

A QUALITATIVE DESCRIPTIVE STUDY OF THE EXPERIENCES OF NURSE  
EDUCATORS IN DEVELOPING AND IMPLEMENTING CONCURRENT  
ENROLLMENT ADN-BSN PROGRAMS

Presented in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Philosophy in Nursing Education  
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## Abstract

Nursing leaders have called for more bachelor-of-science-in-nursing-(BSN)-prepared nurses to meet workforce demands. There is limited capacity in BSN programs to meet the projected demand. Currently, associate degree in nursing (ADN) programs produce the majority of registered nurses. To increase the number of BSN graduates, nurse educators recommend innovative educational models for seamless progression from the ADN to the BSN. Concurrent enrollment ADN-BSN programs offer one potential model to produce more BSN graduates. The purpose of this study was to describe the process of developing and implementing concurrent enrollment ADN-BSN programs. The research question was as follows: What is the experience of nurse educators in developing and implementing concurrent enrollment ADN-BSN completion programs? The method of inquiry was a generic qualitative descriptive study. Seventeen participants were recruited from concurrent enrollment programs across the country. Data collection occurred through semi-structured email interviews. The data was manually coded using holistic, descriptive and in vivo coding methods and then analyzed using situational mapping for similar patterns and thematic concepts. There were five conceptual themes that described the process of developing and implementing concurrent enrollment ADN-BSN programs. The five themes emerged as championing the program, establishing partnerships, predicting student success, promoting student success, and adapting to change. The implications to nurse educators are a better understanding of an innovative educational model to produce more BSN graduates. More BSN graduates benefits the nursing profession. Further research is needed to understand the benefits and drawbacks of concurrent enrollment programs and the factors that influence adoption of this educational model.

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## **Chapter One**

### **Introduction**

The Institute of Medicine (IOM, 2011) recommended increasing the number of baccalaureate prepared nurses to 80% by 2020 in its *Future of Nursing: Focus on Education* report. Increasing the number of baccalaureate-prepared nurses at the bedside has been associated with better patient outcomes and financial savings for health care institutions (Aiken, 2014; Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Blegen, Goode, Park, Vaughn, & Spetz, 2013; Krueger, Funk, Green, & Kuznar, 2013; Yakusheva, Lindrooth, & Weiss, 2014a, 2014b). In order to improve outcomes and reduce patient care costs, hospitals prefer to hire bachelor of science in nursing (BSN) graduates (Aiken, 2014; American Association of Colleges of Nursing [AACN], 2012a; Health Resources and Services Administration [HRSA], 2013; Kovner, Brewer, Katigbak, Djukic, & Fatehi, 2012). However, national agencies and nursing leaders predict a critical shortage of BSN-prepared registered nurses to meet workforce demands (AACN, 2014c; HRSA, 2013). Currently, only 55% of the registered nursing workforce are BSN prepared (HRSA, 2013).

Associate degree in nursing (ADN) programs produce 60% of entry into practice registered nurses (HRSA, 2013). The percentage of registered nurses educated in ADN programs is not likely to change due to limited seats in traditional BSN programs. Faculty shortages, lack of clinical sites, and budgetary concerns limit the ability of traditional BSN programs to increase capacity for prelicensure students (AACN, 2012b,

AACN, 2015c). The limited capacity of BSN programs coupled with the predicted job growth and impending retirements of registered nurses (RNs) result in the projected severe shortage of baccalaureate-prepared registered nurses to meet workforce demands (AACN, 2012b, AACN, 2014c; HRSA, 2013). Nursing education programs are compelled to respond to the projected shortage. Of even greater concern, a severe shortage of registered nurses results in a shortage of future nurse educators and further exacerbates the problem. While the cause of the predicted shortage of BSN-prepared nurses is multifactorial, BSN programs turn away thousands of qualified prelicensure applicants each year due to limited capacity (AACN, 2015c, 2016c).

There are over 1,800 registered nursing programs in the United States; the majority are ADN programs (National League for Nursing [NLN], 2013). Although nurse educators have long advocated for the BSN to be the entry to practice degree for registered nursing practice (AACN, 2000), in addition to the limited capacity, there are a number of factors that have stalled this initiative. For example, nurse educators opposed to the BSN as the entry to practice degree argue that BSN only programs would decrease access to nursing education. University programs are often not conveniently located in rural communities (Pittman et al., 2013; Masters, 2015). Another argument for retaining ADN nursing education programs is the concern that the added expense of university programs would limit enrollment to those who can afford the higher tuition and costs. According to Feeg and Mancino (2014), graduates of four-year programs incur more student loan debt. Limiting access to nursing education potentially decreases the number of registered nurses in rural communities, negatively impacts diversity in nursing, and contributes to the overall nursing shortage (Pittman et al., 2013).

In congruence with maintaining ADN programs in nursing education, the NLN (2011) strongly supports multiple educational pathways for entry into professional registered nursing practice “to promote diversity of the nursing workforce, provide increased access to nursing, and contain the cost of educating health care professionals” (p. 1). AACN (2002a) viewed the BSN as the minimal level of education for professional nursing practice but recognized the role of ADN programs in producing enough registered nurses for workforce demands. AACN (2015a) supported RN-BSN programs to increase the number of BSN graduates in nursing practice.

In addition to increasing BSN-prepared nurses at the bedside, BSN graduates educationally prepared to pursue advanced practice roles in nursing are needed to support our health care system (IOM, 2011; NLN, 2011). Historically, only 21% of ADN graduates return to school to complete the BSN and even fewer go on for advanced degrees (Allen & Armstrong, 2013; HRSA, 2010). More recently, a noted increase has been seen in the number of students enrolled in RN-BSN degree completion programs (AACN, 2016c). Even with increasing numbers of ADN graduates who plan to enroll in BSN programs, the delay of 3 to 5 years before matriculation slows the production of BSN graduates (Jezuit & Luna, 2013; Kovner, et al., 2012; Sportsman & Allen, 2011).

