

BSN-IN-10 Health Policy Project

DNP Final Project

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Abstract

The overall purpose of this qualitative, narrative analysis project was to elicit perceptions of the Association of periOperative Registered Nurses (AORN) of Central Ohio regarding Ohio's Nursing 2015, BSN-IN-10 Initiative, through focus group interaction. The project sought to answer the question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure?

After viewing a presentation (using digital storytelling media) entitled, "BSN-IN-10: What is Your Opinion?" that reflects improved patient outcomes related to higher education, AORN participants were given an opportunity in a guided interaction setting to discuss and debate issues surrounding Ohio's Nursing 2015, BSN-IN-10 Initiative.

Data from this focus group discussion was analyzed in relation to key themes. Seven theme clusters emerged and were incorporated under the following three main theme categories: Lack of Knowledge; Lack of Resources; AORN Values Higher Education.

Findings noted under these categories suggest that today's nursing workforce is not informed about the urgent need for more BSN prepared nurses and the available resources that are present to assist them in obtaining this goal. This information has been shared with Ohio's Nursing 2015 Initiative, Yellow Team Task Force as well as Ohio's newly forming Action Coalition as it implies that healthcare policy advocates need to find alternative means to communicate the development of Ohio's BSN-IN-10 Initiative.

BSN-IN-10 Health Policy Project

Chapter One: Introduction

Competencies to provide continuum of care across all settings have become increasingly broad to match the complexity of acute and chronic health issues (Institute of Medicine, 2010). In fact, according to the IOM (2010, p. 7), “to respond to these demands of an evolving health care system and meet the changing needs of patients, nurses must achieve higher levels of education and training.” Nursing researchers also suggest that staffing models reflecting higher educational preparation of the registered nurse workforce can be tied to better patient outcomes (The Cochrane Collaboration, 2009).

Problem

The problem is that three educational routes in the United States lead to entry-level licensure for all registered nurses: diploma programs provided by hospitals; associate degree programs provided by community colleges; baccalaureate degree programs provided by colleges and universities (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Regardless of entry, the IOM (2010, p. 6) has put forth a call for “nurses to achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” Indeed, this IOM message supports what the Tri-Council for Nursing (which includes the National League for Nursing, the American Association of Colleges of Nursing, the American Nurses Association, and the American Organization of Nurse Executives) and the National League for Nursing (NLN) has been saying all along, “all nurses, regardless of entry point into the profession, need to continue their education in programs that grant baccalaureate, masters, and doctoral degrees. Without a more, well-educated nursing workforce, the nation’s health will be further at risk” (AACN, 2010, p. 1); “nurse educators, public policy and workforce experts, health care organizations, and all other interested parties must transform the dialogue from entry into practice into progression within the profession” (NLN, September, 2007, p. 3).

In fact, the Ohio League for Nursing has recently joined Ohio’s Nursing 2015 Initiative that has been working since 2005 to ensure that nurses are professionally empowered and equipped to influence the

delivery of high quality care that promotes positive patient outcomes (Nursing 2015 Initiative, 2010). Started originally by the Ohio Hospital Association, the Ohio Nurses Association and the Ohio Organization of Nurse Executives, the Nursing 2015 Initiative is in the process of obtaining key stakeholders' support to develop and implement strategies to achieve the requirements for a Baccalaureate Degree in Nursing. One of these strategies could include, writing legislation that mandates the requirements for a Baccalaureate Degree in Nursing within ten years of initial licensure. Another strategy already underway in Ohio and many other states is the formation of Regional Action Coalitions (RACs). These Regional Action Coalitions have been charged with implementing the four "Key Messages" and eight "Recommendations" of the Institute of Medicine (2010) report, "The Future of Nursing: Leading Change, Advancing Health." One "Recommendation" includes, increasing the percentage of nurses holding the bachelor of science in nursing degree or higher to eighty percent by the year 2020. According to the Robert Wood Johnson Foundation (2011, a), to achieve this Institute of Medicine educational progression metric, at least 760,000 additional nurses must earn at least a BSN (or BS).

Ohio's Action Coalition application submitted jointly by the Ohio Network for Nursing Workforce and Ohio's Nursing 2015 Initiative was just approved on September 6, 2011, by the Center to Champion Nursing in America (CCNA), an initiative of the American Association of Retired Persons (AARP) Foundation and the Robert Wood Johnson Foundation (RWJF), who are approving coalition applications and providing oversight for this endeavor (RWJF, 2011, b). Subsequently, Ohio's Nursing 2015 Initiative (2011, a), Yellow Team members met on Friday, September 30, 2011, to determine:

- if proposing legislation that mandates the requirements for a Baccalaureate Degree in Nursing within ten years of initial licensure should be a directive that Ohio's Nursing 2015, Yellow Team maintains
- if seeking support for legislation that mandates the requirements for a Baccalaureate Degree in Nursing within ten years of initial licensure is a directive Ohio's Nursing 2015, Yellow Team desires to maintain, should Ohio's Nursing 2015, Yellow Team merge with Ohio's newly forming Action Coalition (New York is an example of a state that has formed a Regional Action Coalition, while maintaining a BSN-IN-10 directive as a tenet of the coalition.)
- if Ohio's Nursing 2015, Yellow Team should merge with Ohio's newly forming Action Coalition and investigate other strategies (that does not include seeking support for legislation

that mandates the requirements for a Baccalaureate Degree in Nursing within ten years of initial licensure) to obtain the Institute of Medicine's (2010) educational progression metric of eighty percent of nurses holding the bachelor of science in nursing degree or higher by the year 2020

No decisions were made related to directives Ohio's Nursing 2015, Yellow Team would take as Ohio's Action Coalition met formally for the first time on November 10, 2011, and again on February 24, 2012, to set objectives based on the following five focus areas that incorporate the eight IOM recommendations that the Center to Champion Nursing in America (CCNA) Campaign has identified: Education; Practice; Collaboration; Leadership; Data (Ohio Action Coalition, 2011). A "Vision Team" that includes key members of Ohio's Nursing 2015 Yellow Team (Sean McGlone from the Ohio Hospital Association and Jane Mahowald from the Ohio League for Nursing) have been elected to serve as co-chairs for Ohio's Action Coalition. Other members of the "Vision Team" include Doris Edwards, Jeri Milstead, Jerry Mansfield, Barbara Nash, Renae Phillips, Janice Reed, and Pam Waite (Ohio Action Coalition, 2011).

What was decided as a Nursing 2015 Initiative, Yellow Team group, is that regardless of which directive/strategies are taken, achieving awareness of key stakeholders by "telling stories" as to how bachelor of science (and higher) nursing education positively impacts patient outcomes must continue. In addition, Yellow Team members should continue seeking stakeholders' opinions related to legislative mandate of educational progression. Seeking stakeholders' early support for increasing the percentage of nurses holding the bachelor of science in nursing degree or higher (whether it requires legislative change or not) makes for smoother goal obtainment as "stakeholders with shared views often combine resources through temporary coalitions to wield greater influence"(Milstead, 2008, p. 74). This decision was upheld at the March, 14, 2012 meeting but the group plans to adopt the Institute of Medicine's (2010) "80% BSN by 2020" language by the next Yellow Team Meeting set for July 6, 2012, with BSN-IN-10 legislation remaining as one strategy.

Importance

Providing key stakeholders with the reasons more BSN-prepared nurses are needed "is not conclusive in the research literature; however, several studies support a significant association between the educational level of RNs and outcomes for patients in the acute care setting, including mortality results"

(IOM, 2010, p. 170). Further, the IOM (2010, p. 170) believes that “relative to other educational pathways, a BSN education introduces students to a wider range of competencies in such arenas’ as health policy and health care financing, leadership, quality improvement, and systems thinking.” All of these competencies are needed in today’s complex healthcare environment.

Chapter Two: Review of Literature

Related Research

Studies comparing patient outcomes with the educational background of nurses have been summarized by the American Association of Colleges of Nursing (2009) as follows:

- In a study published in the September 24, 2003 issue of the *Journal of the American Medical Association* (JAMA), Dr. Linda Aiken and her colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a “substantial survival advantage” if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5 percent.
- In a study released in the May/June 2008 issue of the *Journal of Nursing Administration*, Dr. Linda Aiken and her colleagues confirmed the findings from their landmark 2003 study which show a strong link between RN education level and patient outcomes. In the study, “Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes,” these leading nurse researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.
- In a study published in the March/April 2005 issue of *Nursing Research*, Dr. Carole Estabrooks and her colleagues at the University of Alberta found that baccalaureate prepared nurses have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals. This study, “The Impact of Hospital Nursing Characteristics on 30-Day Mortality” confirms the findings from Dr. Linda Aiken’s landmark study in September, 2003.
- In an article published in *Health Services Research* in August 2008 that examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery, Dr. Christopher Friese and colleagues found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to rescue rates. The authors concluded that “moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients.”
- In the January, 2007 issue of the *Journal of Advanced Nursing*, a study, “Impact of Hospital Nursing Care on 30-Day Mortality for Acute Medical Patients” found that baccalaureate-prepared nurses have a positive impact on lowering mortality rates. Led by Dr. Ann E. Tourangeau, a research team from the University of Toronto and the Institute for Clinical Services in Ontario, Canada, studied 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia and blood poisoning. The authors found that hospitals with higher proportions of baccalaureate-prepared nurses tended to have lower 30-day mortality rates; a 10% increase in the proportion of baccalaureate prepared nurses was associated with nine fewer deaths for every 1,000 discharged patients.

