

REGISTERED NURSES WHO DO AND WHO DO NOT  
PURSUE THE BACCALAUREATE DEGREE IN NURSING (BSN)

by

Sylvia M. Root

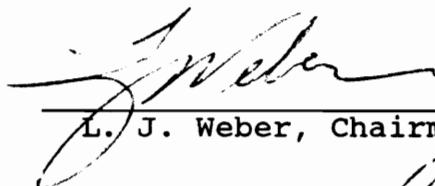
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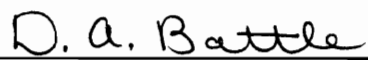
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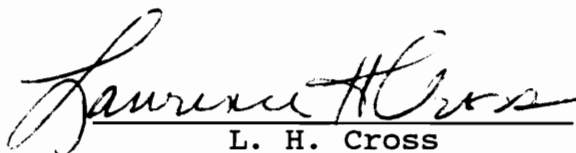
in

Curriculum and Instruction

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(ABSTRACT)

This study described the registered nurses (RNs) who do and the RNs who do not pursue a BSN. The constructs of motivational orientations, Locus-of-Control, and perceived educational barriers guided the study. The subjects consisted of 102 RNs who lived/worked in the same geographical region. Fifty-three of the subjects were enrolled in a BSN program and included three male students. Forty-nine of the subjects were not enrolled. On average the RNs pursuing a BSN were younger, employed fewer years, and a slightly lower percentage held management positions than the RNs not pursuing a BSN. A pilot study aided in the design of the questionnaire for this study which consisted of four parts; the modified 48-item Education Participation Scale, the modified Reid-Ware Three-factor Locus-of-Control instrument, a modified barriers-to-education section, and a personal profile questionnaire. Follow-up interviews were conducted individually with four randomly selected RNs from each group. RNs pursuing a BSN identified barriers to education that were program or school related. In contrast, RNs not pursuing a BSN identified barriers to education that

were personal i.e., cost. Both groups identified "time required to complete the program" as one of the three most notable barriers. RNs pursuing a BSN do so for Professional Advancement and Self-esteem. RNs pursuing a BSN indicated they had more control in their successes or failures and in the school and work setting than did RNs not pursuing a BSN. Motivational orientations (Professional Advancement and Self-esteem) and Internal Locus-of-Control (Social-System and Fatalism) were correlated with group membership of RNs pursuing a BSN. External Locus-of-Control Fatalism and age were correlated with group membership of RNs not pursuing a BSN. Recommendations included further research and a RN-BSN program to reduce identified barriers under the control of the educational system.

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## CHAPTER I

### INTRODUCTION

The number of registered nurses (RNs) enrolling in baccalaureate nursing (BSN) programs is increasing. According to a 1989 National League for Nursing (NLN) report, the enrollment of RNs in baccalaureate completion programs in the United States was 41,112 in 1984 and 46,375 in 1987, and in Virginia, the enrollment of RNs in BSN completion programs was 753 in 1984 and 860 in 1987 (NLN, 1989; p. 39). This trend toward seeking higher education in nursing is congruent with data reported by Lynton (1986), who discussed the growing demand for higher education by adults and/or nontraditional students. Lynton noted that in universities one third of all undergraduates are 23 years old or older, and 20 percent are 25 years old or older.

Data published by the NLN indicated that there are now over 2,000,000 registered nurses in the United States. Of that total, 49 percent are diploma school graduates, 28 percent associate degree (AD) graduates, and 22 percent baccalaureate degree (BS) nursing graduates (American Journal of Nursing (AJN), 1989). Furthermore, AD nursing programs are increasing and graduating more nurses than either baccalaureate or diploma schools of nursing (NLN, 1989).

Baccalaureate education for nurses has long been encouraged. In 1965, the American Nurses' Association (ANA)



issued "A Position Paper," endorsing the notion that education for nurses take place in institutions of higher education (AJN, 1965). The position paper also included the charge that a minimum requirement for beginning professional nursing practice should be a baccalaureate degree in nursing. Thirteen years later, in 1978, the ANA resolved that by 1985 there would be only two levels of nursing, professional nursing (by RNs) and technical nursing by associate nurses (ANs) (American Nurses' Association, 1978). A baccalaureate degree would be required for entry into professional nursing, and only baccalaureate prepared nurses would be eligible to write for the licensing examination to obtain the designation of registered nurse (RN). However, only North Dakota has actually developed a mechanism to implement the ANA recommendation (Wakefield-Fisher, Wright, & Kraft, 1986).

Baccalaureate nursing programs have initiated various program and curricular changes to accommodate registered nurses enrolling for the Bachelor of Science in Nursing (BSN). The programs use various methods for program planning and curricular changes that reflect the NLN 1985 position statement on awarding credit for previous nursing knowledge and competency recommendations (NLN, 1985). For the most part, the position statement was based on the 1982 NLN Position Statement on Education Mobility, the 1983 American Council on Education, "Guidelines for Making

Credit/Non-Credit Decisions," and the 1979 Council on Postsecondary Accreditation, American Council on Education, and American Association of Collegiate Registrars and Admissions Officers "Joint Statement on Transfer and Award of Academic Credit." Additionally, the NLN has published expected competencies and/or characteristics of graduates for each type of program, i.e., diploma, associate degree, and baccalaureate (NLN, 1978). This publication provides a basis for determining the content taught in these programs and for developing appropriate courses and course content.

In 1987, the NLN published a statement on methods for awarding credit for previously acquired nursing knowledge and competency (NLN, 1987), which aided further development of programs and curricula for RNs seeking a BSN. For example, the traditional baccalaureate program may be offered in night or weekend classes at on- and off-campus locations. Some schools have developed programs specifically designed for RNs. These RN-completion programs offer advanced placement credit through various methods, including nursing-course challenge exams (both teacher-made and standardized) and clinical skills demonstrations for college credit (Arlton & Miller, 1987); bridge courses and preparation of a portfolio demonstrating knowledge and experience equivalent to the junior year followed by enrollment in the senior-year courses (Bunkers & Geyer, 1988); credit for all challenges of junior-year courses

through examination followed by completion of senior-year courses with the regular students with possible individualization within courses (Carroll & Artman, 1980); off-campus nursing extension programs with the choice of taking some general education courses concurrently (Forni, 1986); course modifications and use of agency preceptors for clinical supervision (Garvey, 1983); combinations of the previous methods (MacLean, Knoll & Kinney, 1985); written student contracts for clinical learning experiences combined with agency preceptor supervision (Martens, 1981); evening, weekend and off-campus courses held in locations convenient to RNs (Rothert, Talarczyk, Currier-Jayne & McCartney, 1988); same courses taught during both day and evening hours for flexible attendance and work schedules coupled with comprehensive examination to validate prior knowledge (Sullivan, Brye, Kock, Olson & Shabel, 1984); and lastly, extension sites and teleconferencing for RNs only (Tiffany & Burson, 1986; Root & Lichtman, 1990). Program planning is generally based on the recognition that registered nurse students are different in their knowledge, experience, thinking patterns, and socializing influences (Muzio & Ohashi, 1979). Additionally, registered-nurse students are often married or previously married and currently working and under financial constraints (Dustan, 1981; Parloche & Hiraki 1982; Wooley, 1973).

Another approach to educating RNs seeking a BSN and

graduate education has been to combine certain courses to provide a concentration in an area that is included at both the BSN and master's level. Usually the courses selected are research, issues, and/or nursing theory courses (Balcerski, 1990; Kinion, 1990; Streubert, 1990). Programs with this approach are typically referred to as RN-MSN programs.

Perceived barriers encountered by RNs returning to school to obtain a baccalaureate degree may be a major obstacle to those already enrolled in RN-completion programs. Further, perceived barriers may discourage those who might be planning to enroll. Such barriers include, a) lack of flexibility in baccalaureate programs; b) inconvenient scheduling; c) geographic inaccessibility; d) duplication of nursing knowledge and experience by available programs; e) lowered self-esteem resulting from required repetition of previously mastered nursing experiences; f) altered life-styles due to school commitment; g) limited nontraditional baccalaureate degree programs; h) lack of standard criteria in assigning academic credit for previously completed course work, clinical experience, and challenge examinations; and i) conflicting work and school schedules (Arms, Chenevey, Karrer, & Rumpler, 1985; NLN, 1987).

Further, Lethbridge (1989) reported that there are few direct benefits, especially in rural parts of the country,

for a RN who returns to school for a BSN. These few benefits were considered deterrents or barriers in pursuing a BS degree and included, among others, the lack of a salary differential for educational preparation and lack of educational requirements for leadership positions and employment in community health agencies.

Despite these barriers or deterrents, many RNs continue to pursue the BSN. Few studies (Carmody, 1982; Fotos, 1987; Lethbridge, 1989) have investigated the motivational factors involved in seeking baccalaureate education, and few have investigated Locus-of-Control (LOC) as an influence on seeking or enrolling in a BSN program. Moreover, no studies have compared the relationship of personal demographics, motivational orientations, and Locus-of-Control factors of these two groups; RNs who pursue a BSN and RNs who do not pursue a BSN. Data are needed on the motivational orientations and LOC factors operant in RNs who do and RNs who do not pursue a BSN; the perceived barriers to educational pursuits identified by RNs who do and RNs who do not pursue a BSN; and the personal profiles of RNs who do and RNs who do not pursue a BSN to form a data base for use by nurse educators and administrators.

#### THE PROBLEM

A review of the literature reveals a lack of information at state and regional levels concerning reasons

why some RNs choose to pursue a baccalaureate nursing degree while others do not. In fact, one could find it extremely difficult at the present time to describe adequately these two groups. To enhance program planning at the various schools offering the BSN, regional and state data bases need to be established. The purpose of this study is, therefore, to investigate a set of questions to describe RNs who do and RNs who do not pursue a BSN which ultimately could augment decision making among the nursing population and BSN granting institutions to enhance program planning for these two groups. The questions guiding this study are:

1. What are the personal profiles of the RNs who pursue the nursing baccalaureate (BSN) and of the RNs who do not pursue the BSN?
2. Are barriers to education perceived differently by the RNs who pursue a BSN and RNs who do not pursue a BSN?
3. Are motivational orientations (MOs) different for RNs who pursue a BSN and RNs who do not pursue a BSN?
4. Is Locus-of-Control (LOC) different for the RNs who pursue a BSN and the RNs who do not pursue a BSN?
5. Do relationships exist between the variables of age, job satisfaction, income, distance from institution, MO, LOC, marital status, type of position in nursing and Group Membership?
6. Which courses/course content do RNs who pursue the BSN consider repetitive of prior nursing knowledge?

## SIGNIFICANCE OF THE STUDY

The relevance of this study for nursing education and nursing practice is to provide information about RNs who do and RNs who do not pursue a BSN, the motives and Locus-of-Control operant in the two groups, and barriers to education as perceived by both groups of RNs. Nurse educators would be able to use the information in program planning for these groups. Further, strategies could be designed to recruit RNs not pursuing a BSN and to retain those enrolled. Additionally, agencies employing nurses could use the information to assist in fostering their educational endeavors. Moreover, the study will add information about these two groups of RNs at the regional, state, and national levels.

## ASSUMPTION

The basic assumption underlying this study was that RNs decide to pursue or do not pursue a BSN based on multiple rather than a single reason. Further, decisions are not made in isolation but are influenced by beliefs, values, dreams, experiences, and within the context of how they perceive their environment. This assumption guides the study to obtain data to measure the specific constructs delineated in the conceptual framework of this study.

## CONCEPTUAL FRAMEWORK

The conceptual framework for this study was based on the stated assumption and consisted of the constructs of motivational orientations, Locus-of-Control, and environmental factors (perceived educational barriers) to investigate what if any differences existed between RNs who do and RNs who do not pursue a BSN. Melton (1952) proposed that motivation activates, directs, and selects behaviors. Further, DeCharms (1981) indicated that motives are organizing principles that affect a person's thoughts, beliefs, behavior, dreams, and actions (p. 339).

The motivational orientations construct in this study was derived from studies conducted by Boshier (1971, 1976), Carmody (1982), and Lethbridge (1989) and a pilot study consisting of in-depth interviews with RNs pursuing a BSN. The motivational orientation construct consisted of the factors of cognitive interest, external expectations, community service, professional advancement, and self-esteem.

Heider (1958) proposed that causes of behavior are internal and external to a person and the decision for a particular act depends upon that person's perception of one's attributes and one's environment (both internal and external). This decision further depends on how one views one's control of the environment.

The Locus-of-Control construct refers to a person's



beliefs about control over life events (Linares, 1989). Self-control, social-system control, and fatalism are three factors in this construct. Reid and Ware (1974) proposed that Locus-of-Control is multidimensional and a person can have an internal LOC on one dimension and an external LOC on the other dimensions. Therefore, self-control can be internal or external depending upon a person's beliefs. The social-system control can also be either internal or external depending upon whether the person believes that one has control or that the government, school, or other social system has control. The same is true with the construct of fatalism. Fatalism depends upon whether a person believes one has control over luck or fate or that a person exerts no control. The internal control is the belief that a person has control of one's own behavior, social-system and fatalism. Within the context of internal control the belief underlying social-system control is that the person can exert some self-control. The belief encompassing fatalism is that a person has control over one's success or failure.

External control is the belief that one does not have control over one's own behavior, social-system, or fate, but that powerful others have control. Further, one believes that luck, fate, or chance is responsible for one's failure or success.