Once enrolled, attrition in post-licensure RN-BSN completion programs remains high at about 50% (Gilmore & Lyons, 2012; Robertson, Canary, Orr, Herberg, & Rutledge, 2010; Rodriguez, Mcniesh, Goyal, & Apen, 2013). Those who do graduate, progress toward degree completion at a slower rate (Robertson et al., 2010). The high levels of attrition and the length of time for degree completion further hinder the efficient

production of BSN graduates. Clearly, traditional paths for BSN degree completion are not adequate to meet the demand and urgency for BSN-prepared nurses.

To increase the number of BSN-prepared nurses in the workforce, NLN (2011) called for the development of educational models that promote seamless academic progression for BSN completion. Students reported that the lack of seamless progression from the ADN to the BSN is a significant barrier to degree completion (Altmann, 2011; Aiken, 2011). To promote seamless progression and increase the number of BSN-prepared nurses, nurse educators recommend more collaborative partnerships that bridge the gap between ADN and BSN nursing programs (AACN, 2016b; Sportsman & Allen, 2011; Starr, 2010). One example of collaborative partnerships between community colleges and universities is concurrent enrollment ADN-BSN nursing programs (Conner & Thielemann, 2013; Hall, Causey, Johnson, & Hayes, 2012).

Concurrent enrollment ADN-BSN programs allow nursing students to enroll in ADN and BSN programs simultaneously. This pathway for BSN completion potentially offers a more efficient educational model and seamless progression for BSN completion (Conner & Thielemann, 2013; Nasiff, 2015). A number of concurrent enrollment programs are now offered across the country. A Google Web search found 24 concurrent partnerships in the United States, including the first-established program in 2003 (University of Central Florida, 2014). Early reports from concurrent enrollment ADN-BSN programs are promising (Florida Center for Nursing, 2015; Masters, 2015; Nasiff, 2015; Old Dominion University, 2012).

The positive reports from current programs suggest that concurrent enrollment is a viable strategy to increase the number of BSN-prepared nurses to meet workforce

demands. AACN (2015a) reports 679 existing RN-BSN programs. However, a Web search for concurrent enrollment programs found only 24 RN-BSN degree completion programs that allow concurrent enrollment. Considering that concurrent enrollment ADN-BSN programs originated as early as 2003, it appears that nursing programs have been slow to adopt the concurrent enrollment ADN-BSN educational model.

Limited information exists that describes the process of developing and implementing concurrent enrollment ADN-BSN programs. The process is inherently different than traditional post-licensure RN-BSN programs due to the need to coordinate between programs and to balance the interests of the two institutions. To promote implementation of this educational model at other institutions, nurse educators need more information on the experience of nurse educators of such programs.

### **Problem Statement**

There is a critical shortage of registered nurses with BSN degrees (AACN, 2014c; HRSA, 2013). To meet workforce demands for current practice and educationally prepare more applicants for advanced practice graduate programs, efficient pathways for BSN completion are needed (IOM, 2011). Concurrent enrollment ADN-BSN programs provide an alternative pathway for BSN completion that promises to be more efficient than traditional programs (Johnson, Hall, & Causey, 2011).

Nursing research of ADN-BSN programs is limited to traditional post-licensure ADN-BSN completion programs rather than concurrent enrollment models. An extensive search of the EBSCOhost database with links to the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Educational Resources Information Center (ERIC) failed to return any studies of concurrent enrollment ADN-BSN programs,



demonstrating a need for nursing studies focused specifically on these programs as an educational model for BSN completion. To address this need, this study was designed to investigate the phenomenon of concurrent enrollment in ADN-BSN programs.

### **Purpose of the Study**

The purpose of this study was to describe the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs. Detailed accounts of the experiences may facilitate an understanding of the process and assist educators in implementing the concurrent enrollment programs in their own institutions.

### **Research Question**

What is the experience of nurse educators in developing and implementing concurrent enrollment ADN-BSN completion programs?

### **Significance of the Study**

#### **Nursing Education**

Preparing a highly educated workforce calls for more collaboration between nursing education leaders for seamless progression from ADN to BSN programs (AACN, 2016b; IOM, 2011). To encourage more collaboration, nurse educators need models of successful programs, such as the concurrent enrollment model. Reporting the experiences of nurse educators who have been involved in developing and implementing concurrent enrollment ADN-BSN programs will assist in determining the feasibility and desirability of implementing the programs at other institutions. Studies that assist in the decision-making process potentially facilitate implementation of new educational models and may lead to a transformation of nursing education (IOM, 2011).

## Nursing Practice

AACN calls for more BSN-prepared nurses in direct patient care and supports this position with evidence from the literature, suggesting that both patients and health care organizations benefit from the improved critical thinking skills and expertise that result from higher levels of education. In a landmark study, Aiken et al. (2003) found that a 10% increase in BSN-prepared nurses at the point of care resulted in a 5% drop in surgical patient mortality. Clinical competencies and knowledge are directly linked to the level of nursing education and, therefore, BSN-prepared nurses are associated with better patient outcomes and are preferentially hired for nursing practice (AACN, 2012a, 2014c; 2016c; Aiken, 2014; IOM, 2010).

