ADULT NURSING STUDENTS PERSISTING TOWARD DEGREE COMPLETION:
A CASE STUDY OF AN RN TO BSN ACCELERATED
PROGRAM AT A MIDWESTERN UNIVERSITY

A dissertation submitted
by
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to
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DEDICATION

This dissertation is dedicated to my amazing husband, Bill Delaney, for his unconditional love and support and to my three beautiful and mirthful children,

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ABSTRACT

Student persistence is a substantial concern to many postsecondary institutions. Colleges and universities across the United States are paying close attention to retention rate data and other outcome measures centered on the issue. One driving force may be the U. S. Department of Education’s proposed College Rating and Pay for Performance Plan that could, at some point, attach financial aid reimbursement to a college performance rating system. This proposed plan would hold institutions more accountable for student progress towards degree completion. Premature student departure is especially distressing for nursing programs that are under pressure to supply and replenish the nation's nursing workforce, which is projected to need an additional one million nurses by 2020. Therefore, supporting nursing students’ progression is an essential ingredient required to aid workforce capacity and to refill the nursing pipeline to meet the growing demand for health care. The purpose of this qualitative case study was to investigate the experiences of adult students who overcame challenges commonly found in this student population and were able to graduate from a registered nurse (RN) to Bachelor of Science in Nursing (BSN) completion program at a Midwestern, private, faith-based institution. Aspects were explored that surrounded RN to BSN student retention at this facility and the components that helped these students reach completion. This examination also focused on the external factors affecting these participants and the particular program and institutional components that contributed to their successful completion. The findings of this qualitative case study produced six major themes and 41 subthemes. The main
themes uncovered in the case study are: Institutional and Program Fit, Role of Current Professional Climate and Decision to Pursue BSN, Institutional Support Systems and the Role of Critical Bonds, Critical Bonds Formed Among Peers, Family Support and the Role of the Critical Insider, and the Personal Characteristics that Contribute to the Students’ Ability to Complete. The findings of this study add to the limited RN to BSN nursing retention literature and help illustrate why this student subpopulation persists to degree completion rather than depart an institution. Having a more holistic understanding of the concepts surrounding student persistence further allows nurse researchers and educators to place themselves in a strategic position to make a greater impact on improving nursing student retention at large.
CHAPTER ONE: INTRODUCTION

Background of the Study

Student attrition is one of the greatest issues facing postsecondary institutions. It is especially a concern for nursing programs, where premature student departure has a direct impact on the country’s overall health. In support of this statement, Aiken et al. (2011b) suggested three factors contribute to lower mortality and failure-to-rescue in healthcare settings: (a) lower patient-to-nurse ratios, (b) better nurse work environment, and (c) a higher proportion of baccalaureate prepared nurses. Therefore, preventing registered nurse (RN) to bachelor of nursing in science (BSN) student attrition is a necessary step in meeting both workforce competency and capacity requirements for our nation (Institute of Medicine [IOM], 2010; Lavizzo-Mourey, 2012).

Nursing by far is the largest healthcare profession in the U.S., with more than 2.6 million RNs practicing within nursing schools, hospitals, community health centers, long-term care facilities, and other areas nationwide (American Association of Colleges of Nursing [AACN], 2012). Hughes (2005) suggested, roughly 80% of all health care is administered by nurses. This makes nursing personnel the largest expenditure in a hospital budget, and the profession is estimated to account for greater than 25% of annual operating expenses and as much as 40% of overall direct care cost (Aiken et al., 2011b; AACN, 2015b; McCue, Mark, & Harless, 2003). The United States Bureau of Labor Statistics (2013) and AACN (2014) project the RN workforce will need to grow
to 2.71 million between the years 2012 to 2022, equating to 3.24 million, or 19% in just 10 years. Advocating, many more nurses will be needed to meet the nation’s growing demand for health care, as well as to replenish the baby-boomer nurses projected to retire (AACN, 2012; AACN 2014).

To fulfill these recommendations, the American Association of Colleges of Nursing (AACN, 2012, 2015c) fully supports academic progression to prepare a robust nursing workforce. In fact, new data suggest that enrollment at all levels of nursing education has increased (AACN, 2015d), evidenced by 692 RN-to-BSN and 209 RN-to-master’s degree programs being offered across the nation (AACN, 2015c). College presidents, boards of trustees, and program administrators throughout higher education align with the AACN in the belief that every nurse and nursing student deserves an opportunity to pursue academic career growth and development (AACN, 2012). Thus, lawmakers, higher education administrators, schools of nursing, and nurse leaders must work toward facilitating unity among nursing education programs and offer opportunities to attain associate, baccalaureate, master’s, and doctoral programs (AACN, 2012; 2015b).

To meet the need to put into place over one million registered nurses by the year 2020, schools of nursing across the nation are exploring innovative program delivery options in order to increase nursing student capacity (American Association of Colleges of Nursing and the University HealthSystem Consortium, 2003). Some of the solutions include:

1. Collaborate to retain, recruit, and expand enrollment of students in baccalaureate programs of nursing.
2. Achieve the recommended balance in the nursing workforce.

3. Ensure the professional transition for baccalaureate graduates through a structured residency model.

4. Ensure a professional work environment that supports the development of best practices in the clinical setting and education.

5. Provide a differential entry level nursing salary based on educational preparation and a career pathway that recognizes education's relationship to practice.

6. Identify models that are sustainable and portable to other settings.

In response to these suggestions, this Health System Consortium endorsed several short-term recommendations:

1. Recruitment and retention: Find ways to recruit and successfully retain talented baccalaureate nursing students, prevent barriers to admission for all qualified applicants, eliminate obstacles to progression of students in nursing programs, target new student populations; provide tuition support and incentives to enter a baccalaureate program, create market strategies that demonstrate university hospitals and schools of nursing commitment to retention, and ensure satisfying clinical learning experiences.

2. Create new programs and accelerated progression: Explore time acceleration to graduation of existing BSN programs; investigate accelerated program options that attract potential students and can quickly increase the number of graduates; and create new program options that are attractive to new student
populations (American Association of Colleges of Nursing and the University HealthSystem Consortium, 2003).

The issue surrounding student retention is not an isolated challenge experienced only in nursing science; it is a crisis facing many disciplines across higher education. For instance, in 1990, the United States was ranked first in the world in college attainment among 25-to 34-year-olds; however, more recently, the U.S. rankings have dipped to 12th (The White House, 2014). In addition, it has been estimated that nearly two-thirds of the nation’s adult college students drop out before reaching completion. This has prompted the CollegeBoard Advocacy and Policy Center to recommend that institutions of higher education set out to significantly increase college completion rates by attempting to improve retention through implementing data-based strategies to identify retention and dropout challenges and easing transfer among institutions (Hughes, 2012).

These disquieting trends have also given the U.S. Department of Education, under the Obama administration, the incentive to impose a new College Ratings and Paying for Performance Plan that was scheduled to be enacted in fall 2015, but has been pushed back to 2018 (Kamenetz, 2014). According to the U.S. Department of Education (2014b), the president’s proposed plan will attach financial aid to college performance, challenge the states to only fund public universities and colleges based on their performance, and hold students and institutions receiving student aid to be accountable for making progress toward a degree. The American Council on Education (ACE) reported that “college and university presidents are taking the potential impact of President Obama’s proposed federal college rating system very seriously” (Riskind, 2014, para. 2). Much still needs to be considered, but the creators of the plan hope to
establish a formal process where colleges and universities can challenge their data and will allow institutions to provide a narrative explanation (Stratford, 2015). Opponents of the plan raise the important question of the personnel cost associated with the rating system (Stratford, 2015). Even though the new proposed rating system is facing difficult interrogation, one can agree that the rating system as outlined today, will force higher education institutions to pay close attention to retention rates, accountability, and outcomes.

**Statement of the Problem and Rationale for the Study**

In reaction to the anticipated nursing shortage, nursing schools are being burdened to grow their programs rapidly, admit as many qualified applicants as possible, streamline curricula, and ultimately graduate as many nurses as possible (Buerhaus, Auerbach, & Staiger, 2016; Weitzel & McCahon, 2008). Weitzel and McCahon (2008) also pointed out that nursing programs are required to foster strategies to help students reach completion. New data confirm nursing programs are responding to this pressure and as a result, are experiencing an enrollment surge at all levels, with the greatest gains found in the practice doctorates, Doctor of Nursing Practice (DNP) and baccalaureate degree-completion programs (AACN, 2015d). However, it is important to note that the pathway to educational advancement for the Registered Nurse to Bachelor of Science (RN to BSN) completion student still continues to be filled with obstacles (Allen & Armstrong, 2013) and as a result, there still remains a sizable percentage of adult RN to BSN students where completion is never obtained.

This study explores the Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) accelerated program at Benedictine University. I have been employed by
Benedictine University as a full-time nursing instructor since 2007 and have taught both in the BSN completion and for the Master of Science in Nursing (MSN) online programs. Founded over 100 years ago, Benedictine University is a private, Roman Catholic, Midwestern institution of higher education. The RN to BSN program is housed in the Department of Nursing and Health (DONH) within the University. Instructors and professors travel offsite to teach at partner community colleges; tuition is discounted, and classes are offered in the evenings, making them convenient for adult working professionals. Regardless of the convenience built into program delivery, the graduation rate in 2012, averaged around 75% (Libner et al., 2012) and in 2014, hovered at 78% (Libner, 2014). More recently, the overall graduation rate for the Program is approximately 85% (Lange, 2016).

Several major DONH goals focus on improving program outcomes and increasing graduation rates (Libner, 2014, 2016). One of these goals is to achieve a minimum enrollment growth of RN to BSN students of 10% during the years 2014–2015 and 2015-2016. The action steps identified to facilitate meeting this goal include: (a) monitoring program completion rate; (b) communicating with students seeking withdrawal so as to identify contributing factors; (c) as appropriate, developing a timeline for return to program following student withdrawal; (d) during the program orientation, informing RN to BSN students of the RN to BSN to MSN academic bridge; and (e) encouraging the bridge options for eligible students who are in need of baccalaureate credit (Benedictine University Department of Nursing and Health [DONH], 2015).

The previous DONH chairperson identified another significant issue. It was noted that some of the students who entered the program were able to complete the required
NRHL nursing courses while in the cohort, but they failed to finish a few remaining baccalaureate credits required by the University at large once they left the cohort model (Libner et al., 2012; Ragland, 2011). Therefore, retaining students who are already in the program is an important part of reaching these particular strategic retention goals.

The University as a whole has also identified student retention as a concern and the Integrated Postsecondary Education Data System (IPEDS) has indicated there is room for improvement as well (National Center for Education Statistics [NCES], 2012). Consequently, the University has implemented an Academic Quality Improvement Program (AQIP) Action Project Goal that strives to apply systemic changes to the institution that will improve student progress, retention, success, and completion (Benedictine University, 2012a). This goal falls under the Benedictine Planning Council’s single AQIP Category 3: Improving Student Success and Retention, Understanding Students’ and Other Stakeholders’ Needs and was dated 2012-present.

The results of this study provide Benedictine’s DONH with information to incorporate necessary changes in programming, improve program initiatives, and possibly aid future students in reaching completion.

**Research Purposes and Questions**

The purpose of this qualitative case study is to investigate the experiences of students who not only overcame the challenges commonly found in the adult student population but were also able to complete the adult RN to BSN accelerated nursing completion program at a Midwestern, private, faith-based institution. I explored the aspects surrounding RN to BSN student retention at this institution and the components that help these students to reach completion. The foci for examination were the external
factors that impact successful completion rates, the unique individual characteristics of these students, and the particular program and institutional components that contribute to their ability to successfully complete an accelerated RN to BSN completion program.

The aim of this case study is to understand “in [a] meaning[ful] and nuanced way, the view of those within the case” (Stake, 1995, 2000, 2005 as cited in Hesse-Biber & Leavy, 2011, p. 263). The case study approach is closely aligned with an interpretive paradigm of research that emphasizes the importance of creating thick descriptions of the participants lived experiences in order to understand the meaning of their experiences.

The primary research question that guided this study is: What makes the students successfully complete an accelerated RN to BSN program at a Midwestern, faith-based, private institution?

Additionally, I posed the following related research questions:

1. What are these students’ personal characteristics that can be attributed, if at all, to their ability to successfully complete an accelerated RN to BSN program?

2. How do these students meet the challenges, if any, on the way toward their degree completion?

3. What are the facets of an accelerated RN to BSN program that can contribute, if at all, to the students’ ability to reach completion?

4. What support do the department and institution provide for the students in order for them to succeed academically?
Theoretical Lens and Inquiry Process

This study is positioned within the interpretive paradigm of inquiry that is directed at understanding the phenomenon from the participants’ perspectives while investigating the interactions among these individuals and the historical culture context that they inhibit (Creswell, 2009). The interpretive position “assumes the social world is constantly being constructed through group interactions, and thus, social reality can be understood via the perspectives of social actors enmeshed in meaning-making activities” (Hesse-Biber & Leavy, 2011, p. 5). Other terms used to describe the interpretive position include interpretivist, qualitative, or naturalistic (Lukenchuk, 2013). Therefore, it can be postulated that because my study is within the interpretive position, it can be considered tantamount with all qualitative inquiry (Yin, 2014).

Understanding is also a part of the constructivist paradigm, which too “is considered synonymous with the interpretive approach” (Creswell, 2003 as cited in Lukenchuk, 2013, p. 69). Social constructivism allows the researcher to seek understanding of the world in which the participants live, work, and study (Creswell, 2013). Social constructivism asserts subjectivity of meaning ascribed by the participants and grounded in their lived experiences (Creswell, 2013). Therefore, it was important I “position” myself in the research, so I was able to interpret what the data mean. This entails keeping in mind my own experiences and background and how my experiences influence the construction of meaning. By utilizing social constructivism (or interpretivism), it was my intent “to make sense of (or interpret) the meanings others have about the world” or in this instance, the case (Creswell, 2013, p. 25). Consequently,
the goal of this research then was to rely on the participants lived experiences that have led them to graduate successfully from this RN to BSN program.

**Significance of the Study**

There is significant evidence affirming the barriers that commonly prevent adult students from finishing their degrees and these include: family responsibilities, career or job demands, lack of financial support, loss of social support, community commitments, poor previous academic performance, foreign education, English as a second language, adverse educational experiences, loss of tuition reimbursement (and time for reimbursement), financial aid issues, poor institutional fit, and poor health or ill family member (Boylston & Jackson, 2008; Commission on Collegiate Nursing Education [CCNE], 2013; Duffy et al., 2014; Robertson, Canary, Orr, Herberg, & Rutledge, 2010). However, there is less research that exclusively identifies the particular characteristics of a successful RN to BSN accelerated adult student and what components of a program most helped them succeed. In addition, no research was uncovered specifically addressing factors that solely lead to understanding what constitutes successful completion in this particular student subpopulation.

Stolder, Rosemeyer, and Zorn (2008) further emphasized that nontraditional nursing students are often isolated by various circumstances such as single parenthood; parenting children who are physically, cognitively, socially, or academically challenged; domestic violence; and inadequate housing with poor transportation. More specifically, most RN to BSN students are additionally responsible for a family while working full time with extended and nontraditional hours in order to further their education. This makes retention a major issue for institutions because if and when a “crisis” occurs,
typically, school obligations are the first responsibility that must be dropped or postponed for the adult RN to BSN student (Kern, 2014). Making sense of how these adult students overcome such challenges is of tremendous benefit to a program. Quality improvement initiatives may be generated from the information collected from the participants as well as spur future research studies. Results from this study can also be used to revise policy or scheduling challenges to meet the needs of the adult RN to BSN student and identify specific situations that may place adult students at risk for non-completion.

In order to improve student retention and advance nursing scholarship, nurse educators will need to be substantially more prepared to address the contemporary attrition issues facing their students. More specifically, although institutions are experiencing tremendous growth in RN to BSN completion programs, it has been recognized that “the RN to BSN student population has been understudied” (Kern, 2014, p. 300). This gap in the literature provides an opportunity to conduct future retention research centered on adult RN to BSN students. Scarce or no research exists specifically addressing factors that solely lead to understanding what constitutes successful completion in this particular student subpopulation. Also, the vast majority of the retention studies discussed in the literature exclusively follow the method of quantitative analysis, indicating a need for more qualitative research in order to produce more in-depth exploration of the issue. Therefore, this study adds to the growing nursing retention literature, which further allows nurse researchers and educators to place themselves in a strategic position to make a greater impact on improving nursing student retention at large.
CHAPTER TWO: LITERATURE REVIEW

Introduction

The 21st century American higher education system has set forth ambitious goals for students, faculty, administrators, and staff to supply our nation with graduates who achieve high-quality outcomes. This is done, in some measure, to prepare the workforce for an economy that requires the specific skills necessary to compete in the global marketplace. The nursing profession is no exception. Similar to other disciplines, educational professionals involved in nursing are concerned with the decline in student graduation rates and problematic program progression. In nursing, these concerns all add to the shortage of nursing professionals and potentially put our nation's health at risk. It is imperative, therefore, to expand on the research and scholarship of nursing student retention in order to have the ability to obtain an educated nursing workforce that can help advance the nation's evolving health care needs.

This chapter provides an analysis of the current issues surrounding student attrition and retention in nursing degree programs, and more specifically, the issues found in RN to BSN programs. Research and scholarship on the policies and theories in the nursing profession are also discussed. In addition, a variety of problems found in contemporary American higher education pertaining to the programs that prepare the workforce for the U.S. health system are also explored.

The review of the literature is organized around the following major themes: (a) a historical review of retention in higher education, (b) the present-day completion policies
in U.S. higher education, (c) the impact of nursing student attrition on the United States, (d) the factors that influence the adult RN to BSN students’ decision to return to school, (e) the factors that support or restrict RN to BSN persistence through a program, (f) theoretical models of understanding RN to BSN persistence, (g) the known characteristics of a successful nursing program, (h) and the known characteristics of successful completers.

**Historical Review of Retention in Higher Education**

To better understand the complexity of attrition, it is important to first review the historical literature surrounding when and how retention presented itself in U.S. higher education history. Retention is not considered to be a modern issue in higher education; in effect, higher education researchers have studied the problem of how to retain students for many years. Much of the past research specifically examines some of the critical factors such as student populations, shifting demography, knowledge bases of incoming students, pre-K–12 preparation, socioeconomic factors, the role of campuses, the role of educators, the role of political stakeholders, and the policies and interventions that have all evolved over time (Seidman, 2012). These factors have affected the patterns of retention, the institutional concern regarding retention, the way retention has been conceptualized and researched, and the assortment of strategies that have been used in an attempt to improve retention rates in colleges and universities (Seidman, 2012).

In early America (1600–1850), higher education attrition, as it related to retention, did not exist because actual degree attainment was uncommon among the general population (Seidman, 2012). In a way, reaching completion was unexpected and reserved for a few, privileged individuals. Also, the value of education had not been
clearly defined in this period. However, in 1862, the Morrill Land Grand Act helped completely change the direction of the country and the way Americans came to value the higher education system on a grander scale. The profound impact of this act was responsible for much of the western expansion. It encouraged higher education institutions to focus curricula on the study of disciplines that were more critical to western expansion, rather than the classic liberal arts curriculum more typical of the era (Altbach, Gumport, & Berdahl, 2011). Within just a few years, 37 institutions were designated as land-grant colleges, resulting in federal expansion of what many call the nation’s greatest universities (Altbach et al., 2011). Together, these institutions increased the availability and opportunity to enter postsecondary education for the general population.

In the mid-1900s, two more influential government programs strongly affected college enrollment. The first was the National Youth Administration Program of 1935, which funded thousands of post-Depression students and young adults who would otherwise not have been able to pay for college. The second was the GI Bill, which offered returning WWII soldiers the needed skills to re-engage in civilian life (Seidman, 2012). Because of these programs, Geiger (1999) (as cited in Altbach et al., 2011) estimated over a million returning soldiers entered the higher education system and for the first time, many schools reached full capacity.

The demand for higher education continued in the coming years, and by the beginning of the 1960s, higher education institutions were facing a variety of new issues related to this explosive growth. The Civil Rights Movement (1940s–1960s) forced higher education institutions to address access issues and minority needs, some of which
were directly related to K–12 preparation and to some degree, led to attrition issues for these students (Seidman, 2012). However, according to Horowitz (1987), inadequate preparation was not limited to underserved, minority students. In fact, the great education expansion of the 1950s itself increased access to a larger number of lower- and middle-class students who had fewer resources, which also contributed to the rise in attrition.

Today, uncovering issues surrounding attrition and retention can be difficult because unlike 50 years ago, students are more likely to leave for a variety of reasons or decide to transfer to another institution due to change in major, so capturing completion or persistence rates can be a challenge. What is known is that high school graduation rates peaked at 77% in 1969 and has remained in the 70% range ever since (Kirsch, 2007). Therefore, this reality can be reflective that lack of preparation and resources to meet the demands of higher education still exists today. In addition, according to the U.S. Department of Education (2014a), the six-year graduation rate for full-time baccalaureate students at public institutions was 57%; at private nonprofit institutions, it was 66%; and at private for-profit institutions, it was 32% (U.S. Department of Education, 2014a). However, according to Fain (2012), colleges and universities often do not keep accurate graduation rate data for their adult students so the aforementioned figures may not be entirely reflective of the sum totals. To complicate matters, it is estimated that 77% of colleges reported they do not know the exact graduation rate of their part-time adult students and only 16% report they know why their adult students drop out (Fain, 2012). Hence, despite our nation’s success in its ability to increase
college access, this opportunity has not yet translated into a higher graduation rate for many college attendees (Tinto, 2012), especially the adult student subpopulation.

The 2006 Spellings report on the future of higher education found that significant attainment gaps are still evident among White and Asian students versus African American and Hispanic students. Moreover, according to the same report, the National Assessment of Adult Literacy rate indicates that between the years 1992 and 2003, the average prose literacy—“the ability to understand narrative texts such as newspaper articles”—has decreased for all levels of education, and document literacy or health literacy—“the ability to understand practical information such as instructions for taking medicine”—has also decreased among higher education students (The Secretary of Education’s Commission on the Future of Higher Education, 2006, p. 13). The implications of this report point to some disconnect between actual student outcomes and what higher education promises to deliver, which may play a role in accentuating attrition issues.

**Present-Day Completion Policies in U.S. Higher Education**

The nation’s retention history can provide valuable lessons for higher education. A great deal can also be learned by reviewing more current completion policies and recommendations that were generated by some of our most influential national organizations such as: the American Association of Community Colleges and its 2010 *The Completion Agenda* report; State Higher Education Executive Officers (SHEEO) (2005) report; Lumina Foundation for Education (2010, 2014, 2016), and the U.S. Department of Education (2006) *Spellings Report: A Test of Leadership*. The aforementioned organizations have not only provided evidence-based recommendations
to all stakeholders, they have helped generate much of the current retention research found across higher education.

**The Completion Agenda: A Call to Action**

In April 2010, the AACC joined five other national organizations to discuss student completion (McPhail, 2011). The partner associations consisted of the Association for Community Colleges Trustees, the Center for Community College Student Engagement, the League for Innovation in the Community College, the National Institute for Staff and Organizational Development, and the Phi Theta Kappa Honor Society. Collectively, these organizations agreed to commit to producing 50% more students with high-quality degrees and certificates by 2020 (McPhail, 2011). AACC also petitioned other colleges and universities to join their commitment to increase completion rates by signing their own “Call to Action” (McPhail, 2011, p. 2).

AACC and the partner organizations focused their attention on the problems community colleges were facing, particularly, by identifying some of the known barriers to completion. According to McPhail (2011), the following are the four topics generated from their discussions:

1. commitment and how to get it,
2. accountability for outcomes,
3. developing a completion toolkit, and
4. identifying obstacles and how to overcome them.

Many key points came from *The Completion Agenda* report, but a common theme emerged—finding resolutions should be a shared responsibility amid all stakeholders. There must be transparency and completion must be embedded into the fabric of the
institution through relationships, rigor, and relevance (McPhail, 2011). Some of the overarching suggestions from AACC require institutions to empower faculty, staff, and students to work together in productive new ways such as: enhancing instructional programs, promoting external engagement practices, fostering faculty and staff engagement and professional development, improving student engagement, expanding student services, strengthening technology and research infrastructure, connecting the completion work with the strategic plan, strengthening internal and external communication, building a culture of completion, and improving the marketing of the community college (McPhail, 2011).

Understanding the issues facing community college completion can benefit most if not all institutions of higher education. Such understanding is instrumental for the RN to BSN program because students who attend the RN to BSN program originate from area community colleges and successful completion, at the community college level, is essential to replacing the pipeline of students for the future growth and survival of the program.

**The Impact of Accountability on the Nation**

In *The Completion Agenda*, McPhail (2011) noted: “It seems that community college educators are generally comfortable with being accountable for things they can control” (p. 4). McPhail (2011) further maintained that “when the focus turns to outcomes, they appear considerably less comfortable since the outcomes to be achieved are affected by many factors, not under the control of the community college leader” (p. 4). Certainly, community college leaders are not alone in this discomfort and as noted in the *Spellings Report, A Test of Leadership* (2006), “among the vast and varied institutions
that make up U.S. higher education, we have found much to applaud but also much that requires urgent reform” (p. ix). Supporting this argument, accountability along with completion is a topic that deserves critical attention across all of higher education.

Another influential association assisting state governments in developing and sustaining excellent systems of higher education is the State Higher Education Executive Officers (SHEEO). SHEEO is a nonprofit organization that serves nationwide coordination and governing boards for postsecondary education (The State Higher Education Executive Officers [SHEEO], 2005). SHEEO pursues its mission through organizing professional development meetings, maintaining a system of communication among member agencies, acting as a liaison linking the federal government and the states, studying higher education policy issues and state activities and taking responsibility to publish reports to inform the higher education industry, and implementing projects to enhance capacity at the state level and SHEEO agencies to improve higher education (SHEEO, 2005).

The studies that form the basis of the SHEEO report produced many compelling statistics that clearly highlighted the relationship of accountability as it relates to completion. For example, for the first time in decades, the U.S. no longer leads the developed world in college completion. Additionally, the larger developing economies, specifically India and China, are successfully graduating thousands of engineers and scientists in order to compete globally (SHEEO, 2005). The SHEEO (2005) report uncovered that four out of 10 students in college and universities fail to graduate within six years, and only one of those four is still enrolled. Finally, one-fourth of low-income students who belong to the top quartile in academic ability fail to enroll in college and,
while more minorities and low-income students are entering school, the “majority” of minority students do not complete (SHEEO, 2005).

Too often, accountability seems to be a theater of war between higher education educators and policymakers (SHEEO, 2005). Additionally, when an atmosphere of mistrust is evident, the SHEEO (2005) reports accountability fails to do its job. This is true

- when accountability is no more than reference-sized books of information,
- when faculty considers accountability administrative work,
- when more time is spent debating how performance should be measured and rewarded than how performance can be improved,
- when nobody can remember all the priority goals,
- when policymakers do not sustain financial support for improvement plans,
- and
- when it feels like coercion or bribery (SHEEO, 2005, p. 11).

An important lesson learned from the SHEEO (2005) report is “better accountability requires substantial improvements in the quality, cost-effectiveness, and utilization of data” (p. 15). Altbach et al. (2011) reinforced this statement when they explained that initiatives to improve retention rates require articulation and coordination among all education levels as well as an atmosphere that focuses on student success rather than institutional status. To do this, state and federal policymakers along with institutions of higher learning need an improved system of data collection that offers better results by precisely stating what their goals are (especially for student learning). Finally, both the
government and institutions must improve how they measure results and how they respond to the lessons learned from that data (SHEEO, 2005).

SHEEO (2005) reported that 80% of high school students claim they will “probably or definitely” obtain at least a baccalaureate degree. The SHEEO data show that this target does not become a reality for many Americans. It appears this statement suggests that the majority of American students aspire to earn a college degree. It is up to higher education and other stakeholders to determine how to make this aspiration become a reality for many students across America. The SHEEO (2005) report continues to urge higher education researchers to guard against complacency and explains that the nation depends on faculty from colleges and universities to discover new knowledge, apply it to practical problems, and enhance the community through scholarship and service.

**A Stronger Nation Through Higher Education**

In 2010, the Lumina Foundation for Education called upon the United States to increase overall higher education attainment rates to 60% by the year 2025. The work completed for this report began a few years previously when Lumina issued its first *A Stronger Nation Through Higher Education* report on higher education attainment in both the U.S. and at the individual state level. These reports indeed generated conversation in and around higher education. However, since then, they have been partly responsible for dramatically shifting the nation’s focus and attention to college attainment (Lumina Foundation for Education [Lumina], 2010, 2014, 2016). The original Lumina (2010) report most notably concentrates on factors that influence attainment and the need to improve completion rates in higher education. As a result, the subject has received much more attention at federal, state, and institutional levels.
A significant byproduct of the Lumina (2010) report was the numerous proposals that followed its publication, which allowed the federal budget process to increase completion and attainment programs and research. Even in the financial crisis of late, several states have enacted attainment-focused policies such as performance funding plans that tie funding allocations directly to completion rates (Lumina, 2010, 2014).

Lumina intends to annually update and produce a new version of *A Stronger Nation*. Each version is framed by what they call Goal 2025—by the year 2025, 60% of Americans will have a postsecondary degree or credential. They also will focus on the gap between this goal and current performance. According to the Lumina (2010) report, 37.7% of Americans between the ages of 25 and 64 held a two-year or four-year college degree. In 2008, the number was 37.9% in that same age bracket. In 2016, the rate reached 43.6 percent (Lumina, 2016). Although the percentages have come up slightly (Lumina, 2014), unfortunately, the level is not enough if the nation is to meet the 2025 Goal.

*A Stronger Nation* will also be used to calculate higher education attainment, particularly at the state and county levels (Lumina, 2010). According to the 2010 U.S. census, it is estimated that 41% of Illinois’ 7 million working adults (25–64 years old) hold at least a two-year degree. A breakdown of these degree percentages shows that 12% of this population held a graduate degree, 20.7% held a bachelor's’ degree, 8.2% held an associates’ degree and 22.2% attended some college but had not earned a degree (Lumina, 2010). More recently, these same percentiles for the same age population included 12.52% holding a graduate degree, 21.61% holding a bachelors’ degree, 8.39% holding an associates’ degree, and 22.0% having attended college but earning no degree
(Lumina, 2014). The report attainment rates in this Midwest state are slightly increasing; however, if Illinois continues at this rate, it will only have a college attainment rate of 51% by 2025, clearly short of the 2025 Goal.

At the state level, the Lumina (2010) report suggests we should begin looking for students, specifically adults, who have completed some college without earning a degree. Approximately 1.5 million residents of Illinois fit into this category, which represents more than 22% of the overall state’s adult population. If even a fraction of these adult students could be encouraged to return to college to complete either a two- or four-year degree, Lumina projects this would go a long way in assisting the state’s ability to reach 60% by 2025 (Lumina, 2010). Moreover, if a percentage of these adults would consider studying nursing science, this could indeed positively impact the anticipated nursing shortage moving forward. Furthermore, Lumina (2014) additionally recommends that if higher education professionals are to increase attainment, they must: (a) improve student outcomes in relation to completion rates, learning obtained, and employment status; (b) align investments with state priorities and match student needs; and (c) create smarter pathways for student. All three of these recommendations clearly indicate the need and opportunity for further retention studies.

The Impact of Nursing Student Attrition on the United States

Nursing programs are not immune to the issues that plague other disciplines in higher education. Nursing organizations and nursing accreditation bodies set high expectations for nursing education and the profession. Some could argue, these expectations rival those set by the influential organizations such as Lumina, the National Commission on Accountability in Higher Education, the U.S. Department of Education,
and others. As one example, IOM’s publication titled *The Future of Nursing: Leading Change, Advancing Health* offers eight recommendations for the profession:

- Remove the scope of practice barriers for advance practice nurses.
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Implement nurse residency programs (support completion of the degree to transition into practice).
- Increase the proportion of nurses holding a baccalaureate degree to 80% by 2020.
- Double the percentage of nurses with a doctorate degree by 2020.
- Ensure that nurses engage in lifelong learning (by continuing their education).
- Prepare and enable nurses to lead change to advance the nation’s health (nurses should take on the responsibility for their own personal and professional growth by continuing their education). (IOM, 2010)

The 2010 IOM report encourages higher education professionals to examine the proposed changes to the overall profession and specifically to nursing education. One of the IOM report’s monumental positions, highlighted by the Robert Wood Johnson Foundation, is to ensure that nurses are educated and trained to excel in the 21st century healthcare system. Twenty-first century health care is said to be more complex and extends beyond the acute care setting (Duffy, et al., 2014; Lavizzo-Mourey, 2012). This point is especially important for RN to BSN students because completing their baccalaureate degree will open up many more professional opportunities and employment options in areas outside of the hospital setting. In fact, if nurses are to remain valuable in
practice, they must be educationally prepared to the best of their ability. This can be accomplished by following the IOM report’s recommendation to produce more nurses who are educated at the baccalaureate level from the current 50% to 80% by 2020 (IOM, 2010).

Twenty-first century nurses will also need advanced skills and expertise in case management, interdisciplinary teamwork, and problem solving, thus making higher levels of education such as an RN to BSN degree imperative (Lavizzo-Mourey, 2012). Employers have reported benefits to having a more educated nursing workforce; they include value-based payment systems that place even greater urgency on increasing levels of education. For instance, these systems focus on hospital readmission rates and nurse-sensitive quality measures (infection rates); therefore, having RN to BSN care coordinators and more educated nurse leaders will be crucial to the overall bottom line of an organization (Aiken, 2014; Lavizzo-Mourey, 2012).

According to Caramanica and Thompson (2012), approximately 51% of nurse leaders and administrators stated their institution gave preferential hiring to nurses with a BSN over nurses with an ADN (associate degree). These same nurse leaders cited the only reason their organization did not hire BSN nurses was a lack of access to candidates. Furthermore, over 93% of the organizations surveyed offered some type of tuition benefits for those ADN nurses on staff to pursue their BSN. The push to increase the number of BSN graduates has been around since the 1960s. Yet today, only 40% of students reported to take the NCLEX-RN exam were graduates of a BSN program (National Council of State Boards of Nursing, 2012). These statistics highlight the reasons why it is essential for nursing programs that offer RN to BSN completion
programs to review their current completion policies and focus retention efforts on improving graduation rates in these programs.

These statistics are consistent and especially pertinent to the University in this case study because most major medical centers in the area, which employ the graduates of this program, prefer only to hire BSN-prepared nurses. In part, this trend was generated because many healthcare organizations desire to obtain or maintain Magnet status. Magnet status was developed and granted by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), and Magnet is considered the leading source of successful nursing practices and strategies worldwide (Truth About Nursing, 2016). Consumers come to rely on Magnet designation as the uppermost credential indicating high-quality nursing care (American Nurse Credentialing Center [ANCC], 2016). The Magnet Recognition Program® recognizes healthcare organizations for nursing excellence, quality patient care, and innovations in professional nursing practice, and this recognition is based on the following three goals:

- promoting quality in a setting that supports professional practice,
- identifying excellence in the delivery of nursing services to patients/residents,
- disseminating best practices in nursing services. (ANCC, 2016)

Since 2013, for a hospital to qualify for Magnet status, 100% of nurse managers must hold a BSN or advanced degree in nursing (Hawkins & Shell, 2012). Hawkins and Shell (2012) continued to explain that the AACC does not explicitly mandate that a BSN is needed for direct patient care; however, in the average Magnet hospital, 48.4% of bedside nurses hold a BSN. Yet, because of the preference for hiring more BSN nurses in a Magnet hospital and a tighter job market, many nurses are returning to school merely
to earn a BSN so they can find employment (Hawkins & Shell, 2012). These data points provide even more evidence for the importance of ensuring returning adult students in RN to BSN completion programs are successful because their livelihood depends on it.

Impact of Nursing Student Retention on Nursing Workforce

Employment of registered nurses is expected to grow 16% from 2014 to 2024, which is faster than all other occupations (United States Bureau of Labor Statistics, 2015). However, increased health disparities, extravagant healthcare costs, and reduced quality of medical care outcomes are also growing because of, to some extent, today’s deficit of prepared, baccalaureate nurses (National League for Nursing [NLN], 2011). In order to improve this situation, AACN states every nursing student and nurse should have access to additional nursing education, and the organization notes we must stand ready to work together in order to ensure nurses have the needed support to take the next steps towards advancing their education (AACN, 2012; 2014).

Regrettably, the nursing shortage is touching communities all across the country and is only projected to get worse. For example, although AACN reported an enrollment surge in baccalaureate programs in 2013, that increase is not enough to meet the projected demand for nurses. Particularly with the passing of the Patient Protection and Affordable Care Act, where it is estimated an addition 32 million Americans will gain access to health care, much of the care provided will be from RN’s and Advance Practice Nurses (AACN, 2014). Also, in general, the projected nursing faculty and nursing shortage is reportedly outpacing the level of federal resources that have been allocated by Congress to help improve the state of affairs (NLN, 2011). The NLN explains that Title VIII, an appropriation dedicated to nursing education/nursing workforce development
programs, is woefully inconsistent and appears to be severely underfunded. The impact of this can potentially diminish human resource development, which conceivably will further jeopardize access and prevent regeneration of nurses to fill the gap (NLN, 2011). The graph in Figure 1 visually portrays the projected nursing deficit between the years 2000–2020.

Figure 1. Too few U.S. nurses to meet demand between 2000–2020.

Furthermore, it is estimated only a small percentage of nurses ever obtain a traditional research doctorate (Nickitas & Feeg, 2011). As a result, nursing schools are unable to keep pace with the current demand needed to replenish the profession by graduating more nurses. Programs licentiously end up turning thousands of qualified applicants away each year due to faculty shortage constraints (AACN, 2015e; Buerhaus,
Staiger, & Auerbach, 2008). In further support of this disquieting statistic, AACN’s (2014) estimated nursing schools turned away 79,659 qualified applicants in 2012 simply because of insufficient clinical sites, faculty instructors, classroom space, clinical preceptors, and financial support, indicating the issue remains a problem today. AACN (2015e) reported 68,936 qualified applicants were turned away, including more than 15,288 applications to master’s and doctoral programs. Again, the top reasons cited for not accepting qualified candidates in 2015 included insufficient clinical sites, lack of qualified faculty, limited classroom space, inadequate preceptors, and institutional budget cuts (AACN, 2015e). Once more, consistent with other studies, two-thirds of the nursing programs surveyed in 2015 identified faculty shortage as the most significant reason for not accepting all qualified applicants into their baccalaureate program (AACN, 2015e). Therefore, the tribulations surrounding insufficient clinical sites, lack of qualified faculty, limited classroom space, inadequate preceptors, and institutional budget cuts only solidify the importance of improving retention rates among all levels of nursing education.

**Impact of Nursing Faculty Shortage on Attrition**

As affirmed previously, nursing schools across the country are turning away tens of thousands of qualified nursing applicants mainly because of the worsening faculty shortage (AANC, 2015e; Aiken, 2011a). It is estimated that within the next 10 years, at least half of employed nursing faculty members will reach retirement. Student attrition will only make matters worse if we hope to replenish the next generation of nurse educators. In fact, Aiken (2011a) noted that higher education is on the verge of losing an estimated 500,000 nurses and nurse educators to retirement. To complicate matters, as Nardi and Gyurko (2013) asserted, the number of doctoral and master’s-prepared
advanced practice nurses who plan to teach has also decreased in recent years. Some known factors contributing to this trend include: (a) global migration of nurses; (b) decreased satisfaction with the role of faculty; (c) inadequate salaries compared to practice; (d) seemingly persistent devaluation of clinical, non-tenured faculty by academic institutions; (e) higher dependence on adjunct faculty, leading to overall reduction in full-time faculty positions; and (f) a reduced younger faculty hiring pool coupled with the increasing aging of nurse faculty (Nardi & Gyurko, 2013).

It is estimated that 60% of new nurses come from associate degree programs (ADN), only 36% of new nurses come from four-year traditional bachelor’s (BSN) degree programs, and still 3% earn their degree from hospital-based diploma programs (Aiken, 2011a). Aiken (2011a) poignantly noted that multiple educational entry points to enter the nursing profession were generated by public policies so as to increase access to nursing education for diverse students, promote supply across the country, and attempt to keep education more affordable. However, the very serious consequences of allowing the majority of new nurse graduates to enter the workforce with only an associate degree now result in fewer nurses advancing their education because it takes too long and would require multiple additional degrees to even qualify for a faculty position (Aiken, 2011a). As evidence, Aiken (2011a) explained that for every 1,000 nurses who initially graduate from a four-year traditional baccalaureate program, it is estimated, 200 of those nurses will return to graduate school. In contrast, however, for every 1,000 nurses graduating with an associate degree, only 58 will progress by entering an RN to BSN program and eventually complete graduate level studies. For this reason, it is imperative for students enrolled in an RN to BSN completion program, that higher education ensures these
students have the tools and confidence to graduate and progress to graduate school.

Having a seamless progression for nursing education is of paramount importance if we are to produce the needed faculty and ultimately protect the future nursing workforce.

**Factors That Influence the Adult RN to BSN Students’ Decision to Return to School**

Historically, RN to BSN students were educated alongside traditional four-year students. Quickly recognizing the flaws in that curriculum design (mixing experienced nurses with novice nursing students with no experience), programs were created to specifically serve the adult RN returning back to school to complete their BSN (Sportsman & Allen, 2011). Sportsman and Allen (2011) noted that this curriculum shift began in the 1980s and was fully operational in the mid-1990s. McEwen, Pullis, White, and Krawtz (2013) estimated that more than 600 RN to BSN programs exist across the United States. Program growth is evident just a year later; AACN (2015c) noted 705 schools now offer RN to Baccalaureate programs, and 32 of these institutions are located in Illinois, the Midwest state where this case study was conducted. The growing numbers of all levels of nursing programs clearly indicate a demand for these programs (Buerhaus et al., 2016). More importantly, having several different schools to choose from, along with various delivery methods and different price points, may also be contributing to an RN’s decision to return to school.

Along with the growing numbers of programs, there are also several known personal characteristics that contribute to an RN’s decision to go back to school. Some include the individual’s age, gender, marital status, parental status, employment status, and overall income (Altmann, 2011). Some studies discovered that the younger the applicant, the more interest they have in pursuing further education (Delaney & Piscopo,
In particular, Kovner, Brewer, Katigbak, Djukic, and Fatehi (2012) found nurses who were more likely to enroll in a BSN completion program described themselves as being Black, not married, live in a rural location, have previous work experience in non-healthcare settings, work in the intensive care or step-down environment, work day shift, as well as being younger in age. However, more recent trends show that the number of older students has increased in completion programs (Jeffreys, 2012). In fact, four studies found that as an RN ages, the desire to return to school increases (Bahn, 2007; Jeffreys, 2012; Kersaitis, 1997; Megginson, 2008). Regardless of the returning adult students’ age, clearly, the untapped nontraditional adult student interested in returning to school deserves focused attention from higher education. Nevertheless, it is important to recognize that these students, due to their complicated circumstances and personal circumstances—experience substantially lower retention rates than individuals from traditional programs (Jeffreys, 2012).

Understanding why the adult student decides to return to school is also complicated by a number of personal and professional factors. Bahn (2007), Delaney and Piscopo (2004), and Robbins and Hoke (2013) addressed this topic by specifying some personal motivators for the returning adult RN to BSN students that include their desire for personal achievement and personal satisfaction as well as their ability to balance their individual responsibilities involving mostly time and money. Other researchers focus on recognition and job security as the main motivating factors to enroll in school (Dowswell, Hewison, & Hind, 1998; Duffy et al., 2014; Zuzelo, 2001). An early study by Dowswell et al. (1998) explained why individuals who are more past or present oriented tend to hold negative attitudes toward returning to school, whereas individuals who are more
future orientated tend to have a more positive attitude toward returning to school. Beauvais, Stewart, DeNisco, and Beauvais (2014), on the other hand, claimed that what may differentiate the nurse who enrolls from the nurse who does not, are “their internal motivators and approaches to facing the challenges they experience” (p. 419).

Interestingly, Gillespie and Langston (2014) uncovered that among the participants of their study, the greatest motivator for returning to school was the opportunity to pursue a graduate degree. The second most favorable factor was the ability to seek a clinical position requiring a BSN. The importance of initial support also seemed to play a role for the participants of their study. Specifically, support and encouragement from family members were mentioned as the most important factors in deciding to return to school. Therefore, Gillespie and Langston (2014) identified the significance of household support as paramount to overall student success.

In contrast, the participants of Morrison and McNulty’s (2012) study reported the challenges of balancing family commitments, employer demands, and school work caused significant stress for adult students and were not necessarily seen as sources of support for returning to school. Other researchers concurred and found that the most common personal disincentives for returning to school included family responsibility (Bahn, 2007; Davey & Robinson, 2002) and the lack of confidence and fear in returning to school (Megglinson, 2008). Stalter, Keister, Ulrich, and Smith (2014) claimed that there are unique common complications found in the adult returning student. These complications include practical issues such as lack of time, lack of funds, and advanced age, as well as other psychological issues like attitude and perceived ability. Knowing this, it is important for educators, program counselors, and future adult students to realize
the importance of being “self-aware and assessing these factors” prior to enrolling in school (Stalter et al., 2014, p. 52). Self-awareness can play a significant role in both making good career decisions and setting clear, realistic expectations so that the returning adult student anticipates the challenges ahead.

Penz et al. (2007) found that individuals between the ages of 30 and 59 reported that the greatest obstacles to enrolling in a BSN completion program were: being single (either never married, divorced, or widowed), being responsible for dependents, having the need to work full time; and lacking employer support. Another professional disincentive for returning to school included a perceived lack of salary differential (Bahn, 2007; Gillespie & Langston, 2014; Megginson, 2008). The lack of employer support and uncomplimentary work schedules were also identified as significant challenges for the returning adult student (Bahn, 2007; Megginson, 2008).

Many of the same professional disincentives still exist today. For example, Gillespie and Langston (2014) found that students still report a lack of incentives when earning a BSN such as not receiving an increase in pay, or their responsibilities are not enhanced by completing a BSN. The same researchers stressed that employers must create a culture that encourages advanced education. Gillespie and Langston (2014) observed that “tangible incentives from employers such as higher pay or opportunities for advancement combined with built-in support systems such as strong academic advising, mentoring, and cohort education can provide an atmosphere where lifelong learning becomes the norm” (p. 8). If higher education and employers work together toward enacting needed support systems, it will be possible to increase the desire of nurses to
return to school, thus reaching the IOM goal of increasing the proportion of nurses with baccalaureate degrees to 80% by 2020 (IOM, 2010).

Duffy et al. (2014), using a qualitative approach, uncovered similar deterrents to returning to school, and these include financial reimbursement and the discomfort associated with the academic process. Specifically, the participants in the Duffy et al. study were dissatisfied with the lack of tuition reimbursement (or cuts), perceived timeliness of the repayment, perceived need to reduce work status to part time in order to return to school, lack of confidence with the technology required to complete course work, insecurities based on previous poor academic experiences, and the lack of salary increase once the BSN is earned. However, the same study also identified significant incentives for returning to school such as funding availability (grants and scholarships), employers who have increased financial support, institutions that increase compensation or implement a bonus for earning the BSN, flexible work schedules, and schools of nursing that offer credit for clinical experience (Duffy et al., 2014).

Resulting from the aforementioned study is the emphasis on the importance of employer support in a nurse’s decision to return to school. A unique aspect of the same study was the use of two different focus groups: one with the students who completed their BSN, and another group with the students who had not finished. The latter group helped to identify barriers and the former group helped to identify incentives and support systems for enrolling in school. By using a qualitative approach, Duffy et al. were able to generate five themes: student sacrifices, barriers, incentives/supports, values, how to begin, and pressure. The authors provided valuable recommendations to nursing programs and employers in terms of how to increase enrollment projections, namely: (a)
improve access to education and financial support for the adult returning student and (b) improve collaboration between hospitals and academic institutions to help facilitate the adult student returning to school (Duffy et al., 2014).

Figure 2 details a comparative representation of the factors that influence adult RN to BSN students’ decision to return to school that were identified in the aforementioned studies.