Rotter (1966) proposed that the behaviors of passivity,

lower productivity, and diminished endeavor are reflective of externality. Further, internality is related to hard working, achievement-oriented individuals.

Environmental factors that prevent or inhibit participation in education are referred to as barriers in this study. The Commission on Non-Traditional Study, in 1972, conducted a survey of 3,910 people throughout the United States to determine reasons for non-participation in learning activities (Cross, Valley & Associates, 1974). Results of the study indicated that for education to be responsive to learner needs, data about barriers at a local level are necessary (p. 51). For this study, barriers perceived by RNs who do and RNs who do not pursue a BSN were obtained for one geographic region.

Other data such as socio-economic status are used in predicting those who will attend school and how well they will achieve. In this study, personal profile data were used to describe the subjects and provide a basis for comparison with other variables of motivational orientations, LOC, and barriers to education.

In summary, the constructs of motivational orientations, Locus-of-Control, and barriers-to-education are the concepts of the framework for organizing this study. Further, these constructs are measurable with specifically constructed instruments.

## CHAPTER II

### LITERATURE REVIEW

There is a scarcity of nursing research regarding the description of RNs who do and RNs who do not pursue the BSN. Therefore, related literature on the factors influencing enrollment of other adult-learner populations and barriers to other educational pursuits is included. The literature review is organized according to the constructs guiding the study, i.e., motivational orientations, Locus-of-Control, and barriers to education.

#### MOTIVATIONAL ORIENTATIONS

Much of the work on motivation for adult continuing education has been done using an instrument designed by Boshier (1971). He developed 48 items detailing reasons for participation with a nine-point response scale. The response choices were alternated to prevent acquiescence, response, and positional bias. Further, the questionnaire was administered to 20 students for a test/retest reliability. The test was then administered to 233 randomly selected adult-education participants enrolled in non-credit non-vocational courses at three institutions. The analyses yielded correlation coefficients significant at 0.001.

Research by Boshier (1976) provided a revised 40-item four-response EPS. Additionally, Boshier & Collins (1983) performed a secondary analysis of 54 files of 12,000

learners from all over the world provided by researchers who had used either the 40- or 48-item EPS questionnaire. The 1983 analysis required recoding of the original data to conform to the 40-item four-response EPS questionnaire. The major source of the data was supplied by researchers from Canada and the United States with data contributed from other areas, such as Ghana, Singapore, Malaysia, Hong Kong and the Canadian Arctic. The subjects included nurses, farmers, religious people, teachers, retirees, and adult-education participants enrolled in credit and non-credit classes. The secondary analysis of the data resulted in suggesting that users of the EPS retire the 48-item form and use only the commercially available 40-item form that was developed in 1976 (Boshier & Collins, 1983, p. 176).

O'Connor (1979) used Boshier's 48-item EPS and added eight items producing a modified 56-item EPS self-report instrument with a 10-point response scale. She used the instrument to survey 843 RNs enrolled in continuing-education (CE) classes. The survey was conducted in states that had a mandatory CE law for relicensure and in states that had voluntary continuing education. Factor analysis of the data yielded seven motivational orientations: Compliance with Authority, Improvement in Social Relations, Improvement in Social-Welfare skills, Professional Advancement, Professional Knowledge, Relief from Routine, and Acquisition of Credentials. The data analysis indicated that the nurses

were motivated to enroll primarily by professional rather than societal mandates. The reliabilities of the EPS scales were estimated using Cronbach's alpha, and they ranged from .833 (compliance with authority) to .609 (acquisition of credentials).

Using a modified 48-item Boshier Educational Participation Scale (EPS) and a personal data form, Carmody (1982) surveyed 394 RNs enrolled in baccalaureate nursing educational programs in New York City. The scoring was a Likert-type scale of ten responses from 0 (no influence) to 9 (very much influence). A factor analysis of the Carmody data yielded seven motivational orientations for the EPS responses. Factors were Improvement in Social Relations, Improvement in Social Welfare Skills, Compliance with Authority, Professional Advancement, Knowledge, Regain Professional Competence, and Relief from Routine. Ranking of the mean scores of the factors from highest to lowest indicated that Knowledge ( $M = 6.20$ ) had the most influence on enrollment in a baccalaureate nursing program. Social Welfare Skills ( $M = 5.93$ ) and Professional Advancement ( $M = 5.23$ ) ranked next, and Improvement in Social Relations ( $M = 1.96$ ) ranked last with the other factors ranking in between. There was no linear relationship between each of the seven factors and demographic variables. An analysis of variance (ANOVA) was used to examine the relationships between the seven factors and years of experience. Knowledge and

Improvement in Social Welfare Skills as motives for seeking a BSN were related to few or no years of nursing experience. For RNs with more or longer nursing experience, Compliance with Authority was a greater motivating factor in seeking a baccalaureate than the other factors.

Fotos (1987) surveyed 57 registered nurses enrolled in part-time or full-time study in upper-division nursing. The analysis of the demographic data in her study indicated that 58 percent of the RN students were over 25 years old and 12 percent over 35 years old with an average age of 27.5 years. There was one male student. The average number of years since graduation from a basic program was 4.4. Seventy-nine percent of the students were employed in nursing and worked an average of 33.2 hours per week; 56 percent were married and 30 percent had dependent children at home. Almost two-fifths (37%) drove more than 15 miles to class, and three students traveled more than 70 miles to attend classes. A third of the students had taken classes the preceding year; 30 percent were in a college-level course for the first time in six or more years. Seventy-six percent of the RN students had taken two years or less to decide to enroll in nursing classes, and 23 percent had taken longer to reach that decision.

Fotos' data were collected using a modified EPS instrument with 48 statements in the original form (Boshier, 1971) and 38 statements developed by O'Connor (1979); a

personal data form and an open-ended questionnaire about entering the nursing program. A five-point Likert-type scoring scale of 1 (no importance) to 5 (extreme importance) was used to rate responses on the EPS. Ratings of 3 (midpoint) or higher were viewed as meaningful. Responses were grouped according to seven motivational orientations similar to those of Carmody (1982): Compliance with Authority, Improvement in Social Relations, Improvement in Social-welfare Skills, Professional Advancement, Professional Knowledge, Relief from Routine, and Acquisition of Credentials. Data analysis included averaging data across each motivational orientation. Fotos' findings indicated that RN students were motivated by a desire for Professional Advancement; only 17 percent of the respondents indicated a need for a baccalaureate degree to Comply with Authority.

Lethbridge (1989) randomly selected 253 RNs enrolled in three separate baccalaureate nursing programs in a rural New England state and collected data on motivation. The students surveyed by Lethbridge (1989) had an average age of 34.06 years; and they came from social class II, III, IV (Hollingshead Four-factor Index of Socioeconomic Status). Almost three-fourths (72 percent) were married and had 2.2 children. The average number of years since completing basic nursing education was 11.6; 79 percent were diploma school nursing graduates. Over half (56 percent) were staff

nurses and 34 percent held leadership positions; 48 percent worked full-time and 10 percent were unemployed. Forty-four intended to pursue graduate study--66 percent believed that the baccalaureate degree would be necessary for RN licensure during their working lifetime and 31 percent believed the opposite. They traveled an average of 28.6 miles to school (SD = 24 miles).

Lethbridge's (1989) questionnaire consisted of a modified Boshier 48-item EPS developed by O'Connor (1979) and revised by Carmody (1982) with an addition of four items and the deletion of one item to total 59 statements. A personal profile form was included as part of the questionnaire. The Likert-type scale contained ten responses ranging from "Very much influence" to "No influence." The purpose of the study was to determine if motivations of RNs pursuing a baccalaureate degree in nursing in a rural area differed from those in an urban area. Analysis of the motivational factors revealed that Professional Advancement, Knowledge, and Improvement in Social-welfare skills were most relevant in the decision to pursue baccalaureate education. Three items clustered together to form a new factor of status and prestige. Reliabilities estimated for each of the eight factors, using Cronbach's alpha, ranged from  $r = .62$  to  $r = .86$ .

Lethbridge (1989) identified the major differences between her study and Carmody's (1982) as the order of



motivational factors for returning to school and the appearance of a new factor. Lethbridge suggested that rural versus urban setting be considered a factor. She reported that in rural settings, as opposed to urban settings, advancement in nursing does not depend on having a nursing baccalaureate degree nor do nurses in leadership positions perceive a need for such a degree.

Lethbridge compared findings of her study to Boshier's (1977) in which he indicated factors of learning and improvement in Social-welfare skills were more likely to occur when individuals were older, had a higher income and occupational status, and participated in more continuing education activities. These findings were incongruent with Lethbridge's findings where age and socioeconomic status were unrelated to motivational orientations.

King (1986) conducted a study of adult developmental patterns of 49 RN and 30 generic students and found that registered-nurse students returned to school "to achieve their personal goals and enhance their careers through further education" (p.370). To obtain additional biographical data King modified the Educational Experience Inventory developed by Weathersby and Tarule, 1977. Data analysis indicated registered-nurse students perceived education not only as an investment, but as a life-long process.

King (1986) described the 49 registered-nurse students

in her study as having an average age of 33.91. All the students but one were female. All 49 had previously attended other schools; 26 held AD nursing degrees, 17 were diploma nursing graduates, two had both a BS and an AD, two held a BS and a diploma and one held a master's degree. Thirty-three were married, eight were single, five were divorced, one was re-married, and two were widowed.

Morstain and Smart (1977), using the EPS 48-item instrument, surveyed 648 students enrolled part-time in degree credit courses. The participants rated the 48 items as to the importance each had on their decision to enroll. Data analysis revealed five types of adult learners: 1) non-directed; 2) social; 3) stimulation-seeking; 4) career-oriented; and 5) life-change. The data were then analyzed to determine motivational orientations for the five groups. The profile for Group II (social) indicated a high orientation on social welfare and cognitive interest factors and Group III had high scores on escape/stimulation and cognitive interest factors. Group IV scored high on external expectations and professional advancement, and Group V had high scores on social relationships and escape/stimulation factors. When demographic variables were compared with motivational profiles, over one-half (55 percent) of the non-directed and social learners and 75 percent of the stimulation-seeking learners were female. Fifty-eight percent of the career-oriented and life-change

learners were male. Recommendations were made for further study of motivational orientations and the application of the data for program planning for diverse learners.

Wolfgang and Dowling (1981) studied 153 adult learners enrolled in four freshman academic programs: administrative science, arts and sciences, education, and a general curriculum. The EPS instrument with the six motivational factors identified by Morstain and Smart (1974) was used in the data collection process. The findings, using a multidimensional cluster analysis, discriminant analysis, and descriptive statistics for each group, indicated the older adult students enrolled in baccalaureate education for cognitive interest, and the traditional students enrolled for reasons of social relationships or to meet external expectations. Recommendations based on the findings included further investigation of motives of adult students entering baccalaureate programs and to use the findings in planning adult student programs of study.

Sewall (1984) conducted a study of 906 adult degree-seeking students. His results revealed the most important reason respondents gave for continuing their education was for career-oriented objectives. They further identified job dissatisfaction, encouragement, and available funds as the principal motivators for enrolling in classes. Sewall indicated data were gathered using a mailed questionnaire, which he did not identify nor did he describe the sample in

the published article.

Smart and Pascarella (1987) studied factors associated with the intention of adults to reenter higher education. The sample included a survey of 1,171 students who enrolled in college in 1971, but had dropped out before completing the required program of study. The model used in the study included five different sets of variables ordered in a causal sequence: initial undergraduate experiences, characteristics of the employing organizations, early career experiences, current self-concept, and intention to return to college. Data concentrated on actual college and job-related experiences since their first enrollment and subsequent withdrawal and were obtained from the 1971 and 1980 Cooperative Institutional Research Program surveys. Findings indicated that both men and women were influenced in their intentions to resume college for job preparation. Women, who were dissatisfied with their income, fringe benefits, and job security, were more inclined to resume their college education. Men who reentered college had higher prestige/status in their jobs, lower income, and derived less challenge from their jobs and associated activities.

A study by Kuh and Ardaiole (1979) comparing 143 adult learners and 95 traditional-age freshmen, using the Adult Learner Questionnaire and the Traditional-age Freshman Survey. The adult learners surveyed were enrolled at

commuter and residential campuses, while the traditional-age freshmen were enrolled only at the residential campus. Results indicated the majority (75 percent) of the older adult commuter learners and 40 percent of the residential older adults enrolled in baccalaureate education with the expectations of becoming prepared for a better job compared with 51 percent of the traditional-age freshman. Thirty-five percent of the older adult residential based learners were pursuing a particular field of study, such as physical sciences (including data processing) and biological sciences, as contrasted with 18 percent of the adult commuter learners and 27 percent of the traditional-age freshman. Data analysis consisted of descriptive statistics and Chi Square. Recommendations for further study included local field-based research to assist higher education to adequately respond to the needs of adult learners (p. 218).

Clayton and Smith (1987), using the 70-item Continuing Education Women Motives Questionnaire, studied motives of 100 women to reenter college. Forty-one percent of the women were working full or part time, and 67 percent had been away from school four years or more. The median age was 32 years; 46 percent were married, and 28 percent were divorced. Data analysis indicated that women reenter college for vocational motives.