The American Nurses Credentialing Center (ANCC, 2008) does not mandate the BSN degree, but hospitals seeking Magnet status often require higher ratios of BSN-to-AND-prepared nurses. Citing improved quality of care and financial savings, the trend to increase the percentage of BSN nurses at the bedside has extended beyond Magnet facilities (Auerbach, Buerhaus, & Staiger, 2015; Pittman et al., 2013). Across all hospital systems, the number of BSN-prepared nurses has grown by 5% in 10 years (Auerbach et al., 2015). Eighty percent ( $N = 447$ ) of nurse executives prefer to hire BSNs (Pittman et al., 2013), which has pushed many RNs back to school (Andrews, 2014; Gillespie & Langston, 2014). Because prelicensure BSN programs only graduate one third of the total RN workforce, degree completion programs are essential to meet the challenge of an 80% BSN workforce by 2020 (Andrews, 2014).

Describing the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs may assist other educators in implementing

concurrent enrollment at other institutions. This study will contribute to nursing practice by providing more information on the process of developing and implementing concurrent enrollment ADN-BSN programs as an educational model for efficiently adding BSN-prepared nurses to the workforce.

### **Nursing Research**

Research specifically targeting nursing education is a priority in order to transform educational models that better address the health care needs of our nation (AACN, 2006; IOM, 2011; NLN, 2012). There are few published studies in the literature to support nursing faculty in evidenced-based decisions of implementing educational models (Adamson & Kardong-Edgren, 2012; Broome, Ironside, & McNelis, 2012; Jackson, Daly, Mannix, Potgieter, & Cleary, 2013; Tanner, 2011). Without adequate research, nursing educators are unable to determine best practices in nursing education (Valiga & Ironside, 2012). Recommendations for transforming nursing education must be met with evidenced-based curricular and programmatic changes. Findings from this study will provide information to enhance decision making for nurse educators and facilitate an understanding of the process of implementing concurrent enrollment ADN-BSN programs in their own institutions.

### **Public Policy**

Nursing leaders must engage in public policy, including legislative action and funding priorities to support BSN education (Aiken, Cheung, & Olds, 2009; IOM, 2011; Shen, Peltzer, Teel, & Pierce, 2015). Fundamentally, this dissertation research provides information for nurse leaders to advocate for health care consumers by influencing nursing education and practice. Americans face a critical shortage of health care

providers due to limited production of new graduates, increased demand for services, and expected retirements of the aging workforce (AACN, 2012b, 2014c; Association of American Medical Colleges [AAMC], 2012; HRSA, 2013). Further compounding this issue, the implementation of the Affordable Care Act will extend health care coverage to an additional 32 million Americans (AAMC, 2013). At the same time, the elderly population will need more health care services. The projected shortage of providers in combination with this increased demand threatens access to care.

Higher education institutions face numerous challenges, including limited clinical opportunities, faculty shortages, rising organizational costs, increased accreditation mandates, and decreased funding. Sharing fiscal and faculty resources is one solution to overcome these challenges and strengthen nursing programs (Masters, 2015).

Partnerships between university and community college programs is recommended as a strategy to share resources and increase production of BSN-prepared nurses (IOM, 2011; Masters, 2015). Nursing programs often compete for faculty, funding, and clinical opportunities rather than collaborate to share these resources. Legislative action and funding to support partnerships provides a means for optimizing resources by sharing costs, clinical training opportunities, and administrative responsibilities, which may enable programs to increase the production of BSN-prepared registered nurses, leading to improved outcomes and cost savings, and ultimately, improving the health and wellbeing of health care recipients (Aiken, 2014). Findings from the dissertation study may provide nurse lobbyists with key information to push policies that increase the educational capacity of nursing programs.

Partnerships that potentially improve patient outcomes offer the greatest impact to the largest group of stakeholders in this issue. As consumers of health care, the general public benefits from partnerships that allow for maximum utilization of resources and good stewardship of taxpayer dollars. To this end, research contributing to best practices and efficient programs in nursing education must be a priority to nursing researchers. The time is now for nurses to advance policies that affect the future of our nation's health (Ridenour & Trautman, 2009).

### **Philosophical Underpinnings**

The philosophical underpinning for this study is based on the assumptions of generic qualitative research grounded in the phenomenological perspective. The primary aim of a generic descriptive qualitative study from the phenomenological perspective is to describe phenomena from the viewpoint of those who have experienced the phenomenon of interest. Qualitative researchers discover and describe experiences through an inductive process of continual analysis and emerging insights (Polit & Beck, 2014). The narrative description of the phenomenon is a composite of the first-hand accounts of the participants within the context of the real life experiences (Polit & Beck, 2014).

Qualitative research is rooted in social sciences rather than natural sciences and seeks to describe subjective human experiences in their naturalistic settings (Polit & Beck, 2014). Qualitative researchers view reality from a naturalistic perspective that assumes truth is constructed and exists within context (Polit & Beck, 2014). Qualitative descriptive studies discover phenomena as described by the participants (Sandelowski, 2010).

The assumptions of naturalistic inquiry influence the research process in that researchers are regarded as essential components of the process and the findings are a result of an interactive process (Polit & Beck, 2014; Seidman, 2006). Although the interview and data collection is a reciprocal dialogue, the descriptive narrative should reflect a holistic composite of the phenomenon of interest that remains true to the experience of the participant (Polit & Beck, 2014; Sandelowski, 2010; Seidman, 2006). According to Sandelowski (2010), all qualitative research involves some level of interpretation but qualitative descriptive studies seek to minimize interpretation of the data in order to reflect a more accurate narrative account from the perspective of the participants.