<table>
<thead>
<tr>
<th>Research Team</th>
<th>Motivators for Returning to School</th>
<th>Disincentives for Returning to School</th>
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<tbody>
<tr>
<td>Delaney &amp; Piscopo (2004)</td>
<td>Younger the applicant, the more interested they are in pursuing further education</td>
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<tr>
<td>Kovner, Brewer, Katigbak, Djukic, &amp; Fatehi (2012)</td>
<td>Returning students are more likely to be African American, live in a rural location, not married, have previous work experience in non-healthcare settings, work in the intensive care or step-down environment, work day shift, &amp; being younger in age</td>
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<tr>
<td>Jeffreys (2012)</td>
<td>Differed from other researchers: Found recent trend where older students have increased in completion programs</td>
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<tr>
<td>Bahn (2007); Jeffreys, (2012); Kersaitis (1997); Megginson, (2008).</td>
<td>Similar to Jeffreys, three studies found that as an RN ages, the desire to return to school increases</td>
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<tr>
<td>Bahn (2007), Delaney &amp; Piscopo (2004) and Robbins &amp; Hoke (2013)</td>
<td>Personal motivators for the returning adult RN to BSN students include their desire for personal achievement and personal satisfaction and their ability to balance these individual responsibilities (mostly time and money).</td>
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<tr>
<td>(Dowswell et al., Duffy et al., (2014); 1998; and Zuzelo (2001).</td>
<td>Recognition and job security as the main motivating factors to enroll in school</td>
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<tr>
<td>Dowswell, Hewison, &amp; Hind (1998)</td>
<td>More future-orientated students have a more positive attitude toward returning to school.</td>
<td>Past and present orientation tend to hold negative attitudes toward returning to school</td>
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<tr>
<td>Beauvais, Stewart, DeNisco, &amp; J. Beauvais (2014)</td>
<td>Strong internal motivators and approaches to facing the challenges they experience</td>
<td>Fragile internal motivators and approaches to meeting the challenges they experience</td>
</tr>
<tr>
<td>Gillespie and Langston, (2014)</td>
<td>The opportunity to pursue a graduate degree. Ability to pursue a clinical position requiring a BSN. Initial support also seemed to play a role in these participants. Support and encouragement from family members</td>
<td>Students still report a lack of incentives when earning a BSN such as no increase in pay Responsibilities are not enhanced by completing the BSN.</td>
</tr>
<tr>
<td>Morrison and McNulty (2012)</td>
<td>Challenges of balancing family commitments, employer demands, and school work</td>
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<tr>
<td>Bahn (2007); Davey &amp; Robinson (2002).</td>
<td>Family responsibility</td>
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<tr>
<td>Megginson (2008).</td>
<td>Lack of confidence and fear in returning to school</td>
<td></td>
</tr>
<tr>
<td>Stalter, Keister, Ulrich, &amp; Smith (2014)</td>
<td>Unique common complications found in the adult returning student: lack of time, lack of funds and advanced age, other psychological issues, like attitude, and perceived ability.</td>
<td></td>
</tr>
<tr>
<td>Penz, D’Arcy, Stewart, Kosteniuk, Morgan, &amp; Smith (2007)</td>
<td>Individuals between the ages of 30 and 59 report the greatest obstacles to enrolling. The barriers unique to this age group include, being single (either, never married, divorced or widowed), responsible for dependents, the need to work full time, and lack of employer support.</td>
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<tr>
<td>Bahn (2007); Megginson (2008).</td>
<td>Lack of employer support Uncomplimentary work schedules</td>
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<tr>
<td>Duffy et al., (2014).</td>
<td>Funding availability (grants and Unsatisfactory financial</td>
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scholarships), employers who have increased financial support, institutions that increase compensation or implement a bonus for earning the BSN, flexible work schedules, and schools of nursing that offer credit for clinical experience. Reimbursement and discomfort associated with the academic process. Dissatisfied with lack of tuition reimbursement (or cuts), perceived timeliness of the repayment, perceived need to reduce work status to part time in order to return to school, lack of confidence with technology required to complete course work, insecurities based on previous poor academic experiences, and again, the lack of salary increase once the BSN is earned.

**Figure 2.** Factors that influence the adult RN to BSN student’s decision to return to school.

### Factors That Support or Restrict RN to BSN Persistence Through a Program

Understanding the reasons why some students decide to return to school is as imperative as learning about the reasons why the same students persist. It is also vital to identify critical points throughout the progression process that most put these students at risk. It is important to recognize that the points of progression begin at the moment a student decides to return to school and only end as the student meets all of the requirements incumbent upon them and graduate. A study by Alonzo (2009) attempted to address this question by examining the completion process. Alonzo’s (2009) study uncovered three distinct critical phases throughout the progression process: (a) the journey through the decision of returning to school, (b) critical elements in meeting the challenges of returning to school, and (c) the unique lived experiences of returning to school. The phases described in Alonzo’s study move through the process of associate degree RN's acting on returning to school, all the way through actually living the decision.
and graduating. All three phases can help higher education personnel understand what motivates the adult RN to BSN student, and keeps them motivated, in different parts of the progression process. Alonzo’s study also helps in identifying what points in the completion process are most problematic. These progress points can provide institutions valuable information with which to implement targeted recruiting efforts and create better pathways to progression.

Delaney and Piscopo (2004) were able to demonstrate that students believe the benefits of school include career advancement, personal satisfaction, and professional growth. However, the same participants also identified barriers to being a student that include poor quality of advisement and inflexibility in terms of scheduling classes, particularly those with clinical components. Also, the student participants in Delaney and Piscopo’s study were also concerned with the competing demands of family and work, as well as the cost of education and wondering if the employer may or may not value their accomplishments.

Altmann’s (2011) comprehensive literature analysis revealed a number of consistent themes that help explain what returning students both need and want from the education system and their employers, which can aid in their progression. Altmann (2011) organized the review of the literature into four broad categories that include, but are not limited to the following:

1. **Curriculum changes**: RNs want curricula designed for their particular needs, separate from the generic student population. Adults who are returning nursing students also want flexible hours, locations near home and work, and even online components.
2. *Financial advising*: Education must have a significant impact on the lifetime value of that education, which supports the literature identifying a need for shorter (accelerated) RN to BSN programs.

3. *Academic advising*: There is a need to improve academic advisement, especially given adult students may have several transferring credits or even bachelor’s or master’s degree in another field.

4. *Access to programs*: Generally, students select programs based on geography and the time commitment required for the degree as well as learning environments that are not detached from peer support networks (Altmann, 2011).

Additionally, Altmann’s (2011) literature review isolated specific factors that pointed to what students wanted and needed from their employers:

1. *Recognition/rewards*: RNs expressed the need to be recognized for their efforts and to have the value of their education appreciated. Specifically, working students want their managers to practice leadership that encourages reflective practice and values new knowledge.

2. *Emotional support*: RNs want mentors who motivate and advance their educational endeavors as well as meet their challenges by providing flexible work environments.

3. *Financial support*: RNs want to see increased salaries, noting that a raise does not diminish a nurse’s altruism or professionalism. Also, adult returning RN students want their hospitals to partner with local universities to facilitate enrollment (Altmann, 2011).
It is important to impress upon educators, practice partners, employers, and higher education in general that attrition may be considered voluntary or involuntary; however, actual student retention is typically voluntary (Jeffreys, 2012). Jeffreys (2012) powerfully explained that the RN to BSN student’s decision to remain in a course, persist through a nursing program, and advance to a degree completion may occur during and at the end of each nursing course. Because faculty are often on the frontline in these instances, it is requisite for them to realize the importance of the role that they play in a student’s decision to remain, depart, or ultimately progress to advanced practice.

Kern (2014) emphasized that RN to BSN students have different needs and unique characteristics when compared with other traditional four-year nursing students. These factors include environmental, college facility, personal, academic, institutional interaction and integration, and friend support:

1. *Environmental factors*: financial strain, family crises, change of employment or position, change in work responsibilities, and personal and children’s activities,

2. *College facility factors*: library resources, nursing skills lab, tutors, counseling, computer lab, and writing center.

3. *Personal academic factors*: These were not perceived in Kern’s study to be either supportive or restrictive. However, improved flexibility in class and work schedules, reduced work responsibilities, and clear expectations of the number of hours required to be successful were recognized to be items that may improve students perceptions of personal, academic factors as supportive.
4. *Institutional interaction and integration factors*: peer mentors, tutoring, and nursing support services.

5. *Friend support*: This factor was found to be the most supportive and included encouragement from friends outside of the institution as well as friends within the program. (Kern, 2014)

Kern further asserted that having familiarity with the “least supportive items” provides an opportunity for educators to discuss and problem solve a plan to mitigate barriers to success. Having this knowledge also provides opportunities for open dialog among students and faculty to better address these issues. For example, open discussion may uncover if faculty need supplementary education regarding financial literacy, and other services students utilize, as well as service students underutilize. Alas, Kern (2014) discovered that unlike traditional students, adult students in an RN to BSN program do not utilize many of the on-campus services, excluding the library and writing support assistance, because most do not attend class on campus. Because of this, Kern suggested that it is critical to identify an accurate list of utilized services in conjunction with an exact list of unutilized services. An accurate list would provide a more realistic perception of the institution’s supportiveness to the adult RN to BSN student subpopulation. Another suggestion by Kern included offering funding to students to attend professional events such as a leadership conference where students can present and, as a result, may increase their perceptions of program supportiveness. Finally, institutions must place value on the importance of friends both within and outside of the classroom. In doing so, many students will form a strong bond (Kern, 2014) and will ultimately optimize the learning environment most preferred by them.
To better understand how to create a culture of academic progress in a nursing program, Gillespie and Langston (2014) studied students through progression to completion. These researchers uncovered specific internal motivators that may differentiate RN to BSN nursing students who choose to remain in school from those who do not. Using a five-point scale, Gillespie and Langston (2014) identified these motivating factors:

1. *The importance of Initial Supports for Perusing the BSN:* Family is cited as the most important factor (4.15), employment factors such as tuition reimbursement (3.59), and the availability of scholarships (3.46), academic advising (3.48), and community college and programs working together to provide on-site education progression planning (3.48).

2. *The importance of Continuing Support for Pursuing the BSN:* Once enrolled, students reported the continual need to receive support from family as the most important factor (4.11); second, the continued need for employer tuition support (3.71); and the availability of scholarships and aid was ranked as the third most important support (3.59).

3. *Obstacles to BSN Progression:* Ironically, the most frequently cited obstacle to pursuing a BSN was balancing family responsibilities and school (3.14); difficulty finding time to complete school work/study ranked second (3.08); and the lack of program scheduling flexibility, the limited availability of courses, and the need to go outside of campus to find non-nursing classes that fit the adult working professional ranked third (2.26).
4. **Factors in Personal Motivation to Pursue the BSN Degree**: educational factors such as opportunity to pursue a graduate degree (4.31); personal factors such as love of learning (3.8); and work factors such as opportunity to pursue a clinical position (3.98), opportunity for higher pay (3.89), opportunity for more clinical responsibility (3.70), and opportunity to pursue an administration position (3.37) were all personal motivators. (Gillespie & Langston, 2014)

Despite the stress identified for students enrolled in a completion program, Gillespie and Langston (2014) found that the majority of these students still stated an intention to continue their education beyond the baccalaureate. Therefore, “promoting inspiration for progression” by discussing with nurses their potential for graduate work may, in turn, develop future educational aspirations and impact a student’s decision to stay in school (p. 423). It seems apparent from Gillespie and Langston’s study that it is up to the educational institutions, partnering with employers, to implement practical steps to improving the process towards completion. Identifying practical measures that support completion can be accomplished by monitoring the students’ particular needs and implementing sustained support all along the way.

As mentioned previously, Megginson (2008) conducted a phenomenological study of RN to BSN retention and uncovered specific incentives for the RN to BSN student to remain in school. These incentives include: being at the right time in life; working with options (flexible delivery options); achieving a personal goal; obtaining a credible, professional identity from the BSN; encouragement from contemporaries; and a user-friendly RN to BSN program. Conversely, in this same study, Megginson (2008)
noted barriers to completing a degree to include: time commitment, fear, lack of recognition of past educational and life accomplishments, and negative past ADN or diploma school experiences. The findings of Megginson’s study were consistent with other retention studies; however, it is important to reiterate that negative past school experience is especially concerning. Negative past school experience implies possible mistreatment of a student and resembles nurse incivility issues, which is a common complaint found throughout the nursing profession and extensively discussed in nursing literature (Clark & Springer, 2010; Nickitas, 2014).

If in fact incivility can be connected to retention issues, it is urgent for nurse educators to foster an atmosphere of courtesy and respect. While incivility is not a new phenomenon, Braxton and Bayer (2004) provided evidence that it is on the rise. The lack of civility among faculty and students is a frequent complaint on college campuses across the nation (Clark & Springer, 2010; 2010; LaSala, Wilson, & Sprunk, 2016). Students have reported they felt professors “talked to others about them” or were made to “feel stupid,” and they also reported feeling “belittled” (Lasiter, Marchiondo, & Marchiondo, 2012). Faculty negatively responded to students’ attitude of entitlement, classroom disruptions, and cheating (Clark, 2008). Faculty also commented that students seem to “know it all,” had a “consumer mentality,” and believed students felt they were “owed” an education (Clark, 2008, p. 42). For these reasons, incivility can be very damaging in the classroom and throughout higher education. If not contained, incivility has the potential to decrease program satisfaction, and some consider that it can harm retention as well (Lasiter et al., 2012).
Figure 3 demonstrates the factors that support or restrict RN to BSN persistence through a program based on the analysis of the aforementioned studies.

<table>
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<tr>
<th>Research Team</th>
<th>Factors That Support RN to BSN Persistence Through a Program</th>
<th>Factors That Restrict RN to BSN Persistence Through a Program</th>
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<tr>
<td></td>
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<td>Competing demands of family and work, cost of education, and wondering if the employer may or may not value their accomplishments</td>
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<tr>
<td>Altmann (2011)</td>
<td>Generated themes from 28 study review.</td>
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<td>What students want from educators. Generated themes:</td>
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<tr>
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<td>• Curriculum</td>
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<td>• Financial advising</td>
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<td>• Academic advising</td>
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<td></td>
<td>• Access to programs</td>
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<td>What students want and need from employers:</td>
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<tr>
<td></td>
<td>• Recognition/rewards</td>
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<td></td>
<td>• Emotional support</td>
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<td></td>
<td>• Financial support</td>
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<tr>
<td>Jeffreys (2012)</td>
<td>The RN to BSN student’s decision to remain in a course, persistence may or occur during, and at the end of each nursing course.</td>
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<tr>
<td>Kern (2014)</td>
<td><strong>College facility factors:</strong> library resources, nursing skills lab, tutors, counseling, computer lab, and writing center.</td>
<td><strong>Environmental factors:</strong> financial strain, family crisis, change of employment, change in work responsibilities, personal and children’s activities</td>
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<td></td>
<td><strong>Personal academic factors:</strong> were not perceived in this study to be either supportive or restrictive. However, improved</td>
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flexibility in class and work schedules, reduced work responsibilities, and clear expectations of the number of hours required to be successful were recognized to be items that may improve students perceptions of personal, academic factors as supportive.

**Institutional interaction and integration factors:** peer mentors, tutoring, and nursing support services.

**Friend support:** were found to be the most supportive and included encouragement from friends outside the institution as well as friends within the program.

<table>
<thead>
<tr>
<th>Gillespie and Langston (2014)</th>
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<tr>
<td><strong>The importance of Initial Supports for Perusing the BSN:</strong> Family, employment factors such as tuition reimbursement, availability of scholarships, academic advising, and community college and programs working together to provide on-site education progression planning.</td>
</tr>
<tr>
<td><strong>The importance of Continuing Support for Pursuing the BSN:</strong> once enrolled, support from family, continue the need for employer tuition support, and availability of scholarship and aid was ranked as the third most important.</td>
</tr>
<tr>
<td><strong>Factors in Personal Motivation to Pursue the BSN Degree:</strong> opportunity to pursue a graduate degree, personal factors such as love of learning, opportunity to pursue a clinical position, opportunity for higher pay, opportunity for more clinical responsibility, and opportunity to pursue an</td>
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<tr>
<td><strong>Obstacles to BSN Progression:</strong> balancing family responsibilities and school, difficulty finding time to complete school work/study, lack of program scheduling flexibility, limited availability of courses, and the need to go outside of campus to find non-nursing classes that fit the adult working professional.</td>
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Megginson (2008)

<table>
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<th>Administration position.</th>
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<tr>
<td>Being at the right time in life; working with options (flexible delivery options); achieving a personal goal; obtaining a credible, professional identity from the BSN; encouragement from contemporaries; and a user-friendly RN to BSN program.</td>
</tr>
<tr>
<td>Time commitment, fear, lack of recognition of past educational and life accomplishments, and negative past ADN or diploma school experiences.</td>
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Clark and Springer (2010); Nickitas (2014); Lasiter et al., (2012); and LaSala, Wilson, & Sprunk, 2016

| Time commitment, fear, lack of recognition of past educational and life accomplishments, and negative past ADN or diploma school experiences. |
| Negative past school experience and incivility issues, lack of civility among faculty and students is a frequent complaint on college campuses across the nation. |

Figure 3. Factors that support or restrict RN to BSN persistence through a program.

Theoretical Models of Understanding RN to BSN Persistence

One overarching theme uncovered in Altmann’s (2011) comprehensive literature review pertained to the fact that returning students primarily want to be treated as professionals. Appreciating this comment is imperative for all nurse educators and leads one to consider how adults like to be educated and how educators should recognize their experience in order to promote student retention. Knowles’ andragogical model is based on several assumptions that help instructors understand adult learning preferences. Distinctively, Knowles, Holton, and Swanson (2012) explained that adult students follow six assumptions:

- **The need to know**: Adults need to know why they need to learn something before trying to ingest it.
• "The learners’ self-concept": Adults have a self-concept of handling their decisions and their lives. Therefore, adults have a deep psychological need to be seen by others as being capable of self-direction. Mostly, they resent or resist situations wherein they feel others are imposing their will on them or “training” them (p. 64).

• "The role of the learner’s experience": Adults come to the environment with both greater and varied life experience. Adult education should incorporate a greater emphasis on individualization of teaching and learning strategies.

• "Readiness to learn": Adults only become ready to learn things when they need to know them in order to cope more effectively with real-life situations. Also, there seems to be a connection to developmental tasks that makes it essential to match education timing with those tasks.

• "Orientation to the learning": Adults are motivated to learn to the extent that the knowledge will help them perform tasks or deal with situational problems confronted in real-life situations. Adults learn new knowledge when it is presented in the context of application to real-life situations.

• "Motivation": Finally, adults are responsive to external incentives such as better employment, promotions, and higher salaries. However, the most important motivators include the desire to increase job satisfaction, self-esteem, and quality of life. (Knowles et al., 2012)

In addition to understanding the andragogical model of adult learners, nurse educators must understand nurses’ attitudes toward returning to school. Specifically, educators should consider policies that foster positive attitudes towards education,
identify solutions to perceived barriers, and to offer evidence-based suggestions for future retention research (Altmann, 2011).

Jeffreys (2012) explained that understanding why students decide to leave a nursing program provides valuable information; however, this does not necessarily explain why other successful students choose to persist. Jeffreys conducted a study explicitly comparing perceived factors that either supported or restricted students’ persistence at one college. Successful students were surveyed at the end of the semester and were asked to rate the select variables in regard to their decision to remain in a school that semester (Jeffreys, 2002). The results of this study revealed that students found faculty advisement and helpfulness, the enrichment program at the school, tutoring services, personal study habits, as well as friends in the class as “greatly supportive” of their decision to stay. Consistent with other studies, the most restrictive variables included family obligations, family crisis, financial status and family’s lack of financial support for school, family emotional support, financial aid, and child-care arrangements (Jeffreys, 2002).

Based on her earlier studies, Jeffreys (2012) developed a model called the Nursing Undergraduate Retention and Success (NURS), which has since been renamed the Nursing Universal Retention and Success model (Jeffreys, 2015). Although Jeffreys’ NURS model is better utilized in a quantitative study, this model is worthwhile exploring for the purposes of this qualitative case study that aims at developing a deeper understanding of specific retention issues surrounding nursing students. For instance, the NURS model specifies that retention is based on interactions with student profile characteristics, student affective factors, academics, the environment, as well as
professional integration (Jeffreys, 2004, 2012, 2014, 2015). These factors contribute to both academic outcomes and psychological outcomes and as a result, the model can be utilized for nontraditional nursing students as well (Jeffreys, 2012). Jeffreys (2014) stressed that a new challenge today when looking at student retention “is to reach beyond minimal expectation” and move toward “optimizing student outcomes” (p. 164).

What distinguishes Jeffreys’ NURS model from many other higher education retention models is that it specifically focuses on the aspects surrounding retention and not attrition, which is of particular importance for the purposes of this case study. Jeffreys (2015) explained that this model emphasizes “why do students stay” as opposed to “why do students leave” (p. 426). NURS encourages investigators to explore “what actions can I take to enhance retention, persistence, success, and optimal outcomes” (p. 426). The result is a combination of understanding personal accountability as well as the need for a well-developed action plan “optimizing outcomes” throughout courses development and curricula, including faculty involvement (Jeffreys, 2015).

In some respects, the RN to BSN nontraditional adult student has unique issues in regard to attrition if compared with the traditional student population and why understanding their challenges is essential in helping these student populations reach completion. Research suggests that most RN to BSN students have families, work full time, often working nontraditional hours (nights, evenings, and weekends), and have primarily returned to school to further their education (Kern, 2014). Retention is often more of an issue with this population because, as noted previously, in “times of crisis,” dropping out of school is the first and often the only viable option (Kern, 2014, p. 297). For these reasons, examining the program delivery options provided by the school is
paramount to this student population, and reviewing these policies was an intricate component of this case study.

Today’s adult nursing student is also more diverse in race, age, gender, language, prior educational attainment, family educational background, and work experience than past decades (Jeffreys, 2004, 2006). These characteristics match the nation’s demographic shifts in the minority population, immigration patterns, mid-life career changes, and healthcare career ladder programs that all continue to expand the nursing pool, but each presents very particular needs (Jeffreys, 2007). Nursing programs are called to both understand the different student requirements and be well equipped to foster these students’ unique needs to make an impact on student retention.

Through the use of the NURS model, Jeffreys (2007) uncovered that nontraditional students perceive several factors that influence their ability to remain in school. Using this tool, variables that “greatly influenced” retention were family emotional support, friends in class, and friends outside of class. The variables that “moderately support” retention included faculty advisement and helpfulness, a nursing skills laboratory, academic performance, college library services, and college computer laboratory services. The variables that “moderately restrict” retention included family responsibilities. Finally, the variables that “greatly restrict” retention included hours of employment, financial status, employment responsibilities, and family crises (Jeffreys, 2007, p. 163). It was valuable during the in-depth interviews conducted for this case study, to ask former students who reported some of these restrictions to explain how they were able to prevail and still successfully graduate.
To expose factors that both support and restrict RN to BSN student retention at a small Midwestern college, Kern (2014) replicated Jeffreys’ study by utilizing the NURS model. In Kern’s study, 208 participants were contacted over a four-week period and were asked to rate the factors that most support or restrict retention such as environmental factors, college facilities, personal academic factors, institutional integration factors, and friend support. Of the 208 invited, only 84 students responded (40.4%). Although the sample size was small, “analysis of the data revealed participants viewed all factors as somewhat supportive. The least supportive factors identified were environmental, followed by college facilities” (Kern, 2014, p. 299). Support from family and friends was considered to be the primary reason to remain in school (Kern, 2014). Interestingly, personal academic factors closely followed friend and family support, which differed in the order of importance from Jeffreys’ 2007 study. However, similar to Jeffreys’ study, friend support, with institutional interactions, was a distant second (Jeffreys, 2007; Kern, 2014).

In Jeffreys’ earlier works, students with “good academic performances are predicted to remain in a program at higher rates than students with poor academic performance” (Jeffreys, 1998, p. 42). This might be significant to consider for this case study, especially when examining components of the program that are relevant to student academic performance, for example, admission criteria as well as individual student support services such as writing assistance, organized study groups, instructor availability, and counseling services. Jeffreys (1998) further explained that academic performance is positively associated with high school performance, the adequate time
allotted to study, strong academic advising, high class attendance, and job certainty; also, the greater availability of needed courses was associated with increased retention (p. 42).

Much of Jeffreys’ beginning work has been influenced by the conceptual framework developed by Bean and Metzner (1985). Bean and Metzner identified three variables that influence a student’s decision to progress:

1. Background and defining variables: age, the number of hours enrolled, educational goals, high school performance, ethnicity, and gender;
2. Academic variables: study hours, study skills, academic advising, absenteeism, job certainty, and course availability;
3. Environmental variables: finances, hours of employment, outside encouragement, family responsibilities, and opportunities to transfer. (Bean & Metzner, 1985)

Bandura (1986) also impacted Jeffreys’ works. Bandura asserted that individuals who perceive themselves as having a high sense of self-efficacy in a particular area could act and feel differently from individuals who see themselves as inefficacious. Mainly, Bandura (1986) found that individuals who saw themselves as having a resilient sense of efficacy also viewed tackling complex tasks as something that they could master rather than as a threat or something to be avoided. Bandura’s research revealed that highly efficacious individuals apply the greater amounts of energy needed to prevail over failing. In contrast, individuals who view themselves as having lower efficacy typically dwelled on their failures and had serious doubts about their success (Bandura, 1986).

Another interesting model relevant to understanding student persistence is Shelton’s model of nursing student retention. This model is a fusion of Tinto’s (1993)
theory of student retention and (similar to Jeffreys’) Bandura’s (1997) theory of self-efficacy. Tinto’s theory is based on making the student feel a part of or engaged in the educational community. For this to occur, students must believe their goals, values, and academic abilities are similar to the institution’s (Tinto, 1993). Bandura’s theory, although not specific to student retention, involves the social science of psychology, and it explains that what happens within a system affects the individual (Bandura, 1997). Based on these two influential scholars, Shelton’s model of nursing student retention suggests the importance of considering the following:

- **Student background variables:** These are age, gender, previous education and college coursework, past grade point average, standardized test scores, financial resources, family educational level, family responsibilities, and employment status.

- **Academic self-efficacy:** This is measured using two instruments and given separate scores. First; the academic efficacy expectations were measured using Bandura’s (1990) Self-Efficacy for Self-Regulated Learning Scale. This instrument includes an 11-item tool measuring self-regulatory activities such as the ability to complete assignments, ability to concentrate on classroom work, motivation for studying over other activities, use of resources (library), ability to take notes, and class participation (Shelton, 2012). Shelton (2012) explained that the academic outcomes expectations were measured with a modified version of the Outcomes Expectation Questionnaire-Nursing. This modified scale was a five-point Likert scale consisting of 14 items that
measured the extent to which a nursing student agrees or disagrees with statements related to outcomes from earning a nursing degree.

- **Perceived faculty support:** The Perceived Faculty Support Scale (Shelton, 2003) is a five-point Likert scale. This scale consists of a 24-item survey that attempts to measure the extent to which a participant agrees or disagrees with statements related to whether “most faculty members” exhibit supportive behaviors (Shelton, 2012).

Shelton’s model is particularly important to consider for this study because it focuses on the student population in associate degree programs. Similar to the RN to BSN student, today’s associate degree nursing student is typically older and has many of the same competing factors and responsibilities common to the typical adult nontraditional student.

**Characteristics of a Successful Nursing Program**

There are various and institution-specific factors that are conducive to student academic success and retention in nursing degree programs. By the same token, each institution should consider specific barriers that prevent students from completing their degrees. Unfortunately, implementing creative actions and policies that promote student retention and favorable outcomes for culturally, academically, linguistically, and generationally diverse students continue to be a challenge (Jeffreys, 2014). Jeffreys (2014) stressed that a new challenge today is “to reach beyond minimal expectation toward optimizing student outcomes” (p. 164).

Jeffreys (2014) encouraged educators not merely to narrow the definition of success to include retention versus attrition, but rather to adopt a more holistic view.
Jeffreys instructed educators to consider using an acronym she developed called HOLISTIC COMPETENCE. The first part of this acronym stands for human connectedness, optimization, learning-centered, individualized, scientifically based, teamwork, integrated, and creativity (Jeffreys, 2012). Jeffreys’ (2012) HOLISTIC COMPETENCE acronym addresses student success by breaking down specific categories in order to comprehend both the individual student’s needs and the school’s or program’s obligation to facilitate the student’s ability to reach completion. For example:

- **Human-connectedness** among faculty and students makes a powerful difference in retention.
- **Optimization** focuses on enrichment for all students to achieve maximum potential.
- **Learner-centered** strategies should be used to engage learners in immediate professional application and relevance.
- **Individualized** strengths and weakness of diverse students must be addressed.
- **Scientifically-based** retention strategies provide a beginning repertoire of ideas and data.
- **Teamwork** must be emphasized at all levels (faculty, staff, administrators, and students).
- **Integrated**: retention efforts must be carefully woven throughout the organization.
- **Creative**: ideas and innovations must address academic and nonacademic issues.
• **Caring** sincerely about holistic needs of students is the first step in fostering success.

• **Ongoing** and coordinated retention interventions throughout the program are essential.

• **Multidimensional** strategies must correspond with multidimensional factors influencing retention.

• **Proactive** strategies are initiated before problems occur and at key transitional periods.

• **Ethics** and accountability underscore the need for full faculty involvement.

• **Trust** is an essential component of building an open, caring learning environment.

• **Education** for meeting the holistic needs of students includes formal and informal forums.

• **Networks** with experts and others on best practices for student retention expand ideas.

• **Confidence** influences student commitment, motivation, and persistence behaviors.

• **Evaluation** of the strategies implemented guide future innovations. (Jeffreys, 2012)

Jeffreys’ **HOLISTIC COMPETENCE** can enhance educators’ awareness of the students’ needs and deepen an understanding of their role in preventing the students’ attrition. Undoubtedly, Jeffreys’ works inform the practices of contemporary educational professionals in terms of redefining retention strategies already in place and generating
new ideas to ensure a culture that best supports student success. Jeffreys’ model was considered when crafting the interview questions for the participants in this study (see Appendix A).

**The Impact of Faculty Support on Nursing Student Retention**

Faculty play a central role in the overall student experience. Specifically, advisement and helpfulness, as defined by Jeffreys (2012), means “the active involvement of nursing faculty in the student’s academic endeavors, career goals, and professional socialization” (p. 127). Advising a student indicates meeting with the student both formally and informally during class or at scheduled appointments. In faculty helpfulness, the faculty member makes a connection with the student or is considered to have “presence,” meaning “to care about the whole student,” and is available as a resource when necessary (Jeffreys, 2012, p. 129). Shelton (2003) explored the relationship between nursing student’s perceived faculty support and nursing student retention by utilizing a tool designed by the researcher called the Perceived Faculty Support Scale. The researcher asked 458 ADN nursing students (separating into two groups those who persisted and those who had voluntarily withdrawn) to categorize faculty support. A critical analysis of variance uncovered that the persistent group reported greater perceived faculty support than those who withdrew (Shelton, 2003). In addition to faculty support, it has also been found that the relationships between students and faculty affect the ability of a struggling student to remain in a challenging course (Christie, Munro, & Fisher, 2004).

**The Impact of Program Delivery Models on Nursing Student Retention**

Another aspect to explore is the impact of program delivery on retention.
The RN to BSN program being studied in this case study follows a cohort accelerated model. Since the early 1990s, cohort-based learning has been on the rise throughout higher education (Rausch & Crawford, 2012). Knowles et al. (2012) stated in a cohort model, more emphasis surrounds peer-helping activities. Reynolds and Hebert (1995) (as cited in Rausch & Crawford, 2012) explained cohort learning as a group of students (usually adults) that proceeds through a program of learning in sequential order. More precisely, in adult programs, Nimer (2009) (as cited in Rausch & Crawford, 2012) explained that the registration of cohort courses is typically done by the school so that the adult learner has less anxiety and stress related to registering, especially given their multiple priorities. The distinct advantages of the cohort model are the personal support systems and relationships fostered by working together and subsequently, peer support that is naturally formed.

Favorable delivery models are paramount for the adult student as he or she tries to balance their multiple roles. However, as Sandler (2000) pointed out, often adult students must persist in an environment that does not recognize them for their unique characteristics and what they bring to the learning environment, and often programs are not designed or equipped to accommodate the adult student’s needs or attributes. For example, Bradley and Graham (2000) suggested four specific reasons why an adult student succeeds, despite the challenges they face, in their multiple roles:

1. Adult students focus learning on skills and knowledge that apply to their life situation.
2. Adult students concentrate on learning skills and knowledge that can apply to life circumstances.

3. Adult students are involved with families, communities, and careers. This extensive involvement provides a direct connection from the class to real-life (more-meaningful) experiences.

4. Adult students tend to make the most of their classroom experience in order to intermingle with their peers and faculty. This allows the adult student the ability to instantaneously make meaning of the class material (Bradley & Graham, 2000).

For these reasons, when educating adults and assessing retention issues, program developers must discern any institutional barriers already in place that do not meet the structured requirements of the typical adult student. The nursing faculty also play a crucial role in decerning some of these barriers. Bowie and Carr (2013) stressed that nursing faculty in particular, should serve as advocates for the accelerated nursing student by articulating the program goals and depth of the student experience as these relate to the university’s expected student outcomes. Adult students are balancing time commitments and personal conflicts that all add to student anxiety, stress, and can contribute to attrition (Fairchild, 2003). Moreover, remembering the importance of flexibility in program delivery is paramount to increasing educational access for this student population (Kern, 2014; O’Brien & Renner, 2000).

Jeffreys (2012) exhorted educators and adult learners in particular, to “demand student-centered learning and environments that are multidimensional, flexible, nurturing, and holistic” (p. 314). One way to deliver such a demand is forming learning
communities. In fact, learning communities seem to play a role in retention because learning communities serve to build academics as well as social connections and a culture of support (Seidman, 2012). Mlynarcz and Babbitt (2002) stressed that learning communities purposefully restructure curricula that link coursework so students find greater coherence in what they are learning as well as increased intellectual interactions with faculty and students. More recently, Popkess and McDaniel (2011) found that undergraduate nursing programs demonstrate lower scores in active and collaborative learning than their peers in education. Therefore, it is essential that the adult RN to BSN curriculum support active and engaged learning communities to promote relationships that can lead to improved retention rates.

The Impact of Program Delivery Length on Nursing Student Retention

Another significant key to retention is the length of the program delivery. The RN to BSN program examined in this case study is an accelerated program. Although accelerated nursing programs have been around for over 20 years, there remains a gap in the literature specifically addressing students’ experiences within these programs (Weitzel & Mc Cahon, 2008). Weitzel and Mc Cahon (2008) found that the accelerated students’ approach is different from that of traditional undergraduate students. The results of Weitzel and Mc Cahon’s study described these students as more intense, competitive, and eager learners who came to class prepared, but as mid-career adults, they exhibited stress related to returning to school. Furthermore, Weitzel and Mc Cahon (2008) contended that there is limited literature on accelerated nursing students’ perceptions or experiences that address the activities that support or inhibit their progression as well as literature that outlines recommendations to the faculty regarding
needs, challenges, support systems, or the teaching/learning strategies of this unique student subpopulation.

According to Cangelosi and Whitt (2005), not unlike the typical adult student, the accelerated nursing student is usually older, more diverse, and more likely to be male and married with a family than the traditional counterpart. This student subpopulation also reports having career projections that include practice and clinical care nursing (Cangelosi & Whitt, 2005). Similarly, AACN (2015a) depicted the accelerated nursing student as motivated, usually older, and having higher academic expectations than the traditional four-year student. However, Bentley (2008) (as cited in Bowie & Carr, 2013) pointed out that faculty often report there are challenges to teaching accelerated nursing students. This student subpopulation is typically bright, motivated, but also not afraid to question authority and can be ready to buck the system. Bowie and Carr (2013) also uncovered that accelerated students come with diverse backgrounds and experience and tend to challenge old ideas and nursing traditions, require a shortened time frame to absorb material, and are primarily digital natives, whereas faculty are digital immigrants. Duke (2001) concurred that accelerated students are motivated, engaged in learning, but at the same time, intolerant of busy work.

**Characteristics of Successful Completers**

Nursing educators and higher education professionals in general, have produced an abundance of studies and professional reports that connect student background characteristics to their retention and academic success (Jeffreys, 2012, 2015). Much of the retention research today includes at least, one or more of the following student background variables in an attempt to predict academic success: ethnicity and race,
gender, language, educational and work background, family educational background, and enrollment status (Jeffreys, 2012, 2015). For these reasons, it was important to examine student characteristics within the program for this case study to gain a richer understanding and appreciation of the needs of the student population. Understanding the different student characteristic variables and the roles these variables play in student retention can provide valuable information for an institution. In fact, some factors may be significant in this case study because they can identify trends within the program. However, it is also important to note that these characteristics do not solely provide the information necessary to understand the multidimensional phenomenon of student attrition alone (Jeffreys, 2012, 2015).

**Student Personal Characteristics**

According to the U.S. Department of Education (2011), nearly half of all community college students are age 25 or older, or further explained, four out of every 10 traditional students are older than 25 years of age (Duncan, 2015). Similarly, this demographic trend is also occurring in nursing programs throughout all levels of education entry. Although, as mentioned previously, the examination of age variables as these relate to retention has been inconsistent. For example, Manifold and Rambur (2001) discovered that age is a significant predictor of a student’s overall success, finding that older students are more likely to persistent over their younger counterparts. Conversely, other studies have not found age to be a relevant factor in student attrition. It has been reported, older students demonstrate stronger study habits, are more goal-oriented, possess greater motivation, have better time-management, are more self-directed, and have a preference for adult learning pedagogies (Hoskins, Newstead, &
Dennis, 1997). Still, more current research has found that the additional roles and responsibilities common to the adult student can result in a significant challenge to persistence and, therefore, we will find higher attrition in the adult student subpopulation (Jeffreys, 2012, 2015; Kern, 2014).

It has also been recognized that minority groups experience multiple obstacles and struggles in regards to student retention and as well as most minority groups in general, continue to be underrepresented in higher education (U.S. Department of Education, National Center for Education Statistics, 2011). Likewise, the nursing profession, in addition to nursing schools, also struggle to find balance and still do not represent the populace. For example, roughly 83% of nurses describe themselves as being White (U.S. Department of Health and Human Services, 2010). Research indicates a slight increase in minority enrollment trends in proportion to the overall populace; however, no measurable increase has been noted among Hispanic groups (U.S. Department of Health and Human Services, 2010). Hence, if higher education and nursing programs commit to improving diversity practices on their campuses and foster development of retention programs through evidence-based research, perhaps we could begin to see a change in the current trends.

The language spoken by a student is also a significant characteristic when attempting to understand retention issues at an institution. Certainly, global trends suggest that more and more members of our student bodies will speak multiple languages and, more specifically, English will be their second (or third or more) language. Also, English as a second language student (ESL) has been identified as being more at risk and often have higher rates of attrition (Jeffreys, 2012). Educators must recognize these
students will have very different academic and nonacademic needs than others (Sanner & Wilson, 2008). Jeffreys (2012) pointed out that having an awareness of the complexities of ESL students is another important step in promoting retention at an institution.

Understanding that each student comes from a particular background or culture may also be an important piece in understanding nursing student persistence. In addition to English as a second language, it has been noted that first-generation college students and their family educational background can also influence nursing students’ success and impact retention (Jeffreys, 2012). In fact, research has identified that the education level of parents is a powerful indicator of whether a traditional student is likely to reach completion (D’Allegro & Kerns, 2011; Vuong, Brown-Welty, & Tracz, 2010). However, much more research is still needed to discern if this same factor influences the adult nontraditional students’ ability to reach completion.

**Student Attitudes, Beliefs, and Values**

According to Billings and Halstead (2012), students play an important role in their success. With the support of nursing faculty and peers, successful students are able to determine their own learning needs as well as be more equipped to work collaboratively to participate in their own learning experiences. For example, Billings and Halstead (2012) stressed: “Self-directedness and the ability to pace learning and monitor progress towards completion of goals are essential attributes of adult learners (p. 222). Furthermore, Jeffreys (2012) believed that nurse educators should seriously consider the importance of “student affective factors on nursing student achievement, persistence, and retention” (p. 56). Jeffreys defined student affective factors as including their attitudes, values, and beliefs about education, nursing, and the individual’s ability to
learn and perform the required course work needed to be successful in a program.

Jeffreys (2012) pointed out that these factors are different from a student’s profile characteristics because these variables may change over time. Similarly, Beauvais et al. (2014) were able to find a significant relationship between psychological empowerment, resilience, spiritual well-being, and academic success. These researchers also suggested that these particular concepts may play a role in nursing student persistence.

To better understand student attitudes, beliefs, and values, it is also important to have knowledge of the broad literature on human motivation. Bain (2004) explained that there are three factors that influence different college students in various ways, and these factors are:

1. Some people respond primarily to the challenge of mastering something (deep learners, often life-long learners).
2. Others react well to competition (the quest for gold, best in the class, interested in high grades, but typically learn for the test and are not necessarily considered life-learners).
3. The third factor is people who primarily seek to avoid failure (performance avoiders, or sometimes they are called surface learners). (Bain, 2004)

Uncovering the study participants’ perceptions of their own “human motivation” as outlined by Bain (2004) can inform the data collection and analysis processes in this study.

**Known Stressors and Coping Strategies**

Jeffreys (2012) explained that actual performance has proven to be the strongest source of efficacy information in relation to understanding student retention. For
example, successful performance can actually raise efficacy, whereas unsuccessful performance has proven to lower it. Additionally, lowered self-efficacy can also be psychologically stressful and dissatisfying to a student, further affecting his or her motivations or ability to persist and may affect overall retention (Jeffreys, 2012). In fact, students who possess “strong, resilient, and realistic appraised self-confidence view new tasks as a challenge, meet tasks willingly, exert much energy and commitment” and are more likely to reach outcomes or completion (Jeffreys, 2015, p. 428). Understanding the possible connection between resiliency, stress, and self-efficacy can be important in understanding why adult nursing students academically thrive. More specifically, it can be significant to expose what aspects of the accelerated RN to BSN program increase stress and what coping strategies were used to combat them.

Hegge and Larson (2008) discovered that the success of a student in an accelerated program primarily depends on how well the student handles stress specific to financial, personal, professional, or academic challenge factors. Hegge and Larson’s study is consistent with others that reveal high levels of stress in nursing students may also affect their memory and concentration and contribute to difficulty in problem solving, decreased learning, ability to cope, and poor academic performance (Goff, 2011; Wells, 2007). Interestingly, “successful” students were able to mobilize a variety of healthy coping strategies such as identifying support systems among peers, family, and friends. It is important to note that although faculty members cannot eliminate stress, they can help alleviate it through pacing, scheduling, and structured support systems (Hegge & Larson, 2008). In addition, nurse educators who offer constructive, supportive feedback that promotes self-efficacy are more likely to enhance student well-being.
(Gibbons, 2010) and possibly contribute to student retention. Furthermore, nurse educators who promote peer support through learning and teaching initiatives can also bolster critical coping skills in their students (Gibbons, 2010). The findings of the aforementioned studies were particularly important to consider when conducting this case.

According to Weitzel and Mc Cahon (2008), as noted previously, research and scholarship on accelerated nursing students’ experiences are scarce. For instance, Seldomridge and DiBartolo (2005) reported higher levels of stress for accelerated nursing students; however, they also found no evidence as to what teaching and learning strategies are successful or supportive from the perspective of this adult student subpopulation. Therefore, further research is needed to develop meaningful teaching and learning strategies and better understanding of the role (if any) nursing faculty play in actually using these strategies as evidenced by improved retention at an institution.

Weitzel and Mc Cahon (2008) studied a Midwestern accelerated nursing program and asked students to rate their stress level as well as the supporting factors included in a 34-items tool. Of the students surveyed, more than half of them interpreted as stressful the following items: too many writing assignments, too many reading assignments, heavy workload, family responsibilities, the fast pace of the program, no vacation break throughout the program, and group assignments because it is difficult to meet outside of class. The aspects that more than half of the students interpreted as supportive included individual faculty members, peers, nursing school advisers, class lectures, and families (Weitzel & Mc Cahon, 2008). Although faculty cannot control or alleviate many of the aspects that cause stress, there were some identified factors that faculty does have control
over, for example, the number of writing assignments, reading assignments, the number of group projects, and clinical assignments (Weitzel & McCahon, 2008). Having a better understanding of what contributes to stress for students, in this case, can be valuable discoveries for future program planning, specifically, understanding the role of faculty and the particular components of the program that may have contributed to the students’ ability to overcome these stressors and complete their BSN.

Summary of the Literature Review

The aforementioned analysis indicates that there exists limited research that specifically focuses on the characteristics of successful adult RN to BSN accelerated students, which in turn, necessitates further research of this particular student subpopulation.

It is important to note that the vast majority of the retention studies discussed in the literature exclusively followed the method of quantitative analysis, indicating a need for more qualitative research to produce more in-depth exploration of the issue. Also, no research was uncovered that specifically addressed factors that solely lead to understanding what constitutes successful completion in this particular student subpopulation. However, abundant quantitative studies identified numerous support variables and barriers to completion. As reiterated by Jeffreys (2012), understanding why students decide to leave a nursing program provides valuable information; however, it does not necessarily explain why other successful students choose to persist. Hence, for these reasons, research could support the need to go deeper using a qualitative approach in order to uncover more information that is integral to identifying the adult students’
unique needs and examining trends within a program (the case) that contribute to a RN to BSN adult student's ability to graduate from an accelerated completion program.

What does it mean for a student, and particularly a student in the nursing profession, to be successful? Clearly, academic success is a complex phenomenon, and it has been extensively researched in higher education. Several studies analyzed in this literature review addressed the notion of success among college students. For instance, Jeffreys (2015) explained that success has been defined in a variety of different ways, such as: reaching graduation, obtaining employment status, or earning more than minimal benchmarks in order to reach one's full potential. If success is “reached,” then can we conclude outcomes have been optimized? If the answer is yes, then “optimizing outcomes benefits individuals, the nursing profession, the healthcare system, patients, organizations, and society at large” (Jeffreys, 2015, p. 425). Having an in-depth understanding of how this particular case defines student success will go a long way to helping more students obtain it.

As learned from the review of the literature, according to CCNE (2013) Standards IV, in order to be compliant, the completion rate in a nursing program must be 70% or higher, excluding students who identified factors such as (a) family obligation, (b) relocation, (c) financial barriers, and (d) decisions to change majors or to transfer to another institution of higher education. Guiding students to move past these and other obstacles will improve graduation rates for any nursing program. It is reported that the program being examined in this study has a retention rate at around 85% (Lange, 2016); which is above CCNE’s 70% benchmark. However, this case study attempted to uncover some of the success strategies of completers with the aim of developing continual and
contemporary retention policies that improve their overall retention rate, as well as meeting the strategic agenda written by the department chair and the retention plans of the University.

Undoubtedly, the RN to BSN adult completion student has unique issues that put them at risk for reaching the endpoint in a program. Focused nursing student retention has been determined to be important; yet, it is clear the RN to BSN student subpopulation has been understudied (Kern, 2014), which makes studies such as this ever more imperative. As introduced previously, although enrollment rates are on the rise in all levels of nursing education (Buerhaus et al., 2016), it is important to point out that retention remains an issue for adult RN to BSN students (Kern, 2014). Therefore, more studies are needed that specifically focus on the RN to BSN adult student subpopulation to discover the factors that restrict and support their ability to remain in school as well as to review initiatives and strategies that aid retention throughout higher education in general (Kern, 2014).

As underscored in the SHEEO Report (2005), higher education professionals “must guard against complacency in research and service. The nation depends on college and university faculty to discover new knowledge, apply it to practical problems, and enhance community and cultural life through scholarship and service” (SHEEO, 2005, p. 9). This case study exploration of the individual experiences of students and their successful completion of the RN to BSN program were both necessary and significant in terms of contributing to the quality of scholarship in the field of nursing and the quality of service provided to our healthcare system at large.
CHAPTER THREE: METHODOLOGY

Introduction

The “inquiry spark” that ignited my curiosity in this case study topic came from my internship project that was a partial requirement for completing my doctorate. At the time of my internship, the DONH at Benedictine University’s Master of Nursing (MSN) program was preparing to undergo reaccreditation. As part of this review, the MSN program director had anticipated that the CCNE would closely monitor the department’s completion rates as a measurement of program effectiveness. As noted in the literature review, CCNE wants the program completion rate for the most recent calendar year to be 70% or higher. At the time, the overall MSN completion rate percentage fell below this benchmark. However, I learned that if a program can prove its rate is 70% or higher, when students are excluded who have identified factors such as family obligations, relocation, financial barriers, and decision to change major or to transfer to another institution of higher education, then a program may use these exceptions to recalculate the program’s completion rate (CCNE, 2013).

The intent of this Quality Improvement Action Plan Internship Project was to identify MSN students who are at risk for not completing the program and to uncover the specific barriers identified by CCNE in order to exclude those students from the overall retention data. After excluding those students, we were able to dramatically improve the current retention rate statistics for the MSN program from below 70% to well above 90%. In addition, the internship project intended to shed light on why students stalled or left the
institution, thus allowing the department to uncover a deeper understanding of student retention issues. In order to improve or obtain “more accurate” retention data for the program, I collected student feedback using Survey Monkey as well as multiple individual e-mails and phone calls requesting feedback that revealed (or explained) why they student left the university. With the help and experience of my Internship Mentor, we used the information gathered to aggregate more accurate student progression/graduation rates within the MSN program at Benedictine University. Of the 107 students who responded (71%), the most common reasons for withdrawing included (a) family obligations, (b) financial barriers, and (c) decisions to change to a different nursing degree program. All three reasons are considered an exemption from CCNE and, therefore, these students were no longer calculated in the final retention numbers, thus dramatically improving program retention rate. The data provided invaluable information to both the department and the University, and I believe it also met Benedictine University’s AQIP project retention goals. The feedback I collected from identified high-risk students and students who stopped, stalled, or left the University also helped bring a better understanding of the causes of MSN student attrition in this program and fostered further program improvement projects.

Uncovering why adult MSN students left the University was attention-grabbing and beneficial to the program and University. My internship work also gave me a better appreciation of why students departed from the institution, but it did not help explain why they remain and successfully complete, especially given the already known complicated challenges facing adult nursing students. These unanswered questions continued to
resurface in my mind and eventually became the premise for the research questions for this case study.

The analysis of the literature on the subject in the previous chapter revealed that higher education seems to have a good understanding of why students leave an institution, but not what makes the adult RN to BSN nursing student successfully complete a program. By examining this case, what can we learn from past students, the program, and the institution that can help us make meaning of this phenomenon?

Therefore, the purpose of this qualitative case study was to investigate the experiences of students who overcame challenges that are commonly found in the adult student population, yet were still able to complete the adult RN to BSN accelerated nursing completion program at a Midwestern private, faith-based institution. I explored the aspects surrounding RN to BSN student retention at this institution and the components that helped these students reach completion. I examined the external factors that may be related to successful completion rates, the unique individual characteristics of these students, and the particular program and institutional components that may contribute to their ability to successfully complete an accelerated RN to BSN completion program.

The aim of a case study is to understand “in [a] meaning[full] and nuanced way, the view of those within the case” (Stake, 1995, 2000, 2005 as cited in Hesse-Biber & Leavy, 2011, p. 263). The case study approach is closely aligned with an interpretive paradigm of research that emphasizes the importance of creating thick descriptions of the participants lived experiences in order to understand the meaning of their experiences.
The primary research question that guided this study is: *What makes the students successfully complete an accelerated RN to BSN program at a Midwestern, faith-based, private institution?*

Additionally, I posed the following related research questions:

1. What are these students’ personal characteristics that can be attributed, if at all, to their ability to successfully complete an accelerated RN to BSN program?
2. How do these students meet the challenges, if any, on the way toward their degree completion?
3. What are the facets of an accelerated RN to BSN program that can contribute, if at all, to the students’ ability to reach completion?
4. What support do the department and institution provide for the students in order for them to succeed academically?