(pp. 2-3).

DNP Alignment

If these studies are correct in their assertion that patient outcomes are linked to nursing education levels, what is being done to change practice? According to Vincent, Johnson, Velasquez, and Rigney (2012), DNP clinicians are prepared to implement change based on evidence-based research. In fact, “translational research, a developing science requires collaboration between experts in research methods (PhDs) with experts in clinical practice (DNPs) who can translate newly discovered/reported scientific knowledge into the provision of better health care to the diverse subpopulations of the United States” (p. 1).

Vincent, Johnson, Velasquez, and Rigney’s (2012) “Knowledge Transition Model” as noted below shows how the scientist-researcher (PhD) and the practitioner-researcher (DNP) can come together to provide one another with continuous feedback regarding the effectiveness of research and how that research can best be disseminated into quality practice.



This DNP student’s health policy project not only aligns with this model, but with the American Association of Colleges of Nursing’s (2006) DNP Essentials as noted in Appendix A, a grid depicting the

essentials of doctoral education for advanced nursing practice as related to this DNP candidate's health policy project. Both reflect how health policy advocates can bring about practice change based on research studies that indicate positive patient outcomes are linked to BSN and higher education levels.

In fact, due to these studies, countries around the world (i.e., Canada; Sweden; Portugal; Brazil; Iceland; Korea; Greece; Philippines) and states within the United States of America are requiring a four-year undergraduate degree to practice as a registered nurse (AACN, 2009). In fact, New York and New Jersey have recently introduced proposed "BSN-IN-10" legislation that mandates the baccalaureate degree for all registered nurses within ten years of graduation from an entry-level RN program (Boyd, 2010, a). As previously noted, other states, including Ohio are considering similar legislative proposals in the interest of ensuring better patient outcomes for their state populations.

Those helping to evaluate whether legislative changes are needed in Ohio to mandate that newly registered nurses obtain a Baccalaureate Degree in Nursing within ten years of licensure include: the Ohio Nurses Association, the Ohio Organization of Nurse Executives and the Ohio League for Nursing. Recommendations and/or strategies cited by the National League for Nursing (September, 2007) and supported by these collaborative Ohio partners follow:

- The development of more efficient pathways to higher degrees is essential before nurses in large numbers will make the choice to pursue an advanced degree
- A critical goal for the future must be to sidestep the old argument of baccalaureate entry and move to options, such as RN to BSN or RN to MSN, that are not based on entry but as opportunities for lifelong learning and progression for those who enter the nursing profession through diploma and associate degree programs.
- It is essential that the nursing profession take fullest advantage of the diversity offered by multiple points of entry into the profession and the variety of progression options available, and encourage all nurses (regardless of initial preparation) to continue their education.
- Clear and fair articulation agreements between associate degree and baccalaureate and master's programs that are not repetitive of nurses' previous education and experience, are accessible and flexible in terms of where and how they are delivered, and allow for individualized learning.
- The ability of nursing practice settings to provide appropriate clinical learning experiences must be addressed. And ways must be found to expand the capacity of baccalaureate and master's

programs to accommodate all RNs who would be required to earn the advanced academic degree (e.g., through online programs).

- As many Americans are finding higher education less accessible financially, the cost of financing education must be tackled. Nurses (2.9 million in number) must develop and use political clout to advance this issue.

(pp. 2-3).

A recent publication “*Charting Nursing’s Future*,” by the Robert Wood Johnson Foundation (2011, a), echoes these strategies more specifically. The first suggestion is to “create seamless pathways by replicating the Oregon Consortium for Nursing Education Model” (p. 3). This consortium brought together faculty and resources from thirteen schools across Oregon State to establish a shared curriculum. Enrolled nursing students in good standing at an Oregon Consortium Nursing Education partner school, are eligible to continue their nursing program to receive a Bachelor of Science degree with a major in nursing through Oregon Health & Science University (Larson, 2011).

A second strategy described by the Robert Wood Johnson Foundation (2011, a) is to enhance employer incentives. Presently, Magnet Recognition programs that support education progression are gaining popularity in hospitals across America. In fact, according to Boyd (2010, b, p. 1), “as more hospitals seek the American Nurses Credentialing Center’s coveted Magnet Recognition, a recent but quiet trend has been slowly making its way into the nursing world: hospitals are requiring their nurses to either return to school for their bachelor’s degree or have a BSN before applying.” Thus, many magnet hospitals are not waiting for “BSN-IN-10” legislative mandates but are forging ahead with plans of their own. According to the Robert Wood Johnson Foundation (2011, a, p. 5), North Shore – LIJ – Health System located in Long Island, New York has actually set-up a “BSN-IN-5” plan that: funds tuition up front; has a generous release-time policy and offers BSN and MSN completion programs on-site; provides salary differentials for additional degrees.

A third strategy described by the Robert Wood Johnson Foundation (2011, a) is to fund BSN capacity expansion as represented in their support of “Florida’s fourteen community college BSN programs as possible models for the nation” (p. 5). In fact, in a separate article, the Robert Wood Johnson Foundation

(2010, a) described how community colleges in Florida, such as the College of Nursing at St. Petersburg's College, are extending beyond their original missions to grant two-year degrees so that nurses can advance their education conveniently and in a cost-effective manner. Aiken (2011, p. 198) supported this strategy as she believes "the most promising strategy for producing enough faculty members and APRNS is for all pre-licensure nurse-education programs to confer bachelor's degrees." Aiken (p. 198) further noted that "distance learning and simulation technologies, partnerships between educational institutions and clinical organizations, and more creative collaboration between community colleges and universities can facilitate the provision of a bachelor's degree to everyone who enters a pre-licensure program; students will not pass up an opportunity to obtain a bachelor's degree for the same time commitment and cost required for an associate's degree, and nursing schools, including community colleges, will respond to financial incentives that reward them for granting a bachelor's degree as the end point of basic nursing education."

A fourth strategy to increase the percentage of nurses holding the bachelor of science in nursing degree or higher to eighty percent by the year 2020 is to "up accelerated program funding" (Robert Wood Johnson Foundation, 2011, a, p. 5). In fact, the Robert Wood Johnson Foundation would like for others to "emulate" the New Careers in Nursing (NCIN) program funded by the Robert Wood Johnson Foundation and administered by the American Association of Colleges of Nursing. Schools of Nursing apply directly to NCIN for a grant ranging from \$50,000 to \$300,000, and funds are then turned into \$10,000 scholarships that are given to underserved or economically disadvantaged students entering accelerated nursing degree programs (NCIN, 2008).

A final strategy the Robert Wood Johnson Foundation (2011, a, p. 6) offers for increasing the percentage of nurses holding the bachelor of science in nursing degree or higher to eighty percent by the year 2020 is to "enhance diversity." The Foundation cites the use of Diversity in Action (DIVAs) groups at the University of California, San Francisco, as a means to entice culturally diverse students into nursing programs. According to the "Nurturing Diversity at UCSF" website (University of California, 2008, p. 1), this comes about by "creating a climate in which everyone feels welcome and can participate and learn."

Strategies to facilitate nurses' securing higher education in Ohio are available through BSN Completion Programs located in public, private and for profit colleges and universities in every region of Ohio. In fact, an Ohio Nursing Articulation Model (ONAM) was developed at the recommendation of the Ohio Collaborative Project: Nursing Workforce as early as 2000 and serves to create a coordinated system of evaluating nursing course work equivocally across participating educational programs (ONAM, September, 2003-2005). Due to efforts like ONAM, according to a 2009, Nursing Collaborative 2015 Yellow Team research report entitled "The Accessibility of BSN Completion Programs for Registered Nurses Licensed in Ohio", there are "twelve BSN Completion Programs located in public universities and twenty-two private universities offer BSN Completion Programs. In addition, three multi-state universities, two of three for profit, have sites in Ohio. Also, at the time of the survey, twenty-one online/distance learning programs allow RNs to study entirely from home. Many of these BSN Completion Programs, recognizing the need for registered nurses to subsequently enroll in graduate programs, have also implemented "fast track" RN to MSN/PhD options" (p. 5) (see Appendix B for a hyperlinked list of RN to BSN/MSN Programs).