### **Research Tradition**

A qualitative research design is particularly useful for research studies in which little is known about a subject (LoBiondo-Wood & Haber, 2014). Qualitative studies are intentionally atheoretical to maintain openness and minimize preconceived ideas related to the research question (Munhall & Chenail, 2008). In the absence of a theoretical framework, the research strategy in qualitative design includes a set of assumptions and common methodology referred to as the research tradition (Creswell, 2013). Creswell (2013) identifies five common traditions in qualitative research: narrative research, phenomenology, grounded theory, ethnography, and case study. While all five traditions have merit and application to nursing education research, the best methodology for this dissertation study is Sandelowski's (2000) qualitative approach, which is most appropriate "when straight descriptions of phenomena are desired" (p. 334). Sandelowski's (2000) approach uses a combination of sampling, data collection, and data

analysis consistent with qualitative research but without adhering to a specific philosophical framework of the traditional approaches. Adhering to a particular philosophical framework may not be suitable for all methods of inquiry or may be too rigid for the purposes of some studies (Cooper & Endacott, 2007; Percy, Kostere, & Kostere, 2015; Sandelowski, 2010).

In reviewing the literature of qualitative health research, Sandelowski (2000) found that qualitative researchers frequently identified a specific methodology for their studies without adhering to the traditions of the methods. Or conversely, qualitative researchers recognized the divergence from the research traditions or utilized a more eclectic approach and, subsequently, failed to name a methodology at all (Sandelowski, 2000). Sandelowski (2000) utilized the term qualitative descriptive study to acknowledge the eclectic approach to naturalistic inquiry as a legitimate and distinguishable method of qualitative research. Qualitative descriptive studies hold to the major assumptions of naturalistic inquiry but are not limited to or aligned with a specific theoretical orientation (Sandelowski, 2000). However, qualitative descriptive studies frequently retain some of the characteristics and overtones of traditional designs in qualitative research (Caelli, Ray, & Mill, 2003; Sandelowski, 2000). For example, the dissertation study seeks to discover and describe a phenomenon from the viewpoint of those who have experienced it (Munhall, 2012).

Phenomenological researchers explore phenomena or experiences from the perspectives of the participants (Creswell, 2013). The experience is situated within the real life context or setting of the particular phenomenon. Because each participant experiences the phenomenon in different ways, the description of the experience is

derived from the viewpoints of all participants (Munhall, 2012). Sandelowski (2000) distinguishes qualitative descriptive design from phenomenology in that the qualitative descriptive methodology is utilized to describe a phenomenon rather than interpret or explain it. Percy et al. (2015) echo this distinction and recommend a generic qualitative interview as a methodology to discover information related to real-life processes.

The purpose of this dissertation study is to describe the experiences of developing and implementing concurrent enrollment ADN-BSN programs from the perspective of nurse educators who have developed and implemented such programs. As is characteristic of qualitative research, the dissertation study acknowledges and even embraces the close relationship between the researcher and the participants (Munhall, 2012; Munhall & Chenail, 2008). In the phenomenological tradition, the researcher is viewed as a co-participant of the study (Polit & Beck, 2014; Seidman, 2006). The researcher acknowledges awareness of the phenomena and identifies potential biases through bracketing (Polit & Beck, 2014). Qualitative researchers utilize bracketing to increase awareness of personal biases and explicitly acknowledge prior assumptions (Richards & Morse, 2013).

Although the researcher may have prior awareness and knowledge of the phenomenon of interest, the conscious effort of bracketing reduces bias in data collection and analysis (Richards & Morse, 2013). The philosophical assumptions of the phenomenological perspective require researchers to intentionally remain open to new ideas in order to describe the experiences from the perspective of the participants (Chan, Fung, & Chien, 2013; Polit & Beck, 2014). By utilizing a qualitative descriptive design with a phenomenological perspective for this dissertation study, I can explore the



everyday accounts of nurse educators in developing and implementing concurrent ADN-BSN programs (Percy et al., 2015; Sandelowski, 2000; Seidman, 2006). A description of the experience may assist educators in decision making related to developing and implementing such programs at other institutions.

The context for this dissertation study is the development and implementation of concurrent enrollment ADN-BSN programs in community college and university educational institutions. Data collection for qualitative descriptive studies is primarily through extensive interviews with a small number of primary participants (Sandelowski, 2000). Seidman (2006) recommended interviews as the preferred means of data collection for descriptive studies of participant experiences. The qualitative descriptive design using a phenomenological perspective includes thematic analysis of the interview data resulting in a narrative descriptive composite of the phenomenon (Flick, 2007).

### **Definition of Terms**

A definition of terms to provide a common language for the concepts addressed in the dissertation study follows:

1. Concurrent enrollment ADN-BSN program. Nursing educational partnership between ADN and BSN programs combining simultaneous enrollment in ADN and BSN nursing coursework. Synonymous with dual enrollment ADN-BSN program.
2. Dual enrollment ADN-BSN program. Nursing educational partnership between ADN and BSN programs combining simultaneous enrollment in ADN and BSN nursing coursework. Synonymous with concurrent enrollment ADN-BSN program.

3. Nurse educators. Full- or part-time faculty engaged in teaching in RN programs.
4. Prelicensure. Prior to licensure as a registered nurse.
5. Postlicensure. After licensure as a registered nurse.
6. Postlicensure ADN-BSN program. Nursing educational program for BSN completion after successful completion of initial prelicensure program and obtainment of licensure as a registered nurse.

### **Chapter Summary**

Nurse educators and leaders must consider educational models for nursing education that address the critical urgent need for more BSN-prepared nurses.

Concurrent enrollment ADN-BSN programs offer one potential model for more efficient and expedient production of BSN graduates. Nursing research describing the process of developing and implementing concurrent enrollment ADN-BSN programs is essential to facilitate implementation of this educational model at other institutions and promote concurrent enrollment ADN-BSN programs as a strategy to increase the number of BSN graduates in the nursing workforce.