## Motivational Orientations Summary

In summary, the personal profile data indicated the average age for RNs pursuing a BSN varied from 25 years (Fotos, 1987) to 34.06 years (King, 1986). Data analysis indicated RNs seeking further education or a baccalaureate degree do so for Professional Advancement, Knowledge, and Social-welfare motives. However, there was incongruence as to the order of the most to least influential motivational orientation. For example, Professional Advancement was cited as the leading motivation in two studies (Fotos, 1987; Lethbridge, 1989), while Knowledge was followed by Social-welfare and Professional Advancement in another study (Carmody, 1982). Moreover, Knowledge and Social-welfare followed Professional Advancement as the order of motivational orientations in Lethbridge's study (1989). Lethbridge indicated that a rural vs urban setting may cause a difference in motivational orientations for seeking a BSN.

## LOCUS-OF-CONTROL

With few exceptions, much of the research in nursing concerning Locus-of-Control has been in the area of assisting clients in altering their health behaviors. Little is known about the influence of LOC among RNs who do and RNs who do not seek a BSN degree.

Linares (1989) compared LOC, self-directed learning readiness, and learning-style preferences of 170 RN and 175

generic students. Demographic data of the 170 RN female students indicated the age range was 21 to 55 years with an average age of 34 years. Twenty-six percent of the RN students were 26 to 30 years of age, 22 percent were 36 to 40 years of age, and approximately 13 percent were younger than 26 years of age. Ethnic distribution consisted of 84.9 percent white, 9.9 percent American blacks, and 5.2 percent Hispanic. The initial nursing education of 75.9 percent was received at the associate degree level. The majority had held their RN license for five years or more, however, 37 percent had been licensed for fewer than five years. Additionally, the majority were employed in acute care settings as staff nurses and continued to be employed while pursuing baccalaureate education.

Linaires (1989) collected LOC data using the Adult Nowicki-Strickland Internal-External Scale, which is an adaptation of the Nowicki-Strickland Internal-External control scale for children. The scale was comprised of 40 items requiring a yes or no answer. A high score signified an external locus of control. Data analysis indicated there were no significant differences between the RN ( $M = 7.7$ ) and generic students ( $M = 7.8$ ) on the LOC constructs and both groups were rated as having an internal LOC. Additionally, statistically significant differences were found for LOC and ethnicity. White students were more internal than black and Hispanic students. Recommendations were made for further

study.

Linder (1986) assessed LOC and value orientations of 1,139 students enrolled in schools of business and education using Rotter's Internal-External LOC (I-E/LOC) and Rokeach's Value Survey. Data analysis indicated that older students were more internally-oriented than younger students in both schools, and males were more internally oriented than females in the school of business.

A study by Ralph (1987) of 109 students in a graduate nursing program investigated the relationship among self-concept, LOC, age, career orientation, exploration, establishment, maintenance, disengagement and career change. Ralph used the Tennessee Self-Concept Scale, the Rotter I-E/LOC, the Career Development Inventory and the Adult Career Concerns Inventory. Data analysis indicated that a high self-concept was important to career development and that career decision making requires a sense of autonomy or Internal LOC; adults with a positive feeling of self-worth and an Internal LOC were likely to be mature individuals secure in their level of career development and less likely to explore new occupations; and adults with a lower self-concept and an external LOC may not have a preference for a field of work and/or a specific occupation.

#### Locus-of-Control Summary

Research findings describing and comparing LOC of RNs



who do and RNs who do not pursue a BSN are lacking. However, present investigations (Ralph, 1985) indicated that self-concept and internal LOC may play an important role in making career decisions and that older students (Linder, 1986) may be more internally oriented. Further, comparative data on RNs who do and RNs who do not pursue the BSN may assist in providing educational mobility and program planning for this population especially for those RNs with a high internal LOC.

### BARRIERS

In this study barriers or environmental factors that sustain or extinguish motivation to seek a baccalaureate degree were under investigation. Barriers to educational endeavors were identified in the literature as early as 1971 when the Commission on Non-Traditional Study was established (Cross, Valley & Associates, 1974). The survey of 3,001 adults using a 24 item list indicated that financial cost was the most widely reported obstacle. Other barriers were not enough time; not wanting to attend school full time; home responsibilities; job responsibilities; and amount of time required to complete the program. Gender was an important variable: more men than women cited job responsibilities as a barrier; women cited home responsibilities and lack of child care. Age was a factor when cost was considered for adults under 35. Race was also

a factor as whites mentioned time constraints and home responsibilities twice as frequently as blacks.

A study conducted by the National League for Nursing (1987) identified four barriers as moderate to major in hindering educational mobility: a) lack of flexibility in program planning and work schedules; b) inconvenient scheduling of courses; c) geographic inaccessibility; and d) duplication of nursing knowledge and experience by available programs.

In Rendon's (1988) study of 167 RNs, the barriers and areas of stress and dissatisfaction centered mostly on economic and social problems and family-life disruptions. Approximately one-half of the students felt their prior knowledge and accomplishments were not respected, and one-third indicated they were treated like beginning students by the faculty.

McGrath and Bacon (1979) identified obstacles RNs experienced in seeking a baccalaureate degree in nursing. They were: a) inaccessibility of programs; b) problems transferring credits; c) full-time student status requirement; d) repetition of prior knowledge and skills; e) cost; and f) inconvenience of scheduled courses.

Sewall's (1984) survey of adult students enrolled in degree-credit courses on six campuses identified the following as barriers to previous enrollment: a) wanted or had to work; b) family responsibilities; c) funds not

available; d) lack of interest; e) lack of encouragement; f) attended technical school; g) military commitment; h) lack of information; and i) illness. The most frequently cited barrier for females was family responsibilities. For males, the most frequent barrier cited was job responsibilities followed by lack of interest.

#### Barriers-to-Education Summary

A summary of barriers to education indicated there has been little change in the past 19 years. For example, data reported by Sewall (1984) are congruent with the 1971 study (Cross, Valley, & Associates) regarding the barriers of job responsibilities for men and home responsibilities for women. However, as Cross indicated, localities differ and program planning should be developed that is congruent to particular needs. Therefore, each locality should conduct a survey to determine the existing barriers rather than relying on national or other data sources.

## CHAPTER III

### METHODOLOGY

#### OVERVIEW AND SETTING

The study surveyed a convenience sample of RNs who were and RNs who were not pursuing a BSN during the 1989-90 academic year. A modified 48-item Educational Participation Scale (Boshier, 1971), a modified Internal-External Three-Factor Locus-of-Control instrument (Reid-Ware, 1974), a barriers-to-education instrument (adapted from Cross, Valley & Associates, 1974), and a personal profile-data form were used in data collection. Following the mailed survey, four RNs pursuing a BSN and four RNs not pursuing a BSN were interviewed at random to ascertain an understanding of their decision to or not to pursue a BSN.

#### SETTING

The setting was a geographic region, with both rural and urban populations, within a 200 mile radius of a moderate sized, coeducational, comprehensive, public university in a southern state. It is the only available university offering baccalaureate and master's nursing degrees in the region. However, there are five community colleges and one-hospital based nursing program offering associate nursing degrees.

The region included cities, towns and counties with populations ranging from 5,100 to 100,000 (Center for Public

Service, 1989). The facilities in the localities where the RN subjects lived/worked had bed capacities from 120 to 677 and services from medical-surgical acute care to psychiatric care. Some facilities offered out-patient surgery, medical clinics, rehabilitation, and trauma care while others were more limited in their services. Additionally, the facilities varied in the number of RNs employed and their educational preparation.

Two of the hospitals (A and B) were located in a city of approximately 100,000 population and provided services for a county with an additional 75,400 people. Facility A had a 250 bed capacity for acute care patients. Other services included out-patient surgery, home health care and rehabilitation. Of the approximately 245 RNs employed, 25 held BSNs and eight were master's prepared. Further, this facility offered a hospital based associate degree nursing program (J. Castle, personal communication, January 03, 1991).

Facility B had a 677 bed capacity for acute-care patients. The facility offered out-patient surgery, medical clinics and cardiac rehabilitation. It was also designated as a Level I trauma center. The facility employed approximately 607 RNS including approximately 200 RNs with BSNs and 50 with master's preparation. This facility was associated with an associate degree nursing program located in a state operated community college. Further, the

facility served as an off-campus site for the university where the RNs pursuing a BSN were enrolled (J. Boone, personal communication, January 11, 1991).

In the city with 13,700 population, the hospital had a bed capacity of 175 for acute care and extended care patients. It provided out-patient surgery, home health care, cardiac rehabilitation, and meals on wheels. The facility employed approximately 147 RNs which included 30 BSN and seven master's prepared RNs. Faculty from the university comprised four of the seven master's prepared RNs (M. Semones, personal communication, January 3, 1991).

Another hospital was located in a city with a population of approximately 6,700 and served another 43,700 people from two adjoining counties. The facility had 120 acute care beds and 20 beds for psychiatric care and offered out-patient surgery, and occupational rehabilitation. There were approximately 67 RNs, including five with a BSN, employed. Two community colleges offering associate degrees in nursing were located in a nearby town and county (S. Moretz, personal communication, January 3, 1991).

The next hospital was located in a city with a population of approximately 5,100 and served a county with a population of 13,500. The acute care facility had a 174 bed capacity and offered inpatient psychiatric care, out-patient surgery, medical clinics, and home health care. Approximately 161 RNs were employed with nine having BSNs

and one master's prepared RN. There was also a community college offering an associate nursing degree in the area (D. Clark, personal communication, January 3, 1991).

Another acute care hospital, located in a county with a population of 47,400, had 154 beds. The facility employed 120 RNs with five prepared at the BSN level and two were master's prepared. There was a community college with an associate degree nursing degree program in the county (H. Ross, personal communication, January 10, 1991).

The last hospital, a psychiatric facility, was located in a county with 34,100 population. Both in-patient and out-patient services were provided in the 162 bed hospital. The facility employed 43 RNs, of whom seven held BSNs, seven held master's degrees, and one held a doctorate. The county was adjacent to the city where the university in this study was located (R. Bolling, personal communication, January 10, 1991).

In summary, hospitals with higher bed capacities and located in the more populated areas and those located near or affiliated with the university employed a higher percentage of BSN and masters prepared nurses.

## SUBJECTS

The subjects were registered nurses (RNs) who had graduated from an associate degree or a diploma school of nursing and were licensed to practice nursing in the state.

The subjects consisted of a convenience sample of 53 RNs, three of whom were male, who were enrolled or had taken courses during the 1989-90 academic year leading to the BSN; and a convenience sample of 49 RNs, all female, who had not previously taken courses, nor were currently enrolled in courses leading to a BSN and who lived/worked in the same geographic region as the RNs who were pursuing a BSN. The mean age for the RNs pursuing a BSN was 38 years and 42.36 years for the RNs not pursuing a BSN. Other characteristics are more fully described in the results section.

## INSTRUMENTATION

### Pilot Study

A pilot study was conducted prior to this survey using a structured interview for the purpose of adapting the 48-item EPS and barriers sections of the instrument for this study. The subjects for the interviews consisted of five randomly selected RNs pursuing a BSN. The interview focused on: a) their decision to pursue a baccalaureate degree; b) the selection of a particular university; c) concerns (likes and dislikes) about program components; and d) whether the respondent would select a registered-nurse program that combined a baccalaureate degree with a master's degree. The five RNs who participated in the pilot study were enrolled at the time in a BSN program. Each subject was interviewed separately. An analysis of the responses from



the interviews revealed that the students had enrolled in a BSN program for various reasons. For example, three of the students wanted to continue their education and become clinical specialists in their field, i.e., psychology, medical-surgical nursing, and one wanted to be a family nurse practitioner. Of the other two, one was interested in obtaining a BSN only, and the other subject indicated she was pursuing a BSN because she had always wanted a nursing degree. She related that she had begun classes toward a BSN many years previously, but her plans had been interrupted by marriage and subsequent frequent moves due to her husband's occupation. She finally enrolled in a diploma program as that was all that was available in their location when she could pursue a nursing education. However, she stated, "I always felt a need or a desire to complete my BSN degree. Since moving to this area, I began to take classes toward that dream. Since I started back to school, I've found that the section in community health nursing on communicable diseases has been invaluable. In fact, I'm now the infection control nurse in our hospital. Also, the health assessment course has helped me because I never had a course as such. In my diploma school we learned to assess patients as we moved from course to course depending on the content. (You know, pediatrics, adults in medical-surgical nursing). We never learned to use an otoscope, ophthalmoscope, or a reflex hammer. I really learned how to use the equipment

and what was important in the assessment. The research course has helped me with writing projects and to be more critical of reports and data. Also, I feel more comfortable participating in projects that will affect patient care, and I now believe we should do more studies before making changes. Another course that I've taken is a nursing foundations course that was interesting, but did not need all the time allotted. It did not provide me with the knowledge necessary to complete a health history form. The only other course I've taken is an aging course, which although interesting, did not provide new information for me as that is my area of practice."

The students indicated that their employing agencies did not encourage obtaining a BSN. One was employed by a state agency that provided time, but no financial assistance to attend classes. The other four subjects indicated their employers, privately owned institutions, provided tuition reimbursement and flexible work schedules, but did not provide financial assistance with books or other expenses. Two of the four subjects employed in private agencies related their employers were requiring a BS degree, not necessarily a BSN, to hold a leadership position such as nurse manager. None of the five subjects thought a BSN would be required in the future to practice or to be licensed as a registered nurse.

