, cross-sectional survey was selected to answer the research questions. Ary, Jacobs, and Razavieh emphasize:

Descriptive research studies are designed to obtain information concerning the current status of phenomena. They are directed toward determining the nature of a situation as it exists at the time of the study The aim is to describe "what exists" with respect to variables or conditions in a situation.
(1972, p. 295)

Further, survey research can be a valuable approach to collecting a broad range of information, offering new insights, or pointing out typical responses to situations

regarding a current phenomenon (Kerlinger, 1973; Polit & Hungler, 1978; and Treece & Treece, 1977). According to Babbie (1973), survey research is described as logical, generally parsimonious, and specific. Thus, the research questions were not designed to establish cause-and-effect relationships or to make predictions; rather, they were intended to "provide accurate quantitative descriptions" (Treece & Treece, 1977, p. 149).

Frequently, before one can progress, solve problems, or answer questions, one must not only have descriptions of existing phenomena but also "determine the adequacy of status by comparing it with selected or reestablished standards" (VanDalen, 1966, p. 207). Hence, Second Step baccalaureate nursing programs were compared to National League for Nursing accredited generic baccalaureate nursing programs which are recognized by the profession as having met higher standards than those required for approval at the State level.

The questionnaire was used to obtain the information to answer the research questions. Treece and Treece (1977) point out that the questionnaire is characterized by ease of distribution via mail, by collection of data from a widely scattered population, and by minimum time and cost for collecting so large a body of information. Therefore, the questionnaire was used for a national study

of the population of Second Step nursing programs and a random sample of National League for Nursing accredited generic baccalaureate nursing programs. Thus, the survey study provided comprehensive data on post-licensure nursing education and yielded new information. These data made possible a comparison of post-licensure baccalaureate nursing education with generic baccalaureate nursing education.

POPULATION

The population for the study consisted of all Second Step baccalaureate nursing programs. The population was identified by Sonoma State University and the National League for Nursing who have the most accurate and complete listings of programs. State boards of nursing were not used for a listing because they are not directly involved in monitoring Second Step programs whose students are already licensed. The total population included 122 Second Step nursing programs (Appendix A). The population consisted of 101 programs for Upper Two programs (Appendix B) and 21 Two-Plus-Two programs (Appendix C).

The total population was selected because (1) the total number of Second Step programs was small ($N = 122$); (2) since Sonoma State University reported there were

fewer Two-Plus-Two programs than Upper Two programs, the number of Two-Plus-Two was found to be exceedingly small; (3) a descriptive and comparative national study of Second Step nursing programs using the total population had not been done; and (4) the need existed for current, comprehensive data beyond a local or regional scope.

A random sampling procedure was used for the National League for Nursing generic baccalaureate nursing programs for comparison with Second Step programs (Appendix D). A listing from National League for Nursing was used. The representative sample included 55 programs. For the purposes of the study, 177 programs were surveyed: 101 Upper Two programs, 21 Two-Plus-Two programs, and 55 National League for Nursing generic programs.

Surveys were mailed to all nurse administrators of the identified nursing programs. The researcher asked that the individual designated as having responsibility for or knowledge of the total program complete the questionnaire as it pertained to that specific program (Appendix E).

INSTRUMENT DEVELOPMENT

Characteristics of Baccalaureate Nursing Education for Registered Nurses Survey (Appendix F) was developed as a mail

questionnaire to collect data for describing post-licensure baccalaureate nursing education and comparing it with National League for Nursing accredited generic baccalaureate nursing education.

The instrument was divided into eight sections. Respondents of all Second Step programs were asked to complete sections one through four which dealt with institutional, program, faculty, and student characteristics. Respondents of National League for Nursing generic baccalaureate nursing programs completed section one on institutional characteristics and sections five through seven on program, faculty, and student characteristics.

The information about the importance of educational decisions made for and about registered nurses was completed only by respondents of Second Step programs. The 104 items were divided into seven areas including selection of applicants based on individual credentials and institutional admission policies, awarding credit, nursing curriculum content areas required at the upper division level regardless of prior learning or experiences, nursing learning experiences, evaluation of students' learning experiences by evaluators and methods of evaluation, structure of nursing learning experiences, and program objectives. All questions and terms used on the instrument were based on a review of professional literature and

discussion with national experts involved in professional nursing education, higher education, and instrument design. Each respondent was asked to consider each item according to the degree of importance from "Very Important" to "Very Unimportant" that the educational decision had in her program. The 104 decisions were evaluated using a four-part Likert Scale.

FIELD TEST

The Characteristics of Baccalaureate Nursing Education for Registered Nurses Survey was field tested for two reasons. First, while the instrument had been critically examined by a nurse administrator of a National League for Nursing generic baccalaureate nursing program, a panel of experts on higher education, and two specialists in instrument design, the administration of the instrument to a representative group of subjects would provide information on mechanics of the survey before the actual project was undertaken. A second reason for the field test was to examine in-depth all areas of the instrument regarding clarity, comprehensiveness of area/subject material, redundancy of items, the need for additional items, the design of the instrument, and the time required for completion.

To ensure some representativeness of the characteristics under study, ten Second Step programs were randomly selected to field test the instrument. Nine programs were Upper Two and one was Two-Plus-Two (Appendix G). Each program administrator agreed when asked to participate in the field test; all ten completed the instrument as it pertained to their specific programs and also completed an evaluation form on the instrument for a 100 percent response (Appendix I).

Several minor changes to the instrument were made based on an analysis of the field test. Several participants suggested the introductory directions and numbering system used throughout the instrument needed clarification since there were several sections a participant might have to complete. On their suggestion, the introductory directions were rewritten and a new numbering system adopted.

Almost all respondents evaluated the items on institutional, program, and faculty as comprehensive. A few respondents indicated the information requested on student characteristics was not readily available. However, the researcher decided to retain the request for this information since little data on students in Second Step programs existed. The researcher recognized the data must be examined with caution and its value for drawing conclusions is limited.

Most changes involved the area of educational decisions. Some participants suggested the response option "Does not apply" be deleted because it was not necessary. This suggestion was followed since the researcher was interested in the participants' evaluating the importance of educational decisions from "Very Important" to "Very Unimportant." In addition, one category "Other" listed at the end of each area on educational decisions was eliminated.

Several respondents suggested the items on structure of course offerings be expanded. Consequently, the item was separated as courses offered with a traditional schedule and courses offered with a flexible schedule. Also, an item was added to the subsection on the selection of applicants: "Those students who met admission requirements first were admitted to the program."

PROTECTION OF CONFIDENTIALITY

A cover letter accompanied the field test of the instrument and the national survey. All participants were assured that individual responses would be kept confidential and would be reported as aggregate data. Confidentiality was maintained throughout the study including the required summary report to be sent to participants of the study.

DATA COLLECTION

The surveys were mailed to all participants on August 25, 1981. Included was a cover letter from the researcher (Appendix E) which requested the participants complete the questionnaire by September 14, 1981, and return it in the stamped, addressed envelopes provided. Four weeks after the surveys had been mailed, a follow-up letter (Appendix J) and a second survey were sent to all administrators who had not initially responded. Four weeks later the researcher called all administrators of Second Step programs who had not returned the surveys. The purpose of this procedure was to obtain an accurate national listing of all Second Step programs and to ensure maximum return of surveys.

DATA ANALYSIS

When analyzed, the responses to the items on the questionnaire provided data pertinent to the first five research questions. These questions focused on the characteristics of Second Step nursing programs and a comparison of these programs with baccalaureate nursing programs. In addition, the characteristics of the two curriculum variations of Second Step programs were compared. The data

generated frequencies, percentages, means, and standard deviations.

The responses pertaining to the degree of importance of educational decisions made for and about registered nurses were analyzed and compared between Upper Two and Two-Plus-Two programs using means, ranks, and an independent t-test. If the t-test analysis yielded a t-ratio significant at the .05 level, differences were considered significant.

Question six was answered based on an analysis of all the data generated. Nevertheless, this was not a predictive but a descriptive-comparative study. As such, the researcher could only discuss the current trends in post-licensure professional nursing education gleaned from the data analyses.

CHAPTER IV

FINDINGS OF THE STUDY

The data were analyzed to: (1) characterize all Second Step nursing programs which include Upper Two and Two-Plus-Two programs, (2) compare Upper Two and Two-Plus-Two Second Step nursing programs, and (3) compare Second Step nursing programs and National League for Nursing (NLN) generic baccalaureate nursing programs.

The results of the analyses are discussed in narrative format with tables for closer examination and data interpretation. The data pertaining to research questions one through five are presented in five sections: institutional characteristics, program characteristics, faculty characteristics, student characteristics, and educational decisions. Research question number six, the current trends in post-licensure professional nursing education, is discussed in Chapter V.

RESPONSE RATE

Of the 177 nurse administrators sent The Characteristics of Baccalaureate Nursing Education Survey, 130

(73.4 percent) returned usable responses. Fifty-five nurse administrators of National League for Nursing generic baccalaureate nursing programs were requested to complete the survey and 30 (54.5 percent) responded (Appendix L). Since the focus of the study was upon post-licensure professional nursing education, the researcher accepted the response rate from generic baccalaureate nursing programs. Generalizations from these data must be made with caution. Of the 122 nurse administrators of Second Step Nursing Programs asked to participate in the study, 100 (81.9 percent) returned surveys.

Eighty-two nurse administrators (81.1 percent) of the 101 Upper Two Second Step nursing programs (Appendix M) and 18 nurse administrators (85.7 percent) of the 21 Two-Plus-Two Second Step nursing programs provided information requested on the survey (Appendix N). The data stem from a base of 130 returned, usable responses. However, some questions were not answered by all respondents so the response rate varies from item to item.

The first survey request yielded a total of 78 (44 percent) responses. National League for Nursing generic baccalaureate nursing programs produced 26 of this total (33.3 percent) while all Second Step nursing programs produced 52 (66.6 percent) with 45 from Upper Two and 7

from Two-Plus-Two programs. A follow-up reminder to nurse administrators four weeks later generated 29 (16.3 percent) additional responses for a total of 107; NLN generic, 4; Upper Two, 20; and Two-Plus-Two, 5.

Four weeks later, the researcher called all Second Step nurse administrators who had not responded to the survey. The purpose was to obtain an accurate national listing of post-licensure nursing programs and to ensure maximum return of surveys from Second Step nursing administrators. Twenty-three (12.9 percent) additional responses resulted with 17 from Upper Two and 6 from Two-Plus-Two programs. An analysis of data was done on all 180 variables to determine if there were significant differences in the responses received from this group as compared to those institutions responding prior to the telephone follow-up. No differences were determined; therefore, the total responses were treated as one group for further analysis.

Responding institutions by National League for Nursing accrediting region are listed in Appendices L, M, N.

INSTITUTIONAL CHARACTERISTICS

Selected institutional characteristics of those having National League for Nursing generic baccalaureate nursing programs are presented in Tables 4 - 9.

Table 4 indicates that slightly over half (53.9 percent) of the baccalaureate nursing programs in the study are in publicly supported institutions. Generic BSN programs are almost equally divided while Second Step programs are slightly over-represented (55 to 44) in public institutions. A higher percentage of Upper Two programs are in public institutions (53.1 percent) than are NLN generic baccalaureate (48.3 percent). However, two out of every three Two-Plus-Two programs are publicly supported.

Table 5 depicts the type of degree-granting institution in which nursing programs for this study are located. Nearly half (44.8 percent) of the generic programs are in institutions with baccalaureate degrees exclusively; only ten programs (34.5 percent) are located in doctoral-granting institutions. Upper Two programs, while well represented at the doctoral (27.2 percent) and baccalaureate (28.4 percent) levels, are clustered in master's-level institutions (44.4 percent). Two-Plus-Two programs are more evenly distributed across institutional types.

Table 4
Type of Control by Program Type

Type of Nursing Program	Public		Private		Total	
	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 29	14	48.3	15	51.7	29	22.7
Upper Two N = 81	43	53.1	38	46.9	81	63.3
Two-Plus-Two N = 18	12	66.7	6	33.3	18	14.1
All Programs N = 128	69	53.9	59	46.1	128	100.0

Table 5

Type of Degree^a Granting Institution by Program Type

Type of Nursing Program	Doctorate		Masters		Baccalaureate	
	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 29	10	34.5	6	20.7	13	44.8
Upper Two N = 81	22	27.2	36	44.4	23	28.4
Two-Plus-Two N = 18	6	33.3	5	27.8	7	38.9
All Programs N = 128	38	29.7	47	36.7	43	33.6

47

^aBy highest degree awarded

Furthermore, Table 6 shows 108 institutions grant baccalaureate nursing degrees, while 3 institutions with Upper Two programs grant allied health degrees, and 11 institutions grant master's degrees in nursing.

In general, NLN generic baccalaureate programs are located in institutions with larger headcount enrollments than those with Second Step programs (see Table 7). Over half of the NLN generic baccalaureate programs (55.2 percent) are in institutions with headcount enrollments of at least 3,000 with more than a fourth in institutions enrolling 10,000 or more. Upper Two and Two-Plus-Two programs are equally divided between institutions enrolling fewer than 3,000 students and those enrolling 3,000 and up. One-fifth of all Upper Two programs (21.3 percent) are offered by institutions with headcount enrollments of less than 1,000.

Table 8 shows the demographic location of institutions having nursing programs. Slightly over one-fourth (26.2 percent) of all programs are located in metropolitan areas with a population of three hundred thousand or greater. More generic programs (34.5 percent) are represented in the metropolitan areas with Two-Plus-Two programs much more likely to be located in small cities (66.1 percent). Few nursing programs (17.5 percent) are located in demographic areas with populations of 15,000 or less.

Table 6

Highest Degree Granted in Nursing and Allied Health by Program Type

Type of Nursing Program	BSN ^a		MSN ^b		Allied Health	
	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 29	25	86.2	4	13.8	0	0.0
Upper Two N = 81	67	82.7	11	13.6	3	3.7
Two-Plus-Two N = 17	16	94.1	1	5.9	0	0.0
All Programs N = 127	108	85.0	16	12.6	3	2.4

^aBSN = Baccalaureate in Nursing.

^bMSN = Masters in Nursing.

Table 7
Size of Institutions^a by Program Type

Type of Nursing Program	Under 1,000		1,000-2,999		3,000-9,999		10,000 and over	
	No.	%	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 29	7	24.1	6	20.7	8	27.6	8	27.6
Upper Two N = 80	17	21.3	25	31.3	23	28.8	15	18.8
Two-Plus-Two N = 18	3	16.7	6	33.3	3	16.7	6	33.3
All Programs N = 127	27	21.3	37	29.1	34	26.8	29	22.8

^aFull-time headcount enrollment.

Table 8
Demographic Location^a by Program Type

Type of Nursing Home	Rural		Small Town Under 5,000		Town 5,000-14,999		Small City 15,000-99,999		City 100,000-299,999		Metropolitan Area 300,000 and over	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NLN-Generic Baccalaureate N = 29	2	6.9	0	0.0	6	20.7	8	27.6	3	10.3	10	34.5
Upper Two N = 79	3	3.8	1	1.3	8	10.1	25	31.6	21	26.6	21	26.6
Two-Plus-Two N = 18	1	5.6	0	0.0	1	5.6	11	66.1	3	16.7	2	11.1
All Programs N = 126	6	4.8	1	0.8	15	11.9	44	34.9	27	21.4	33	26.2

^aBy population size.

Examining the academic calendar, the data reveal that the majority of institutions (72.1 percent) use the semester system (Table 9). Ten institutions use an academic calendar other than quarter or semester.

Profile of Institutional Characteristics for
NLN Generic Baccalaureate Nursing Programs

The profile of institutional characteristics for NLN generic baccalaureate nursing programs shows: (1) about an equal number are privately (15) and publicly (14) supported; (2) almost half (44.8 percent) are in institutions where the baccalaureate is the highest degree granted; (3) the majority (86.2 percent) grant only the baccalaureate degree in nursing; (4) in over half (55.2 percent), the headcount enrollment ranges between 3,000 - 9,999; (5) a third (34.5 percent) are located in metropolitan areas with population of 300,000 and above; and (6) 65.5 percent use the semester system.

Profile of Institutional Characteristics for
Upper Two, Second Step Nursing Programs

The profile of institutional characteristics for Upper Two, Second Step nursing programs includes: (1) most programs are publicly supported (43, or 53.1 percent); (2) almost half (44.4 percent) are baccalaureate and

Table 9

Academic Calendar by Program Type

Type of Nursing Program	Quarter		Semester		Other	
	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 29	7	24.1	19	65.5	3	10.3
Upper Two N = 82	13	15.9	62	75.6	7	8.5
Two-Plus-Two N = 18	6	33.3	12	66.7	0	0.0
All Programs N = 129	26	20.2	93	72.1	10	7.8

master's degree granting institutions; (3) the majority (67) grant the baccalaureate degree in nursing with an additional 11 granting the master's degree in nursing, and three granting an allied health degree; (4) in approximately one-third of the institutions, the headcount enrollment is 1,000 to 3,000 with another one-third 3,000 to 9,999; (5) about one-third of the programs are located in small cities and over one-half in cities and metropolitan areas; and (6) three-fourths use the semester system.