## **Chapter Two**

### **Review of the Literature**

This dissertation study describes the experiences of nurse educators who have developed and implemented concurrent enrollment ADN-BSN programs for efficient and seamless progression to the BSN. In addition to a review of the literature, this chapter includes a reflection of my own personal experiences and potential biases related to these programs. A comprehensive review was conducted to explore the literature related to the experiences of developing and implementing concurrent enrollment ADN-BSN programs. There are few published research articles examining models of nursing education (Phillips et al., 2013). The lack of research related to current nursing education models, and specifically concurrent enrollment ADN-BSN programs, supports the need for exploratory qualitative research to discover the experience of those that have actually implemented concurrent programs (Creswell, 2013).

The review of literature for this study presents a synthesis of scholarly articles to provide historical information and context related to the experience of developing and implementing concurrent enrollment ADN-BSN programs. The purpose of the literature review in qualitative research is to provide historical context to support the dissertation study (Munhall & Chenail, 2008). A literature search was conducted using Internet Web sites Google Scholar and EBSCOhost with links to health science databases, including Medline, PubMed, ProQuest, ERIC, OVID and Cumulative Index of Nursing and Allied Health (CINAHL). Search terms included concurrent enrollment, dual enrollment, ADN-

BSN nursing programs, ADN-BSN nursing students, RN-BSN, nursing educational models, nursing education, nursing curriculum reform, research, articulation agreements, consortium model, and experiences of nurse educators. The Boolean string of concurrent enrollment AND research AND ADN-BSN nursing programs yielded nine results. After eliminating duplicate articles and examining the results for relevancy, only one article was retained. Although this article was related to the implementation of a newly developed concurrent enrollment program, it was not a research article (Masters, 2015). No research studies of the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs were retrieved. Replacing the search term “concurrent enrollment” with “dual enrollment” yielded 10 articles, none of which were relevant to the research question, but did produce one article that addressed the need for new curricular models in nursing education and specifically recommended concurrent enrollment (Starr, 2010). The Boolean search string of dual enrollment AND RN-BSN yielded 477 articles, none of which were empiric articles related to the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs.

The search terms ADN-BSN, RN-BSN, nursing students, nursing educational models, nursing education, nursing curriculum reform, articulation agreements, and experiences of nurse educators were added in various combinations in several databases to find related articles that provide a historical context for the current study. As previously mentioned, nursing research of ADN-BSN programs is limited to traditional postlicensure ADN-BSN completion programs rather than concurrent enrollment models. An extensive search failed to return any studies of concurrent enrollment ADN-BSN

programs and confirmed a gap in the literature of research about this topic. However, the search retrieved articles confirming the need for more BSN-prepared nurses and exploring the various solutions, such as articulation agreements and consortium models, in nursing education to address the problem. Articles related to current trends in nursing education were reviewed until overlap and redundancy occurred. A representative sample of these articles were included in the literature review to provide context for the dissertation study.

Searching the reference lists of selected articles identified additional relevant articles, which were included in the review. The literature of other models in education and health sciences disciplines were also included for comparison to the concurrent enrollment ADN-BSN model. Articles including data and position statements that relate to the dissertation study were retrieved from Web sites of leading health care and nursing organizations. Regardless of their source, all review articles were limited to English language publications in peer-reviewed nursing, allied health, educational, and other relevant academic journals.

### **Concurrent Enrollment in Education and Health Sciences**

Concurrent enrollment is a proven educational model. Educators in Arizona found that more than half of the transfer students from community college programs to state universities were concurrently enrolled in community college coursework (de los Santos & Sutton, 2012). Concurrent enrollment programs that enable high school students to simultaneously enroll in college coursework while completing high school requirements have been in place from more than 20 years and are growing in popularity (Howley, Howley, Howley & Duncan, 2013).

Educators of high school and early college concurrent enrollment programs described academic benefits to students as primary reasons for supporting dual enrollment. Some educators perceived that students from rural communities experienced greater benefits from high school and early college concurrent enrollment programs than their suburban counterparts (Howley et al., 2013). Similarly, proponents of concurrent enrollment ADN-BSN programs cite benefits to students from rural communities as a motivation to promote the concurrent enrollment educational model (Conner & Thielemann, 2013; Hall, Causey, Johnson, & Hayes, 2012; Masters, 2015).

A number of concurrent enrollment programs exist in health sciences. For example, Nova Southeastern University (NSU, n.d.a) offers programs that enable dual completion of health science degrees, such as the Bachelor of Science and Master of Occupational Therapy program. At some institutions, students can concurrently enroll in dual degree programs combining occupational therapy or athletic training with physical therapy (Shenandoah University, 2015; University of Saint Augustine, 2015)

Approximately 30 programs in the United States award dual masters in social work and public health (MSW/MPH) degrees (Ruth, Marshall, Velásquez, & Bachman, 2015). Alumni of these concurrent enrollment programs report positive experiences and favorable job opportunities (Ruth et al., 2015). Another favorable outcome of concurrent enrollment in health sciences is quicker time to degree completion. Concurrent enrollment physician assistant/master in public health programs enable students to complete both degrees one year sooner than completing each degree separately (Cawley et al., 2011).

Nearly 23% of pharmacy programs ( $N = 110$ ) offer a concurrent doctor of pharmacy (PharmD) and master of public health degree (Gortney et al., 2013). Almost all of the PharmD/MPH programs have been in existence for less than 10 years. To accommodate scheduling issues of fulfilling requirements for both degrees, some classes are offered in an online format. Completion of the dual degree programs typically requires an additional one to two semesters of study (Gortney et al., 2013). Some of the concerns expressed by PharmD students ( $N = 447$ ) regarding completion of the programs included costs, workload, and time constraints. But, the majority (72%) would consider enrolling in a concurrent PharmD/MPH program primarily for the job opportunities (Holtzman & Sifontis, 2014). As with PharmD/MPH programs, concurrent enrollment ADN-BSN programs originated as a result of projected shortages of health care workers. Other similarities include utilization of online formats to address scheduling challenges and an additional one to three semesters of study to complete both degrees (Nasiff, 2015; Old Dominion University, 2012; University of Southern Mississippi, 2008).