The subjects indicated that although they had met new

people while attending classes, they did not socialize with them outside of school and did not think they would in the future. Only two of the subjects indicated they socialized with colleagues from their work setting and all five related they liked to socialize with people of common interest and spent most of their free time with their families.

Various courses had different meaning for the subjects. As previously stated, one subject used content from a community nursing course in her job setting. Another subject revealed she now viewed politics differently where health care was concerned and had become more active on the local level in legislative issues affecting patient care. One subject used course content on relaxation to develop an in-service for the staff at her facility. Another subject developed a video in a leadership course for teaching families about the intensive care unit at her facility. She indicated the hospital planned to adopt the video and have it professionally produced. All the subjects indicated that content and subsequent projects that were different from their previous learning experiences had been enjoyable and would assist them in their jobs. However, they felt that obtaining a BSN would not assist them in their job status, security, or advancement in their agency unless they applied for a leadership position as nurse manager, staff developer, or other similar positions.

Three of the five subjects indicated they planned to

pursue a master's degree and had applied to a graduate program. All five subjects indicated that, in their opinion, nurses holding a BSN were not promoted before those without a BSN except where required for leadership positions. They further indicated that they thought highly of people who obtained BS degrees.

Barriers and/or obstacles identified by the subjects included time required to complete the program, distance to the university, repetitive course content and clinical experiences, no credit for diploma education or work experience, lack of consistent requirements by the educational institution, and no credit for prior courses taught for RNs only on college campuses. All the subjects indicated they would have selected a BSN program if one had been available and their high school guidance counselor had recommended a school. Also, they would have selected nursing as a career if they were just entering a profession or career.

Additional comments by the subjects were directed toward courses and course content. They felt the courses could be much improved by removing redundant content. For example, they identified ethics and theories of leadership as being covered in both professional dimensions and leadership. They indicated much of aging had been covered in their basic programs and in community health nursing. They also stated, "courses in the associate degree and

diploma programs have different titles than at the baccalaureate level, yet covered most of the same content. All the courses had projects, and most had a teaching/learning project, which seemed to be busy work." "It would have been nice to have content on computing FTEs, staffing, and budgeting which are so important in today's work world. Content on the use of computers in nursing would have been helpful." They all agreed that community health nursing and research were new areas for them. Four of the subjects stated they would have liked to have the health assessment course. However, in their programs, they were taught assessment skills according to the course (pediatrics, adult medical-surgical patients, maternity patients). They all agreed that RNs should have content that had not been included in their other programs. The subjects named other universities as having programs for RNs only that did not include any type of challenge exam. Additionally, they identified other universities, both in and out of state, that had programs for RNs to obtain a master's degree while enrolled to obtain a BSN. The subjects indicated the other programs took less time to complete than the program where they were enrolled. And lastly, three of the subjects indicated they would have enrolled in a RN-MSN program had one been available and offered a MSN in their area of interest.

## Summary of Pilot Study

Adaptation of the 48-item EPS included the deletion of the variables of Social Contact and Escape/Stimulation. Some items from other variables were deleted resulting in four modified factors with sub-factors for this study. An additional factor, Self-esteem, was added to reflect data obtained from the pilot study (Appendix A).

The barriers instrument (Cross, Valley, & Associates, 1974) was modified to consider the barriers identified by the pilot study and to address curricular concerns of the subjects (Appendix A).

The questionnaire for this study (Appendix A) consisted of four parts, the modified 48-item Education Participation Scale (EPS); the modified Reid-Ware Three-Factor Locus-of-Control instrument; a modified barriers-to-education section; and, a personal profile questionnaire. Follow-up interviews were conducted individually, by the investigator, with four randomly selected RNs pursuing a BSN and four RNs not pursuing a BSN. The motivational orientation and barrier sections of the instrument were used as a guide for the interviews.

## Modified Education Participation Scale

Motivational orientations are factors adapted from responses on the 48-item Education Participation Scale (EPS) survey questionnaire (Boshier, 1971) and in-depth interviews

with five RNs who were pursuing a BSN. Motivational orientations are reasons or beliefs for taking or not taking an action, as measured by the modified EPS, and summarized as follows:

1. Cognitive Interest is learning for the pleasure of one's self, consisting of three sub-factors; seeking knowledge for its own sake, satisfying an inquiring mind; and, learning just for the sake of learning.
2. External Expectations are meeting the expectations of someone other than the person taking action, consisting of three sub-factors; complying with an employer's policy, meeting recommendations that professional nurses have a baccalaureate nursing degree, and carrying out the recommendations of some authority.
3. Community Service is learning how to provide service to the greater community, including two sub-factors; gaining insight into human relations, and improving ability to serve mankind.
4. Professional Advancement is learning in order to achieve a higher position, including seven sub-factors; securing professional advancement, gaining higher status in job, supplementing a narrow previous education, acquiring knowledge that will help with other educational courses, keeping up with the competition, increasing competence in a job, and

acquiring skills and credentials to pursue a master's degree.

5. Self-esteem is completing previous goals in order to feel a sense of accomplishment, including three sub-factors; obtaining a well-rounded education, fulfilling past educational ambitions for a nursing baccalaureate degree, and helping earn a degree.

Boshier (1971, 1977) developed the EPS for the purpose of studying the educational motivation factors of adults pursuing continuing education. The original instrument consisted of 48 statements of possible reasons for participating in adult education courses. A Likert-type response scale from 9 "very much influence" to 1 "very little influence" allowed participants to record the degree of influence of each factor. The EPS was constructed from responses in university extension courses to an open-ended questionnaire by participants in Houle's "The Inquiring Mind," 1963, and selected items from Sheffield's 1964 study of adult education conference participants. Test-retest correlation coefficients for items ranged for 0.44 to 1.00. Five items had coefficients below 0.71. All correlation coefficients were reported to be significant at 0.001. Factor analysis of 233 subject responses resulted in 14 first-order factors. This accounted for 69.15 percent of the total variance. An analysis of the first-order factor inter-correlations yielded seven second-order factors. In



1977, the EPS was modified to a 40-item EPS scale following analysis of responses of the 13,442 subjects previously described. Additionally, the response scales were reduced to four options consisting of 1) "no," 2) "little," 3) "moderate," or 4) "much" influence. The modified 48-item EPS used in this study is located in Appendix A.

### Internal-External Locus-of Control

Locus-of-Control is the belief held by a person about the control one has or does not have within a social-system, self or fate. Locus-of-Control is measured by the modified Reid-Ware (1974) Internal/External Three-factor Locus-of-Control instrument and consists of 45 items. This scale was developed by modifying and extending Rotter's 29-item Internal-External Locus of Control Scale. The factors are self-control (eight items), social-system control (12 items), fatalism (12 items), and buffer (13 items). The scale was coded in the direction of externality. A high score resulted if the respondent was external. The alpha coefficients for self-control, social-system control, and fatalism were 0.71, 0.76, and 0.76, respectively (p. 140). For this study, the scale was modified by deleting the sexist terminology and coding the data to differentiate internality and externality (Appendix A).

## Barriers-to-education

Barriers-to-education are perceived events, factors, or criteria that inhibit or interfere with pursuing a baccalaureate nursing degree. The barriers-to-education instrument listed barriers to educational endeavors and was adapted from the Commission on Non-Traditional Study (Cross, Valley & Associates, 1974, p.227) following the pilot study. The participants were asked to respond by checking all the items listed that applied to them and then to place a circle around those they considered the three most important barriers (Appendix A).

## Personal Profile Data

Another section of the questionnaire requested information concerning age, gender, marital status, number of dependent children, year of graduation from a basic nursing program, number of years of nursing practice, employment status, type of present position, number of years in present position, salary range, number of miles traveled to attend class, and length of time between deciding to enroll and actually enrolling in nursing courses (Appendix A).

## PROCEDURES

The subjects consisted of 53 RNs who were pursuing a BSN and 49 RNs who were not pursuing a BSN. All were from

the same geographic region. The instrument was mailed to 59 RNs who had been enrolled in classes leading to a BSN or who were taking nursing challenge courses during the 1989-90 academic year. Additional questionnaires were mailed to 84 RNs working in the same hospitals as the RNs pursuing a BSN. The 143 questionnaires mailed to both groups contained a self-addressed stamped envelope for returning the completed questionnaire. Names of RNs not pursuing a BSN were obtained from the director of nursing or vice-president who identified RNs who held an associate or diploma in nursing and who had not pursued a BSN in the past and who were not currently pursuing a BSN. Completion of the instrument was considered to constitute consent to participate. Anonymity was assured to all subjects. Furthermore, permission was gained from the Human Subjects Review Board at the author's institution prior to conducting the study.

Each questionnaire was coded according to group (pursuing or not pursuing a BSN) so that when it was returned the name of the subject was removed from the mailing list and only the coded matching number remained. A total of 48 or 81.35 percent of the 59 questionnaires mailed to RNs pursuing a BSN was returned following the first mailing compared with 35 or 41.7 percent of the 84 mailed to RNs not pursuing a BSN. A second mailing two weeks later yielded a return of six or 60 percent of the 10 questionnaires mailed to RNs pursuing a BSN and 18 or 36.73

percent of the 49 questionnaires mailed to RNs not pursuing a BSN. Two of the 59 questionnaires mailed (one from each group) were returned as undeliverable by the postal service due to no forwarding address. Of the 18 questionnaires returned from the second mailing to RNs not pursuing a BSN only 14 met the study criteria. Two of the subjects were enrolled in a New York Regency External Degree Program; and two indicated they had BSNs but still answered the questionnaire. There was a total return rate of 72.34 percent of the 143 mailed questionnaires and a response rate of 91.37 percent and 59.04 percent from RNs pursuing and RNs not pursuing a BSN, respectively.

## CHAPTER IV

### RESULTS

The purpose of this study was to investigate a set of questions to describe RNs who were and RNs who were not pursuing a BSN which ultimately could augment decision making among the nursing population and BSN granting institutions to enhance program planning for these two groups. Data were collected and analyzed to answer the following questions.

Question 1. What are the personal profiles of the RNs who pursue the nursing baccalaureate (BSN) and of the RNs who do not pursue the BSN?

The personal profiles, shown in Table 1, were constructed from analysis of the data taken from Part A of the questionnaire. The results indicated that the RNs pursuing a BSN were younger; a lower percent was married; they had completed their basic nursing program later and were employed for a shorter period of time in nursing; and a slightly lower percentage held management positions and had less time in their present positions than RNs not pursuing a BSN. However, a higher percentage of the RNs pursuing a BSN had a higher income (household), held more other type positions and fewer staff positions, than the RNs not pursuing a BSN. Further, a higher percentage of RNs pursuing a BSN indicated they would seek professional

Table 1

Personal Profile Data of RNs Pursuing a BSN and RNs Not Pursuing a BSN (Responses to Questions 1 through 17)

<u>QUESTION</u>	GROUPS			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
GENDER	No.		No.	
Males	3		0	
Females	50		49	
AGE**	Range	M	Range	M
	23-53	38.0	22-61	42.4
MARITAL STATUS	No.	%	No.	%
Married	35	66	36	74
Single	7	13	2	4
Divorced	8	15	9	18
Separated	3	6	1	2
Widow	0	0	1	2
DEPENDENT CHILDREN	Range	M	Range	M
	0-5	1.0	0-5	1.1
EMPLOYMENT STATUS	No.	%	No.	%
Full Time	44	83	44	90
Part Time	8	15	5	10
Unemployed	1	2	0	
Position Type	No.	%	No.	%
Staff	27	51	32	65
Managerial	16	30	16	33
Other	10	19	1	2

Table 1. cont'd.

Personal Profile Data of RNs Pursuing a BSN and RNs Not Pursuing a BSN (Responses to Questions 1 through 17)

QUESTION	GROUPS			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
	No.	%	No.	%
Income (household)				
<\$10,000	1	2	0	
\$10,000-\$19,999	1	2	3	6
\$20,000-\$29,999	6	11	6	12
\$30,000-\$39,999	12	23	16	33
\$40,000-\$49,999	14	27	11	22
\$50,000-\$99,999	19	36	11	22
No response	0		2	4
	Range	M	Range	M
Years Since Graduation**	2-32	13.3	1-38	18.0
Years Employed In Nursing**	2-26	12.7	0.5-35	17.0
Years in Pre-sent Position**	0-22	3.8	0.5-27	6.8
Satisfaction With Position	No.	%	No.	%
Not at all	1	2	0	0
Not Very	1	2	1	2
Moderately	14	26	14	29
Very	24	45	19	39
Very Much	13	25	15	31
Would Seek Advance-ment with BSN**	No.	%	No.	%
Yes	47	90	20	41
No	5	10	29	59
No response	1		0	

Table 1. cont'd.

Personal Profile Data of RNs Pursuing a BSN and RNs Not Pursuing a BSN (Responses to Questions 1 through 17)

<u>QUESTION</u>	<u>GROUPS</u>			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
Interest In Other BS Degree	No.	%	No.	%
Yes	14	26	9	23
No	39	74	40	82
Travel (Miles)	Range	M	Range	M
For BSN Degree	1-150	46.8	1-100	42.0
For Other BS Degree	1-150	9.5	1-75	4.6
Time (Months) From Deciding to Attend to Enrolling	Range	M		
	0-120	23.8		

\*\*Significant  $p < .01$



advancement if they had a BSN than did RNs not pursuing a BSN.