For as much as these strategies make sense, there are organized groups who are opposed or neutral to a bachelor's degree in nursing for continued practice beyond initial licensure as a registered nurse. The National Organization for Associate Degree Nursing (2008) cites the following reasons for opposing a bachelors degree in nursing beyond initial licensure as a registered nurse:

- Graduates of all registered nurse pre-licensure programs (diploma, ADN, BSN) take the same NCLEX-RN licensure examination. This examination determines that the individual possesses the knowledge to provide safe entry-level nursing care regardless of education level.
- There is no differentiation in practice for registered nurses based on pre-licensure education preparation.
- The requirement to obtain a BSN within a specified time frame after graduation may dissuade individuals from seeking nursing as a career and thereby escalate the nursing shortage in certain areas. Results of a survey of its ADN graduates of the past 5 years conducted by the State University of New York Office of Community Colleges indicated that nearly half of the RNs would not have pursued nursing as a career if a bachelor's degree had been required.
- The majority of graduates from ADN programs express a desire to continue their education. However, many find that once they enter the workforce, time, financial constraints, inflexible schedules, and family obligations prevent them from pursuing further education.

- At a period of 5–10 years after graduation, the registered nurse is considered experienced and is able to think critically and manage clinical decision making comfortably and competently. N-OADN is unaware of evidence that a BSN should be required at this point in a nurse's career.
- Evidence used to determine the need for further education beyond the ADN should be based on valid and replicable research that demonstrates that educational level alone affects patient outcomes.
- Access to BSN programs is limited in some areas of the country. While there are online programs for RN to BSN education, not all students learn best using the online method of instruction.
- Current RN to BSN programs cannot handle the increased capacity that would be necessitated by the requirement of a BSN to continue practicing as a registered nurse after a certain time frame.
- RN to BSN programs that require additional clinical experience would create an increasing burden on healthcare institutions to provide space for clinical instruction for all pre-licensure programs.

(p. 1).

An organization that echoes the financial burden that obtaining a bachelor's degree in nursing would impose, is the Ohio Hospital Association (OHA), an original partner of Ohio's Nursing 2015 Initiative. Still a partner (maintaining a concerned neutral party stance), but one who has been reluctant to fully support the strategy of BSN-IN-10 legislation. That said, Sean McGlone, Director of Health Policy for the Ohio Hospital Association, has recently been appointed as OHA's representative to Ohio's Nursing 2015 Initiative (Yellow Team) and is assisting in arranging discussions between hospital CEOs and Yellow Team Members regarding, the need for BSN-prepared nurses.

Project Proposal

To address the concerns from these and other opponents, the Nursing 2015 Initiative's Yellow Team of which this doctoral student is a part, is currently gathering information that will be used to create and communicate "BSN-IN-10" stories. "BSN-IN-10" stories will be presented to key public and private stakeholders (local and national) to gain their support. As stated earlier, seeking stakeholder support early on in increasing the percentage of nurses holding the bachelor of science in nursing degree or higher (whether it requires legislative changes or not), makes for smoother goal attainment.

Present supporters by broad groupings include: unions; nurse educator groups; entities within the federal government, including the military; nurse executives; health care foundations; nursing organizations; nurses themselves; public consumers of health care. According to the American

Association of Colleges of Nursing (2009), the following are some examples of stakeholders who advocate support for BSN-prepared nurses:

- The National Advisory Council on Nurse Education and Practice (NACNEP) calls for at least two-thirds of the nurse workforce to hold baccalaureate or higher degrees in nursing by 2010 (this will obviously need to be updated).
- The U.S. Army, U.S. Navy and U.S. Air Force all require the baccalaureate degree to practice as an active duty registered nurse.
- The Veteran's Administration (VA), the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry-level and has committed \$50 million over a five-year period to help VA nurses obtain baccalaureate or higher nursing degrees.
- Minority nurse organizations, including the National Black Nurses Association, Hispanic Association of Colleges and Universities, and National Association of Hispanic Nurses, are committed to increasing the number of minority nurses with baccalaureate and higher degrees.
- The Helene Fuld Health Trust, the nation's largest private foundation devoted exclusively to student nurses and nursing education, announced as far back as 2001 that it would give funding preference to programs that offer BSN and higher degrees in nursing. The foundation cited "the increased complexity of and sophisticated knowledge required for health care delivery" as reasons for setting its funding priorities at the baccalaureate level.
- Based on a nationwide Harris Poll conducted as far back as 1999, an overwhelming percentage of the public – 76% - believed that nurses should have four years of education or more past high school to perform their duties.

(p. 4).

The following stakeholders have been identified as local individuals/groups that Yellow Team Members of Ohio's Nursing 2015 Initiative plan to seek "BSN-IN-10" advocacy from: the Ohio Hospital Association; the Ohio Board of Nursing; professional and specialty nursing organizations; collective bargaining units (e.g., Service Employees International Union); nursing education organizations and faculty; employers; current nurses; student nurses; consumers; local and state legislators. In fact, just recently, after a "BSN-IN-10" story was presented by Dr. Doris Edwards, Dean of Nursing Emerita, Capital University and Nursing 2015 Yellow Team member to Dr. Bernadette Melynk, Dean of the College of Nursing and Associate Vice President for Health Promotion; Chief Health Officer

of The Ohio State University, The College of Nursing of The Ohio State University provided Ohio's Nursing 2015 Initiative a signed resolution that supports legislation in Ohio that requires registered nurses to obtain a BSN within ten years after initial licensure and called other stakeholders to join them in supporting such legislation (see Appendix C).

"BSN-IN-10" stories include the fact that populations' nurses will serve in the future will be older, more complex, and with many more people managing multiple conditions or medications (Robert Wood Johnson Foundation, 2010, b). Indeed, interdisciplinary team members who nurses collaborate with including pharmacists, speech pathologists, and physical and occupational therapists recognize the importance of and need for higher education to deliver appropriate care (Benner, Sutphen, Leonard, & Day, 2010). In addition, "stories" address the barriers that "BSN-IN-10" opponents have voiced. For example, monetary concerns can be a significant barrier to educational advancement, but human capital theory suggests that individuals will pursue advanced education if the benefits of obtaining the education outweigh the costs (Becker, 1993). In fact, Graf (2006) created a model using the Human Capital Theory to demonstrate that annual wage earnings achieved by former ADN's when they obtained a Bachelor's Degree, were significant. Thus, additional story lines of any "BSN-IN-10" story needs to include the average cost of ADN to BSN completion programs and available sources of educational funding. Presently, an economic sub-group of Nursing 2015 Initiative's Yellow Team membership is delving into this information. Until this information is available, this DNP candidate has put together a list of resources for scholarships and grants, loans, and various other financial aid options and resource websites (see Appendices D, E, F, and G). According to Aiken (2011, p. 197), "public funding for nursing education must be used to steer the change in basic nursing education just as public funding for patient care steers change in health care delivery; More than \$8 billion per year in Perkins funds from the Department of Education could be used as part of a comprehensive federal strategy that would make it possible for all new nurses to graduate with a bachelor's degree."

Other constraints that could inhibit "BSN-IN-10" educational progression should also be addressed in "BSN-IN-10" stories shared with key stakeholders. According to Graf (2006), these other constraints

include employers' inflexibility in scheduling and lack of on-line, on-site, and/or distance learning resources, including faculty. This doctoral student played a key role in putting one of these "BSN-IN-10" stories together using digital storytelling media. This DNP candidate chose to use digital storytelling as it enables presenters the ability to capture the attention of their audience by using a rich repository of media: digital photos, voice-overs, web graphics and soundtrack (Jasper and Hubbard, 2011). The final product appearing to be a short film, but is comprised, in most cases, of still images that incorporate writing, visualization of data, and computer technology to enrich and illustrate particular topics.

Purpose

Specifically, this doctoral student elicited the perceptions of the Association of periOperative Registered Nurses (AORN) of Central Ohio in relation to Ohio's Nursing 2015, BSN-IN-10 Initiative, through focus group interaction. The focus group discussion sought to answer the question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure?

After viewing a presentation (using digital media) entitled, "BSN-IN-10: What is Your Opinion?" that reflects improved patient outcomes related to higher education, AORN participants were given an opportunity in a guided interaction setting to discuss and debate issues surrounding Ohio's Nursing 2015, BSN-IN-10 Initiative.

Data from this focus group discussion was analyzed in relation to key themes. Themes have been shared with Ohio's Nursing 2015 Initiative, Yellow Team task force to help further influence the development of Ohio's BSN-IN-10 Initiative.