Some graduate nursing programs offer concurrent degree plans that meet requirements for both the Masters of Science in Nursing (MSN) and the Doctorate of Nursing Practice (DNP; Old Dominion University, 2015). Dual concentration DNP programs offer nurse practitioner students the opportunity to simultaneously complete requirements for the psychiatric mental health nurse and family nurse practitioner exams, better preparing them to meet workforce demands for primary care nurse practitioner services (University of Tennessee Health Science Center, 2013). Uniformed Services University (2015) offers a program for dual completion of requirements for both the family nurse practitioner and women's health nurse practitioner certifications.

Physical therapy educators are using strategic partnerships to address shortages of clinical sites for physical therapy students (Applebaum et al., 2014). Physical therapy clinics provide dedicated clinical sites and dedicated faculty for students, and in exchange, the clinical faculty members are offered university appointments. Although not a direct example of a concurrent enrollment program, collaborative partnerships using existing resources address current issues in health science education (Applebaum et al., 2014). Although the literature search did not retrieve any articles exploring concurrent enrollment in ADN to BSN programs, the support for concurrent enrollment in the literature for other health professions programs supports the need for the current study.

### **Nursing Education Research**

There clearly is a need for new educational models in nursing education to address the workforce demands for BSN-prepared nurses (AACN, 2014b). When hospitals increase the number of BSN-prepared nurses at the bedside, patient outcomes are better, and costs are lower (Aiken et al., 2003; Blegen et al., 2013; Krueger et al., 2013; Yakusheva et al., 2014a, 2014b). Therefore, hospital employers would prefer to hire BSN graduates (AACN, 2012a; Aiken, 2014; HRSA, 2013; Kovner et al., 2012).

Attrition is high in traditional ADN-BSN programs. Several researchers have explored the reasons for this attrition and examined ways to improve retention among ADN-BSN students (Davidson, Metzger, & Lindgren, 2011; Gilmore & Lyons, 2012; Robertson et al., 2010; Rodriguez et al., 2013; Sizemore, Robbins, Hoke, & Billings, 2007). Attrition is attributed to personal, professional, and academic factors that hinder enrollment and progression in traditional ADN-BSN programs (Altmann, 2011; Jeffreys, 2012; Kern, 2014). Potential ADN-BSN students reported a lack of assistance with



academic advising and enrollment and admission procedures as barriers to returning to school (Altmann, 2011; Sportsman & Allen, 2011). In other studies, registered nurses identified family obligations, time constraints, and financial concerns as obstacles to continuing education (Gillespie & Langston, 2014; Landry, Orsolini-Hain, Renwanz-Boyle, Alameida, & Holpit, 2012). A survey of nurse faculty and administrators ( $n = 87$ ) confirmed the same three barriers (family obligations, time constraints, and financial concerns) as the primary reasons that ADN students do not continue in BSN programs (Sportsman & Allen, 2011). Tuition assistance, family support, and academic advising contribute to successful academic progression (Gillespie & Langston, 2014; Kern, 2014).

Nurse educators agree that improved models in nursing education are needed to increase the number of BSN-prepared graduates (Billings, Allen, Armstrong, & Green, 2012; Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011; Landry et al., 2012; Mintz-Binder, 2013; Murray, 2013; Phillips et al., 2013; Scott & Brinson, 2011; Spector & Odom, 2012; Starr, 2010; Tanner, Gubrud-Howe, & Shores, 2008). The concurrent enrollment ADN-BSN model is one strategy proposed to overcome current barriers and challenges in nursing education and increase the total number of baccalaureate prepared nurses (Conner & Thielemann, 2013; Hall et al., 2012; Masters, 2015; Sportsman & Allen, 2011). Programmatic changes and increased enrollments must be advanced cautiously with consideration for the impact to current nursing faculty.

The increased resources and responsibilities associated with implementing new programs and increasing enrollments can be overwhelming to nursing faculty (Kumm & Fletcher, 2012; Mintz-Binder, 2013). Nurse educators cite workload demands, limited

support, and lack of training as contributing to the nursing faculty shortage (Mintz-Binder & Lindley, 2014). Job satisfaction for nursing faculty in administrative roles is declining, further decreasing the pipeline of future nursing faculty interested in program director positions (Mintz-Binder & Sanders, 2012).

With minimal time and resources to commit to curricular and programmatic changes, nursing educators are not likely to implement complex educational models that might negatively impact existing faculty workload (Mintz-Binder, 2013). Nursing program directors report role strain related to workload issues as one of the greatest concerns of the position, and the growing number of program director vacancies has been directly attributed to workload issues (Mintz-Binder, 2013). To reduce the impact on faculty and students, curricular changes must be compatible with the current institutional strengths, resources and environment (Billings et al., 2012). Nurse educators ranked compatibility with current practices as the most significant characteristic in determining whether or not to implement a new teaching strategy (Phillips & Vinten, 2010). The decision to implement new educational models, such as the concurrent enrollment ADN-BSN, program should be considered in the context of existing resources. To determine the compatibility of implementing new programs with existing resources, nurse educators need more information on the process.

### **Nursing Education Models**

Articulation agreements between community colleges and universities already exist in nursing education to bridge ADN students to the BSN (AACN, 2014a; Rapson, 2000). Nursing programs in all 50 states participate in mandated, statewide, or individual school-to-school articulation agreements for ADN-BSN education (AACN, 2014a).