Profile of Institutional Characteristics for
Two-Plus-Two, Second Step Nursing Programs

The profile of institutional characteristics for Two-Plus-Two, Second Step nursing programs demonstrates: (1) two-thirds are publicly supported (12); (2) 38.9 percent are located in baccalaureate degree granting institutions; (3) the majority (94.1 percent) grant the baccalaureate degree in nursing; (4) one-third of the institutions have headcount enrollments of 1,000 to 2,999 and an additional one-third with 10,000 or over; (5) the majority (61.1 percent) are located in small cities with a population from 15,000 to 99,999; and (6) two-thirds use the semester system.

PROGRAM CHARACTERISTICS

The characteristics of Second Step programs and National League for Nursing generic baccalaureate nursing programs are shown in Tables 10 - 16.

All generic baccalaureate programs in the study were fully accredited by the National League for Nursing. This was a criterion for inclusion in the study. The NLN is the officially recognized agency for national voluntary accreditation of nursing programs in the United States; thus, one can use National League for Nursing accredited nursing programs as a standard of quality above the minimum with which to compare a new educational approach. As depicted in Table 10, slightly more than one-half (55.6 percent) of all Two-Plus-Two nursing programs have full National League for Nursing accreditation as contrasted to 40.2 percent of Upper Two programs. Ten percent of all Second Step programs have been denied full National League for Nursing accreditation while another 22 percent have not applied for National League for Nursing accreditation.

As shown in Table 11, 60.8 percent of Second Step programs are organized as academic departments within the educational institutions. No more than seven percent operate as sub-departments within schools or colleges,

Table 10
National League for Nursing Accreditation Status
by Second Step^a Program Type

Type of Nursing Program	Full		In Process		Denied		Not Applied	
	No.	%	No.	%	No.	%	No.	%
Upper Two N = 82	33	40.2	23	28.0	7	8.5	19	23.2
Two-Plus-Two N = 18	10	55.6	2	11.1	3	16.7	3	16.7
All Programs (N = 100)	43	43.0	25	25.0	10	10.0	22	22.0

^aNLN generic baccalaureate programs are omitted from this table because NLN accreditation was a criterion for inclusion in the study.

Table 11
Organizational Structure by Type of Second Step Program

Type of Second Step Nursing Program	College		School/Division of Nursing		Department		Sub-department		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Upper Two N = 79	3	3.8	21	26.6	48	60.8	7	8.9	79	81.4
Two-Plus-Two N = 18	1	5.6	6	33.3	11	61.1	0	0.0	18	18.6
All Programs N = 97	4	4.1	27	27.8	59	60.8	7	7.2	97	100.0

and less than five percent of the programs function autonomously as colleges.

Taken by type, Second Step programs have 29 administrators of Upper Two and 6 of Two-Plus-Two programs whose highest earned credential is a master's degree in nursing. The percentage of administrators with a doctoral degree either in nursing or non-nursing is approximately equal across the two curriculum variations of all Second Step programs: 59.7 percent or 49 of Upper Two programs and 61.1 percent or 11 of Two-Plus-Two programs (Table 12). The percentage is based on 82 administrators of Upper Two programs and 18 administrators of Two-Plus-Two programs. Table 12 shows a total of 60 Second Step administrators with doctorates; however, three times more have their degrees in non-nursing disciplines than those who hold the doctorate in nursing. At the master's level, however, nursing degrees (35) predominate over non-nursing degrees (5).

Overall, all three types of programs are consistent in the number of required hours for the baccalaureate nursing degree with a mean of 186.4 quarter hours (Table 13). Some variation exists between the two curriculum patterns of Second Step programs. For example, Two-Plus-Two programs require more credit hours in all areas of the curriculum except in electives. The required hours

Table 12
 Highest Earned Credential of Nurse Administrator
 by Type of Second Step Program

Type of Second Step Nursing Program	Doctorate (in nursing)	Doctorate (non-nursing)	Masters (in nursing)	Masters (non-nursing)
	No.	No.	No.	No.
Upper Two N = 82	10	39	29	4
Two-Plus-Two N = 18	5	6	6	1
All Programs N = 100	15	45	35	5

Table 13
Required Credit Hours^a by Program Type

Type of Nursing Program	Total Hours Required for BSN Degree	CURRICULUM COMPONENTS									
		Nursing		Humanities		Foundation (Natural, Social Sci., and Math.)		Electives		Unassigned ^c Credit Hours	
		Mean	%	Mean	%	Mean	%	Mean	%	Mean	%
NLN Generic Baccalaureate (N = 30) ^b	187.0	75.1	40.1	32.4	17.3	46.7	24.9	15.3	8.1	17.5	9.3
Upper Two (N = 77) ^b	185.5	67.8	36.5	28.8	15.5	42.5	22.9	18.1	9.7	28.3	15.2
Two-Plus-Two (N = 17) ^b	189.4	82.8	43.7	29.9	15.7	48.8	25.7	15.5	8.1	10.0	6.8
All Programs (N = 124)											

^aRefers to total credit hours required for graduation. All credits converted to quarter hours.

^bRepresents the number of institutions which provided data relative to total degree requirements. Not all respondents provided complete information as to distribution of hours required in each area.

^cRepresents the difference between reported BSN complete degree credit hours and reported curriculum components. Refer to questionnaire (Appendix F).

in the nursing area is 82.8 as contrasted to 67.8 in Upper Two programs.

On the average, more nursing hours are accepted in transfer toward an Upper Two program from associate degree programs (30.7 hours) as contrasted to diploma programs (25.8 hours) (Table 14). Likewise, more hours are accepted in transfer toward a Two-Plus-Two program for an associate degree (35.5 hours) as contrasted to diploma (29.4 hours).

The predominant pattern for admitting students to the nursing major for all three types of nursing programs is: once a year (43.8 percent) followed by twice a year (34.6 percent) as shown in Table 15. Eleven programs admit students whenever the requirements for the programs are met.

Based on the assumption that, on the average, the Second Step curriculum is completed in two years, respondents were to indicate the percentage of the entering class of June, 1979, who would complete the degree requirements by August, 1981; one measure of cost effectiveness is the completion rate which is a more rigorous measure of student success than the net retention rate. Table 16 shows that the completion rate was higher for Two-Plus-Two programs than Upper Two programs. Respondents reported that from 1976 to 1981, 10,297 registered nurses received baccalaureate nursing degrees from Second

Table 14
 Maximum Credit Hours^a Accepted in Transfer
 by Type of Second Step Program

Type of Second Step Nursing Program	Non-Nursing Credits		Nursing Credits			
	Number of Programs Accepting Transfer of Credits	Mean Credit Hours	Associate Degree Nursing		Diploma	
			Number of Programs Accepting Transfer of Credits	Mean Credit Hours	Number of Programs Accepting Transfer of Credits	Mean Credit Hours
Upper Two	60	50.4	58	30.7	48	25.8
Two-Plus-Two	11	52.1	16	35.5	11	25.4

^aAll credits converted to quarter hours.

Table 15

Number of Annual Entry Points to Program by Program Type

Type of Nursing Program	One		Two		Three		Four	
	No.	%	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 30	17	56.7	7	23.3	2	6.7	3	10.0
Upper Two N = 82	31	37.8	33	40.2	12	14.6	6	7.3
Two-Plus-Two N = 18	9	50.0	5	27.8	2	11.1	2	11.1
All Programs N = 130	57	43.8	45	34.6	16	12.3	11	8.5

Table 16
 Student On-time^a Completion Rate by Program Type

Type of Nursing Program	No.	Mean
NLN Generic Baccalaureate	23	82.2
Upper Two	44	59.5
Two-Plus-Two	<u>12</u>	<u>81.2</u>
Total	79	

^aPercent of entering class June, 1979 who completed requirements by August, 1981.

Step programs: 8,942 from Upper Two programs and 1,981 from Two-Plus-Two programs.

Profile of Program Characteristics for NLN

Generic Baccalaureate Nursing Programs

The profile of program characteristics for NLN generic baccalaureate nursing programs includes: (1) an average of 187 quarter hours is required for the baccalaureate nursing degree with an average 75 hours in nursing, 32 hours in humanities, 46 hours in foundations, and 15 hours in electives; (2) 56.7 percent or 17 of the programs admit students once a year while 23.3 percent or 7 admit twice a year; and (3) the student completion rate from 1979 to 1981 was an average 82.2 percent.

Profile of Program Characteristics from

Upper Two, Second Step Nursing Programs

Program characteristics of Upper Two, Second Step nursing programs are: (1) 40.2 percent are fully accredited by National League for Nursing programs with another 28 percent in process; however, almost a fourth (23.2 percent) have been denied; (2) 60.8 percent of the programs are organized as departments with an additional 26.6 percent as schools or divisions in the educational institutions; (3) all administrators hold advanced degrees. More

administrators have the doctorate (49) than the master's (33). Only four administrators have as their highest earned credential a master's degree in a non-nursing area. Three times more administrators have doctorates in non-nursing disciplines than in nursing discipline; (4) an average of 185 quarter hours is required for the baccalaureate nursing degree with 67 hours in nursing, 28 hours in humanities, 42 hours in foundations, and 18 hours in electives; (5) on the average, the maximum of 50 quarter hours credit in non-nursing subjects are accepted for transfer. More nursing credit hours are accepted in transfer from associate degree programs than diploma programs (30 hours versus 25 hours); (6) 37.8 percent of the programs admit students once a year; 40.2 percent admit twice a year; (7) the student completion rate for 1979-81 was 59.5 percent; (8) for the last five years, 1976-1981, 8,946 baccalaureate degrees have been conferred.

Profile of Program Characteristics for
Two-Plus-Two, Second Step Nursing Programs

Program characteristics of Two-Plus-Two, Second Step nursing are: (1) over half (55.6 percent) are fully accredited National League for Nursing programs; (2) 61.1 percent of the programs are organized as departments with an additional 33.3 percent as schools or divisions in the

educational institutions; (3) more administrators have earned doctorates (11) as their highest earned credential compared to those whose highest earned credential is the master's (7); (4) an average of 189 quarter hours is required for the baccalaureate nursing degree with 82 hours in nursing, 29 hours in humanities, 48 hours in foundations, and 15 hours in electives; (5) more nursing hours are accepted in transfer into Two-Plus-Two programs from associate degree nursing programs (35.5 hours) than from diploma programs (29.4 hours); (6) half of the programs admit students once a year with approximately one-fourth admitting twice a year; (7) the student completion rate from 1979 to 1981 was 81.2 percent; and (8) between 1976-1981, 1,981 baccalaureate nursing degrees were conferred.

FACULTY CHARACTERISTICS

The number of total responses to questions eliciting information about full-time faculty characteristics varied. Consequently, the total number of responses is not consistent for each variable. The total number of responses ranges from 1,295 for faculty work experience in the clinical setting to 2,382 for the highest earned degree of the faculty. The largest part of the variation in responses

is due to the apparent inclusion of full-time faculty from support or adjunct discipline in reporting "highest earned degree." The fluctuations in the total number of responses make some of the data suspect. Caution must be used in drawing conclusions.

Table 17 presents employment status of faculty. A total of 1,423 full-time faculty and 591 part-time faculty is employed in National League for Nursing generic baccalaureate and Second Step nursing programs surveyed (Table 17). National League for Nursing generic baccalaureate programs have a slightly higher percentage (74.4 percent) of full-time faculty. Both curriculum patterns of Second Step programs are approximately equal in the percentage of full-time faculty: 68.6 percent for Upper Two and 65.4 percent for Two-Plus-Two programs.

Respondents reported 111 full-time faculty hold the doctorate in nursing as shown in Table 18. Also, respondents indicated 1313 full-time faculty hold the doctorate in non-nursing areas. Of the 1313 non-nursing doctoral faculty, 592 are in NLN generic baccalaureate programs; 554 in Upper Two programs; and 167 in Two-Plus-Two programs.

Furthermore, respondents indicated approximately 393 full-time faculty are working toward doctoral degrees: 189 in NLN generic baccalaureate programs, 156 in Upper

Table 17

Employment Status of Faculty by Program Type

Type of Nursing Program	Full-Time		Part-Time		Total
	No.	%	No.	%	No.
NLN Generic Baccalaureate N = 30	631	74.4	216	25.5	847
Upper Two N = 76	612	68.6	280	31.3	892
Two-Plus-Two N = 12	180	65.4	95	34.5	275
All Programs N = 118	1423	70.6	591	29.3	2014

Table 18
Type of Highest Earned Degree of Full-Time Faculty by Program Type

Type of Nursing Program	Doctorate				Master's				Bachelor's				Total No.
	Nursing		Non-nursing		Nursing		Non-nursing		Nursing		Non-nursing		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
NLN Generic Baccalaureate	28	3.0	592	65.1	176	19.3	56	6.1	54	5.9	2	0.2	908
Upper Two	78	6.4	554	45.5	463	38.0	80	6.5	37	3.0	5	0.4	1217
Two-Plus-Two	5	1.9	167	64.9	56	21.7	14	5.4	15	5.8	0	0.0	257
All Programs	111	4.6	1313	55.1	695	29.1	150	6.2	106	4.4	7	0.2	2382

Two programs, and 47 in Two-Plus-Two programs. The National League for Nursing reports only 1,278 full-time faculty in baccalaureate and higher degree nursing programs hold doctorates with no differentiation between the nursing and the non-nursing doctorate (NLN, 1981, p. 98). The researcher may speculate that the respondents must have included full-time faculty who serve in a support or adjunct role to nursing programs, i.e., foundation courses, rather than nursing faculty per se.

According to Table 19, most Second Step faculty are between the ages of 25-35. More younger faculty are employed in Upper Two programs than in NLN generic baccalaureate or Two-Plus-Two programs.

Table 20 presents full-time faculties' years of teaching and clinical work experience. Examining each curriculum variation, Upper Two programs have faculty with fewer years of teaching experience within the programs. In addition, Upper Two programs have over a fourth of the faculty with less than three years' clinical experience.

Respondents were asked to state the number of full-time faculty who have published articles, books, or presented formal papers between June, 1979 and June, 1981. Faculty in NLN generic baccalaureate programs and Upper

Table 19
Average Age of Full-Time Faculty by Program Type

Type of Nursing Program	Less than 25		25 - 35		36 - 45		Over 45		Total
	No.	%	No.	%	No.	%	No.	%	No.
NLN-Generic Baccalaureate	7	0.9	234	31.4	309	41.4	195	26.1	745
Upper Two	11	1.6	319	47.9	204	30.6	131	19.6	665
Two-Plus-Two	<u>3</u>	<u>1.0</u>	<u>70</u>	<u>37.2</u>	<u>67</u>	<u>35.6</u>	<u>48</u>	<u>25.5</u>	<u>188</u>
All Programs	21	1.3	623	38.9	580	36.2	374	23.4	1598

Table 20

Work Experience of Full-Time Faculty by Program Type

Type of Nursing Program	Type of Work Experience								Total No.
	Teaching Years								
	Less than 3		3 - 6		7 - 10		Over 10		
	No.	%	No.	%	No.	%	No.	%	
NLN-Generic Baccalaureate	100	16.1	182	29.3	168	27.0	171	27.5	621
Upper Two	121	25.4	142	29.8	112	23.5	101	21.2	476
Two-Plus-Two	37	17.2	47	21.9	68	31.7	62	28.9	214
All Programs	258	19.6	371	28.2	348	26.5	334	25.4	1311

Type of Nursing Program	Type of Work Experience								Total No.
	Clinical, Other than Teaching Years								
	Less than 3		3 - 6		7 - 10		Over 10		
	No.	%	No.	%	No.	%	No.	%	
NLN-Generic Baccalaureate	50	8.6	278	47.9	154	26.5	98	16.8	580
Upper Two	131	26.5	140	28.3	104	21.0	118	23.9	493
Two-Plus-Two	35	15.7	99	44.5	42	18.9	46	20.7	222
All Programs	216	16.6	517	39.9	300	23.1	262	20.2	1295

Two programs published more than faculty in Two-Plus-Two programs (Table 21).

The distribution of full-time faculty across academic ranks is skewed with faculty under-represented in the ranks of professor (9.5 percent) and associate professor (15.6 percent) (Table 22). Almost half of the faculty hold the rank of assistant professor; Two-Plus-Two programs have the highest percentage of faculty with professor rank. Interestingly, 92.2 percent of Two-Plus-Two faculty are on tenure track contracts, as compared with 56.5 percent and 62.2 percent in Upper Two and NLN generic baccalaureate nursing programs, respectively (see Table 23).

Table 24 presents the average class size for nursing courses per full-time faculty. Ratios varied more markedly in the classroom setting than in the clinical setting. Average class size varied from 20 to 31, but the average number of students per clinical setting was remarkably constant across all three programs, probably representing the influence of NLN and state boards of nursing expectations regarding the clinical load for faculty. The profiles on faculty characteristics must be examined with caution due to the fluctuation in respondents' answers.

Table 21

Publications of Full-Time Faculty by Program Type

Type of Nursing Programs	Number of Faculty	Number with Publications ^a	Percent with Publications
NLN generic Baccalaureate	631	260	41.2
Upper Two	612	256	41.8
Two-Plus-Two	180	37	20.5

^aPublished a book, article, or presented a formal paper between June 1979 to June, 1982.