Other types of positions that RNs pursuing a BSN held included, preceptor, utilization review coordinators (2), infection control/employee health nurse, nurse practitioner, nurse midwife, staff development specialists (2), and an emergency room nurse clinician. The only "other type of position" held by RNs not pursuing a BSN was that of relief supervisor.

RNs pursuing a BSN indicated they had an interest in fields other than nursing and included; psychology, management, business management, horticultural therapy, occupational therapy, and philosophy. RNs not pursuing a BSN indicated other interests besides nursing which included, business management, recreational therapy, and psychology.

The travel distance required to obtain a BSN was greater for both groups than to obtain a degree in another field. Of the RNs pursuing BSN, one subject traveled 150 miles, one 140 miles, one 120 miles, and three 100 miles. RNs not pursuing a BSN indicated that to obtain a BSN three subjects would have to travel 100 miles, one 95 miles, one 90 miles, and five 75 miles.

Question 2. Are barriers to education perceived differently for the RNs who pursue a BSN and RNs who do not pursue a

BSN?

Perceived barriers-to-education data were compiled from the responses to the 30 questions in Part C of the questionnaire. The criterion of a 10% difference in the response to an item was used in comparing the two groups. Further, a response by 50% of the subjects to an item was considered a highly important barrier to education. Results of the data analysis are provided in Table 2.

Differences between the two groups in how they perceived barriers indicated the RNs pursuing a BSN selected program or school related barriers, i.e., "no way to get credit for prior courses," "courses are not scheduled at a convenient time," "problems getting enrolled due to admissions requirements," "inconvenient location of courses," "repetition of prior courses," and "no college credit awarded for science courses taught for nurses only." The RNs not pursuing a BSN selected personal barriers such as "cost," "no child care," "lack of energy and stamina to undertake study," "afraid that I'm too old to begin formal education" and, "no college credit awarded for diploma nursing courses."

Analysis indicated that 50% or more of the RNs pursuing a BSN selected three program and three personal barriers to education as highly important. The barriers were "cost," "not enough time to devote to study," "amount of time to complete the program," "no way to get credit for prior

Table 2

Frequency and Percentage of Response of Perceived Barriers to Education for RNs Who Do and RNs Who Do Not Pursue a BSN (n=102)

Perceived Barriers	GROUPS			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
	Freq.	%	Freq.	%
Cost (tuition, books, learning materials, child care, transportation)	27	51	33	67
Not enough time to devote to study	33	62	31	63
Amount of time required to complete program	31	58	30	61
No way to get credit for prior courses	28	53	16	33
No place to study or practice	3	6	6	12
No child care	1	2	8	16
Courses I want aren't scheduled at a convenient time	24	45	12	24
Inadequate transportation	1	2	0	0
Problems with getting enrolled due to admissions requirements	17	32	5	10
Friends or family don't approve of my returning to school	4	8	1	2
Home responsibilities	26	49	28	57

Table 2 cont'd.

Frequency and Percentage of Response of Perceived Barriers to Education for RNs Who Do and RNs Who Do Not Pursue a BSN (n=102)

Perceived Barriers	GROUPS			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
	Freq.	%	Freq.	%
Job responsibilities	29	55	30	61
Lack of energy and stamina to undertake study	5	9	11	22
Afraid that I'm too old to begin formal education	6	3	10	20
Not confident of my ability to succeed	3	6	6	12
Don't meet requirements to begin program	2	4	4	8
Courses I want aren't available	6	11	2	4
Tired of going to school	9	17	7	14
Inflexibility of my work schedule	13	25	16	33
Inconvenient location of courses	23	43	16	33
Lack of agency encouragement or reward	16	30	13	27
Repetition of prior courses	24	45	13	27

Table 2 cont'd.

Frequency and Percentage of Response of Perceived Barriers to Education for RNs Who Do and RNs Who Do Not Pursue a BSN (n=102)

	GROUPS			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
	Freq.	%	Freq.	%
Perceived Barriers Repetition of prior clinical experiences	17	32	12	24
Lack of respect as a professional	11	21	7	14
No college credit awarded for diploma nursing courses	12	23	16	33
No college credit awarded for science courses taught for nurses only	13	25	5	10
No credit awarded for work experience	31	58	26	53
Lack of challenging course work	5	9	1	2

courses," "job responsibilities," and "no credit awarded for work experience."

Responses by 50% or more of the RNs not pursuing a BSN selected four personal and two program barriers which were very similar to those selected by RNs pursuing a BSN. The barriers were, "cost," "not enough time to devote to study," "amount of time to complete the program," "home responsibilities," "job responsibilities," and "no credit awarded for work experience."

The subjects were asked to identify the three most important barriers-to-education by placing a circle around the barrier. Data are shown in Table 3. Results indicate the RNs pursuing a BSN selected program related barriers of "no way to get credit for prior courses," no credit awarded for work experience," and, "amount of time to complete the program." The RNs not pursuing a BSN selected two personal related barriers, "cost" and "not enough time to devote to study," and a program related barrier, "amount of time to complete the program."

Written responses by the subjects on the returned questionnaire addressed various barriers such as, age, cost, lack of time to study, lack of credit for work, tired of going to school, and repetition of previous courses and clinical experiences. Several of the comments follow.

One of the RNs not pursuing a BSN wrote about age. "If I were younger, I would probably pursue a BSN, not because I

Table 3

Frequency and Percentage of Response of the Three Most Notable Perceived Barriers to Education for RNs Who Do and RNs Who Do Not Pursue a BSN (n=102)

Three Most Notable Perceived Barriers	GROUPS			
	RNs Pursuing a BSN		RNs Not Pursuing a BSN	
	Freq.	%	Freq.	%
No way to get credit for prior courses	16	30	-	-
No credit awarded for work experience	14	26	-	-
Amount of time to complete the program	13	25	11	22
Cost (tuition, books, learning materials, child care, transportation	-	-	24	49
Not enough time to devote to study	-	-	14	29

feel it would make me a better nurse, because mostly courses like art appreciation, music appreciation, etc. are required for me to complete my BSN, and I feel I received excellent medical knowledge in my A.A.S. program. The only reason I would pursue it if I were younger, would be if my employer or Commonwealth of Virginia required it for me to work." Another RN not pursuing a BSN addressed the barrier "tired of going to school," when she wrote, "I spent 6 1/2 years in college (BS in home economics and an A.A.D. degree in nursing) preparing for my future. My future at 45 years is here and now."

A RN pursuing a BSN wrote about clinical requirements. "I feel strongly that there should be a BSN program specifically geared to RNs. I found much of my clinical time to be like being at work, and if a program were geared to RNs with more input from them, this could be avoided. Required clinicals should be new learning experiences. I found myself 'counting down the hours' most of the time, even when I tried to psych myself up. The RN should get credit for more than basic nursing (one class), otherwise much repetition is done (i.e., NLNs and some other challenge exams)." The following comment about courses and clinical experience was representative of both RN groups, "It is insulting when no consideration is given for job experience or previous clinical when we had more clinical time as students than any BSN generic students ever will."



Another RN pursuing a BSN wrote about lack of time to study. "Frustrations arise due to lack of time to study and with giving up days off to go to class all day."

Cost involved in attending school was viewed similarly by both groups of RNs. A statement by one RN pursuing a BSN is included about how cost was a barrier in completing degree requirements. "Finances are a consideration now after my divorce. My hospital reimburses us after grades are reported, so we have to front the money. The hospital takes taxes out so we don't get full reimbursement. With a house payment, car payment, utilities, food and two daughters to raise, \$200 to \$300 extra is not available on my independent income. Challenges are good, but I have to put off taking them because I can't afford to pay for them and classes at the same time."

The RNs pursuing a BSN identified a barrier not included on the questionnaire. They indicated a lack of a written agreement concerning the nursing program requirements caused inconsistencies and prolonged completion time.

Further, the follow-up interviews with the four subjects from each group provided other comments about perceived barriers. Two of the RNs not pursuing a BSN indicated they had peers who were enrolled in a BSN program. They felt they did not have the time or energy to do all the projects, clinical, class work, and hold a full time job and

manage a family. They admired their peers, but thought they were undertaking too much. They quoted cost of the program and length of time to complete the program as deterrents to enrolling. They related that they had figured out the cost and it would take almost 10 years to regain the monies spent on their education and thought the monies would be better spent on their children's education.

A RN not pursuing a BSN indicated she had enrolled in a BSN program since completing the questionnaire. She and a nurse colleague were planning to commute to an institution approximately 150 miles from their place of residence. The program required week-end class attendance once a month for a year to obtain a BSN.

Question 3. Are motivational orientations (MOs) different for RNs who pursue a BSN and RNs who do not pursue a BSN?

Motivational orientation data were compiled from the responses to the 18 Likert-type statements located in Part B of the questionnaire. The motivational orientation factors were derived from summing responses to sub-factors and dividing by the number of sub-factors. Means and standard deviations of the factors and sub-factors, and response frequencies used to compare the two groups are shown in Table 4.

Application of the multivariate analysis of variance to the motivational orientations provided results that

Table 4

Response Frequency of Motivational Orientation Sub-Factors and Means and Standard Deviations of Factors and Sub-Factors of RNs Who Do and RNs Who Do No Pursue A BSN

	Response Frequency				M	SD
Sub-factor with factor	1	2	3	4		
<u>Cognitive Interest</u>						
RNs Pursue					3.11	.62
RNs Not Pursue					2.95	.66
1. Seek knowledge for its own sake						
RNs Pursue	1	5	26	21	3.26	.71
RNs Not Pursue	1	6	24	18	3.12	.86
3. Satisfy inquiring mind						
RNs Pursue	0	6	25	22	3.30	.67
RNs Not Pursue	5	10	21	13	2.77	1.01
13. Learn for sake of learning						
RNs Pursue	4	14	25	10	2.77	.85
RNs Not Pursue	5	10	25	9	2.69	.94
<u>Professional Advancement</u>						
RNs Pursue					3.22	.48
RNs Not Pursue					2.55	.63
2. Secure Professional advancement						
RNs Pursue	0	1	13	39	3.72	.50
RNs Not Pursue	5	9	19	16	2.94	.97
4. Give higher status in job						
RNs Pursue	0	3	20	30	3.51	.61
RNs Not Pursue	5	15	15	14	2.78	.98
5. Supplement narrow previous education						
RNs Pursue	11	12	18	12	2.58	1.06
RNs Not Pursue	9	25	12	3	2.18	.81

Table 4 cont'd.

Response Frequency of Motivational Orientation Sub-Factors and Means and Standard Deviations of Factors and Sub-Factors of RNs Who Do and RNs Who Do No Pursue A BSN

Sub-factor with factor	Response Frequency				M	SD
	1	2	3	4		
6. Acquire knowledge to help with other courses						
RNs Pursue	6	12	23	12	2.77	.93
RNs Not Pursue	9	15	18	7	2.47	.96
7. Keep up with competition						
RNs Pursue	3	9	19	22	3.13	.90
RNs Not Pursue	7	12	21	9	2.65	.95
8. Increase job competency						
RNs Pursue	1	7	16	29	3.38	.79
RNs Not Pursue	5	14	18	12	2.76	.95
14. Acquire credentials to pursue a master's						
RNs Pursue	1	6	15	31	3.43	.77
RNs Not Pursue	14	20	11	4	2.10	.92
<u>Community Service</u>						
RNs Pursue					2.75	.86
RNs Not Pursue					2.48	.95
9. Gain insight into human relations						
RNs Pursue	8	11	24	10	2.68	.96
RNs Not Pursue	10	14	19	6	2.43	.96
10. Improve ability to serve humankind						
RNs Pursue	6	9	27	11	2.81	.90
RNs Not Pursue	10	11	20	8	2.53	1.00
<u>External Expectations</u>						
RNs Pursue					2.29	.80
RNs Not Pursue					2.05	.62

Table 4 cont'd.

Response Frequency of Motivational Orientation Sub-Factors and Means and Standard Deviations of Factors and Sub-Factors of RNs Who Do and RNs Who Do No Pursue A BSN

	Response Frequency				M	SD
Sub-factor with factor	1	2	3	4		
11. Comply with employer's policy						
RNs Pursue	21	19	7	6	1.96	1.00
RNs Not Pursue	12	24	12	1	2.04	.76
12. Meet recommendations professional nurses have BSN						
RNs Pursue	7	7	19	20	2.98	1.03
RNs Not Pursue	8	23	11	7	2.35	.93
18. Carry out recommendation of authority						
RNs Pursue	21	21	5	6	1.92	.98
RNs Not Pursue	19	24	5	1	1.76	.72
<u>Self-Esteem</u>						
RNs Pursue					3.19	.80
RNs Not Pursue					2.47	.73
15. Obtain well-rounded education						
RNs Pursue	4	12	7	30	3.11	.89
RNs Not Pursue	6	14	17	8	2.57	.84
16. Fulfill past educational ambitions for BSN						
RNs Pursue	4	12	7	30	3.19	1.04
RNs Not Pursue	10	14	17	8	2.47	1.00
17. Help earn a degree						
RNs Pursue	2	10	13	28	3.26	.90
RNs Not Pursue	13	12	17	7	1.76	.72

n=102

(Note: The numbers in front of the motivational orientation sub-factors denotes the sequence of the sub-factor on the questionnaire. Scale: 1 = Disagree, 2 = Tend to disagree, 3 = Tend to agree, 4 = Agree).

indicated the variance/covariance matrices were heterogenous (Box's Test Statistic = 36.76429, Approximate F-Value = 2.319, df = 15/32000, F Prob = .0053). Nonetheless, because the MANOVA test is robust, Univariate F-tests were conducted for each of the five dependent variables. Results of the tests are shown in Table 5. Further, Wilk's lambda test for equal mean-vectors was significant (Wilk's lambda = 0.7001, F-Ratio testing Wilk's lambda = 8.2237, df = 5/96.00, F = 0.0001).