**Theoretical Positioning of the Study**

**Interpretive Paradigm**

This study is positioned within the interpretive paradigm of inquiry that is directed at understanding the phenomenon from the participants’ perspectives while investigating the interactions between these individuals and the historical and cultural contexts where they live (Creswell, 2009). The interpretive position “assumes the social world is constantly being constructed through group interactions, and thus, social reality can be understood via the perspectives of social actors enmeshed in meaning-making activities” (Hesse-Biber & Leavy, 2011, p. 5). This tradition is also “seeking deep understanding by interpreting the meaning that these interactions, actions, and objectives
have for people (Hesse-Biber & Leavy, 2011, p. 17). Hesse-Biber and Leavy (2011) further supported this by explaining that the only way to understand social reality, using the interpretive approach, is from the perspective of those enmeshed within it. Since meaning cannot exist independent of the human interpretive process, researchers working from these traditions value experiences and perspective as important sources of knowledge (Hesse-Biber & Leavy, 2011).

The interpretive approach is also associated with the hermeneutic tradition informed by the philosophies of Martin Heidegger (1889–1976), Edmund Husserl (1916–1938), and Maurice Merleau-Ponty (1908–1961), among a few others. Husserl was interested in the human consciousness as a way of understanding social realities, specifically, how one “thinks about experiences, in other words, how consciousness is experienced” (Hesse-Biber & Leavy, 2011, p. 19). Heidegger (1927, 1962, 1975, 1982) (as cited in Hesse-Biber & Leavy, 2011) also asserted that understanding this interpretive strand is inseparable from the human condition. Therefore, we find this philosophical stance also informs interpretive approaches to research.

Social Constructivism

Understanding is also a “part of the constructivist paradigm, which is considered synonymous with the interpretive approach” (Creswell, 2003 as cited in Lukenchuk, 2013, p. 69). Social constructivism allows the researcher to seek understanding of the world in which the participants live, work, and study (Creswell, 2013). Social constructivism asserts subjectivity of meaning ascribed by the participants and grounded in their lived experiences (Creswell, 2013). The lived experiences are not only imprinted on individuals but are also formed by interactions with others, and for this reason,
socially constructed (Creswell, 2013). In other words, “knowledge is created through personal experiences and social interaction (Pelech, 2013, p. 21). Using this approach, as the researcher, I developed a pattern of meaning from the participants’ points of view. Be mindful, the goal of this study was to rely on the participants lived experiences that led them to graduate successfully from this RN to BSN program.

In the constructivist paradigm, the researcher presents broad questions so the study participants are able to construct the meaning of the situation. For this study, the meaning of the situation was formed when interacting with others in the program. The more open-ended the questions, the better, because the researcher will listen carefully to what the participants do and say regarding the setting and attempt to make meaning. Creswell (2013) explained that constructivist research can often address the “process” of interactions among individuals (p. 25). This researcher focused on the specific “context in which people live” in order to make meaning of the setting from the participants’ points of view (p. 25). However, it is significant for researchers to be aware their own backgrounds can shape their interpretation, and thus should “position themselves in the research” to acknowledge how their own personal, cultural, and historical experiences play a role in the interpretation process (Creswell, 2013, p. 25). Therefore, as advised by Creswell (2013), it was my intent to make an interpretation of what I found while collecting data for this case and then make sense of (or interpret) the meaning from the participants who successfully graduated from the RN to BSN.

Several theories aligned with social constructivism are particularly relevant to this study: Knowles’ (1990) basic assumptions of andragogy adult learning theory, Tinto’s (1975, 1987, 1993) retention model, Shelton’s model of Nursing Student Retention
(2012), Jeffreys’ (2004, 2012) model of nontraditional Nursing Undergraduate Retention and Success (NURS); and Jeffreys’ (2012) HOLISTIC COMPETENCE acronym. The combination of each of these theorists formed the basis for the line of questioning used in my interview guide.

**Adult Learning Theory**

First, in order to retain adult students, it is imperative that educators understand how best those students learn and how they want to be treated as adult students. Knowles’ (1990) theory of andragogy explains the specialized learning needs of the adult student and supports the importance of self-direction for the adult student (Knowles, 1990). This theory identifies six characteristics of the adult learner (Knowles, 1990):

1. *The need to know*: Adults must understand why they are required to know something before they become willing to invest time to learn it.

2. *A responsible self-concept*: Adult learners have a psychological need to be both self-directed and accountable for their own decisions.

3. *A wealth of life experience*: Adults have an extensive depth of experience that serves as a critical component in the foundation of their self-identity. They bring life experiences to the learning environment; furthermore, they find more value in experiential learning than in passive learning. In addition, each learner is a resource for the rest of the group, and he or she becomes a part of the instructional process.

4. *Readiness to learn*: They are ready to learn. As most adult learners return to college voluntarily, they are likely to engage actively in the learning process.
5. *Orientation to learning:* The direction of the learning process is problem- and performance-centered, focused on resolving the learners’ current, real-life needs through the development of new knowledge.

6. *Motivation:* They are task-motivated. Adult students returning to college attend for a particular goal, and the primary component of their motivational drive tends to be internal. The strongest motivators for adult learners are increased self-esteem, greater job satisfaction, and improved quality of life (Knowles, 1990).

Adult learners may have real-life experiences (good and bad) that contribute to their learning. They also thrive on collaboration and cooperation among students, faculty, and peers through a learner-centered curriculum that is infused with adult learning principles (Allen & Armstrong, 2013; Zmeyov, 1998). Therefore, as suggested by Cangelosi (2007b), nursing faculty who educate accelerated RN to BSN nontraditional students should allow unique individuals to learn in an environment that would suit their own learning style and needs. As an example, Cangelosi (2007a) pointed out that nursing faculty must attempt to incorporate the accelerated student’s background and build on it as a strength. To do this, nursing educators will need to continually rethink courses and program outcomes, investigate ways to build on the student’s formal knowledge, and examine environmental trends that meet the adult RN to BSN unique needs (Allen & Armstrong, 2013). This may also help other students in the cohort to appreciate the challenges faced by their peers and gain a better understanding of how they can overcome their own challenges. RN to BSN nurse educators must recognize that the adult learner brings different learning styles and life experiences to the classroom environment. These
differences may be critical foundations for future success, or may become deeply ingrained beliefs or attitudes which may, unfortunately, impede success in the academic environment (Duffy et al., 2014; Kenner & Weinerman, 2001).

**Tinto’s Retention Theory**

Although not commonly found in nursing literature, Tinto’s retention theory is also one of the most accepted theories addressing student retention issues. Tinto (1987, 1993) contends that the institutional environment (the university and program) is as critical to student retention as are the academic or financial implications. Furthermore, student integration of academics and the social components of the campus are more predictive of retention and completion than any other factor (Tinto, 1993). Consequently, student departure is reflective of individual experiences in relation to the total culture of an institution, both informal and formal, and the sense that individuals connect to these experiences (Tinto, 1993, 2012).

**Shelton’s Model of Nursing Student Retention**

Shelton’s model of nursing student retention is a unique synthesis of both Tinto’s (1993) theory of student retention and Bandura’s (1997) theory of self-efficacy (Shelton, 2012). Tinto’s (1993) theory is centered on students’ integration into an academic institution’s community and how they fit in. According to Tinto (1993) (as cited in Shelton, 2012), in order for integration to actually occur among these students and their environment, they must believe their goals, values, and abilities are similar to others within the community (home, work environments, program or the university). Tinto surmises integration is evident when the student perceives that the benefits of persisting within this community outweigh the cons of not persisting and, therefore, decides to
remain in school (Shelton, 2012). Conversely, Bandura’s (1997) (as cited in Shelton, 2012) theory offers more of a psychological perspective to understand what happens within a system and how this affects the student. It is important to note, Bandura does not explicitly speak of nursing student retention; however, Shelton was able to depict the application of Bandura’s theory to the specific outcomes of student retention by utilizing both the psychological and sociological perspectives found in Bandura’s work (Shelton, 2012).

According to Shelton (2012), student retention is the result of two outcomes, namely, persistence (choosing to remain in school) and adequate academic performance (achieving the educational standards required to stay in a program and ultimately graduate). Shelton (2012) values specific variables to help identify if a student will persist, and these variables are:

- student background variables, including variables that have influenced the student’s academic performance in the past, in addition to factors within the student’s current environment;
- internal psychological processes (for example, if a student believes success is possible but does not find the payoffs after graduation are worth the effort, persistence is not likely);
- external supports (include external support which helps a student persist and be successful academically);
- Interaction of all three as listed above. (Shelton, 2003)
Jeffreys’ Model of Nursing Undergraduate Retention and Success (NURS) and HOLISTIC COMPETENCE

Jeffreys’ (2004, 2012) model of Nursing Undergraduate Retention and Success (NURS) as noted previously, has since been renamed Nursing Universal Retention and Success model (Jeffreys, 2015), and Jeffrey’s (2014) HOLISTIC COMPETENCE acronym offers additional insights into understanding the issues surrounding nursing student retention. Although Jeffreys’ NURS model is better served in a quantitative study, it still can be useful for the reasons that it is the first nursing model dedicated to better understanding specific retention issues surrounding nursing students. For instance, the NURS model specifies that retention is based on interactions with student profile characteristics, student affective factors, academics, the environment, as well as professional integration (Jeffreys, 2004). These factors contribute to both academic outcomes and psychological outcomes and as a result, the model can be utilized for nontraditional nursing students as well (Jeffreys, 2004 2012). Jeffreys (2014) stressed that a new challenge today when looking at student retention “is to reach beyond minimal expectation” and move toward “optimizing student outcomes” (p.164).

Jeffreys (2012) also encouraged educators to not merely narrow the definition of success to include retention versus attrition, but rather to adopt a more holistic view. Jeffreys instructed educators to consider using an acronym she developed called HOLISTIC COMPETENCE, which stands for human connectedness, optimization, learning-centered, individualized, scientifically based, teamwork, integrated, and creativity (Jeffreys, 2012). Mostly, Jeffreys’ (2012) HOLISTIC COMPETENCE acronym addresses student success by breaking down specific categories in order to comprehend both the individual student’s needs and the school’s or program’s obligation
to facilitate the students’ ability to reach completion. The theoretical discourse of this study is illustrated in Figure 4.

Figure 4. Theoretical discourse of the study.

**Research Design: Case Study Exploration**

A case study is the most appropriate methodological approach to this study in that it provides an in-depth exploration of a bounded system based on the extensive information collected while studying the case (Creswell, 2009, 2012). Case study
“investigates a contemporary phenomenon (the case) in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident” (Yin, 2014, p. 16). I concur with Graebner and Eisenhart (2000) (as cited in Hesse-Biber & Leavy, 2011) who claimed that a case study is more of a research strategy than a methodology. Hesse-Biber & Leavy (2011) further suggested that a case study is not a method or methodology, but rather is “an expansive field within the qualitative paradigm” (p. 257). Stake (2005) (as cited in Hesse-Biber & Leavy, 2011) supported this opinion by explaining a case study is a decision about what is to be studied and not necessarily a methodological decision, even though it can guide how an inquiry proceeds. Stake (2006) also proposed that the case investigator needs to generate a visual of the case in order to portray the case so others can see. In some ways, the case is “dynamic. It operates in real time. It acts purposively, encounters obstacles, and often has a strong sense of self” (p. 3). Simon (2009) (as cited by Hesse-Biber & Leavy, 2011) built upon Stake by explaining:

The case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a real-life context. It is research-based, inclusive of different methods and is evidenced-led. The primary purpose is to generate in-depth understanding of a specific topic . . . programme, policy, institution or system to generate knowledge and/or to inform policy development, professional practice and civil or community action. (p 256)

Van Whnsberghe and Khan (2007) (as cited in Hesse-Biber & Leavy, 2011) clarified that the case study approach has no assigned discipline or pragmatic orientation
and can be conducted from any theoretical approaches. It is important to recognize the case is comprised of internal boundaries (the department) as well as outside boundaries of the case (the environment and external factors surrounding the participants). It was my responsibility, as the case researcher, to consider the multiple features surrounding the case and select the few important components to examine in more depth. In order to study the case, I carefully examined all the components and their functions; however, as instructed by Stake (2006), my first objective was to understand the case, and through my understanding, generate meaning and as a result, create a better understanding of the nursing program and the University.

The features of this case study involved:

- coping with the situation in which there were many more variables of interest than data points;
- relying on multiple sources of evidence, with the data needing to converge using triangulation;
- benefiting from prior development of theoretical propositions to guide my data collection and analysis. (Yin, 2015)

Stake (1995) (as cited in Creswell, 2013) explained that in a single intrinsic case study, the research will focus on a subject matter (e.g., student success) and then select one bounded case (e.g., the RN to BSN program) to illustrate or make meaning from the case. The intent of this intrinsic qualitative case study was to illustrate the unique components of the case. These components could be responsible for helping facilitate an adult students’ ability to complete the accelerated RN to BSN program successfully. Additionally, I intended to obtain in-depth understanding of the contributing personal
characteristics of these individuals, what role, if any, the department or university play in a student’s ability to complete, and comprehend how these students meet the challenges, if any, along the way.

**Research Site: History and Background of the Institution and the Program**

Stake (2005) highlighted that a case study is a multipart entity embedded in a number of contexts or background, making historical context almost always of interest (as cited in Stake, 2006). This case study examined the nursing program at Benedictine University, a Midwestern private, faith-based, comprehensive, 501(c) institution of higher education. At the time of this study, the University was accredited through the Academic Quality Improvement Program (AQIP) by the Higher Learning Commission (HLC) of the North Central Association (NCA) of Colleges and Schools. The institution was initially founded in the late 1800s by its Roman Catholic founders from the Benedictine order and originally was open only to men (Benedictine University, 2016a). Women joined the student body toward the end of the 1960s, and St. Procopius College was renamed Illinois Benedictine College in the early 1970s. In response to the community’s needs, the institution added graduate, doctoral, and adult programs and was again renamed Benedictine University in 1996 (Benedictine University, 2016a).

This organization belongs to the Association of Catholic Colleges and Universities, which includes organizations dedicated to the Benedictine traditions of education and hospitality (Benedictine University, 2016a). The University was grounded in the founding religious order and its members based their lives and work on *St. Benedict’s Rule for Monks* (Fry, 1982). Appreciating this, the University strove to develop an academic community that supported each person in the pursuit of knowledge,
personal development; a life lived in balance, and the exercise of hospitality towards others (Benedictine University, 2016a). Students of the University were expected to obtain disciplinary knowledge, communication skills, problem-solving skills, social responsibility, global perspectives, and self-direction and personal growth (Benedictine University, 2014).

Benedictine University’s main campus is located 30 miles outside of Chicago, Illinois. The University has two branch campuses and also has a presence in Asia. The institution offered 55 undergraduate majors, 17 graduate programs, and four doctoral programs and it collectively enrolled nearly 10,000 students (Benedictine University, 2016a). However, the focus of this case study was centered on the registered nurse (RN) to bachelor of nursing in science (BSN) accelerated degree completion program located on the main Lisle campus.

The RN to BSN Nursing Program

The University’s Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) Completion program began in 1980. The RN to BSN program offer the registered nurse, who had earned an Associate Degree in Nursing (ADN), an adult accelerated program in which to complete a BSN. The program use a cohort model with convenient evening hours and is accelerated, offered in one calendar year. The professors travel offsite to provide instruction at the partner community colleges. In addition, tuition lowered to match community college pricing and public in-state tuition (Libner et al., 2012). At the time of this study, the program was accessible at seven offsite locations in the surrounding area and growth plans existed that would expand the offerings to other community colleges in 2017.
The program follows a Systematic Evaluation Plan (SEP) in assessing program
effectiveness, which is driven by the mission, goals, and expected outcomes identified by
the University and the department (Benedictine University DONH, 2014, 2015, 2016).
The data collected in the SEP included information for a three-year period and were
updated annually, matching the University Action Plan. Several sources of data were
used to assist the RN to BSN program in this evaluation process. Some of the sources of
data gathered by the program included:

- Individual Development and Educational Assessment (IDEA) surveys that
  rate students’ evaluation of instruction,
- IDEA Group Summary Reports,
- coordinator/chair-facilitated open student forums,
- student feedback,
- New Student Orientation surveys,
- alumni surveys,
- AACN/EBI/Skyfactor Benchworks Exit Alumni and Employer Surveys,
- Institutional Annual Alumni Surveys,
- Institutional Annual Alumni Undergraduate surveys,
- BenU Graduate Fair employment surveys, and
- other quality improvement (QI) projects developed at the program level to
  monitor feedback for program improvement initiatives.

Some of these sources of data, along with student interviews, were thoroughly examined
as essential components to understanding what constitutes student success in this RN to
BSN program.
Graduation rates for the program were calculated as a range for each of the cohorts collectively. Having a defined graduation rate calculation is a requirement of CCNE. The calculation rate for this program included:

The lower limit of the range equals the number of students graduated divided by the number of students admitted to the cohort. The upper boundary of the range equals the number of students graduated plus students in progress towards graduation divided by number of students admitted to the given cohort. (Libner et al., 2012, p. 70)

According to the Coordinator of BSN Student Advising for the department, as of July 2014 the graduation rate for the program hovered around 78% (Pace, 2014), and at the time of this study, it was reported to be 85% (Lange, 2016). It was identified that many of the students could complete the nursing cohort courses within one year, but some did not complete the remaining baccalaureate general education requirements (C. Pace, personal communication, July 25, 2014).

CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2013) require nursing programs to demonstrate, in Standard IV, the “achievement of required program outcomes regarding completion” (p. 17). For each degree-seeking program,

- the completion rate for each of the three most recent calendar years is provided,
- the program specifies the entry point and defines the time period to complete,
- the program describes the formula it uses to calculate the completion rate, and
the completion rate for the most recent calendar year is 70% or higher.

(CCNE, 2013, p. 17)

However, as learned in my internship project, it is important to note CCNE clarifies that a program may exclude from its completion rate data “students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education” (CCNE, 2013, p. 17). Many of these factors are present in the adult student subpopulation, making the CCNE recommendations even more meaningful and proving why it is imperative to know exactly why students depart from a program so that accurate completion rates can be calculated.

In general, accreditation focuses on both the quality of professional education programs as well as on the quality of educational programs within an institution (CCNE, 2013). Respecting this process was valuable when reviewing the multiple sources of data for this case.

**Research Participants**

Qualitative research involves gaining permission to study the site in a way that will enable the easy collection of information (Creswell, 2013). This required obtaining permission from the University’s institutional review board as well as individual nurses who had successfully graduated from the program. For this case study, 10 participants were identified through purposeful sampling. In purposeful sampling, the investigator intentionally selects individuals and a site that best help the researcher to understand the phenomenon (Creswell, 2012). In order to develop as many perspectives as possible, the sampling strategy selected to build complexity into the research was maximal variation
sampling. In maximal variation sampling, the researcher sampled individuals within the case that differed on some characteristic or trait (Creswell, 2012). In order to support this strategy, I attempted to include study participants who came from a variety of different cohorts and varied in ages and ethnic backgrounds.

Even though Benedictine University is mentioned in the study, all study participants were assigned an alias and their identities were strictly protected. Inclusion criteria for the subjects were adult students who had successfully graduated from the accelerated RN to BSN program. Because the program followed a Systematic Evaluation Plan (SEP) in assessing program effectiveness, where data collected include information for a three-year period, all participants had graduated from the RN to BSN program within three years, between 2012 and 2015.

**Data Collection and Analysis Strategies**

Case study research typically involves extensive and multiple sources of data. The sources of data for this case included in-depth, semi-structured interviews, institutional documents; and my extensive researcher field notes.

**Interviews**

The primary source of the data collected was through in-depth, semi-structured interviews. Typically, researchers who utilize this approach are looking for patterns that emerge from “think descriptions” from the memories or perceptions of the participants (Hesse-Biber & Leavy, 2011, p. 94). Because the interview questions were designed as semi-structured, I expected both markers and probes to be interjected during questioning as needed in order to dig deeper. A marker is a way of showing the participant that you are interested in what he or she is saying, whereas a probe is the investigator’s way of
getting a participant to continue what they are saying (Hesse-Biber & Leavy, 2011). In a semi-structured interview, the researcher also relies on a certain set of questions outlined in the interview guide. The interview guide (see Appendix A) directed the conversation, so it loosely remained on the topic at hand, but at times, took on a life of its own (Hesse-Biber & Leavy, 2011). The goal of the interviews was to gain a richer understanding of the experiences of participants who had successfully completed an accelerated RN to BSN program. The intent of the data collected, using line-by-line scrutiny, was to capture aspects surrounding the participants’ interpersonal strengths, support systems, and the characteristics that assisted in their ability to successfully complete an accelerated RN to BSN program.

**Program and Institutional Documents**

Yin (2014) pointed out that in case study research, the most significant use of documents is to help corroborate evidence from other sources. The aggregated documents gathered by the program and available to me for this case study included the AACN/EBI/Skyfactor Benchworks Alumni Exit Survey data from three years (2012–2013, 2013–2014, 2014–2015), along with 10 alumni student interviews. These documents were selected to be thoroughly examined as essential components to understanding what constituted student success in this RN to BSN program.

**Field Notes**

Another important source of data to better understand this case was my field notes. Yin (2014) predicted that the researcher’s field notes are likely to be the most common component of a case study database. My field notes were a collection of the interview notes, my observations, my review of the programs documents as evidence, and
my on-going self-reflections. In addition, Yin (2014) recommended that the only essential characteristics of field notes are that they “be organized, categorized, complete, and available for later access” (p. 125). Respecting Yin’s advice, my field notes were organized into the generated themes that emerged and will be kept confidential.

Data Analysis

Coding and themes identification are typical steps in qualitative data analysis. To Hesse-Biber & Leavy (2011), the specific act of coding consists of creating a title or “label” for a segment of data text that captures its meaning. The aim of coding is then to decontextualize the words into meaningful chunks of “coded material” (Hesse-Biber & Leavy, 2011, p. 270). Creswell (2012) explained that coding is the qualitative process where the investigator makes sense out of the words (data text), then divides the text into segments, assigns a label to each segment, looks for overlap and redundancy, and finally, collapses the codes into generated themes.

The interviews for this case were painstakingly transcribed by me, and major and subthemes were extracted using the aforementioned coding techniques. In addition, text data collected from program documents were analyzed, looking for a convergence of themes to triangulate the evidence. To increase rigor, I attempted to layer the generated themes by building on major and minor themes. The process of coding began during the interview process in my field notes, then immediately after the interviews in my reflective memos, and then throughout the entire analysis of all case study material until I was confident the generated themes helped me to make meaning of the phenomena and saturation had been reached.
Researcher’s Self and Reflexivity

In 2016, qualitative research writing strategies are considered more self-disclosing than they were just a few short years ago. In fact, no longer is it expectable to be a distant, omniscient qualitative writer (Creswell, 2013). For example, many modern qualitative investigators acknowledge that “the writing of qualitative text cannot be separated from the author, how it is received by readers, and how it impacts the participants and sites under study” (Creswell, 2013, p. 215). Gilgun (2005) (as cited in Creswell, 2013) supported this vision by explaining qualitative writings are constructions, or representations of an interactive process between the researched and researcher.

My curiosity in understanding why adult nursing students are able to successfully complete an accelerated RN to BSN program, and the fact I teach in the program (the case) are an advantage and disadvantage in my study because of my potential for bias. In qualitative research, the concept of bias can be viewed as a problem to be managed, as well as a threat to the credibility of a study (Roulston & Shelton, 2015). Being aware that my biases could crop up at any point required a constant reality check throughout the dissertation journey. It has been said, using our “common sense” as a form of inquiry has a set of biases that can prevent us from getting at the knowledge we seek to uncover (Hesse-Biber & Leavy, 2011). I was attentive that my “common sense” did not merely see or seek out the information that belongs to “my point of view” (Hesse-Biber & Leavy, 2011, p. 33). Fine (2006) suggested that graduate students who are “too close to the topic” need to cross-examine why they are studying the topic; identify what in their own biography, or curiosity, or sense of responsibility spurs the questions being asked; as well as identify whose perspectives will be selected as privileged, negotiated, and or
silenced (p. 90). In addition, the graduate student should constantly explore her or his fears, anxieties, guilt, and responsibilities as the student develops a research framework (Fine, 2006), and this is what I did throughout the dissertation journey.

Reflexivity is a tool used by researchers to help them recognize, examine, and understand how their own assumptions and social background can intervene in the research process (Hesse-Biber & Leavy, 2011). Because I am employed at Benedictine University and have instructed the study participants (forming personal relationships), it was essential for me to appreciate that I am a product of this case (or society and structures within this case) just as much as those who agreed to be researched. Hesse-Biber and Leavy (2011) noted that researchers, at some point in the process, will need to become aware of how they are both similar and different from their study participants. For this reason, it was important for me as the researcher to be aware of my “position” in the study as well as my biases, values, and experiences and be able to recount the set of attributes I bring to the study. For example, my personal characteristics, my own educational pathway, and the assorted challenges I have experienced while trying to balance my doctoral studies, my career as a full-time faculty member and nurse practitioner, as well as the numerous (and blessed to have) family commitments.

It has been said by Creswell (2013) that reflexivity has two parts. The first part is where the researcher talks about her experiences with the phenomenon being explored. This exploration includes discussing past work experiences, schooling, and family. The second part includes a discussion of these past experiences that shaped my interpretation of the phenomenon. Creswell (2013) admitted that the second part is often overlooked by researchers, but that this portion is actually:
[This portion is actually] the heart of being reflective in a study because it is important that the researcher not only detail his or her experiences with the phenomenon, but also be self-conscious about how these experiences may potentially have shaped the findings, the conclusion, and the interpretations drawn by the study. (p. 216)

In order to complement the lessons of reflexivity, I also collected my data at different intervals. As recommended by Hesse-Biber and Leavy (2011), I collected data along the way and asked myself questions in the process about the data collected. I wrote up a short memo on what the interviews and other artifacts from the case meant for my general case study questions. This process allowed me to build a “conceptual structure” of the case so that it is grounded in the data, also again, allowing me to keep track of the data and be able to identify when saturation had been reached (Hesse-Biber & Leavy, 2011, p. 271).

**Validation Strategies and Trustworthiness of the Research**

Obtaining validity in qualitative research is not a specific entity or goal that an investigator can simply accomplish. Validity is more of “a process whereby the researcher earns the confidence of the reader that he or she has gotten it right”; in other words, “trustworthiness takes the place of truth” (Hesse-Biber & Leavy, 2011, p. 48). Validation within the interpretive approach focuses on the importance of the investigator. Angen (2000) (as cited in Hesse-Biber & Leavy, 2011) specifically noted validation is based on negotiations and dialog with participants, while the temporal component of interpretation is always open to reinterpretation. Creswell (2013) further explained the term validation emphasizes a process rather than verification, which has quantitative
undertones. For this reason, a framework for thinking about qualitative validation is then to suggest researchers “must employ acceptable strategies to document the accuracy of their studies” and this Creswell calls “validation strategies” (Creswell, 2013, Ep. 250).

Elliott and Timulak (2005) claimed that there are three key aspects generally found in qualitative interpretive research:

1. Qualitative research generally does not have pre-existing categories for sorting data; it has a focus. The focus is said to be naturally driven by the investigator in her or his research questions. At the same time, encourage constructive critique, and be open to reassessment of the chosen focus. By incorporating this process, the researcher must be open to the fact the data may begin to point in a new or different direction.

2. Qualitative interviews give the power to the respondents, making them a co-researcher. The interviewer attempts to do this by empowering the participants to take the lead and point out important features of a phenomenon (as well as suggest improvements in the research procedure).

3. Employ triangulation strategies when utilizing multiple sources of data. This strategy can bring a richer, balanced depiction of the phenomenon as well as a cross-validation method. (Elliott & Timulak, 2005)

In qualitative research, establishing validity comes from the analysis procedures of the researcher. Through their account of the data collection material, the investigator must be able to demonstrate the material reported is credible and trustworthy. However, the challenge to qualitative validation is that there are many tools available, making it difficult to know which approach is the best to adopt (Creswell & Plano Clark, 2011).
Triangulation

For this qualitative case study, one essential validation strategy selected to increase my validity was triangulation. In triangulation, the investigator attempts to examine multiple sources of data in order to find similarities between the research findings. Hesse-Biber & Leavy (2011) referred to this type of triangulation as “data triangulation” (p. 51). For this case study, I incorporated triangulation techniques in order to ensure a richer, well-developed understanding of the phenomenon. Certainly, all measures of validity are not without issues; but following stringent validity practices can help move our research toward a more systematic practice of rigor and trustworthiness (Hesse-Biber & Leavy, 2011). Moreover, the major strength of a case study data collection is the opportunity to incorporate multiple sources of data. In effect, it has been alleged, using “multiple sources of evidence far exceed that in other research methods, such as experiments, surveys, or histories” (Yin, 2014, p. 119).

In an attempt to demonstrate a connection between the multiple sources of data, I illustrated the convergence of evidence in a table (see Table 11). This was significant given that developing convergent evidence, in data triangulation, can help to strengthen the “construct validity” of my case (Yin, 2014, p. 121). In addition, using multiple sources of evidence helped provide a measurement of the same phenomenon (what constitutes student success) and by finding the convergence of data, I was able to assume “a single reality” (Yin, 2014, p. 122). However, by incorporating a qualitative approach, in which I present the case from the participants’ diverse perspectives’ while deliberately attempting to triangulate multiple sources of data, I needed to be prepared that my result would challenge my original assumptions.
Member Checking

To validate the results, another strategy I used was member checking. Member checking is a frequent approach employed by qualitative researchers in which the transcripts and reflections from the interviews are taken back to the study participants to review. The participants were then requested to authenticate the accuracy of the conversation by asking them if the findings were an “accurate reflection of their experiences” (Creswell & Plano Clark, 2011, p. 211). Member checking as a strategy is considered by Lincoln and Guba (1985) to be “the most critical technique for establishing credibility” (p. 252). When I took the transcriptions to my participants, I was able to confirm the accuracy of the discussions as well as any components that could be missing.

In addition to member checking, review of the triangulated themes extracted from the department documents by a critical insider also added rigor to my analysis. Having a critical insider (mainly the department chair) was important to ensure my data collection of these documents was accurate and trustworthy. The program chair served as my gatekeeper and as someone who understood and who could explain some of the details archived.

Thick Description

The final validation strategy used for this case study was rich and thick description. According to Stake (2010) (as cited in Creswell, 2013), thick description means the investigator provides “abundant, interconnected details” from the case by using quotes from the respondents as well as details extracted from program documents (p. 252). Using thick description gave the reader the ability to infer the accuracy of my connections. In addition, incorporating detailed description in my analysis allowed my
readers to interconnect the information to other settings as well as determine if my findings can be transferred to other cases because they contain similar characteristics (Creswell, 2013).

**Summary**

The nation's Magnet hospitals, which are known for *nursing excellence* and offering better-quality patient outcomes, now require all nurse leaders and nurse managers to hold at minimum of a BSN or graduate degree in nursing. Today, institutions that apply for Magnet designation must also demonstrate they have an established plan to meet this goal so as to achieve IOM’s recommendation that 80% of the nursing workforce will be prepared at the baccalaureate level by 2020 (AACN, 2015b; IOM, 2010). In reaction to the IOM Report and the projected nursing shortage outlined in the literature review, nursing programs are being pressured to grow their programs quickly, admit as many qualified applicants as they can, streamline curricula, and ultimately attempt to graduate more nurses as rapidly as possible (Weitzel & McCahon, 2008). Additionally, nursing programs are required to foster strategies to help students reach completion (Jeffreys, 2014; Weitzel & McCahon, 2008). New data confirm that nursing programs are responding to this pressure and as a result, all levels are experiencing an enrollment surge (Buerhaus et al., 2016). However, it is important to mention that the pathway to educational advancement for the RN to BSN completion student still continues to be confronted with obstacles (Allen & Armstrong, 2013) and as a result, there still remains a sizable percentage of adult RN to BSN students where completion is never obtained.
When discussing the retention and attainment of qualified nursing students, it is important to review all the challenges inherent in admission practices, such as graduation standards, retention data, as well as progression figures (Adams, 2014). The analysis of literature in chapter two revealed that higher education seems to have a good understanding of why many adult nursing students leave an institution, (family obligations, relocation, financial barriers, and decisions to change to a different nursing degree program), but the question generated from the work completed in my doctoral internship project still exists—what makes the adult RN to BSN nursing student successfully complete a program?

One avenue available for higher education that may help garner a better understanding of the student attainment phenomena is to conduct a comprehensive case study of their program and practices. Therefore, in an attempt to seek an in-depth understanding of this particular phenomenon, I studied how students successfully graduate from an accelerated RN to BSN nursing program by utilizing a qualitative case study approach. I explored the aspects surrounding RN to BSN student retention at Benedictine University and the components that help these students reach completion. The external factors that have to do with successful completion rates, the unique individual characteristics of these students, as well as the particular program and institutional components that contribute to students’ ability to successfully complete an accelerated RN to BSN completion program were examined.

Much of the current retention research uncovered in the literature review follows a quantitative research design. However, utilizing qualitative methods allowed me to seek answers to my research questions in ways not possible in quantitative paradigms.
Specifically, by using the case study approach, which is closely aligned with an interpretive paradigm, helped emphasize the importance of creating thick descriptions of the participants’ lived experiences in order to understand the meaning of their experiences. Hesse-Biber & Leavy (2011) noted that using the different tools available to the qualitative researcher “allows us to access, interpret, and represent diverse and complex dimensions of social life” (p. 362).

By examining this particular case, using multiple sources of data, and thoughtfully considered validation criterion, it was my expectation that I would uncover valuable data that showcase how this particular RN to BSN program fosters student success in the adult student subpopulation. In addition, it was my goal to ensure that the results of this case study, gained through the research process, offered transferability to other programs at this University and beyond.
CHAPTER FOUR: SETTING THE STAGE FOR DATA ANALYSIS

Introduction

A case study approach provides the investigator with a “holistic understanding of a problem, issue, or phenomenon within its social content” (Hesse-Biber & Leavy, 2011, p. 256). The primary purpose is to generate in-depth understanding of a topic, program, policy, institution, or system in an effort to generate knowledge so we can inform policy development and impact professional practice (Hesse-Biber & Leavy, 2011).

Additionally, Hesse-Biber and Leavy (2011) disclosed that case study research “allows for a high complexity and nuanced understanding of the subject of inquiry” (p. 257). The intent is to construct understanding by addressing the research questions and triangulating thick description, along with researcher “interpretations of those descriptions in a ongoing iterative process” (Stake, 2005, p. 257). By incorporating this approach, it was my aim to add understanding to the components that support a student’s ability to complete the RN to BSN program at Benedictine University.

This study explores the aspects surrounding RN to BSN student retention at Benedictine University and the components that help students to reach completion. Typically, case study research involves extensive and multiple sources of triangulating data (see Figure 5). The sources of data examined for this study included in-depth, semi-structured interviews with participants’ who have successfully completed the RN to BSN program as well as analytic memoing, extensive field notes, and institutional survey data. Triangulation means making use of multiple sources of data and theories to corroborate
all the evidence collected (Creswell, 2013). This process permitted me to substantiate the themes generated from the interviews and from the RN to BSN student body at large. The “student body” included all student cohorts from the past three years that responded to the exit survey, and had successfully graduated from the RN to BSN program. The primary data for analysis collected from the 10 in-depth, semi-structured interviews were supported by the analysis of the institutional documents (exit surveys) that contributed to triangulation and, therefore, strengthened the credibility of the research findings. An integrated data analysis allowed me to create a more holistic description of the participants’ lived experiences and the components that helped them reach completion.

*Figure 5. Integrated data analysis process.*
The data analysis of this study comprises two chapters. Chapter four sets the stage for data analysis by introducing the program and analyzing instructional documents. The institutional documents consisted of student exit surveys previously collected by the department between January 2012 and December 2015. Select survey items from within these exit survey results were extracted and recorded in tables. Chapter five presents the thematic analysis of the interviews. Interwoven into the analysis are descriptions of the themes that emerged during the first interactive stage of coding the documents. Chapter five concludes with a summary of the research findings and these findings are represented in graphs.

**Description of the RN to BSN Program**

As introduced previously, the RN to BSN program was located within the College of Education and Health Services (COEHS) at Benedictine University, Lisle IL. Although the RN to BSN program has undergone several revisions, the initial launch occurred in 1980. The nursing program had cohorts that also served the Springfield Central Illinois region; however, only participants who were members of cohorts at or near the main campus were included in this case study analysis.

The program used an accelerated cohort model, with convenient evening hours, and most classes were scheduled to run over five weeks. The individualized program of study allowed the student to complete a total of 37 semester hours in the Nursing major and core courses within 12 months. Members of the faculty traveled offsite to provide instruction at the University’s partner community colleges. Also, tuition was lowered so as to match community college pricing and public in-state tuition (Libner et al., 2012).
The program is described on the program page website as being convenient, affordable, personal, and flexible. The particular highlights of the program include:

- **Convenient**: Classes held at multiple locations near Benedictine's campus. The program is specifically designed for the working R.N., who is juggling multiple life priorities. The accelerated format allows registered nurses to complete a total of 37 semester hours in the Nursing major and core courses within 12 months.

- **Affordable**: Benedictine University provides a private education at a tuition rate that is competitive with community college and state universities. In addition, financial aid and scholarship opportunities are available to the full-time student.

- **Personal**: The RN to BSN program values and builds upon the experience and knowledge of the registered nurse who will progress as a member of a learning team. In the program, students have the opportunity to participate in student governance and an individualized academic plan created for each student and presented on a one-to-one basis.

- **Flexible**: Classes offered in the evenings. Courses are web-enhanced, and students have three years to fulfill program requirements. Students progress through courses in an accelerated learning team (Benedictine University College of Education and Health Services [COEHS], 2016)

### Analysis of Institutional Documents Regarding Program Effectiveness

The program followed a Systematic Evaluation Plan (SEP) in assessing program effectiveness. The SEP is driven by the mission, goals, and student expected outcomes of
the nursing department and aligns to the University (Benedictine University DONH, 2014, 2015, 2016). The material recorded in the SEP document contains information from over the three-year period of 2012 to 2015. The SEP is fluid, meaning segments of the tool are updated monthly by faculty, and any updates or changes are reported at department meetings. Since the SEP follows a three-year lifecycle, data collected for the case study paralleled the same time-span.

There are many different data points within in the SEP to assist the RN to BSN program in evaluating program effectiveness. Given the sheer volume of data collected at the program level, one challenge I encountered was narrowing down key program documents to incorporate in the study. Following the advice of the program chair, who served as “gatekeeper” for this case study, I focused my attention on the institutional documents of the Student Exit Surveys that were gathered over the years 2012-2015. Particular survey items (or survey questions) were selected because they were most relevant to the research questions for the study. In doing so, the analysis of this data assisted me with a deeper understanding of what enables students to successfully complete an accelerated RN to BSN program at a Midwestern, faith-based, private institution.

**Student Expected Outcomes**

In alignment with the Commission on Collegiate Nursing Education (CCNE) for Accreditation of Baccalaureate and Graduate Nursing Programs, the RN to BSN program identified the program outcomes (student, alumni, and faculty) as evidence to evaluate program effectiveness (Benedictine University COEHS, 2016). The student outcomes within the program include: the Program Completion and Employment rates; the
Achievement of Benedictine University Undergraduate General Education Goals; achievement of expected student learning outcomes, as well as the satisfaction with courses and instruction and the satisfaction with overall program effectiveness (Benedictine University COEHS, 2016). Data collected on program effectiveness were drawn upon to foster ongoing program improvement initiatives. According to the SEP, it was identified that the actual aggregate student learning outcomes were consistent with the mission, goals, and the expected student outcomes and these outcomes met the benchmarks set by the program (Benedictine University DONH, 2016).

**Institutional Exit Survey Data**

The RN to BSN program at Benedictine University participated in the American Association of Colleges of Nursing and Educational Benchmarking Inc. (AACN/EBI) Undergraduate Nursing Education Exit Assessment. In 2015, the 2014–2015 survey name was changed to AACN/Skyfactor Benchworks Undergraduate Nursing Education Exit Assessment. In partnership with AACN, Skyfactor Benchworks Inc. designed assessment survey tools based on CCNE standards of accreditation. Rigorous research-based assessment can empower educators to influence student retention, success, learning, and satisfaction to improve the overall quality of the college student experience (American Association of Colleges of Nursing and Skyfactor Benchworks [AACN/Skyfactor Benchworks], 2015, p. 1). For these reasons, specific questions from the exit surveys that speak to the research questions were included as supportive evidence. This approach was applied in an effort to triangulate the data analysis of the responses to the exit surveys (AACN/EBI, 2013, 2014, AACN/Skyfactor Benchworks, 2015) and the thematic analysis of the interviews. Because the SEP is appraised for a
three-year period, survey data from the following years were included in this case study:

All RN to BSN students who graduate from the program are invited to participate in the AACN/EBI and AACN/Skyfactor Benchworks Student Exit Survey, including the cohorts located in Springfield, IL. Therefore, it is important for the reader to understand that the results reported in the survey data do not exclusively represent the cohorts’ serving the main campus in Lisle, IL.

The following tables consist of reported exit survey data gathered over the aforementioned three years. The presentation of the data is organized in the following tables:

1. Table 1: Response Rate
2. Table 2: Reported Age
3. Table 3: Reported Ethnicity
4. Table 4: Either Parent/Guardian Graduate from College
5. Table 5: Reported Gender
6. Table 6: Years of Nursing Practice Experience
7. Table 7: Plans to Continue Education

There are three different types of questions incorporated in the exit survey data, and they include (a) Categorical Questions, (b) Scaled Questions, and (c) Open-Ended Questions. All the tables within chapter four include categorical and scaled survey questions. Categorical and scaled questions are closed-ended and ask the respondents to select an answer that best matches their situation (AACN/EBI, 2013, 2014;
AACN/Skyfactor Benchworks, 2015). From year to year, the assessment company modified some of the questions within the survey. I have explained any modifications in writing above these tables.

Table 1 demonstrates the response rate for each exit survey and is organized by the academic year.

Table 1

*Response Rates to Undergraduate Nursing Education Exit Assessments*

<table>
<thead>
<tr>
<th>Year</th>
<th>No. Attempted</th>
<th>No. Responded</th>
<th>% Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>116</td>
<td>60</td>
<td>51.7%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>177</td>
<td>93</td>
<td>52.5%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>169</td>
<td>116</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

Table 2 includes demography on the student reported age. As is indicated in Table 2, for the years 2013–2014 and 2014–2015, the age-range category was modified by AACN/EBI/Skyfactor Benchworks. However, the ages of the majority of the students who responded to the exit survey fall between 31–50 years of age, which matches the study participant demography.

Table 2

*Reported Age*

<table>
<thead>
<tr>
<th>Year</th>
<th>21-25</th>
<th>26-30</th>
<th>31-35</th>
<th>36-40</th>
<th>41-45</th>
<th>46-50</th>
<th>&gt;50</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>6.7%</td>
<td>21.7%</td>
<td>23.3%</td>
<td>11.7%</td>
<td>8.3%</td>
<td>15.0%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>21-25</th>
<th>26-30</th>
<th>31-40</th>
<th>41-50</th>
<th>&gt;50</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>5.4%</td>
<td>19.6%</td>
<td>32.6%</td>
<td>27.2%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>21-25</th>
<th>26-30</th>
<th>30.4%</th>
<th>29.6%</th>
<th>9.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>9.6%</td>
<td>20.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 and Figure 6 include the students’ ethnicity. This table and figure show that the majority of the students within the RN to BSN program describe themselves as White, which also parallels study participant demography and the nursing profession in general.

Table 3

*Reported Ethnicity*

<table>
<thead>
<tr>
<th>Year</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Two or more</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>9.1%</td>
<td>14.6%</td>
<td>8.3%</td>
<td>66.7%</td>
<td>0.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>7.5%</td>
<td>9.7%</td>
<td>14.0%</td>
<td>67.7%</td>
<td>0.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>6.0%</td>
<td>8.6%</td>
<td>12.9%</td>
<td>67.2%</td>
<td>2.6%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

*Figure 6.* Graphic representation of reported ethnicity.

Table 4 includes parent or guardian level of education. The exit survey results/percentiles to this question also match the study participant recounts.
Table 4

Either Parent/Guardian Graduate From College

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>48.3%</td>
<td>51.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>44.6%</td>
<td>55.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>38.3%</td>
<td>59.1%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Similar to the nursing profession, the majority of the students within the RN to BSN program describe themselves as female. However, as evident in Table 5, the trend in male students within the program appears to be slightly on the rise.

Table 5

Reported Gender

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>95.0%</td>
<td>5.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>87.1%</td>
<td>12.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>90.4%</td>
<td>8.7%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Table 6 includes the student reported years of nursing practice. This table shows that for the years 2014–2015, the years of nursing practice experience category was modified by AACN/EBI/Skyfactor Benchworks. The same table demonstrates that the majority of the students within the RN to BSN program have more than five years of nursing practice experience, which matches the student participant profiles as well.
Table 6

*Years of Nursing Practice Experience*

<table>
<thead>
<tr>
<th>Year</th>
<th>none</th>
<th>&lt;1yr yrs</th>
<th>1-3.9 yrs</th>
<th>4-6.9yrs</th>
<th>7-9.9yrs</th>
<th>10-13.9yrs</th>
<th>&gt;14yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>n/a</td>
<td>3.3%</td>
<td>33.3%</td>
<td>6.7%</td>
<td>5.0%</td>
<td>21.7%</td>
<td>30.0%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>n/a</td>
<td>5.5%</td>
<td>34.1%</td>
<td>20.9%</td>
<td>12.1%</td>
<td>6.6%</td>
<td>20.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>none</th>
<th>&gt;1yr yrs</th>
<th>1-3 yrs</th>
<th>3-5 yrs</th>
<th>&gt;5yrs</th>
<th>Not asked beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>1.8%</td>
<td>9.6%</td>
<td>21.1%</td>
<td>20.2%</td>
<td>47.4%</td>
<td></td>
</tr>
</tbody>
</table>

Table 7 includes the students’ intent to continue their education. This table shows that every year the survey question was modified by AACN/EBI/Skyfactor Benchworks. The phrase “not apply” (n/a) indicates the specific category “age range” was not asked in that exit survey year.

Table 7

*Plans to Continue Education*

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>Within 6 mos.</th>
<th>Within three years</th>
<th>After four years</th>
<th>No immediate plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>n/a</td>
<td>26.7%</td>
<td>30.0%</td>
<td>6.7%</td>
<td>33.3%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>n/a</td>
<td>40.9%</td>
<td>n/a</td>
<td>n/a</td>
<td>58.1%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>64.0%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>31.6%</td>
</tr>
</tbody>
</table>

Student Success

In addition to exit survey data, academic programs typically track graduation and progression trends for a measure of program effectiveness (Robertson et al., 2010). The RN to BSN program at Benedictine was no different. At the time of this study, the overall graduation rate for the program was 85% (Lange, 2016). Bearing in mind, as
permitted by the CCNE (2013), the program excluded students who had identified factors such as *family obligations, relocation, financial barriers,* and the *decision to change major or to transfer to another institution of higher education* in their graduation and attrition data. Regardless, graduation rates are only a part of the picture in evaluating student progress and program effectiveness. Because national benchmarks for nursing student progression and graduation rates do not exist, programs attempt to set realistic expectations that are considered, by peers, academically sound (Robertson et al., 2010).

The program examined in this case study selected a number of benchmarks within the Systematic Evaluation Plan (SEP) and monitored student exit and alumni trend data. As noted in Table 11 in chapter five, the program is meeting its benchmark, as evidenced by the fact that the majority of survey items selected reached a mean 5.5 or higher.

Several areas of the exit survey responses echoed the themes generated from the participants. The intersecting themes were:

1. Institutional and Program Fit
2. Intuitional Support Systems and the Role of Critical Bonds
3. Faculty Uphold a High-Touch Environment (Faculty Support and Availability)
4. Faculty Set Up Opportunities to Build Confidence and Transform Practice
5. Faculty Serve as Role Models
6. Faculty Motivate Students to Critically Think and Reach Completion
7. Faculty Embrace Adult Learning Principles
8. Faculty Motivate Students Through Engaged Learning Strategies
9. Nursing Administrators Uphold a High-Touch Environment
10. Administration Support and Availability
11. Academic Advisors Uphold a High-Touch Environment
12. Academic Advisor Support and Availability
13. Library Staff Support and Accessibility
14. Critical Bonds Formed Among Peers
15. Collaboration and Teamwork (among peers)
16. Diversity in Nursing Practice: Years of Experience, Age, and Demography

The integrated data analysis, which echoes intersecting themes between the exit survey data and interview data, is presented in chapter five.

**The Participant Selection Process**

Students who successfully completed the RN to BSN program between the years 2013 and 2015 participated in the study. Participants were identified through purposeful sampling. In purposeful sampling, the investigator intentionally selects the site and the individuals and site who will best help the researcher to understand the phenomenon (Creswell, 2012). To develop as many perspectives as possible, the sampling strategy selected to build complexity into the research was maximal variation sampling. In maximal variation sampling, the researcher selects individuals for the case study that differ on some characteristic or trait (Creswell, 2012). To support this strategy, I interviewed 10 participants who came from a variety of different cohorts and varied in age, gender, and ethnic background.

The case study approach closely aligns with an interpretive paradigm of research that emphasizes the importance of creating thick descriptions of the participants’ lived experiences so as to understand the meaning of their experiences. Thick description
“means that the researcher provides details when describing a case or when writing about a theme” (Creswell, 2013, p. 252). Doing this allows the reader to interconnect the details and make inferences. This approach also enables the reader to transfer information to other settings (Creswell, 2013).