Table 22

Rank of Full-Time Faculty by Program Type

Type of Nursing Program	Instructor		Assistant Professor		Associate Professor		Professor	
	No.	%	No.	%	No.	%	No.	%
NLN Generic Baccalaureate N = 614	159	25.8	298	48.5	103	16.7	54	8.7
Upper Two N = 554	138	24.9	290	52.3	83	14.9	43	7.7
Two-Plus-Two N = 278	76	27.3	120	43.1	41	14.7	41	14.7
All Programs N = 1446	373	25.7	708	48.9	227	15.6	138	9.5

Table 23
 Tenure-Track Appointment of Full-Time Faculty
 by Program Type

Type of Nursing Program	No.	%
NLN Generic Baccalaureate N = 631	393	62.2
Upper Two N = 612	352	57.5
Two-Plus-Two N = 180	166	92.2
—		
All Programs N = 1423	911	

Table 24
 Average Class Size Taught by Full-Time
 Faculty, by Program Type

Type of Nursing Program	Type of Setting	
	Classroom Class Size Mean	Clinical Class Size Mean
NLN Generic Baccalaureate N = 28	31	8
Upper Two N = 70	20	9
Two-Plus-Two N = 17	26	9

Profile of Faculty Characteristics in NLN
Generic Baccalaureate Nursing Programs

The profile of faculty characteristics in NLN generic baccalaureate nursing programs includes: (1) three-fourths of all faculty are full-time; (2) only three percent of the full-time faculty have doctorates in nursing, but over half have master's degrees in nursing; (3) the modal age range for faculty, 41.4 percent, is 36-45; (4) only 16.1 percent of the faculty have less than three years' teaching experience with over one-fourth having ten years or more. Over 90 percent of the faculty have three or more years' clinical experience, other than teaching; (5) from June 1979, to June 1981, 41.2 percent of the full-time faculty have published or presented formal papers; (6) almost half, or 298, of the faculty hold the rank of assistant professor; (7) 62.2 percent are on tenure track contracts; and (8) the average number of students per faculty in the classroom is 31 while the average number of students per faculty in the clinical setting is 8.

Profile of Faculty Characteristics in
Upper Two, Second Step Nursing Programs

The profile of faculty characteristics in Upper Two, Second Step nursing programs is: (1) almost 70 percent of all faculty are full-time; (2) 78 of the full-time faculty

have doctorates in nursing; (3) the modal group of faculty (47.9 percent) is 25 to 35; (4) a fourth of the faculty have less than three years' teaching experience. However, nearly a fourth have over 10 years' clinical experience other than teaching; (5) from June 1979 to June 1981, 41.8 percent of the full-time faculty have published or presented formal papers; (6) the modal academic rank for faculty is assistant professor; (7) 57.5 percent of the faculty are on tenure track appointments; (8) the average number of students per faculty in the classroom is 20 while the average number of students in the clinical setting is 9.

Profile of Faculty Characteristics in
Two-Plus-Two, Second Step Nursing Programs

The profile of faculty characteristics in Two-Plus-Two Second Step nursing programs encompasses: (1) 65.4 percent of all faculty are full-time; (2) only 5 full-time faculty have doctorates in nursing; (3) the majority of faculty (72.8 percent) are between 25-45 years of age; (4) over a fourth of the faculty have over 10 years' teaching experience and an additional fifth have 10 years or more clinical experience, other than teaching; (5) from June 1979 to June 1981, 20.5 percent of the full-time faculty have published or presented formal papers; (6) the modal academic rank (43.1 percent) is assistant professor; 14.7 percent

of faculty hold the rank of professor; (7) over 90 percent of the faculty are on tenure track contracts; and (8) the average number of students per faculty in the classroom setting is 26; clinical settings average is 9.

STUDENT CHARACTERISTICS

Student characteristics in NLN generic baccalaureate nursing programs and Second Step nursing programs are portrayed in Tables 25-30. Only data concerning the 1981 nursing graduates were requested to facilitate completion. The field test participants had indicated the response rate might be reduced because of the amount of time needed to retrieve student data. This was further corroborated by many respondents in the national study. Also, some respondents stated they did not keep the specific requested data on students and/or graduates. Consequently, there were fewer responses to this part of the questionnaire. The total N was not constant among variables and varied among the reported student characteristics. The range was from 2,571 on students' technical education to 4,769 on students' enrollment status education. The fluctuation in the total number of responses makes some of the data suspect. Caution must be used in drawing conclusions based on these data.

As shown in Table 25, the 1981 graduates of NLN generic baccalaureate, Upper Two, and Two-Plus-Two programs were predominantly female, 94.0 percent, 95.8 percent, and 91.8 percent, respectively. Further, most students were white in all three types of programs: NLN generic, 87.3 percent; Upper Two, 95.9 percent; and Two-Plus-Two, 96.1 percent.

Half of the graduates from Upper Two programs were married, while less than a fourth of all NLN generic baccalaureate graduates were married as demonstrated in Table 26.

Graduates of NLN generic programs were younger than their counterparts in Second Step programs; over one-half (56.4 percent) were 25 years of age or less (Table 27). Upper Two programs had almost a fifth of their graduates over 39 years old.

Two-thirds (67.2 percent) of the 1981 graduates from Upper Two programs were enrolled as part-time students (Table 28). However, NLN generic and Two-Plus-Two 1981 graduates were primarily enrolled as full-time students, 82.5 percent and 77.5 percent, respectively.

According to Table 29, almost all graduates were in-state residents; of the 3,449 graduates in 1981, 77.9 percent were in-state residents.

An examination of Table 30 reveals that an almost equal number of Upper Two graduates attended associate

Table 25
Sex and Race of Graduates by Program Type^a

Type of Nursing Program	Sex					Race				
	Male		Female		Total	White		Non-White		Total
	No.	%	No.	%	No.	No.	%	No.	%	No.
NI/N Generic Baccalaureate	156	5.9	2454	94.0	2610	2032	87.3	293	12.6	2325
Upper Two	72	4.2	1620	95.8	1692	1567	95.9	66	4.0	1633
Two-Plus-Two	39	8.1	440	91.8	479	600	96.1	24	3.8	624
All Programs	267	5.5	4514	94.4	4781	4199	91.6	383	8.3	4582

^aNumbers are for 1981 graduating nursing class.

Table 26

Marital Status of Graduates^a by Program Type

Type of Nursing Program	Single		Married		Divorced/ Widowed		Total
	No.	%	No.	%	No.	%	No.
NLN Generic Baccalaureate	1158	75.8	338	22.1	31	2.0	1527
Upper Two	473	40.0	592	50.1	115	9.7	1180
Two-Plus-Two	343	55.5	236	38.2	38	6.1	617
All Programs	1974	59.3	1166	35.0	184	5.5	3324

^aNumbers are for 1981 graduating nursing class.

Table 27
Average Age of Graduates^a by Program Type

Type of Nursing Program	Less than 25		25 - 29		30 - 34		35 - 39		Over 39		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
NLN Generic Baccalaureate	823	56.4	273	18.7	159	10.8	44	3.0	160	10.9	1459
Upper Two	257	20.5	354	28.3	210	16.8	179	14.3	249	19.9	1249
Two-Plus-Two	174	43.5	98	24.5	70	17.5	31	7.7	27	6.7	400
All Programs	1254	40.3	725	23.3	439	14.1	254	8.1	436	14.0	3108

^aNumbers are for 1981 graduating nursing class.

Table 28

Enrollment Status of Graduates^a by Program Type

Type of Nursing Program	Full-Time		Part-Time		Total
	No.	%	No.	%	No.
NLN Generic Baccalaureate	1853	82.5	393	17.4	2246
Upper Two	627	32.7	1286	67.2	1913
Two-Plus-Two	<u>473</u>	<u>77.5</u>	<u>137</u>	<u>22.4</u>	<u>610</u>
All Programs	2953	61.9	1816	38.0	4769

^aNumbers are for 1981 graduating class.

Table 29
Residence Status of Graduates^a by Program Type

Type of Nursing Program	In/State		Out/State		Total
	No.	%	No.	%	No.
NLN Generic Baccalaureates	1485	82.7	309	17.2	1794
Upper Two	1502	72.3	573	27.6	2075
Two-Plus-Two	<u>462</u>	<u>83.3</u>	<u>92</u>	<u>16.6</u>	<u>554</u>
All Programs	3449	77.9	974	22.0	4423

^aNumbers are for 1981 graduating class.

Table 30

Graduates'^a Technical Education by Type of Second Step Program

Type of Second Step Nursing Program	Associate Degree		Hospital Diploma		Total
	No.	%	No.	%	No.
Upper Two	1005	50.7	975	49.2	1980
Two-Plus-Two	<u>506</u>	<u>85.6</u>	<u>85</u>	<u>14.3</u>	<u>591</u>
All Programs	1511	58.7	1060	41.2	2571

^aNumbers are for 1981 graduating class.

degree nursing programs as attended diploma programs. However, an overwhelming majority of Two-Plus-Two graduates received technical preparation in associate degree nursing programs. The profiles on student characteristics must be examined with caution due to fluctuation in total responses by respondents.

Profile of Student Characteristics in NLN

Generic Baccalaureate Nursing Programs

The profile of student characteristics for NLN generic baccalaureate nursing programs reveals that of the 1981 graduates: (1) 94.0 percent were female; (2) 87.3 percent were white; (3) 75.8 percent were single; (4) 56.4 percent were younger than 25; (5) 82.5 percent were enrolled full-time; and (6) 82.7 percent were in-state residents.

Profile of Student Characteristics in

Upper Two, Second Step Nursing Programs

The profile of student characteristics in Upper Two, Second Step nursing programs for 1981 graduates reveals: (1) 95.8 percent were female; (2) 95.9 percent were white; (3) 40 percent were single; (4) the graduates' ages varied with no predominant age pattern evident, except that in general they were older; (5) 32.7 percent were enrolled

full-time; (6) almost three-fourths were in-state residents; and (7) an equal number had an associate nursing degree or hospital diploma.

Profile of Student Characteristics in
Two-Plus-Two, Second Step Nursing Programs

The profile of student characteristics in Two-Plus-Two, Second Step nursing programs for 1981 graduates indicates: (1) 91.8 percent were female; (2) 96.1 percent were white; (3) 55.5 percent were single; (4) 43.5 percent were younger than 25; (5) 77.5 percent were enrolled full-time; (6) 83.3 percent were in-state residents; and (7) 85.6 percent had associate degrees in nursing, contrasted to 14.3 percent who had hospital diplomas.

RESPONSES TO EDUCATIONAL DECISIONS MADE
ABOUT AND FOR REGISTERED NURSES

The importance of program decisions made about and for registered nurses in Second Step programs was compared for all respondents according to Upper Two and Two-Plus-Two programs. Each respondent was requested to indicate the degree of importance the 104 items had in her respective program. The response choices to the items with their corresponding scores were: (1) very important to program,

(2) slightly important to the program, (3) slightly unimportant to the program, and (4) very unimportant to the program. The lower the score, the more important the respondent perceived the educational decision.

The educational decisions were divided into seven categories. The categories were as follows: selection of applicants based on individual credentials and institutional admission policies, awarding credit to RNs, nursing curriculum required at the upper division level regardless of prior learning or experiences, nursing learning experiences, evaluation of students' learning experiences by evaluator and methods of evaluation, structure of nursing learning experiences, and program objectives.

The results of the respondents' perceptions of program decisions made about and for registered nurses are displayed in Tables 31-37. The tables are divided according to seven categories. All tables list the mean scores of all respondents in Upper Two and Two-Plus-Two programs to each item on program decisions. Also, a rank is assigned for each item which allows for comparison between the two types of curriculum patterns. Tables 31 and 35 are divided into two sections with a rank for each item in each subsection.

Responses from Upper Two and Two-Plus-Two programs to the 104 items were analyzed using the independent t-test.

Only six of the 104 items were statistically significant at the .05 level when compared between the two curriculum variations. These items--4, 5, 6, 70, 73, and 76--are shown in Tables 31 and 35. Three of the six items, 4, 5, and 6, related to selection of applicants based on individual credentials. Item 4, overall grade point average, was ranked as the most important decision for selection of applicants based on individual credentials by nurse educators in both Second Step programs. The mean scores for item 5 indicated that the grade point average in technical nursing programs is very important in all Second Step programs. Item 6 was perceived as slightly important in Upper Two programs to very important in Two-Plus-Two programs.

The remaining three items--70, 73, and 76--are related to the method of evaluating students' learning experiences. Except for item 77 with a mean of 2.164 in Upper Two programs, all items had mean scores which suggested that the decisions were very important.

A researcher would accept the risk, with a probability level of .05 that in 5 out of 100 observations a null hypothesis would be rejected by chance. More importantly, the six items which were statistically significant were important program decisions to both curriculum programs as verified by the mean scores. Thus, one could conclude

the respondents had a high degree of consensus regarding educational decisions made in all seven categories.

An examination of Table 31 reveals that the most important decision regarding selection of applicants based on individual credentials by all Second Step programs was the overall grade point average. Upper Two respondents indicated that the next most important item was selection of students who met the requirements. By contrast, Two-Plus-Two respondents identified the next most important item as the grade point average in the technical program. Interestingly, the least important item by all respondents was item 1 with a mean of 3.529 and 3.313 for all Upper Two and Two-Plus-Two programs, respectively. Moreover, the respondents ranked selection based on state residence as the second highest mean score of the 104 items, clearly communicating its relative unimportance. Two items were seen as most important for selection of applicants based on institutional policies. They were availability of clinical resources, 1.267 in Upper Two programs, and availability of faculty, 1.333 in Two-Plus-Two programs.

The nine items pertaining to awarding credit to registered nurses show a wide range of mean scores (Table 32). State Board scores, item 30, had the highest mean score of the 104 items from respondents of each type of program with

Table 31
Educational Decisions Made About and For Registered Nurses
by Degree of Importance in the Program

1 = Very Important to Program 3 = Slightly Unimportant to Program
2 = Slightly Important to Program 4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part I. <u>Selection of applicants is based on--</u>						
(A) <u>Individual Credentials:</u>						
1. State resident	76	3.539	15	16	3.313	15
2. Minority status: sex.	75	3.320	13	16	3.250	13
3. Minority status: race.	73	3.315	12	16	3.250	13
4. Overall grade point average.	76	1.605	1	18	1.167*	1
5. Grade point average in technical nursing program.	76	1.961	3	18	1.333*	2
6. Grade point average in humanities.	73	2.370	8	18	1.833*	5
7. Grade point average in sciences.	73	2.014	4	18	1.556	3
8. Grade point average in math.	73	2.356	7	18	2.000	6
9. State Board Scores	71	3.338	14	18	3.111	12
10. NLN achievement exam scores.	70	2.729	10	18	2.889	11
11. SAT/ACT exam scores	68	3.059	11	18	2.611	9
12. First selected meet requirements.	52	1.654	2	14	1.571	4
13. Previous related work experience.	72	2.347	6	17	2.118	7
14. Interview: interests/goals/motivation.	71	2.310	5	18	2.500	8
15. Recommendation letters	70	2.557	9	17	2.765	10
(B) <u>Institutional admission policies:</u>						
16. Open admissions.	66	2.227	5	15	2.600	7
17. Enrollment quotas.	71	2.634	7	15	2.333	5
18. Affirmative action.	69	1.942	3	17	1.706	3
19. Federal program funding.	72	2.597	6	18	2.444	6
20. State program funding	73	2.178	4	18	2.000	4
21. Available nursing faculty	76	1.316	2	18	1.333	1
22. Available clinical resources.	75	1.267	1	18	1.389	2

*Significant at the .05 level.

Table 32
 Educational Decisions Made About and For Registered Nurses
 by Degree of Importance in the Program

1 = Very Important to Program 3 = Slightly Unimportant to Program
 2 = Slightly Important to Program 4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part II. <u>Awarding credit to RNs based on:</u>						
23. Obtained ADN	69	1.812	2	18	1.556	1
24. Obtained Hospital Diploma	70	2.414	5	18	2.167	4
25. PEP, CLEP, or institutional exams for non-nursing.	68	1.853	3	16	1.750	2
26. ACT/SAT exams for non-nursing	67	3.269	7	17	2.882	7
27. NLN achievement exams.	69	2.696	6	17	2.824	6
28. New York Regents exams.	68	3.412	8	14	3.429	8
29. Challenging/proficiency exams for nursing.	71	2.014	4	18	2.222	5
30. State board scores	67	3.597	9	18	3.444	9
31. Course validation.	63	1.762	1	16	2.000	3

an overall mean score of 3.597 in Upper Two programs and 3.444 in Two-Plus-Two programs.

As shown in Table 33, there was a high level of agreement by respondents in Upper Two and Two-Plus-Two programs on all items pertaining to nursing curriculum content areas required at the upper division level regardless of prior learning experiences. With the exception of three items, 32, 33, and 36, respondents perceived all identified nursing content as very important.

Upper Two respondents ranked three types of learning experiences as most important with a mean score of 1.026: administer care to families, participate in public/community health facilities, and teach clients (Table 34). All 18 respondents of Two-Plus-Two programs were in agreement with a mean score of 1.000 on the first five ranked items.