Univariate F-tests showed significant mean scores for Professional Advancement and Self-esteem in favor of the RNs pursuing a BSN. These data suggest the two major motives operant in decisions by RNs to pursue a BSN. However, it is interesting to note that RNs pursuing a degree had higher mean scores on the other three motives (i.e., Cognitive Interest, Community Service, and External Expectations) than did the RNs not pursuing a BSN.

A discriminant function analysis of motivational orientations indicated the largest contributors to the prediction equation for group membership were Professional Advancement (0.136) and Community Service (0.041). Based on the predicted and actual assignment of subjects to group membership, 83 percent of RNs pursuing and 76 percent of RNs not pursuing a BSN were correctly classified according to group membership.

Cronbach's alpha was 0.88 for the total scores on the

Table 5

Univariate F-Tests of Motivational Orientations For RNs Who Do And Who Do Not Pursue A BSN

Source	SS	MS	F-Ratio	F-Prob
C. Interest	.71544	.41176	1.74	0.1905
P. Adv.	11.23885	.31193	36.03	-0.0001
C. Ser.	1.7973	.81291	2.21	0.1402
Ext. Exp.	1.4873	.52231	2.85	0.0946
S. Esteem	13.1729	.58539	22.50	0.0001

df= 1/100

(n=102)

(Note: Motivational orientations are abbreviated. C. Interest = Cognitive Interest; P. Adv.= Professional Advancement; C. Ser. = Community Service; Ext. Exp.. = External Expectations; S. Esteem = Self-esteem).

modified motivational orientations questionnaire.

Application of Cronbach's alpha to each of the sub-factors provided the following results: Cognitive Interest .72, Professional Advancement .81, Community Service .88, External Expectations .69, and Self-esteem .77.

In the follow-up interviews statements were obtained from the subjects in the two groups concerning motivational orientations. The RNs pursuing a BSN indicated the BSN was to supplement their education and to obtain credentials to pursue a master's degree.

Three of the four RNs participating in the follow-up interviews had enrolled in graduate programs. They indicated they were not competing with anyone for their jobs nor did they feel that by obtaining a BSN they would move into an administrative position. Their interest in obtaining a master's degree was to be clinical nurse specialists or nurse practitioners in a given field to provide better or more complete patient care and be more autonomous in their practice.

Two of the RNs related similar stories about being told that RNs who attended diploma and associated degree programs did so because they were not college material or didn't have the high school grades to be admitted to a college program. Each had attended either a diploma program or an associate degree program due to family financial constraints. They also indicated they were determined to someday to obtain a



BSN if for no other reason than to prove they could.

A serendipitous finding occurred during the follow-up interviews while discussing professional advancement. The RNs pursuing a BSN defined professional advancement as meaning a clinical specialist with more responsibility for patient care. In contrast, RNs not pursuing a BSN defined professional advancement as getting a BSN and moving into an administrative position and out of direct patient care.

Both groups indicated that they thought the Community Service items were related to class or nursing course content which was unexpected. The RNs pursuing a BSN offered suggestions for future items or course content that included, legal and ethical issues, and how to be an effective board member.

Question 4. Is Locus-of-Control (LOC) different for the RNs who pursue a BSN and RNs who do not pursue a BSN?

Locus-of-Control data were compiled from responses to the 45 statements located in Part D of the questionnaire. The three measures of Locus-of-Control were obtained by summing the responses to the statements. Each statement was pre-coded to designate one of three factors. Further, the two possible options to each statement provided data for externality or internality for the three factors. The mean and standard deviation for each factor are shown in Table 6. Results indicated both groups were internally oriented on

Table 6

Means and Standard Deviations of Locus-of-Control for RNs Who Do and RNs Who Do Not Pursue the BSN

Variable	GROUPS			
	RNs Pursuing		RNs Not Pursuing	
	M	SD	M	SD
I. Soc.-Sys.	7.81	2.65	6.10	2.86
I. Self-Cont.	4.09	2.47	3.53	2.41
I. Fatalism	9.21	2.58	7.73	2.80

n = 102

(Note: Locus-of-Control factors are abbreviated. I. Soc.-Sys. = I Social System; I. Self-Cont. = Internal Self-Control; I. Fatalism = Internal Fatalism).

the factors of Social-System control and Fatalism. However, the RNs pursuing a BSN had higher mean scores for the two factors.

Application of the multivariate analysis of variance to the Internal Locus-of-Control data indicated the test for homogeneity of variance/covariance supported the equal variance assumption (Box's Test Statistic = 4.2712, Approx. F-value = 0.689, df = 6/32000, F-Prob = 0.6591). Wilk's Lambda test for equal mean-vectors was significant for Internal LOC (Wilk's Lambda = 0.8839, F-Ratio = 4.2902, df = 3/98, F-Prob = 0.0069). Univariate F-tests were conducted for each of the three dependent Internal LOC variables shown in Table 7. The results of the univariate F-tests indicated the variables of Internal Social-System and Internal Fatalism were significantly higher in favor of the RNs pursuing a BSN.

Cronbach's alpha was .88 for the total scores obtained from the Internal LOC response statements. Application of Cronbach's alpha to each of the Internal LOC factors provided the following results: Internal Social-System Control .76, Internal Self Control .77, and Internal Fatalism .80.

A discriminant analysis of the Internal LOC revealed the largest contributors to the prediction equation for group membership were Internal Social-System (0.048) and Internal Fatalism (0.026) with Internal Self-Control as the

Table 7

Univariate F-Tests of Locus-of-Control for RNS Who Do and Who Do Not Pursue a BSN (N=102)

Source	SS	MS	F-Ratio	F-Prob
I. Social-Sys.	74.39	7.57	9.83	0.0023
I. Self-Cont.	8.09	5.97	1.36	0.2470
I. Fatalism	55.23	7.24	7.63	0.0068

df= 1/100

(Note: Locus-of-Control factors are abbreviated. I. Soc.-Sys. = I Social System; I. Self-Cont. = Internal Self-Control; I. Fatalism = Internal Fatalism).

smallest contributor (0.012). Based on the predicted and actual assignment of subjects to group membership, 65 percent of RNs pursuing and 63 percent of RNs not pursuing a BSN were correctly classified according to group membership.

Question 5. Do relationships exist between the variables of age, job satisfaction, income, distance from institution, MOs, LOC, marital status, position in nursing and Group Membership?

Table 8 shows the Pearson correlations between the stated variables of age, job satisfaction, income, distance from institution, MOs, LOC, marital status, position in nursing and Group membership. To aid in the data analysis marital status and type of position data were recoded to provide two categories for each, married (1) and not married (2), and staff (1) and managerial (2), respectively. Further, Groups were coded as RNs pursuing a BSN (1) and RNs not pursuing a BSN (2).

Analysis of the correlation data indicated that significant relationships existed between Group Membership and six of the variables. The RNs pursuing a BSN tended to have higher motivational orientation scores on Professional Advancement and Self-esteem scales; and, higher Internal-Locus-of-Control scores on the Social-System and Fatalism scales. RNs not pursuing a BSN tended to have higher scores on the External Locus-of-Control Fatalism scale and tended

Table 8

Correlations between Motivational Orientations, Locus-of-Control, Age, Position Type, Marital Status, Distance from Educational Facility, Job Satisfaction, Income, and Group Membership

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Variable	Group Membership
Age	.27*
Income	-.19
Job Satisfaction	.05
Travel Distance	-.08
Cognitive Interest (MO)	-.13
Professional Advancement(MO)	-.51*
Community Service (MO)	-.15
External Expectations (MO)	-.17
Self-Esteem (MO)	-.43*
Internal Social-System (LOC)	-.30*
Internal Self-Control (LOC)	-.12
Internal Fatalism (LOC)	-.26*
External Self-Control (LOC)	.11
External Fatalism (LOC)	.29*
Marital Status	.12
Position Type	-.15
Group Membership	

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Note: Group Membership coding: RNs pursuing BSN (1), RNs not pursuing BSN (2)  
 p <.05

to be older.

A discriminant function analysis was applied to the independent variables of motivational orientations, Locus-of-Control, age, income, job satisfaction, distance, marital status, and type of position to ascertain whether relationships existed among the variables. Data analysis indicated that Professional Advancement (27 percent) was the largest contributor to the variance with Internal Social-System control (10 percent), and age (8 percent), completing the equation. Results of the prediction analysis indicated that 81 percent of the RNs pursuing a BSN and 76 percent of the RNs not pursuing a BSN were classified correctly according to group membership.

Question 6. Which courses/course content do RNs who pursue the BSN consider repetitive of prior nursing knowledge?

Question 30, Part C of the questionnaire, requested RNs pursuing a BSN to indicate courses/course content they considered repetitive of prior nursing knowledge. Twenty-eight or 53 percent of the 53 subjects responded to the question. Courses they identified as repetitive of prior nursing knowledge were the National League of Nursing Mobility Profile exams (maternity, pediatrics, medical and surgical nursing, and psychiatric nursing), and the teacher made challenge tests (pharmacology, pathophysiology, health assessment, and nutrition). Another course the RNs pursuing

a BSN identified as repetitive was foundations of nursing. They also indicated that portions of the leadership, professional dimensions, community health nursing, and aging courses had overlapping content and some content had been taught in their prior nursing education programs.

The RNs pursuing a BSN wrote that universities should award credit for prior courses such as anatomy and physiology, chemistry, microbiology and abnormal psychology that had been taught for nurses only on college/university campuses or in hospital settings by college or university instructors. They indicated that having to repeat such courses was insulting, time consuming, and expensive.

Another finding occurred during the collection of information about the facilities and the RNs where the subjects worked. There was a lack of information available about the nursing manpower in the state. There was no central location or agency that collected data on the number of nurses employed in a geographic region, their educational level, nor the types of skills needed in an area. The facilities contacted did not have the information readily available and collected the data for the researcher.



## CHAPTER V

### DISCUSSION, CONCLUSIONS AND SUMMARY

The purpose of this study was to investigate a set of questions to describe RNs who do and RNs who do not pursue a BSN which ultimately could augment decision making among the nursing population and BSN granting institutions to enhance program planning for these two groups. The constructs of motivational orientations, LOC, and perceived barriers to education guided the study to ascertain the following: a) if the two groups perceived barriers to education differently; b) if motivational orientations and Locus-of-control were different; and, c) whether there were relationships between the variables of age, job satisfaction, income, distance from the education facility, MOs, LOC, marital status, type nursing position and Group Membership.

The 102 subjects in this study lived/worked in both rural and urban locations within a 200 mile radius of the educational facility. The subjects included three male RN students.

Comparison of the personal profile data of the RNs pursuing and the RNs not pursuing a BSN in this study indicated that differences existed between the two groups. RNs pursuing a BSN were younger and fewer were married. These RNs had completed their basic nursing program later and were employed for a shorter time in nursing. Further, a slightly lower percentage held management positions and had

less time in their positions than RNs not pursuing a BSN. Another difference between RNs pursuing and RNs not pursuing a BSN was the number of other BS degree interests listed by RNs who were pursuing a BSN. Additionally, the travel distance to enroll for "other" BS programs was less than to enroll in a BSN program. Both of the groups in this study were older than subjects in the studies by King (1986), Clayton & Smith (1987), Fotos (1987), Lethbridge (1989), and Linares (1989). Further, both groups of subjects in this study had been graduated from a basic nursing program longer than subjects in Clayton & Smith's (1987), Fotos' (1987), Lethbridge's (1989) or Linares' (1989) studies. Additionally, RNs pursuing and RNs not pursuing a BSN had fewer dependent children (1.0 and 1.1, respectively) than subjects in Lethbridge's (1989) study (2.2). And lastly, the finding that the majority of RNs pursuing a BSN were married, was similar to the studies by King (1986), Clayton & Smith (1987), Fotos (1987), and Lethbridge (1989).

Barriers-to-education data analysis indicated the groups were different in their selection of the barriers. Both groups selected barriers which reflected their status of enrollment or non-enrollment, which was not surprising. RNs pursuing a BSN tended to select program-associated barriers such as "no way to get credit for prior courses," "courses not scheduled at a convenient time," "inconvenient location of courses," "repetition of prior courses" and, "no

college credit awarded for courses taught for nurses only." The RNs not pursuing a BSN selected more personal barriers i.e., "cost" and "lack of child care." Both groups selected one program barrier, "length of time to complete the program" as most important. These barriers identified by RNs pursuing and RNs not pursuing a BSN in this study support the studies by Cross, Valley & Associates (1974), Arms, Chenevey, Karrer & Rumpler (1985), and NLN (1985). Further, the findings, especially the program barriers, have implications for curricular changes in programs offered for RNs who wish to acquire a BS degree in nursing.

In summary, barriers identified by RNs pursuing and RNs not pursuing a BSN were first identified in the studies conducted by Cross, Valley & Associates (1974), McGrath & Bacon (1979) and later by Sewall (1984), the NLN (1987), and Rendon (1988). It appears, from the results of this study, that there has been minimal change, over time, in barriers to education that RNs experience.