Theoretical Framework

An adaptation of Patton's (1997) Utilization-Focused Evaluation Logic Model (adapted from Claude Bennett, 1979) as noted in Appendix H provided the framework for the focus group interaction with Central Ohio's AORN. A focus group logic model is a graphic representation of a focus group that describes the focus group's essential components and expected accomplishments and conveys the logical relationship between these components and their outcomes (Conrad, Randolph, Kirby, & Bebout, 1999).

Descriptions of the basic components of the logic model follow and, as reflected in Appendix H, are linked by a sequence of actions (depicted numerically) leading from inputs or resources to end results or impact, thus matching focus group design hierarchy to hierarchy of focus group evaluation criteria: Inputs equal resources expended; Participation equals the characteristics of program participants; Activities equal the intervention (viewing the “BSN-IN-10 Story”); Reactions equal what the participants say through focus group interaction; Perceptions equal the data analysis – Themes from the focus group interaction; Practice equals Influencing “BSN-IN-10” Initiative; End Results equal the overall impact of the focus group interaction on eventual health policy change.

Chapter Three: Methods

Project Design

After viewing a digital media presentation entitled “BSN-IN-10: What is Your Opinion” (that reflects improved patient outcomes related to higher education), a qualitative, narrative analysis approach via focus group interaction was used to elicit the perceptions of the Association of periOperative Registered Nurses of Central Ohio regarding the question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure? According to Barnett (2002) and Hinshaw and Grady (2011), one of the main goals in organizing focus groups is to investigate concerns, experiences, or attitudes/beliefs related to a clearly defined topic and share obtained information with those in positions to act on the findings.

Sample

According to Stommel and Wills (2004, p. 282), “focus group members are chosen (purposive sampling) primarily because they are believed by the researcher to have some specialized knowledge or expertise that is relevant to the topic.” AORN of Central Ohio was not only chosen because they were on the Nursing 2015 Initiative key stakeholder list but, more importantly, because, as champions for patient safety, they encourage and empower perioperative registered nurses to engage in efforts to shape legislative and health policy issues and have a new affiliation with the American Nurses Association (AORN, 2011). In addition, “since 1992, the AORN Foundation has been awarding scholarships as part of an effort to adhere to AORN’s entry into practice position statement, which says, AORN believes the minimal preparation for future entry into the practice of nursing shall be the baccalaureate degree” (Goodman, Chappy and Durgin, 2005, p. 1). Fortunately for this DNP candidate, introduction to the president of Central Ohio’s AORN, Jeanne LaFountain, was made through this student’s preceptor, Dr. Kay Ball. A meeting to review the planned focus group interaction was conducted on July 21, 2011. Time between this initial meeting with Central Ohio’s AORN president and the actual focus group interaction was used to develop this DNP student’s digital media presentation.

The presentation and focus group interaction occurred on Wednesday, December 14th, 2011, at

Cardinal Health Inc. in Dublin, Ohio. Present were twenty-two Central Ohio AORN participants, approximately half of who volunteered that they did not have a baccalaureate degree and all female except for two (no specific identifiable data was collected on participants per IRB exempt determination). This DNP candidate was pleased with the number of participants as “smaller groups run the risk of not being able to sustain a discussion on a given topic and larger groups have a tendency to allow members to withhold thoughts on a given topic” (Stommel & Wills, 2004, p. 284). In addition, since all members of this group have equal status, there is less worry of someone’s presence influencing the forthcoming of information from other group members.

Methods

Approval from The Ohio State University’s Institutional Review Board was granted prior to the focus group interaction with AORN. After obtaining verbal assent to participate and receiving a written script (see Appendix I) that included participant rights; purpose of the focus group; focus group procedures and duration; confidentiality notice; contact and question information, Central Ohio’s AORN participants were presented with a “BSN-IN-10” digital story produced by this DNP candidate using Adobe Premiere Element and Audacity software (this DNP student attended a “Digital Mindset” conference hosted by OSU’s John Glenn School of Public Affairs, in order to learn how to do this). According to conference speakers, Debra Jasper, Ph.D, in Educational Policy and Betsy Hubbard, M.A., in Public Policy, “fourteen percent of materials presented in oral presentations are retained by participants versus eighty-five percent retention of material presented in visually graphic presentations” (Digital Mindset Conference, February, 2011). Following the brief digital presentation (approximately 15 minutes), Central Ohio’s AORN participated in a focus group discussion (lasting 45 minutes) with this DNP candidate asking the focus group interaction question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure? “Talking Points” developed by Yellow Team Members of Ohio’s Nursing 2015 Initiative (as noted under the instrument section of this paper) contains this DNP candidate’s focus question and other discussion points that might have been used by this moderator during the focus group interaction if

conversation had stalled. In actuality, conversation of participants flowed naturally to points of discussion found within the “Talking Points” document without this DNP student having to interject them.

As noted, the role of this DNP student during the focus group discussion was that of a moderator. According to Barnett (2002), the role of a moderator is to: obtain assent prior to the beginning of the focus group discussion; establish rapport with participants by thanking them for attending; assure participants that notes and audiotapes will be kept completely confidential and that no other personally identifying information will be used; inform group of purpose of the discussion (being careful to not insert own opinions); express to all participants that it is alright to agree or disagree respectfully with each others’ responses; maintain the flow of conversation by making sure all participants are given an opportunity to voice their comments and asking open-ended questions as needed to generate discussion; when the time period allotted for discussion is coming to an end, summarize the discussion to make sure of what participants said and how to interpret it; provide a closing statement, again assuring participants that their responses will be kept confidential. To allow this DNP candidate to concentrate on fulfilling all of these responsibilities of a moderator and facilitate the focus group discussion, one of this student’s preceptors was the recorder (present to audio record the discussion and take discussion content notes) and the other preceptor was the observer (present to make field note observations and take discussion content notes). Using information learned on how to conduct focus groups, this student was able to avoid barriers that can surface within focus groups, chiefly, “domination by one member or “shutting down” of group members in response to the behavior of other participants”(Stommel & Wills, p. 284).

Instruments

As noted, after presenting a brief “BSN-IN-10” digital story entitled “BSN-IN-10: What is Your Opinion?” to Central Ohio’s AORN on December 14, 2011, a focus group discussion followed by asking the question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure? This question came from “Talking Points”, discussion points developed by Yellow Team Members of Nursing’s 2015 Initiative to initiate discussion with key stakeholders. The “Talking Points” document can be viewed in the embedded hyperlink that follows:

<http://nursing2015.files.wordpress.com/2011/10/upload-1-bsn-in-10-talking-points-revised-3-21-11.pdf>

Data Analysis

To produce an audit trail, the focus group interaction was analyzed using an adapted phenomenological process first described by Colaizzi in 1978 (Sanders, 2003). These steps of analysis are presented in Table 1 below:

Table 1. Steps of Data Analysis
1. Read each participant's verbatim transcript (from audiotape and field notes – professional transcriptionist hired to transcribe audiotape)
2. Extracted significant statements (seen as most relevant to the study question)
3. Formulated meanings from each of the significant statements
4. Organized formulated meanings into theme clusters
5. Arranged theme clusters into theme categories
6. Conducted a preceptor check to see if findings of this student (significant statements, formulated meanings, and emerging themes) accurately captured the data obtained from the focus group interaction with AORN on 12/14/2011
7. Conducted a member check by taking the findings back to the participants to see if this DNP candidate accurately captured the data obtained from the focus group interaction with AORN on 12/14/2011

The transcribed focus group interaction (from audiotape and field notes), were listened to and read several times to assure that no verbalizations from participants were omitted. In fact, the field notes were discussed and compared between this DNP candidate and field assistants (student's preceptors) immediately after the focus group interaction. According to Barnett (2002, p. 3), "writing field notes as soon as possible after the focus group has ended is imperative because salient themes of the discussion begin to emerge." After a line-by-line analysis, twenty-nine significant statements and subsequent formulated meanings were identified. Examples of significant statements and corresponding formulated meanings can be found under "Results" in Table 2. Formulated meanings were then arranged into theme clusters. Seven theme clusters emerged and were incorporated under three main theme categories as noted

in Table 3 under “Results.”