Respondents of both curriculum patterns of Second Step programs were in agreement on evaluation of students' learning experiences by evaluators. Faculty were the most important evaluators as shown in Table 35. All methods of evaluation were perceived as very important with the exception of two. Item 76 from Upper Two programs and item 72 from Two-Plus-Two programs received a mean score indicating that take-home exams and daily recordings of learning

Table 33
Educational Decisions Made About and For Registered Nurses
by Degree of Importance in the Program

1 = Very Important to Program

3 = Slightly Unimportant to Program

2 = Slightly Important to Program

4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part III. <u>Nursing curriculum content areas REQUIRED at the upper division level regardless of prior learning or experience:</u>						
32. Introduction to nursing discipline.	71	2.310	11	18	2.611	11
33. Fundamental nursing skills.	70	3.214	13	18	3.278	13
34. Communications.	75	1.307	6	18	1.389	7
35. Group Process.	75	1.227	5	18	1.278	5
36. Beginning adult health/illness.	69	3.000	12	17	2.824	12
37. Advanced adult health/illness.	73	1.452	7	18	1.278	5
38. Child health.	73	1.781	8	18	1.722	9
39. Maternal/newborn health.	72	1.903	10	18	1.833	10
40. Psychiatric/mental health	72	1.792	9	18	1.722	8
41. Public/community health.	76	1.039	2	18	1.000	1
42. Leadership management.	76	1.026	1	18	1.056	3
43. Research methodology	76	1.066	4	18	1.000	1
44. Professional development.	76	1.039	2	18	1.167	4

Table 34
Educational Decisions Made About and For Registered Nurses
by Degree of Importance in the Program

1 = Very Important to Program, 3 = Slightly Unimportant to Program
2 = Slightly Important to Program 4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part IV. <u>Nursing LEARNING experiences:</u>						
45. Administer direct client care using nursing process.	77	1.078	6	18	1.000	1
46. Administer care to families.	77	1.026	1	18	1.056	6
47. Analyze special nursing issues/problems.	77	1.039	4	18	1.167	9
48. Attend professional nursing activities.	76	1.500	12	18	1.389	14
49. Demonstrate technical skills.	74	2.054	18	18	1.611	16
50. Demonstrate physical assessment skills.	76	1.132	9	18	1.000	1
51. Demonstrate critical thinking/decision making in complex nursing situations.	77	1.039	4	18	1.000	1
52. Design and implement research proposal.	76	1.579	13	17	1.706	17
53. Facilitate and participate in group process.	76	1.105	9	18	1.000	1
54. Investigate and use multiple resources.	77	1.091	7	18	1.167	9
55. Participate in leadership/management opportunities.	76	1.092	8	18	1.056	6
56. Participate in public/community health facilities	77	1.026	1	18	1.000	1
57. Participate in in/patient facilities.	76	1.658	14	18	1.444	15
58. Participate in out/patient facilities.	76	1.355	11	18	1.167	9
59. Participate in rural facilities	77	2.169	19	16	1.938	19
60. Participate in urban facilities.	76	1.711	15	18	1.722	18
61. Serve as client advocate.	75	1.213	10	18	1.222	12
62. Supervise health team to give direct client care using nursing process.	76	1.711	15	18	1.333	13
63. Teach clients.	77	1.026	1	18	1.111	8

Table 35
Educational Decisions Made About and For Registered Nurses
by Degree of Importance in the Program

1 = Very Important to Program 3 = Slightly Unimportant to Program
2 = Slightly Important to Program 4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part V. <u>Evaluation of students' learning experiences:</u>						
(A) <u>Evaluators:</u>						
64. Clinical personnel/preceptor's evaluation.	76	1.724	3	18	1.667	3
65. Faculty evaluation.	77	1.000	1	18	1.000	1
66. Peer evaluation.	77	1.935	4	18	2.000	4
67. Self evaluation	77	1.403	2	18	1.222	2
(B) <u>Method of Evaluation:</u>						
68. Class preparation/performance	75	1.107	1	18	1.222	5
69. Clinical case study.	72	1.500	8	18	1.333	7
70. Clinical performance	76	1.237	3	18	1.056*	1
71. Comprehensive final exam.	75	1.467	7	18	1.389	8
72. Daily recordings of learning experiences.	73	1.767	10	17	2.059	11
73. Group project.	75	1.587	9	18	1.222*	5
74. Individual project.	75	1.293	5	17	1.176	4
75. Inclass exams.	73	1.411	6	18	1.167	3
76. Take home exam.	73	2.164	11	19	1.611*	10
77. Scholarly paper.	74	1.270	4	18	1.389	8
78. Seminar presentation.	74	1.230	2	17	1.118	2

* Significant at the .05 level.

experiences are slightly less important methods of evaluation.

The data in Table 36 show group discussions and seminar courses as very important for structuring nursing learning experiences. Courses offered off campus in geographically remote areas was ranked the lowest item in this section.

According to Table 37, all items on program objectives (with the exception of item 97) were given a mean score between 1.000 and 1.706 by all respondents. Respondents from Upper Two and Two-Plus-Two programs gave a mean score of 3.0 and 2.5, respectively, to the program objective of developing an area of nursing expertise.

Tables 31-37 demonstrate that respondents of Upper Two and Two-Plus-Two programs selected the same items with a mean of 3.0 and above. Two-Plus-Two respondents selected seven items as slightly unimportant. Four items pertaining to selection of applicants based on individual credentials included: state residence, sex, race, and state board scores. Two items related to awarding credit to RNs based on New York Regents exam and state board scores. One final item included fundamentals nursing curriculum content in the program.

Upper Two respondents selected an additional four items. This included an item on SAT/ACT exam score for selection of applicants based on individual credentials as

Table 36
 Educational Decisions Made About and For Registered Nurses
 by Degree of Importance in the Program

1 = Very Important to Program 3 = Slightly Unimportant to Program
 2 = Slightly Important to Program 4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part VI. <u>Structure of nursing learning experiences:</u>						
79. Clinical practice lab.	76	1.395	7	16	1.688	8
80. Group discussion	76	1.118	1	18	1.056	1
81. Faculty/student informal discussion.	76	1.250	3	17	1.118	3
82. Lecture courses.	77	1.377	6	18	1.278	5
83. Interdisciplinary courses.	74	1.878	9	16	1.625	7
84. Seminar courses.	75	1.187	2	18	1.056	1
85. Formal readings.	77	1.260	4	16	1.188	4
86. Independent Study	76	1.329	5	17	1.294	6
87. Use of adjunct faculty.	75	2.027	10	17	1.941	11
88. Use of clinical preceptors.	75	2.027	10	16	1.813	10
89. Courses offered off campus in geographically remote areas.	72	2.694	13	17	2.412	13
90. Courses offered with traditional schedule (i.e., day and afternoon during week).	73	2.178	12	18	2.278	12
91. Courses offered with flexible schedule (i.e., week-end and evenings).	74	1.405	8	17	1.706	9

Table 37
 Educational Decisions Made About and For Registered Nurses
 by Degree of Importance in the Program

1 = Very Important to Program 3 = Slightly Unimportant to Program
 2 = Slightly Important to Program 4 = Very Unimportant to Program

Items	Program Type					
	Upper Two			Two-Plus-Two		
	No.	Mean	Rank	No.	Mean	Rank
Part VII. <u>Program Objectives:</u>						
92. Transfer knowledge derived from other disciplines to nursing practice.	73	1.041	5	17	1.000	1
93. Apply nursing knowledge to illness prevention, restorative care, and health promotion.	74	1.014	1	18	1.000	1
94. Deliver comprehensive nursing care.	75	1.080	6	17	1.059	8
95. Use health care education in nursing practice.	74	1.027	4	18	1.000	1
96. Deliver nursing care as a generalist.	74	1.108	8	18	1.000	1
97. Develop an area of nursing expertise (i.e., nurse practitioner)	75	3.000	13	18	2.500	13
98. Provide leadership/management in nursing practice.	75	1.120	9	18	1.111	9
99. Make decisions independently in a multitude of clinical settings.	75	1.147	10	17	1.118	12
100. Use nursing process with individuals, families, and groups.	73	1.014	1	18	1.000	1
101. Collaborate with consumers and health team to improve health care delivery.	71	1.099	7	18	1.000	1
102. Serve as client advocate.	73	1.178	12	18	1.111	9
103. Use research findings to improve nursing practice.	74	1.162	11	18	1.111	9
104. Assume responsibility and accountability for personal and professional development.	74	1.014	1	17	1.000	1

well as awarding credits to RNs. One item selected was on beginning adult health/illness as a required nursing curriculum content in the program. The last item included developing an area of nursing expertise as a program objective.

On the last part of the questionnaire, respondents were to indicate if they were using a nursing conceptual framework. An equal proportion of respondents, from both types of Second Step programs, stated they were using nursing conceptual frameworks: 83.3 percent (15) of Two-Plus-Two and 84.1 percent (69) of Upper Two nursing programs.

CHAPTER V

SUMMARY, FINDINGS, TRENDS, CONCLUSIONS, AND RECOMMENDATIONS

Many forces make the baccalaureate degree in nursing a requirement for entry level into the nursing discipline. Non-degree nurses are urged to obtain the necessary credential. However, little research has been carried out on the educational needs of registered nurses. The central question addressed in the study was: What are the characteristics of post-licensure nursing education and how do such programs compare with NLN generic baccalaureate nursing education? This chapter includes a summary of the study, the findings, and the trends in post-licensure nursing education, as well as conclusions and recommendations for further research.

SUMMARY

This study describes and compares baccalaureate nursing programs for registered nurses, Second Step, with generic baccalaureate nursing programs which are accredited by the National League for Nursing. Second Step programs,

built on a foundation of technical nursing education, are designed specifically for registered nurses as an upper division nursing major. There are two curriculum patterns: Upper Two and Two-Plus-Two programs. The research questions for this study are:

1. What are the characteristics of Second Step Baccalaureate nursing programs specifically related to:
 - a. institutions
 - b. programs
 - c. faculty
 - d. students
 - e. educational decisions?
2. How do types of curriculum programs (Upper Two and Two-Plus-Two) compare in regard to faculty characteristics specifically related to:
 - a. employment status
 - b. educational preparation
 - c. age
 - d. years of teaching experience
 - e. years of clinical experience
 - f. publications/formal papers
 - g. proportion on tenure track contracts
 - h. rank
 - i. average student ratio?

3. How do types of curriculum programs (Upper Two and Two-Plus-Two) compare in regard to student characteristics specifically related to:
 - a. sex
 - b. race
 - c. marital status
 - d. enrollment status
 - e. technical nursing education
 - f. age
 - g. program completion rate?

4. How do types of curriculum programs (Upper Two and Two-Plus-Two) compare in regard to the importance of educational decisions made for and about registered nurses specifically related to:
 - a. selection of applicants based on individual credentials and institutional admission policies
 - b. awarding credit
 - c. required nursing curriculum content areas
 - d. nursing learning experiences
 - e. evaluation of students' learning experience by evaluators and methods of evaluation
 - f. structure of nursing learning experience
 - g. program objectives?

5. How do Second Step programs (Upper Two and Two-Plus-Two) compare to National League for Nursing generic baccalaureate nursing programs specifically related to:
 - a. institutional characteristics
 - b. faculty characteristics
 - c. student characteristics?
6. What are the current trends in post-licensure professional nursing education?

The researcher designed The Characteristics of Baccalaureate Nursing Education for Registered Nurses Survey to obtain information on institutional, program, faculty, and student characteristics and educational decisions. The researcher conducted both a field test, using ten randomly-selected Second Step programs to test the mechanics of the survey, and an in-depth examination of the instrument pertaining to clarity, comprehensiveness, design, and completion time.

Once refined, the survey was sent to a random sample of 55 generic baccalaureate nursing programs, all accredited by the National League for Nursing, and the total population of 122 Second Step baccalaureate nursing programs. There were 101 Upper Two and 21 Two-Plus-Two programs. Nurse administrators of the identified programs, who were assumed to be the most reliable source of total program

information, completed the survey instruments; the response rate for all participants was 73.4 percent. The response rate was 81.1 percent for Upper Two programs and 85.7 percent for Two-Plus-Two programs. However, caution must be used in drawing conclusions about NLN generic programs because of the 54.5 percent response rate.

The responses to the items on institutional, program, faculty, and student characteristics were analyzed using frequencies, percentages, means, and standard deviations. The responses to the 104 educational decisions were analyzed using means and ranks. An independent t-test was used to determine if nurse educators in the two types of Second Step programs made educational decisions differently.

FINDINGS

The major findings of the study reveal a great deal of similarity between the characteristics of Second Step programs and National League for Nursing generic baccalaureate nursing programs. Also, there is a great deal of similarity between the two curriculum patterns of Second Step programs, Upper Two and Two-Plus-Two. Due largely to inconsistencies in the total responses in the areas of

faculty and student characteristics, the reader is cautioned against generalizing from the data in these areas.

Institutional Characteristics

More Second Step programs are in publicly supported institutions, 56.0 percent, than in National League for Nursing generic baccalaureate programs, 48.3 percent. Two-thirds of all Two-Plus-Two programs and slightly over one-half of Upper Two programs are in public institutions. These data are consistent with the most recently reported National League for Nursing data in which 52.7 percent of all baccalaureate nursing programs are shown to be in public institutions (NLN, 1981, p. 2).

Nearly one-half (44.8 percent) of all National League for Nursing programs are located in baccalaureate-only institutions with only ten programs (34.5 percent) located in doctoral-granting institutions. Upper Two programs, while well represented at the doctoral (27.2 percent) and baccalaureate (28.4 percent) levels, are clustered in master's level institutions (44.4 percent); Two-Plus-Two programs are more evenly distributed across institutional types.

In general, National League for Nursing generic Baccalaureate programs are located in institutions with larger headcount enrollments than Second Step programs. Over

one-half of the National League for Nursing generic baccalaureate programs (55.2 percent) are in institutions with headcount enrollments of at least 3,000 with more than a fourth in institutions enrolling 10,000 or more.

Upper Two and Two-Plus-Two programs are equally divided between institutions enrolling fewer than 3,000 students and those enrolling 3,000 and up. Interestingly, one-fifth of all baccalaureate nursing programs (21.3 percent) are offered by very small institutions--those with headcount enrollments of less than 1,000.

Slightly over one-fourth (26.2 percent) of all nursing programs are located in metropolitan areas with a population of three hundred thousand or greater. Generic programs are more often located in metropolitan areas (34.5 percent) with Two-Plus-Two programs more likely located in small cities (66.1 percent). Few nursing programs (17.5 percent) are located in demographic areas with populations of 15,000 or less. Yet, the distance from and location of a college or university in relation to a nurse's job and/or home has been cited as a significant factor in nurses' enrolling in baccalaureate nursing programs. Pollok (1979) suggests, "When a baccalaureate program is within 25 miles of home, distance encourages [enrollment]; and conversely, when the program is more than 25 miles away, distance discourage(s) [enrollment]" (p. 122). It may be extremely difficult

for nurses who live in rural areas or small towns to travel the extra distance required to attend a college or university in a large city for the advanced nursing credential. The fact that a large number of Second Step programs are located in small cities may provide a realistic educational alternative for registered nurses.

Program Characteristics

Slightly more than one-half (55.6 percent) of all Two-Plus-Two nursing programs have full National League for Nursing accreditation in contrast to 40.2 percent of Upper Two programs. However, 28 percent of Upper Two programs are in the process of applying for accreditation along with 11.1 percent of Two-Plus-Two programs. If one assumes all of these Second Step programs will be successful in achieving full National League for Nursing accreditation, then over two-thirds of all Second Step programs will be accredited by the National League for Nursing. A nursing program receiving full National League for Nursing accreditation has met standards of excellence above the legal requirements established by the individual states. Currently, National League for Nursing states that as of January, 1981, there are 309 accredited National League for Nursing baccalaureate nursing programs representing 82 percent of all programs (NLN, 1981, p. 11).

Sixty percent of all nurse administrators of Second Step programs have earned doctoral degrees. The proportion is approximately equal across the two curriculum patterns of Second Step programs. However, 75 percent of the administrators' degrees are in non-nursing disciplines. According to the National League for Nursing, only 26.4 percent of all registered nurse programs' administrators hold doctoral degrees. The largest proportion, 65 percent, are administrators of baccalaureate and higher degree programs (NLN, 1981, p. 110). Since there are only 22 institutions which offer a doctorate with a major in nursing, it is assumed that nurses will continue to obtain doctoral degrees in non-nursing disciplines (NLN, 1981, p. 79).

Overall, all three types of programs are consistent in the number of required hours for the baccalaureate nursing degree with a mean of 186.4 quarter hours. There is some variation between the two types of Second Step programs in requirements for various program components. Two-Plus-Two programs require more credit hours in all areas of the curriculum except in electives. The required hours in the nursing area are heavier, 82.8, as contrasted to 67.8 in Upper Two programs. The higher nursing hour requirements in Two-Plus-Two programs may reflect the relative youth and inexperience of Two-Plus-Two students.