Analysis of motivational orientation data revealed differences in the two groups. The RNs pursuing a BSN had significantly higher mean scores for Professional Advancement and Self-esteem than the RNs not pursuing a BSN. The results indicating that RNs pursue a BSN for Professional Advancement supported King's (1986), Fotos' (1987), and Lethbridge's (1989) findings. Further, a higher percentage of the RNs in this study pursuing a BSN indicated

they wanted to acquire credentials to pursue a master's degree than the subjects in Lethbridge's (1989) study.

It is noteworthy to mention that the RNs pursuing a BSN interpreted professional advancement more broadly than the RNs not pursuing a BSN. In follow-up interviews, the RNs pursuing a BSN indicated professional advancement meant widening the spectrum of the professional realm in the nursing field and was not primarily directed at being able to move into an administrative position; professional advancement was interpreted as moving up the ladder administratively by the RNs who were not pursuing a BSN. In other words, professional advancement could connote altered role functions as specialists in clinical nursing and not just in vertical advancement, as in nursing administration.

Locus-of-Control data analysis indicated the RNs pursuing a BSN were more internally oriented in Social-System and Fatalism than RNs not pursuing a BSN. This finding, based on Rotter's (1966) proposal, suggests the RNs pursuing a BSN are hard working, have a high self-concept and are pursuing autonomous nursing practice. Further, RNs pursuing a BSN feel they have more control in school and work settings and in their successes and failures. This study supports Ralph's (1987) findings that older individuals have a high internal LOC. The results did not differentiate whether the LOC of RNs pursuing the BSN

changed with the educational process or was different at the onset. Further longitudinal research with RNs having associate degree and diploma education (matriculants in subsequent BSN educational programs) could be conducted measuring the LOC construct to determine whether a change occurs overtime.

The finding that approximately a two year lapse occurs between deciding to pursue a BSN and enrolling supports Fotos' (1987) findings. Possible explanations for the lapse include the need to complete general education requirements of an institution, obtain financial assistance, negotiate a flexible work schedule and resolve personal barriers related to education.

The findings, from the application of Pearson correlations, indicate that income, job satisfaction, distance traveled, motivational orientations (Cognitive Interest, Community Service, External Expectations), LOC (Internal Self-control, External Self Control), marital status (married/not married), and type of position (staff or managerial) were not significantly related to whether a RN did or did not pursue a BSN. Significant correlations existed between group membership and scores on Professional Advancement, Self-esteem, Internal LOC (Social-System), Internal LOC (Fatalism), External LOC (Fatalism) and age. The correlations favored returning RNs on the first four variables. They were in favor of RNs not pursuing a BSN on

the last two.

This study supported other published studies identifying repetitious courses and course content as educational barriers (Arms, Chenevey, Karrer, & Rumpler, 1985; NLN, 1987). These findings have implications for evaluation and possible restructuring of the courses and course content identified by the subjects in this study. A need exists for clearer descriptions of the expected outcomes for each program that will lead to opportunities for RNs to progress educationally and thus limiting barriers to education.

In summary, the constructs of the conceptual framework for this study were measured by motivational orientations, Locus-of-Control, and perceived barriers-to-education instruments. Results of the data analyses supported the basic assumption underlying the conceptual framework that decisions to pursue or not to pursue a BSN are influenced by reasons such as the need for professional advancement and self-esteem; one's sense of control in social-systems and one's control over one's successes and failures; and, how one views the ease of negotiating both personal and educational barriers to returning to school.

#### CONCLUSIONS AND SUMMARY

The conclusions of this study are that RNs who are younger, employed in a position other than staff or

management, seeking Professional Advancement in nursing through an advanced degree, have higher self-esteem, exhibit a greater internal LOC, and who want more autonomy in patient care are more likely to pursue a BSN. Further, the longer RNs have been employed and remain in a position the less likely they will seek a BSN.

These conclusions have implications for recruiting purposes. Recruitment activities might begin when students are younger; i.e., when they are still enrolled in associate degree and diploma programs. The data from this study indicate that it takes approximately two years between deciding to enroll and actually enrolling in a BSN program. Moreover, institutions offering a BSN need to provide specific information about requirements to enter the parent institution and the nursing program. An articulation agreement with associate degree and diploma programs would provide assistance and guidance to those who plan to enroll.

The nursing education system has been somewhat unresponsive to barriers to education that nurses encounter, if they decide to pursue a BSN, because barriers identified in studies conducted in the '70's still exist. This fact has implications for educational program development. Educators might develop a program specifically for RNs in the geographic region where the study was conducted to decrease or reduce both personal and program based barriers identified in this study. The program could be designed to

reduce the time requirements of current programs (approximately two years) that were objectionable to the respondents in this study. Credit for previous learning should be awarded when the students successfully complete advanced courses and/or corrected any previously diagnosed nursing knowledge deficiencies. This program would build upon prior knowledge and consist of courses not taken as part of diploma or associate degree education such as nursing research, leadership, health assessment, and community health nursing.

Efforts by those who offer BSN programs might also be made to minimize other barriers identified in this study, including inconvenience and high cost. Courses could be offered through a combination of late-evening audio-teleconference, and some Saturday on-campus courses. To reduce costs to both the student and the educational institution, employing agencies could be encouraged to provide facsimile technology and computer and audio-teleconference linkages with universities providing courses and programs. In addition, further encouragement by employers (hospitals, health care agencies, etc) to develop special tuition plans which would assist RN students returning for BSNs. Such plans might include contracts providing tuition for each year worked or loan forgiveness based on years of employment.

The finding, as previously discussed, that RNs not



pursuing a BSN equated professional advancement with becoming nursing administrators supports the notion that there is inadequate knowledge concerning the spectrum of roles in nursing practice. To alleviate this problem, educational institutions could increase their linkages with nursing service to enhance dialogue and decrease ambiguities concerning what comprises nursing practice roles.

Since many of the RNs enrolled in the BSN program indicated a desire to pursue a graduate education, a follow-up study with the participants in this study is suggested to determine how many RNs pursuing a BSN actually enroll in a master's program. Additionally, follow-up studies of the non-pursuers are suggested to determine if they enroll in a BSN program over time.

Some of the RNs pursuing a BSN indicated they had an interest in BS degrees in other majors such as psychology, management, business management, horticultural therapy, occupational therapy, and philosophy. A study to determine whether RNs include these interest in their nursing practice is indicated i.e., do they pursue a master's degree in psychiatric nursing?

Finally, generalization of the findings in this study is limited to the geographical area where it was conducted, and by the self-selection of the subjects in returning the questionnaire i.e., those who elected to return vs those who did not return. Therefore, additional studies in other

geographic regions are encouraged.

In summary, this study described RNs who do and RNs who do not pursue a BSN, using the constructs of motivational orientations, LOC, and perceived educational barriers. The basic assumption of this study was supported; that is, the need for professional advancement and self-esteem; one's sense of control in social-systems and their success and failures; and, how they view the ease of negotiating both personal and educational barriers influence decisions to pursue or not to pursue a BSN. Data were collected using a questionnaire mailed to 143 RNS. Fifty-nine of the questionnaires were mailed to RNs who had been or were currently enrolled in classes to pursue a BSN in the 1989-90 academic year. Eighty-four were mailed to RNs not pursuing a BSN, but who lived/worked in the same geographical region as RNs pursuing a BSN. The overall return rate was 72 percent or 91 percent from RNs pursuing a BSN and 59 percent from RNs not pursuing a BSN. Other data collection methods consisted of follow-up interviews with four RNs from each group.

The data were analyzed by instruments constructed to measure the concepts of the framework of the study, i.e., motivational orientations, Locus-of-Control, and perceived educational barriers in describing RNs who do and RNs who do not pursue a BSN. Descriptive methods provided mean scores for the personal profile data indicating the profiles of RNs

pursuing a BSN in this study were similar to those in other studies, with the exception that they were older, had been graduated from their RN programs longer and had fewer children.

Both RNs pursuing and RNs not pursuing a BSN identified the same barrier-to-education, "length of time to complete the program," as one of the three most important to them. However, the other two barriers were different for the two groups. The RNs pursuing a BSN identified more program related barriers (educational) and the RNs not pursuing a BSN identified more personal related barriers.

Results of the data analysis of motivational orientations indicated significant differences in the mean scores for Professional Advancement and Self-esteem, in favor of RNs pursuing a BSN. Additionally, a larger percent of the RNs pursuing a BSN indicated they were seeking a BSN or acquiring credentials to pursue a master's degree.

Results of the analysis of Locus-of-Control indicated RNs pursuing a BSN had a more internal Social-System and Fatalism LOC than RNs not pursuing a BSN. A discriminant function analysis of data indicated that Professional Advancement, Internal Social-System LOC, and age were the variables which best predicted group membership. Professional Advancement was interpreted by RNs pursuing a BSN as moving to other specialties within the practice of nursing or becoming more autonomous in nursing practice and

patient care. RNs not pursuing a BSN indicated it meant moving into an administrative position.

Finally, suggestions for educating RNs returning for a BSN were proposed to reduce the identified barriers within the control of the educational system. Other conclusions included the need for further research.

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## Appendix A

### Questionnaire Mailed to RNs

Dear Nursing Colleague:

I am conducting a survey of registered nurses who have (or have not enrolled) in a baccalaureate degree nursing program to determine the reasons for (or for not) pursuing a baccalaureate nursing degree. I would appreciate your taking a few minutes to complete the enclosed questionnaire.

The data will be used as group data and your identity will be held in confidence. You will be assigned an identification number, which will help to track responses.

If you would like a summary of the results of the survey please place your name and address on the last page. THANK YOU FOR YOUR ASSISTANCE!!!!

#### **PART A . PERSONAL PROFILE FORM**

CODE \_\_\_\_\_

1. Were you pursuing a BS degree in nursing in 1989-90?  
(Enrolled in a course(s), taking CLEP, ACT-PEP, nursing challenging exams).  
(01)\_\_\_\_\_Yes (02)\_\_\_\_\_No
2. Age: \_\_\_\_\_
3. Gender: (01)\_\_\_\_\_ Male (02)\_\_\_\_\_ Female
4. Marital Status: (01)\_\_\_\_\_Married (02)\_\_\_\_\_Single  
(03)\_\_\_\_\_Divorced (04)\_\_\_\_\_Separated  
(05)\_\_\_\_\_Widow(er)
5. Number of dependent children: \_\_\_\_\_
6. Employment Status:  
(01)\_\_\_\_\_ Full time (02)\_\_\_\_\_ Part time  
(03)\_\_\_\_\_Unemployed
7. Approximately what was the combined income of you and your spouse (if married) in 1989 before taxes?  
  
(01)\_\_\_ Less than \$10,000 (04)\_\_\_ \$30,000 to \$39,999  
(02)\_\_\_ \$10,000 to \$19,999 (05)\_\_\_ \$40,000 to \$49,999  
(03)\_\_\_ \$20,000 to \$29,999 (06)\_\_\_ \$50,000 to \$99,999  
(07)\_\_\_ More than \$100,000

8. Year of graduation from your basic nursing program:  
19\_\_\_\_\_
9. Number of years employed in nursing: \_\_\_\_\_
10. Present position held in nursing:  
(01) \_\_\_\_\_ Staff (02) \_\_\_\_\_ Managerial  
(03) \_\_\_\_\_ Other (Specify) \_\_\_\_\_
11. Number of years in present position: \_\_\_\_\_
12. To what extent do you like your present position:  
(**Circle one response**)  
1 (Not At All)    2    3    4    5 (Very Much)
13. If you had a BS degree would you be inclined to seek advancement?    (01) \_\_\_\_\_ Yes (02) \_\_\_\_\_ No
14. How far do you live (work) from the nearest institution that offers a BS degree in nursing? \_\_\_\_\_ Miles
15. Were/are you interested in a BS in a field other than nursing? (01) \_\_\_\_\_ Yes (02) \_\_\_\_\_ No If Yes, specify \_\_\_\_\_
16. How far would you have to travel to attend an institution that offers a BS in a field of your interest? \_\_\_\_\_ Miles
17. If enrolled in a BS nursing program, how much time lapsed between deciding to enroll and enrolling in school? \_\_\_\_\_ Months \_\_\_\_\_ Years

#### **PART B**

Various reasons have been given for enrolling in a program leading to a baccalaureate degree in nursing. What reasons were/would be important for you personally? Please indicate the extent of your agreement with each reason listed by **circling** a response listed at the right.

	Dis- agree	Tend to Dis- agree	Tend to Agree	Agree
1. To seek knowledge for its own sake	1	2	3	4
2. To secure professional advancement	1	2	3	4
3. To satisfy an inquiring mind	1	2	3	4

4.	To give me higher status in my job	1	2	3	4
5.	To supplement a narrow previous education	1	2	3	4
6.	To acquire knowledge that will help with other educational courses	1	2	3	4
7.	To keep up with competition	1	2	3	4
8.	To increase my competence in my job	1	2	3	4
9.	To gain insight into human relations	1	2	3	4
10.	To improve my ability to serve mankind	1	2	3	4
11.	To comply with my employer's policy	1	2	3	4
12.	To meet recommendations that professional nurses have a baccalaureate nursing degree	1	2	3	4
13.	To learn just for the sake of learning	1	2	3	4
14.	To acquire credentials to pursue a master's degree	1	2	3	4
15.	To obtain a well-rounded education	1	2	3	4
16.	To fulfill my past educational ambitions for a nursing baccalaureate degree	1	2	3	4
17.	To help earn a degree	1	2	3	4
18.	To carry out the recommendations of some authority	1	2	3	4

### **PART C**

Many things prevent people from taking a course of study or learning a skill. **Check** all those listed below that you feel are important in keeping you from participating in a baccalaureate nursing program or that have presented problems before or during your enrollment. Place a **circle** around the three most significant barriers.