Rigor

Significant statements, formulated meanings, and emerging themes were reviewed by this DNP candidate’s preceptors who were present during the focus group interaction and all data reflected in Tables 2 and 3 under Results met the following qualitative standards of rigor described by Stommel and Wills (2005):

- **Dependability:** Data gathered by this student and preceptors during the 12/14/2011 focus group interaction with AORN were found to be similar
- **Confirmability:** Preceptors and student arrived at the same conclusions about the data gathered during the 12/14/2011 focus group interaction with AORN
- **Credibility:** Permitting member checking of the data by arranging a follow-up review of data results with AORN participants

Chapter Four: Findings

Results

Examples of significant statements and corresponding formulated meanings can be found in Table 2 below; formulated meanings emerged into seven theme clusters and were incorporated under three main categories as noted in Table 3 that follows Table 2:

Table 2. Examples of Significant Statements and Corresponding Formulated Meanings	
Significant Statements	Formulated Meanings
“I did not realize that research matching patient outcomes to education was even out there for review.”	Participant unaware of research that compares patient outcomes to nursing education
“I think the issue is money, not that AD and Diploma nurses do not want to go back to school.”	Participant believes the cost of completion programs is preventing AD & Diploma nurses from going back to school
“BSN nurses do not make more than AD and Diploma nurses, so why should I get a BSN degree?”	Why should participant go back to school if there is little to no difference in in the salaries of staff nurses with Associate degrees, Diplomas, and BSN degrees
“I do not even know what kind of nursing programs are available to most nurses, let alone those of us like me who live in very rural area without computer access.”	Participant unaware of available completion programs and technological resources
“I don’t think hospitals are too interested in supplying nurses with the financial or scheduling assistance they need to get a bachelor’s degree – so where are nurses to get money and how can they find the time to attend class when they need to get home after work?”	Participant is unaware of available financial resources and the ability to attend class without being physically present

Table 2. (continued) Examples of Significant Statements and Corresponding Formulated Meanings	
Significant Statements	Formulated Meanings
<p>“Why should a BSN degree be the only way a nurse can continue their education-it seems to me that all the CEs we do to maintain licensure is good enough.” “What is the difference between an AD and a BSN education anyway?”</p>	<p>Participant uncertain as to why CEs to maintain licensure are not comparable to BSN degree</p>
<p>“Why is Ohio the only state pushing this thing you are calling BSN-IN-10 if there is evidence that suggests patient outcomes are improved with BSN nurses? – you would think there would be more and you would think that we would hear and know more about it.”</p>	<p>Participant is unaware of Ohio’s BSN-IN-10 Initiative</p>
<p>“My diploma program was not associated with a community college, so I think if diploma schools are going to stay open, they should be connected to a college so that students can more easily move on with their BSN.”</p>	<p>Participant voices the need for seamless BSN completion Programs</p>
<p>“More nurses need to hear about the actual data that shows patient outcomes are better when BSN or higher nurses care for patients-because if this is the truth, it becomes an ethical thing if nurses caring for patients do not go back for more education.”</p>	<p>Participant voices the need for more nurses to be made aware of research that links patient outcomes to nursing education</p>
<p>“I think nurses would want to go back for their BSN if they knew and understood the research that is apparently out there and ten years seems more than a reasonable amount of time to get a bachelor’s degree completed.”</p>	<p>Participant believes nurses would be for “BSN-IN-10” if aware of research</p>
<p>“It seems when persons get their BSN they are expected to move on up to management and so what is the reason for getting a BSN if the nurses that get a BSN move away from the bedside-I want to stay at the bedside?”</p>	<p>Participant questioning the reason for obtaining a BSN degree if education is not used to at the bedside</p>

**Table 2. (continued) Examples of Significant Statements
and Corresponding Formulated Meanings**

Significant Statements	Formulated Meanings
<p>“Nurses can learn from other nurses on the floor what they need to know, it does not need to come from books and research.”</p>	<p>Participant believes that hands-on-training is a substitute for formal education/literature</p>
<p>“I believe in advancing education to a minimum of a BSN degree but we need to do more for those like me who came from abroad or Diploma-there has to be a better way for us to prove our abilities rather than taking course work we do not need.”</p>	<p>Participant voices the need to determine educational equivalencies but is in favor of nurses obtaining BSN</p>
<p>“I am a manager with an Associate degree and a BA in business-now I am being told by hospital administration that in order to keep my Nursing management position, I must have my BSN by 2013-I am not happy because I do have a bachelor’s degree.”</p>	<p>Participant believes that non-nursing bachelor’s degree provides her with the necessary education to maintain management position</p>
<p>“I am in favor of BSN education as I believe my additional education-and I was an AD nurse-has provided me with the additional information I need to take care of the very sick patients we are seeing in the hospital today.”</p>	<p>Participant believes that BSN education is necessary to take care of sick patients today</p>
<p>“I think the government or someone should just pick a date and say all RNs need BSN by this date or they do not practice-We have to do something so others know we have educational standards like all of the other professions.”</p>	<p>Participant believes that BSN degree should be the minimal educational entry requirement</p>

Table 3. Theme Clusters Arranged Under Main Theme Categories

<p>Main Theme Category 1: Lack of Knowledge (Cluster)</p>	<p>Main Theme Category 2: Lack of Resources (Cluster)</p>	<p>Main Theme Category 3: AORN Values Higher Education (Cluster)</p>
<ul style="list-style-type: none"> • Lack of knowledge regarding practice issues related to research • Lack of knowledge related to EBP • Lack of knowledge regarding research related to nursing education <p>(Cluster)</p> <ul style="list-style-type: none"> • Lack of knowledge related to the IOM Report: The Future of Nursing: Leading Change, Advancing Health • Lack of knowledge related to Regional Action Coalitions, including Ohio’s Action Coalition • Lack of knowledge related to Ohio’s Nursing 2015 “BSN-IN-10” Initiative 	<ul style="list-style-type: none"> • Lack of time • Lack of money • Lack of access • Lack of technology • Lack of equivocal transfer credit 	<ul style="list-style-type: none"> • Believe BSN education is needed due to the complexity of today’s patients • Believe BSN degree should be minimal education requirement • Believe nurses would be for “BSN-IN-10” if aware of research relating patient outcomes to nursing education

Table 3. (continued) Theme Clusters Arranged Under Main Theme Categories		
<p>Main Theme Category 1: Lack of Knowledge</p> <p>(Cluster)</p> <ul style="list-style-type: none"> • Lack of knowledge related to the cost benefit of obtaining a BSN degree • Lack of knowledge related to benefits (beyond cost) of obtaining a BSN degree <p>(Cluster)</p> <ul style="list-style-type: none"> • Lack of knowledge related to how AD and BSN programs differ • Lack of knowledge as to how ongoing CEs, hands-on-training, and experience differ from BSN curriculum • Lack of knowledge as to how BSN education can be used for bedside care <p>(Cluster)</p> <ul style="list-style-type: none"> • Lack of knowledge related to RN to BSN/MSN programs, including access 	<p>Main Theme Category 2: Lack of Resources</p>	<p>Main Theme Category 3: AORN Values Higher Education</p>

Table 3. (continued) Theme Clusters Arranged Under Main Theme Categories		
<p>Main Theme Category 1: Lack of Knowledge</p> <ul style="list-style-type: none"> • Lack of knowledge regarding financial resources and flexible completion programs 	<p>Main Theme Category 2: Lack of Resources</p>	<p>Main Theme Category 3: AORN Values Higher Education</p>

Discussion

Lack of knowledge was a main theme category that emerged upon review of the data and encompasses the following five theme clusters: Lack of knowledge regarding evidence-based practice and research related to nursing education and the application to nursing practice; Lack of knowledge related to Health Policy changes, specifically the 2010 IOM Report “The Future of Nursing: Leading Change, Advancing Health”, Ohio’s Nursing 2015 Initiative, and formation of Ohio’s Action Coalition; Lack of knowledge related to cost and other benefits of obtaining a bachelor of science in nursing degree; Lack of knowledge related to differences in educational preparation, including continuing education to maintain licensure; Lack of knowledge related to various resources, including BSN/MSN completion programs and the ability to access and finance completion programs.

Lack of resources was another main theme category identified during analysis of the data and comprises the following theme cluster: Lack of time; Lack of money, Lack of access, Lack of technology and/or how to access available technology; Lack of equivocal transfer credit (specifically for Diploma nurses without college credit and nurses from abroad).

Finally, the idea that AORN participants valued higher education was found upon review of the data and is noted as the following theme cluster: Believe BSN education is needed due to the complexity of

today's patients; Believe BSN degree should be minimal educational requirement; Believe nurses would be for "BSN-IN-10" if aware of research relating patient outcomes to nursing education.

Based on findings (theme clusters) noted under "Main Theme Category 2: Lack of Resources", Central Ohio AORN study participants believe barriers exist that prevent diploma and associate degree nurses from completing their BSN degree. These barriers are well documented in the literature and according to Leonard (2003) include the following disincentives: credit transfer, finances, geographic accessibility, difficulty with managing work, school and personal life balance, and scheduling conflicts. What is not well documented in the literature and noted just recently by Manavel and Teeter (2010), is whether or not these perceived barriers truly exist. This DNP candidate questions whether barriers truly exist as well based on findings (theme clusters) noted under "Main Theme Category 1: Lack of Knowledge." The perceived barriers may be due to the fact that nurses simply do not know various resources are available or if known, how to access them. Something that supports this idea is the positive feedback this DNP candidate received after providing participants with the embedded financial aid web resources in Appendices D, E, F, and G. Many participants saying, "wow, who knew"; "I did not even know to check these web sites out"; "why hasn't anyone ever told us this information is out there – it should be published everywhere for nurses to see."