More nursing hours are accepted in transfer toward Upper Two programs from associate degree programs (30.7 hours) than from diploma programs (25.8 hours). Likewise, more nursing hours are accepted in transfer toward Two-Plus-Two programs from associate degree programs (35.5 hours) than from diploma programs (29.4 hours). Probably, this is because almost all associate degree nursing programs are in higher educational institutions, as compared to diploma programs located in hospital settings. Thus, credit hours can be validated more accurately from one higher educational institution to another. In addition, some respondents stated that hospital diploma graduates must validate their course work by enrollment in and graduation from associate degree programs prior to acceptance into baccalaureate nursing programs. Further, the Two-Plus-Two programs are designed so the associate degree is the first step toward the baccalaureate degree. Consequently, the associate degree nursing graduate may make an easier transition to baccalaureate nursing education than diploma graduates.

Respondents were to indicate the percentage of the entering class of June, 1979, who completed degree requirements by August, 1981. This was based on the assumption that on the average, the curriculum is two years in length. The "on-time" completion rate for Two-Plus-Two programs, 81.2 percent, was higher than the Upper Two programs, 59.5

percent. This is probably due to the associate degree programs' location in the same institution or in close proximity to the baccalaureate degree counterpart, the reduced time between students' graduation from the technical program and the beginning of the professional program, an established articulation process from one educational level to another, or a psychological support system which fosters student retention. Most importantly, the majority of Upper Two graduates are enrolled on a part-time basis (67.2 percent) while the majority (77.5 percent) of Two-Plus-Two graduates are enrolled on a full-time basis implying they could complete the program on time.

Faculty Characteristics

Most Second Step nursing faculty are between the ages of 25 to 35 (Upper Two, 47.9 percent, and Two-Plus-Two, 37.2 percent). More younger faculty are employed in Upper Two programs than in National League for Nursing generic programs and Two-Plus-Two programs. Interestingly, few faculty are employed immediately after obtaining undergraduate or graduate nursing education supporting the general belief that clinical experience is valued as an essential preparation for teaching.

Upper Two programs have faculty with fewer years of teaching experience. For example, a fourth of the faculty

have taught fewer than three years. Yet, Two-Plus-Two and National League for Nursing generic programs have 60.6 percent and 54.5 percent, respectively, of full-time faculty who have taught seven years or more. Upper Two programs have more than one-fourth of the faculty with less than three years' clinical experience, a percentage figure nearly twice as high as Two-Plus-Two faculty and three times more than faculty in National League for Nursing generic baccalaureate programs.

Faculty in National League for Nursing generic baccalaureate programs and Upper Two programs publish more than faculty in Two-Plus-Two programs, 41.2 percent, 41.8 percent, and 20.5 percent, respectively. This may be because Two-Plus-Two programs are smaller which allows for less faculty release time for publication; it may reflect the value and reward system of the different institutions; it may be due to the programs being located in predominantly baccalaureate degree institutions; or it may be a function of the age and experience of the faculty.

Full-time faculty in all three types of programs are not as evident in the higher ranks of professor (9.5 percent) and associate professor (15.6 percent). Almost half of the faculty, 48.9 percent, hold the rank of assistant professor; Two-Plus-Two programs have the highest percentage of faculty with professor rank, 14.7 percent.

Interestingly, 92.2 percent of Two-Plus-Two faculty are on tenure track contracts, as compared with 57.5 percent and 62.2 percent in Upper Two and National League for Nursing generic baccalaureate nursing programs, respectively.

The average class size in nursing courses for all three types of programs varied more markedly in the classroom setting than in the clinical setting. Classroom size varied from 20 to 31 but remained constant, 9, for the clinical setting. Similarly, the National League for Nursing reported the number of students per faculty member in the average nursing courses varied more in the classroom setting than the clinical setting. On the average, the number of students per faculty member in clinical setting was 10 (NLN, 1981, p. 104).

The data support National League for Nursing, nurse educators and state boards of nursing's general philosophy that the clinical setting is where the critical student learning occurs. Faculty-student ratios are smaller to ensure patient safety and to provide students the opportunity to accomplish their learning objectives. Ten students per faculty in the clinical setting is viewed as the desired maximum.

Student Characteristics

Ethnic minorities are not as evident in all three types

of nursing programs. However, three times more non-whites graduated from National League for Nursing generic baccalaureate programs (12.6 percent) in contrast to Two-Plus-Two (3.8 percent) and Upper Two (4.0 percent) programs. The National League for Nursing reports in 1977-78 that 6.83 percent of the graduates (1,572) were non-whites. Of this percentage, 4.21 percent were blacks, 1.31 percent American Indian/Oriental, and 1.21 percent Hispanic (NLN, 1981, p. 53).

One-half of the graduates from Upper Two programs were married while three-fourths of National League for Nursing generic graduates and over one-half of Two-Plus-Two graduates were single. Further, 56.4 percent of National League for Nursing graduates and 43.5 percent of Two-Plus-Two graduates were less than 25 years of age as compared to 20.5 percent of Upper Two graduates.

One-half, 67.2 percent, of the graduates from Upper Two programs were enrolled as part-time students compared to National League for Nursing graduates, 17.4 percent, and Two-Plus-Two graduates, 22.4 percent. Possibly, the pathway the registered nurse must take to the advanced degree is part-time out of necessity due to family and/or work responsibilities.

Educational Decisions

A complete analysis of the 104 items shows only six items were statistically significant using the t -test at the .05 level when compared between two curriculum variations of Second Step programs. Three of the six items related to selection of applicants based on individual credentials. The remaining three items related to methods of evaluating students' learning experiences. However, a researcher would accept the risk, with a probability level of .05, that in 5 out of 100 observations a null hypothesis would be rejected by chance. More importantly, the six items which were statistically significant were important program decisions to both curriculum programs as verified by the mean scores. Thus, one could conclude the respondents had a high degree of consensus regarding educational decisions made in all seven categories.

The nine items pertaining to awarding credit to registered nurses show a wide range of mean scores between the two curriculum patterns. In Upper Two programs, the range was from 1.762 (course validation) to 3.597 (state board scores). Likewise, in Two-Plus-Two programs, the range was from 1.556 (obtained associate nursing degree) to 3.444 (state board scores). Even though both programs had a mean score of over 3.4 on state board scores, a t -test was not significant at the $p = .05$ level. Obviously, little

importance is given to state board scores in awarding credit to registered nurses. Yet, as several respondents remarked, "The RNs must have passed the exam," "Must be currently licensed," or "We require an RN for the program."

TRENDS AND CONCLUSIONS

The relative newness of post-licensure nursing education for non-degree registered nurses and the use of a descriptive/comparative study make it difficult to project accurately future trends of Second Step programs. Also, the low response rate, 54.5 percent, from NLN generic programs and fluctuation in responses on faculty and student characteristics make it difficult for the researcher to draw accurate conclusions. Nevertheless, given the above limitations, when the results of the demographic responses to The Characteristics of Baccalaureate Nursing Education for Registered Nurses Survey were analyzed, a general conclusion appears: there is little difference between the National League for Nursing generic baccalaureate nursing programs and Second Step programs or between the two curriculum patterns of Second Step programs in the areas of institutional, program, faculty, and student characteristics.

An analysis of responses from Upper Two and Two-Plus-

Two programs on the 104 items on educational decisions reveals that only six items were statistically significant at the .05 level. The six items, three on selection of applicants based on individual credentials and three items related to methods of evaluating students' learning experiences, were important program decisions as validated by the mean scores in both curriculum patterns. Overall, nurse educators in both curriculum patterns were consistent in assigning a degree of importance to educational decisions made for and about registered nurses in all categories. There was some variation in mean scores between Upper Two and Two-Plus-Two programs in the area of awarding credit for past work and learning experiences. However, no data were collected on educational decisions nurse educators are making in National League for Nursing generic baccalaureate nursing programs. This is an area which needs further focus.

However, Second Step programs mark a dramatic change from the accepted traditional model of professional nursing education. Traditional generic baccalaureate programs are built on a foundation of two years of general education courses with a subsequent two years of upper-division study in a nursing major. The Second Step approach provides an alternative of two years of professional nursing education based upon technical nursing education for registered nurses

committed to taking the next step toward the professional credential.

Second Step nurse educators have accepted associate degree nursing education or its equivalent as an integral part of nursing practice which can provide the foundation for professional practice. This alternative curriculum model, technical education providing the foundation for upper division level nursing courses rather than general education, remains elusive in terms of its impact on the students' approach to professional education and clinical role. Further research should focus on the two curriculum approaches and the differences they make in baccalaureate nursing education.

The study demonstrates that Second Step programs represent a new trend in professional nursing education. The programs have grown rapidly in the last decade. Between 1970 and 1980, 89 percent of Upper Two and 75 percent of Two-Plus-Two programs admitted their first class of registered nurses. From 1976 to 1981, 10,927 registered nurses received baccalaureate nursing degrees from Second Step programs, 8,942 from Upper Two programs, and 1,981 from Two-Plus-Two programs. Nevertheless, the National League for Nursing notes:

Determining the precise number of RN students in baccalaureate programs for RNs only is made difficult by the fact that such programs have not usually

been required to have state approval in order to operate, nor, until recently, have sought NLN accreditation; thus there has been no official or regularized channel for information that might systematically record new or ongoing programs or the number of their enrollments or graduations. (NLN, 1981, p. 57)

Given the current information on Second Step programs, one can speculate that more programs will open and those in existence will expand. This speculation is based on the following factors: the increasing number of non-traditional students in higher education as represented in Upper Two programs; the American Nurses' Association and the National League for Nursing's position papers on the baccalaureate nursing degree as entry level into professional practice; the increasing focus nationally on preventative health care; the increasing complexity of health care delivery with the accompanying expanding knowledge base essential for clinical practice; the nursing profession's struggle to seek professional identity; and the number of respondents who indicated more programs are in the discussion and planning stage.

Most importantly, the demographic characteristics of Second Step programs have a great deal of similarity to National League for Nursing generic baccalaureate programs. This is best illustrated in the following areas: faculty education, rank, tenure, publications, clinical and teaching experience; faculty/students classroom and clinical size;

percentage of nurse administrators with an earned doctorate; required hours for the baccalaureate degree including the nursing cognate, humanities, foundations, and electives; and the types of institutions where the programs are located and the type of awarded degree.

In addition, nurse educators in both curriculum patterns of Second Step programs, based on the mean scores, agree overall on the importance of educational decisions made for and about registered nurses in selecting applicants for the programs, in nursing curriculum content required at the upper division level, nursing learning experiences, evaluation of students' learning experiences, structure of nursing learning experiences, and program objectives. The only responses on educational decisions which showed some variation in mean scores was the awarding of credit for past work and learning experiences.

Thus the data from the study suggest that an effort by nurse educators has been made in the last decade to develop an articulated system to bridge the gap between technical and professional levels of nursing practice. Post-licensure professional nursing education offers a mechanism for career mobility for non-degree registered nurses by incorporating recognition for previous learning and work experience. Further, this new educational strategy will increase the pool of baccalaureate-prepared nurses from the

existing work force which has the potential for making changes in health care delivery.

The 1981 graduates of Upper Two programs appear to represent a non-traditional group; there are more married, divorced, or widowed; older nurses who more frequently attend college on a part-time basis. This is evident in the two-year completion rate of only 59.5 percent.

Second Step educators need to continue to provide accessible, flexible, but sound post-licensure professional nursing education for non-degree registered nurses without losing sight of the characteristics of the students and the variables involved in obtaining the advanced degree.

The proliferation of programs and graduates clearly demonstrates Second Step programs are part of the mainstream of professional nursing education. This new educational strategy is providing the nursing profession its first real opportunity to develop a sound, articulated system by taking the available non-degree registered nurse practitioners and elevating their status concomitant with other professionals, to the professional level in nursing.

RECOMMENDATIONS

Recommendations based on the outcome of this study are as follows:

1. The study did not include a section on the importance of educational decisions made for and about registered nurses in NLN generic baccalaureate nursing programs. A study should be done replicating the current design but including this section. This would allow for comparison between NLN generic baccalaureate nursing programs and Second Step programs on the importance of educational decisions made for and about registered nurses.

2. There has been a dramatic increase in the last decade in baccalaureate graduates from post-licensure nursing programs. Yet, the impact these graduates are making in the health care system is unknown. Thus, follow-up studies should be undertaken on Second Step graduates to determine their impact as professional nursing practitioners on health care delivery as contrasted to generic baccalaureate graduates' impact on health care delivery.

3. Awarding credit for previous learning and life experiences is still new in nursing education. The study demonstrates there is some variation in how nurse educators make decisions in this area. However, articulation has begun between the technical level of nursing education with the professional level of nursing education as a process for establishing career mobility. A national study should be done examining the procedures utilized to award credit to registered nurses based on previous learning and work

experience. All types of baccalaureate education for registered nurses should be compared; external degree programs, baccalaureate programs with a separate tract for registered nurses, baccalaureate programs which integrate registered nurses with generic students and Second Step programs.

4. There are no guidelines for post-licensure nursing program development or accreditation. Criteria for NLN accreditation are based on generic baccalaureate nursing education. More comprehensive data should be generated which would assist nurse administrators in planning, upgrading, and elevating post-licensure professional nursing education.

5. Research in nursing curriculum is still new. Respondents in the study ranked the following items as the most important content: leadership/management, research methodology, and public community health. In addition, they ranked the following items as the most important learning experiences: administer direct patient care using the nursing process, administer care to families, demonstrate physical assessment, demonstrate critical thinking/physical assessment, demonstrate critical thinking/decision making in complex nursing situations, facilitate/participate in group process, participate in public/community health facilities, or teach clients. However, little research has been done to demonstrate how the nurse who has acquired this

knowledge base is using it in clinical practice to make a difference in the quality of care patients receive. Hopefully, the information on content and learning experiences acquired at the baccalaureate level could generate further exploration in this area.

6. Since Second Step programs are based on the proposition that upper division nursing leading to a baccalaureate nursing degree can be built upon technical level nursing education rather than general education, then the differences in these curricular approaches should be studied. The focus should center on the students' learning in upper division nursing courses and their orientation to and implementation of patient care in the clinical setting.

BIBLIOGRAPHY

BIBLIOGRAPHY

- American Nurses' Association, Commission on Nursing Education. A case for baccalaureate preparation in nursing. Kansas City, Missouri, 1979.
- American Nurses' Association. Education preparation for nurse practitioners and assistants to nurses. A position paper. New York: The American Nurses' Association, 1965.
- Anderson, E. H. Baccalaureate education in nursing: purposes, philosophy, conceptual frameworks. In NLN (Ed.), Innovative approaches to baccalaureate programs in nursing (15-1804). New York: NLN, 1979.
- Arlton, D. Credible nursing education for RNs. Proceedings researching second step nursing education (Second annual conference). San Francisco, CA: Sonoma State University, 1981.
- Ary, D.; Jacobs, L. C.; and Razavieh, A. Introduction to research in education. New York: Holt, Rinehart, and Winston, 1972.
- Babbie, E. R. Survey research methods. Belmont, CA: Wadsworth Publishing Co., Inc., 1973.
- Bardossi, K. Why BSN programs drive nurses crazy. RN. 1980, 2, 53-59.
- Bullough, B., & Bullough, V. A career ladder in nursing problems and prospects. American Journal of Nursing, 1971, 71, 1938-1943.
- Church, E. F.; Brian, S.; and Searight, M. W. Describing a new baccalaureate nursing population the second step. Western Journal of Nursing Research. 1980, 2, 576-592.
- Dineen, M. A. A nursing major without nursing. Nursing Outlook. 1965, 13, 65-67.
- Duffy, M. Accreditation as it relates to second step programs. Proceedings researching second step nursing education (Second annual conference). San Francisco, CA: Sonoma State University, 1981.

- Galliford, S. Second-Step baccalaureate programs in nursing. Nursing Outlook. 1980, 28, 631-635.
- Guliland, J. R. Maximizing study success. Community and Junior College Journal. 1974, 3, 3.
- Facts about nursing 80-81. New York: American Journal of Nursing Co., 1981.
- Healthy People. Surgeon General's report on health promotion and disease prevention. Washington, DC: Department of Health, Education, and Welfare, 1979.
- Henderson, V. We've "come a long way," but what of the direction? Nursing Research. 1977, 26, 163-164.
- Hillsmith, R. E. From RN to BSN: Student perceptions. Nursing Outlook. 1978, 26, 98-102.
- Jako, K. L.; Church, E.; Wilson, H. S.; Brian, S.; and Searight, M. Final report of a three-year demonstration study of a Second Step program, Sonoma State College (now Sonoma State University). Springfield, VA: U.S. Department of Commerce, National Technical Information Service, HRP #0900617. 1979.
- Katzell, M. E. Upward mobility in nursing. Nursing Outlook. 1970, 18, 36-39.
- Kerlinger, F. Foundations of behavioral research. New York: Holt, Rinehard and Winston, Inc., 1973.
- Kramer, J., and Baker, C. M. The exodus: Can we prevent it? Journal of Nursing Administration. 1971, 1, 15-30.
- Lee, A. A. Mandatory BSN. RN. 1979a, 4, 64-67.
- Lee, A. A. Seven out of ten nurses oppose the professional, technical split. RN. 1979b, 1, 83-89.
- LeTourneau, L. J. Want a BSN? Try and get it! RN. 1980, 1, 75-76, 80.
- Lewis, E. The baccalaureate degree. Nursing Outlook. 1977, 25, 369.
- Muzio, L. G., and Ohashi, J. P. The RN student--Unique characteristics, unique needs. Nursing Outlook. 1979, 27, 528-532.