Articulation agreements are formal relationships between community college and university partners that guarantee admission to and transfer of credits from one organization to another, facilitating linear progression to university completion programs. Articulation agreements address a number of barriers that impede RNs from returning to school, such as guaranteed admission, early academic advising, tuition savings, and seamless progression to BSN completion (AACN, 2014a, Pittman, Kurtzman, & Johnson, 2014; Spencer, 2008; Starr, 2010). AACN (2002a, 2014a) supports articulation agreements as a viable means of increasing the number of BSN-prepared nurses.

Unfortunately, the use of articulation agreements alone has failed to solve the lack of production of enough BSN-prepared nurses to meet workforce demands (Fincher et al., 2014; Giddens, Keller, & Liesveld, 2015; Hall et al., 2012; Scott & Brinson, 2011). Therefore, nurse educators have shifted to consortium models. Consortium models, such as the regionally increasing baccalaureate-prepared nurses (RIBN) model, established in North Carolina in 2010, offer a more blended approach of standardized curricular planning and concurrent enrollment of students across multiple institutions (Hall et al., 2012). The administration and dual enrollment components of consortium models are comparable to concurrent ADN-BSN programs but vary in scope and curricular planning. Although no data is available about the graduation rates of RIBN model programs, the model has rapidly gained popularity across the state (Foundation for Nursing Excellence, 2013; Johnson et al., 2011). Four years after implementation of the first RIBN model program in 2010, nine partnerships had been created in North Carolina; the number of enrolled students increased from 16 to 185 with plans to continue expanding the model (Foundation for Nursing Excellence, 2014).

The four-year degree plan of the consortium model combined with guaranteed admission to continue in BSN coursework addresses some of the barriers to BSN completion. Flexible scheduling and online formats allow students to arrange schedules around family and work commitments (Hendricks et al., 2012). Several authors found that online BSN courses allowed more flexibility in scheduling (Landry et al., 2012; Masters, 2015; Spencer, 2008) and others found that standardizing curriculum allowed faculty to collaborate and share strategies for best practices in nursing education (Keller, 2012; Nielsen, Noone, Voss, & Mathews, 2013).

Like concurrent enrollment programs, consortium models maximize utilization of partnerships and existing resources to increase access to BSN programs (Hendricks et al., 2012; Johnson et al., 2011; Keller, 2012). Sharing clinical sites and faculty addresses a nationwide problem of faculty and clinical site shortages that often limit capacity in nursing programs (Keller, 2012; Tanner et al., 2008). By maximizing utilization of scarce clinical sites and nursing faculty, the nursing education consortium in New Mexico, for example, increased capacity for BSN education by 122% (Giddens et al., 2015; Liesveld & Dakin, 2015). Similarly, Masters (2015) reported increased capacity as an outcome of shared faculty and clinical sites in a newly developed concurrent enrollment program.

Early reports of student experiences in consortium models found that there was still room for improvement in several areas, including academic advising, administration, and program effectiveness (Ostrogorsky & Raber, 2014). Concurrent enrollment ADN-BSN programs address many of the issues that students report as barriers to degree completion, such as lack of advising and enrollment procedures (Hall et al., 2012).

Eighty-four percent of ADN students ( $n = 347$ ) would be more likely to continue BSN coursework if admission to the BSN program was automatically granted for current ADN students. Students suggested concurrent enrollment as a strategy to overcome advising and enrollment barriers. However, only 39% of nurse educators ( $n = 61$ ) and 34% of nurse administrators ( $n = 26$ ) supported concurrent enrollment programs (Sportsman & Allen, 2011), which is potentially due to limited information on the programs or concern for the challenges of implementing new educational models.

Potential advantages of concurrent enrollment ADN-BSN programs over traditional postlicensure programs include increased access to educational resources and familiarity to the institution. The strong relationship between the community college and university programs that results from the concurrent enrollment partnership may improve access to academic advisors and faculty mentors (Conner & Thielemann, 2013). Additionally, the close proximity to home and likelihood of a more seamless progression and decreased redundancy of coursework may lower costs and increase the enrollment of BSN completion students from rural communities (Conner & Thielemann, 2013; Johnson, 2014; Masters, 2015; Sizemore et al., 2007). Increasing enrollment of BSN completion students from rural communities promotes diversity of the nursing workforce and may positively impact health care outcomes (Hall et al., 2012).

### **Researcher Experiences**

In qualitative research, it is important to acknowledge and reflect on personal experiences related to the phenomenon of interest. Reflection and acknowledgement of personal experiences allows the researcher to increase awareness of potential biases in order to bracket or set aside prior knowledge. Through bracketing, the researcher limits

bias and maintains openness to new ideas and perspectives of the phenomenon as described by the participants (Munhall, 2012).

My personal experiences related to the phenomenon of interest are through my work as a nurse educator at a school of nursing that offers a concurrent enrollment ADN-BSN program.

The school of nursing is housed within the college of health sciences in a large, urban university located in a mid-Atlantic state. We offer three paths to the BSN, including the prelicensure program, the concurrent enrollment ADN-BSN program, and the traditional postlicensure ADN-BSN program. The concurrent option is offered in partnership with community colleges located in both urban and rural areas across the state.

I have been employed as a nurse educator at my current place of employment for 16 years. In 2009, I assumed the role of chief departmental advisor for the school of nursing. This role includes promoting student success through mentoring and counseling individual students as well as increasing awareness of academic services available at the university. In 2010, my institution admitted our first concurrent enrollment ADN-BSN student to pilot our proposed program. The program allowed the student to enroll in our traditional postlicensure ADN-BSN courses while simultaneously enrolling in community college nursing coursework. Previously, students were required to complete the community college nursing program and obtain licensure as an RN prior to enrollment in our ADN-BSN courses. As the primary advisor for the student, I was very involved in developing an academic degree plan for BSN completion that combined the course requirements of the community college nursing program with the required ADN-

BSN courses. Development of the academic degree plan required continuous consultation and communication with the student as well as with other nurse educators in both the community college and university programs. The student successfully completed nursing coursework at both institutions in 2 years as scheduled, and this success encouraged us to expand the program to an additional community college partner and increase enrollment the following year to 12 students. The program has grown steadily since 2010. More than 12 community college nursing programs have entered into a partnership with my institution, and more than 80 students were enrolled in 2015. Anecdotal feedback from students and faculty is positive. Not all students have adhered to the two-year degree completion plan as anticipated, but more than 20 students have graduated, and several more students are nearing degree completion.