This DNP student has also identified a lack of knowledge (as indicated by another set of theme clusters noted under "Main Theme Category 1: Lack of Knowledge") related to: available and recent research on the effects of nursing education on patient outcomes; recent health policy news, specifically the IOM report regarding nursing's future; the formation of Ohio's Nursing 2015 Initiative and Ohio's Action Coalition that supports BSN-IN-10 legislation (and/or an increase of nurses with a bachelor's degree to 80% by 2020). According to Smith (2009, p. 10), "ask the majority of nurses in this country their opinion on the entry into practice issue, and most will likely reply with a blank stare. Unfortunately, that pretty much sums up where the issue stands today. While some professional organizations and a few state boards of nursing have made some advancement on the issue, the average nurse knows little or nothing about it. For most, it is simply a non issue." While "BSN-IN-10" is about "progression within the

profession” (NLN, 2007) as opposed to setting a bachelor’s degree as the minimum education requirement for entry into practice, it is still disconcerting that AORN participants have not heard of research relating patient outcomes to nursing education, the IOM report advocating nurses to further their education, and the task forces in Ohio that promote “BSN-IN-10” and/ or the attainment of 80% of all nurses having a bachelor’s degree by the Year, 2020.

Regardless of the data noted under Main Theme Category 1 and 2, nurses appear to value the idea of BSN education as evidenced by the following theme clusters identified under Main Theme Category 3: Believe BSN education is needed due to the complexity of today’s patient; Believe BSN degree should be minimal education requirement; Believe nurses would be more apt to be for “BSN-IN-10” if aware of research relating patient outcomes to nursing education.

This data supports Maneval and Teeter’s (2010, p. 361) study findings (although, conducted with nursing students versus registered nurses) that indicate “the vast majority of associate degree and diploma nursing students value and hope to pursue higher education in nursing; the challenge to educators, administrators, and legislators does not lie in convincing nursing students higher education is important, but, rather, in enabling them to achieve their goals.”

Conclusion

The results of this project validate other research findings in literature that suggest nurses perceive barriers that prevent them from furthering their education even though they express a desire to do so. However, one of the unique findings of this project suggest that these perceived barriers might simply be the result of lack of knowledge regarding where to find or use available resources.

The other interesting finding from this project is the apparent lack of knowledge regarding: research linking patient outcomes and nursing education; the 2010 IOM report “Future of Nursing: Leading Change, Advancing Health” that advocates nurses to further their education; the formation and activities of collaborative partnerships (Ohio’s Nursing 2015 Initiative and Ohio’s Action Coalition) that advocate for “BSN-IN-10” and/or 80% of nurses in America having a BSN degree by the Year, 2020.

These findings would suggest that today’s nursing workforce is not informed about the urgent need for

more BSN prepared nurses and the available resources that are present to assist them in obtaining this goal. Therefore, this DNP candidate believes that interested healthcare policy advocates need to find alternative methods to reach nurses where they are as the “majority of RNs, some three million, do not belong to any nursing professional association whether it’s a national, local, state, or specialty association” (Wright, 2009, p. 1).

Chapter Five: Summary and Implications for Practice

Summary

The overall purpose of this qualitative, narrative analysis health policy project was to elicit the perceptions of the Association of periOperative Registered Nurses (AORN) of Central Ohio regarding the question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure? While the answer to this question is no way definitively answered in the data, interesting findings related to lack of knowledge of available resources and lack of knowledge related to research findings; the IOM's 2010 report on the future of nursing; Ohio's "BSN-IN-10" Initiative by collaborative nursing association partnerships were discovered.

Limitations

This DNP candidate's "BSN-IN-10" health policy project is solely descriptive in nature and is based on purposive sampling of Central Ohio's AORN members. In addition, information regarding participant characteristics including education level were not obtained. Due to these limitations, project results though quite interesting cannot be generalized to the larger population of associate degree and diploma nurses.

Implications for Practice

As initially indicated at the onset of this project, the IOM (2010) has asked nurses to respond to the demands of an evolving health care system and meet the changing needs of patients by achieving higher levels of education. Indeed, setting a progression metric of eighty percent of nurses holding the bachelor of science in nursing degree or higher by the year 2020. How will this progression metric be measured when most states including Ohio do not have established data bases collecting nurse characteristics including education level? According to the fourth key message of the IOM (2010) report, nurses need to establish better data collection and an improved information infrastructure. Thus, one of the five focus areas Ohio's Action Coalition has set as an objective is a standardized way to collect and maintain data of nursing characteristics and will be seeking input on how to go about doing this.

The importance of collecting nursing characteristics, especially education levels should not be

undermined as research continues to be generated that links positive patient outcomes when cared for by nurses with at least a baccalaureate level education. The American Association of Colleges of Nursing (2011, p. 2) cites the following from a study of the impact nurse specialty certification has on lowering patient mortality and failure to rescue rates in hospital settings as published in the January, 2011 *Journal of Nursing Scholarship* by Dr. Deborah Kendall-Gallagher, Dr. Linda Aiken, and colleagues: “researchers found that certification was associated with better patient outcomes, but only when care was provided by nurses with baccalaureate level education”; “no effect of specialization was seen in the absence of baccalaureate education.”

If the results of this DNP candidate’s project is correct, and there is indeed a lack of knowledge regarding research and the need for nurses to be prepared at a BSN education level, how can this be changed? With nominal numbers of American nurses belonging to nursing associations, Vandenhouten, Malakar, Kubsch, Block, and Gallagher-Lepak (2011, p. 166) believe (as does this student) that the “burgeoning area of social media/networking technologies (e.g., nurse blogs, *Facebook*) should be addressed as a potential resource network and contributor to nurses’ political information, recruitment, engagement, efficacy, and activity.” Johnson and Johnson (2010) note the following social media tools that can be used for professional growth and development and to stay informed of industry news:

- **LinkedIn:** a career-oriented social networking site, connects more than 75 million professionals with members of their network. Users can create a profile, upload a virtual resume, connect with past and present colleagues and join interactive professional groups like RN Network and Nurse Entrepreneurs. A job center is also available with regularly updated listings.
- **Real-time Nurse Chatter:** #RNchat was started on Twitter by Phil Bauman to allow nurses to openly discuss topics that run the gamut of industry news to general questions to advice and tips for success. To participate, Twitter users “tweet” a message with #RNchat in the text, which allows Twitter to aggregate posts and other users to follow the discussion.
- **Blogger Connection:** Blog sites like *Lost on the Floor* or *codeblog*, and other nurse blog sites link related bloggers together and direct readers to other blogs they may like. Nurses share stories here – why not this researcher’s “BSN-IN-10” story?
- **The Online Conversation:** Nurses are using online outlets like AllNurses.com, NurseConnect.com and Facebook to engage in discussions with other nurses worldwide. Anyone can start their own

topic on Facebook discussion boards or create a thread in an online forum where users can post their responses.

- Industry News at Your Fingertips: Nursing and healthcare news sources are plentiful online, with outlets like MedPage Today, Nurse.com and WebMD delivering daily industry news for free. If you follow several online outlets, you can combine all of your outlets on an RSS feed like Google Reader to give a customized display of all of your news in one setting.

(p. 3).

This DNP candidate continues to reflect on the following comment made by one of the study participants: “I think nurses would want to go back for their BSN if they knew and understood the research that is apparently out there.” Findings from this project along with this simple statement suggests that healthcare policy advocates need to conduct further research that will help determine what other means of communication might be used to connect with today’s nursing workforce. Harnessing some three million nursing “voices” by embracing the lines of communication technology has to offer could keep nurses “in the know” and could according to Abood (2007, p. 3), “generate enough power to successfully reform the healthcare system based on numbers alone; this reality continues to offer the nursing profession a formidable power that thus far is largely untapped.”