The following tables demonstrate the participants’ self-reported background data and future educational plan:

1. Table 8 Participant Background Data: Demography
2. Table 9 Participant Background Data: Education Pathway
3. Table 10 Participant Background Data: Future Educational Plan

Table 8 includes the participants’ demographic information such as age, gender, sex, race, marital status, and their status with regard to being or not being first-generation college student.
Table 8

*Participant Background Data: Demography*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Race/ethnicity</th>
<th>Marital status</th>
<th>First-Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deb</td>
<td>33 yrs old</td>
<td>F</td>
<td>Caucasian</td>
<td>Single</td>
<td>Y</td>
</tr>
<tr>
<td>Sam</td>
<td>28 yrs old</td>
<td>M</td>
<td>Caucasian</td>
<td>Significant other</td>
<td>N</td>
</tr>
<tr>
<td>Mel</td>
<td>40 yrs old</td>
<td>F</td>
<td>Caucasian</td>
<td>Married/4 children</td>
<td>N</td>
</tr>
<tr>
<td>Fay</td>
<td>34 yrs old</td>
<td>F</td>
<td>Hispanic</td>
<td>Married/2 children</td>
<td>Y</td>
</tr>
<tr>
<td>Maeve</td>
<td>51 yrs old</td>
<td>F</td>
<td>Caucasian</td>
<td>Married/3 children</td>
<td>N</td>
</tr>
<tr>
<td>Ann</td>
<td>45 yrs old</td>
<td>F</td>
<td>Caucasian</td>
<td>Single</td>
<td>N</td>
</tr>
<tr>
<td>Ron</td>
<td>27 yrs old</td>
<td>M</td>
<td>Asian</td>
<td>Single</td>
<td>N</td>
</tr>
<tr>
<td>Kate</td>
<td>50 yrs old</td>
<td>F</td>
<td>Caucasian</td>
<td>Widow/3 children</td>
<td>N</td>
</tr>
<tr>
<td>Erin</td>
<td>32 yrs old</td>
<td>F</td>
<td>African American</td>
<td>Significant other/1 child</td>
<td>N</td>
</tr>
<tr>
<td>Jill</td>
<td>43 yrs old</td>
<td>F</td>
<td>Caucasian</td>
<td>Married/4 children</td>
<td>N</td>
</tr>
</tbody>
</table>

Table 9 includes the participants’ educational background. Specifically, the participants were asked to report the number of years since the participant graduated from the RN to BSN program, the number of years between earning her or his associate degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN), and whether the participant received a bachelor’s degree in another field before studying nursing science.
Table 9

Participant Background Data: Education Pathway

<table>
<thead>
<tr>
<th>Participant</th>
<th>RN to BSN Graduation year</th>
<th>Number of years between ADN and BSN</th>
<th>Bachelor’s Degree in another field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deb</td>
<td>2015</td>
<td>1yr</td>
<td>N</td>
</tr>
<tr>
<td>Sam</td>
<td>2014</td>
<td>5yrs</td>
<td>Bachelor of Veterinarian Science</td>
</tr>
<tr>
<td>Mel</td>
<td>2013</td>
<td>5yrs</td>
<td>N</td>
</tr>
<tr>
<td>Fay</td>
<td>2015</td>
<td>4yrs</td>
<td>Bachelor of Criminal Psychology</td>
</tr>
<tr>
<td>Maeve</td>
<td>2014</td>
<td>20yrs</td>
<td>N</td>
</tr>
<tr>
<td>Ann</td>
<td>2013</td>
<td>16yrs</td>
<td>Completed several years of college (transferred to an ADN program without a waitlist)</td>
</tr>
<tr>
<td>Ron</td>
<td>2015</td>
<td>5yrs</td>
<td>N</td>
</tr>
<tr>
<td>Kate</td>
<td>2015</td>
<td>9yrs</td>
<td>N</td>
</tr>
<tr>
<td>Erin</td>
<td>2014</td>
<td>5yrs</td>
<td>N</td>
</tr>
<tr>
<td>Jill</td>
<td>2015</td>
<td>12yrs</td>
<td>Bachelor of Physiology</td>
</tr>
</tbody>
</table>

Table 10 includes participants’ future educational plan. Specifically, participants were asked if they have plans to continue graduate studies if they have already earned a graduate degree and if so, in what concentration. These data are also graphically displayed in Figure 7.
Table 10

*Participant Background Data: Future Educational Plan*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Plans to continue graduate studies</th>
<th>Currently enrolled in graduate school</th>
<th>Graduate degree earned</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deb</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sam</td>
<td></td>
<td>MSN</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Mel</td>
<td></td>
<td>MSN</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Fay</td>
<td>Y</td>
<td></td>
<td>Family Nurse Practitioner</td>
<td></td>
</tr>
<tr>
<td>Maeve</td>
<td></td>
<td>Y</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Ann</td>
<td>Y</td>
<td></td>
<td>Application in progress</td>
<td></td>
</tr>
<tr>
<td>Ron</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kate</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erin</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jill</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Future Educational Plans**

- Plans to Enrol: 40%
- Completed: 20%
- Enrolled: 30%
- No Plans to Enrol: 10%

*Figure 7. Graphic representation of participant future educational plans.*
### The Participants’ Profiles

**Deb**

Deb was a 33-year-old single female who identified herself as Caucasian. She was the first generation to this country because both parents emigrated from Macedonia around 40 years ago. The highest level of education for both parents was grammar school. Deb was the youngest of five, and all the children were raised in the United States. She had two sisters who had both earned a bachelor’s degree, and her brothers had all chosen skilled trade careers. Deb graduated from the program in 2014 and was employed at the time as an emergency room nurse. It took Deb 1.5 years to complete the program. Deb explained that shortly after she had initially begun the program, she needed to step out temporarily to adjust to the demands of a new nursing position.

**Sam**

Sam was a 28-year-old single, male who identified himself as Caucasian. Sam was also a first-generation college student. Sam’s parents came to the United States from Italy when they were young children. His parents returned to college, as adult students, both earning an associate degree in their fields. Sam and his brothers all attended private, Catholic high schools and continued to college. Immediately following high school, Sam attended college at a large public, four-year institution and earned a Bachelor of Science in Veterinarian Science. He decided to peruse a nursing degree shortly after graduating from this program. Sam completed the program in May 2014 and had already earned a Master’s in Nursing Science (MSN) in the nurse educator concentration. Sam was working as an assistant manager and nurse educator for a large healthcare organization in Chicago. It took Sam two years to complete the RN to BSN program because Sam
suffered two traumatic back injuries while a student in the RN to BSN program and
needed to temporarily step out, at two different points, to undergo surgery and
rehabilitation.

Mel

Mel was a 40-year-old married female with four children. Mel identified herself
as Caucasian. Her mother continued her education until sophomore year of high school,
but her father was a high school graduate. Mel had three sisters. Her oldest sister
completed her associate degree and another sister completed her bachelor’s and continued
on to earn her Master’s in Education (teacher). Mel completed the program in December
2013 and immediately enrolled in Benedictine University’s master’s program and had
since earned her MSN in the education concentration. She continued advanced education
from there and was enrolled in a Family Nurse Practitioner (FNP) program. Mel was
working in obstetrics, holding several certifications in her area focus and teaching
nursing clinical for a traditional four-year college in the area. It took Mel one year to
complete the RN to BSN program.

Fay

Fay was a 34-year-old married female with two children. Fay identified herself as
Hispanic. Her parent came to this country from Mexico. Her mother had some college
credit, and her father completed 4th or possibly 5th grade. Fay shared that growing up,
her parents would speak to the children in Spanish; the children would typically respond
in English, and this is how her parents learned the English language. Fay stated that now
her mother speaks English well, and her father prefers to speak Spanish. Before
attending community college to study nursing, Fay earned a Bachelor of Criminal
Psychology degree from a large, public, four-year institution in the area. She was the eldest of three, having two younger brothers. Fay’s two brothers had both completed a Bachelor of Finance degree. Fay graduated from the program in December of 2015 and immediately enrolled in an MSN Family Nurse Practitioner Program in the area. Fay was working part time in obstetrics while continuing her education. Fay finished the RN to BSN program in one year.

Maeve

Maeve was a 51-year-old married female with three teenage children. She identified herself as Caucasian. Her father finished law school, and her mother was a nurse who graduated from a diploma program and eventually became a Nurse Anesthetist. Maeve was the youngest of six children, three girls and three boys. Growing up, it was an expectation that all the children would go to college. Maeve completed the RN to BSN program in one year, but prior to this, she was required to complete two years of coursework (prerequisites) before she could begin the program. A challenging event in Maeve’s life occurred when she reached the midpoint of the program. While in the program, Maeve’s youngest son, who was 16 years old, suddenly developed an infection that destroyed his heart, requiring immediate heart transplantation for survival. Her son remained at a children’s hospital in Chicago for four months in a drug-induced coma. Over the four months, Maeve only left her son’s bedside to attend class. Despite this life-changing experience, Maeve progressed and graduated from the program in 2014, without interruption, as scheduled. Upon completion of the program, Maeve continued her education and at the time of our interview, was enrolled in Benedictine University’s MSN program in the Nurse Educator concentration. Maeve
was also working full time as a geriatric home health nurse. Her son was now doing well and was scheduled to begin college that next fall.

**Ann**

Ann was a 45-year-old single, female who identified herself as Caucasian. Both her mother and father earned a high school diploma. Ann was the youngest of six children. Ann was the only one of her siblings to complete college. When Ann was 17, she was diagnosed with T-cell leukemia. Her illness delayed college, but once in remission, she left home to attend a large, four-year Midwestern public university. At that time, Ann was unable to enroll in the nursing program at that university due to its lengthy waitlist and thus transferred to a community college to peruse nursing. Ann had plans to continue on to graduate school upon completing the RN to BSN program, but shortly after receiving her BSN, cancer returned; however, this time, she battled breast cancer. Ann shared that the cancer diagnosis had postponed her educational goals but she planned to go back to Benedictine for her MSN when fully recovered. Ann worked at a large healthcare organization as an informatics nurse. She completed the RN to BSN program within one year, but in total, it took her one and a half years to complete prerequisite course work.

**Ron**

Ron was a 27-year-old single, male who identified himself as Filipino. Both his mother and father had earned a bachelor’s in business economics. Ron shared that his parents encouraged all the children to consider nursing science, in part, for the “financial stability” the profession is known to offer. His parents felt that finding and retaining a job in business could be very difficult. Ron had three siblings, one sister and two
brothers. At this point in time, most of his siblings had gone into nursing. His little sister, who was in high school, was also planning to become a nurse. Ron was considering graduate work and exploring the many different tracks available before he committed to one particular program. He was employed at a large healthcare organization, and his practice focus was mental health. Ron completed the RN to BSN program in one year.

Kate

Kate was a 50-year-old female who was a widow and the mother of three teenage children. She identified herself as Caucasian. Her mother earned a high school diploma, and her father completed the 8th grade. Kate was the youngest of four and was the only one to attend college. Kate’s decision to attend community college and study nursing came in adulthood when she was 35-years old. This decision came after the death of her mother who had always wanted her to become a nurse. Kate lost her husband to cancer while enrolled in the second year of the ADN program. Kate expressed a desire to continue graduate studies; however, family priorities needed to be considered before she could commit to a program. She explained that her youngest daughter was studying nursing and needed her support and encouragement at this time. Kate worked at a large medical center in Chicago, and her practice focus was oncology. Kate completed the RN to BSN program in one year.

Erin

Erin was a 32-year-old single, female who identified herself as African American. Her mother had a bachelor’s degree, and her father had earned some college credit. Attending college was a parental expectation for Erin and her siblings. Erin had always
known she wanted to be a nurse. However, she spent a significant amount of time on a wait list, hoping to get into the program. While waiting, she completed seven of the nine humanities needed for a bachelor’s degree, preparing herself for a smooth transition to the RN to BSN program at Benedictine. Erin began the MSN program at Benedictine, in the Nurse Educator concentration. She worked as a home health nurse and completed the program in one year.

Jill

Jill was a 43-year-old married female with four children. Jill identified herself as Caucasian. Her father had earned a Bachelor of Accounting degree, and her mother, as an adult student in her 40s, went back to earn her associate degree in travel. Jill had two brothers who had earned their bachelor's degrees in business. Before becoming a nurse, Jill received a Bachelor of Physiology degree from a large, four-year public institution. Jill’s husband was an adjunct math professor. Due to the Affordable Care Act laws, he was only permitted to work part time in order to remain non-benefit eligible. As a result, he sought employment at three different area community colleges. Because of this, Jill held the family health insurance and felt pressure to keep the family financially comfortable. Jill was working as a manager of a surgical unit, but due to concerns over job security, she decided to return to school to earn her BSN. Given her family responsibilities, and being content in her current role, she had no plans to pursue advanced education at this time. Jill completed the RN to BSN program in one year.

Utilizing a qualitative research approach, I selected the aforementioned participants through purposefully sampling. Creswell and Plano Clark (2011) explained purposeful sampling as the means by which the investigator “intentionally select[s] (or
recruits) participants who have experienced a central phenomenon or the key concept being explored in the study” (p. 173). In this exemplification, participant selection included students who overcame challenges, commonly found in the adult student population, yet were still able to complete the adult RN to BSN accelerated nursing completion program at a Midwestern private, faith-based institution.

**Data Analysis Process**

Qualitative data analysis typically involves the processes of organizing, sorting out, and coding the data obtained from various sources. Coding in itself represents analysis (Saldaña, 2016). Coding is a cyclical process that entails several iterations of close reading of the text data and moving from open and conceptual coding through themes identification (Saldaña, 2016).

The data analysis in this study wove together various sources of data such as documents, interviews, and observational and self-reflective notes. The process began with close reading, re-reading, and coding the interview transcripts. Vogt, Vogt, Gardner, and Haeffeke (2014) (as cited in Saldaña, 2016) explained that “a code is the researcher-generated construct that symbolizes or ‘translates’ data.” A code in qualitative research is usually “a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attributes for a portion of language-based or visual data” (Saldaña, 2016, p. 4). As the words from the participants and my field notes began to “jump out at me,” I unknowingly began my first cycle of coding.

During the first cycle of coding, the data can range from individual words, a stream of thoughts, to entire paragraphs (Saldaña, 2016). This was certainly the case in my initial excavate. As a result of initial coding, codes were allocated into “data
chunks.” From the data chunks, I was able to assign labels or short phrases to the data chunks. This approach is known as descriptive coding (Miles, Huberman, & Saldaña, 2014). My data chunks, in time, provided the initial inventory for categorizing the data so that patterns could emerge, thus moving towards the next iteration of coding.

In the second cycle, portions of the coding can be unchanged from the initial coding, or they may require complete reconfiguration. I experienced both encounters during the second cycle of coding. On the one hand, I was able to confirm the codes identified initially, therefore, allowing for the patterns to emerge. On the other hand, some data chunks from my initial coding underwent different labeling. As I reconfigured the data into repetitive patterns, commonalities among the data began to come forward. The patterns appeared to be logical and “predictable and tractable” (Saldaña, 2016, p. 6). This enabled me to “codify,” which means “to arrange things in a systematic order, to make something part of a system or classification, to categories” (Saldaña, 2016, 9).

As I moved through the text data analysis, I was able to identify the chunks or segments of the data that appeared to be responsive to particular research questions. At this point, I concentrated on the patterns of codes. A “pattern is a repetitive, regular, or consistent occurrence of action/data that appears more than twice” (Saldaña, 2016, p. 5). Pattern coding helped to assemble the codes into unified groupings. Also, patterns suggest “more trustworthy evidence for our findings since patterns demonstrate habits, salience, and importance in people’s daily lives” (Saldaña, 2016, p. 6). I located the most frequent patterns by utilizing the search function in MS Word. This technique allowed me to count the frequency of each code/data chunk as it appeared in a transcript.
Finally, the data were extracted from each transcript and cross-coded alongside the generated themes. It was at this point when I split the data line-by-line and assigned the data to my codes matrix, which transitioned into the most significant categories and subcategories. This stage of data analysis is illustrated in Appendix D. Codes shared by roughly one-fourth of the respondents should be considered in the thematic analysis and may become contributors to the research findings (Saldaña, 2016, p. 25).

Although the exit survey data added value in helping to understand what makes the students successfully complete an accelerated RN to BSN program at Benedictine University, there remained gaps in a more comprehensive understanding of the phenomenon. For this reason, I integrated the data from the exit surveys into the analysis of the interviews. Resulting from this final stage was the thematic analysis that exhibited a holistic picture of the participants’ experiences that enabled them to successfully complete the program and the effectiveness of the program itself. This thematic analysis is presented in chapter five.
CHAPTER FIVE: DATA ANALYSIS

Thematic Analysis

A comprehensive thematic analysis for this case study does not generalize beyond the study’s findings, but rather is meant to increase understanding of the complexity surrounding student retention in the RN to BSN program at Benedictine University. Thematic analysis involves thick descriptions of the data and their detailed analysis. What follows is the description and analysis of the themes identified as a result of coding the interview transcripts and cross-coding of the transcripts and the segments from the exit survey (see chapter four). The interview data analysis demonstrates patterns that emerged from the participants’ responses. In turn, the analysis helped me highlight the major subthemes and the relationship of the text data to the research questions. In this process, I pieced together the interview data into shared patterns of important moments extracted from participants’ responses in an effort to bring a better understanding to the multiple components surrounding nursing student retention at the University.

Category Matrix

The following category matrix illustrates the main category and subcategories of the themes identified as a result of coding and cross-coding the interview transcripts’

I. Institutional and Program Fit
   A. Program Delivery Model and Structure
   B. Inclusive Environment
   C. Benedictine Values

II. The Role of Current Professional Climate and Decision to Pursue BSN
   A. Magnet Status, Career Stability, and More Opportunity
B. Employer Support

III. Institutional Support Systems and the Role of Critical Bonds
A. Critical Bonds Formed with Faculty to Foster Student Success
   1. Faculty Serve as Role Models
   2. Faculty Motivate Students to Critically Think to Reach Completion
   3. Faculty Set Up Opportunities to Build Confidence and Transform Practice
B. Faculty Uphold a High-Touch Environment: Faculty Support and Accessibility
C. Faculty Embrace Adult Learning Principles: Faculty Motivate Students through Engaged Learning Strategies
D. Nursing Administrators Uphold a High-Touch Environment: Administration Support and Accessibility
E. Academic Advisors Uphold a High-Touch Environment: Academic Advisor Support and Availability
F. Resources Utilized to Foster Student Success: Library Staff Support and Accessibility

IV. The Critical Bonds Formed Among Peers
A. Collaboration and Teamwork
B. Peers Promote Nonjudgmental, Inclusive Environment to Overcome Obstacles
C. Diversity in Nursing Practice: Years of Experience, Age, and Demography

V. Family Support and the Role of the Critical Insider
A. Family Expectations and Value Attached to Education
B. The Role of a Critical Insider
   1. Role of Older Sister in the Absence of Paternal Support
   2. Role of Mother
   3. Role of Spouse/Partner
   4. Role of Children
C. Role of Family and Significant Other in Overcoming a Challenge

VI. Personal Characteristics That Contribute to the Student’s Ability to Complete
A. High Expectations for Self
B. Determination to Complete a Goal: Desire to Continue Education
C. Resiliency: Overcoming a Challenge
D. Healthy Coping Strategies: Organizational Skills and Capacity to Balance Responsibilities
E. Factors of the Program That Cause Stress and the Strategies Used to Combat It
   1. Peer Assignments
   2. Student Expectations of Faculty and Other Stressors
F. Ability to Make Connections to Evidenced-Based Research to Transform Practice: Change in Nursing Practice since Obtaining BSN
As a result of coding and cross-coding using line-by-line scrutiny of the interview transcripts, the following major themes emerged from within the Category Matrix.

1. Institutional and Program Fit
2. Role of Current Professional Climate and Decision to Pursue BSN
3. Institutional Support Systems and the Role of Critical Bonds
4. Critical Bonds Formed Among Peers
5. Family Support and the Role of the Critical Insider
6. Personal Characteristics That Contribute to the Student’s Ability to Complete

These major themes, generated from the interviews, are illustrated in Figure 8 at the end of chapter five.

**Institutional and Program Fit**

Retention models suggest persistence is the result of a successful match between the student and the institution (e.g., Bean, 1980; Tinto, 1987, 1993, 2012; Braxton, 2004). Seidman (2012) claimed that a student can have a successful college experience if he or she selects the institution carefully and if the institution is compatible with the individual’s characteristics. Seidman further illustrated that if a college (or individual program) provides a structure that engages the student, the student is more likely to be successful and reach completion. Understanding all of the components of why students successfully complete a program is complex, but I would agree, the role of institutional fit, and more specifically program fit, is certainly one component that deserves attention in this case examination.
Program Delivery Model and Structure

In particular, the participants were able to describe specific institution and program components that contributed to their ability to reach completion. Similar components are echoed in exit survey responses (see Table 11). Most frequently identified characteristics were the structure and program delivery model. When asked why students choose Benedictine among other possibilities, the participants’ responded favorably to the on-ground classroom environment, multiple locations, affordability (no hidden fees), the length of time to complete, and program reputation, among other reasons. From the details extracted from the interviews, the following subthemes surrounding Institutional and Program Fit include (a) Program Delivery Model and Structure; (b) Inclusive Environment; and (c) Benedictine Values.

For example, Deb shared her reasons for selecting the RN to BSN program at Benedictine:

When I was researching schools, I found there were a lot of online programs, and I’m not a very good online student [laugh]. I like to be in the classroom. I prefer to do work in the classroom. Also, other programs had hidden fees and the length of time was important to me [accelerated pace]. One of my friends actually went to Benedictine, and she swore by it. She shared with me it was a 12-month program; it was affordable, in the classroom. You get that classroom interaction I was looking for, so that was my driving force. Plus, there were different locations.

Similar to Deb, Sam was interested in attending a program on-ground, whereas the coursework and schedule complemented the working professional. Sam was clear about the program’s draw:

I liked that it was a cohort program. Also, I was able to attend on-ground, and it was really built around the working nurse’s schedule. Which is hard to find? A lot of other places, you’ll find classes are not geared towards adults. I had also heard many good things about Benedictine. I tried a trial with the University of X online to see if I could handle online. I didn’t think it was structured well enough
for me to succeed. I needed the small, intimate classroom built around your work
schedule.

It seems that program structure certainly attracts a particular subpopulation of
adult nursing students at Benedictine University. Thus, selecting a program that aligns
with a student’s needs or “must haves” may contribute to his or her ability to complete.
Nonetheless, throughout the participants’ interviews, we can also appreciate that program
reputation appears to be a significant factor in attracting candidates. In Mel’s reflection,
we again see this to be true:

Through the grapevine, basically, I had heard what a great program it was. It was,
for the most part, one day a week. At the time, I was working the weekend
program, so I think it was every Wednesday night we attended class, so that
worked out perfect.

Ron’s explanation of “why BenU” was similar to other participants, but he also
emphasized location to be a major contributor in his decision:

I chose Benedictine because I had heard about it through the [community
college partner] At the time, I graduated from Location 1 in 2009, we had the
choice to attend either University X or Benedictine. University X was too far
away. Benedictine was very close, just in Lisle, and I liked having to go to
class, the classroom aspect of Benedictine’s program.

When probed further, I asked Ron, “You were looking for on-ground, once a week?
Looking for an institution that fit your learning style? What did the other program
offer?” Ron further elaborated:

I am not quite sure about University X; I did not really look into it, but I know my
brother went to University Y and his program was all online. When I conversed
with him about his experience, he said, “there’s no classroom, there are no
discussions,” but I wanted that to be part of my bachelor’s degree. I think talking
about certain concepts in class really helps me. Actually, it was the (community
college partner) program director who recommended Benedictine. I also knew
some of the students who graduated from [community college partner]; a lot of
them had continued on to Benedictine, so that too.
When the question was posed, “What are the facets of this program that you have found most conducive to your academic success and the completion of the program?” Ron shared there were several facets of the program that he felt played a role in his ability to succeed:

I think there are a couple of things. First, thing was the cohort format. Next was the style of the program, on-ground, and you were able to be with the people you started with. That helps with rapport. It helps with our interactions among each other, and then I also felt that the coursework itself was very interesting. I think how in the BSN program, how the courses were applied, really improved our critical thinking skills. I know that going through my ADN, they [faculty] basically told us what we needed to know, anatomy, physiology and how to manage disease, but they didn’t share with us the underlying concepts. Things like understanding humanity, how to build integrity, compassion, things that are embedded in the Benedictine program.

In addition to program structure, the participants, when asked why they made the decision to attend BenU, among other reasons, they commonly reported they experienced a seamless transition from the community colleges. For example, Sam clarified:

Why Benedictine? [pause] I think there are many factors. Like, it was a lot smoother of a transition, because I had received my ADN at [community college partner]. Instead of me having to travel all the way out to Lisle, Benedictine had a cohort at Location 2, where I had received my ADN. So, it was a comfort zone too. I was able to go back to where I initially received my nursing degree. I know the facility; familiar surroundings decreased a lot of anxiety and stress. Instead of going somewhere completely new and not knowing where you are going. It also had a very good reputation among my old classmates.

Like the other participants, Fay also selected Benedictine because it offered a smooth transition, specifically the 3+1 agreement, and other reasons related to the program structure:

While at [community college partner], I had heard about the 3+1 program with Benedictine, but at that time, we had just moved out to Lombard. So, I looked into it and found there was a cohort at Location 1, and that’s right behind my house. It was perfect! I thought, “I can go to Location 1; Benedictine has a 3+ one with [community college partner], and it’s only a year.” It was a seamless transition. I think the fact that a lot of these cohorts are located at schools near
where people live is really helpful. I think location has a lot to do with it. You have the option to attend wherever it was most convenient.

Fay clarified, with the 3+1 agreement and having already earned a bachelor’s degree in another field of study, she only needed a few prerequisites, making her transition into the program even more complementary:

I did take statistics and an English comp class, or something like that. And the good thing about Location 3 if you’re a graduate from there, you get one class for free a semester for the rest your life. I was like, well . . . I got the classes for free, so I might as well take them there.

When asked why Benedictine among other possibilities, Maeve noted the initial contact with Benedictine was welcoming and helpful and its favorable reputation among colleagues influenced her decision:

You know, a couple of the nurses I worked with at the hospital went on for their BSN. They had shared with me . . . I won’t say the different colleges . . . where they went, and they weren’t thrilled with their experience . . . I had, at least, three nurses who I knew well, that had finished their BSN, were going on for their MSN at Benedictine, and had nothing but positive things to say about the University. So, I thought, okay this is a good fit. That was all I needed to hear; Benedictine seemed to really fit my needs. One of the girls I worked with very closely had started the program and had nothing but great things to say about Benedictine and the program. She actually gave me the phone number; I called and took off from there.

When asked why Benedictine among other possibilities, Ann also implied “word of mouth,” tuition reimbursement, location, and particular facets of the program structure influenced her decision:

I think I had heard so many good things about the program, comments like “it’s a great school.” We had a number of nurses at Hospital XYZ who had received their BSN from Benedictine and who had said it was a great experience. Proximity too. Hospital XYZ had tuition reimbursement, so that was a motivator. But, in general, I liked the campus, I thought [faculty] were wonderful. I had heard really wonderful things about the program.
After Kate had explained why she returned for her BSN, I probed further by asking her “you said your coworkers went online.” Of all the other possibilities, why did you select Benedictine for your BSN?” Similar to the others, Kate revealed the following:

The length of the program, um, because it was in the classroom [on-ground], and because it was an easier transition for me, coming from [community college partner] to Benedictine. I liked the program they had put together. Also, I had some friends who did it, and they really liked it. I worked at X hospital, and I had a couple of coworkers who were doing it, and they told me about it.

Following Erin’s explanation of why she returned to school, I asked, “Among all the other RN to BSN programs, why did you choose Benedictine?” Erin, matching the other participants, explained the relationship between Benedictine and [community college partner] was the primary reason:

Well, when I was getting my Associates at [the community college partner], they always told us about the bridge and stuff that was offered through Benedictine. So, I went the path of least resistance [laugh], and I just applied there. I applied about a year or so before I started, so it was like, okay that’s where I’m going. I kept on working and then school started.

Among all the different possibilities available to Jill to earn a BSN, she selected Benedictine because of the financial component and the on-ground learning environment:

There were a couple of reasons, one was definitely the financial component, you know, being a cohort . . . I thought it was a really great investment in that respect. The other point was I wanted to go to class. I’m not an online learner. I find that very difficult. As well as being consistent with managing my time, going to class allowed me to set time for school. I wanted to be able to at least go to class, and I knew not all of the required work would be in the classroom, but I felt at least, it was a substantial component. That way there was a consistency where I could show up, there is a teacher, and I could learn in that capacity and still have time for all of my other responsibilities at home. So, the one day a week commitment, potentially two days a week, plus clinical, I felt it was feasible.

I probed further to uncover if there was anything other than the program structure that Jill found special about Benedictine:
I think the biggest thing was I could not find another program where you could have dedicated, consistent classroom time. Where you can complete it in essentially, in 11 months, 11 months to complete from start to finish. You know, you were committed to one to two evenings a week, for a year and I could not find that component anywhere else, a school that I live nearby. Those qualities were not there in the other programs, and those were the qualities that I wanted to have.

From the participants’ replies, it was clear; community college partnership plays an important role in keeping students in the pipeline for the RN to BSN program. Having students commit to Benedictine early, while still enrolled in their ADN program, may help ensure sustainable growth for the Program. However, doing so may also affect the overall RN to BSN program retention rate data. Specifically, if committed students were unable to reach completion in the associate degree nursing program, this would affect the overall Benedictine RN to BSN program attrition data. If the total retention rate falls below 70%, this could potentially put the RN to BSN program at risk of losing accreditation.

Understanding why students select a particular RN to BSN program goes a long way in helping educators understand why they decide to stay and eventually complete. Another common theme cited by the participants who selected Benedictine was the “inclusive environment” they experience while enrolled in the program. In part, an inclusive environment supports the Benedictine value of “an appreciation for living and working in community” (Benedictine University Center for Mission and Identity [CMI], 2016b, para. 3)

**Inclusive Environment**

Shelton’s (2012) model of nursing student retention is a unique synthesis of both Tinto’s (1993) theory of student retention and Bandura’s (1997) theory of self-efficacy.
In particular, Shelton respected Tinto’s (1993) (as cited in Shelton, 2012) theory that emphasizes, for student assimilation to occur in the academic environment (the program), the students must believe their goals, values, and abilities are similar to others within the community. Tinto surmises, this integration, is evident when the student perceives the benefits to persisting within this community outweigh the cons of not persisting and, therefore, decides to remain in school.

In an effort to understand the participants’ perceived level of integration (or connection) to the program, I asked the participants to describe what was special about Benedictine University. A common thread among respondents was the inclusive environment they encountered at Benedictine and how this atmosphere was important to their success. For example, this is what Deb said:

Benedictine is very diverse, which I really liked. All the students, especially in our cohort, all got along, everyone was open to differences, and we were even kind of nosy about each other, just because we really wanted to get to know each other. Which is good? It wasn’t like I was sitting in the corner away from anyone and no one wanted to talk to me. It felt very inclusive.

Deb also expressed that the faculty encouraged peers to work together. Collaboration, coupled with an inclusive environment, created an atmosphere that fostered peer support and cultivated peer relationships in an effort to promote student success. Deb shared an example of this:

I didn’t know anyone at first. The first day is always a little tricky, but we did go around; I mean . . . instructors would go around and ask us about ourselves. When I stepped back in the program, another student just had a baby and had stepped out as well. When she came back into the program, nobody knew her either, so the instructor made it a point to introduce her to us.

Deb further emphasized the following:

The student groups they had us form allowed us to use each other as a resource sometimes. I’m not always a good listener. I need to read and listen at the same
time and sometimes if an instructor is just talking, I might miss an important piece, but another student might have heard it and can help clarify. Like, “Oh yeah, this is what she said in class.”

Having a welcoming environment was also important to the participants, especially so they felt open to share their thoughts and insecurities; this allowed them to learn from one another. Sam recounted his positive experience:

It was nice to have the close knit, small, welcoming environment. You are thought of as an individual, even within the cohort and are able to grow from that. It was also not a judgmental environment; you were never made to feel stupid if you answered a question wrong, or if you didn’t have the nursing background to understand something we were talking about. It was just a very good experience.

Correspondingly, Ann shared a similar experience, but this time included her thoughts on how faculty set the tone for fostering an inclusive environment:

I felt a comfort level at Benedictine. I didn’t feel inferior when the instructors would speak to us or teach us a lesson. I felt it was a very cohesive relationship between the instructors and the students. I felt it was a very cohesive program.

Like Sam, Ann underscored that the inclusive environment allowed her to feel secure enough to share her experiences as an adult learner:

I think the program helped me to understand the bigger picture. Even though I have been a nurse for 16 years, there were people in the classroom who were not. I just think you [faculty] really did a great job making us all feel like we were on the same level. Like, we all, no matter where we were, felt comfortable to share our experiences. Also, [faculty] were so easy to talk to. I never felt like I was being reprimanded.

**Benedictine Values**

Along with an inclusive environment, the participants also discussed the significance Benedictine values had on the learning environment and in their overall experience. They made clear that Benedictine values were evident and appreciated throughout their time at the University, even though many of them attended class off
campus at partner community colleges. These findings support “The Benedictine Promise,” which states:

Benedictine University promises its students an affordable and attainable undergraduate and graduate education infused with the Benedictine values, faculty who make student learning their first priority, a support system dedicated to their success, comprehensive preparation to enter the job market, and a diverse, caring community in which they can become better learners, better leaders, and better world citizens. Student learning and success is our first priority. (Benedictine University, 2016b, para. 1)

In Ron’s experience, he particularly sensed the humanities professors, who instruct in the RN to BSN program, successfully infused Benedictine values in their students, even when the instruction was offered off campus at area community colleges. Ron affirmed: “Through the Benedictine program, we had several humanities courses; I think those are pretty helpful, in terms of providing the values, that Benedictine University tries to instill in its graduates.” I probed further, asking Ron if he experienced the Benedictine values off site:

You still do. Throughout the program, we had our humanities courses taught by non-nurses; they came to [the community college partner location] too. So, we were given an opportunity to work with other Benedictine professors and see how they instill the Benedictine values. Having gone through the College XYZ program, which was quite different, it was just a different insight. In my previous [associate program] experience, it was mainly mathematics and science, you know, anatomy, physiology, pathophysiology. So having these other courses was unique.

Sam emphasized that he was looking for the Benedictine values when selecting a program. He was looking for values that matched those of his upbringing; he described himself as a first-generation Italian, Roman Catholic:

Benedictine, it went along with my values. As you brought up this question, it made me think; it was more subconscious than anything, but maybe it is again, the values that my parents instilled in me, “The good Catholic education.” It is the Catholic tradition I valued.
Specifically, Sam explained how the Benedictine values were evident during a crisis he experienced while in the program. Sam revealed that he had a preexisting back injury from an accident that occurred some time ago. His injury had never exacerbated to a chief complaint; however, he was experiencing tingling in his leg from time to time. One day while at work, Sam described, “I just moved the wrong way, and I was out for the count.” At the time this occurred, Sam had reached the midpoint of the program and was progressing well without incident. He was diagnosed with possible degenerative disc disease, but more troubling; he had actually fractured his back in several places and slipped eight of his discs at one time. Sam needed to step out of the program to undergo surgery and rehabilitation after physical therapy failed to improve his condition. Understandably, Sam was distraught, but his recount of this helped to demonstrate how Benedictine University faculty (myself included) and staff handled his challenging situation. In the Hallmarks of St. Benedict, it is stated to practice humility whereby “each strives to recognize their own gifts and the gifts of others with gratitude, seeking to contribute as much as possible to the good of the whole and accepting the care of others” (Benedictine University CMI, 2016a, “7. Humility”). Through the practice of humility, faculty and staff within the program supported Sam during this challenging time. As a result, Sam’s injury did not result in his failure to complete. The following is Sam’s recount of this time:

Leaving was probably the hardest thing that I had to do, but coming back was a very smooth transition, and everybody made that easy for me. Looking back on it now, it was such a smooth and effortless transition to return. . . . In fact, you actually made a follow-up call to me a few months after I stepped out. You asked me how I was doing. You asked me “Are you ready to began, how are you?” Then Dr. X had done that too. You didn’t even know how much it meant; it meant a lot to me. You just encouraged me and acknowledged that I had already completed most of your course, so coming back would be easy. I remember that
being really nice and comforting to hear. I remember Academic Advisor C. saying the school was not going to make me pay for the whole class over. So, it was really just the understanding; the experience had humanity to it. It wasn’t like you were a number. It was a difficult time for me. I was drowning in student loan debt, and I’m thinking about how I hadn’t saved the proper amount of money. At the time, I think I was 24. Who would have thought I would break my back, be out-of-work and school for nine months without an income?

Sam continued after a brief pause:

Sometimes, if you are able to talk about your issues, you can work through it, and I think that’s what was hugely different at Benedictine. You have people you could go to when things fall apart.

Dr. X and I, unbeknownst to one another, reached out to Sam to see how he was healing and to inquire about his plans to return to the program. To my recollection, neither Dr. X nor I had discussed our intent to follow up with Sam. He must have just been on both of our minds. The important piece of this story was the follow-up call that may have contributed to his decision to return. Having faculty follow up with students who step out of the program while in their class, may be valuable practice to promote student retention.

**The Role of Current Professional Climate and Decision to Pursue BSN**

More and more, today’s ADN graduate is feeling pressure to complete their BSN. In part, this trend is due to the professional climate that is being driven by the IOM report that recommends 80% of nurses should be educated at the baccalaureate level by 2020 (AACN, 2015b; IOM, 2010). In addition, many healthcare organizations want to obtain or maintain Magnet status. Magnet status was developed and granted by the ANCC, a subsidiary of the ANA. Magnet is considered the leading source of successful nursing practices and strategies worldwide (Truth About Nursing, 2016). Consumers come to rely on Magnet designation as the uppermost credential indicating high-quality nursing
care (ANCC, 2016). Given this fact, it was not surprising to learn the participants most commonly reported that the decision to pursue a BSN primarily stemmed from: (a) the desire to work at a Magnet hospital, (b) career stability, (d) the aspiration for more opportunity, and (e) having employer support. Jeffreys’ (2015) research explained, “Job market changes can prompt students to continue their education beyond entry level” (p. 429). Therefore, if we understanding the exact reason why a student returns to school, it can help educators recognize some of their motivation to complete.

**Magnet Status, Career Stability, and More Opportunity**

According to Jeffreys (2015), outside surrounding factors (OSF) are “factors existing outside the academic setting and the student’s personal environment that can positively or negatively influence persistence, retention, and success” (p. 429). The current professional climate and job certainty is an “outside surrounding factor” and thus may influence a student’s ability to reach completion. Therefore, the current professional climate of the nursing profession has become a motivator for students to reach completion because their livelihoods depend on it. For instance, Sam explained that the initial spark to continue his education centered on having more opportunities and his “desire to work for the best of the best,” a Magnet institution:

I had just been working at jobs I loved, but was not satisfying all my needs. I want to grow; I wanted to have the same opportunities as my other coworkers, those who had their BSN. You know, I was not offered the same opportunities solely based off my ADN status. I was working at wonderful institutions, like when I was at Hospital A, or when I was at Hospital B, and they let me work, but it was under the terms I needed to obtain a higher degree. When you want to work for the best of the best, especially when you feel like you provide excellent care, and some hospitals that do not, and . . . Not having to justify yourself for why you’re worthy of a particular job.
When probed further, Sam also added: “Magnet status, that was my biggest driving point at that time.” Similarly, Mel realized in order to advance professionally and seek more opportunities, she knew, at her organization, that she needed to obtain a BSN. Mel clarified: “I knew if I wanted to get out, or get a new job, I needed my BSN.”

Fay had already earned a Bachelor of Psychology, but felt if she wanted to advance in nursing, given the current professional climate, she needed to enroll in a completion program. In this regard, Fay stated: “After I had finished the ADN program, you know, I had already completed one bachelor’s, but I thought if I wanted to go on in nursing, I needed the BSN.” Fay further clarified that she initially chose to earn an Associate Degree in Nursing because she had already completed her bachelor's. However, when Fay went to find employment, she noticed preferential hiring went to BSN candidates:

I decided to go and get my associate’s in nursing, and initially, at that time, I didn’t think I was even going to continue on to get my bachelor’s in nursing. I was able to find a nursing job(s) without it pretty easily, so I thought “just need my associate’s, I already have a bachelor degree in another field.” I thought, “maybe later if I want to go on and get my master’s, I’ll do it.” I just was not sure. I did eventually decide to go back because when I was applying for another job, everybody kept saying, “you don’t have to go back and get your bachelor’s now, but eventually you will, if you are offered the job.” So, I thought, well, I might as well just go back now.

Maeve’s decision to return to school and obtain a BSN also stemmed from wanting more opportunity and her ultimate goal, to teach nursing. In order to meet the goal, she needed to earn her master’s, so Maeve considered the BSN as a stepping-stone, in order to have an opportunity to teach. Maeve explained her reason to pursue a BSN:

I had thought about it for a while. I had discussed it with my husband quite a bit, and I actually was thinking more about obtaining my master’s, so I needed the BSN first to fulfill that goal. I love bedside nursing, and I’m very good at it, but as I’m getting older, I decided I would like to teach young nurses or new nurses. I
want to teach these new professionals the right way to do this wonderful job. Of course, I can’t do that without finishing my undergrad and obtaining a master’s degree. So I always knew going into school, I was going for the long haul. Earn my BSN and then go on for my master’s. It was kind of a package. I always knew I was going to keep going.

Ann’s decision to return to school was twofold, personal and professional. First, she explained that being a cancer survivor gave her a unique perspective, specifically, an unknown life expectancy, as well as her desire to earn an advanced degree. Ann expanded further on this:

I’ve always wanted to get my BSN. I wanted to do that right away, but with my health issues, not knowing the longevity, um, I just thought I better get my nursing license (RN) and start practicing . . . So, I decided to pursue my ADN so the time just didn’t get away from me. You know, the time required to spend in school. Sixteen years later, I was like, “I’ve got to do this”!

Fast-forward 16 years and Ann was also motivated to return to school due to her increased desire to teach nursing students. She commented: “I love teaching, and I think that earning a BSN puts you on the path to continuing your education. Continue education, so that I can eventually teach down the road.”

Ron also made the decision to return to school to obtain his BSN because he wanted more opportunity. Ironically, Ron’s parents wanted him to study nursing because of the financial stability of the profession; however, Ron experienced difficulty finding a job without his BSN. Essentially, Ron was hired on the premise that he would eventually go back to earn his BSN:

After I had graduated from my ADN, ironically, it was very difficult to find a job. When I finally found a job, it was in long-term care. I became very comfortable in that job. So for a time, I kind of forgot about going on for my BSN, but then after a couple of years, I wanted more for myself. I wanted more career options. Also, there have been a number of safety issues with nurses in long-term care, you know, you have a high volume of patients, high acuity too. There’s a lot of liability as well. So, I decided to apply to a number of different hospitals . . . and
when I was hired they emphasized they wanted me to go and complete my BSN, and I said I would do it.

When I asked Kate to explain how she made the decision to pursue a BSN, Kate described obtaining a BSN was something she had originally wanted to do, but due to her husband’s untimely cancer diagnosis, and death, she had to postpone her educational goals for family responsibilities. Kate became reenergized to return to school after securing a position at a world-renowned medical center and receiving the tuition support offered by the institution. Kate rationalized her decision:

I had wanted to do it when I was in nursing school and I couldn’t because I knew I had to get right to work after my husband died. So, it was just something that I always wanted to go back and do, and had planned on doing. Then, I got this job at the University of X Hospital, and they paid 100% tuition reimbursement, and, they also told me I had three years to get it because I was the last nurse hired with the ADN.

Erin shared in her interview that college attendance was always an expectation in her home growing up. Knowing this, I was interested in learning about her decision to obtain an associate degree in nursing first, and the specifics’ surrounding her decision to eventually pursue a BSN. Erin responded to my inquiry:

Well, I thought at the time I was taking the easy route [all laugh]. I started; I did my ADN first because when I initially applied to the area nursing schools, everyone at the time [nursing programs in the area] had a waitlist. I honestly had gotten to the point, I never wanted to do anything, but become a nurse . . . I had gotten so frustrated with waiting because I was done with everything, you know, all my prerequisites. It was just literally the nursing classes, and for a brief period, I thought, “Maybe I should be going to psychology,” or something else. So then, I said to myself, “This is going to work out. I’ll be fine.” Then my grandma called me one day, I was at work at the doctor’s office, and she goes “You’ve got a package here.” I said, “from where?” And she said, “This one’s from [community college partner]”, and I said, “Really?” I asked her to open it up, and she said, “Guess who got accepted into the nursing program?” . . . I had almost given up because it had [been] taking forever!
Both Ann and Erin’s pathways to nursing, specifically the frustration of “being waitlisted” to enroll in a nursing program, matches the research uncovered in the literature. That is, many programs licentiously end up turning thousands of qualified applicants away each year due to faculty shortage constraints (AACN, 2015; Buerhaus et al., 2008). Given the amount of time Erin “waited” to get into a nursing program, this was evidence of her persistence. After Erin had explained her initial challenges to becoming a nursing student, I asked Erin to share when she decided to go back for her BSN. Like other participants, Erin also voiced that she wanted more opportunity, opportunities that only presents themselves upon completion of a BSN:

Actually, before I came to Benedictine, I was working, and I had taken about four classes at another school towards my bachelor's and, um, well, I just wanted more opportunity; I wanted a new job. I kind of felt like I was stuck in my job because I only had my associate’s. Every place I would apply stated, “BSN required; BSN required; BSN required.” It was like, okay, I’m stuck here, so it’s time. So I started [in another online program, not BenU], but I left that company [position] which was paying for it, and I thought, “I’ll find another school.”

Since Erin had mentioned she had already completed four courses at a different university, I probed further for clarification, trying to uncover her decision, specifically, why she did not continue at that institution. Erin explained: “My old job was paying at 100%, and it was a lot more expensive than Benedictine, and I was just like, no way, I’ll be in debt up to my eyeballs.” Erin’s reason for not continuing in the first program nicely supported Benedictine’s tuition policy—pricing for the RN to BSN program was discounted to match area community colleges and state tuition figures. If tuition pricing were to increase, this may negatively impact enrollment in the long-term and serve as an important disincentive for retention.
Similar to many of the other participants, Jill’s “initial spark” to pursue a BSN was centered on the role of the current professional climate and the career stability having a BSN offers a nurse:

Um, the initial spark was probably a little bit less than a year before I applied. It was pretty much a decision based on the way the profession is moving. That being, I was concerned about job security. Um, I have a three-year-old amongst my older children [four children], so, I will be working forever [laugh]. As part of my job security, if something unforeseen happened and I had to leave my current position, who accepted me as an ADN, to go somewhere else, to move out of state, I was concerned that not having a bachelor’s in nursing would be limiting for me . . . Ummm, I am the primary breadwinner for the family. So, just to make sure that I had that stability piece is really why I went back.

**Employer Support**

It appears that the lack of employer support and uncomplimentary work schedules have been identified as significant challenges to the returning adult student (Bahn, 2007; Megginson, 2008). However, a more recent study identified significant incentives to returning to school. These include: funding availability, employer’s financial support, institutions that increase compensation or implement a bonus for earning the BSN, flexible work schedules, and schools of nursing that offer credit for clinical experience (Duffy et al., 2014). These are all important components that should be considered by the RN to BSN program to help support students on their way toward completion.

Mel remarked that her employer (a organization) both supported and encouraged nurses to advance their education. In addition, adequate education benefits were available to nurses who wished to further their education. However, her immediate supervisor did not share the same enthusiasm as did the organization and in fact, made it difficult for Mel to arrange her work schedule so she could attend class. Employer obstacles exist and can seriously influence a nurse’s ability to obtain further education.
In Mel’s example, it was evident that the obstacles produced by her immediate supervisor were a challenge; however, Mel did not allow this to deter her ability to complete:

I think it was a total of four times I needed to switch my work schedule to meet the school schedule throughout the year, and, um, I got some lash-back from my immediate clinical coordinator at work . . . I had to sit down with her and point out: “You guys are trying to reach Magnet status; doesn’t earning my BSN only benefit the institution?” I basically, had to say, “I’m going to do this if you like it or not. Either I give you a heads-up that I’m going to miss four nights throughout this year, or I’ll try to switch my schedule, or my last resort will be forced to call in sick.” I had to lay it out there in hopes that they would support me. It was odd. I told them, “I don’t know what you would rather me do, be honest or call in sick?” I can imagine, if somebody was not as headstrong as me, or they needed the job to support their family, they might not even pursue an advanced degree. Especially if they’re going to get backlash like I did.

Mel’s description of “being headstrong” was valuable in demonstrating her ability to advocate for herself and as a result, meet her goals. As Mel powerfully pointed out, not everyone has this personal characteristic, or can afford to take the risk because they may be the primary breadwinner. Having the ability to advocate for themselves is a common thread among many successful students as evidenced in many of the participants’ responses. Mel revealed the conclusion:

With my husband and family support, I was able to get to every class and finish every assignment; it was just work. I needed to request a few days off work, and that’s what I had to fight for, and it worked; she was finally like, “Okay” and we moved my schedule around to accommodate the class schedule.

Mel continued on to graduate school immediately after earning her BSN, so I speculated whether or not she had this same issue while a graduate student. Given that this particular organization was attempting to reach Magnet status, I was surprised to hear the managers (on the unit) would do anything to preclude a nurse from continuing her or his education. I asked the following probe: “Is your immediate supervisor still in
management? Is the person still in the position?” Not surprising, Mel remarked: “I don’t know; I left my position. I’m not there anymore.”

The fact that Mel left her position was understandable considering she intended to begin graduate studies immediately upon the completion of her BSN. Earning a graduate degree would have been very difficult to do without the support of her immediate supervisor. I imagine that not having managerial support would have made it difficult for anybody to continue with his or her education. Mel’s case is a good example of how adult students need to advocate for themselves if they are to be successful.