- National Commission for the Study of Nursing and Nursing Education. J. P. Lysaugh, Director, An abstract for action. New York: McGraw Hill, 1970.
- National League for Nursing. Characteristics of baccalaureate education in nursing. New York: National League for Nursing (15-1758), 1979.
- National League for Nursing. Director of Career Mobility Program in Nursing Education. New York: National League for Nursing, 1976.
- National League for Nursing. NLN, Nursing data book 1981. New York: National League for Nursing, 1981.
- National League for Nursing. Nursing Education in the Seventies. Nursing Outlook. 1972, 20, 271-72.
- National League for Nursing. Position Statement on nursing roles--scope and practice. A position paper. New York: The National League for Nursing, 1982.
- Polit, D. F., and Hungler, B. P. Nursing research: Principles and methods. Philadelphia: J. B. Lippincott Co., 1978.
- Pollok, C. S. Factors influencing registered nurse enrollment in baccalaureate nursing programs as reported by registered nurses in Virginia (Doctoral Dissertation, University of Virginia, 1979).
- Searight, M. W. (Ed.). The second step baccalaureate education for registered nurses. Philadelphia: F. A. Davis, 1976.
- Squires, G. M., and Hinsvark, I. G. Planning new educational avenues for the degree-seeking RN. Nursing Digest, 1975, 3, 43-47.
- Treece, E. W., and Treece, J. W., Jr. Elements of research in nursing. Saint Louis: C. V. Mosby Co., 1977.
- VanDalen, D. B. Understanding educational research, an introduction. New York: McGraw Hill Book Co., 1966.
- Walsh, M. E. Health issues of today perspectives for tomorrow. (14-1612), New York: NLN, 1976.

Wilson, H. S.; Vaughan, H. C.; and Gaff, J. G. The second step model baccalaureate education for registered nurses: The student's perspective. Journal of Nursing Education, 1977, 16, 27-35.

APPENDICES

APPENDIX A

SECOND STEP BACCALAUREATE NURSING PROGRAMS

APPENDIX A

SECOND STEP BACCALAUREATE NURSING PROGRAMS JURISDICTIONS

INCLUDED IN THE NLN REGION

(N = 122)

NORTH ATLANTICConnecticut

University of Hartford, West Hartford

MassachusettsAnne Marie College, Paxton
Boston State College, Boston
Emmanuel College, Boston
Salem State College, Salem
Worcester State College, WorcesterNew JerseyCollege of Saint Elizabeth, Morristown
Felician College, Lodi
Jersey City State College, Jersey City
Richard Stockton State College, Pomona
Trenton State College, TrentonNew YorkDaemon College, Amherst
Dominican College of Blauvelt, Blauvelt
Elmira College, Elmira
Medgar Evans College of CUNY, Brooklyn
Mercy College, Buffalo
Nazareth College, Rochester
Pace University, New York City
Pace University Westchester, Pleasantville
State University College at Utica/Rome, Utica
Stern College for Women of Yeshiva University,
New York City

Pennsylvania

Gwynedd Mercy College, Gwynedd Valley
 Hahneman Medical College and Hospital, Philadelphia
 Kutztown State College, Kutztown
 LaRoche College, Pittsburgh
 LaSalle College, Philadelphia
 Marywood College, Scranton
 Millersville State College, Millersville
 Slippery Rock State College, Slippery Rock

MIDWESTIllinois

Governors State University, Park Forest South
 Illinois Benedictine College, Lisle
 McKendall College, Lebanon
 Quincy College, Quincy
 Sangamon State University, Springfield
 University of Illinois, Chicago

Indiana

Indiana Central University, Indianapolis
 Indiana State University, Terre Haute
 Indiana University--Purdue University at Fort Wayne,
 Fort Wayne
 Purdue University, West Lafayette
 Purdue University--Calumet Campus, Hammond
 Saint Francis College, Fort Wayne

Iowa

Briar Cliff College, Sioux City
 Coe College, Cedar Rapids
 University of Dubuque, Dubuque
 Upper Iowa College, Fayette

Kansas

Marymount College, Salina
 Saint Mary College, Leavenworth

Michigan

Lake Superior State College, Sault Saint Marie

Minnesota

Augsburg College, Minneapolis
 Moorhead State University, Moorhead

Missouri

Lindenwood College, Saint Charles
 Maryville College, Saint Louis
 Northwest Missouri State University, Maryville
 Southwest Missouri State University, Springfield
 Webster College, Saint Louis

Nebraska

University of Nebraska, Omaha

Ohio

Ashland College, Ashland
 Bluffton College, Bluffton
 Cleveland State University, Cleveland
 Edgecliff College, Cincinnati
 Franklin University, Columbus
 Ohio University, Athens
 Otterbein College, Westerville
 Youngstown State University, Youngstown

South Dakota

South Dakota State University, Brookings

Wisconsin

Medical College of Wisconsin, Milwaukee
 Milton College, Milton

SOUTHERNAlabama

Mobile College, Mobile

Florida

Florida Southern College, Lakeland
 Florida State University, Tallahassee
 University of North Florida, Jacksonville
 University of South Florida, Tampa
 University of West Florida, Pensacola

Georgia

Georgia Southwestern College, Americus

Kentucky

Bellamine College, Louisville
Northern Kentucky University, Highland Heights
University of Kentucky, Lexington
University of Louisville, Louisville
Western Kentucky University, Bowling Green

Louisiana

Loyola University of New Orleans, New Orleans

Maryland

Bowie State College, Bowie
Notre Dame College, Baltimore
University of Maryland, Baltimore

North Carolina

Lenoir Rhyne College, Hickory
Queens College, Charlotte

Oklahoma

Cameron College, Lawton

South Carolina

Medical University of South Carolina, Rock Hill
University of South Carolina at Spartanburg,
Spartanburg

Tennessee

Memphis State University, Memphis
Southern Missionary College, Collegedale
Union University, Jackson
University of Tennessee at Nashville, Nashville

Texas

Angelo State University, San Angelo
Corpus Christi State University, Corpus Christi
Stephen F. Austin State University, Nacogdoches
University of Texas at Tyler, Tyler

Virginia

Marymount College of Virginia, Arlington

West Virginia

Marshall University, Huntington
West Liberty State College, West Liberty
West Virginia University, Morgantown

WESTERN

Arizona

Northern Arizona University, Flagstaff

California

California Lutheran College, Thousand Oaks
California State College, Turlock
California State College at San Bernardino,
San Bernardino
California State College at Sonoma, Rohnert Park
California State University at Fullerton, Fullerton
California State University at Long Beach,
Long Beach
Holy Names College, Oakland
University of San Diego, San Diego
University of San Francisco, San Francisco

Colorado

Mesa College, Grand Junction
Metropolitan State College, Denver
University of Denver, Denver
University of Southern Colorado, Pueblo

Idaho

Boise State University, Boise
Lewis-Clark State College, Lewiston

New Mexico

New Mexico State University, Las Cruces

Oregon

Oregon Institute of Technology, Klamath Falls
Southern Oregon State College, Ashland

Washington

Gonzaga University, Spokane
Pacific Lutheran University, Tacoma
Western Washington University, Bellingham

APPENDIX B

UPPER TWO SECOND STEP BACCALAUREATE
NURSING PROGRAMS

APPENDIX B

UPPER TWO SECOND STEP BACCALAUREATE NURSING

PROGRAMS JURISDICTION INCLUDED

IN THE NLN REGION

(N = 101)

NORTH ATLANTIC

Connecticut

University of Hartford, West Hartford

Massachusetts

Anna Marie College, Paxton
Boston State College, Boston
Emmanuel College, Boston
Salem State College, Salem
Worcester State College, Worcester

New Jersey

College of Saint Elizabeth, Morristown
Felician College, Lodi
Jersey City State College, Jersey City
Richard Stockton State College, Pomona
Trenton State College, Trenton

New York

Daemon College, Amherst
Dominican College of Blauvelt, Blauvelt
Elmira College, Elmira
Medgar Evans College of CUNY, Brooklyn
Mercy College, Buffalo
Nazareth College, Rochester
Pace University, New York City
Pace University--Westchester, Pleasantville
State University College at Utica/Rome, Utica
Stern College for Women of Yeshiva University,
New York City

Pennsylvania

Hohneman Medical College and Hospital, Philadelphia
Kutztown State College, Kutztown
LaRoche College, Pittsburgh
LaSalle College, Philadelphia
Marywood College, Scranton
Millersville State College, Millersville
Slippery Rock State College, Slippery Rock

MIDWESTIllinois

Governors State University, Park Forest South
Illinois Benedictine College, Lisle
McKendree College, Lebanon
Quincy College, Quincy
Sangamon State University, Springfield
University of Illinois, Chicago

Indiana

Indiana Central University, Indianapolis
Indiana University--Purdue University at Fort Wayne,
Fort Wayne
Saint Francis College, Fort Wayne

Iowa

Briar Cliff College, Sioux City
Coe College, Cedar Rapids
University of Dubuque, Dubuque
Upper Iowa College, Fayette

Kansas

Marymount College, Salina
Saint Mary College, Leavenworth

Michigan

Lake Superior State College, Sault Saint Marie

Minnesota

Augsburg College, Minneapolis
Morehead State University, Moorhead

Missouri

Lindenwood College, Saint Charles
 Northwest Missouri State University, Maryville
 Southwest Missouri State University, Springfield
 Webster College, Saint Louis

Ohio

Ashland College, Ashland
 Bluffton College, Bluffton
 Cleveland State University, Cleveland
 Edgecliffe College, Cincinnati
 Franklin University, Columbus
 Ohio University, Athens
 Youngstown State University, Youngstown

South Dakota

South Dakota State University, Brookings

Wisconsin

Medical College of Wisconsin, Milwaukee
 Milton College, Milton

SOUTHERNFlorida

Florida Southern College, Lakeland
 Florida State University, Tallahassee
 University of North Florida, Jacksonville
 University of South Florida, Tampa
 University of West Florida, Pensacola

Georgia

Georgia Southwestern College, Americus

Kentucky

Bellarmino College, Louisville
 Northern Kentucky University, Highland Heights
 University of Kentucky, Lexington
 University of Louisville, Louisville

Louisiana

Loyola University of New Orleans, New Orleans

Maryland

Bowie State College, Bowie
 Notre Dame College, Baltimore
 University of Maryland, Baltimore

North Carolina

Lenoir Rhyne College, Hickory
 Queens College, Charlotte

South Carolina

Medical University of South Carolina, Rock Hill
 University of South Carolina at Spartanburg,
 Spartanburg

Tennessee

Memphis State University, Memphis
 University of Tennessee at Nashville, Nashville

Texas

Corpus Christi State University, Corpus Christi
 Stephen F. Austin State University, Macogodoches
 University of Texas at Tyler, Tyler

West Virginia

West Liberty State College, West Liberty
 West Virginia University, Morgantown

WESTERNCalifornia

California Lutheran College, Thousand Oaks
 California State College, Turlock
 California State College at San Bernardino,
 San Bernardino
 California State College at Sonoma, Rohnert Park
 California State University at Fullerton, Fullerton
 Holy Names College, Oakland
 University of San Diego, San Diego
 University of San Francisco, San Francisco

Colorado

Mesa College, Grand Junction
Metropolitan State College, Denver
University of Denver, Denver

Idaho

Boise State University, Boise
Lewis-Clark State College, Lewiston

Oregon

Southern Oregon State College, Ashland

Washington

Gonzaga University, Spokane
Pacific Lutheran University, Tacoma

APPENDIX C

TWO-PLUS-TWO SECOND STEP BACCALAUREATE
NURSING PROGRAMS

APPENDIX C

TWO-PLUS-TWO SECOND STEP BACCALAUREATE NURSING PROGRAMS

JURISDICTION INCLUDED IN THE NLN REGION

(N = 21)

NORTH ATLANTIC

Pennsylvania

Gwynedd Mercy College, Gwynedd Valley

MIDWEST

Indiana

Indiana State University, Terre Haute
Purdue University--West Lafayette, West Lafayette
Purdue University--Calumet, Hammond

Missouri

Maryville College, Saint Louis

Nebraska

University of Nebraska, Omaha

Ohio

Otterbein College, Westerville

SOUTHERN

Alabama

Mobile College, Mobile

Kentucky

Western Kentucky University, Bowling Green

Oklahoma

Cameron College, Lawton

Tennessee

Southern Missionary College, Collegedale
Union University, Jackson

Texas

Angelo State University, San Angelo

Virginia

Marymount College of Virginia, Arlington

West Virginia

Marshall University, Huntington

WESTERN

Arizona

Northern Arizona University, Flagstaff

California

California State University at Long Beach, Long Beach

Colorado

University of Southern Colorado, Pueblo

New Mexico

New Mexico State University, Las Cruces

Oregon

Oregon Institute of Technology, Klamath Falls

Washington

Western Washington University, Bellingham

APPENDIX D

NLN GENERIC BACCALAUREATE NURSING PROGRAMS

APPENDIX D

NATIONAL LEAGUE FOR NURSING GENERIC BACCALAUREATE

NURSING PROGRAMS JURISDICTIONS INCLUDED

IN THE NLN REGION

(N = 55)

NORTH ATLANTIC

Connecticut

Western Connecticut State, Danbury .

District of Columbia

American University--Lucy Webb Hayes School, Washington

Massachusetts

Boston State College, Boston
University of Massachusetts, Amherst

New Jersey

Seton Hall University, South Orange

New York

Alfred University, Staten Island
D'Youville College, Buffalo
University of the State of New York, Albany
Wagner College, Staten Island

Pennsylvania

Duquesne University, Pittsburgh
Villa Maria College, Erie

MIDWESTIllinois

Elmhurst College, Elmhurst
Illinois Wesleyan University Brokaw Collegiate School,
Bloomington
North Park College, Chicago
Rush University, Chicago

Indiana

Indiana University, Indianapolis

Iowa

Iowa Wesleyan College, Mt. Pleasant

Kansas

University of Kansas, Kansas City

Michigan

Wayne State University, Detroit
Nazareth College at Kalamazoo

Minnesota

College of Saint Teresa, Winona
Winona State University, Winona

Missouri

Northeast Missouri State University, Kirksville

Ohio

Capital University, Columbus
Wright State University, Dayton

Wisconsin

Marion College of Fond du Lac, Fond du Lac
Viterbo College, LaCrosse
University of Wisconsin, Eau Claire

SOUTHERN

Alabama

Tuskegee Institute, Tuskegee
Jacksonville State University, Jacksonville
University of Alabama at Huntsville, Huntsville
University of South Alabama, Mobile

Florida

Barry College, Miami

Georgia

Emory University, Atlanta
Medical College of Georgia, Augusta

Kentucky

Eastern Kentucky University, Richmond

Louisiana

Louisiana State University, New Orleans
Northwestern State University, Shreveport

Maryland

Columbia Union College, Takoma Park

North Carolina

Winston-Salem State University, Winston-Salem

Oklahoma

East Central Oklahoma State University, Ada

South Carolina

University of South Carolina, Columbia

Tennessee

Tennessee State University, Nashville

Texas

Texas Christian University, Fort Worth
University of Texas, Galveston

Virginia

University of Virginia, Charlottesville

West Virginia

West Virginia University, Morgantown

WESTERN

California

Azure Pacific College, Azure
Biola College, La Mirada
California State University--Chico, Chico
California State University at Fresno, Fresno
California State University at Sacramento, Sacramento
Humboldt State University, Arcata
University of San Francisco, San Francisco

Washington

Walla Walla College, Portland (Oregon)

APPENDIX E

LETTER TO PARTICIPANTS IN SURVEY



COLLEGE OF EDUCATION

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Blacksburg, Virginia 24061

OFFICE OF THE DEAN (703) 961-6426

August 25, 1981

Dear Nurse Administrator:

I am seeking your assistance, as administrator of a nursing program, to participate in a national study on post-licensure professional nursing education since you are the most reliable source of total program information. The data from this study could prove most valuable to nurse educators in their effort to provide quality education for registered nurses. It is the objective of this study to describe and compare baccalaureate nursing programs for registered nurses with generic baccalaureate nursing programs which are accredited by the National League for Nursing.

I would prefer your personal attention in completing the questionnaire; or an individual designated as having responsibility for or knowledge of the total program. Please answer the questionnaire, Characteristics of Baccalaureate Nursing Education for Registered Nurses, as it pertains to your program. The questionnaire should take approximately one-half hour to complete.

Since this is a national study on the fastest growing education trend in professional nursing education in the last decade, each response is important. Further, individual responses will be kept confidential and all findings will be reported as aggregate data. The number on the questionnaire is for coding purposes only.

I have enclosed a stamped, addressed envelope for convenience of reply. Please return the questionnaire by September 14, 1981. I will be happy to provide you with a summary of the results of the study when it is completed. Please so indicate on the last page of the questionnaire. Should you have any questions please feel free to call me at work: (615) 968-6685.