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Appendix A

The Essentials of Doctoral Education for Advanced Nursing Practice

Essential	Application to the DNP Project
1. Scientific Underpinnings for Practice	<ul style="list-style-type: none"> • The focus group interaction with AORN was based on an adaptation of Patton’s (1997) Utilization Focused Evaluation Logic Model (adapted from Claude Bennet, 1979 as noted in Appendix H). • A focus group logic model is a graphic representation of a focus group that describes the focus group’s essential components and expected accomplishments and conveys the logical relationship between these components and their outcomes (Conrad, Randolph, Kirby, & Bebout, 1999).
2. Organization & Systems Leadership for Quality Improvement & Systems Thinking	<ul style="list-style-type: none"> • Following Proposed Guidelines of AACN (2006, p, 11), “the principles of business, finance, economics, and health policy” were employed to develop a digital video entitled, “BSN-IN-10: What is Your Opinion” to share with key stakeholders. • Knowledge of the legislative process and how a bill becomes a law is definitely a form of Org. & Systems Thinking (a depiction of this process is embedded below). <u>How A Bill Becomes Law</u>
3. Clinical Scholarship & Analytical Methods for Evidence-Based Practice	<ul style="list-style-type: none"> • An extensive literature review (noted as an excerpt of AACN (2009) within the body of this project paper) was conducted on patient outcomes related to nursing education.
4. Information Systems/Technology & Patient Care Technology for the Improvement & Transformation of Health Care	<ul style="list-style-type: none"> • After attending a “Digital Mind Set” seminar hosted by John Glenn’s School of Public Affairs, this student was able to develop a “BSN-IN-10” digital media video using Adobe Premiere Element and Audacity software.

Essential	Application to the DNP Project
<p>5. Health Care Policy for Advocacy in Health Care</p>	<ul style="list-style-type: none"> • In order to complete the work on my “BSN-IN-10” advocacy project, I have maintained active membership in the following organizations: National League of Nurses National Organization of Nurse Practitioner Faculties Nursing 2015 Collaborative Ohio Action Coalition Ohio Association of Advanced Practice Nurses Ohio Hospital Association Ohio Organization of Nurse Executives Sigma Theta Tau • All of these groups “influence multiple care delivery issues, including health disparities, cultural sensitivity, ethics, the internationalization of health care concerns, access to care, quality of care, health care financing and issues of equity and social justice in the delivery of health care” (AACN, 2006, p. 13).
<p>6. Interprofessional Collaboration Patient & Population Health Outcomes</p>	<ul style="list-style-type: none"> • The Ohio Action Coalition of which this student is a member (in order to further the progression of nursing education) is part of a larger campaign entitled, “Center to Champion Nursing in America” (CCNA), an initiative of the American Association of Retired Persons and the Robert Wood Johnson Foundation – both encourage interprofessional collaboration for improving patient and population health outcomes.
<p>7. Clinical Prevention & Population Health for Improving the Nation’s Health</p>	<ul style="list-style-type: none"> • This student spent much time analyzing data conducted by researchers that linked positive patient outcomes with nursing education and is working with various cohorts to improve patient outcomes by implementing progression of education measures within nursing; evaluating strategies that would allow for the progression of education within nursing
<p>8. Advanced Nursing Practice</p>	<ul style="list-style-type: none"> • In addition to what has already been noted, this student’s DNP Final Project has helped to “guide, mentor, and support other nurses to achieve excellence in nursing practice; educate and guide individuals and groups through complex health and situational transitions ; use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues” (AACN, 2006, p. 17)

Appendix B

RN-BSN/MSN Programs in Ohio

<http://nursing2015.files.wordpress.com/2008/01/rn-bsn-and-rn-msn-programs-ohio-2-08-08.pdf>

Appendix C

Resolution in Support of the Ohio BSN IN Ten Initiative**Resolution in Support of the Ohio BSN in Ten Initiative**

- WHEREAS; Studies comparing patient outcomes and educational background of nurses demonstrate that in facilities with a greater proportion of bachelors-prepared or higher educated nurses, patients have lower adverse event and mortality rates. (Aiken, Clark, Sloane, et al, 2008; Estabrooks, Midodzi, Cummings, et al, 2005; and Tourangeau et al, 2007) and
- WHEREAS; Every 10% increase in the proportion of bachelors-prepared nurses on the hospital staff was associated with a 4 % decrease in the risk of death. (Aiken et al, 2008) and
- WHEREAS; The Institute of Medicine (IOM) in partnership with The Robert Wood Johnson Foundation Initiative on the Future of Nursing recommends that the proportion of nurses in the workforce with a Bachelor of Science in Nursing (BSN) reach 80% by 2020. (IOM, 2010) and
- WHEREAS; The 2008 American Nurses Association (ANA) House of Delegates resolved to support initiatives that require registered nurses (RNs) to obtain a BSN within ten years after initial licensure, exempting those individuals who are licensed or enrolled as a student in a nursing program at the time legislation is enacted. (ANA, 2008) and
- WHEREAS; The Tri-Council for Nursing (American Nurses Association, American Organization of Nurse Executives, National League for Nursing, and the American Association of Colleges of Nursing) issued a consensus statement calling for all "registered nurses to advance their education in the interest of enhancing quality and safety across healthcare settings" (AACN, 2011) and
- WHEREAS; The Ohio State University College of Nursing is committed to evidence-based practice that promotes the health and well-being of all recipients of nursing care,
- THEREFORE BE IT RESOLVED THAT: The Ohio State University College of Nursing supports legislation in Ohio that requires registered nurses (RNs) to obtain a BSN within ten years after initial licensure, exempting those individuals who are licensed or enrolled as a student in a nursing program at the time legislation is enacted;
- AND FUTURE BE IT RESOLVED THAT: The Ohio State University College of Nursing calls on other stakeholders to join them in supporting such legislation.

FOR THE FACULTY OF THE OHIO STATE UNIVERSITY COLLEGE OF NURSING

Associate Vice President for Health Promotion
Chief Wellness Officer
Dean and Professor, The Ohio State University College of Nursing

December 12, 2011
Date

Appendix D

Scholarships and Grants

Federal Grant Aid

Federal Grant assistance may be available to students who file the Free Application for Federal Student Aid (FAFSA). Federal Pell Grant eligibility is determined by the results of the FAFSA. Federal Supplemental Educational Opportunity Grants (FSEOG) and federal Perkins Loans may be awarded to those determined to have the greatest calculated need with Pell Grant eligibility. Funding availability varies.

Federal Pell Grant

The Federal Pell Grant program provides funds to eligible full and part-time students who have completed a FAFSA. Pell Grants listed on the award letter as “Estimated” will not be confirmed until a valid Institutional Student Information Record (ISIR)/Student Aid Report (SAR) is received by the Financial Aid Office of the institution student attends.

Federal Supplemental Educational Opportunity Grant

The Federal Supplemental Educational Opportunity Grant (FSEOG) is awarded to a limited number of students who demonstrate exceptional financial need. Eligibility is dependent upon available federal funding. Priority is given to students with Federal Pell Grant eligibility.

State Financial Assistance

The amount of information provided on the state web sites varies. Some states provide comprehensive information about residency requirements, loan, grant, scholarship and prepaid tuition programs and other state aid programs. A directory may be found at:

http://wdcrobcop01.ed.gov/Programs/EROD/org_list.cfm?category_ID=SHE

State Grants

Many states, such as Ohio, Pennsylvania, Michigan and Vermont, offer grants which may be used to help meet direct educational costs at educational institutions. Application for State grants is made by completing the FAFSA. Funding levels and eligibility is determined by the individual states.

Appendix E

Loans for Education**Federal Perkins Loan Program**

A limited amount of students who demonstrate exceptional financial need are awarded the Federal Perkins Loan. The Perkins Loan Program is funded by sponsoring institutions and the Federal Government. Interest is not charged while the student is enrolled at least half-time (6 credit hours per semester for undergraduates; 3 credit hours per semester for graduate students). Repayment at 5% interest begins nine months after graduation or enrolled less than half-time. Students are required to complete an entrance interview and sign a promissory note using the online process at: <http://www.ecsi.net/promPI/>

Federal Stafford Student Loan

Students attending at least half-time (6 semester hours for undergraduates; 3 semester hours for graduate students per semester) may be eligible to borrow from the subsidized and/or the unsubsidized Federal Stafford Loan program. Effective July 1, 2011 through June 30, 2012 the interest rates are fixed at 3.4% for subsidized undergraduate Stafford borrowers, 6.8% for unsubsidized undergraduate Stafford borrowers and all graduate Stafford loans are at 6.8%. The interest on a Federal subsidized Stafford loan will be paid by the federal government while the student is enrolled at least half-time. Unsubsidized Stafford Loan Program interest is paid by the student while attending school, or can be deferred (interest is then capitalized).