Fay’s story differed from Mel’s story. Fay felt supported by her immediate supervisor and institution, but because she was “part time,” she concealed that her employer offered partial reimbursement to complete her BSN. Fay explained how her employer contributed: “Part of it, not entirely, because I was part time and part time only gets part-time benefits. They paid $2,000 per fiscal year.”

When Ann was asked if work was supportive of her going back for the BSN, she reflected:

Work, they were, they are, work is always supportive of more education. But my role, it was just so busy that I would be working 50 hours a week and still so much to do [nurse informatics]. It was difficult to balance at times, but as I said, it was short-term so you put your blinders on, and you trudge through it.

Ann’s story indicated how her employers verbally and financially supported her return to school. However, they did not necessarily adjust Ann’s intensive workload in order to aid her ability to be successful in school, which can put a student at risk for not completing.

Ron was hired at a large hospital in the area with his ADN; however, like others, he was hired with the expectation he would advance his education, and earn a BSN.
However, in Ron’s story, he received both financial and work schedule flexibility, both of which aided his ability to reach completion. Ron described his situation: “They [the institution] were very supportive; there is financial aid. Work was very flexible with my schedule too, so it’s something that they really supported.”

Kate’s story was unique in that she received support from her managers and as noted previously, she received 100% tuition benefits. However, in Kate’s example, she experienced backlash from her peer nurses. Her peers seemed to resent that Kate had to leave work to attend class. Kate added that most of her peers were earning their degrees online. When I explicitly asked if her employer was supportive of returning to school, Kate replied:

They were not . . . well, actually my managers were very supportive, um, but my coworkers were not because most of them were doing it online. I knew I needed to be in the classroom atmosphere to do it. I knew I wanted to be in the classroom, and I wanted to do that program, so I chose it.

Kate followed up with this elaboration: “I had a problem with leaving work early because I would have to turn my patients over. I got so much pressure from the other nurses.”

When I questioned Erin if she received support from her employer, she responded she did, mostly because her manager was also in school so Erin felt her manager “could relate.” Erin described this benefit:

I did have to be creative with my work schedule and stuff like that, but there were not any financial burdens or anything like that. For the most part, she [her manager] was, she was also in school getting her doctorate. She kind of would say, “I know.” She could relate [laugh]. She would say, “Okay, you can leave early on class days.” This was because she knew the life I was living. She was going through the same thing pretty much, at a different level, but it is the same stressors.

Jill, because she already had a role in management, had a different situation than her peer participants. Jill reported receiving tremendous support from both her superior
as well as the unit clerks who supported her position. Similar to Erin, Jill’s immediate boss had also returned to school. When asked if she felt supported by her place of employment, Jill gave an emphatic response:

Absolutely! Actually, my immediate boss was back getting her BSN at the same time. So it was kind of one of those things, but she was taking hers online. Everybody that I worked with was really supportive. They all knew when I had to leave on the days we had class. They knew when I needed to get out because I had to go to class. If I were running late, my clerks would tell me “You have class tonight don’t you?” So no, I had a supportive workplace.

What I found interesting while contemplating Jill’s particular story compared to the others was her role of authority. Specifically, did Jill receive support simply because of her position of authority, or did Jill receive support because of the atmosphere of the work environment? In particular, was it a work atmosphere that supported an RN’s educational advancement and student success, such as in Ron’s example? Having a better understanding of work atmosphere and the support received for the education advancement of all students enrolled at Benedictine, allows the RN to BSN program to better assess some of the barriers that may be experienced by this student subpopulation.

**Institutional Support Systems and the Role of Critical Bonds**

I asked the participants to identify the facets of the RN to BSN program they considered most conducive to their academic success and the completion of the program, such as any particular resources, academic advising, delivery models, teaching-learning strategies, or the relationships formed with faculty, advisors, and administrators. The participants found all of the aforementioned institutional support systems to be supportive; however, the role of the critical bond between student and Benedictine faculty, administrators, and staff were the most commonly mentioned facets of the program that were considered to be most conducive to their academic success. The
subthemes surrounding Intuitional Support and the Role of Critical Bonds were found to be: (a) Critical Bonds Formed With Faculty to Foster Student Success, (b) Faculty Uphold a High-Touch Environment, (c) Faculty Embrace Adult Learning Principles, (d) Nursing Administrators Uphold a High-Touch Environment, (e) Academic Advisors Uphold a High-Touch Environment, and (f) Resources Utilized to Foster Student Success. Similar components were additionally echoed in the exit survey responses (see Table 11).

The Critical Bonds Formed With Faculty to Foster Student Success

Nursing Faculty play a central role in the overall student experience. Shelton (2012) claimed that nursing students who perceive higher faculty support were more likely to persist and reach graduation. These same students were also found to be more academically successfully. Essentially, Shelton (2012) found interactions with faculty can either increase or decrease the overall academic outcome, depending on whether these interactions were perceived by students to be positive or negative. Jeffreys’ (2012, 2014) research stressed that adult nursing students make the decision to remain in school at the conclusion of each and every course. If Shelton’s and Jeffreys’ research findings are transferable, then it can be suggested that the relationships formed between faculty and students are vital to understanding the overall retention data of the RN to BSN program.

Many of the participants commented on the relationships they formed with faculty, and how these relationships partially contributed to their ability to successfully complete the nursing program. The subthemes surrounding the Critical Bonds Formed With Faculty That Foster Student Success theme include: (a) Faculty Serve as Role
Models, (b) Faculty Motivate Students to Critically Think and Reach Completion, and (c) Faculty Set Up Opportunities to Build Confidence and Transform Practice.

**Faculty serve as role models.** Several of the participants explained how Benedictine faculty motivated them to succeed. Participants also portrayed nursing faculty as being positive role models. As a result, the critical bond between faculty and student, to a degree, fostered the students’ ability to succeed and reach completion. Deb conveyed her experience of the faculty:

> Several of them [faculty], actually, several of the professors were very motivating. They were supportive. I felt they definitely wanted us to succeed. Very professional at all times, and I think seeing that opened my eyes. I have worked with people who have not always been the most professional. So, it was nice to see that people, that nurses are professional out there, and I can be that same way; so it was nice to have that example or role model.

Ann shared that her desire to become a nurse educator originally stemmed from the relationships she formed with faculty while in the RN to BSN program. Ann specified how the “spark” originated:

> In the program, being mentored gave me the spark. I guess, I did not realize it when I was young, going into nursing, that I eventually want to teach, but now that I’m older and went back to school, you find that the educators really do have an impact on students’ lives. In this case, on adult students’ lives. I found that I loved speaking in class [laugh] and I loved learning. You can always learn from other students... It’s so nice that the instructors presented the classes, and the material, in a way that you did, because it just made me more... It made me want more, in terms of becoming a teacher.

Erin was asked to describe her relationship with the program faculty and explain how conducive (or not) it has been to her academic success and she offered this response:

> I think the relationship was very conducive, um, you know, having Dr. X there, and knowing her from the community college. You could tell everyone worked his or her way up... They made you feel like, “I can do this.”
I asked Jill to share the facets of this program that she found most conducive to her academic success and the completion of the program. Jill replied: “I thought that the faculty was very knowledgeable and very helpful. They answered everything that you could throw at them. They are certainly very well versed in their field.”

**Faculty motivate students to critically think to reach completion.** Shelton (2012) discovered that students who persist, perceive greater faculty support. Shelton’s findings were also consistent with other researchers who were able to connect level of faculty support and student academic performance (e.g., Higgins, 2004; Jeffreys, 2007; McLaughlin, 2008; Rogers, 2010; Shelton & Bowden, 2008; Wells, 2003; Williams, 2010). Interestingly, Shelton (2012) found students who demonstrate high academic performance as well as high self-efficacy were more likely to seek the support needed to be successful; however, students who struggle academically may not pursue the needed support available to them. For this reason, Shelton recommended that nursing faculty should approach students who appear to be struggling, rather than wait for these students to seek assistance (Shelton, 2012).

Sam explained that the support and passion he perceived in faculty made a difference in his academic success:

> What I think it ultimately came down to was having quality instructors and professors. The instructors made it a really comfortable environment. I think an environment where you are comfortable it is a lot easier to learn and grow, especially when somebody is passionate about what they do. When somebody exudes passion, you get excited to go to class, and that makes it easier too.

Similarly, Fay commented she also valued the support and understanding she received from faculty while she was enrolled in the RN to BSN program:

> I think the faculty was amazing! I wish all my teachers from my past were like them. If future students knew how the Benedictine instructors were to help them,
how available they are, and the workload . . . not that it is not difficult, but the way it’s broken down, you can do it. If ADN nurses knew this ahead of time, I think more nurses would go back for their BSN. I really do. I think the faculty understands where the students are coming from because some of them are also adult students too.

Maeve shared that faculty motivated students to consider graduate school. She voiced that the power of suggestion helped students see themselves in that framework, and encouraged the student to consider advanced degrees. Maeve described this encouragement:

Quite a few of the teachers would often interject, for those of you who are moving on to graduate school, or this or that . . . just mentioning it helps you visualize, you know. I think it made us hope, to see ourselves in that dimension.

Ron was invited to share whether he ever felt mentored or motivated by nursing faculty while a student in the RN to BSN program:

I think the first time that I noticed this was with professor K. I think it was through her Physical Assessment class because she gave us the skills that we could utilize in our practice, and she treated us in high regard; she would always say you’re going to be nurse practitioners and all these kinds of things. So, you know having that kind of encouragement, I think is really empowering. During her class, I felt really empowered.

Ann also said faculty set the tone for student success. Again, the power of suggestion was discussed and how students internalized this component of faculty support. Ann related her experience with faculty:

I think the instructors, the professors, really gave us that ability and that reassurance that we can get through this . . . I think (faculty) did a great job encouraging us often by saying “you’re going to get through this”; “you’re doing a great job.” Obviously, there were things that we needed to pass and long papers that we needed to write, but overall [faculty] did a wonderful job making us feel like we were going to be successful . . .

As mentioned previously, nursing students contemplate leaving a program or continuing on to the next course at the end of every class (Jeffreys, 2012, 2015). The fact
that student departure did not enter any of the participants’ thoughts is valuable information to this case study. One can look at retention as an upper management higher education problem. This is an issue administrators have to deal with, but in actuality, student attrition is impacted at the program level, more specifically, at the classroom level. As a result, the instructor in the classroom is the individual who most influences the students’ decision to stay or step out. As faculty, it is important for us to remember the power we have in the classroom, the influence we have in facilitating our students to build goals for themselves, to think of themselves as successful so that they begin to believe it. Ann reported that she felt motivated because the faculty appeared to be working hard for her:

If you think of any education that you have had throughout your life, we all have good teachers and bad teachers, but often the grades reflect that. We wanted to do well personally, but we also wanted to do well because we knew how hard [faculty] were working to get us through. It was motivating.

Similar to others, Mel alluded to the classroom atmosphere, in particular, how a certain instructor motivated her:

In all seriousness, you were great, most of the faculty was. In particularly, I remember the redhead . . . [pause to think of instructor’s name]. Professor H, she taught an online course too . . . She was really motivating in those classes. Very animated, and made it really fun!

I asked Kate if there was anything I did not address that she felt contributed to her ability to successfully complete the RN to BSN program at Benedictine University. Kate reflected on this:

I think it was because there is so much great support with the instructors at Benedictine. There is just so much support! There is so much support surrounded around finishing. I could not see why anyone wouldn’t finish.
Faculty Set up Opportunities to Build Confidence and Transform Practice

The participants in the case study were also able to articulate how faculty support specifically motivated them to be more successful. In particular, participants valued how faculty set up opportunities and offered resources that built confidence and transformed their practice as well as fostered critical thinking. From the participants’ words, we again learn how the “power of suggestion” propelled students to reach completion and beyond.

As one example, the study participants found it beneficial to have clinical opportunities set up for them as well as receive direction to appropriate resources to help them be more successful. Deb revealed the following:

Mostly, [it was] the resources that the instructor’s share with us. Like where we could find information for our projects or how to research a topic. There was the health fair project you had given us. The resources of where to present a project, for example, [faculty] set up the opportunity to provide a health fair on campus. It was nice to have clinical opportunities set up for us. It was nice that was taken care of for us.

Similar to Deb, Ann also found that the experiential clinical learning opportunities set up by faculty transformed her practice and success as a student. Ann described this assistance: “I also found it very helpful that the instructors often gave us resources too, led us to the correct path. You were given direction to resources and then could find what we needed.” After a pause, Ann continued:

You know, the little field trips, reaching out to the community, those were wonderful too. Things like that. I think overall, the resources, also when you had those nurses come in from SANE (Sexual Assault Nurse Examiner) that was extremely helpful. Just to hear a different side of it. You know, I worked in the ER forever and to hear those nurses, how they treat the patient and collected evidence, it was a really good resource for me. It prompted a lot of thought for me.

Fay initially revealed she had not intended to get her BSN because she had already earned a bachelor’s degree. She pursued a BSN because she experienced
difficulty finding employment. However, sometime during the program, there was a dramatic shift. Fay completed the program in December 2015 and immediately decided to enroll in graduate school. Fay selected an FNP (Family Nurse Practitioner) program scheduled to begin in January 2016. I was curious to learn how she came to this decision. I asked Fay if anyone, in particular, mentored her, or if there was any component of the program that contributed to her decision. I learned that it was through her clinical rotation where she had the opportunity to work with an advanced practice nurse. From this clinical experience, and spending time with her preceptor, Fay explained she became motivated to continue her education beyond the BSN:

When we were in the program, there was a point when we had to actually do clinicals. I shadowed one of the nurse practitioners in the ER/urgent care. She worked the fast track in the ER (Emergency Room), and her patients would get discharged directly to the community. We saw a lot of broken bones and UTI’s, and she loved what she did. She said to me “You should really consider it. You are already in the mode, the mode of school; don’t stop, just keep going.” She was just independent, and I liked that about her position, and I was like “I could do this.” If I have gone this far, well then, I can do another two years. It was going to be two years regardless if I wanted the FNP route or just the masters, so I thought, “I’m going to do this.”

Another opportunity offered in the program was the introduction to online activities, which helped build confidence, in particular, to the possibility of moving to an online graduate program in the future. Fay offered that she began to look for a hybrid program for graduate school after her introduction to online work towards the end of the program:

I loved that it was online [a portion of revised curriculum is online], or a portion of it was at least. I did like going to class. Actually, I preferred going to class. In fact, at first, I wasn’t a fan of the whole online thing, but once I got comfortable with it, I loved it! So, I think that was great, having both experiences. I liked the Community Health class. It was nice we had online portions, but also in class so we could talk about what we did online together when we were together. . . . I’m
looking for that combined online on ground experience [in a graduate program].” I know how to do that. I will be fine.

Sam and Mel also became more confident utilizing online activities because of the technology opportunities built into the RN to BSN program. Sam explained he selected a fully online MSN program because of the online opportunities built into the RN to BSN program:

Online was not comfortable to me, but the way [faculty] introduced the online component was wonderful . . . to show you online expectations, you know, how to write a response, and how to be an active participant. Also, I feel like the structure of the program helped. Meaning each class built on the one before it. So by the time we got to something difficult, it seemed really simple. Smooth transition from class to class was probably what I found most helpful. Especially online, I had put it in my head that I could not do it.

Mel’s reasons were similar to Sam’s: “I always thought I wouldn’t have the discipline to do an online course or even program. But once I took the online course, I thought to myself ‘I can do this; I can handle this.’”

When asked, Ron to described and evaluated his overall educational experience at Benedictine and specifically, how it had influenced his interest in furthering his education. Ron made it clear that the quality of the education gave him more confidence:

The quality of the education that I have received was very good. I feel much more confident in clinical practice. Taking on leadership roles . . . and using evidence-based practice, something that I’m applying more of when I communicate with the patients, as well as with my peers, and the leaders at my facility.

When I asked Erin if there were any resources she found conducive to her ability to complete the program or any items she found particularly motivating, Erin explained her invitation to join Sigma Theta Tau Nursing Honor Society among other opportunities that made a difference:
Well, definitely your help with the Nursing Honor Society. I do not think I would have joined Sigma if it had not been for your encouragement. You were like “Hey, this organization has opportunities that can help you network,” and I think that opened more doors for me. In fact, that’s how I met some of the people from the [different cohort] and how I got hired at my new job. I would not have probably ever met them, you know, made those contacts, if I hadn’t joined Sigma. It was very good in helping me network. Also, it made me want to join other professional organizations. Like, I have joined the Black Nurses Association and stuff like that. It got me on a roll.

In these recounted experiences, we see where opportunities provided by faculty helped to build confidence and transform practice as the study participants progressed through the RN to BSN program. Many of the opportunities provided fostered the students’ decision to attend graduate school, join professional organizations, and helped guide students towards the resources needed to be successful.

**Faculty Uphold a High-Touch Environment**

Faculty advisement and helpfulness, as defined by Jeffreys (2012), means “the active involvement of nursing faculty in the student’s academic endeavors, career goals, and professional socialization” (p. 127). Advising a student indicates meeting with the student both formally and informally during class or at scheduled appointments. In faculty helpfulness, the faculty member makes a connection with the student or is considered to have “presence,” meaning “to care about the whole student” and is available as a resource when necessary (Jeffreys, 2012, p. 129).

From the participants’ perceptions, I also believe faculty helpfulness includes the facilitation of a supportive high-touch environment. Instructors who practice high touch are described as accessible and approachable, and as someone who cares about the student’s whole self. A subtheme identified by the research to help illustrate a high-touch environment was *Faculty Support and Accessibility.*
Faculty support and accessibility. An important theme mentioned by all 10 of the participants was having easy and immediate access to their instructors. Instructor availability was viewed by all 10 participants as being important in helping them problem solve and was partially responsible for students’ ability to complete the RN to BSN program. From the data extracted from the interviews, it became apparent that none of the faculty members within the program held “traditional office hours” but instead, made themselves available at all times, including weekends and evenings. The participants’ revealed that having access to instructors was an important component in helping students to manage stress and promote student success. According to Benedictine University’s (2012b) Faculty Handbook,

Faculty members are expected to be available for consultation in their offices, labs, studios, or other designated campus locations [approved by the department chair/associate dean] on a regular, announced basis at reasonable times to accommodate students. Faculty shall hold a minimum of a one-half hour of office hours per credit hour taught. Normally, this shall be interpreted as six office hours per week for regular faculty with a full-time teaching load. (p. 60)

According to Billings and Halstead (2012), best practice suggests students have the right to expect instructors to “remain available to students and announce and keep liberal office hours convenient to students” (p. 255). Furthermore, with the advancements in technology (cell phone, e-mail, text, Skype, and others), it seems like offering only six scheduled office hours per week would not be sufficient for assisting the adult student subpopulation. Given the evidence found in this study, perhaps a review of this policy is something the institution should consider in an effort to improve retention in general. For instance, Deb said, “The availability of the instructors to answer questions even on off-hours, like, if you email an instructor, you will get a response quickly.” After a pause, Deb continued to elaborate on the impact of
I think the passion and the support that the professors showed the students was extremely important. If I had not experienced that when I stepped out, I don’t think I would’ve come back.”

Sam also explained instructor accessibility was important to his ability to problem solve, which was something he did not experience at other institutions:

I felt listen to. If I struggled with something, I didn’t know . . . somehow [faculty] would help me figure it out. I could simply bring a question to [faculty] at any hour. I could e-mail or text [them], and that is something you don’t get at every institution. At other institutions, you are dealing with TAs, not instructors. Students do not directly interact with the instructors. If I ever needed something, I could just reach out to [faculty] directly.

Sam added that he also felt there was a mutual respect between student and instructor.

Sam gave this example: “Sometimes you come to class completely exhausted; you know what I mean? The instructor would realize it too; there was mutual respect on both ends.”

Mel highlighted having access to instructors also helped keep her stress “in check”:

A lot of instructors, in general, made it really easy for you to come and talk to them; everyone was extremely approachable. The instructors always offered their cell numbers, or ways to easily contact them if need be, and there was obviously always before and after class. You could make an appointment if you needed to discuss something in person. Having access to the instructors helps keep your stress in check too . . . answer questions, or if you are uncertain about something, you do not even hesitate not reaching out for clarification. Think that is really special about Benedictine. You knew that they were there for you. Approachable and very transparent. It is good to be able to talk to the teachers when you need to.

Similar to other participants, Fay appreciated having access to her instructors, especially on weekends and evenings when adult students are typically not at work:

The accessibility to the teachers was fabulous, I thought. I could e-mail or text or call whoever I needed if I ever had an issue. I think that helped a lot. They’d get
back to you right away . . . usually, within the hour, including weekends and evenings, so that was really nice.

When I asked Erin to identify the facets of this program that she found most conducive to her academic success and the completion of the program, like other participants, Erin enthusiastically mentioned the instructors were sensitive to adult learners needs:

It’s our instructors . . . I think our instructors were very supportive. Like whenever, anything, if you had a question or you needed clarification, you know, I think they made it very conducive to our learning. They made it very conducive to adult learners.

Similarly, Ron described faculty as being very responsive to his needs as well:

I think it’s been very good. They’ve [faculty] always been encouraging. I learned a lot from each faculty member. Each one kind of has, you know, a different style of teaching. You know different methods that they use to help you. They’ve always been able to get back to me very quickly via e-mail if I had any questions . . . Very responsive, very responsive. They were good listeners.

Jill also mentioned that faculty, both nursing and non-nursing, were approachable. Jill explained. Jill said, “I think it was very conducive, I mean, I think that all of the professors I had, nursing and non-nursing, I mean, I thought everybody was very approachable. Again, I thought everybody was very knowledgeable.”

**Faculty embrace adult learning principles.** Knowles’s (1990) theory of andragogy explains the specialized learning needs of the adult student and supports the importance of self-direction for the adult student. In addition, adult learners may have real-life experiences (good and bad) that contribute to their learning, and they thrive on collaboration and cooperation among students, faculty, and peers through a learner-centered curriculum infused with adult learning principles (Allen & Armstrong, 2013; Zmeyov, 1998). Furthermore, Billings and Halstead (2012) and others (e.g., Clark, 2008;
Nelson, 2007; Price & Nelson, 2007) found many benefits of active learning and these include:

1. Increased attentiveness to learning
2. Greater interest in learning
3. Desire to use multiple ways of learning
4. Increased retention of information
5. Greater assimilation of learning
6. Deeper understanding, of course material
7. Increased critical thinking skills
8. Increased problem-solving skills
9. Enhanced teamwork skills

The participants’ responses revealed how they perceived faculty utilizing adult teaching strategies. The learning strategies incorporated by faculty were designed to be engaging and motivating. The participants were also able to connect these learning strategies and their ability to complete the program.

Faculty motivated students through engaging learning strategies. What is of greatest importance in considering adult student learning needs is that instruction matches the desired outcomes. For this study, this means the learning environment matches students’ needs and plays a role in their ability to complete the program. Sam recounts how instruction received, while in the RN to BSN program, kept him engaged:

I can say the instructors I had at Benedictine were all really passionate about nursing. They understood it, the good, the bad, and the ugly. They embraced your questions and your learning styles, and I feel like that was the key component or facet of my success. Also, definitely, the learning styles of the students were all considered. Teaching styles fit or was geared to a 21-year-old,
all the way up until later adulthood. For me, you kept my attention, and for someone like myself, that’s very hard to do [laugh]. You did not dumb it down. It seemed effortless. Your teaching style especially was very engaging, we incorporated fun things, and you brought laughter into the classroom. You know, when everyone is kind of stressed out, and you’re being crushed with deadlines, just taking five minutes at the start of the class to see how everyone is doing, coming in and discussion how everyone’s week was, was nice, helped you connect with everyone. It helped us see “you know, others are in the same boat as you.”

After a pause, Sam continued, sharing that he “felt like an adult in the classroom.”

You and other professors really guided the student along to make sure we understood the concepts. [Faculty] also helped students further develop the skills they already had. Really taking our experiences, and our abilities, and helping to develop our own ideas on how to solve problems. It was great, [faculty] always expounded on whatever experience we already had. I felt like I was an adult in the classroom and I had something to offer. We were able to bring our own experiences into the classroom. Because a lot of the times I didn’t have adult experience [had pediatric], or gerontology experience, and other students shared their experience with psych patients. I was like “Oh wow, so that was very interesting.” What can I say; it was engaging.

Mel explained how faculty motivated her through active adult learning strategies. Mel underscored, students “were very much involved in the learning.”

The faculty was . . . just, very motivating, you know. Ummm, faculty made things fun in class. I can say I was never bored. They incorporated a lot of the adult teaching strategies. We did a lot of group work, and presentations, so they [faculty] were not at the front of the classroom, constantly talking at us. Does that make sense? They were not constantly talking. As adults, we were very much involved in the learning.

Ann described her experience and relationship with faculty to be a two-way street. Similar to Mel, she felt as if students were an important part of the learning process. Ann described her experience:

I really thought [faculty] were amazing! [Faculty] were amazing, and I think that it really helped me to understand what teaching is all about. It was not intimidating as if you are going to be in trouble if you don’t . . . [laugh]. It was more like the advice [faculty] would give us, you know, do XYZ to better yourself. I think [faculty] approached education that way, putting us in the driver seat. We were treated as an adult, as professionals. Nonjudgmental, no criticism,
unless it was constructive criticism, there was not any downplaying. [Faculty] didn’t dummy-it-down either. I think that, at least from my standpoint, I felt respected. I’ll say I wanted to do well because [faculty] were doing such a great job. The instructors put all this time and effort into our course to help us. Clearly, I wanted to earn my degree, but also I wanted to learn as much as I could from the instructors. I think it was just a really good experience.

When asked to share with me any teaching-learning strategies used by faculty that she found particularly supportive as an adult student and that possibly contributed to her success, Maeve shared:

There was several. In the back of my mind, I knew that I was going to go on for my masters to become a Nurse Educator, so I would watch my teachers with that lens, you know? I would look at how they presented material, to see what I like, and what I didn’t like, kind of examining his or her techniques, their teaching style, to see if it’s something I’d wanted to adopt moving forward. One of the instructors, umm, well actually several instructors . . . I like the way they started off each class; it was very casual, sort of touching base with us, making sure we were all okay. One instructor used what she called “a-whip-around.” I always liked that term. For example, she would tell us to say a short, fun fact about ourselves, and then quickly moved to the next person. Tell us why you’re here, where you’re from, what kind of nursing practice, you know, and end with a fun fact about yourself. As you know, it was the same group of students, so by the time we got to the middle, certainly the end, we would say to the teacher “we already know each other” [laugh]. But like you said, it was really getting him or her more familiar with us that was important.

I also asked Ron to share with me any teaching-learning strategies used by faculty that he found particularly supportive as an adult student and that possibly contributed to his success. Ron revealed the following:

I think as an adult student, the most effective would be the discussion and providing feedback, and the group work. I think more as an undergrad, or going through your ADN, the style of just telling the students what to do is more effective. But, as a graduate (RN to BSN student), you know, finishing up your BSN, I think the discussion is really important. Because a lot of what we discussed was not necessarily concrete concepts, there is a lot of fluidity with some of it. Like Community and Leadership, there is a lot of fluidity. It’s just kind of changing the way you think, instead of just solid black and white, to think outside the box.
Several participants used the term “think outside the box” when they explained how earning a BSN transformed their practice. However, here Ron was able to connect and bring the classroom discussion activities and this new way of thinking and assessing to the forefront.

I asked Erin if she could share with me any teaching-learning strategies used by faculty that she found particularly supportive. For example, I said “any activities in the classroom, ways the instructors presented the material, the assignments, in particular as an adult student and that possibly contributed to your success? Perhaps how the instructors engaged you?” Again, like others, Erin included student experience and encouraging student opinions in classroom discussion as highly valued:

I think, for the most part, I found our instructors “to be real.” They did not have the attitude, “I’m above you.” You know, kind of like, they taught to our level. They involved our experiences in the classroom discussions. Also, they used a variety of teaching, like interesting video clips, class and group discussions, and stuff like that. And, I think that helped because you gain more than one perspective. It wasn’t like “this is the way it is, this is the only way to do something”; it was more problem solving. You know, especially coming from an ADN program where we were basically told: “this is what you do, don’t stray from the path.” At Benedictine, you feel . . . you feel like your opinions, your way of doing things matter.

When I requested Ron to compare his experience as an adult student at Benedictine to his experienced, as a young man, at the associate level, Ron shared his thoughts:

In terms of how the (BenU) faculty interacted with the students . . . they interacted in a very friendly, non-dominant manner. There was a lot of discussions. It’s not just the professor telling the student what to do; it’s a lot of feedback, guiding the student to make informed critical decisions. Again it’s a lot of critical thinking. Also, there was a lot of learning from one another because each student had their own experiences and different backgrounds, and so did the faculty.
Jeffreys (2012) HOLISTIC COMPETENCE acronym supports the comments expresses by respondents. A couple of examples are the concept of “Human-connectedness between faculty and students make a powerful difference in retention” as well as “Caring sincerely about holistic needs of students is the first step in fostering success” (Jeffreys, 2012, p. 128). After absorbing the participants own words, it was clear that students valued being treated as adults in the classroom. As the researcher, this meant it is important to incorporate students’ opinions and experiences into class discussion as well as make sure students feel “respected” by including their previous life and work experience to the classroom environment.

When I asked Kate to share any teaching-learning strategies used by faculty that she found particularly supportive as an adult student and that possibly contributed to her success. like others, Kate explained the group projects were valuable, but also added the following:

I felt, there was one teacher, it was one of the extra classes (humanities) I had to take, and we had a quiz every day before we came in. That really motivated you to read and be prepared before you came to his class because you knew that quiz was coming up as soon as you walked in the door. There was no discussing; it was like “let’s do this” right when you walked in the door [laugh]. That really helped.

I found Kate’s response interesting, mainly because she seemed to value being challenged and did not consider a “daily quiz” a chore, as I would have expected. Kate described the daily quiz as more of a motivator to keep her on track. Similarly, when I asked Fay to share with me any teaching-learning strategies used by faculty that she found particularly supportive as an adult student and that possibly contributed to her success, Fay focused on questions:
I liked the, um, those questions that we did each week? I felt it kept me on my toes, kept me reading . . . The online questions we answered before class. We had to submit weekly . . . I like that a lot.

Mel also responded that she valued the group work, but similar to Fay, she also found the required pre-course work helpful: “Definitely, the group work we did in class and outside of class. Some courses required pre-work . . . that was different and helpful which I liked.”

Kate, Fay, and Mel’s admission that they believed weekly pre-class quizzes influenced learning and motivated them somewhat surprised me. For example, in the Community Health course, students are asked to read a portion of a novel and come to class prepared to discuss. However, prior to attending class, each student is expected to complete a 10-point quiz. The quiz is not intended to measure comprehension, but rather to refresh the students’ memory in an effort to promote a more engaged class discussion, and this is explained to students in the syllabus. The fact that both Kate and Fay were able to articulate the benefits of pre-class quizzes as a tool to foster and motivate their learning is something to underscore. Jeffreys may explain this reaction as an example of the students’ self-efficacy. Self-efficacy is the students’ “perceived confidence for learning or performing specific tasks or skills necessary to achieve a particular goal” (Jeffreys, 2012, p. 63). In this case, this relates to taking a pre-class quiz so the student is more prepared for the in-class discussion to follow. Attending class confident and prepared could be one of many reasons why many of the participants successfully completed the program.

Kate also emphasized the faculty motivated her as well. When asked, “Please describe your relationship with the program faculty. How conducive (or not) has it been
to your academic success?” Kate said, “Oh, I just, I think all the professors there [at
BenU] really motivated us.” I probed further, asking Kate for more specifics:

Telling their stories, you know, just learning what they had gone through. I
thought that they were very clear of what they expected of us. Especially, when it
came to the papers, and they were very clear at working it out with us if we had a
problem, you know.

Jill found that lessons and class activities that made a connection to everyday
life were particularly supportive as an adult student and this potentially contributed to
her success. Knowles et al. (2012) would agree that adults’ orientation to learning is
life-centered; therefore, adult learning should be considered situational, not merely
subjects. Jill explained her thoughts on this concept:

Anytime you can have an example of how it pertains to your everyday life or your
everyday career or the patients that you see, um, bringing that connection,
bringing the clinical skills back to the workplace, I think was a great aspect.
“This is how it is today.” Very current, yeah we would go over journal articles,
but in most cases, we would discuss what is more practical, what is really done in
practice.

**Nursing Administrators Uphold a High-Touch Environment: Administration
Support and Accessibility**

Clearly, the faculty-student bond is an important part of the institutional support
systems. However, according to many of the participants, the critical bonds formed
among students and nursing administrators were also vital to the student’s ability to
complete the RN to BSN program. Similar to faculty, the nursing administrators at
Benedictine also uphold a high-touch environment. The subtheme extracted from the
interviews that explains a “high-touch environment” is Administration Support and
Accessibility.

Deb thought that nursing administrators listened to her concerns, and it was clear
to her that administration wanted to see students succeed:
I think that nursing administrators were awesome! I mean the concern I had in that last class was addressed immediately, even on a weekend evening, which I was surprised and not expecting. I was just upset and sent out the e-mail, explaining why I was upset, and I just figured . . . oh on Monday maybe I’ll hear back. I sent the e-mail because I was upset about my grade and I received a response in less than two hours. I was like, oh my gosh, it was nice because my concerns were taken seriously. It was clear to me administration wanted to see us succeed too. To see that the issue was addressed so quickly, and on the weekend no less, on her own personal time, really made me feel she cared about me and my issue.

Participants’ also reported they appreciated and valued that administrators taught in the program. Having administrators in the classroom was viewed as having an expert instruct them. Sam remembered the following:

As far as administration, Dr. X. stuck out. She was involved throughout, if you know what I mean. She even taught a class in the program, you know, as a chairperson; I do not know if that is always protocols are not. You knew who she was, what her position was, and again it was that closeness and sense of “family” again. As I said, it all points to her being approachable, very approachable.

Among other participants, Maeve also valued having administrators instruct in the program. When asked if any resources used that possibly contributed to your ability to get through the program, Maeve immediately thought of nursing administration:

There were a lot of resources, people to turn to. These people were always available, and I have to mention her name without a doubt, number one was Dr. X. Oh my gosh, she a wonderful woman! She is my idol; she is approachable, smart, and she gave me a lot of guidance throughout the program. I called her on numerous occasions about this or that, and she was always right on the spot there to help me. She was actually my first teacher in the program at Benedictine. She taught the first class in the BSN program. It was such a good way to start the program. Having this woman as your professor, I mean boy, I thought, “If this is the way it’s was going to be, then this is going to be a great program.”

Maeve continued: “It really set the tone for the rest of my experience, my positive experience at Benedictine. She such an approachable woman.”

Mel felt administration had similar qualities to those she valued in the faculty; both groups she considered were approachable and transparent:
The administration was transparent, similarly, to the instructors; they were very approachable too. Most often, you expect the administrators to be in their little offices, running things behind the scenes, but that is not the case. They were very approachable; you’d see them, and they would always stop and say hello.

Fay valued how administration welcomed feedback on the program and especially how the RN to BSN program could be improved. Fay felt student feedback was valued and utilized to make improvements:

(Nursing administrators) coming into the classroom and explaining how the entire program was going to go was helpful; she always asked us what our thoughts were on the program and how we were doing. She would explain how she took our feedback to make improvements in the program, how she had planned to make some changes based on our thoughts. I really thought it was great that she asked our input. Whatever we can do to improve the program for future students is just good for the University.

Ron also reiterated that he felt nursing administrators listened to students and welcomed feedback:

Oh, I only know of Dr. X.; she was very pleasant. She was very encouraging; she went to many of our weekly class sessions on occasion to discuss the preceptor issues, to get feedback. I think second to the last week she came to our class to ask if there’s anything that she can, you know, help us with, you know, any information we could give her to help her improve the program. She was always very proactive in obtaining feedback and how to improve the program.

After questioned to comment on the role of administration, Kate shared the example of how a nursing administrator “did all she could do” to help Kate be successful:

I know in the beginning I was having a lot of problems with the computer system [learning management system] . . . getting it set up and getting it to work. And it was a Sunday afternoon and [Dr. X] just did all that she could do to help me get online. She was calling me from home. I e-mailed her; it was my first class, and I e-mailed her. And I said “I don’t know what’s going on here,” and she got right back with me and she tried to get somebody, but she couldn’t get anybody at the school because nobody was there at the time. She worked with me, and we got it together. She went out of her way. That is something I will never forget.
Ann made clear, similar to the faculty, that nursing administrators also treated students “like adults”: “Dr. X was great, I mean, like I said, you all treated us like adults. It was not a punitive environment. Except for maybe statistics [laugh]. Dr. X was awesome.”

**Academic Advisors Uphold a High-Touch Environment: Academic Support and Availability**

Another important institutional support system identified by participants was the academic advisor. Similar to faculty and nursing administration, many of the participants valued the bond between the student and nursing advisor. In addition, this relationship is fundamental to the student’s ability to complete the RN to BSN program. In fact, in some examples, participants specifically credited their academic advisor for motivating them to complete the program. The common themes between faculty, nursing administration, and the academic advisors were again, the importance of a high-touch environment. The subtheme extracted from the interviews that explained a “high-touch environment” was Academic Advisor Accessibility.

Shortly after Deb began the program, she accepted a job 85 miles from Benedictine University. Given the distance and pressure of learning the roles and responsibilities of the new position, Deb decided to step out of the program and postpone her goal to obtain a BSN. Deb explained her reasons for stepping out and the role the academic advisor played in encouraging her to return:

So, when I was accepted into Benedictine, I knew in March 2013, that I was going to start in August 2013. This gave me a couple of months to prepare. Well, at that time, I was at a job that was close to home, close to Benedictine, everything was close to home. I was going to start class; well then, I got a job (85 miles away) [laugh]. This all happened a week after I started the program. I was faced with . . . new work responsibilities and school, two new things at the same time . . . and I struggled in the beginning. Not so much with assignments, but I struggled at my new job. I wanted to be successful in school, but I had to learn my new job too, so I could pay my bills.
Deb continued, explaining that in part, she came back because she did not want to “disappoint” the academic advisor:

When I stepped out, I was concerned how long I would have to wait to get back in . . . hmmm . . . Actually, that was my only concern, but they [academic advisors] were actually, really worried that I was never going to come back. They really wanted to make sure I completed. Like . . . the passion that they had for their students completing the program. I think also, I didn’t want to disappoint them. Of course, I didn’t want to disappoint myself either, but the fact that they were so interested in having their students complete the program was also a driving force.

The advisor clearly set the tone and helped students prepare to start the program.

As explained in the literature, because of all their other responsibilities, adult students prefer to have courses pre-registered on their behalf. At Benedictine, the advisor registers each student for his or her courses as well as schedules an in-person meeting to explain the systematic program of study. Participants’ explained how this practice helped them prepare. Mel stated, “The academic advisors definitely got me ready to begin.

Fay added that the advisors consistently “got back to me right away” demonstrating the level of accessibility:

[Advisor C.] for the most part and actually, [Advisor J.] helped me towards the end. [Advisor C.] was very nice; anytime I would e-mail her she also got back to me right away. I never really had to call because she was so responsive and so easy to get a hold of by e-mail. I only actually met her once. [Advisor J.] was really towards the end, so it was just connecting the dots at that point. What we needed to do to complete the program, you have to submit “this or that.” And all the graduation stuff so she was on top of that and again she was accessible for questions or if I needed clarification.

Sam recounted that he decided to attend graduate school immediately after obtaining his BSN, in part, because the academic advisor encouraged him to continue his education:

I went to graduate school so quickly . . . only because it continued to ring in the back of my head . . . it was Advisor C. who said to me, “It’s much easier to just
continue to go on.” She was right. I had taken the five-year break before starting my BSN, so I thought to myself, you know, I’m always going to be in debt, I might as well just continue on [all laugh].

Maeve shared that she took three years to earn her BSN but actually completed the RN to BSN program within one year. Two years before Maeve began the program, she completed the prerequisite and humanity courses. Maeve had a number of courses to take since she did not transfer from a community college where Benedictine has a 3+1 agreement. Maeve discussed that the academic advisor instructed her to complete all of her prerequisites prior to enrolling in the nursing program, advice she was glad she took:

The reason it took me so long was I was working full time, and I first went to earn my prerequisites, as you will, all the humanities courses I needed and stuff like that. Advisor A. had recommended them. She recommended I complete all my prerequisites before I start the nursing program, rather than some of the nurses who still had a number of courses to take after we had finished the program. So even though many of us had graduated from the program, there were still nurses who weren’t quite done, and I didn’t want to take that route.

Maeve’s example matches the retention issue identified by a previous chair, where several students who entered the program were able to complete the required NRHL nursing courses, but failed to finish a few remaining baccalaureate credits required by the University at large after they left the cohort model. Once students leave a cohort environment, sometimes the momentum and support leaves with them. The advice Maeve received from the academic advisor was in an effort to prevent her from not completing. Maeve was advised to complete prerequisites before entering the nursing program based on the lessons learned from past completers.

Ron did not seem to require much of the support available to him from the academic advisors because he came to BenU directly from a 3+1 agreement. For this
reason, he claimed to have had a smooth transition and did not require additional support in order to meet the requirements of the program:

The advisors that we used were just the Benedictine advisors. I believe, when we first got in, it was Advisor C. She got our courses together, and then Advisor J., followed up after Advisor C. left, so I didn’t really feel like I needed an academic advisor, but they were there just to kind of manage us in regards to paperwork that had to be turned in, immunizations and those types of things. All my courses transferred nicely.

Resources Utilized to Foster Student Success: Library Staff Support and Accessibility

Adult students do not utilize many of the on-campus resources available to them, mainly because they live off campus and are employed full time. I was curious to learn if this was true for the RN to BSN students at Benedictine so I asked the question, “What are the facets of this program that you have found most conducive to your academic success and the completion of the program?” I followed my question by inquiring if any resources fostered their success. Of all the possible institutional and program resources available to students at Benedictine, the study participants overwhelmingly underscored the importance of the library support services and how this bond played a role in their ability to be successful.

Participants stated the one resource they found most helpful, and that possibly contributed to their success was the online library support. This was underscored by Mel:

Definitely the library, especially the online “chat option” within the library site! Chatting with them was a great help because I could stay at home and I didn’t need to drag my little guy with me, not my new little guy, but my third child who was a little guy at the time. I didn’t need to drag him anywhere with me to go find help.
Fay, similar to Mel, was a mother, so she too highlighted the importance of the online chat. However, Fay also mentioned one particular librarian who was invaluable to her success:

The library was great, especially online; we could chat with the librarian, that was kinda cool. You can go in their chat room and talk to somebody, and they will help you right away. Also, we actually had a meeting. Library staff came to class with . . . I forgot his name . . . Librarian K., yes! I love that experience; I thought that was great! It helped a lot.

Fay continued to share a story describing how BenU Librarian K. went out of his way to help her:

I actually, e-mailed him [Librarian K] because I wanted to go back for my diabetes educator certificate and Benedictine didn’t have the book, and he got it for me. That was to study for the exam, and it had nothing to do with the program. I started looking on my own first, and then I thought, “Let me ask Librarian K.; he’ll know where I can find it,” so I e-mailed him and by the next day, it was there. Benedictine did not have it, but he found it!

Maeve concurred with others, finding the online chat to be very helpful to her ability to succeed. One consistent theme among all participants was the importance of having someone “always accessible,” This was articulated by Maeve as follows:

They showed us how to go online to the library site where you could type in . . . the chat line. They were very helpful too! They showed us how to do this or that, and they are always accessible, so I found that very helpful.

I asked Ann to share any institutional support systems or resources she utilized, and once again, Ann quickly recalled: “I think that Benedictine’s library, especially the stuff that was online, that we could access through those web pages was awesome!”

The Critical Bonds Formed Among Peers

Another valuable bond participants revealed was the relation they had with their peers while in the program. It seems nursing faculty played an important role in fostering these peer connections. It has been suggested by some researchers that creating a
classroom environment where students are socially connected and have a commitment to learning, persistence, and success can make a difference in overall student retention rates of a program (Jeffreys, 2012; Seidman, 2007). Fettig and Friesen (2014) discovered that when nontraditional nursing students developed collegial relationships with peers, they report forming friendships, caring connections, and shared learning and collaboration occurred. All of the aforementioned components became important when reviewing retention practices for this case study. From the respondents, the following subthemes surrounding the Critical Bonds Formed Among Peers included: (a) Collaboration and Teamwork; (b) Peers Promote Nonjudgmental, Inclusive Environment to Overcome Obstacles; and (d) Diversity in Nursing Practice: Years of Experience, Age, and Demography. Satisfaction with fellow peers and camaraderie were echoed in the exit survey responses (see Table 8).

**Collaboration and Teamwork**

Nurse educators can design the learning environment to include student-centered interactive experiences that promote positive and productive peer partnerships (Jeffreys, 2012; 2014; 2015). Furthermore, Jeffreys (2012) asserted that “encouragement by friends in class will actively promote positive psychological outcomes, self-efficacy, professional socialization, persistence, and retention” (p. 273). As an example of this, when respondents described their relationships with peers while in the program, and were asked if they considered these relationships conducive to their academic success, Deb made the following contribution:

I would say I experienced a lot of teamwork . . .a lot of support from each other and to each other. There was a classmate that [pause], when I first started the program, we became close. There were times when she wanted to give up . . . and I said . . . nooooo [laugh], absolutely not! I need you; we need each other; we are
going to get through this; it is only a year; and we’re going to get through this together . . . she has kids, a husband, and her life, and I had just started this new job; it was crazy, but we were going to get us through this together.

Sam remembered group projects and collaboration as being helpful in his ability to overcome obstacles. Also, Sam articulated how working together with peers is similar to working with patients in practice:

I loved; I just loved doing group projects. For me, you know, we [nurses] work with people all day, so we have to get along with people. We have to adapt our ways of doing things. Maybe you need to be a little bit more patient. Some patients want things quickly; others like to take things slower. So, you need to be able to do that, to be adaptable. In the program, we did a lot of peer groups and peer studying, and that really helps in the real world. It helps because teamwork is a huge thing in our profession. We are dealing with people, and we need to come up with different learning styles, different ways around obstacles. Peers will come up with ideas that you never thought of. You can learn so much from your peers.

Similar to Sam, Ann also connected the peer support she encountered and her relationship to her patients in practice:

Especially as a nurse, your goal is to get that patient better, right . . . and go home. I think that in the classroom environment, you want your peers to pass and to succeed, to do well, just as if we would want our patience to do well, to succeed.

Mel articulated that working with peers helped her better prepare for class:

I preferred it when the students had to kind of teach, when we presented the material, like we did in group projects. Then I think you come to class much better prepared, and just because of that you learn more.

As I reflect back to Mel’s cohort, I remembered she sat in the back row and seemed somewhat reserved; perhaps she could be described as an introvert. Because of this, I was not surprised when she shared that she had only connected with one student. However, as Mel continued to discuss her relationships with peers, it was interesting to see how they helped one another find employment and encouraged each other to continue to graduate school:
I think I connected with one girl really well. Other than that, I kinda sat in the back, kept quiet. Ummm, but actually there were a couple others that we often work together in a group too, so I knew that if I ever had any questions I had, I could also contact them. The one girl who I became close with, I actually got her a job over at Elmhurst.

Not being exactly sure what “close with her” meant to Mel, I probed further to ask for clarification. I stated, “You said you became close with her? Can you drill that down a bit for me, I think I know what that means, but can you explain what ‘close with her’ means to you?” Mel accepted my invitation:

We would text or send a message through Facebook. We would talk about all kinds of things, about different jobs; I would run ideas by her, you know. We would discuss different masters programs. She is in the middle of her FNP.

Maeve also valued working on group projects and articulated how collaborating with “experienced” nursing gave her the support needed to be successful:

I enjoyed the group projects a lot. . . . That was a lot of fun. Getting up and speaking in front of the class, you do not realize how intimidating that can be at first, even as an adult, but it’s a lot easier to get out there when you have two other experienced nurses standing up there with you for support.

I asked, “Do you feel working on the group projects, presenting with your peers and to your peers gave you more confidence to see yourself in the role of a nurse educator?”

Maeve answered:

It did, it did, and especially because we each took turns on the podium. I must say, at the beginning of the program, I was very nervous presenting, but as we advanced you could tell we were all becoming better presenters, and at the end of the program even more so. I don’t know if I became more confident, or if it was because we had been together for almost a year. We’ve all seen each other up there talking; we’ve all seen each other struggle; it made us that much more at ease. And our projects got more sophisticated as we progressed. I started at the beginning of the year with a poster board; I didn’t know [laugh], and then I learned to put together really attractive PowerPoints [all laugh].

I asked Maeve, how conducive these men and women were to her academic success?

Maeve’s response was offered affirmation:
Oh, they were tremendous, tremendous . . . because they were . . . supportive. Everyone was very supportive of each other. Nobody wanted to see anybody drop out. During the program, you had to alternate study groups, so we all had a chance to get to know each other. We were not cliquish. We all had a chance to get to know each other, to work with each other. We got to know each other, and again, it was all different cultures and ages; it was very diverse.

I requested that Ron describe his relationship with peers while in the program, and if it had been conducive to his academic success, and Ron replied:

My relationship with my peers has been, um, I think very good. We have always been able to help each other when we had certain questions. I know at the beginning of our first class, we had the telephone tree, so we always had each other’s numbers. We always had each other’s contact numbers if we needed each other. In regards to coursework, we would try to help each other, you know, in terms of citation issues. When we had group projects, which were constant [laugh] . . . we always had access to each other, to discuss the material, so I think that everybody was very “adultish.” They [peers] were very mature about everything.

Ron continued to explain that he typically worked with the same small group; however, he clarified: “I still needed everybody else.”