I look forward to receiving your early reply. Thank you for your interest, time, and cooperation. Your participation will be an important contribution to nursing education.

Sincerely,

Margaret Opitz R.N., M.S.N.
 Doctoral Candidate
 Virginia Polytechnic Institute
 and State University

APPENDIX F

THE SURVEY QUESTIONNAIRE

APPENDIX F

SURVEY

Characteristics of Baccalaureate Nursing Education
for Registered Nurses

Please Return by:

September 14, 1981

Return to:

Mrs. Margaret Opitz
Box 366

Richlands, VA 24641

Instructions:

Respondents from Upper Two and Two-Plus-Two programs should complete Sections I-IV and VIII only. Respondents of Generic Baccalaureate programs should complete Sections I and V-VII only. Institutions having both Generic and Upper Two/Two-Plus-Two programs should complete Sections I-VIII.

Purpose of Study:

This study proposes to describe and compare baccalaureate nursing education for registered nurses with generic baccalaureate nursing education. There are two curriculum variations of baccalaureate nursing education for registered nurses: Upper Two and Two-Plus-Two programs. The following terms are defined for this study.

Upper Two nursing program: an undergraduate upper-division curriculum leading to a baccalaureate degree in nursing designed specifically for registered nurses who have completed technical level nursing education and are licensed.

Two-Plus-Two nursing program: an undergraduate curriculum leading to an associate nursing degree with specified articulated procedures designed for the graduate to advance to the upper division of a baccalaureate nursing degree program. Graduates are eligible to write the registered nurse licensure exam upon completion of the Associate Nursing degree.

Generic baccalaureate nursing program: a four-year undergraduate curriculum leading to a baccalaureate degree in nursing. Graduates are eligible to write the registered nurse licensure exam. Only National League for Nursing programs will be included in the study.

Instructions:

All respondents fill in or check the appropriate space.

I. Institutional Characteristics:

A. Support:

_____ Public
 _____ Private

B. Type:

_____ Doctorate-granting university
 _____ Other institution offering degree beyond the
 baccalaureate
 _____ Institution offering only baccalaureate

C. Degree Granted:

_____ BSN
 _____ MSN
 _____ Allied health

D. Size: (Headcount Enrollment)

_____ Less than 1,000
 _____ 1,000 to 2,999
 _____ 3,000 to 9,999
 _____ Over 10,000

E. Geographic Location:

_____ Rural
 _____ Small town (Less than 5,000)
 _____ Town (5,000 to 14,999)
 _____ Small city (15,000 to 99,999)
 _____ City (100,000 to 299,999)
 _____ Metropolitan areas (Over 300,000)

F. Calendar:

_____ Quarter
 _____ Semester
 _____ Other _____

Instructions:

Respondents from Upper-Two and Two-Plus-Two programs should complete Sections II-IV only!

II. Program Characteristics:

A. Type of nursing program:

_____ Upper Two (BSN for RNs only)
 _____ Two-Plus-Two (ADN & BSN)

B. Nursing program operates as:

_____ A college
 _____ School/division of nursing
 _____ A department
 _____ Sub-department

_____ Health
 _____ Arts/Sciences
 _____ Professional studies
 _____ Other _____

C. Degree nurse administrator holds (Mark all that apply)

Doctorate

_____ Nursing _____ Non-nursing

Masters

_____ Nursing _____ Non-nursing

Bachelors

_____ Nursing _____ Non-nursing

D. Year first class RNs admitted: _____

E. Total number accumulated BSNs granted (to June, 1981) _____

F. Times a year students admitted to nursing major:

_____ 1 _____ 2 _____ 3 _____ 4

G. NLN Accreditation status (June, 1981)

_____ Full Date: _____

_____ Provisional

_____ In process

_____ Denied Date: _____

_____ Not applied

H. Total credit hours required:

_____ BSN (complete degree)
 _____ Nursing
 _____ Humanities
 _____ Foundation (Natural/social sciences & math)
 _____ Electives
 _____ Semester _____ Quarter _____ Other

I. Maximum credit hours allowed for transfer:

_____ Non-nursing
 _____ Nursing ADN
 _____ Nursing Hospital Diploma

Instructions:

Fill spaces with numbers. Statements B-J apply ONLY to full-time faculty.

III. Faculty Characteristics:

A. Number of faculty employed:

_____ Full-time
 _____ Part-time

B. Faculty education:

Doctorate

_____ Nursing _____ Non-nursing

Masters

_____ Nursing _____ Non-nursing

Bachelors

_____ Nursing _____ Non-nursing

C. Age of faculty:

_____ Below 25
 _____ 25-35
 _____ 36-45
 _____ Over 45

D. Years of faculty teaching experience:

_____ Less than 3
 _____ 3- 6
 _____ 7-10
 _____ Over 10

E. Years of faculty clinical experience other than teaching:

- _____ Less than 3
- _____ 3-6
- _____ 7-10
- _____ Over 10

F. Approximately how many faculty have published articles, books, or presented formal papers between June, 1979 and June, 1981:

G. Faculty working toward doctorate: _____

H. Faculty on tenure track contracts: _____

I. Faculty rank:

- _____ Professor
- _____ Associate Professor
- _____ Assistant Professor
- _____ Instructor

I. Average faculty/student ratio:

- _____ Classroom instruction
- _____ Clinical instruction

Instructions:

Fill spaces with numbers based on graduating class.

IV. Student Characteristics:

	<u>1981</u>
A. Sex:	
Female:	_____
Male:	_____
B. Race:	
White:	_____
Non-white:	_____
C. Marital status:	
Single:	_____
Married:	_____
Divorced/widowed:	_____
D. Enrollment status:	
Full-time:	_____
Part-time:	_____
E. Residence status:	
In/state:	_____
Out/state:	_____

1981

F. Technical education:

ADN:

Hospital Diploma:

G. Age:

Below 25:

25-29:

30-34:

35-39:

Over 39:

H. Tuition/fees per semester/quarter full-time,
in/state student:

I. Completion rate: (Percent of entering class
June, 1979 who will complete requirements by
August, 1981)

Instructions:

Representatives of Generic Baccalaureate programs should complete Sections V-VII only!

V. Program Characteristics:

A. Average number of BSNs granted last five years: _____

B. Times a year students admitted to nursing major:

_____ 1 _____ 2 _____ 3 _____ 4

C. NLN accreditation status (June, 1981)

_____ Full	Date: _____
_____ Provisional	
_____ In process	
_____ Denied	Date: _____
_____ Not applied	

D. Total credit hours required:

_____ BSN (complete degree)	
_____ Nursing	
_____ Humanities	
_____ Foundation (Natural/social sciences & math)	
_____ Electives	
_____ Semester	_____ Quarter
	_____ Other

Instructions:

Fill spaces with numbers. Statements B-J apply ONLY to full-time faculty.

VI. Faculty Characteristics:

A. Number of faculty employed:

_____ Full-time
_____ Part-time

B. Faculty education:

Doctorate:

_____ Nursing	_____ Non-nursing
---------------	-------------------

Masters:

_____ Nursing	_____ Non-nursing
---------------	-------------------

Bachelors:

_____ Nursing	_____ Non-nursing
---------------	-------------------

C. Age of faculty:

- _____ Below 25
- _____ 25-35
- _____ 36-45
- _____ Over 45

D. Years of faculty teaching experience:

- _____ Less than 3
- _____ 3-6
- _____ 7-10
- _____ Over 10

E. Years of faculty clinical experience other than teaching:

- _____ Less than 3
- _____ 3-6
- _____ 7-10
- _____ Over 10

F. Approximately how many faculty have published articles, books, or presented formal papers between June, 1979-June, 1981:

G. Faculty working toward doctorate: _____

H. Faculty on tenure track contracts: _____

I. Faculty rank:

- _____ Professor
- _____ Associate Professor
- _____ Assistant Professor
- _____ Instructor

J. Average faculty/student ratio:

- _____ Classroom instruction
- _____ Clinical instruction

Instructions:

Fill spaces with numbers based on graduating class.

VII. Student Characteristics:

1981

A. Sex:

- Female: _____
- Male: _____

B. Race:

- White: _____
- Non-white: _____
- Other: _____

C. Marital status:

Single:

Married:

Divorced/widowed:

D. Enrollment status:

Full-time:

Part-time:

E. Residence status:

In/state:

Out/State:

F. Age:

Below 25:

25-29:

30-34:

35-39:

Over 39:

G. Tuition/fees per semester/quarter full-time,
in/state student:

H. Completion rate: (Percent of entering class
June, 1979 who will complete requirements
by August, 1981)

VIII. Program Decisions:

Instructions: Following is a list of items related to educational decisions made about and for registered nurses. Consider each item carefully and indicate the degree of IMPORTANCE it has in your program. Using the following code, place an X in the most appropriate box that accurately describes your program.

In your nursing program, this item is:

- (1) Very Important to program
- (2) Slightly Important to program
- (3) Slightly Unimportant to program
- (4) Very Unimportant to program

(1) *Very Important*
 (2) *Slightly Important*
 (3) *Slightly Unimportant*
 (4) *Very Unimportant*

Part I. Selection of applicants is based on

(A). Individual Credentials:

1. State resident.	()	()	()	()
2. Minority status: sex.	()	()	()	()
3. Minority status: race.	()	()	()	()
4. Overall grade point average.	()	()	()	()
5. Grade point average in technical nursing program.	()	()	()	()
6. Grade point average in humanities.	()	()	()	()
7. Grade point average in sciences.	()	()	()	()
8. Grade point average in math.	()	()	()	()
9. State Board scores.	()	()	()	()
10. NLN achievement exam scores.	()	()	()	()
11. SAT/ACT exam scores.	()	()	()	()
12. First selected meet requirements.	()	()	()	()
13. Previous related work experience.	()	()	()	()
14. Interview: interests/goals/motivation.	()	()	()	()
15. Recommendation letters.	()	()	()	()

(B) Institutional admission policies:

16. Open admissions.	()	()	()	()
17. Enrollment quotas.	()	()	()	()

	(1) Very Important	(2) Slightly Important	(3) Slightly Unimportant	(4) Very Unimportant
18. Affirmative action.	()	()	()	()
19. Federal program funding.	()	()	()	()
20. State program funding.	()	()	()	()
21. Available nursing faculty.	()	()	()	()
22. Available clinical resources.	()	()	()	()

Part II. Awarding credit to RNs based on:

23. Obtained ADN.	()	()	()	()
24. Obtained Hospital Diploma.	()	()	()	()
25. PEP, CLEP, or institutional exams for non-nursing.	()	()	()	()
26. ACT/SAT exams for non-nursing.	()	()	()	()
27. NLN achievement exams.	()	()	()	()
28. New York Regents exam.	()	()	()	()
29. Challenging/proficiency exams for nursing.	()	()	()	()
30. State board scores.	()	()	()	()
31. Course validation.	()	()	()	()

Part III. Nursing curriculum content areas REQUIRED at the upper division level regardless of prior learning or experience:

32. Introduction to nursing discipline.	()	()	()	()
33. Fundamental nursing skills.	()	()	()	()
34. Communications.	()	()	()	()
35. Group process.	()	()	()	()
36. Beginning adult health/illness.	()	()	()	()
37. Advanced adult health/illness.	()	()	()	()
38. Child health.	()	()	()	()
39. Maternal/newborn health.	()	()	()	()
40. Psychiatric/mental health.	()	()	()	()
41. Public/community health.	()	()	()	()
42. Leadership/management.	()	()	()	()

Very Important
 Slightly Important
 Slightly Unimportant
 Very Unimportant

	(1)	(2)	(3)	(4)
43. Research methodology.	()	()	()	()
44. Professional development.	()	()	()	()

Part IV. Nursing LEARNING experiences:

45. Administer direct client care using nursing process.	()	()	()	()
46. Administer care to families.	()	()	()	()
47. Analyze special nursing issues/problems.	()	()	()	()
48. Attend professional nursing activities.	()	()	()	()
49. Demonstrate technical skills.	()	()	()	()
50. Demonstrate physical assessment skills.	()	()	()	()
51. Demonstrate critical thinking/decision making in complex nursing situations.	()	()	()	()
52. Design and implement research proposal.	()	()	()	()
53. Facilitate and participate in group process.	()	()	()	()
54. Investigate and use multiple resources.	()	()	()	()
55. Participate in leadership/management opportunities.	()	()	()	()
56. Participate in public/community health facilities.	()	()	()	()
57. Participate in in/patient facilities.	()	()	()	()
58. Participate in out/patient facilities.	()	()	()	()
59. Participate in rural facilities.	()	()	()	()
60. Participate in urban facilities.	()	()	()	()
61. Serve as client advocate.	()	()	()	()
62. Supervise health team to give direct client care using nursing process.	()	()	()	()
63. Teach clients.	()	()	()	()

Very Important
Slightly Important
Slightly Unimportant
Very Unimportant

(1) (2) (3) (4)

Part V. Evaluation of students' learning experiences:

(A) Evaluators:

- | | | | | | |
|-----|--|-----|-----|-----|-----|
| 64. | Clinical personnel/preceptor's evaluation. | () | () | () | () |
| 65. | Faculty evaluation. | () | () | () | () |
| 66. | Peer evaluation. | () | () | () | () |
| 67. | Self evaluation. | () | () | () | () |

(B) Method of Evaluation:

- | | | | | | |
|-----|---|-----|-----|-----|-----|
| 68. | Class preparation/performance. | () | () | () | () |
| 69. | Clinical case study. | () | () | () | () |
| 70. | Clinical performance. | () | () | () | () |
| 71. | Comprehensive final exam. | () | () | () | () |
| 72. | Daily recordings of learning experiences. | () | () | () | () |
| 73. | Group project. | () | () | () | () |
| 74. | Individual project. | () | () | () | () |
| 75. | Inclass exam. | () | () | () | () |
| 76. | Take home exam. | () | () | () | () |
| 77. | Scholarly paper. | () | () | () | () |
| 78. | Seminar presentation. | () | () | () | () |

Part VI. Structure of nursing learning experiences:

- | | | | | | |
|-----|--------------------------------------|-----|-----|-----|-----|
| 79. | Clinical practice lab. | () | () | () | () |
| 80. | Group discussion. | () | () | () | () |
| 81. | Faculty/student informal discussion. | () | () | () | () |
| 82. | Lecture courses. | () | () | () | () |
| 83. | Interdisciplinary courses. | () | () | () | () |
| 84. | Seminar courses. | () | () | () | () |
| 85. | Formal readings. | () | () | () | () |
| 86. | Independent study. | () | () | () | () |
| 87. | Use of adjunct faculty. | () | () | () | () |
| 88. | Use of clinical preceptors. | () | () | () | () |

	Very Important (1)	Slightly Important (2)	Slightly Unimportant (3)	Very Unimportant (4)
89. Courses offered off campus in geographically remote areas.	()	()	()	()
90. Courses offered with traditional schedule (i.e., day and afternoon during week).	()	()	()	()
91. Courses offered with flexible schedule (i.e., week-end and evenings).	()	()	()	()
Part VII. <u>Program Objectives:</u>				
92. Transfer knowledge derived from other disciplines to nursing practice.	()	()	()	()
93. Apply nursing knowledge to illness prevention, restorative care, and health promotion.	()	()	()	()
94. Deliver comprehensive nursing care.	()	()	()	()
95. Use health care education in nursing practice.	()	()	()	()
96. Deliver nursing care as a generalist.	()	()	()	()
97. Develop an area of nursing expertise (i.e., nurse practitioner).	()	()	()	()
98. Provide leadership/management in nursing practice.	()	()	()	()
99. Make decisions independently in a multitude of clinical settings.	()	()	()	()
100. Use nursing process with individuals, families, and groups.	()	()	()	()
101. Collaborate with consumers and health team to improve health care delivery.	()	()	()	()
102. Serve as client advocate.	()	()	()	()
103. Use research findings to improve nursing practice.	()	()	()	()
104. Assume responsibility and accountability for personal and professional development.	()	()	()	()

Please indicate the conceptual framework of the nursing program:

_____ Nursing _____ Specify

_____ Non-nursing _____ Specify

If available, please send any materials pertaining to the Upper Two or Two-Plus-Two nursing programs you are willing to share.

_____ Desire summary report of findings.

Comments:

APPENDIX G

SECOND STEP PROGRAMS IN FIELD TEST

APPENDIX G

SECOND STEP PROGRAMS REPRESENTED IN
FIELD TEST OF INSTRUMENT

TABLE 3

SECOND STEP PROGRAMS REPRESENTED IN FIELD TEST OF INSTRUMENT

Institution	Location
Boise State University	Boise, ID
Bluffton College	Bluffton, OH
California Lutheran College	Thousand Oaks, CA
Daemon College	Amherst, NY
Georgia Southwestern College	Americus, GA
Lake Superior State College	Sault Sainte Marie, MI
Mobile College	Mobile, AL
Sangamon State University	Springfield, IL
Southern Oregon State College	Ashland, OR
University of North Florida	Jacksonville, FL

APPENDIX H

LETTER TO PARTICIPANTS IN FIELD TEST



COLLEGE OF EDUCATION

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Blacksburg, Virginia 24061

OFFICE OF THE DEAN

July 24, 1981

Nurse Administrator
.....