The notification of financial aid award will list the estimated amount the student is eligible to borrow based on enrollment status and academic level. Eligibility levels are listed below:

Federal Stafford Loan Table

Class Level	Hours Earned	Dependent	Independent
Freshman	0-31	\$5,500	\$9,500
Sophomore	32-63	\$6,500	\$10,500
Junior	64-95	\$7,500	\$12,500
Senior	96+	\$7,500	\$12,500
Graduate Students			\$20,500

Appendix E

Loans for Education (cont)

First time Borrowers will complete the application online through the financial aid section, under loans, on their institution's website or online at www.StudentLoans.gov

Federal Parent Loan for Undergraduate Students (PLUS)

PLUS is available for parents with a good credit history and may be borrowed for each dependent student who is enrolled at least half-time. The annual loan limit is the student's cost of attendance minus any estimated financial aid received. Repayment begins 60 days after the last disbursement. PLUS loan interest rates are fixed at 7.9%. Apply online at: www.StudentLoans.gov

Private Education Loans

These loans are consumer based and credit history is a factor in determining eligibility.

Appendix F

Undergraduate/Graduate Nursing**Financial Aid Options****National Health Services Corps Loan Repayment Program**

Provides for the repayment of educational loans for NP students made in exchange for a commitment to work in a medically underserved area. Needs to be in last year of program.

<http://nhsc.hrsa.gov/loanrepayment/>

National Health Service Corps Scholarship Program

Provides scholarship and stipend for NP students, work in NHSC site for specified period of time after graduation.

<http://nhsc.hrsa.gov/scholarship/>

Nurses Educational Funds, Inc.

Provides scholarships for registered nurses for masters degree, ranging from \$2,500-\$10,000. Criteria is academic excellence.

<http://www.n-e-f.org>

Ohio Association of Advanced Practice Nurses

Offers FNP scholarships

<http://oaapn.org/scholarship.php>

Mid-Ohio District Nurses Association Scholarship

http://www.moda.org/?page_id=13

Ohio Center for Nursing Tuition Assistance

- Nurse Education Assistance Loan Program (NEALP)
- Ohio Nurses Foundation Scholarships
- Health Resources and Service Administration (HRSA) Nursing Scholarship Program
- Nurse Reinvestment Act
- Nursing Education Loan Repayment Program (NELRP)

http://ohiocenterfornursing.org/tuition_assistance.html

Appendix G

**Additional Resources
Web Sites**

Federal Aid: www.studentaid.ed.gov

Professional Aid Association: www.oasfaa.org

State of Ohio Aid: <http://regents.ohio.gov/sgs/index.php>

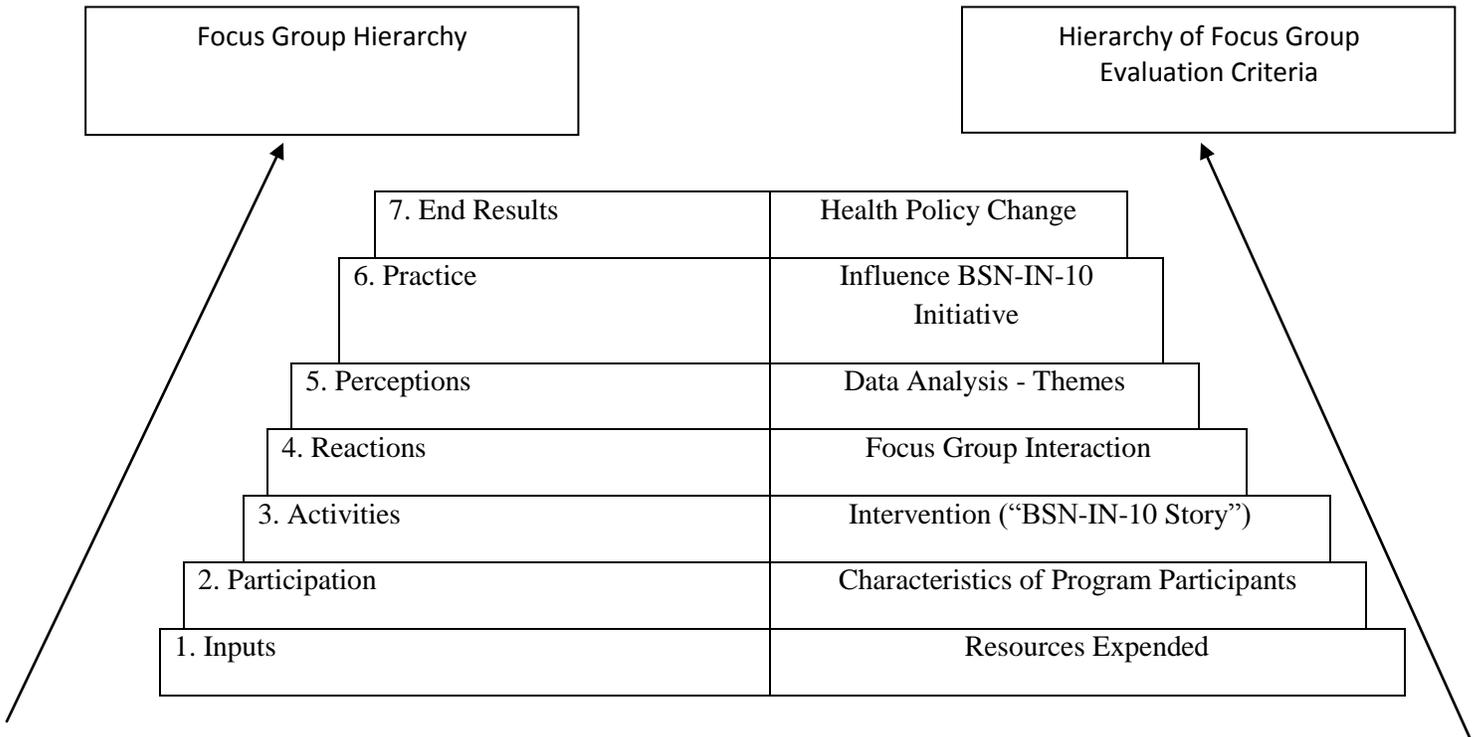
National Center for Educational Statistics – Retention, Graduation and Transfer-out Rates:
<http://nces.ed.gov/collegenavigator/>

Federal Loans: <https://StudentLoans.gov/>

State Higher Education Agencies:

http://wdcrobcolp01.ed.gov/Programs/EROD/org_list.cfm?category_ID=SHE

Appendix H



Adaptation of Patton's (1997) Utilization-Focused Evaluation Logic Model

Appendix I

(18 a.) INFORMED CONSENT PROCESS**Exempt Research****Informed Consent – Verbal Script/Unsigned**

- **Participant Rights:**

The focus group discussion will center on Ohio's BSN-IN-10 Initiative. Participation is voluntary and you may withdraw from the discussion at any time.

- **Purpose of the Study:**

The overall purpose of this qualitative, narrative analysis research study is to elicit perceptions of the Association of periOperative Registered Nurses (AORN) of Central Ohio regarding Ohio's Nursing 2015, BSN-IN-10 Initiative, through focus group interaction. The study seeks to answer the question: Do we need to legislate that newly licensed registered nurses in Ohio obtain a baccalaureate degree within ten years of initial licensure?

After viewing a substantive presentation (using digital media) entitled, "The BSN-IN-10 Story" that reflects improved patient outcomes related to higher education, AORN participants will be given an opportunity in a guided interaction setting to discuss and debate issues surrounding Ohio's BSN-IN-10 Initiative.

Data from this focus group discussion will be analyzed in relation to key themes. Themes will be shared with Ohio's Nursing 2015 Initiative, Yellow Team task force to help influence the development of Ohio's BSN-IN-10 Initiative.

- **Study Tasks or Procedures:**

- 1) Participants will provide verbal consent to participate after reading verbal script.
- 2) Participants will view digital media entitled, "The BSN-IN -10 Story" that reflects improved patient outcomes related to higher education.
- 3) A sixty minute focus group discussion will follow the presentation. This discussion will be audio-taped by this researcher's assistant who will also take discussion content notes and another assistant will be taking field note observations and discussion content notes.

- **Duration of Subject's Participation:**

The time to read this verbal script, view presentation and participate in the focus group discussion should take approximately 90 minutes. In addition, a future brief meeting with Central Ohio's AORN will be scheduled (during one of your Spring 2012 chapter meetings) to permit member checking of the data.

Appendix I

Informed Consent Process (Cont)

- **Confidentiality:**

If a list of participant names is linked-to numbers (in order to re-clarify with participants any part of the focus group discussion during the discussion summary), the list of names will be immediately destroyed (in view of all) after the focus group discussion so that participants are guaranteed anonymity.

- **Contacts and Questions:**

Should you have any questions, concerns, or complaints about the study, please feel free to contact the Principal Investigator or Co-Investigator at the following:

Principal Investigator

Dr. Elizabeth Barker

Phone: (614)292-5684

Fax: (614)292-9399

Co-Investigator

Jacqueline Haverkamp

Phone: (614)823-1628

Fax: (614)823-3131

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at: 1-800-678-6251.

- **Incentives**

There are no incentives to participate in this study