Similar to other participants, when I asked Erin to describe her relationship with peers while in the program, specifically, if the relationship had been conducive to her academic success, and in what ways, Erin commented that group projects and the ability to network were valuable to her academic success. Erin explained: “Especially having the opportunity to do the projects that we had to do together. Things like that, ummm, because everybody came from something different [referring to different practice settings].” Seeking more clarification, I asked Erin if she was referring to “different nursing practice?” Erin nodded in agreement:

Yeah, also people had different connections, so you got to not only meet them, but also some of their colleagues. It opened up several doors for you. We still keep in touch. Many of the people in my cohort still keep in touch. I mean, I like that. Like I said, it just opened so many more doors for me. It opened the possibility for even more relationships, . . . When people get to know each other,
you can share information, like “Oh, I know someone who is in that area, or who do you know who is good at that?” They will even call you and say, “Are you still doing this or that?” just trying to network.

I asked Erin is she ever had to “talk somebody off the ledge,” from leaving the program, or vice versa. She replied: “Not people who I befriended were ever at the point, where they were going to quit. It was more like we would encourage each other, you know, like ‘Okay, one more paper; we can do this’ [laugh].

Nurse educators must also recognize “actual and potential barriers to student’s development of positive and productive peer partnerships, propose solutions or goals, initiate strategies to remove barriers, and offer incentives” (Jeffreys, 2012, p. 273). As an example of this, Jill valued peer work, but she described some challenges she experienced. Jill was able to overcome some of the challenges common to group work and remained successful:

I also thought the group projects were good. They were challenging at times just because again, you have adult learners who all have different schedules. But for some reason, and somehow, it all worked out. I mean, we had many group projects, um, but I didn’t feel like that was a barrier. You know, you have the Internet, and e-mails, and stuff; that always helps. That is how we were able to get all of those projects done.

**Peers Promote Nonjudgmental, Inclusive Environment to Overcome Obstacles**

Jeffreys (2012) stressed, “In-class opportunities for positive and productive peer partnerships critically depend on a caring, safe, open environment that is intentionally shaped to embrace all students as unique, individual, and valuable contributors in the learning process” (p. 273). Participants frequently described Benedictine at large and the classroom environment to be non-judgmental. Participants also indicated that their peers held that same point of view. According to Sam, learning in an environment that is non-judgmental or “safe” is an important facet in their success.
Nurses are the most nonjudgmental people, so when you are in the classroom and laughing and about how crazy of a day you had . . . we could just connect. If you had a hard day at work, you could go out for a drink after class, just talk about your day, almost like therapy. Seeing what they [peers] were doing and what success strategies are working for them helped too. I would ask students “How are you getting the readings done or managing the workload?”

Ann recounted a similar positive group experience:

The group that we had was a really good group. We were really diverse; we were very open with each other, you know, like I said [peer R] and [peer B] and I got together and studied. The whole class, we would invite everyone out and say “let’s do this or that.” I still get e-mails from people in the class. It really provided us with a [pause]. You know, in the hospital setting when a nurse comes in, and they say nurses eat their young [referring to incivility], well, that was not the environment at all! Whether you had 16 years experience, five years experience, or a recent graduate, we all were really supportive of each other. We left that; why people do it, I do not know. I never have; we left that kind of criticism at the door.

Due to his back injury, Sam had to leave the program at two separate points. As a result, he joined three different cohorts during his time in the program. When Sam did eventually graduate, two years from his start date, students from his “original first cohort” came to his graduation. Sam remembered this as an incredible example of the support he received from his peers:

Peers, they were wonderful. I guess it is just having supportive people around you that helps you succeed. Cannot say this enough, my peers were great; I had their support all the way through. They were very encouraging, every step of the way they were there. Even the ones who were not in my last cohort [referring to his original first cohort, before his back injuries] ended up coming to my graduation.

Maeve shared that she went to peers when struggling with a challenging course and explained how study groups really contributed to her success:

I’ll be specific because I don’t think it’s a part of the program anymore, statistics . . . It was brutal! Oh my gosh, and if English isn’t your first language, as some in the class, it is even more brutal! I personally spent hours, and hours, and hours studying it. So we really formed a tight group. We worked together to try to explain the concepts because some of us would get there quicker than others. We
would all get together, and work through it until we understood it. We would say to each other “Please explain it again; I don’t get it.” You know, then you would get that “aahhah moment” and it would be wonderful! We would meet at coffee shops, pizza places, you know, places like that.

After a pause, Maeve continued:

The best part was we were very open with each other, we could say, “I don’t get this; I don’t understand” and it would be okay. It really helped. When you walked away, you felt like you weren’t alone. One of the girls got it right away, and she was able to show all of us. I cannot tell you, for the longest time I did not get it, but somehow she was able to explain it and all of a sudden, boom, the light switched on! I was like, oh I understand! I have to tell you; I got an A!

It was clear that Maeve problem solved by forming a learning community with other peers. The environment she described was inclusive and non-threatening, which fostered her success. Nevertheless, it was unclear if Maeve was successful because her peers were able to explain the material in a way that matched her learning style, or was it the inclusive, nonjudgmental environment. Regardless, Maeve was finally able to allow herself to understand and progress. Kate also shared an interesting and similar story regarding how a peer assisted her in overcoming some obstacles. According to Kate, “We also studied on the phone together, you know, we would be on the phone together all hours of the night, helping each other through things.”

Fay’s relationship with peers was significantly different from the other participants. She explained that she typically worked with the same partner, and it was not a positive experience. When asked if she attempted to switch partners, she replied, “Well I tried, but the other students in the class would say, ‘Sorry, our group is already made.’ No one would take him.” Fay described this difficult situation:

It was tough because I felt I had to carry a lot of his [fellow peer] weight. I would say “Look, this need to be done by XYZ time,” and he would always wait until the last possible moment to get it done. And I get that; he wasn’t in a rush; he didn’t have kids or a family. He does not need to get home and get their
homework done, cook, or clean. He just had himself to take care of, and he would think, “Oh I’ll wait to get it done.” He had that luxury; I did not! I would explain to him “You know what . . . I don’t have time,” and I would say, “I have to get this done by Monday at a specific time, and that’s it; that’s all the time I had.” I was not a fan of that; we were just mismatched. I felt like he almost held me back sometimes because I had to . . . babysit. I would actually say, “Did your homework today” [laugh]. He knew, I was there to do the work, or carry most of the work, and I think he took advantage of that.

Fay brought up a very important challenge and something the program should monitor. She was a member of an uncharacteristically small cohort of only eight students, which probably accentuated the problem. Team projects have the potential to enhance learning by increasing self-confidence, problem solving, and team-working skills that promote deep learning (Hunt & Hutchings, 2014). However, according to researchers, difficulties in-group work can also occur through unequal peer participation and poor group management, resulting in a dysfunctional group and negative student experience (e.g., Hunt & Hutchings, 2014; Kagesteno & Engelbrecht, 2007; Almond, 2009; Gibbs, 2010; Ballantine & McCourt-Larres, 2007; Dee-Fink, 2002). On a positive note, Fay was assigned to a group of three in her last class, and described a more positive group experience:

The last class, I had my usual partner, but also, we were partnered with another girl [name omitted for privacy]. She and I really just hit it off! We just clicked, we got things done, and she is a mom too, so she had a very tight schedule also. She was great, and she was just, like on it!

Fay offered some recommendations for the program moving forward:

I think if the instructor’s “just mixing up the groups, it would have been helpful.” That way I would not have been put in such an uncomfortable situation. Maybe even draw out of a hat would’ve been better?

Diversity in Nursing Practice: Years of Experience, Age, and Demography
In many of the participants’ reflections, it was seen how participants valued peer diversity and the different experiences each person brought to the classroom. Knowles et al. (2012) maintained that young children draw their self-identify mainly from external sources, such as their parents, siblings, school, and the community where they live, whereas “adults define themselves in terms of the experiences they have had” (p. 65). Children are different; they define experience as something that has happened directly to them, as opposed to adults where “experience is who they are” (Knowles et al., 2012, p. 32). Therefore, it is safe to assume, if this is correct, adult students get to know each other, or define each other, through their different experiences. This theory reinforces the importance of utilizing peer diversity in classroom activities as well as incorporating students’ different practice into assignments in order to foster relationships.

Participants considered having diversity in practice, experience, age and demography to be a strength of the program. This diversity sets the platform for rich discussion, resulting in a student-centered learning experience. Having different nursing specialties, collectively in one room, all brainstorming and discussing ideas together, creates a special environment, one that is unique to the adult classrooms. Sam described the diverse learning environment:

We were all at different levels of experience, some people had been nurses for six months, and others had been nurses for six years, or even 20 years or more. It was really nice to make everyone feel included and incorporate the experience we did have into the class. We were all at different levels of being challenged, but we somehow could relate to one another, even with our differences. We all had something different to offer.

Mel shared a similar experience:

I feel like it’s a big mix of different types of students. You don’t just have your traditional students directly out of high school; you will find mostly adult learners. You will find full-time working professionals in the classroom. You
had moms, dads, all different ages, just all kinds of students; it’s a huge mix. Just in my class, it was a huge mix of people.

I asked Maeve to describe her relationship with peers while in the program, and I asked if it had been conducive to her academic success and if so, in what ways. In response, Maeve described her peer relationships:

Oh my gosh, it was amazing! It was amazing! I made so many friends. We connected immediately. And I’ll be honest, at first, I was a little concerned when I went back to school, you know, because of my age. Well, [laugh] there were people in the class older than me, and some younger than me, and some around my age. As the program went on, and we got to know each other, we started to discover all the different specializations. We all practiced in different areas. There were maybe 15+ in the class, and every one of us practiced in a different area of nursing; how neat is that! We had a psych nurse, an adult nurse, a peds nurse, a telemetry nurse; none of us did the same thing, so that really brought a lot to the table. All the different perspectives we had [on] one particular topic really made an impact on our learning.

Ron also shared that having peer differences in the classroom was a huge advantage to the program. Ron explained that having other nursing students who had different perspectives, cultures, genders, and a different nursing practice experience influenced his overall understanding:

Each student, because they had been in the field so long, have worked . . . they have an idea and may have different perspectives on caring for people . . . even how they assess patients . . . It was good to just understand and hear different perspectives, maybe one perspective from an OR nurse, another from another area.

Similarly, when I requested that Kate describe her relationships with peers, specifically, if the relationships had been conducive or not to her academic success and if so in what ways, Kate also implied peer diversity was important. According to Kate, “We had an awesome group! We really did, and we were all really close, um, I just thought we had an awesome group! It was a fun group, very interesting group.” When I probed further by asking “Interesting, how?” Kate explained: “Just different because we
had so many different people from so many different places [work environments], and we just, you know, we were all interested in each other.” In an effort to clarify further, I asked if Kate meant the students in the cohort were from different practice settings, different ages, different backgrounds, and specialties. Kate nodded in agreement and reiterated: “Different ages, experience, exactly.”

When asked if any of her peers ever helped motivate her to remain in the program, Kate shared that one student in particular served in this role [name changed for privacy]:

   Kelly did. Kelly. A couple times, she had to push me and say, “I know we can do this.” She was younger; she helped me through a lot of the computer stuff because I was like “I can do this.”

Kate continued: “You know, she went to high school with my kids! We were in a study group; she actually really helped us, me and student D.” As Kate shared her example, it became evident to me that having varied ages in the cohort offers several benefits. For example, in Kate’s experience, her younger counterpart assisted with some of the technologies required for the program. As a follow up, I questioned Kate if she served as a role model for her younger peer because she had years of nursing experiences? Kate contemplated the question, and replied: “I think so.”

As an outlier, Jill found it difficult to learn from her peers because she felt she had many more years of experience. Reflecting back to Jill’s cohort, I agreed that, in comparison to all other cohorts I have instructed in the program, the vast majority of the students in Jill’s particular cohort were new to nursing, just beginning their careers. The other memory I had was that this particular cohort was small, having only eight students in the classroom. Jill reflected on her experience with this group:
The only difficulties I had with the program was because I had been a nurse for more than, let’s say the five-year mark, which was the next person in my cohort and because of this, I found it hard to learn a lot. Because I felt like I had a lot of life experiences where others had not. I thought it was a great program if you had never done some of those things, if you didn’t have that life experience, if you were the new person just out of an ADN program. But, I just felt my repertoire had a lot of diversity in it; I already came with great experience. Some of the [pause] . . . was a review of experiences I had already encountered. I mean, we were a small group, but only three of us worked in a hospital.

Jill’s comments were very enlightening. In particular, appreciating diversity in the classroom adds to the students overall learning experiences. The program should continue to foster ways of maintaining diversity and build into the strategic plan recruitment efforts that support this initiative.

**Family Support and the Role of the Critical Insider**

Jeffreys stressed (2012) that a student’s perception of his or her family’s emotional support is important for educators to evaluate. These perceptions may be “realistic, clouded, or unrealistic, and yet they are what will influence decisions to persist or withdraw” (Jeffreys, 2012, p. 99). It is also important to recognize, a student’s perception of family support is influenced by previous educational struggles or successes and can evolve over time (Jeffreys, 2012, 2015). Additionally, Kern (2014) and Van Eerden (2015) asserted that the support from family and friends is considered to be the primary reason to remain in school.

**Family Expectations and Value Attached to Education**

In the exit survey, students were not specifically questioned about the family support they received or the role this support played in their ability to successfully complete the RN to BSN program. Therefore, integrated data between the exit surveys and interviews was not established for this family support theme. However, family
support was a significant finding from the interviews of the 10 participants. For example, I asked participants to share with me stories of their upbringing and the value attached to education in their families. In addition, I asked the participants if they had family support while attending the program and if so, to describe the role family played in their success and ability to reach completion. In response, Sam revealed the following:

My parents always instilled the importance of education. I think because it’s something they were brought up believing . . . They are both first generation to this country. I’m sure it was their parent's dream for them to have an education. Having children young, it kind of put a damper on things for them professionally. They kind of skipped getting a bachelor's degree themselves, but really instilled the importance of furthering our education, for my brothers and I. They both now have associate degrees. Education was always very important in my family, mainly because my parents forwent going to school themselves more or less, for their children . . . Both my parents put our needs and our education before theirs. They did this just so we could get a private education . . . umm . . . more or less. For example, we went to Montessori schools as children, my brothers and I, and then, for high school, we were able to pick wherever we wanted to go. We all wound up going to private, Catholic institutions.

Similar to Sam’s story, Fay shared that her parents were first generation as well, and because of this, her family wanted her brothers and her to have every educational advantage available to Americans children. She also mentioned her mother was a significant influence on their desire to continue their education. Fay reflected on her parents in this regard:

Growing up Hispanic, in [town outside Chicago], my parents never, well actually, my mom had some college, but my dad completed fourth or fifth grade or something like that. So college . . . you can say, I was always going to go to college. There was no question about that.

Mel stated that, even though neither of her parents attended college, she felt college attainment was still an expectation:

I think, even though my mom and dad did not attend college, we always just knew that college was the way we were going to go. They both were always [pause]. They made sure they were at home to make sure we had homework done. They
made it a point to know what was going on in school. They also knew they could reach out to our teachers if we ever needed extra help. It was definitely an unwritten rule that you do not get anything less than a C or a B.

Maeve’s up-bring differed from some of the other participants in that her parents were both “highly educated.” Maeve described her upbringing and the value attached to education:

I am the youngest of six children. Both of my parents were highly educated. They were always big promoters of education. It was an expectation that we would all go on to college. You know, so, you could support yourself. Ummm, there were three girls and three boys in my family. Especially, even for the girls, we had that mentality “don’t ever feel you have to have a man support you,” be able to support yourself and your family. You know, especially if anything ever happened to your marriage or husband.

Ron’s explanation was deeply rooted in his “Filipino culture.” He also reported that both of his parents were very involved with his academic results, and there was a high expectation he and his siblings would continue school. As previously noted in Ron’s profile, he had three siblings, one sister and two brothers, and thus far, all of his siblings have gone into nursing. Ron reflected on the influence of his family:

I grew up in a very Filipino-oriented family. That meaning, we really take pride in our education and value continuing education. Ummm, my parents both have their bachelor’s degree. They wanted us to be successful, so they really pushed education upon us. Nursing is something they noticed has a lot of potential in the future, in terms of financial stability, as well as integrity, caring for other people in our family. They always focused on that, going through even high school, they always looked through our grades.

Ron reiterated that, according to his family, the nursing profession was considered to be very stable:

Nursing is something that you can always fall back on. There is also a lot of potential for advancement, and the career is stable. I know when I was younger, when I was in high school, even as I started my ADN, my parents were very particular about instilling the importance of financial stability. Nursing, you will always be able to find a job. It might not be exactly what you want, or the shift that you want, or the position that you want, but there is always stability. They
[his parents] both have bachelor's in business economics. With their degrees, it can be very difficult sometimes to find a job.

Ron felt that both of his parents played a role in motivating him educationally when growing up. He also remarked that nursing was a preferred professional choice because it offered him, and his siblings, the ability to care for his grandparents and parents as they aged:

I think it was both of my parents. After I actually graduated from my associate's program, my grandmother got very ill. She had ampullary cancer, so, when I was going through school, I was more or less put into the nursing field; it was not actually my 100% decision. I knew there was a lot of potential in nursing, but what I really wanted to do was . . . Well, I knew there was a lot of potential, but having to take care of my grandmother really helped me focus and instill that sense of integrity I was looking for. You know, providing for your loved ones. There is something special about being able to do that. You know, taking care of them. We took care of her until she passed away. She was at our home. With my parents, also one of them has been newly diagnosed with myelofibrosis, so . . . it is good we will be able to take care of them.

It was clear that Ron was partially motivated to go into nursing and ultimately complete because it was important for him to be able to take care of his loved ones. I probed further asking, “What did you want to be before nursing?” and Ron responded:

In high school, I always took art classes. I always wanted to be a designer. That is what I wanted to be, but I know there is no financial stability in that career and my parents were very particular about that. Also, at that time, I was very nonchalant about things. . . . You know, I was young.

Ron concluded that taking care of his grandmother really solidified his decision to become a nurse. In addition, he felt his parents guided him into a career that they felt gave him the best chance to be successful.

Erin also indicated that higher education was a unquestioned expectation in her household while growing up:

Well, and I only say this because I did not know people didn’t go to college until I went to college, and I learned, “Oh, this is optional?” [laugh]. I didn’t know that
was an option for us; we were always taught you’re going to college, that’s the minimum, so, I didn’t know there was another option.

Jill had parental modeling in her upbringing regarding the value attached to education in her family:

Um, I was brought up in a family of five. I had my parents, two brothers, and myself, one older and one younger. My dad did complete college. My mom went back to [community college] when my brother was young, so she may have been in her late 40s, early 50s. She went back to get her associate degree at that point in time.

I probed further and asked if education was an expectation in her family. Jill continued:

Um, yes it was. We went to Catholic school growing up and then, well, my older brother and I went to Catholic grade school. I went to two years of Catholic high school and then completed in public. My younger brother went to all public schools, but the expectation was to graduate and then go to college.

When I asked Jill who in particular or what motivated her educationally when growing up, she again credited her family, specifically her parents:

I guess just my family motivated me educationally when I was growing up. You know, it was an expectation to always do your best. School was a priority; it was “my job” growing up. It was our job as kids to do well in school, and that continued through college and to my adulthood.

I probed further in an effort to clarify whether both parents equally influenced her motivation to do well in school and continue. For example, both parents made sure grades were acceptable, and that the children were meeting the expectations they had set. Jill commented: “Correct, absolutely!” Jill also mentioned that because her husband taught in the evening, there were times when her parents came to her aid when she had classes:

I did have family support [throughout the program]. Um, my husband also had evening classes that he was teaching, so there were occasions where grandma and grandpa were taking care of my kids, or carting them back and forth on the nights I had school. Um, you know, I missed a couple of band concerts, choir concerts
because they were on the same night as a class, so the family went to those events in my place, which was great.

The overwhelming trend in most of the participants’ responses was the expectation to go to college. Growing up with a high expectation to earn a degree, I believe, plays a role in part in a student's motivation to reach completion. However, a few participants in the study did not feel this expectation from their parents. In fact, these participants did not feel obligated by their parents to attend college at all. This was an unexpected finding that sparked my interest in uncovering where their motivation to attend higher education came from. Interestingly, I learned these participants all had at least one close family member, or critical insider [other than a parent], who served in this motivational role.

The Role of a Critical Insider

I define “critical insider” as a particular person who was cited by a participant as a primary motivator in their decision to return to school and who played a role in their ability to complete. The subthemes identified within this grouping are: (a) Role of Older Sister in the Absence of Parental Support, (b) Role of Mother, (c) Role of Spouse/Partner, and (d) Role of Children.

**Role of older sister in the absence of paternal support.** I learned that while growing up, Deb and Kate’s families did not highly encourage education. Beginning with Deb’s story, I saw where her sister became the most influential person in motivating her to continue education. Deb explained that her sister’s support was in the absence of parental direction. Her older sister (not the eldest, but the sister closest to her age) took on a more maternal role as far as her educational aspirations were concerned. Deb felt her mother did not initially see the value of education but instead wanted to see her
daughter(s) get married. However, at Deb’s graduation, her mother shed tears of joy as an expression of how proud she was that Deb had earned her BSN. As revealed previously, Deb’s parents had immigrated to the United States from Macedonian and had discontinued their own education in grammar school. Deb reviewed this background:

So, my parents are from Macedonia, which is a southeastern country in Europe. Umm, they came to this country about 40... maybe 41 years ago. All my brothers and sisters were born and raised here. I’m the youngest of five. Umm, my mom would get us ready for school; it was important to get up for school and go to school, and of course come home from school. But, not necessarily pushing us to go to college... well, that was not a priority for my parents. They didn’t understand the importance of higher education. They themselves only have a grammar school education. So, it was just important for them to get us to at least finish high school. If we wanted to go to college, it was kind of up to us... if we wanted to continue our education. It [college] was definitely not an expectation [laugh]. However, marriage is an expectation! I suppose even more than education is an expectation.

Deb continued:

My sister was more supportive than anything... Ummmm... There were times when my family would say “Come out and do this or that with us” and I would say “Ugh, I have to finish my project or my paper; I can’t.” My mom would be like “It’s never ending; you’re always in school”. I was like “Well?” However, when I graduated and attended the ceremony with my family, she was crying. She was like “I can’t believe you went through all this; you drove out this way, every day...” Obviously, it wasn’t every day; she can get a little dramatic sometimes. You know, she was crying; it was nice to see that. I was like, “Oh, finally!” [laugh]

I probed further and asked, “How about your dad?” Deb confessed: “He wasn’t even at my graduation. He is not a hands-on kind of dad.” To clarify her sister’s role, I asked, “So really, your sister offered the needed support. It was your sister, who is closest to your age, who became your biggest supporter?” Deb confirmed this: “Yes, she has always been a big support for me.”

Although Kate specifically credited her mother for encouraging her, as an adult, to return to school to earn her ADN, when I probed further and inquired regarding her
childhood and specifically asked “Who or what motivated you educationally when you were growing up?” Kate explained that her older sister served as a primary motivator:

You know what, my oldest sister, because her kids were so successful, she was a big role model for me. My oldest sister, Yeah! She never went to college, but she always had very good jobs. She was a bookkeeper for a Big Ten. I actually went to live with her when I was 15 years old because I wasn’t doing good in school. And just being . . . Her husband was a schoolteacher, and just being in her household really made me say, “Hey, I want to do this.”

When asked “why” specifically she went to live with her sister at the age of fifteen, Kate confided the following:

Because I wasn’t doing good here [at home], my parents were older; I had gotten in the wrong crowd; I was running around; I wasn’t going to class. So, my mom said “This is it; you’re going to go live with your big sister!” and she took me in.

Kate’s narrative matched many adolescent stories and had her sister not intervened, perhaps her educational path could have taken a different direction. In fact, in 2008, when President Obama first took office, more than 1 million students reportedly did not finish high school. However, in 2012, fewer than 750,000 failed to complete, representing a 27% reduction (Camera, 2015).

**Role of mother.** Although both parents were frequently mentioned as valuable supporters during their educational journey, several of the participants especially credited their mother as the primary driving force for their academic success. All of the participants who strongly credited their mother for their educational success were women. The male participants equally credited both parents as partially responsible for their academic success and did not identify one primary person or “critical insider.” I found this result interesting, and in the future, I would like to explore the role of mothers-daughter relationships in nursing student retention.

Fay described her mother and the influences she had on her educational success:
My mom was very, very strict. We always had to have good grades, preferably straight As, anything other than that, we got into big trouble [laugh]. So, just very strict, but I’m glad she was. I know because of her, I finished what I have always set out to do.

When probed further, asking who or what motivated you educationally when growing up, Fay again, mostly credited her mother, explaining she was very vested in her children’s education by going over homework and establishing an understanding of the expectations:

My mother definitely, a hundred percent! My dad too, he understood the value of education and wanted that for us, but it was my mom that was the one, on a day-to-day basis, who made sure we did our homework, maintained good grades, and who went to all the parent-teacher conferences.

Fay’s mother was also a tremendous support system, especially with helping Fay with her children while she was in the RN to BSN program:

My mom, she would come over whenever I needed help! If I needed to go the library for a project, she was always there for me if I needed it. She was in [redacted], so she drives out to [redacted] when I need her. It’s about half hour/20 minutes without traffic. So she would come over whenever I asked, or I would drive by her, and she would stay with the baby. She actually has a little library in the house, so it was a nice place for me, and I would go in there and work while she watched the baby. When my son got sick [Diabetic Ketosis Acidosis] my daughter was little, just maybe a month old or so, so what I did was stay home with her because I didn’t want to expose her to anything at the hospital. My mom was there, at the hospital, because my husband had to work. So we were all just split up; it was horrible. She stayed with my son the whole time, the whole week in the hospital. It was tough. When my husband would come home from work, he would stay with the baby, and I would run to the hospital to see my son. I would encourage her to go home and do what she needed at that time, give her a break. Then she would come back, and we would switch off again.

I followed up Fay’s answer by asking, “While enrolled as an RN to BSN student, did you experience any significant challenges? If so, what were they and what or who supported you in order to meet these challenges on the way toward completing your degree?” Fay explained that, given her part-time status, school had presented some financial challenges
for her young family. However, her mother again served as a significant resource by offering a loan so Fay could concentrate on school and reach her goal to complete. Fay explained the specifics, and how she overcame that challenge:

I would say financial; it was kind of tough for us. You know, it was $12,000, close to that with books and everything. I did not take out loans; we had to pay that out of pocket. It was, tough for us. I wasn’t working full time. Also, I didn’t work for two months after my daughter was born. My mom, she paid for it [laugh], I mean, we did pay her back. I was like “Mom I need your help. Can you help us pay for this?” She didn’t even hesitate. It was a lot cheaper than taking out a loan.

Although Maeve credited both of her parents for motivating her to continue her education, she expressed that her mother had a special role as well as encouraging Maeve’s father to further his education:

Again, both my parents were college graduates and quite successful. My mother was a registered nurse 40+ years. A nurse anesthetist. She did that when we were all very little. Then as we started to get older, she arranged her schedule so she could stay home with us. She worked night shifts, all kinds of off-hours. That’s the beauty of nursing. You can pick-and-choose. She was very fortunate, we all were, you know. I’ll share something interesting; she actually put my dad through law school. Because when they first got married he had planned to go back to college, but he wasn’t sure what he really wanted to do, and she had encouraged him to go to law school. It was either law school or become a vet or something, I can’t remember. He went to (X University). She had to work full time to support him while he went to school. She paid for his schooling. This was before they started a family.

When asked further, who or what motivated you educationally when growing up,

Maeve clarified:

Definitely my parents, especially, my mom! She was a big influence on me becoming a nurse. I went to nursing school at a very young age; I was only 17 years old, and she is the one who kind of prompted me to do it. I first became a nurse’s aide, and I loved it. I just loved it; as soon as I walked on the unit, I was a senior in high school; I knew that was “my calling.”
Similar to others, when I asked Ann who motivated her educationally when she was growing up, she also credited her stay-at-home mother for much of her academic success:

My mom mostly. My mom was a stickler about grades and going to class and staying in school. She pushed me really to do better. She pushed me to do the best I can in everything. She was the chief and we were the Indians.

Evidently, Kate’s sister played a vital role in her academic success while an adolescent; however, in adulthood, her mother took on a more significant role. Specifically, Kate emphasized, as an adult, her mother was the individual primarily responsible for her decision to enroll in the nursing program at the community college, where she ultimately earned her associate degree. Kate explained:

I am the youngest of four children. Ummm the baby, [laugh] my parents were older when they had me; ummm, out of the four children, I am the only one that went to college, unfortunately. You know, school wasn’t, really pushed. Um, because they really couldn’t help you with the homework. So, as long as you passed, you were okay. Sometimes my mom, if I got a few Bs, she would say, “Oh, you should get an A.” It used to frustrate me, but otherwise, it wasn’t a real big thing. But, as I got older, and had children myself, and I was a medical assistant, my mother kept saying “You need to be a nurse; I want you to go back to school to be a nurse.” So, when she died, that’s when I said “I have to do this for mom,” and I applied to nursing school. I actually went back to nursing school, at the age of 35.

I clarified, “So you went for your ADN at 35 years old, and you were a young mom at the time too. You had how many children at that time?” Kate responded: “I had three children at that time.” When I asked if her husband or significant other was involved, Kate quietly revealed the following:

Actually, my husband died during that time. So, that was . . . ummm. . . Well, my mom was already gone; we had my dad who was elderly, so I was in the Sandwich generation. When I was doing prerequisites, he got sick.
BSN completion students must balance the multiple demands of family, school, work, and more (Duffy et al., 2014). Kate’s story is a living example of the challenges many adult students face, and why this student population is often considered high risk for not completing.

Similar to other participants, Erin also related that her mother was a tremendous advocate for her educational advancement. Although both parents reportedly instilled the value of education on Erin and her siblings, when asked to describe “Who or what motivated you educationally when growing up?” Erin shared: “My dad, until he passed away, well, let us just say . . . I was a daddy’s girl. He let me get away with more, but my mom, heck no!” Erin continued to clarify:

Growing up, definitely, my parents motivated me, specifically, you know, my mom because . . . um . . . My mom and dad separated when I was like 6 years old. They never got divorced, but they separated. My mom was really a driving force, making sure we got good grades and would tell us “You want to get into a good college.” She always made sure we went to the best schools and stuff like that. She was always trying to give us the best opportunities.

I asked Erin if there was anything I did not address that she felt contributed to her ability to successfully complete the RN to BSN program at Benedictine University. Erin again called attention to her mother and the role she played in her success story:

My mom would always say, “You’re going for your bachelor’s, right? You’re going to finish your bachelor’s right?” And I would reply “Yes mother” [laugh]. And, I am happy I did. It has been beneficial; it has open more doors for me. It has opened so many doors, and you meet so many, so many different people with different backgrounds. You know, it just kind of makes you feel special [laugh].

**Role of spouse/partner.** Another common thread was the support of spouse and significant other in the student’s ability to complete. In fact, all of the participants credited their spouse or significant other for their ability to finish the program. Many shared “I could not have done this without . . . [fill in the blank]”
Sam referred to his girlfriend/significant other:

Having people that were just really supportive and encouraging helped because when you want to give up, and you just do not want to go on, having people that know you helps. Because they’ll be like “You know you can quit anytime, but you won’t be happy with that.” And they were right. They know me, and I feel because of that, they were able to help me the most. You just sometimes need to hear “You got this”; sometimes it’s just that encouragement you need to hear. Your support system can let you know that you’re letting your stress get the best of you. Just help put a little vote of confidence in you.

Knowing that Mel was a mother to three at the time she was enrolled in the RN to BSN program) and at the time of the interview, had four children, I asked her how she balanced all of her family, work, and school responsibilities. Mel credited a number of people for helping her manage:

My husband was instrumental in helping me with this. He would always move his schedule around; fortunately, he has a very flexible job. If I needed to go study, go to the library, write a lengthy paper, or prepare for a presentation, he would stay home with the kids, or I have my sister who lives in [a nearby town], so I also had that too. Along with a couple of close friends who are in the area as well.

Mel underscored the role her husband played in her success: “My husband with the kids, definitely, he was 100% behind me all the way!” After discussing the importance of her husband, I asked Mel if others in her family support her when attending the program, and if so, what role did the other family members play in her success and ability to reach completion, Mel noted:

My dad [pause] let me think, at the time, he always supported me. My mom passed away in 2007. She was not alive at the time of my BSN, but she was a HUGE part of my success in my ADN program.

Maeve commented that her family was a significant support in her ability to meet the goal to complete. She explained that her three young adult/teen children played a role, but the support of her loving husband was especially meaningful. When asked did
you have family support when attending the program, and if so, what role did your family play in your success and ability to reach completion? Maeve responded:

Oh, tremendous, tremendous! My three children and then, number one was my husband. When I told him I was going to go back to school, it was not just the time commitment; it was the money. We had to take a loan out for this, and it was a big financial commitment. And I told him, “I can’t stop; I have to finish this.” If I want to pursue this area of my career [teach nursing], I need . . . to have that degree under my belt. He was like “Go for it; go for it!”

Role of children. Another critical insider identified by many of the participants who played a role in their ability to succeed was their children. I was not surprised to learn children were viewed this way, having three boys myself, all of whom have been a tremendous support for me throughout my doctoral journey. What did surprise me was I could not locate research that supported this finding. In fact, more frequently, family and childcare responsibilities have been cited to potentially negatively influence a student’s academic performance and overall ability to reach completion (Jeffreys, 2012, 2015, Kern, 2014).

Fay identified her fourteen-year-old son as a significant contributor to her being able to meet the demands of school and balance the needs of a new baby:

I have to share my son was a big support. He knew when I had to study, and he LOVES his sister, so he would watch her, play with her. I didn’t have to feel guilty focusing on my studies because I knew she was being taken care of. He would say “I’ll do it; I’ve got it mom.” He would say that to a bunch of things that needed to get done in the house.

When I asked Kate about family support while enrolled in the program, she again stressed the importance of her older sister, but also emphasized that her oldest daughter was instrumental in her ability to reach completion:

My sister, but mainly my oldest daughter, the daughter that you just met [greeted me at the front door when I arrived for the interview]. She was my strongest supporter. Um, helping me write papers; she would help me with my research,
proofing my writing while we looked up information at the same time. Writing papers was a big challenge for me at first.

I asked Kate if her daughter was always a strong student. Kate enthusiastically stated:

“Her whole life!” I was curious to know if Kate believed she played a role in her daughter’s educational success, in motivating her educationally. Kate humbly remarked:

That is just how she was. She was going to be that way no matter who raised her. She was that little girl who always ran to school every day. She loved school! Thank God, I had her, especially for APA, you know, for the formatting and the reference citing.

Kate continued to explain that her daughter was in graduate school while she was enrolled in the program. I continued to question Kate and asked, “While enrolled as an RN to BSN student, have you experienced any significant challenges, either personal, professional, or financial and if so, what were they and what or who supported you in order to meet these challenges on the way toward completing your degree?” Kate stated that her children were a significant support system while she was in the program: “In the RN to BSN, I think most of it, the kids supported me, you know, with house chores. Like I said, my daughter with the papers.”

Similar to others, Erin emphasized that her 12-year-old son was one of her biggest supporters while she was enrolled in both the ADN and the RN to BSN program. When asked, “Did you have family support when attending the program and if so, what role did your family play in your success and ability to reach completion?” Erin energetically responded: “Absolutely!” I probed further by asking, “Who was your biggest supporter?” Erin gave credit to a number of people:

Certainly, my grandmother, my mom, my boyfriend, and even my son [12 years old]; he has been huge! He’s totally been a huge support! All the things that I do, I do for him; I do with his health and well-being in mind.
Given her son was only 12 years old and even younger when Erin was enrolled in the ADN program, it was interesting to me that she found him to be one of her biggest cheerleaders. However, when Erin powerfully stated, “All the things that I do, I do for him” was impressive evidence of her motivations to complete. Erin continued: “He definitely was, and even when I was getting my associate’s, he was just like ‘Mom, you can do it.’” I asked Erin how she balanced all her responsibilities while raising her son. Erin explained:

I was able to because I had help. My mom and my boyfriend and his dad (son’s father), they would always . . . If (my son) had this club or that club activity, and I couldn’t pick him up because of class, or stuff like that, then they would always jump in and pick him up. Make sure he ate [laugh], you know, if I wasn’t available, or if I had to work on a project, or something like that. I always had somebody that would help me.

Jill reiterated her parents were a tremendous support, but she also made mention of her four boys and her husband as supports in her ability to complete:

So they [her parents] live nearby, so between my parents and my boys, they were all real supportive; they all knew I was in school; they all knew when school was going to end. They knew the nights I had school.

I asked Jill about her youngest son. Given his young age, I wondered if he fully understood why his mother was absent at times to attend school or complete schoolwork. I assumed her older boys might better understand and I requested that Jill expound on this:

You know, he knew what he knew [pause]. I’ve been in a hospital setting, you know, forever, so my kids have always been adaptable to when I worked, or when I was home, and they still kind of are. I taught them that a long time ago; they go with the flow, and they pretty much do. I mean, I worked nights for many years, so they know when I leave for work . . . I may not be home in the morning when they wake up.
Jill continued to share: “I have a wonderful family, I really do. Without them, I couldn’t do any of it. Between my parents, as well as my boys, and my husband [pause], without them, none of this could have been done.

**Role of Family and Significant Other in Overcoming a Challenge**

The literature on the importance of family support abounds (e.g., Alonzo, 2009; Beauvais et al., 2014; Duffy et al., 2014; Jeffreys, 2012, 2015). However, Wray, Aspland, and Barrett (2014) uncovered that family and peers were particularly important in aiding a student’s ability to overcome financial and personal pressures. Many of the participants’ responses in this case study supported these findings, underscoring where family members played a significant role in helping them overcome a challenge so they were able to complete. Sam remembered and relayed how he felt when he had to step out of the program due to his back injury and move back into his parents’ home so he could recover:

> I remember this like it was yesterday . . . coming back to my apartment and I was absolutely distraught. I wasn’t dating my current girlfriend at the time. I called my parents up, and I explained, “I don’t know what to do.” I was an emotional wreck. Not only was my health declining at the age 24, but I also had to give up something that I had really worked hard to get [step out of the program]. You know, I didn’t want to hold back on my future; I was almost at the point where I could go on a job interview.

After a pause, Sam continued: “I thankfully had a family who had space for me and was able to take me back somehow. Otherwise, I do not know what I would have done. I was just grateful for that.”

Maeve shared the personal challenges she encountered while in the program when her youngest son [16 years old at the time] suddenly became critically ill, and within two weeks required a heart transplant. Maeve remembered this trauma:
Coming towards the end of the program, my youngest son, 16 years old, became very ill and was diagnosed with cardiomyopathy. And . . . he needed a heart transplant. That was a life-changing experience. . . Ummm, we were down at [the children’s hospital] for four months. We lived down there while he was placed in a drug-induced coma, as we waited for a heart transplant and his recovery from the transplant surgery. A blur. It was [pause], I can’t even explain; it was surreal. Ummm, and I was going to drop out, because, I was just a basket case. But my husband was . . . My whole family was . . . We both come from huge families, and they all said to me, “Why”? My husband said, “Why, there is nothing you can do for him by dropping out, other than sitting by his bedside crying.” Which I did a lot, so, he said: “At least sit by his bedside and study.” You know Margaret, and I did! I did! My son was on a ventilator; he was on life support, and I did, I sat there and I read. I think it really helped my mind; it really helped me.

Maeve continued to describe how peers and faculty played an important role in helping her remain in the program:

Also the students in the program with me, especially the moms. They completely, oh my gosh, came to the hospital to visit me and see him. They would help me with some things for school. The teachers that I had at the time I was going through this, I missed one or two days of class, but of course I made up the work, and they were wonderful. They were totally understanding. They told me, “It’s okay, we understand.” You know, and I still got the work done. But my classmates wow! I do not think I could have gotten through this without them.

Maeve was a student of mine when her son was diagnosed with cardiomyopathy. For me, being a part of this experience and seeing Maeve go through this challenge while still maintaining the drive to complete really affected me as an instructor. In many ways, this experience helped me to formulate some of the research questions for this study. I recall Maeve’s son fell ill right in the middle of my class. He was perfectly healthy at the start of the class and then in complete heart failure, requiring a heart transplant, just 15 days later. Maeve even completed a 20-page writing assignment required for my course, during the first few weeks of his diagnosis. Maeve kept me informed of her son’s condition, but never once asked for an extension or to miss class; I would have granted both requests given the situation. I even suggested to Maeve not to attend our last class
because honestly, I was fearful something tragic would happen, and I wanted her to be with her son. Moreover, her son was being treated at the pediatric hospital where I had spent the majority of my career. This gave me an appreciation for the gravity of the situation and a visual for what the entire family was enduring.

If I had been in the same situation, and my own child was facing a life-threatening illness, I am not certain I could have had the strength to continue school. However, by some means, Maeve was able to do just that. This experience led me to contemplate how students meet challenges on the way towards degree completion, as well as, what personal characteristics attribute to a student’s ability to successfully complete?

**Personal Characteristics That Contribute to the Student’s Ability to Complete**

Similar to the theme of family support, study participants were not specifically questioned in the exit survey about the personal characteristics that contributed to their ability to complete. So again, integrated data between the exit surveys and interviews were not established for this theme. However, both higher education and nursing literature report several different student characteristics that do impinge on student retention and attrition, for instance, “age, ethnicity and race, gender, language, prior education experiences, families educational background, prior work experience, and enrollment status” (Jeffreys, 2012, p. 24). Nevertheless, as Jeffreys (2012) called attention to, predicting student retention based solely on student background data does not consider the multidimensional phenomenon. For this reason, a qualitative exploration was utilized so as to grasp a more holistic understanding of the personal characteristics that contribute to a student’s ability to complete. The subthemes generated include: (a) High Expectations for Self, (b) Determination to Complete a Goal: Desire to Continue
Education, (c) Resiliency: Overcoming a Challenge, (d) Healthy Coping Strategies, (e) Strategies Used to Combat Stress, and (f) Ability to Make Connections to Evidence-Based Research to Transform Practice.

In this case study, participants were asked the following two questions:

1. Please tell me about your personal qualities, characteristics, and skills that you think have helped you to complete the program.

2. What do you believe is your strongest suit?

The following thick descriptions illustrate how the participants saw themselves and the personal characteristics that influenced their ability to complete.

**High Expectations for Self**

Khalaila (2015) explained that “highly academically motivated students engaged in learning are more likely to achieve better grades and exhibit lower dropout” (p. 433). Moreover, several studies have also made the connection between academic self-concept and academic success, and have correlated a high academic self-concept with high academic outcome achievements (Khalaila, 2015). The participants in this study confirmed the importance of having multiple support systems, being accountable to self, and holding high standards because these led to their success. Sam revealed being accountable to himself and the profession was one of his strongest suits and possibly played a role in his success:

You have accountability as a professional. In practice you do not just follow orders written by a doctor; you’re accountable for your actions. I had also set a high bar for myself. I didn’t have to get an A in a particular subject, but I wanted an A. What is the point of doing something if you’re going to do it haphazardly and just mosey your way through it? I feel I have a lot of...what is the word I am searching for...I hold myself to a high standard. Basically, I really hold myself accountable for the things that I want to achieve, and for the things I wanted to take away from these classes. So, when you set that kind of bar, you
kind of, tell yourself, “I’m not going to pay this kind of money and slack off.” I guess I was very accountable for my own actions, my own hard work, and I think that set me up for success.

I probed further, and Sam was able to explain how being the first generation also influenced him. For example, when I asked Sam who or what motivated him educationally when growing up, he additionally shared the following:

My parents definitely motivated us educationally, but personally, I was also always intrigued with school. I was really good at some aspects of it. Science always interested me, captured my attention. . . My parents . . . oddly enough, science and math were both their very least favorite subjects, so they don’t know where I came from [laugh]. I enjoyed science and math in high school so much that I decided I was going to focus on that track. It wasn’t even about trying to get credits for college, or this and that. I think because my parents were not overly involved in what I chose to study . . . it kind of helped me develop a structure and be self-motivated. Also, I think I put a high level of expectation on myself. Similarly, my parents instilled in me that they came to this country, with all its opportunities, you know, kinda made me appreciate education more, I think. It was kind of my motivation. So, my motivations certainly wrap back around them, since I feel like the things that they instilled in me at a young age brought me to where I am today.

Mel also deemed her strongest suit was being accountable:

I seem to . . . whatever I get into, nursing wise; I tend to get certified in the particular area. So, for example, I’m certified in OB; I’m certified as an International Board Certified Lactation Consultant (IBCLC); I’m certified as a childbirth educator, and I’m actually taking the certification for nurse educator in January [all laugh]. I feel that holding those specialty certificates forces me to be held accountable. Accountable because to maintain certification, I need CEUs. That way I keep up on my skills and knowledge and the most up-to-date evidence-based information.

**Determination to Complete a Goal: Desire to Continue Education**

Another personal characteristic found to be influential to the participants’ ability to complete was having determination, specifically, being determined to complete a goal.
Deb explained that her ambition and competitive nature were the primary motivators in her ability to complete:

I pushed myself to get it done because my mom [pause] lived her life with regret, and how she didn’t get to do “this or that.” I want to live my life without regrets. So having that kind of pushed me. I mean, I need to finish, or I’m going to regret it. Also, I’m a little bit competitive, and my sisters both have their bachelor’s, so I would think, I’ve got to finish mine too. I need to get on par with them [laugh]. I might want to go for my masters someday, so that’s definitely a driving force too.

I asked Deb to tell me about the personal qualities, characteristics, and skills that she felt contributed to her ability to complete the program and Deb said: “Determination, my ambition [pause]. Ummmm, I am not always motivated, but I am ambitious, and just plain being stubborn I think had a role, to want to get it done, you know? I didn’t want to give up.” When I asked her to describe her strongest suit Deb further reiterated: “I think determination. That kind of encompasses ambition and stubbornness I think.”

When I asked Mel to describe her strongest suit, Mel reflected: “Probably the confidence I have in myself.” Mel further injected, having confidence in yourself allows one to better complete a goal. According to Mel, “Confidence, have the confidence in yourself, that you know you can complete the program. ‘I can do this.’”

Fay described her strongest suits as being driven, motivated, and having high energy and a love for school:

I’m driven, motivated . . . umm. . . When I set out to do something “I have to get done” . . . have to finish it.” Ummm, I have a lot of energy too; I can keep going; I cannot say that I take many breaks [laugh]. Ummm, I mean, I have a lot going on and. . . Well, perhaps most students do, but when I told people at work, “I’m going back for my bachelors” . . . They would respond, “Are you kidding me?” I would say, “Yes, I have to do this…I have to keep going.” And I love school; I enjoy it. I almost think it’s my hobby. Yes, some people go workout; some people like to cook; and I like to go to school [all laugh].
When Maeve was asked to tell me about her personal qualities, characteristics, and skills that she thought have helped her to complete the program and what did she believe was her strongest suit, she replied: “Well, the first one that comes to mind, Margaret, is determination. I am very determined; I am driven.” Maeve continued to share a story about a teacher she had when she was a young adult. This particular teacher had a great impact on how Maeve approached the remainder of her college career and beyond. Maeve related this story:

I will never forget this woman [referring to an earlier instructor]. She had said, “Always have goals; always have a goal in your life, and when you hit that goal, make another one.” I took that advice; I have done that my whole adult life. I have done that ever since I got into nursing. She was a wonderful, wonderful woman. She really started me off on this path. If you do that, throughout your lifetime, you will be set.

When asked to explain the personal qualities, characteristics, and skills that helped her to complete the program, Kate also emphasized, “I don’t start things that I don’t finish.” Kate described her strongest suit:

I successfully completed the program because I don’t start things that I don’t finish. That is something internal for me... Once I start something, when I make up my mind to do something, I’m diligent to complete it. Especially, when it’s something,... Especially, when it’s an important goal, like finishing school. School is very important to me now. Education is very important to me, as it is to my family, me and my children. Um, what else,... And I don’t like to be a quitter. If I’m challenged, I have to work through it [long pause]. Plus, I always want to be a good example for my children.

Ann also shared that she is determined to complete a goal, and being a two-time cancer survivor, I was not surprised to hear her say, “Once I start something, I have to finish it. School was something that was difficult, but now, looking back, it was a short time in my life. I thought the curriculum was great.” When probed further and asked, “Please tell me about your personal qualities, characteristics, and skills that you think
have helped you to complete the program, and what do you believe is your strongest suit?” Ann modestly responded:

   It can be hard to talk about yourself, but, ummm, I always try to remain positive. I always try to look at things on the bright side. You know, and I’m very driven. I’m driven to not only succeed, but also to succeed in a way that others find it helpful. I want others to find me helpful. I try not to be judgmental. I try to work with others as a team. If I can offer anything to anybody, then that is great. . . That’s the way it should be, you know? We take care of each other.

As Ann shared her characteristics, it became clear to me, because she is always willing to help others, in turn, others rush to her when she is in need. Perhaps being “helpful” as a personal characteristic, puts us in a position to have a good support system ourselves.

When I asked her to identify her strongest suit, Ann expressed the following:

   Oh, my strongest suit, I guess comic relief [all laugh]. I guess that is my strongest suit [all laugh]. Sometimes I can bring laughter into a situation. Especially if something needs to lighten up, if we need to lighten up the conversation a bit, I can be good at that.

I remembered that Ann, similar to Sam, definitely brought laughter into the classroom and after a long day at work, having laughter while you learn is invaluable. However, I think Ann and Sam both utilized humor more as a stress management technique, and an attempt to make others around them feel less stressed.

   Like the others in the study, Erin also described her personal qualities, characteristics, and skills that helped her to complete the program were effective because she is “very driven” and reveal this to be her strongest suit:

   I think that my personality is one that can be described as very driven. If I set my mind to something, I’m going to do it, and not too many things are going to get in my way! If I set my mind, and focus on a goal, then that’s it, that’s done. That is how I’ve always been. I’ve always just been that person.
I was interested in learning if Erin believed she acquired this quality from her mother or father. In response to this inquiry, Erin related: “My mom is really headstrong! She is like ‘this is what you need to do, and this is how you get there.’”