- \_\_\_\_\_ 1. Cost (tuition, books, learning materials, child care, transportation)
- \_\_\_\_\_ 2. Not enough time to devote to study
- \_\_\_\_\_ 3. Amount of time required to complete the program
- \_\_\_\_\_ 4. No way to get credit for prior courses
- \_\_\_\_\_ 5. No place to study or practice
- \_\_\_\_\_ 6. No child care
- \_\_\_\_\_ 7. Courses I want aren't scheduled at a convenient time
- \_\_\_\_\_ 8. Inadequate transportation
- \_\_\_\_\_ 9. Problems with getting enrolled due to admissions requirements (i.e., health form, transcript evaluation)
- \_\_\_\_\_ 10. Friends or family don't approve of my returning to school
- \_\_\_\_\_ 11. Home responsibilities
- \_\_\_\_\_ 12. Job responsibilities
- \_\_\_\_\_ 13. Lack energy and stamina to undertake study
- \_\_\_\_\_ 14. Afraid that I'm too old to begin formal education
- \_\_\_\_\_ 15. Not confident of my ability to succeed
- \_\_\_\_\_ 16. Don't meet requirements to begin program
- \_\_\_\_\_ 17. Courses I want aren't available
- \_\_\_\_\_ 18. Tired of going to school
- \_\_\_\_\_ 19. Inflexibility of my work schedule

- \_\_\_\_\_ 20. Inconvenient location of courses
- \_\_\_\_\_ 21. Lack of agency encouragement or reward
- \_\_\_\_\_ 22. Repetition of prior courses
- \_\_\_\_\_ 23. Repetition of prior clinical experiences
- \_\_\_\_\_ 24. Lack of respect as a professional
- \_\_\_\_\_ 25. No college credit awarded for diploma nursing courses
- \_\_\_\_\_ 26. No college credit awarded for science courses taught for nurses only
- \_\_\_\_\_ 27. No credit awarded for work experience
- \_\_\_\_\_ 28. Lack of challenging course work
- \_\_\_\_\_ 29. Other, describe\_\_\_\_\_
  
- \_\_\_\_\_ 30. Please identify courses or course content you think is repetitive of prior nursing courses.

#### PART D

People have various beliefs that may influence decisions. Please answer the following items carefully, but do not spend too much time on any one item. Be sure to find an answer for every choice. Circle the letter of the statement (A or B) which you choose.

In some cases you may discover that you believe both statements or neither one. In such cases be sure to select the one you more strongly believe to be the case. Also try to respond to each item independently when making your choice. Do not be influenced by previous choices.

1. (A) Various sports activities in the community help increase solidarity amongst people in the community.  
(B) Various sports activities in the community can lead to rivalry detrimental to the solidarity of the community.
2. (A) War brings out the worst aspects of a person.  
(B) Although war is terrible, it can have some value.
3. (A) There will always be wars no matter how hard people try to prevent them.  
(B) One of the major reasons why we have wars is because people do not take enough interest in politics.
4. (A) Even when there was nothing forcing me, I have found that I will sometimes do things I really did not want to do.  
(B) I always feel in control of what I am doing.
5. (A) There are institutions in our society that have considerable control over me.  
(B) Little in this world controls me, I usually can do what I decide to do.
6. (A) I would like to live in a small town or a rural environment.  
(B) I would like to live in a large city.
7. (A) For the average citizen becoming a success is a matter of hard work, luck has little or nothing to do with it.  
(B) For the average person getting a job depends mainly on being in the right place at the right time.



8. (A) Patriotism demands that the citizens of a nation participate in any war.  
(B) To be a patriot for one's country does not necessarily mean one must go to war for one's country.
9. (A) In my case getting what I want has little or nothing to do with luck.  
(B) It is not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
10. (A) Sometimes I impulsively do things which at other times I definitely would not let myself do.  
(B) I find that I can keep my impulses in control.
11. (A) In many situations what happens to people seems to be determined by fate.  
(B) People do not realize how much they personally determine their own outcome.
12. (A) College students should be trained in times of peace to assume military duties.  
(B) The ills of war are greater than any possible benefits.
13. (A) Most people do not realize the extent to which their lives are controlled by accidental happenings.  
(B) For any person, there is no such thing as luck.
14. (A) If I put my mind to it I could have an important influence on what a politician does in office.  
(B) When I look at it carefully, I realize it is impossible for me to have any really important influence over what politicians do.
15. (A) With fate the way it is, many times I feel that I have little influence over the things that happen to me.  
(B) It is impossible for me to believe that chance or luck plays an important role in my life.
16. (A) When I put my mind to it I can constrain my motions.  
(B) But there are moments when I cannot subdue my emotions and keep them in check.

17. (A) Every person should give some time for the good of one's town or country.  
(B) People would be a lot better off if they could live far away from other people and never have to do anything for them.
18. (A) As far as the affairs of our country are concerned, most people are victims of forces they do not control and frequently do not even understand.  
(B) By taking part in political and social events the people can directly control much of the country's affairs.
19. (A) People cannot always hold back their personal desires; they will behave out of impulse.  
(B) If they want to, people can always control their immediate wishes and not let these motives determine their total behavior.
20. (A) Many times I feel I might just as well decide what to do by flipping a coin.  
(B) In most cases I do not depend on luck when I decide to do something.
21. (A) Our federal government should promote the mass production of low rental apartment buildings to reduce the housing shortage.  
(B) The best way for our government to reduce the housing shortage is to make low interest mortgages available and to stimulate the building of low cost houses.
22. (A) I do not know why politicians make the decisions they do.  
(B) It is easy for me to understand why politicians do the things they do.
23. (A) Although sometimes it is difficult, I can always willfully restrain my immediate behavior.  
(B) Something I cannot do is have complete mastery over all my behavioral tendencies.
24. (A) In the long run people receive the respect and good outcomes they worked for.  
(B) Unfortunately, because of misfortune or bad luck, the average person's worth often passes unrecognized no matter how hard one tries.

25. (A) With enough effort people can wipe out political corruption.  
(B) It is difficult for people to have much control over the things politicians do in office.
26. (A) Letting your friends down is not so bad because you cannot do good all the time for everybody.  
(B) I feel bad when I have failed to finish a job I promised I would do.
27. (A) By active participation in the appropriate political organizations people can do a lot to keep the cost of living from going higher.  
(B) There is very little people can do to keep the cost of living from going higher.
28. (A) It is possible for me to behave in a manner very different from the way I would want to behave.  
(B) It would be very difficult for me to not have mastery over the way I behave.
29. (A) In this world I am affected by social forces which I neither control nor understand.  
(B) It is easy for me to avoid and function independently of any social forces that may attempt to have control over me.
30. (A) It hurts more to lose money than to lose a friend.  
(B) The people are the most important thing in this world of ours.
31. (A) What people get out of life is always a function of how much effort they put into it.  
(B) Quite often one finds that what happens to people has no relation to what they do, what happens just happens.
32. (A) Generally speaking, my behavior is not governed by others.  
(B) My behavior is frequently determined by other influential people.
33. (A) People can and should do what they want to do both now and in the future.  
(B) There is no point in people planning their lives too far in advance because other groups of people in our society will invariably upset their plans.
34. (A) Happiness is having your own house and car.  
(B) Happiness to most people is having their own close friends.

35. (A) There is no such thing as luck, what happens to me is a result of my own behavior.  
(B) Sometimes I do not understand how I can have such poor luck.
36. (A) More emphasis should be placed on teaching the principles of Christianity in public school.  
(B) Christianity should not be included in a school curriculum; it can be taught in church.
37. (A) Many of the unhappy things in people's lives are at least partly due to bad luck.  
(B) People's misfortunes result from the mistakes they make.
38. (A) Self-regulation of one's behavior is always possible.  
(B) I frequently find that when certain things happen to me I cannot restrain my reaction.
39. (A) The average person can have influence in government decisions.  
(B) This world is run by a few people in power and there is not much the little person can do about it.
40. (A) When I make up my mind, I can always resist temptation and keep control of my behavior.  
(B) Even if I try not to submit, I often find I cannot control myself from some of the enticements in life such as over-eating or drinking.
41. (A) My getting a good job or promotion in the future will depend a lot on my getting the right turn of fate.  
(B) When I get a good job, it is always a direct result of my own ability and/or motivation.
42. (A) Successful people are most honest and good.  
(B) One should not always associate achievement with integrity and honor.
43. (A) Most people do not understand why politicians behave the way they do.  
(B) In the long run people are responsible for bad government on a national as well as on a local level.

44. (A) I often realize that despite my best efforts some outcomes seem to happen as if fate planned it that way.  
(B) The misfortunes and successes I have had were the direct result of my own behavior.
45. (A) Most people are kind and good.  
(B) People will not help others unless circumstances force them to.

**THANK YOU FOR YOUR ASSISTANCE!!!! PLEASE FEEL FREE TO ADD YOUR COMMENTS HERE!!!** Place your name and address on this page if you wish to receive a summary report of the survey.

## Appendix B

### Pilot Study Interview Questions

1. Why have you returned to school?
2. How will a BS Nursing degree help you professionally?
3. Does your agency encourage a BS Nursing degree?
4. Does your agency encourage a degree?
5. Do you think a BS Nursing degree will be required in the future in order to practice nursing?
6. Do you socialize with student registered nurses?
7. Do you socialize with students who are not registered nurse students?
8. Have you made new friends while in school?
9. Describe the type of people with whom you like to socialize.
10. How do you think nursing courses have been of value or not been of value to your professional development?
11. Do you think a nursing degree will assist you in providing community service?
12. Will having a nursing BS degree assist you in your job status?
13. Will having a Nursing BS degree provide more job security?
14. Will a Nursing BS degree provide an advancement for you in your agency?

15. Will you continue for another degree when you complete the BS degree in nursing?
16. Do you think nurses with a BS Nursing degree are promoted before those who don't have a nursing degree?
17. Do you admire people who have a BS Nursing degree?
18. What do you consider are barriers or obstacles in obtaining a BS Nursing degree?
19. In retrospect, what would you do differently about choosing an entry into nursing?
20. In retrospect, would you select nursing as a career?
21. Is there anything you would like to add or discuss?

## VITA

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### EDUCATION:

1991 VPI & State University, Blacksburg, Virginia.  
Ed.D., Education-Curriculum and Instruction

1986 Hampton University, Hampton, Virginia.  
Certificate-Primary Care Ambulatory Nurse  
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1983 Virginia Commonwealth University/Medical  
College of Virginia, Richmond, Virginia.  
MS, Community Health Nursing/Education

1978 Old Dominion University, Norfolk, Virginia.  
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1957 Radford Hospital School of Nursing, Radford,  
Virginia. Nursing

### EXPERIENCE:

1987-present Assistant Professor, Nursing; Vice-Chair  
School of Nursing (1991); RN Program  
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1983-1987 Assistant Professor, Nursing, Hampton  
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1981-1982 Instructor, Nursing, Portsmouth General  
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1969-1976 Public Health Nurse. Virginia Department of  
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nator, 1972-76); Montgomery County.

1965-1969 Staff Nurse, Infirmary, Radford College,  
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1963-1964 Supervisor, Sterile Supply, Radford Community  
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#### EXPERIENCE:

- 1959-1963      Research Assistant, Veterinary Science,  
                    Virginia Polytechnic Institute, Blacksburg,  
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- 1958-1959      Office Nurse, Dr. A. F. Giesen, Radford,  
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- 1957-1958      Assistant Supervisor, Operating Room, Radford  
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#### PUBLICATIONS:

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University School of Nursing Newsletter. Radford, Va.

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#### PRESENTATIONS:

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courses: Perspectives of RN-BSN students at distant  
sites. Paper presented at the Fifth Annual Conference of  
the Southern Nursing Research Society. Richmond, VA,  
March 1.

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Learners, Our Challenge For The 90's Conference at Thomas  
Jefferson University, Philadelphia, PA, November 30.

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International Region 6 Assembly, Norfolk, VA, November 2.

Root, S. (1990). Perceptions of community health nursing  
students following a clinical experience in an official  
public health agency. A paper presented at the Sigma  
Theta Tau, Epsilon Psi Third Annual Research Day,  
Radford, VA, March 30.

Root, S. (1990). Response of registered nurse students to  
audio-teleconference courses. A paper presented at the  
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## PRESENTATIONS:

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## PROFESSIONAL ORGANIZATIONS:

1985-present Sigma Theta Tau, International Nursing Honor Society  
Epsilon Psi Chapter-Vice-President (1989-present)

1972-present American Nurses' Association  
Virginia Nurses' Association-Political Action Committee Treasurer (1989-present)  
District 2, VNA Legislative Chair (1989-present)

1972-present National League for Nursing  
Virginia League for Nursing-Nominating Committee-Chair (1991)

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1987 Family Nurse Practitioner, American Nurses' Association

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