Dear Nurse Administrator (name),

I am conducting a national study of baccalaureate nursing programs designed specifically for registered nurses. There are two curriculum variations, the classic "upper two" undergraduate upper-division curriculum leading to a baccalaureate degree in nursing designed specifically for registered nurses who have completed technical nursing education. The other is a "two-plus-two" variation which is an undergraduate curriculum leading to an associate nursing degree with specific articulated procedures designed for the graduate to advance to the upper division baccalaureate nursing degree program. Graduates are eligible to write the registered nurse licensure exam. Only the upper-division curriculum constitutes the focus of this study. In addition, baccalaureate nursing programs designed specifically for registered nurses will be compared with generic baccalaureate nursing programs which are accredited by the National League for Nursing.

You have been selected to field test the instrument, Characteristics of Baccalaureate Nursing Education for Registered Nurses. Based upon your consent on the phone, I am enclosing a copy of the instrument, an instrument evaluation form and a self addressed stamped envelope for convenience of reply. Please respond to the instrument as it pertains to your program.

I would appreciate it very much if you would complete both forms and return them within a week of receipt of the instrument. Since I am using a small sample for a field test of the instrument, each response is important.

I am interested in your comments as to comprehensiveness and possible ambiguities as well as the approximate time required to complete the instrument.



COLLEGE OF EDUCATION

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Blacksburg, Virginia 24061

OFFICE OF THE DEAN

Your responses will be kept confidential and all responses will be reported as aggregate data. Further, you are invited to write any suggestions which you would like to share; all suggestions will be given serious consideration.

Thank you very much for your time, interest, and effort.

Sincerely,

Margaret Opitz
Doctoral Candidate
Virginia Polytechnic Institute and
State University

APPENDIX I

FIELD TEST EVALUATION FORM

APPENDIX I

FIELD TEST EVALUATION FORM

Instrument Evaluation

Instructions:

This is a field test of the enclosed instrument. Please complete this form AFTER completion of the instrument. Check the appropriate spaces. Any comments and suggestions will be appreciated. Thank you!

Yes No

I. Institutional Characteristics:

- | | | | |
|----|---|-----|-----|
| A. | Are items worded clearly? | ___ | ___ |
| B. | Are items comprehensive of area/subject material? | ___ | ___ |
| C. | Are items redundant? | ___ | ___ |
| D. | Do you recommend additional items? | ___ | ___ |
- If so, please specify: _____

Comments: _____

II. Program Characteristics:

- | | | | |
|----|---|-----|-----|
| A. | Are items worded clearly? | ___ | ___ |
| B. | Are items comprehensive of area/subject material? | ___ | ___ |
| C. | Are items redundant? | ___ | ___ |
| D. | Do you recommend additional items? | ___ | ___ |
- If so, please specify: _____

Comments: _____

III. Faculty Characteristics:

- | | | | |
|----|---|-----|-----|
| A. | Are items worded clearly? | ___ | ___ |
| B. | Are items comprehensive of area/subject material? | ___ | ___ |
| C. | Are items redundant? | ___ | ___ |
| D. | Do you recommend additional items? | ___ | ___ |
- If so, please specify: _____

Comments: _____

Yes NoIV. Student Characteristics:

- A. Are items worded clearly? _____
- B. Are items comprehensive of area/subject material? _____
- C. Are items redundant? _____
- D. Do you recommend additional items? _____
- If so, please specify: _____

Comments: _____

V. Program Characteristics:

- A. Are items worded clearly? _____
- B. Are items comprehensive of area/subject material? _____
- C. Are items redundant? _____
- D. Do you recommend additional items? _____
- If so, please specify: _____

Comments: _____

VI. Faculty Characteristics:

- A. Are items worded clearly? _____
- B. Are items comprehensive of area/subject material? _____
- C. Are items redundant? _____
- D. Do you recommend additional items? _____
- If so, please specify: _____

Comments: _____

VII. Student Characteristics:

- A. Are items worded clearly? _____
- B. Are items comprehensive of area/subject material? _____
- C. Are items redundant? _____

VII. Student Characteristics (Cont'd.) Yes No

D. Do you recommend additional items? ___ ___
If so, please specify: _____

Comments: _____

VIII. Program Decisions:

Section I. Selection of applicants is based on:

(A) Individual Credentials:

A. Are items worded clearly? ___ ___

B. Are items comprehensive of area/subject material? ___ ___

C. Are items redundant? ___ ___

D. Do you recommend additional items? ___ ___

If so, please specify: _____

Comments: _____

(B) Institutional Admission Policies:

A. Are items worded clearly? ___ ___

B. Are items comprehensive of area/subject material? ___ ___

C. Are items redundant? ___ ___

D. Do you recommend additional items? ___ ___

If so, please specify: _____

Comments: _____

Section II. Awarding credit to RNs based on:

A. Are items worded clearly? ___ ___

B. Are items comprehensive of area/subject material? ___ ___

C. Are items redundant? ___ ___

Yes No

VIII. Program Decisions: Section II (Cont'd.)

- D. Do you recommend additional items? ___ ___
If so, please specify: _____

Comments: _____

Section III. Nursing curriculum content areas
required at the upper division
level regardless of prior learning
or experience:

- A. Are items worded clearly? ___ ___
- B. Are items comprehensive of area/subject material? ___ ___
- C. Are items redundant? ___ ___
- D. Do you recommend additional items? ___ ___
If so, please specify: _____

Comments: _____

Section IV. Nursing learning experiences:

- A. Are items worded clearly? ___ ___
- B. Are items comprehensive of area/subject material? ___ ___
- C. Are items redundant? ___ ___
- D. Do you recommend additional items? ___ ___
If so, please specify: _____

Comments: _____

Yes No

VIII. Program Decisions (Cont'd.)

Section V. Evaluation of students' learning experiences:

(A) Evaluators:

- A. Are items worded clearly? — —
 - B. Are items comprehensive of area/subject material? — —
 - C. Are items redundant? — —
 - D. Do you recommend additional items? — —
- If so, please specify: _____
- _____

Comments: _____

(B) Method of Evaluation:

- A. Are items worded clearly? — —
 - B. Are items comprehensive of area/subject material? — —
 - C. Are items redundant? — —
 - D. Do you recommend additional items? — —
- If so, please specify: _____
- _____

Comments: _____

Section VI. Structure of nursing learning experiences:

- A. Are items worded clearly? — —
 - B. Are items comprehensive of area/subject material? — —
 - C. Are items redundant? — —
 - D. Do you recommend additional items? — —
- If so, please specify: _____
- _____

Comments: _____

Yes No

VIII. Program Decisions (Cont'd.)

Section VII. Program objectives:

- A. Are items worded clearly?
- B. Are items comprehensive of area/subject material?
- C. Are items redundant?
- D. Do you recommend additional items?

If so, please specify: _____

Comments: _____

Time to complete instrument? _____ minutes

General Comments:

Suggestions:

APPENDIX J

FOLLOW-UP LETTER TO PARTICIPANTS IN SURVEY



COLLEGE OF EDUCATION

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Blacksburg, Virginia 24061

OFFICE OF THE DEAN

Dear Nurse Administrator:

Several weeks ago I mailed you a survey Characteristics of Baccalaureate Education for Registered Nurses. So far, your completed copy has not been received. I realize how busy you must be, but I need and would appreciate your assistance.

This important study on post-licensure professional nursing education for registered nurses can be completed only if as many nurse administrators as possible return their surveys. It may seem lengthy, but it only takes approximately thirty to forty-five minutes to complete. Your responses will be kept confidential and all findings will be reported as compiled data.

Please complete the survey previously sent to you and return it soon. Thank you very much for your time and effort.

Sincerely,

Margaret Opitz
Doctoral Candidate
Virginia Polytechnic Institute and
State University

rn

APPENDIX K

PERMISSION LETTER FROM THE
AMERICAN JOURNAL OF NURSING



AMERICAN JOURNAL OF NURSING COMPANY

558 WEST 57TH STREET • NEW YORK, NEW YORK 10019 •

January 18, 1982

Margaret Opitz, R.N., M.S.N.

Dear Ms. Opitz:

Your letter of January 4th, 1982 to Dr. Pauline Brimmer has been referred to me for reply.

Permission is hereby granted for you to utilize the following tables: 1) Table 1-A-2 "Estimated Number of Employed Registered Nurses by Highest Educational Preparation, 1971-80", located on page 6; 2) Table 11-C-5 "Number of Registered Nurse Students Enrolled in and Graduated from Baccalaureate Programs in Colleges and Universities, 1978", located on page 164; 3) in adapted form Table 11-C-1 "Registered Nurse Students Enrolled in College and Universities by Type of Nursing Programs, Fall 1969-1978", located on page 161. All of the above tables appeared in FACTS ABOUT NURSING 1980-81.

It is our understanding that these tables will appear in your doctoral dissertation. Please use the following credit line as acknowledgement of permission received.

Copyright (c) 1981, American Journal of Nursing Company.
Reprinted from FACTS ABOUT NURSING 1980-81.

Thank you for your cooperation and interest in our materials.

Cordially yours,

Permissions Editor

/lmv

APPENDIX L
RESPONSES FROM NLN GENERIC
BACCALAUREATE NURSING PROGRAMS

Appendix L

Responses from NLN Generic Baccalaureate Nursing Programs

(by NLN Regions)

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>North Atlantic</u>		11	8	72.7%
Alfred University	N.Y.			
American University-- Lucy Webb Haynes School	D.C.			
Boston State College	Mass.			
D'Youville College	N.Y.			
Seton Hall University	N.J.			
University of Massachusetts	Mass.			
University of the State of N.Y. at Albany	N.Y.			
Villa Maria College	Pa.			
<u>Midwest</u>		17	9	52.9%
Capitol University	Ohio			
Elmhurst College	Ill.			
Iowa Wesleyan College	Iowa			
North Park College	Ill.			
Northwest Missouri State University	Mo.			
University of Kansas	Kans.			
University of Wisconsin	Wis.			
Viterbo College	Wis.			
Wright University	Ohio			

Appendix L -- continued

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>Southern</u>		19	8	42.1%
Columbia Union College	Md.			
East Central Oklahoma State Univ.	Okla.			
Jacksonville State University	Ala.			
Texas Christian University	Tex.			
University of Alabama at Huntsville	Ala.			
University of Southern Alabama	Ala.			
West Virginia University	W.V.			
Winston-Salem State University	N.C.			
<u>Western</u>		8	5	62.5%
Biola College	Calif.			
Calif. State University at Sacramento	Calif.			
Humboldt State University	Calif.			
University of San Francisco	Calif.			
Walla Walla College	Wash.			

APPENDIX M
RESPONSES FROM UPPER TWO SECOND STEP
NURSING PROGRAMS

Appendix M

Responses from Upper Two Second Step Nursing Programs

(By NLN Regions)

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>North Atlantic</u>		28	22	78.5%
Anne Marie College	Mass.			
Boston State College	Mass.			
Daemon College	N.Y.			
Dominican College of Blauvelt	N.Y.			
College of Saint Elizabeth	N.J.			
Elmira College	N.Y.			
Emmanuel College	Mass.			
Felician College	N.J.			
Hahneman Medical College and Hospital	Pa.			
Kutztown State College	Pa.			
La Roche College	Pa.			
Marywood College	Pa.			
Medgar Evers College of CUNY	N.Y.			
Millersville State College	Pa.			
Nazareth College	N.Y.			
Pace University, Westchester	N.Y.			
Salem State College	Mass.			
Slippery Rock State College	Pa.			
State University College at Utica/Rome	N.Y.			
Stern College for Women of Yeshiva University	N.Y.			
University of Hartford	Conn.			
Worcester State College	Mass.			

Appendix M -- continued

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>Midwest</u>		32	27	84.3%
Ashland College	Ohio			
Augsburg College	Minn.			
Bluffton College	Ohio			
Briar Cliff College	Iowa			
Cleveland State University	Ohio			
Coe College	Iowa			
Edgecliff College	Ohio			
Franklin University	Ohio			
Governors State University	Ill.			
Illinois Benedictine College	Ill.			
Indiana Central University	Ind.			
Indiana University--Purdue	Ind.			
Lake Superior State College	Mich.			
Lindenwood College	Mo.			
Moorhead State University	Minn.			
Northwest Missouri State University	Mo.			
Ohio University	Ohio			
Quincy College	Ill.			
Saint Francis College	Ind.			
Saint Mary College	Kans.			
Sangamon State University	Ill.			
Southwest Missouri State University	Mo.			
University of Dubuque	Iowa			
University of Illinois	Ill.			
Upper Iowa College	Iowa			
Webster College	Mo.			
Youngstown State University	Ohio			

Appendix M -- continued

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>Southern</u>		25	19	76.0%
Bellarmino College	Ky.			
Bowie State College	Md.			
Florida Southern College	Fla.			
Florida State University	Fla.			
Georgia Southwestern College	Ga.			
Lenoir Rhyne College	N.C.			
Loyola University of New Orleans	La.			
Medical University of South Carolina	S.C.			
Notre Dame College	Md.			
Stephen F. Austin State University	Tex.			
University of Kentucky	Ky.			
University of Louisville	Ky.			
University of Maryland	Md.			
University of North Florida	Fla.			
University of South Carolina-- Spartanburg	S.C.			
University of Texas at Tyler	Tex.			
University of West Florida	Fla.			
West Liberty State College	W.V.			
West Virginia University	W.V.			

Appendix M -- continued

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>Western</u>		16	14	87.5%
Boise State University	Ida.			
California Lutheran College	Calif.			
California State College San Bernardino	Calif.			
California State College at Sonoma	Calif.			
California State College Turlock	Calif.			
Gonzaga University	Wash.			
Holy Names College	Calif.			
Lewis-Clark State College	Ida.			
Mesa College	Colo.			
Metropolitan State College	Colo.			
Pacific Lutheran University	Wash.			
Southern Oregon State College	Ore.			
University of San Diego	Calif.			
University of San Franisco	Calif.			

APPENDIX N
RESPONSES FROM TWO-PLUS-TWO SECOND STEP
NURSING PROGRAMS

Appendix N

Responses from Two-Plus-Two Second Step Nursing Programs

(by NLN Regions)

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>North Atlantic</u>		1	1	100.0%
Gwynedd-Mercy College	Pa.			
<u>Midwest</u>		6	6	100.0%
Indiana State University	Ind.			
Maryville College	Mo.			
Otterbein College	Ohio			
Purdue University	Ind.			
Purdue University--Calumet	Ind.			
University of Nebraska	Neb.			
<u>Southern</u>		8	7	87.5%
Angelo State University	Tex.			
Cameron College	Okla.			
Marshall University	W.V.			
Mobile College	Ala.			
Southern Missionary College	Tenn.			
Union University	Tenn.			
Western Kentucky University	Ky.			

Appendix N -- continued

Region/Institution	State	Number Surveyed	Number of Responses	Response Rate
<u>Western</u>		4	4	100.0%
New Mexico State University	N.M.			
Northern Arizona University	Ariz.			
Oregon Institute of Technology	Ore.			
Western Washington University	Wash.			

**The three page vita has been
removed from the scanned
document. Page 1 of 3**

**The three page vita has been
removed from the scanned
document. Page 2 of 3**

**The three page vita has been
removed from the scanned
document. Page 3 of 3**

CHARACTERISTICS OF SECOND STEP BACCALAUREATE NURSING
PROGRAMS AS COMPARED TO NATIONAL LEAGUE FOR NURSING
GENERIC BACCALAUREATE NURSING PROGRAMS

by

Margaret Gault Opitz

(ABSTRACT)

A review of the literature reveals that data about Second Step baccalaureate nursing programs for registered nurses remain elusive due to a lack of comprehensive research although such programs represent a significant trend in nursing education.

The purpose of the study was to describe post-licensure professional nursing education according to selected institutional, program, faculty, and student characteristics; analyze the importance of educational decisions made about and for registered nurses in Second Step programs; and compare post-licensure professional nursing education, Upper Two and Two-Plus-Two programs, with NLN generic baccalaureate nursing education.

The population included 100 Second Step programs consisting of two curriculum patterns: 82 Upper Two and 18 Two-Plus-Two programs, and a random sample of 30 NLN generic

baccalaureate nursing programs who responded to the survey questionnaire.

The major findings reveal a great deal of similarity between the characteristics of Second Step programs and NLN generic baccalaureate programs in faculty preparation; faculty/student classroom and clinical size; proportion of nurse administrators with doctorates; required hours for the baccalaureate nursing degree including nursing-cognate, humanities, foundations, and electives; types of institutions which contain programs; and the awarded degrees. Two-Plus-Two graduates appeared similar to NLN generic baccalaureate graduates by being predominantly full-time, single, white, and female. More Upper Two graduates were married, divorced, widowed, older, and attended school on a part-time basis.

Nurse educators had a high degree of consensus on the importance of educational decisions made about and for registered nurses in selecting applicants, awarding credit, nursing curriculum content required at the upper division level, nursing learning experiences, evaluation of students' learning experiences, and program objectives.

Post-licensure professional nursing offers a mechanism for nursing career mobility and higher education articulation for non-degree registered nurses. The proliferation of

programs and graduates demonstrates Second Step programs are part of the mainstream of professional nursing education.