Although it is difficult to know if the characteristic of being determined to complete a goal or “being driven” is the result of genetics, or if we acquire it from someone important to us from our upbringing, what is certain is I have heard that exact same phrase “driven” by several other participants, who all successfully completed the program.

When I questioned Jill in regard to her personal qualities, characteristics, and skills that helped her complete the program, Jill provided this summary: “I think I’m goal oriented. I think once I set my mind to something, that is where I want to be, and I will finish it. Um, I’m organized, so that helps too.” Jill further revealed her strongest suit: “Probably, I am dependable is my strongest suit. I do not know if that works when it comes to school, but I showed up [all laugh].”

Although Jill stated in jest “I showed up,” I believe that comment means a great deal in helping us understand student success. I do not believe Jill was referring to simply attending class. As her instructor, I will state that Jill consistently came to class prepared. I can also attest to the fact that Jill actively contributed and completed all assignments in a timely manner, with unswerving attention to detail and quality. Jill became someone I could “depend on,” someone who always attempted to answer a question posed. She encouraged her peers to contribute by asking more questions and as a result, added to the class discussion. Therefore, in successful students, I believe being
dependable is another invaluable characteristic related to determination to complete a goal.

Another important motivator mentioned by participants that contributed to their ability to complete the RN to BSN program was the determination and desire to continue school, specifically, the participants desire to earn a master’s and beyond. Many of the participants even credited the program for their desire to continue school. Participants were able to articulate that because of the “overall positive experience at Benedictine,” they were presently contemplating, or had already begun advanced education. As an example, when I queried Sam to describe and evaluate his overall educational experience at Benedictine and asked if his experiences influenced his interest in furthering his education, Sam made the following reply:

I think because I had such a positive experience at Benedictine that it helped make my decision to immediately go on and continue higher education, along with my other needs that I wanted to fulfill myself, like my personal goals. The program is really what led me to further my education. I do not think I would have become a nurse educator unless I had seen some of the styles from the instructors in the program.

Sam continued:

It’s nice to have had that positive learning experience because I didn’t always have that when I went to University X for my masters. It was the complete opposite; it was not warm; it was not as intimate or close-knit as Benedictine was. Well, if I had had the same experience, as I did from University X at Benedictine, I don’t know if I would have just jumped right back in and begun my masters right away. I think I would have waited; I think I would have taken a slower approach.

Sam was also able to associate his desire to continue his education with his desire to challenge himself. Some might say Sam possessed a high grit factor. Grit factor is the passion and perseverance for long-term goals (Duckworth, Peterson, Matthews, & Kelly, 2007; Hochanadel & Finamore, 2015, p. 47). Sam described this in his own words:
My plan all along was to get my BSN. I always wanted to go to further in higher education. For me personally, it was something like, I knew I would reach this level, you know. You want to seek more and more. As you most certainly know, [all laugh]. It starts to become a challenge that you want to take hold of, just challenging yourself.

Sam added: “As far as preparing me for my masters, the BSN definitely prepared me for that next step. In that regards, the BSN brought me to a higher level of learning.”

Mel noted that the program offered her confidence that in turn afforded her more tools to further her education:

I think, again, it gave me more confidence in my ability to be successful. Especially taking that one online course, it opened up more doors for me, or more programs, not just on ground, but online as well. I had more options because I had more tools to further my education. You know, I got my MSN here at Benedictine. I think it just built my confidence, and I thought, “I can do this; I can keep going” [continue on for Family Nurse Practitioner]. Even my students now, I teach traditional BSN students, some are on the fence about furthering their education. I always share with them “Just keep going.”

Mel had already completed her MSN at Benedictine in the nurse educator concentration and had begun a Family Nurse Practitioner Doctor of Nursing Practice program. I found it interesting that Mel, as an instructor in a traditional nursing program, now found herself encouraging other students to continue their education.

Fay also contributed that her positive experience in the program led to her desire to continue on to graduate school:

I loved it! I have been recommending the program to anyone who will listen. One of my friends has her associate’s, and I keep encouraging her to go back and get a bachelor's. She keeps saying, “I don’t want to do it; I love what I do.” That is fine, but you never know where life is going to take you. Just get it done.

Fay enrolled in a Family Nurse Practitioner program immediately upon completion of the BSN program and continued to explain:

I’m glad that I went to Benedictine and because of my experience at Benedictine; I chose to go on for my master’s. I think the program has taught me, I can still do
more; there is so much more for me to do. . . Honestly, because I was successful in the program, I think, was why I got into every school I applied to for my master’s. I’m very lucky; I didn’t realize how competitive they are. I thought, “It must be easy to get into an NP program because I got into all of them,” but no, I have since learned that is not the case. I was very grateful, and humbled by the admittance letters because, wow!

Maeve reiterated that if she had not had such a positive experience at BenU she might not have gone on, or at least not selected Benedictine again for graduate school:

If I had not had such a good experience in the BSN program, I would not have gone on. I would not have gone on for my masters. Um, even though that was my goal, if I had had a negative experience, I don’t think I would’ve continued. I wouldn’t have gone on for my masters. Once you were enrolled in a BSN program, oh my gosh, you have tons of colleges approaching you for their master's programs, but, I felt established at Benedictine. I knew what was expected. I understood their approach to curriculum. I just felt comfortable there, you know? So, when it was time for me to pick my graduate school, choosing Benedictine was a no-brainer, and there are people at Benedictine to help you. I got phone calls from the people from the MSN program, welcoming me to the program. I would highly recommend it to anybody, and I have recommended it.

I asked Ron if school had influenced his interest in furthering his education. Ron gave the explanation he was interested, but after having different experiences in the program, he struggled with which graduate track to follow. Indicating he was in the process of educating himself about the different advanced practice roles available, Ron expressed his uncertainty:

I am really thinking about it, but right now it’s just . . . should I go the educator route or the nurse practitioner route? I worked with both during my clinical rotations. They both [roles] have a lot to offer. I like the staff teaching that I think a nurse educator does, interacting in that working relationship with a lot of other people in the hospital environment. She was able to tell us “follow this person, go get this and that” and then, when I followed the nurse practitioner, I really liked the autonomy of her role too. She had a very autonomous job, so seeing her do a home visit, seeing her do clinical psych visits, I thought was really interesting; each of them had something a little different to offer. The nurse practitioner was very good at facts and statistics and how she ordered her medications; it was very particular. And the nurse educator was more fluid. Changing her ideas and . . . two different schools but some of them have nurse
educators who cross over to nurse practitioner programs; so there’s so much out there that I don’t know where to start?

Likewise, Ann had an interest in continuing her education because her long-term goal was to teach nursing, but then Ann explained why her goal had to be postponed:

I’m going to get my MSN; I’m planning to go back to Benedictine to get that. As I think, you were aware I was going to go right for my BSN, but then with my father, and then my niece coming down with breast cancer, among other things going on now, it was postponed a bit.

The “other things” Ann was referring to included her own current health issues and she described her struggles:

Shortly after I graduated, I also developed breast cancer, so I have been battling with that. Yeah, so that has not been fun. In February 2014 was when I was diagnosed. I had to go through chemo and radiation, and reconstructive surgery and that didn’t take, so it’s literally been nonstop. I’ve had seven surgeries since I was diagnosed, so that has been my delay. I do have to get a total hysterectomy because I have a mutant gene called P53 gene. Um, that predisposes me, I guess, to all cancers. So they’re going to go ahead and remove my. . . I’m like, bring it on, whatever. I’m like take it all, whatever you need, but the good news is I don’t have cancer now [laugh].

Ann and the other participants seemed to embrace a challenge, regardless if the challenge was schoolwork, a desire to return to school, or other personal difficulties.

Dweck (2010) (as cited in Hochanadel & Finamore, 2015) claimed that when an instructor teaches a student how to persist, a growth mindset develops. This, in turn, improves the grit factor of the student and his or her ability to overcome any challenge, indicating faculty or any role model can play an important function in helping students meet some of the challenges along the way to completion.

**Resiliency: Overcoming a Challenge**

The American Psychological Association suggests multiple factors help individuals develop and sustain resilience and these are maintaining good relationships,
accepting circumstances that cannot be changed, keeping a long-term perspective, maintaining a hopeful outlook, and visualizing your wishes (Sieg, 2015). These factors were seen to be at play when a few participants, faced with life-altering experiences, were still able to reach completion.

After two to three months postoperative recovery from his back injury, Sam attempted to return to work. His employer was unable to offer him light duty because a few of his colleagues had already been assigned that, due to high-risk pregnancies. Sam was concerned he would lose his job. His employers did not reassure him his job would be available to him upon his return, but instead, it was explained to him, “We will try our best.” With the mounting pressure to return, Sam went back to work; although he felt strong, unfortunately, while doing patient care, he reinjured himself. This second injury event was not as severe as the first, but nonetheless, it required more time to recover, thus postponing Sam’s goal to return to work and school once again.

I had never quit anything before. So, in my mind, I was “quitting.” I remember I had a long conversation with both Dr. X and you about this because this is not something I wanted to do. Dr. X and you both told me I can come right back in whenever I was ready. You both said you were praying for me, and hoping for a speedy recovery. I will say my conversation with both of you didn’t make me feel hundred percent better, but it made me feel like you cared about me. I was still beating myself up about it, and you tried to help me put things in perspective. I thought to myself, “I’m a failure; I’ll never be able to complete this,” all the stress and emotion got to me. I have been working since I was 16. I’ve always been able to juggle several things at once. When you don’t take care of yourself, things will come crashing down, and you have all the time to think about what you did wrong. Just trying to wrap your head around how incredibly crazy this problem was, it was so difficult for me. So you can see why I was upset when I had to step out because I was unable to advance.

In Sam’s example, we read how faculty and administrative support can (in part) influence a student’s decision to return to school after a life-altering experience. As the investigator, I considered Sam’s ability to overcome his challenge a combination of
factors. First, and foremost, are the personal characteristics he possessed, namely resilience; he was able to (a) embrace a challenge and (b) overcome it. Second, the critical importance of family support plays a role in a student’s ability to move beyond the challenge. Third, the support and behaviors necessary from administrators, faculty, and staff in helping a student in crisis return to school and complete. Sam went on to describe his incredible story of resiliency and the steps he took to recover and return to school and complete.

As mentioned previously, Sam had to move back to his childhood home to recover. As he was recovering from the second back surgery, he got into a car accident, injuring his back for the third time. Sam described this event:

I [had] rejoined the cohort. I got back into your class and finished yours. Then [pause] I got into another car accident. I had dented a rod, where it was pushing into my T2–T3 disc. It was causing me to have pain again, so I had a revision [spinal surgical revision].

Sam eventually came back to school three months after his third back injury. Listening to his story, I dubbed him “the comeback kid.” Sam further shared what he had to go through to come back:

I came back to school three months later and from wherever I was [laugh] until the finish. You were probably the first person I went to talk to, probably the one that made me come back because I was really discouraged at that time. Thankfully, the recovery came. It was a gradual process, I must say. I had to learn how to do everything again. I needed to learn to walk and do strength training and go back to physical therapy. I thought it was only going to be six months; it ended up to be nine [due to two reinjures]. It really screwed up my goal to get back quickly. It took me two or three cohort starts to come back.

Given all the setbacks Sam experienced, he was able to verbalize what he learned from this experience, which could be a contributing factor to his ability to overcome adversity. Being able to reflect and learn from his challenges, I think is an example of
how Sam was “adaptable” and accountable to himself. Being both accountable and adaptable were personal characteristics (among others) that Sam recounted were his strongest suits, and contributed to his ability to succeed. Sam ended his story:

The challenges I experienced, I feel gave me more experience to be a better nurse. I’m more empathetic. I don’t sweat the small stuff anymore. I am easygoing for the most part, and because of that, I feel like I’m adaptable. Those are the two things that really helped me while I was in the program.

Sam closed by announcing one more victory: “At this point in time, I have completely paid off my medical bills.”

Being resilient or adaptable is an important personal characteristic that may have contributed to Sam’s ability to overcome his challenge and return to complete the program. Considering the number of personal health challenges he faced during the program, he did not allow himself to derail his educational pursuit. Even without external challenges, students in the program need to be adaptable to survive a five-week accelerated curriculum. Each class is comprised of lengthy papers, peer group projects, readings, and other outcome measures, not to mention all the competing responsibilities typical in the adult student subpopulation. Jeffreys (2012) noted that highly developed skills in writing, reading, note taking, exam preparation, and listening are important personal study skills. However, they are not enough to guarantee academic success and retention. Jeffreys (2012) defined adaptive behaviors to include “self-direction, detailed plans, and task-focused goals relating to study activities and academic pursuits” (p. 79).

Another example of resiliency and the ability to overcome a life-altering experience was evident in Maeve’s story where she shared how she coped when her son was in the hospital trying to recover from heart transplantation surgery:
I know it’s crazy, but I do thank the program in a way. . . We stayed at the Ronald McDonald House downtown, and at night when I couldn’t turn my mind off, I would be just lying there, I would start reading my textbooks from whatever class I was in at the time; I think it was community nursing. I would be lying there, reading the book, really just trying to get my mind off my troubles. It was just a little escape; it was just a little time that I could get.

I asked Jill if, while enrolled as an RN to BSN student, she had experienced any significant challenges and she shared that she had sent her oldest son away to college.

Although sending a child away to school is a momentous occasion, it remains one of life’s biggest stressors. Jill recounted this experience:

You know my son went away to college during the program, so that was probably the biggest one. He started the same time I did. Actually, I had to pack him up to go to school; he was the first one to go to college. Um, you know, I was ready for him to go. I think initially everybody thought I was going to miss him more than I did, but it’s not a matter of missing him, it’s more it’s his time. He has to grow up, and he can’t grow up at home; you know that doesn’t happen. You worry about them when they go, but he’s both close enough and far enough and he’s doing okay. That was probably the biggest significant change in my life. We used to challenge each other, “If I can get an A, why can’t you” [all laugh]. I would remind him, I work full time and I’m a mom! [all laugh]. You know, it was those kinds of things. But other than that, I was fortunate in the fact I did get a scholarship from work, my entire program was paid for.

Healthy Coping Strategies: Organization Skill and Capacity to Balance Responsibilities

Adult students balance a number of responsibilities in order to be successful. As introduced in chapter one, there is significant evidence affirming the barriers that commonly prevent adult students from finishing their degrees. These barriers include: family responsibilities, career or job demands, loss of social support, community commitments, poor previous academic performance, foreign education, English as a second language, adverse educational experiences, loss of tuition reimbursement, financial aid issues, poor institutional fit, and poor health or ill family member (Boylston & Jackson, 2008; CCNE, 2013; Robertson et al., 2010). Having an appreciation for the
risk factors involved and the needed coping strategies to overcome these barriers will help educators support the adult RN to BSN nursing student to reach completion.

An important personal characteristic identified by participants that allowed them to balance responsibilities was to possess organizational skills. In my experience, possessing good organizational skills or being prepared does not always come naturally to students. Also, I do not believe all students take the time, or have the ability, to position themselves to complete their goals, making it even more important to uncover how successful students do and as a result, reach completion.

The study interviews produced a few examples of how some of the participants viewed their organizational skills and the role these played in helping them balance their responsibilities so they could complete the RN to BSN program. Sam recounted how being structured and having strong organizational skills, along with having personal support systems, played a role in helping him overcome his challenges. Sam summed up his efforts to balance things: “I think having really good structure helped me.” Sam described in more detail some of the stress he experienced and how he tried to cope with it in a healthy way:

I have family that would listen to me and hear me bitch about this or that. You know, it’s not just the stress of school, in reality, that’s the easy-pezzy part of stress. But when you are a nurse, on top of that, and working some crazy jobs . . . and spreading yourself way too thin and every chance you have you try to come back to the computer, I have to tell you; I had an emotional breakdown. Well, actually, maybe two or three times [laugh]. I would say . . . “I just want to go to bed”; I don’t want to read; I don’t want to write another damn paper. But you know, I also had a really supportive girlfriend, who is still there by my side and she is wonderful at . . . She would say, “Let me help you talk through it.” She would help me write down my thoughts, put things in chronological order, and just get a good base. I have the hardest time starting a paper. So when you have someone . . . When I explained to somebody the topic, all of a sudden I hear it, and I think “here it is,” and I can write it down. So, it’s kind of nice for me that I
have people who aren’t attached to the medical field. So, I can explain to them more in detail, almost as if I would do for a patient.

Fay provided another example of balancing responsibilities when she shared that she gave birth to her baby girl on a Tuesday evening and was relieved it was not a Wednesday evening because she wanted to attend class:

I had her [the baby] right when we started; she was born September 16th. It was a Tuesday, and I was glad because we had class on Wednesday. I said “Okay, great; I can get out and go to class,” but of course, they wouldn’t let me leave the hospital. So, I went back the following Monday as we had class Mondays and Wednesdays.

I asked Fay to describe how she was able to balance the needs of a brand new baby girl, and a 14-year-old son who had type I diabetes while she was enrolled in the RN to BSN program. Fay shared how she managed these challenges:

The good thing was I had a lot of time off from work when the baby was born. I had a good two months off; so, all I really had to do was focus on her for those two months and my studies. Then we moved into winter break, so it was really okay that first semester. When we went back after a break, in the spring, I was only working part time, so it wasn’t crazy hard for me at that time. I did my homework . . . when I would get home from work; I worked 3–8 p.m. three days a week . . . It’s not really a lot of work. I would get home from work, she was asleep and wouldn’t wake up to feed until 10 or 11 p.m., so I had those few hours to do my work or study. My husband was amazing too!

Ann’s father passed away while she was enrolled in the program. In addition, because she was a nurse, her family relied on her to care for him as his health declined. I asked Ann how she was able to balance all her responsibilities. Ann described her experience:

It was really difficult. You know, I was taking care of him, it was 24/7 pretty much. My family was great; my mom helped me with my dogs, cleaning, and everything I needed to get done. My siblings were the same way; they would say, “What can I do to help you?” You know, because I was taking care of my dad.
I probed further so as to better understand the situation: “While you were working on your studies, your projects, your papers, they helped pick up the pieces at home, while you were busy caring for your dad?” Ann remembered the family support she had:

Yes, yes, they were wonderful, but it was difficult; my dad was . . . just having somebody sit with him when it was my turn because I had homework, really helped. It really helped a ton. We would have family meetings; we would all agree to what we needed to do, and it would get done for sure.

Ann explained, even during this challenging time when she had homework and assignments and school responsibilities, her family was supportive. She agreed that her family shared her priorities. Ann jokingly concluded: “Absolutely, yes, but nobody wanted to change a Foley catheter [all laugh], so almost always I guess” [all laugh].

Hearing Ann’s recount of her father’s illness and ultimate loss of life was an example of how her family functioned in a crisis. In the literature, functional families find ways to heal and reorganize after a loved one falls ill and is eventually lost. However, for some families, this process is hindered by dysfunction, or challenges with a family member’s reaction, or the absence of adequate family coping skills (Lichtenthal & Sweeney, 2014). Giving a reason to speculate, having a functional family most likely plays a role in helping an adult student reach completion.

Another example of organizational skills was the ability to save and plan for the associated cost of the program. Deb was an example of this, saying, “I had saved for it [the program] . . . I was able to afford the program, and I had enough money for other fees, schoolbooks.” However, many students do not have the ability to save and plan, or share Deb’s fiscally responsible practices. In fact, what I uncovered from the literature was CCNE stating that a program may exclude from its completion rate data “students who have identified factors such as family obligations, relocation, financial barriers, and
decisions to change major or to transfer to another institution of higher education” (CCNE, 2013, p. 17). This indicated that a student’s financial challenges should not be calculated in an organization's retention data because this was not the fault of the institution. I asked Deb in the interview if she believed being organized and financially prepared helped her complete and Deb responded, “I do.” Deb thought about this and said, “I just think being organized and preparing are just life skills; I don’t necessarily even think about it as being special.”

When Mel was asked to share the personal qualities, characteristics, and skills that she believed helped her to complete the program, she also emphasized her organizational skills:

- I think I would say my organizational skills. You definitely have to be organized to get this done, especially with kids and a husband, and work, a family and things like that. I definitely learned not to be a procrastinator!

**Factors of the Program That Cause Stress and the Strategies Used to Combat It**

It was interesting to discover that the participants in this study did not necessarily experience stress related to the program itself. However, participants did reveal that stress occurred when they experienced “the unexpected.” Essentially, students did not remember feeling stress regarding the workload, mainly because the work in earning a BSN was “expected.” However, participants clearly remember feeling stress when a particular course or instructor did not practice in a manner they had perceived as “expected.” In addition, events in their personal life that occurred “unexpectedly” in conjunction with school were also a source of stress for the participants.

The factors that most commonly caused participants stress while enrolled in the RN to BSN program were peer assignments, lack of instructor flexibility, instructor
inconsistency, instructor not practicing adult learning preferences, instructor not welcoming questions, and receiving the syllabus on the first day of class (this is considered late to this adult student population).

**Peer assignments.** When I asked Deb if any particular aspects of the program caused her significant stress, she replied, “I think not that the program caused me stress, but sometimes getting the project done. All of us live in different directions, so sometimes meeting with other students was a little bit difficult.” I asked Deb to tell me about the coping mechanisms she used to combat the stress, and she responded: “I would go workout; I think I worked out the most while in the program” [laugh]. Deb also spoke about the role peers played in helping her overcome a challenge:

I tried to actually overcome obstacles by talking to other students to make sure we were able to get the project done, making sure we all knew the expectations and what was due. Also, if there was a group of us assigned to work together, then we had to work together to get the job done. So, I guess the coping strategy was learning how to divide the work evenly.

Jill described a similar challenge with peer projects when she said, “Though the group projects were good, they were challenging at times just because, again, you have adult learners who all have different schedules. But for some reason, and somehow, it all worked out.” However, conversely, Mel did not experience challenges getting together with peers to complete a project because she turned to technology to aid her. When asked if she experienced difficulties getting together with peers to complete group work, Mel replied:

No, it was okay because we have access to each other online, Skype or, by e-mail, cell phone, by texting. In this day in age, with all the different technological modalities available to us, you cannot really use the excuse “we couldn’t get together” anymore.

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**Student expectations of faculty and other stressors.** Several participants admitted that they experienced a particular instructor who did not meet their expectations. It seems faculty members from nursing, humanities, and mathematics (statistics) were all included within the category at one time or another. Each student who experienced this stressor explained the issues they encountered were isolated and were not the majority of the faculty at Benedictine. In particular, as mentioned previously, participants cited communication differences, lack of flexibility, inconsistency, not practicing adult learning preferences (such as engaged learning activities), not offering a welcoming environment or questions, and receiving the syllabus on the first day of class. I asked the participants to explain their particular example in an effort to uncover their personal characteristics or coping strategies used to overcome this challenge. Of the coping strategies utilized by participants, peer and family support was frequently a strategy students adopted to combat the stressor.

When Deb explained her confrontation with a particular course instructor at Benedictine, I found it interesting that Deb confirmed her peers had a similar complaint. For example, Deb made it clear that “a lot of students didn’t have a good experience, so it wasn’t just me,” indicating she went to peers to validate her feelings, which is an important form of peer support. Deb divulged the following:

The last class I did not have a good experience with the instructor. A lot of students didn’t have a good experience, so it wasn’t just me. I don’t want to talk badly about an instructor [pause]. I think this instructor was new to the program. The syllabus that was presented, everyone was asking for clarification, and the instructor didn’t want to spend any time explaining the syllabus or assignments [which is an expectation of a student in this program]. She wanted to talk about other stuff. Which is fine, but then, when the first project was due, everyone did poorly on it, and we were like, what happened here? The instructor said all that information was in the syllabus. This was clearly somebody else’s syllabus, so...
We had questions about the syllabus; she just didn’t want to take the time to answer them.

Fay remembered one instructor who she felt lacked flexibility when she requested an extension on an assignment because her 14-year-old son had been hospitalized, in the intensive care unit, suffering from Diabetic Ketosis Acidosis (DKA). Similar to Deb’s example, Fay also went to her peers to validate her feelings. Fay emotionally remembered her side of the story:

At one point, this really upset me . . . and I found out it kind of happened to other students throughout the program too. My son was in intensive care, for one whole week, and I had asked, well, there was a project due on Wednesday. I remember this like it was yesterday . . . The project was due on Wednesday, and my son had gone into the intensive care previously that Sunday night. So, he hadn’t been discharged and wasn’t going to be until Friday, or so. My project was due on Wednesday, and I asked for an extension. I explained to my instructor “I have paperwork from the hospital, is there any way I can get just a couple days extension” and she told me “no.” She said, “There’s nothing I can do for you; I can’t help you.” I was very upset, I was like, “Look, it’s not as if I just have to go to work; this came out of the blue, and my son is in the intensive care; he’s in DKA (Diabetic ketoacidosis); he can’t be discharged yet; he’s not well enough,” and again she told me “no.” So, I was very upset and instead of a 4.0, I ended up with a 3.9 because I got a B in the class, because I missed the A by one point, so, I was very upset with that too. I was just surprised the instructor was not more . . . well, accommodating, more, I don’t know.

Fay continued to share that she also found the program attendance policy challenging and this possibly contributed to her negative experience.

When we started out, we were told, “You can’t miss one class” because you will be kicked out of the program, or redirected to a different cohort, not one class! We knew you could not miss a class. I think if it were not for that policy, more of us would’ve graduated and finished on time together. I know one class is a lot, a lot that you would miss, and I understand we have to have so many hours in the classroom. But if there is something students can do on the side to make up that time, I know students would’ve done that, and we would’ve had more students who would have graduated with the cohort. I would, maybe even have a limit, perhaps one or two max throughout the entire program. Maybe out of all the classes, you could only miss an X number, and you’d have to do a sizable makeup assignment . . . or something like that?
After hearing Fay’s experience, I have to consider the instructor might not have understood the gravity of that situation, how fragile her son was at the time. On the other hand, the accrediting body mandates a minimum seat time for students in all accelerated programs. However, in order to meet this standard, and support student completion, the program personnel might consider revisiting the attendance policy to design alternative, online assignments, in the event a student encounters an emergency.

I asked Fay, “Would you say this experience, in particular with this instructor, was an isolated experience, or were you made to feel this way at other times during the program?” and she provided the following response:

No, it was just with this one instructor, at this time. I felt like she wasn’t flexible. She wasn’t willing to help the students be successful in the program. She told me, “The reason why I’m not going to let you slide is because one time when I was working on my doctorate, I had an emergency surgery and I had a deadline, and I called my instructor, and she told me ‘too bad; get it done.’” So, she said, “I’m going to tell you the same thing; just get it done.” So, well, it was unfortunate. I did make sure to put that in her evaluation.

Working with adults versus teaching traditional students requires educators to appreciate all the competing responsibilities facing this student subpopulation. It is also important for an educator to recognize teaching adults can be delicate, and one may need to be prepared to negotiate their busy lives, and help them balance competing responsibilities so they are able to complete.

As an outlier, although several students disparaged inflexibility in some faculty, Jill felt, at times, faculty members were too lenient and Jill found this frustrating:

It’s like you have a syllabus with due dates on them, and because of the fact I have to be so rigid because of all of my other responsibilities, with kids and planning, when I’m given a due date, that’s the date I expect and turn in my work. But, there were times when people were more stress than I was, and asked for extensions, and extensions were given. And it was... I don’t know that it was unfair necessarily, but it just wasn’t what I expected. When I went to nursing
school for my ADN, you know, you were sent home from the clinical if you did something wrong. There was no second chance. There was “This is how it is done, and that’s it.” So that’s how I expected this [the RN to BSN program] to continue to be. Not that it’s right or wrong. It was my expectation, the rigid state, you know, nurses eat their young so professors naturally should too, you know [laugh].

Although Jill’s remark “nurses eat their young so professors naturally should too” was made in jest, the fact that she was expecting to be treated uncivilly by nursing faculty was unsettling. Nonetheless, in this instance, faculty should adhere to departmental policy by practicing consistency and following rubrics as much as possible. In doing so, I believe this will help faculty better meet student expectations.

Maeve shared a story where she felt that one instructor did not utilize adult teaching strategies. I found it interesting that when Maeve described the challenge, she commented, “And I wasn’t alone in this impression of her,” indicating again that she, like Deb and Fay, went to peers for validation. Going to peers is also important because the coping strategies utilized to deal with these challenges centered on peer connections.

Maeve related the following particular situation:

I don’t want to, well I won’t give a name, but there was one teacher; there was just no give-and-take. She just wanted to talk, and you, as a student, had to sit there and listen. There was no room for questions because she more or less felt “I have to give you all this information, in such a short period of time, so don’t speak, be quiet and listen.” And, I wasn’t alone in this impression of her. All the students I spoke with about it, felt the same way as I did. When you asked her a question, she literally, you know, went like this [placed hand in front of face]. She felt she had so much to share, in just one night a week, um, but she was just throwing all this information at us, trying to squeeze it all in. She would throw it at us and then say memorize it. I can tell you; she was not approachable at all. You know, what it was, she gave you all this information, and she just wanted you to be able to regurgitate it back. Not sure, I learned anything substantial from her. We didn’t have a say in our learning.

I asked Maeve if this occurrence was an isolated experience or had she felt this way at other times while enrolled in the RN to BSN program. Maeve clarified: “It was just that
one class. Every other class was wonderful!” I asked Maeve to share any coping strategies she utilized to overcome this particular stressor; again, it could be seen that Maeve chose to turn to her peers as a coping mechanism to overcome the challenge of being instructed by someone who did not match her learning style. Maeve described this peer support:

I met with other students. We formed a study group. We shared our feelings with each other as well as our notes. It helps to know we were all in the same boat. We commiserated together I guess [laugh]. We would say to each other, “we’re just going to get through this together.” “We are just going to get through this, and do what we have to do.”

In Maeve's example of coping with the difficult instructor, an important phrase stood out to me; Maeve stated, “She was not approachable at all.” Frequently, participants commented that having faculty available to students was a contributing factor in their success. The fact that Maeve perceived this particular instructor to not be approachable implies this instructor did not meet her expectations because the majority of Benedictine faculty was depicted as approachable by participants. Stated simply, this particular instructor did not meet Maeve’s expectations and as a result caused stress.

I asked Erin if there were any particular aspects of the program that caused her significant stress and Erin succinctly responded: “Statistics [laugh]. Just one word, ‘statistics’” [laugh]. I probed further to better understand by asking, “Was it the course in general, or was it perhaps we didn’t have resources in place for you, or anything you can think of that added to that stress?” Erin instead reflected on the failure of the teaching-learning process:

I think there are, , , I don’t know. I did buy Statistics for Dummies to help me understand; I just did not understand, my brain . . . it was like a brick wall. I just did not comprehend it, and our instructor was not a nurse, and statistics was her
life. She got it, but it was hard for her to bring us there, you know what I mean? You know, she got it, but I do not think any of us did.

I probed further, inquiring if the accelerated pace of the program played a role in the course being a challenge. Erin focused on the length and flow of the course:

If anything—and I know they have changed it now, it is not part of the program—it should have been longer. Because it is very difficult to, you know, this week it’s this topic, next week we moved to another, and there wasn’t time to see where we were at. Also, I didn’t think the weeks built upon each other. One week didn’t build upon the next; it was more like “this is concept A, then concept B, C, D and so on, and then “here’s your final” [laugh]. But the problem was we couldn’t see how A, B, C . . . connected. You know, she wasn’t a nurse, but I was like, “Sure, just get through this.” We were like “Okay, whatever you say, we’ll go with that.”

Again, I found it interesting that as Erin shared her challenge, she looked for confirmation from her peers—“We were like. . . [pause].” I inquired if there was anything in particular that she did to combat the stress in order to be successful and pass the course. Erin described her efforts to try to scale what seemed like a brick wall:

I went to Barnes & Noble; I went online trying to see what books could help me. I did this to kind of, try to get it. Just enough to pass [laugh]. Um, that’s what I did, and some people [peers] got it, and others understood certain parts, and for me, I could get some of it, but certainly not all. The big picture was not in my mind, like could not see the cloud lift. I could never see the big picture. It was like a foreign language.

Erin’s memory was another example of where students do not experience stress due to workload, or the challenge schoolwork brings, but rather they become stressed with the “unexpected.” The nursing program is very structured and each week builds upon the next. I would recommend detailed examination of all courses in the program to ensure a pattern exists and each course builds on the next in order to reduce student stress and meet student expectations. In the case of statistics, perhaps the RN to BSN program has an opportunity to promote more statistics throughout the curriculum, so students have
more opportunities to “learn the language.” In addition, given the fact the statistics instructor was not a nurse made him or her an outsider of sorts. Having more opportunities to work with other disciplines may help increase flexibility and tolerance for working with others outside the discipline.

Sam implied that the accelerated pace was a challenge for him at times and why it was so important to receive the syllabus ahead of time, allowing adult students the needed time to balance all of their competing responsibilities. Sam elucidated on this:

If I had to pick one thing, I would say the timing was probably the biggest stressor in the BSN [program]. I was working two jobs... Nursing courses, you received your syllabus beforehand so you could prepare as the class got closer. This gave you time to really set up how you want to do this, you know, balance your work responsibilities and school projects, etc. In the other courses that were not... ummm... well in nursing that did not happen. In the other courses, you receive the syllabus the day of the class, which can cause a whole lot of undue stress.

Sam’s memory again revealed that students reported feeling stress when faced with “the unexpected.” Once again, participants did not frequently report, “being stressed” about what would be considered “expected,” for instance, schoolwork. However, when unexpected events occurred while enrolled in the program, students did report feeling more stressed, for example, having to deal with ill family members, their own illness, or a particular teacher or course that did not meet their prior expectations. For example, in Ann’s story, she explained that the complications for having ill family members on top of typical adult student responsibilities added to her stress. Ann detailed the causes of her stress at the time:

I do not necessarily think I was stressed about school; it was more that I had a really ill father at the time, while I was in school. Also, my niece developed breast cancer too while I was in the program. I had a lot of personal things going on. It was just “the everything” at that time; it was not necessarily school in
particular. Ummm, I think that statistics was difficult if I can point out one class, only because the instructor was difficult.

When I asked Ann if there was anything that she did to help combat the stress felt during statistics and the personal challenges, again, she turned to her support systems. Ann explained this using an analogy, where nurses utilize teamwork on the unit to help one another and nursing students do the same in the classroom environment. Ann developed this analogy:

We formed study groups. Yes, we had study groups. One-on-one, my friend [peer R] and I would do problems together and then talk about how we reach the conclusion and things like that. That is the thing about nursing in general, once you become a nurse, you have that support from your coworkers; they help you to get through everything. It just comes natural, like, “Can I help you; can I help you?” It is our code.

Ron reported that preparing for the clinical experience caused him stress early on in the program. Yet again, it was not the clinical experiences that caused stress; it was not having a clear understanding of what was “expected” from him in order to prepare. Ron explained his feelings:

Early on in the program, the clinicals. They mentioned it to us, but we did not get that much information until later on. In my opinion, I was a little bit anxious because I was like what do we do, how do we find preceptors?

Again, Ron’s example underscored the trend where participants perceived stress when expectations were not adequately met. His example gives the program an opportunity to attempt to decrease student anxieties by increasing student counseling as they prepare for the clinical experiences. If students do not have a good understanding of the clinical experience, they may choose a different program that does a superior job explaining expectations.
When I asked Ron how he dealt with the stress, like others, he replied that his ability to adopt healthy coping strategies and support systems played a role:

I always take a little bit of time for myself, so watching movies, going out for dinner, going out with friends. Even work, to be honest, housework, relieves some of the stress too because you forget the things you were supposed to do, like schooling [all laugh].

**Ability to Make Connections to Evidence-Based Research to Transform Practice: Change in Nursing Practice Since Obtaining BSN**

AACN (2011) (as cited in Allen & Armstrong, 2013) voiced that RN to BSN education is important because this student population develops strong professional-level proficiencies and demonstrates higher competency in practice, professional integration, communication, leadership, research and evaluative skills. Kubsch, Hansen, & Huysere-Eatwell (2008) found that BSN or higher prepared nurses also follow professional values more frequently. Professional values defined by AANC (2008) (as cited in Connor & Thielemann, 2013) include concepts of human dignity, integrity, autonomy, ethics, altruism, and social justice. All of the aforementioned professional values are important personal characteristics that may contribute to an adult student’s decision to remain in school and complete.

Knowles (2012) considered that adult students “need to know”; they need to make a connection between what they are expected to learn and do, and apply it to “real life.” As introduced in previous chapters, Knowles’ andragogical model is based on several assumptions that help faculty understand adult learning preferences. Knowles et al. (2012) explained that adult students follow six assumptions:

- *The need to know*: Adults need to know why they need to learn something before trying to ingest it.
- **The learners’ self-concept**: Adults have a self-concept of handling their decisions and their lives. Therefore, adults have a deep psychological need to be seen by others as being capable of self-direction. Mostly, they resent or resist situations wherein they feel others are imposing their will on them or “training” them (p. 64).

- **The role of the learner’s experience**: Adults come to the environment with both greater and varied life experience. Adult education should incorporate a greater emphasis on individualization of teaching and learning strategies.

- **Readiness to learn**: Adults only become ready to learn things when they need to know them in order to cope more effectively with real-life situations. Also, there seems to be a connection to developmental tasks which makes it essential to match education timing with those tasks.

- **Orientation to the learning**: Adults are motivated to learn to the extent that the knowledge will help them perform tasks or deal with situational problems confronted in real-life situations. Adults learn new knowledge when it is presented in the context of application to real-life situations.

- **Motivation**: Finally, adults are responsive to external incentives such as better employment, promotions, higher salaries, etc. However, the most important motivators include the desire to increase job satisfaction, self-esteem, and quality of life. (Knowles et al., 2012)

It is important for educators to recognize that RN to BSN students must be able to make a connection between the worth of continuing their education and how doing so will influence their nursing practice. If students are able to see how obtaining a BSN
affects their practice, it may also help them value the importance of reaching completion.

For Sam, it was evident that he was able to make sense of the workload and how it had influenced his career. According to Sam,

I knew there would be papers, assignments, and projects, but really, what you gain [from school] is what you put into it. If you just do the papers as and assignments, that is all it really becomes, but, if you think about it in the sense “how is this going to help my career.”

Sam was able to make a connection between class activities and how these affect his practice. He saw writing papers as the application piece of his learning. Sam expressed understanding of why we investigate, or question things, and why it is important to be able to communicate our findings professionally:

For my bachelor's, I thought, “What is writing a paper going to teach me about nursing?” As it ends up, it is not about writing a paper . . . it’s more for you to collect your thoughts and be able to explain them in a professional manner. If you need to do something, such as yourself, like collect data or write a scientific evidence-based article, you will be able to do it. You’ll be able to pull information in order to write this article. So, we were not simply being asked to write a paper, simply to write a paper. There was a whole piece behind that. It was really so we could express our knowledge.

Sam continued to explain that the BSN program enhanced his ability:

To make decisions with confidence and be accountable to them later, I feel like the program helped nurture that further. Not just my ability to assess a situation, but using evidence-based practice to assess, along with questioning things. BSN programs help instill that type of thinking in a nurse. I’m always asking questions. I’d rather critically think about something and dig into what I don’t understand. The amount of growth I’ve had since earning my BSN to now I think has doubled since before I had my BSN. I was a floor nurse for six years, nothing, earned my BSN and I instantly went to the ICU. I was challenged, and then I went to charge nursing, then to assistant management and a nurse educator position. After receiving my bachelor's and subsequent master’s just a few years later now, I don’t even recognize myself. Here I’m telling other people what to do [all laugh].

It is difficult to discern if Sam’s growth was solely the result of earning a BSN, but one thing is certain, earning the degree put him on a trajectory of advancement.
When asked, from what you learned as a BSN, have you been able to apply this to practice, Sam responded:

I use it every day! Case in point, we had a pressure ulcer day we do quarterly, and I wrote an article for the hospital. It is going to go wide through the entire [hospital wide] system. We are the largest teaching and trauma hospital in the city of Chicago. I am the Assistant Manager of the Trauma Observation Unit, which is completely new to the Midwest. There is not a unit like this in Chicago; this observation unit is based on the times [admission time in and out], it’s protocol-based, and we maintain a 48-hour window. The first 24 hours is what we call a critical timeline. So, if they’re diagnosed in a critical condition, they come in. We have gunshot wounds, car accidents, things like that. When they come in, we observe them. We see if they are suitable to go home, go out[be discharged], or go to inpatient [be admitted] because insurance is frankly not covering it anymore.

Here we see an example of what Sam gained from his BSN education. He was able to articulate the “bigger picture” of where bedside nursing practice influences organizational policy and the bottom line. Sam did not merely concern himself with his individual patient care; he was able to reflect on how his patient care and his ability to assess and make admission criteria decisions affects an entire organization.

My BSN really set the framework for that higher level of thinking and practice in the workplace. Prior to my BSN, I was comfortable with nursing [bedside care], but beyond that, I wouldn’t dig as deep. I mean, question “why has this person developed an infection” versus “let’s treat the infection.” Questions like that have led to changing practice. I’m able to look at the data and make a decision. It’s higher-level nurses who do this and come up with resolutions.

Sam shared an example of “the bigger picture”:

Your realm of thinking leaves the bedside and examines all nursing practice in general. It’s more global, not necessarily worldwide, but global as far as the hospital. Looking at something bigger than just your practice, it might help other nurses too.

Ann, similar to Sam, was able to articulate exactly how the curriculum changed her practice. Once a student makes that connection, the learning becomes more meaningful and may play a role in retaining the student. Ann explained:
I think faculty offered an insight into what else is out there for the patient besides the obvious. I think faculty opened up a lot of the avenues to research and to question why somebody might be having emotional difficulties. What I gained from the program was a higher level of thought processes. Especially how it is going to affect them long-term, what can we do at that time to make the family, the environment, our community better?

Ann was also able to articulate the “bigger picture” and how earning a BSN influenced her practice. Ann reflected on her preparation to do this:

Not just treating the illness and getting them out the door, it’s so much more in terms of educating the patient’s and family, preventative medicine, you know, early warning signs. I think the classes we took reminded me of this, and had affected my practice to some degree because of it.

Anne continued to reflect on her mental preparation:

The BSN opened my mind to wanting to learn more about life in general. Caring for people is a full circle. A patient gets sick, and then the patient gets well. In between that process is this tremendous amount of emotional support that is needed to be done on top of the physical care we offer. I think [faculty] did a great job describing the importance of that, teaching that aspect of nursing care.

When asked to describe the strengths he gained from the program and his strongest suit, Ron said it was his communication skills. He further explained he continues to build on his strengths in nursing practice specifically when precepting new nurses to his unit and coaching nursing students when they come for rotation. Ron described his strengths:

Well, I’ve always liked teaching . . . I precepted the new nurses. I know when I started going through the BSN program, I felt a little bit more empowered to teach. Empowered to teach my students the same way I would like to be taught. So, I always try to be very encouraging for them. You know, providing them with information. I think communication, networking is so important now. Umm, in terms of finding jobs, working between silos [laugh] in the workplace.

Having good communication and being able to network is helpful, especially as a psychiatric nurse, where communication and locating resources are the basis of all treatment. Ron was able to demonstrate professional values and leadership skills after
obtaining his BSN as well as give back to the profession. He also explained a gained confidence to encourage other nurses to continue their education. Ron spoke about giving back to the profession:

I want the students [student nurses on his unit] to have a good experience. I think Dr. B. was really the one who talked about that the most, but she always talked about giving back to the profession. It’s something you, as nurses now, since you have gone through the BSN program, you should start feeling like there is something you should do to benefit the community, and give back to everybody else.

I asked Erin if she utilized her personal strengths in nursing practice, and if so, what are the skills and qualities that are particularly beneficial to her professionally. Erin explained: “I think being driven because any problem that comes up, you have to figure out.” Erin reflected on the demands of her home health nursing:

In my line of work [home health nurse], I don’t have a button I can push and say “I need help.” I am by myself. I have to use my brain to make decisions. I just have to figure out how to get things done. I just have to do it.

Erin shared the following example:

I had to send my patient to the emergency room. I did this because they were not safe at home. I walked in the house, and he happened to mention, “Oh, I’m lightheaded.” I assess him, and I find an irregular heartbeat; he is pale as a sheet of paper, you know, clearly, there is something going on with him. I think a lot of times people don’t understand home health. You have to pick up subtle signs because who else is going to see them.

It was interesting that Erin was able to connect her personal characteristic of “being driven” and her approach to nursing practice. In her example, Erin equated her drive to her ability to make good decisions and act on them, in this case, assessing a patient and being an advocate for the care they need, so they are ultimately more successful. As a student myself, I can see how “having drive” would also propel a
student to make good decisions and advocate for themselves throughout the program, so they too are more successful.

When Kate was asked, “What are some of the skills that you utilized in order to be a successful student that you are also utilizing in practice?” Kate conveyed the following:

I found after health assessment, I have more thorough assessments now. Also, even though I’m working at the University of X [teaching/research hospital], I feel I understand research more, the evidence-based practice, and the role of the IRB, how they work. I think it has given me more confidence too, especially, when I sign my name followed by BSN [laugh].

I probed further and asked Kate to share with me what she meant by “more confidence.” Kate explained:

I think I always felt that . . . ummm . . . I may have known a little bit less, or was a little bit lower than my coworkers who did have their BSN. Most of them were younger than me, and I was like, oh boy, what am I missing? So, earning the BSN gave me better self-esteem, and with that came more self-confidence. You need that confidence; it is the confidence that allows you to investigate the why [to question]. Also, to understand the business part of health care too, the administrative side of health care. I used to always complain, “Why are they making us do this” [laugh], or get angry at changes. Now, I understand why we need change a lot more because of the program.

Change is difficult, although it is a lot easier if students allow themselves to understand how it can help our practice, our patients, and the entire institution. I think many individuals; especially as we get older, we tend to resist change. However, as an adult student, Kate experienced a great deal of change, such as returning to school in adulthood and losing her husband and mother in the process. What was unique in Kate and the other participants was their ability to adapt in the spirit of resiliency.
Summary

The participants’ accounts produced a plethora of information that adds to a growing body of knowledge surrounding the adult nontraditional RN to BSN students. From the experiences that the participants shared with me, I learned that student retention is a multidimensional phenomenon that can be influenced by numerous factors. The six main themes and 41 subthemes identified as a result of the thematic analysis of the interviews revealed the essential components that made the participants successful in completing the RN to BSN program at Benedictine University. The six themes (a) Institutional and Program Fit, (b) Role of Current Professional Climate and Decision to Pursue BSN, (c) Institutional Support Systems and the Role of Critical Bonds, (d) Critical Bonds Formed Among Peers, (e) Family Support and the Role of the Critical Insider, and (f) the Personal Characteristics that Contribute to the Student’s Ability to Complete are illustrated in the thematic analysis presented in Figure 8.
Figure 8. Thematic analysis.

The analysis of the interview data combined with the document data (segments from the program exit survey) allowed me to identify the following three themes (see Figure 9) that ran across both of these sources of data: (a) Institutional and Program Fit;
(b) Institutional Support Systems and the Role of Critical Bonds; and (c) Critical Bonds Formed Among Peers.

Figure 9. Integrated data: Themes echoing exit survey question mean responses.

Table 11 demonstrates the degree to which the themes generated from the exit survey data (see chapter four) echo those found in the interview data. In the exit survey, a 7-point Likert scale is used to measure alumni responses. The program has set the department benchmark to be a mean of 5.5 or higher. The Likert scale categories include:

“How satisfied are you with” OR “To what degree/to what extent.”

(1) Very dissatisfied (1) Not at all
(2) Moderately dissatisfied (2), (3), (4) Moderately
Table 11

**Triangulation of Themes Identified from Exit Survey**

<table>
<thead>
<tr>
<th>Themes and Survey Questions (academic calendar)</th>
<th>Exit Assessment Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>to</td>
</tr>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td><strong>Major Theme: Institutional and Program Fit (Delivery &amp; Structure)</strong></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the tuition of the program?</td>
<td>5.93</td>
</tr>
<tr>
<td>How satisfied are you with the program course schedule?</td>
<td>6.11</td>
</tr>
<tr>
<td>To what did your program provide and accepting environment?</td>
<td>6.20</td>
</tr>
<tr>
<td>How inclined are you to recommend the program to a close friend?</td>
<td>6.04</td>
</tr>
<tr>
<td>To what extent did the program fulfill your expectations?</td>
<td>5.95</td>
</tr>
<tr>
<td>Comparing the expense to the quality of education, rate the value of the investment made in your degree?</td>
<td>5.96</td>
</tr>
<tr>
<td>Did your nursing school provide a positive academic experience?</td>
<td>6.16</td>
</tr>
<tr>
<td><strong>Major Theme: Institutional Support Systems and the Role of Critical Bonds</strong></td>
<td></td>
</tr>
<tr>
<td>Subthemes: Faculty Uphold a High-Touch Environment (Faculty Support and Accessibility)</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the accessibility of faculty and outside class?</td>
<td>6.11</td>
</tr>
<tr>
<td>How satisfied are you with the faculty responsiveness to student concerns?</td>
<td>6.11</td>
</tr>
<tr>
<td>How satisfied are you with the faculty’s ability to interact with students?</td>
<td>6.20</td>
</tr>
<tr>
<td>How satisfied are you with faculty’s ability to communicate effectively?</td>
<td>n/A</td>
</tr>
<tr>
<td><strong>Major Theme: Institutional Support Systems and the Role of Critical Bonds</strong></td>
<td></td>
</tr>
<tr>
<td>Subtheme: Faculty Set-up Opportunity to Build Confidence and Transform Practice</td>
<td></td>
</tr>
<tr>
<td>To what degree did the program teach you to make effective presentations?</td>
<td>6.25</td>
</tr>
<tr>
<td>To what degree did the program teach you to demonstrate accountability for your own actions?</td>
<td>6.49</td>
</tr>
<tr>
<td>To what extent did the nursing program teach you to provide culturally competent care?</td>
<td>6.25</td>
</tr>
<tr>
<td>To what extent did the nursing program teach you to act as an advocate for vulnerable patients</td>
<td>6.39</td>
</tr>
<tr>
<td>To what degree did the program teach you to work with inter-professional teams?</td>
<td>6.02</td>
</tr>
<tr>
<td>How satisfied are you with the faculty’s ability to relate concepts to the real world?</td>
<td>6.32</td>
</tr>
<tr>
<td>To what degree did the program teach you to apply research-based knowledge as a basis for practice</td>
<td>6.44</td>
</tr>
<tr>
<td>To what degree was the information you learned applicable to your future career?</td>
<td>6.27</td>
</tr>
<tr>
<td>To what degree did you learn valuable information?</td>
<td>6.12</td>
</tr>
<tr>
<td><strong>Major Theme: Institutional Support Systems and the Role of Critical Bonds</strong></td>
<td></td>
</tr>
<tr>
<td>Sub-Theme: Faculty Serve as Role Models</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the faculty’s ability to act as affected role models in clinical practice?</td>
<td>6.30</td>
</tr>
<tr>
<td><strong>Major Theme: Institutional Support Systems and the Role of Critical Bonds</strong></td>
<td></td>
</tr>
<tr>
<td>Sub-Theme: Faculty Motivate Students to Critically Think and Reach Completion</td>
<td></td>
</tr>
<tr>
<td>To what degree did the program teach you to integrate theory to develop a foundation for practice</td>
<td>6.22</td>
</tr>
<tr>
<td>To what degree did the program teach you to understand the effects of health policies on diverse populations</td>
<td>6.38</td>
</tr>
</tbody>
</table>
The analysis of Table 11 demonstrates that Institutional Fit plays a role in helping educators understand why students choose to stay at the university or in the program.

Similar to the responses of the 10 study participants, respondents to the Exit Survey met
the benchmark set by the department by reporting satisfaction when asked about the
delivery model of the program, the course schedule, the tuition, and the expenses of the
program compared to investment in the degree and having an accepting environment and
an overall positive academic experience.

Another similar response from both the Exit Survey’s remarks and those of the 10
participants was *Institutional Support Systems and the Role of Critical Bonds*. The Exit
Survey responses compared to those of the 10 participants in the following themes: the
*Faculty Uphold a High-Touch Environment*, having *Faculty Support and Accessibility*,
having *Nursing Administration Support and Accessibility*, having *Academic Advisor
Support and Availability*, in addition to having *Library Staff Support and Accessibility*.

Finally, there was a clear similarity between the responses from the survey and
from the interviews regarding the satisfaction with peer relationships. For example,
satisfaction was evident through the themes of *Critical Bonds Formed Among Peers*, the
*Collaboration, and Teamwork*, as well as valuing *Diversity in Nursing Practice* in the
classroom environment. It is important to note that the interview analysis themes of *The
Role of Current Professional Climate and Decision to Pursue BSN, Family Support and
the Role of the Critical Insider*, and the *Personal Characteristics That Contribute to the
Students Ability to Complete* were not identified through the responses to the exit survey.
This finding suggests that there is the need for more qualitative studies to be conducted in
order to understand more fully the facets surrounding student retention in the RN to BSN
program at Benedictine University.
CHAPTER SIX:
DISCUSSION OF FINDINGS, RECOMMENDATIONS, AND REFLECTIONS

Introduction

Student retention and attrition is one of the weighty issues facing the U.S. higher education system. Student departure has tremendous financial implications for a department and university and can put a program at risk of losing accreditation. A decline in retention rates is an additional concern for the nursing profession, where early student departure has an undeviating impact on the nation’s overall health and future nursing workforce. The Department of Health and Human Services, Health Resources and Services Administration, and the National Center for Health Workforce Analysis (2014) all suggest that the country will need an additional 3.5 million nurses by 2025 to meet the nation’s healthcare needs. Therefore, supporting RN to BSN progression is an essential ingredient required to aid workforce capacity and to replenish the nursing pipeline.

The “inquiry spark” that fed my curiosity to examine adult RN to BSN students who successfully completed the accelerated program at Benedictine University primarily stemmed from the lessons learned from my doctoral internship project. The aim of my internship project was to identify graduate level nursing students at risk for not completing the MSN online program, as well as to uncover the specific barriers defined by CCNE in order to exclude those students from the overall retention data. The results of my internship project shed light on why MSN students stalled or left the institution,
giving the department a deeper understanding of the student retention issues surrounding this student subpopulation. This work also awarded me an enhanced appreciation of why adult students withdraw from the institution. However, these lessons did not explain why other students choose to stay and are able to complete a program, in spite of the already known challenges and complications facing adult nursing students. These unanswered questions continued to resurface in my mind and eventually became the premise for the research questions that guided this case study.

**Overview of the Study**

In response to the projected nursing shortage, nursing programs are feeling compelled to grow their programs, admit as many qualified applicants as possible, streamline (accelerate) curricula, and graduate as many nurses as possible (Buerhaus et al., 2016; Weitzel & McCahon, 2008). Similar to other nursing schools, the RN to BSN program at Benedictine is also experiencing this “pressure” to produce and graduate more students. The literature review presented in chapter three affirms that nursing programs are responding to this demand and as a result, all levels are experiencing an enrollment surge, with one of the greatest increases in the RN to BSN adult student subpopulation (AACN, 2015d; Buerhaus et al., 2016). However, nurse educators must also recognize that the pathway to educational advancement for the RN to BSN completion student remains filled with obstacles (Allen, & Armstrong, 2013) and as a result, there still remains a percentage of adult RN to BSN students that never reach completion.

This study explored the RN to BSN completion program at Benedictine University. Most recently, the graduation rate for the program hovered at a respectable 85%. This is well above the accrediting body (CCNE) recommendation that looks for a
completion rate to be 70% or higher. Regardless of meeting the accreditation standard, the nursing department continues to set goals and cultivate an atmosphere centered on improving program outcomes and increasing graduation rates. In fact, the graduation rate rose from 78% in 2014 to 85% in 2016, mainly due to retention practices fostered by current department goals. The findings discovered in this case study offer a better understanding of the multifactorial components surrounding retention in this particular student subpopulation. The results of this study conclusively support the department strategic retention targets.

The purpose of this case study was to investigate the experiences of students who overcame challenges commonly found in the adult student population and were able to complete the adult RN to BSN accelerated nursing completion program. I explored the aspects surrounding RN to BSN student retention at Benedictine University and the components that helped these students to reach completion. I examined the external factors that may have to do with successful completion rates, the unique individual characteristics of these students, as well as the particular program and institutional components that may contribute to their ability to successfully graduate from an accelerated RN to BSN completion program.

The primary research question that guided this study is: What makes the students successfully complete an accelerated RN to BSN program at a Midwestern, faith-based, private institution?

Additionally, I posed the following related research questions:
1. What are these students’ personal characteristics that can be attributed, if at all, to their ability to successfully complete an accelerated RN to BSN program?
2. How do these students meet the challenges, if any, on the way toward their degree completion?
3. What are the facets of an accelerated RN to BSN program that can contribute, if at all, to the students’ ability to reach completion?
4. What support do the department and institution provide for the students in order for them to succeed academically?

The primary source of evidence collected for this case study was the interviews of 10 adult nursing students who had successfully completed the RN to BSN program at Benedictine University. The program followed a three-year Systematic Evaluation Plan (SEP) that assesses student expected outcomes. Therefore, I included participants from the three calendar years, 2012–2013, 2013–2014, and 2014–2015 in order to show a relationship with the SEP. In an effort to triangulate sources of data, I additionally reviewed the student exit survey aggregated reports from these years in an attempt to find intersecting or common themes between the 10 interviewees and the alumni who participated in the exit survey year.

In my integrated data findings of triangulation of themes that echo survey mean responses, I was able to address two of the five research questions posed for this case study. The particular research questions the exit survey data spoke to were:

- What are the facets of an accelerated RN to BSN program that can contribute, if at all, to the students’ ability to reach completion?
• What support do the department and institution provide for the students in order for them to succeed academically?

A chief lesson learned by examining the exit survey data is what constitutes students’ success is multi-factorial. Although the survey data add value to helping understand what makes the students successfully complete an accelerated RN to BSN program at a Midwestern university, there remain unanswered research questions. The exit survey data did not take into account (a) family support systems and (b) the area surrounding student personal characteristics as these relate to understanding student success. For this reason, interviews of participants who had successfully graduated from the program were needed in order to produce more in-depth qualitative exploration of the issue.

The Findings of the Study: Discussion

The thematic analysis produced six major themes and 41 subthemes from the interviews of 10 participants who successfully graduated from the RN to BSN program at Benedictine University. The six major themes extracted from the interviews are: (a) Institutional and Program Fit, (b) Role of Current Professional Climate and Decision to Pursue BSN, (c) Institutional Support Systems and the Role of Critical Bonds, (d) Critical Bonds Formed Among Peers, (e) Family Support and the Role of the Critical Insider, and (f) Personal Characteristics that Contribute to the Students Ability to Complete.

It is evident that the nontraditional RN to BSN completion student has been underrepresented in the plenitude of retention literature (Jeffreys, 2015; Kern, 2014). Additionally, the majority of existing literature follows a quantitative method. By eliciting a qualitative approach, I was able to form “thick descriptions” that allowed me
to capture the unique themes of the study participants who successfully completed the RN to BSN program at Benedictine University. Moreover, the preponderance of research in the literature lean toward understanding why nursing students depart, thus making space for inquiry, such as this study, that focuses on why students stay in a program to reach completion. Furthermore, the literature did not include findings that explicitly discuss the initiatives and strategies of a program that abet retention in this student subpopulation. Therefore, the findings of this case examination constitute a significant contribution to the discussion of existing retention literature throughout higher education.

**Institutional and Program Fit**

Retention models explained in the literature suggest persistence is the result of a successful match between the student and the institution (Bean, 1985; Tinto, 1987, 1993, 2012; Braxton, 2004). More specifically, Tinto (1993) (as cited in Shelton, 2012) stressed if students are fully integrated into an institution (or program) then they must feel they fit into the community. For integration to occur, a student must interact with the educational community, and believe her or his personal goals, abilities and values are similar to the parent institution. The findings of this study support the assumptions in the relevant literature that, if students select a program because the structure is compatible with their preferred learning style, personal characteristics, and supports their busy lifestyle, then, in part, the students are more likely to be successful and reach completion.

The interviews of the 10 participants exposed particular institution and program components that participants felt contributed to their ability to reaching completion. In addition, similar elements were echoed in the exit survey responses. Most frequently
identified program components found to support of their ability to successfully complete were: (a) Program Delivery Model and Structure, (b) Inclusive Environment, and (c) Benedictine Values.

**Program delivery and structure.** The participants of this study confirmed the Benedictine values favorable to the on-ground classroom environment, multiple locations, affordability (no hidden fees), and the length of time to complete, as well as program reputation. Therefore, if a student selects a program that aligns with his or her needs or “must haves” it may potentially contribute to his or her ability to complete. The participants of this study spoke volumes in support of high expectations and reputation of the program that prove to be most significant factors in attracting candidates. The positive relationship between Benedictine University and local community colleges that ensure a seamless transition from one program to another has also been singled out as a significant finding of this study.

**Inclusive environment.** Understanding why a student selects a particular RN to BSN program goes a long way in helping educators figure out why they decide to stay and eventually complete it. One of the findings of this study is that the participants found an inclusive environment at Benedictine and an atmosphere that was critical to their success. This testifies to the Benedictine value of an “appreciation for living and working in community” (Benedictine University, CMI, 2016b, para. 3). Therefore, exposure to an inclusive, welcoming environment allowed the participants of this study to feel open to share their thoughts and insecurities, enabling them to learn from one another.
Benedictine values. Along with an inclusive environment, the participants also discussed the significance Benedictine values had on the learning environment and in their overall experience. They made clear that Benedictine values were evident and appreciated throughout their time at the University, even though many of them attended class off campus at partner community colleges.

Role of Current Professional Climate and Decision to Pursue BSN

Today’s ADN graduate is feeling pressure to complete their BSN. In part, this trend is due to the professional climate, driven by the Institute of Medicine’s (IOM) report which recommends 80% of nurses should be educated at the baccalaureate level by 2020 (AACN, 2015b; IOM, 2010). In addition, many healthcare organizations strive to obtain or maintain Magnet status. Given the scenario surrounding the professional climate, it was not surprising to learn that the participants of this study commonly reported that their decision to pursue a BSN primarily stemmed from: (a) the desire to work at a Magnet hospital, (b) career stability, (d) the aspiration for more opportunity, and (e) having employer support. Jeffrey (2015) maintained that “Job market changes can prompt students to continue their education beyond entry level” (p. 429). Therefore, if educators understand the motivations of why students return to school, it can help them to recognize some of their motivation to complete.

Magnet status, career stability, and more opportunity. According to Jeffreys (2015), outside surrounding factors (OSF) are “factors existing outside the academic setting and the student’s personal environment that can positively or negatively influence persistence, retention, and success” (p. 429). The current professional climate and job certainty is an “outside surrounding factor” and may influence a student’s ability to reach
completion. In fact, frequently mentioned factors surrounding the motivations to earn a BSN included obtaining more opportunity, specifically opportunities that are only provided upon the end of earning a BSN. For example, the participants in this study expressed concern with job security and felt “stuck” in their current position, mainly due to Magnet status recommendations influencing hiring practices. Further on, they described having difficulty securing employment without the BSN. They also experienced pressure from their employers to return to school. Other participants expressed that they desired to work for “the best of the best,” which again was described as a Magnet institution. Yet, others emphasized earning a BSN set them up to enroll in graduate school, which ultimately offered more opportunity, mobility, and matched their goals. Therefore, the current professional climate of the nursing profession has become a significant motivator for students to reach completion, mainly because their livelihood depends on it.

**Employer support.** Although the participants in this study referred to the pressure from their employers to return to school, their experience of actually receiving employer support was inconsistent. Some participants felt very supported (professionally and financially) by their employers to go back to school, while others did not, thus explaining their employer encouraged degree progression, but actually presented barriers to their ability to complete, such as uncomplimentary work schedules and heavy workload. The findings of this study testify to the inconsistency surrounding employer support as this is presented in existing literature.
Institutional Support Systems and the Role of Critical Bonds

What are the facets of the RN to BSN program that make it conducive to student success? The participants of this study acknowledged the following: (a) the Critical Bonds Formed with Faculty to Foster Student Success, (b) Faculty Uphold a High-Touch Environment (c) Faculty Embrace Adult Learning Principles, (d) Nursing Administrators Uphold a High-Touch Environment, (e) Academic Advisors Uphold a High-Touch Environment, and (f) Resources Utilized to Foster Student Success, and all played a role. A significant finding of this study is that similar components were found in the exit survey responses for these themes.

Critical bonds formed with faculty to foster student success. The participants in this study confirmed that the nursing faculty plays a central role in the overall student experience. In fact, Dickelmann (1993) (as cited in Jeffreys, 2012) stressed the most valued experiences of students are the informal interactions (out-of-classroom) that occur between faculty and students. Shelton (2012) further claimed that nursing students who perceive higher faculty support were more likely to persist and reach graduation. Jeffreys (2012, 2014) stressed adult nursing students make the decision to remain in school at the conclusion of each and every course. In this regard, this study’s findings confirm what Shelton and Jeffreys discovered. This means that the relationships formed between faculty and student are vital to understanding student retention in the RN to BSN program.

The participants in this study commented extensively on the relationships they formed with faculty, and specifically how these relationships partially contributed to their ability to successfully complete the nursing program. The subthemes surrounding the
Critical Bonds Formed with Faculty that Foster Student Success include: (a) Faculty Serve as Role Models, (b) Faculty Motivate Students to Critically Think and Reach Completion, (c) Faculty Set up Opportunities to Build Confidence and Transform Practice.

The participants in the study confirmed an unwavering support of the faculty to move them forward. Implying “the power of suggestion” propelled the participants in this study to reach their degree completion and beyond. The faculty was also viewed as being knowledgeable in their field, as well as being passionate about the nursing profession. The participants in this study valued the confidence that was encouraged by the faculty and carried on to their ultimate success. The participants spoke vehemently about their clinical experiences, being provided with resources, and being empowered to complete the program.

**Faculty uphold a high-touch environment.** Another significant finding of this study has to do with access to faculty. The participants in this study consistently described having easy and immediate access to their instructors that was essential to their overall success. This finding supports what Jeffreys (2012) described as “the active involvement of nursing faculty in the student’s academic endeavors, career goals, and professional socialization” (p. 127). Advising a student indicates meeting with the student both formally and informally during class or at scheduled appointments. In faculty helpfulness, the faculty member makes a connection with the student or is considered to have “presence,” meaning “to care about the whole student” and is available as a resource when necessary (Jeffreys, 2012, p. 129).
The participants in this study whole-heartedly testified to a supportive “high-touch” environment, that is, an environment that provides the student to get in touch with his or her whole self. The participants in this study elaborated further on this subject through the following subthemes: Faculty Support and Accessibility.

In particular, instructor availability was viewed by all 10 participants as being critical in helping them problem solve, de-stress, and feel supported in general. From the participants’ accounts, it was evident that none of the RN to BSN faculty hold traditional office hours but instead make themselves available to students at all times, including weekends and evenings. Billings and Halstead (2012) suggested students should expect an instructor to keep liberal office hours that are convenient to the student. The current Faculty Handbook recommends at least six hours per week for regular full-time faculty (Benedictine University, 2012b). Given the findings of this study and the value attached to having immediate access to faculty as this relates to possibly preventing student attrition, I recommend that a review of the institutional office hour policy be considered.

**Faculty embrace adult learning principles.** The participants in this study shared that the Benedictine faculty embraced the different learning styles of the students in the RN to BSN program. Knowles’ (1990) theory of andragogy explained the specialized learning needs of the adult student and the importance of self-direction for the adult student. In addition, adult learners may have real-life experiences (good and bad) that contribute to their learning, and they thrive on collaboration and cooperation among students, faculty, and peers through a learner-centered curriculum infused with adult learning principles (Allen & Armstrong, 2013; Zmeyov, 1998).
The participants in this study perceived the faculty as employing adult teaching strategies. The participants further explained that the faculty was able to motivate students by incorporating adult learning strategies in the classroom. The participants further revealed that they felt respected because their opinions mattered, and as a result, they felt like an adult in the classroom. The participants in this study had never experienced a classroom as a punitive environment and instead, they felt they had something to offer. The participants also valued the opportunity to learn from one another and to be able to connect coursework to everyday life. Additionally, the participants acknowledged that their classroom contributions, alongside those of the faculty, were an important piece in the overall learning process. These findings support Knowles’ (1990) precepts of an adult learning theory.

**Nursing administrators uphold a high-touch environment.** Certainly, the faculty-student bond is an important part of the institutional support systems. However, according to several of the participants in this study, the critical bonds formed among students and nursing administrators were also viewed as vital to the students’ ability to complete the RN to BSN program. Similar to faculty, the nursing administrators at Benedictine also uphold a high-touch environment. The subthemes extracted from the interviews that explain a “high-touch environment” include Administration Support and Accessibility.

The findings of this study reveal that the nursing administrators are approachable, accessible, and make themselves available to listen to student concerns. Similar to faculty, the nursing administrators respond to student concerns in the evenings and over the weekends. Having their concerns addressed quickly was comforting to the study
participants. In addition, the participants in this study view the nursing administration as valued and utilized student feedback in order to make program improvements. Finally, the participants in this study appreciate the fact that the nursing administrators also serve as instructors in the program. Having nursing administrators in the classroom is compared to having an “expert” teach the class, which positively set the tone for the rest of the program.

**Academic advisors uphold a high-touch environment.** Similar to the faculty and the nursing administration of the RN to BSN program, many of the participants in this program also valued the bond between the student and nursing advisor. Once again, the importance of a high-touch environment practiced by the academic advisor was evident in the participant responses. As a result, the role of the academic advisor became an important institutional support system identified by the participants. In particular, this relationship was fundamental to the student’s ability to complete the RN to BSN program. In fact, some participants specifically credited the academic advisor for motivating them to complete the program. The subtheme extracted from the interviews that explain a “high-touch environment” is Academic Advisor Accessibility.

In accord with the existing literature, the findings of this study testify to the fact that because of the variety of responsibilities common to the adult nursing student population, adult students prefer to have their courses pre-registered, as is the procedure in the RN to BSN program. The participants in this study also underscored the importance of having immediate access to their advisor if or when a stressor arises. The participants valued having an in-person meeting to orient them to their program of study, which helped them prepare. One respondent revealed she returned to the program after
taking a break because she did not want to disappoint the advisor. She explained that having an advisor who seemed concerned with student completion was a driving force in her return to the program. Similarly, others felt the academic advisor cared about them. Finally, another participant positively referred to the academic advisor who encouraged him to continue graduate studies. Clearly, the academic advisor at Benedictine plays a significant role in motivating students to reach completion and beyond.

**Resources utilized to foster student success.** The final subtheme categorized under the major theme of Institutional Support Systems and the Role of Critical Bonds includes Resources Used to Foster Student Success. Adult students do not use many of the on-campus resources available to them, mainly because they live off campus and are employed full time. This is true for RN to BSN students at Benedictine. However, among all of the possible institutional and program resources available to students at Benedictine, the participants in this study overwhelmingly underscored the importance of the library support services and how this bond played a role in their ability to be successful.

Having library staff support and accessibility was frequently reported by the participants to be vital to their success. In particular, the participants in this study described the “online chat” as an invaluable resource tool. This was especially important to the participants who were mothers because they did not need to leave their home and children to go find help. In addition to the online support, the participants also found one particular librarian who consistently went out of his way to help students be successful. This indicates that the bond between library support services and students is a critical component in understanding RN to BSN completion at this University.
Critical Bonds Formed Among Peers

An additional bond identified by the participants in this study relevant to their ability to successfully complete the program was the Critical Bond Formed Among Peers. A result from their responses was the fact that the nursing faculty played a major role in fostering these peer connections, which, in turn, supports the findings of the existing research on the subject. For example, creating a classroom environment where students are socially connected and have a commitment to learning, persistence, and success can make a difference in the overall student retention rates of a program (Jeffreys, 2012; Seidman, 2012). Fettig and Friesen (2014) further suggested that when nontraditional nursing students develop collegial relationships with peers, they report that friendships, caring connections, shared learning, and collaboration occur. The results of this study support the aforementioned components, as evidenced through the subthemes of the Critical Bonds Formed Among Peers that are identified: (a) Collaboration and Teamwork; (b) Peers Promote Nonjudgmental, Inclusive Environment to Overcome Obstacles; and (c) Diversity in Nursing Practice: Years of Experience, Age, and Demography. Furthermore, feelings of satisfaction with fellow peers and camaraderie strongly echo in the exit survey responses.

Collaboration and teamwork. The participants in this study reported experiencing a great deal of teamwork and support from one another. Team projects were viewed as an important learning activity that aided most participants’ ability to work with others. Team projects also encouraged students to come to class more prepared. The participants also shared that they needed each other and that they would
not let their peers give up. This fostered a caretaker mentality as evidenced by the participants’ comments such as “we’re going to get through this together.”

**Peers promote nonjudgmental, inclusive environment to overcome obstacles.**

The participants in this study frequently described Benedictine at large and the classroom environment in general in non-judgmental terms. They emphasized that they felt comfortable sharing their feelings and asking questions. Peers also played an important role in helping one another overcome obstacles while enrolled in the program. The participants explained they problem-solved by forming learning communities with other peers. For example, peers helped one another secure employment, develop a sophisticated presentation, assist with technology, form study groups, and validate each other’s feelings when faced with a difficult or life-altering challenge. The participants also stressed that they were all “open with each other.”

Promoting positive and productive peer relationships in an environment that supports a caring, safe, and open learning platform (Jeffreys, 2012) is essential to improving retention. Therefore, learning in an environment that is nonjudgmental and where participants feel “safe” is an important component in a student’s ability to be successful.

**Diversity in nursing practice: Years of experience, age, and demography.**

Another considerable strength of the program, according to the participants in this study, was having peers from diverse practice settings, different years of experience, a variety of ages, and multiple demographics. The participants reported that having a diverse environment offered different perspectives and positively influenced their overall educational experience. The diverse learning environment also offered the participants
several advantages. For example, one participant revealed that a younger peer was able to help her with technology challenges. However, this same participant felt her more senior age and vast nursing experience, in turn, supported the younger nurse professionally. By having a collection of different nursing specialties gathered together in one classroom discussing and brainstorming ideas together, created a special environment. This special environment is unique to the adult classroom and seems to have played a role in fostering student success at this University.

**Family Support and the Role of the Critical Insider**

Familial and emotional support is defined by Jeffreys (2012) as “the active emotional involvement of family members in the student’s academic endeavors and career goals” (p. 99). Nurse educators may anticipate a correlation connecting family support and retention, but as Jeffreys (2012) emphasized, this is not always the case. Having family responsibilities can interfere with a student’s study skills, attention, faculty relationships, peer interactions, satisfaction, overall academic performance, and can negatively impact retention (Jeffreys, 2012). In fact, several studies (e.g., Bagnardi & Perkel, 2005; Bosher & Pharris, 2009; Burris, 2001; Gardner, 2005; Last & Fulbrook, 2003; O’Brien, Koegh, & Neenan, 2009; Seldomridge & DiBartolo, 2005; Steele, Lauder, & Caperchione, 2005; Stolder & Rosemeyer, 2008) (as cited in Jeffreys, 2012) found that having family responsibilities has been labeled a significant obstacle in the adult nontraditional nursing student population.

Interestingly, in this study, all 10 of the study participants felt they received support from their families in general and did not feel family responsibilities were a major barrier to their ability to complete the RN to BSN program. Although the majority
of the participants grew up in a household where the expectation was to attend college, some students revealed that this was not the case for them. However, each participant in this study had at least one person in their life who served the role of the “critical insider.”

**The role of a critical insider.** Critical insider is the person who motivated the participants in this study to make a decision to return to school and who played a role in their ability to complete the degree. The subthemes of (a) Role of Older Sister in the Absence of Parental Support, (b) Role of Mother, (c) Role of Spouse/Partner, and (d) Role of Children more deeply unfold the meaning of a critical insider.

**Role of older sister in the absence of parental support.** A few of the participants shared that their parents did not expect them to attend college. These students were expected to complete high school, but college was “up to them.” In fact, in one instance, more traditional expectations were stressed, such as to get married. In these particular stories, some participants related that an older sister stepped up to serve in this capacity. The older sister pushed the sibling to excel and motivated that person to complete her or his educational goals. This finding is a surprise to me and can serve as an interesting platform for future investigations.

**Role of mother.** Although both parents were frequently described by participants as being valuable supporters during their educational journey, several of the participants especially credited their mother as the primary driving force for their academic success. The mothers of these participants were described with these phrases: “very strict,” “preferred straight As,” “the Chief and we were the Indians,” “she made sure we went to the best schools,” and “she always tried to give us the best opportunities.” These same
mothers were also viewed as a tremendous support system, helping participants to balance family responsibilities while enrolled in the RN to BSN program.

An interesting finding is that all of the participants who strongly credited their mother for their educational success were women. The male participants did not distinguish their mother in this way; instead, they equally credited both parents as partially responsible for their academic success and did not identify one primary person or “critical insider.” I find this result compelling because this holds the potential to propel future researchers to investigate the role of the mother-daughter relationship in nursing student retention; additionally, limited research literature exists on this topic.

**Role of spouse/partner.** Another key factor in helping participants reach completion is the role of the spouse or partner. All 10 of the participants shared stories of how this person emotionally supported them as well as helped balance family responsibilities while the participants were students in the program. This result can also generate future studies on having a supportive spouse/partner and its impact on student success.

**Role of children.** The final, critical insider found to play a part in the participants’ ability to complete the degree is their children. Surprisingly, there are virtually no studies focused on this issue, thus providing a nearly virgin topic for further exploration. However, one fact is clear; none of the participants in this study indicated that children were a barrier to their educational success. To the contrary, they affirmed that children were “a huge support.” Obviously, the participants in this study posit their families as instrumental to their academic success. It would expand our knowledge of this topic if future research uncovered the opposite result.
Role of family and significant other in overcoming a challenge. There is a plethora of literature highlighting the importance of family support (e.g., Alonzo, 2009; Beauvais et al., 2014; Duffy et al., 2014; Jeffreys, 2012, 2015). Wray et al. (2014) uncovered that family and peers are especially important in aiding a student’s ability to overcome financial and personal pressures. Jeffreys (2012) also pointed out some research supporting that a family crisis can have a positive effect on completion. This was the case for some of my participants who, even in the face of significant challenges, were able to progress with the help of their family and some other factors such as peer support and the personal characteristics they possessed. The participants’ responses support these findings, thus underscoring the fact that family members play a significant role in helping overcome a challenge, or even a crisis, and this enables program completion.

Personal Characteristics That Contribute to the Student’s Ability to Complete

The literature on higher education and nursing indicates that some student characteristics can impinge on student retention and attrition. For instance, some impactful personal characteristics can be “age, ethnicity and race, gender, language, prior education experiences, family’s educational background, prior work experience, and enrollment status” (Jeffreys, 2012, p. 24). Nevertheless, as Jeffreys (2012) called attention to, predicting student retention based solely on student background data does not consider the multidimensional phenomenon. For this reason, a qualitative exploration was utilized to grasp a more holistic understanding of the personal characteristics that contribute to a student’s ability to complete. The subthemes generated in this regard are: (a) High Expectations for Self, (b) Determination to Complete a Goal: Desire to continue
school, (c) Resiliency: Overcoming a challenge, (d) Healthy Coping Strategies, (e) Strategies Used to Combat Stress, and (f) Ability to Make Connections to Evidence-Based Research to Transform Practice.

**High expectations for self.** As explained by Khalaila (2015) “highly academically motivated students engaged in learning are more likely to achieve better grades and exhibit lower dropout.” (p. 433). This is evident in the experiences of this study’s participants wherein they describe themselves as being accountable. For example, the participants’ responses included the following: “You’re accountable for your actions . . . I had also set a high bar for myself”; “I hold myself to a high standard”; “I guess I was very accountable for my own actions, my own hard work, and I think that set me up for success.” The participants in this study confirm the importance of being accountable to self and holding high standards because these things led to their success.

**Determination to complete a goal: Desire to continue school.** The participants in this study reported that being “determined” influenced their ability to complete. For example, some participants stated: “I need to finish, or I’m going to regret it”; “I can do this”; “When I set out to do something . . . I have to get done . . . have to finish it”; “I don’t start things that I don’t finish”; “If I set my mind to something, I’m going to do it, and not too many things are going to get in my way”; “I’m driven.” Obviously, the findings of this study show that the participants’ sense of being driven arises from their personal determination as well as from the encouragement of their family members.

**Resiliency: Overcoming a challenge.** Another important personal characteristic to surface in this study is that the participants possess resiliency. The American Psychological Association suggests multiple factors help individuals to develop and
sustain resilience, and these consist of maintaining good relationships, accepting circumstances that cannot be changed, keeping a long-term perspective, maintaining a hopeful outlook, and visualizing your wishes (Sieg, 2015). Out of all the participants in this study, two of them experienced a crisis, or a life-altering experience, while in the program; however, they were still able to complete. Despite their personal struggles, they (a) maintained good relationships, (b) accepted circumstances that could not be changed, (c) kept a long-term perspective, (d) maintained a hopeful outlook, and (e) visualized their wishes. Maeve even explained that school proved to be a good distraction:

I know it’s crazy, but I do thank the program in a way . . . we stayed at the Ronald McDonald House downtown, and at night when I couldn’t turn my mind off, I would be just lay there. I would start reading my textbooks from whatever class I was in at the time.

I believe Sam’s and Maeve’s ability to overcome their particular challenges is rooted in a combination of factors. First and foremost, it is their resilience that helped them to embrace a challenge and overcome it. Second, the critical importance of family support plays into a student’s ability to move beyond the challenge. Third, the support and behaviors of peers, administrators, faculty, and staff in helping a student in crisis to return to school and complete are critical to this endeavor. The completion success of Sam and Maeve is evidence of this needed interplay.

Healthy coping strategies. Understanding how students overcome a challenge led me to investigate the coping strategies used by students who complete the RN to BSN program. One frequent theme that is uncovered in this study is that the participants were able to verbalize the healthy coping strategies they use to overcome a challenge. In addition, participants reached out to others (peers, significant other, and faculty) to help
them problem solve. The most frequent healthy coping strategies employed by the students are having organizational skills and the capacity to balance responsibilities.

Factors of the program that cause stress and strategies used to combat it. Equally important in the study findings is the understanding of how the participants dealt with stress. Interestingly, schoolwork (writing papers, readings, quizzes, presentations, etc.) did not cause participants stress, mainly because schoolwork is “expected” to cause some degree of stress. The factors that most commonly cause participants stress while enrolled in the RN to BSN program were: peer assignments (being assigned a weak partner), the lack of instructor flexibility, instructor inconsistency, the instructor not practicing adult learning preferences, the instructor not welcoming questions, and receiving the syllabus on the first day of class (considered late to this adult student population). The findings of this study show that the most common way the participants combated this stress was to turn to peers for help and validation of feelings and to turn to family/significant other for their support.

Ability to make connections to evidence-based research to transform practice. Knowles (2012) explained that adult students “need to know”; they need to make a connection between what they are expected to learn and do and apply it to “real life.” This is evident in the participants’ responses. The participants repeatedly expressed how the work completed in the program could be applied to their nursing practice. They also mentioned “I question things more now” in relation to best practice and evidenced-based practice. Another participant said earning a BSN has transformed his professional values and leadership skills, enabling him to give back to the profession.
Other participants also acknowledged gaining the confidence to encourage other nurses to continue their education.

The participants in this study were also able to articulate the change to their nursing practice since obtaining their BSN. Several of them shared the positive experiences they benefited from while students at Benedictine had a direct impact on their decisions to attend graduate school. The participants recognized that earning a BSN allowed them to see the “bigger picture” of how bedside nursing practice influences organizational policy and the bottom line. They also added that earning the BSN gave them the ability to communicate more professionally.

It is important for educators to recognize that an RN to BSN student must make a connection between the worth of continuing their education and how doing so will enhance their nursing practice. Of equal importance, is the students appreciating that the benefits of earning a degree are greater than the cost of remaining in a program (Tinto, 1993). If students are able to see how obtaining a BSN enhances their practice, this reality may also help them to see the value and, therefore, the importance of reaching completion.

**Significance of the Study**

Several valuable lessons can be learned from this study. First, understanding student retention is multifactorial. For this reason, four different theories that align with social constructivism are particularly relevant to this study:

- Knowles’ (1990) basic assumptions of andragogy adult learning theory
- Tinto’s (1975, 1987, 1993) retention model
- Shelton’s model of Nursing Student Retention
• Jeffreys’ (2004, 2012) model of nontraditional Nursing Undergraduate Retention and Success (NURS) and Jeffreys’ (2012) HOLISTIC COMPETENCE acronym

The findings of this study support some of the precepts of these theories that deal with the barriers that commonly prevent adult students from completing their degrees, as well as the factors that support academic success in nursing. However, little research is available that exclusively identifies the particular characteristics of a successful RN to BSN accelerated adult student and what components of a program most help them to succeed. Scarce to no research has been conducted that uncovers precisely the factors that solely lead to understanding what constitutes successful completion in this particular student subpopulation. The majority of the research addressing RN to BSN retention is conducted as quantitative studies and, therefore, is lacking in alternative ways of exploring the same issues in more depth and detail. For these reasons, the findings of this case study are deemed significant in terms of substantively contributing to the existing literature on the subject.

Recommendations for Further Research

Clearly, there is a plethora of retention studies in the literature. However, little is written about nontraditional students and even less focus is on the RN to BSN student subpopulation. What surprises me the most is that very little research solely investigates the “successful side” of retention and the components that contribute to an adult student’s ability to complete an RN to BSN program. Although this case study identifies six major and 41 subthemes, there is still much to investigate concerning what contributes to the academic success of an RN to BSN students’ ability to complete.
From the lessons learned in this study, several areas remain open to exploration if we are to attain a more holistic understanding of adult RN to BSN retention. First, this research can be further developed into a mixed methods study. By utilizing a mixed method approach, the RN to BSN program could incorporate other sources of data already collected as part of the SEP. Furthermore, this would allow an investigator to coalesce both qualitative and quantitative methods to enhance the understanding of the components surrounding student retention in this particular subpopulation.

Because this study examined a single bounded case, another consideration may be to conduct a multisite case study that can potentially produce a more diversified and nuanced understanding of how students succeed in programs such as RN to BSN. As suggested by Creswell (2013), an investigator might choose to explore several different programs at the university, or they may conduct the same study from different RN to BSN programs at various institutions. Replicating this study at multiple sites (or programs) may allow for more generalization of the findings.

The final research approach to consider would be to conduct a longitudinal study. A longitudinal study design would involve the collection of data from a cohort throughout its entire education journey. This kind of particular study could begin at admission and conclude upon completion of the program, or at withdrawal. The cohort would be examined with the goal of uncovering both incentives and barriers to completing the RN to BSN degree. This would allow for trends to be discovered in the program that both restrict and promote student retention in the RN to BSN program.

Indeed, different research methods should be considered for future studies. However, based on the findings of this study, some potential research questions also
deserve attention. Therefore, the following research questions are proposed for consideration in an effort to advance the understanding of adult RN to BSN student retention in the future:

- What inhibits RN to BSN students from completing an accelerated RN to BSN program at a Midwestern, faith-based, private institution? (reverse study)
- How does a critical insider influence an RN to BSN student on the way toward his or her degree completion?
- How does an RN to BSN student overcome a family crisis while on the way toward her or his degree completion?
- What, if any, faculty characteristics attribute to an RN to BSN student’s ability to complete?
- What role does the mother-daughter relationship play in an RN to BSN female nursing student’s ability to reach completion?
- How do nursing faculty evaluation tools and the tenure promotion process evaluate for student success and retention?

**Final Reflections**

The opportunity to work with adult RN to BSN students is a great gift. The richness of class discussion along with the quality of their effort and work is unmatched. What is also amazing is their ability to balance other commitments, schoolwork, family, financial struggles, ill parents, sick children, being ill themselves, personal and family tragedy, all while working full time or more. My tremendous respect for this student population has in part guided my research interest. However, what I learned from my 10
participants was far more than I had imagined and these lessons will change my teaching practices forever.

First, one of the lessons I learned from my participants is the importance of *Institutional (program) Fit*. Students should spend time investigating a program to ensure that it is compatible with student preferences. Moreover, programs should consistently evaluate the preferences of their stakeholders to make sure that what is being offered truly meets the needs of the students they serve. Another important lesson converged upon the *Professional Climate*. Understanding the exact reason a student returns to school allows educators to recognize some of the motivation for why a student stays. More importantly, programs should foster relationships with community partners to ensure the program is preparing graduates for the professional climate mandates and beyond. Additionally important is the role of *Institutional Support Systems and a High-Touch Environment*. Faculty must be mindful that a nursing student makes the decision to remain in school at the conclusion of each course (Jeffreys, 2012). With that said, student retention is more likely a faculty-driven indicator and should not to be considered a senior administrative problem. Faculty and staff must be cognizant that every interaction we have with a student is of vital importance to the student’s decision to remain at the University. Setting policy that promotes easy access to faculty, administrators, advisory, and library staff is essential in helping students to problem solve and de-escalating some of the stressors they experience along the way to completion.

Another important lesson aimed at fostering student success is to support the *Critical Bonds Among Peers*. Promoting peer relationships and creating networks through collaborative learning opportunities is a recipe for student success. One more
important lesson is to recognize and appreciate *Family Support and the Role of a Critical Insider*. Doing so is supporting what Jeffreys calls “the whole student.” The final lesson learned from this case study is to recognize the *Personal Characteristics That Contribute to a Student’s Ability to Complete*. Understanding the student’s unique personal characteristics will better prepare faculty and staff to determine needs and strengths and help identify those who are at risk (Jeffreys, 2012).

The coursework I undertook in the Ed.D. program opened my eyes to the many important topics surrounding higher education. However, discussion ought to continue beyond obtaining my degree; therefore, I raise the following questions for educators. Who does higher education answer to? Do we respond to the president, the board of directors, our accreditors, or our students? Do we shape our behavior around institutional culture, accountability, payers, policy makers, or higher education law? Do we answer to the students through curriculum design or cost? How do we meet the needs of the changing demography of our nation, the ever-changing technology, limited resources, big data and analytics? Now for my personal favorite, how do we ensure students, who meet admission requirements, reach completion? In particular, after uncovering the specific characteristics or support systems that play a critical part in a student’s ability to complete, how can we promote this knowledge and understanding at our colleges and universities?

Using a qualitative case study approach, I had an opportunity to uncover new and valuable information about the lived experiences of the Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) Completion students. From the lessons learned in this case study, it is evident that student retention is multifactorial and creating an
environment that promotes student success is complex. Although a significant amount of literature has discovered why students depart from a university, research has not fully explored the role institutions play in a RN to BSN student’s decision to stay through degree completion. Therefore, I believe that the findings of this study contribute to the limited RN to BSN retention literature as well as bring about a deeper understanding of nursing student retention in a program that provides support and opportunity for the students to succeed and graduate.
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APPENDIX A

INTERVIEW GUIDE
APPENDIX A

Interview Guide

1. Please tell me about your upbringing and the value attached to education in your family.

2. Who or what motivated you educationally when growing up?

3. How did you make a decision to pursue your BSN (Bachelor of Science in Nursing)? How did the “initial spark” come about?

4. Why did you choose Benedictine among other possibilities? (Follow-up: What do you think is special about Benedictine University? Could you elaborate on the culture of the institution?)

5. What are the facets of this program that you have found most conducive to your academic success and the completion of the program? (Probes: resources; academic advising; delivery models; motivational factors)

6. Were there any particular aspects of the program that caused you significant stress? If so, what coping strategies’ did you use to combat the stressor?

7. Please describe your relationship with the program faculty. How conducive (or not) has it been to your academic success? (Follow-up: mentoring; how did they motivate you?)

8. Can you share with me any teaching-learning strategies used by faculty that you found particularly supportive as an adult student and that possibly contributed to your success?
9. Could you comment on the role of administration and staff support while enrolled in the program?

10. Please describe your relationship with peers while in the program. Has it been conducive to your academic success? If so, then in what ways?

11. Did you have family support when attending the program? If so, what role did your family play in your success and ability to reach completion?

12. While enrolled as an RN to BSN student, have you experienced any significant challenges (i.e. personal, professional, or financial)? If so, what were they and what or who supported you in order to meet these challenges on the way toward completing your degree?

13. Please tell me about your personal qualities, characteristics, and skills that you think have helped you to complete the program. What do you believe is your strongest suit?

14. Do you continue to build on your strengths in nursing practice? If so, what are the skills and qualities that are particularly beneficial to you professionally?

15. How could you describe and evaluate your overall educational experience at Benedictine? Has it influenced your interest in furthering your education? If so, then how?

16. As our interview comes to a close, is there anything I did not address that you feel contributed to your ability to successfully complete the RN to BSN program at Benedictine University?
APPENDIX B

INFORMED CONSENT

You are invited to participate in the study, *Adult Nursing Students Persisting toward Degree Completion: A Case Study of an RN to BSN Accelerated Degree Program at a Midwestern University*, conducted by Margaret C. Delaney MS, RN, PNP-BC a nursing faculty member and doctoral candidate in the Higher Education and Organizational Change program at Benedictine University, Lisle IL.

The purpose of this qualitative case study is to investigate the experiences of students who overcame challenges, commonly found in the adult student population, yet were still able to complete the adult RN to BSN accelerated nursing completion program at a Midwestern private, faith-based institution. I intend to explore the aspects surrounding RN to BSN student retention at Benedictine University and the components which help these students reach completion. In particular, I am interested in exploring the following questions: What makes the students successfully complete an accelerated RN to BSN program at a Midwestern, faith-based, private institution? What are these students’ personal characteristic that can attribute, if at all, to their ability to successfully complete an accelerated RN to BSN program? How do these students meet the challenges, if any, on the way toward their degree completion? What are the facets of an accelerated RN to BSN program that can contribute, if at all, to the students’ ability to reach completion? What support (if any) do the department and institution provide for the students in order for them to succeed academically?

While you will not have any direct benefit from participating in the research study, this qualitative study will potentially increase a more holistic understanding of adult RN to BSN student retention and increase the limited body of nursing retention studies in this particular student subpopulation. In addition, taking part in this study may contribute to our better understanding of the components required to successfully complete an accelerated RN to BSN program.

Your participation in this study is strictly voluntary, and you have the right to refuse participation at any time. To my knowledge, the study does not have any known or potential risks and does not involve any physical or emotional risk to you beyond that of everyday life. If you agree to participate, you will be invited to take part in an individual interview, which will last approximately 60 minutes at a location of your choosing. In the interview you will be asked to respond to a series of questions regarding your educational experience as an RN to BSN student at Benedictine University, your personal characteristics, the support systems and coping skills you utilized along the way in order to reach completion. This interview will be videotaped and transcribed. You will be given a copy of the transcription after the interview for your verification of accuracy.

For confidentiality purposes, your interview transcription and all files pertaining to your participation in this study will be stored in a locked cabinet for at least ten years and
destroyed afterward if no longer needed. All computer files will be kept on a secure server. Dr. Antonia Lukenchuk is the Benedictine University faculty member who will secure and ultimately dispose of the information. Dr. Lukenchuk’s information is at the end of this consent form. Although the University is named in this study, your actual name will be known only to me, the principal investigator. The interview will be given a secure code and a pseudonym will be assigned to your name to keep all data confidential. Excerpts from the interview may be included in the final dissertation report or other future publications. If, in the future, biographical data were relevant to a publication, a separate release from would be sent to you.

The study has undergone review and has been issued approval by the Institutional Review Board (IRB) of Benedictine University. The Chair of Benedictine University’s IRB is Dr. Alandra Weller-Clarke. She can be reached at XXXXXXXXXXXX.

If you have any questions before, during or after participating that you feel have not been addressed by the researcher, Margaret Delaney, you may contact me at XXXXXXXXXXXX, or the Chair and Dissertation Director overseeing my study, Dr. Antonina Lukenchuk XXXXXXXXXXXX.

You will be given a signed copy of this consent form. Please acknowledge with your signatures below your consent to participate in this study.

Thank you for your time and commitment to the research process,

Margaret C. Delaney EdD(c), MS, RN, PNP-BC
Doctoral Candidate in the Higher Education and Organizational Change
College of Education and Health Services
Benedictine University

☐ I have read the information presented in the consent form and fully understand the contents. I voluntarily agree to participate in this research study.

Participant’s Signature__________________________________ Date: _____________

Researcher’s Printed Name: _____________________________ Date: _____________

Researcher’s Signature: _________________________________ Date: _____________

Researcher’s Printed Name: _____________________________ Date: ______________
APPENDIX C

BACKGROUND SURVEY
APPENDIX C

BACKGROUND SURVEY

Participants secure code number________________________

Age______________________

Demography_________________

Number of years between earning ADN and beginning the RN to BSN program_______

Time it took to complete the RN to BSN program____________________

Mother’s Highest Level of Education (If applicable) __________________

Father’s Highest Level of Education (If applicable) __________________

Married, Single, Divorced______________________
APPENDIX D

FINAL CATEGORIES AND CODES
## APPENDIX D

### FINAL CATEGORIES AND CODES

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<td>Potential loss of employment/worry</td>
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<td>More Opportunity</td>
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<td>Graduate school</td>
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<td>Faculty Serve as Role Models</td>
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Knowledgeable in field 12
Real work experience 18
Passionate about nursing 24
Adult students too 6

Faculty Motivate Students to Critically Think (42)
Foster critical thinking skills 16
Challenge best practice 8
Big picture/Think outside the box 18

Faculty Set Up Opportunities to Build Confidence and Transform Practice (49)
Connect evidence based practice/Resources 16
More Confidence 8
Help students communicate professionally 11
Clinical learning opportunities 14

Faculty Uphold a High-Touch Environment: Faculty Support and Accessibility (56)
Approachable 24
Support/Immediate response to needs/Available (24/7) 32

Faculty Embrace Adult Learning Principles (58)
Effective/Unique teaching styles 15
Engaging classroom activities geared to adult student 18
Assignments geared to professional practice 13
Embraced questions 12

Faculty Motivate Students through Engaged Learning Strategies (92)
Rich discussion 14
Deep learning/Understanding 12
Kept attention 6
Laughter in classroom/Fun 6
Nursing Administrators Uphold a High-Touch Environment:
Administration Support and Accessibility (30)
- Approachable 6
- Available 16
- Care about students/Issues/Proactive feedback 8

Academic Advisors Uphold a High-Touch Environment:
Academic Advisor Support and Availability (26)
- Approachable 10
- Available 12
- Cared about Student Success 4

Resources Utilized to Foster Student Success:
Library Staff Support and Accessibility (28)
- Online Chat 10
- Personal/Helpful 18

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<td>Challenge each other</td>
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Overcome Obstacles (32)

- Together mentality/In this together 12
- Collaborative learning/Team projects 14
- Study groups 6

Diversity in Nursing Practice: Years of Experience, Age, and Demography (36)

- Different nursing practice/Broad range of nursing skills 18
- Appreciate Generational differences 8
- Cultural differences 10

Total 185

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<td>Peer support</td>
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<td>Adaptable/flexible</td>
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<tr>
<td>Utilize resources</td>
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<tr>
<td>Student Expectations of Faculty and Other Stressors</td>
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<tr>
<td>The unexpected/need for clear expectations</td>
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<tr>
<td>Inflexible faculty/administration/staff</td>
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<tr>
<td>Ability to Make Connections to Evidenced-Based Research to Transform Practice:</td>
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<tr>
<td>Professional standards of care</td>
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<tr>
<td>Accept change</td>
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<td>Question more</td>
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<td>Change in Nursing Practice since Obtaining BSN</td>
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<tr>
<td>Communication skills</td>
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<td>Set new goals/ Graduate school</td>
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