Although I was not involved in the initial conceptualization of the program, I have been involved in the implementation and subsequent revisions of the concurrent enrollment program. Through my involvement and my close relationship with the enrolled students, I am aware of many of the issues, challenges and successes surrounding our concurrent enrollment partnerships. For example, I have become more aware of the need for more BSN-prepared nurses in our state. Through my conversations with nurse leaders, nurse educators, nurse employers, recent BSN graduates, and even prospective students, I know that many of the hospitals in our state are preferentially hiring BSN-prepared nurses. As a result, interest in BSN completion has increased (Hawkins & Shell, 2012). From my perspective, community college nurse educators and students enrolled in ADN nursing programs are now planning ahead for BSN completion and looking for faster pathways to get there. I am also aware that the limited capacity of

our prelicensure BSN program is inadequate to meet the demands. Each year, we accept approximately 20% of our applicant pool, turning away very qualified applicants.

Applicants who are not accepted to our program are looking for alternate pathways for BSN completion. Because of the limited seats in our prelicensure program, our advising team counsels all pre-nursing majors to plan for more than one option for degree completion. In addition to academic planning for our prelicensure program, we assist students in planning courses that also meet the requirements of our community college partners. As a result, these students are qualified applicants for the ADN programs in our area and for our concurrent enrollment option. We refer to this as parallel degree planning and we have shared our strategy with other health science advisors in the mid-Atlantic region (Hawkins, White, & Ferrara, 2014).

In advising students for parallel degree plans, I have become more conscious of some of the challenges related to our concurrent enrollment ADN-BSN program. One of the biggest challenges has been financial aid. I am now more familiar with a number of rules and regulations that limit financial aid for students. In many cases, students are not able to obtain financial aid for more than one institution. And, because they are not enrolled as a full time student in a single institution, they do not qualify for full-time financial aid. Financial aid is also limited for second-degree students and for students who have earned too many credits to qualify. Because financial aid is limited, many students continue to work while enrolled in the program, which is not usually conducive to success. Students often underestimate the academic demands and time commitments required for concurrent enrollment and, consequently, may not be prepared to meet the demands of the program. Nurse educators are also concerned that students will not be



successful and, therefore, may view concurrent enrollment programs with some skepticism.

In the initial planning for concurrently enrolled students, program developers expected students to move through as a cohort and complete nursing requirements for both programs in 2 years. In reality, the program has adapted to the various schedules and abilities of the students. For example, students often pay for the university courses out of pocket. If they can only afford to pay for one course rather than the two courses or if the academic demands/time commitments become too intense, the program has adapted to allow for this situation. Although this flexible degree plan has been necessary to support eventual completion of the BSN program, there are administrative challenges. It is difficult to plan faculty assignments and workload because we do not know how many students will enroll in each class. It is also difficult to track student progression. When students do not progress through the program as initially prescribed, it is challenging to complete reports that track student attrition and successful progress for degree completion. Our definition of "successful progress" has changed with the adaptations of our program.

I am a strong advocate for alternate and adaptive pathways to BSN completion such as our concurrent enrollment ADN-BSN program, and I would like to learn more about concurrent enrollment options for degree completion. I am aware of my limited knowledge and recognize that there is much more to know related to this phenomenon. My desire and passion to learn more from the experiences of other nurse educators is the impetus for the dissertation study and may serve as a strength in completing the research.

Some awareness of the phenomenon of interest may facilitate my ability to

connect with the participants during the interviews (Munhall & Chenail, 2008; Seidman, 2006). However, prior knowledge potentially introduces bias during data collection and analysis (Flick, 2007). My preconceived notions about concurrent enrollment ADN-BSN programs could lead me to draw my own conclusions about the experiences of other nursing educators rather than truly discovering their experiences. To ensure quality in my research, I needed to maintain openness during data collection and analysis and anticipate new ideas and discoveries. I needed to remain open to the experiences of others in order to accurately describe the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs (Flick, 2007; Richards & Morse, 2013). Setting aside prior knowledge in qualitative research is known as bracketing. I recognize that bracketing is consistent with phenomenological perspective of qualitative research and necessary during the research process to maintain quality (Flick, 2007; Polit & Beck, 2014).

### **Chapter Summary**

There is a lack of information on the effectiveness and faculty experiences in concurrent enrollment ADN-BSN nursing programs, limiting the ability of nurse educators to make evidenced-based decisions regarding whether or not to implement concurrent enrollment programs at their own institutions. The purpose of this dissertation study is to provide information about the process of developing and implementing concurrent enrollment ADN-BSN programs from the experiences of those who have implemented such programs. The lack of research supports the need for the current study.

## **Chapter Three**

### **Methods**

The method of inquiry for this study is a generic qualitative descriptive study. Qualitative research utilizes an emergent design appropriate for research when little is known about the phenomenon of interest (LoBiondo-Wood & Haber, 2014). Emergent design is flexible because it is guided by the researcher and may evolve or change to adapt to the data (Polit & Beck, 2014; Sandelowski, 2010). The research design is atheoretical in that concepts are not pre-defined but develop as part of the research process (Munhall & Chenail, 2008). A qualitative descriptive design is an emergent design within the tradition of qualitative research (Sandelowski, 2010) as planned for this dissertation study.

There is a need for qualitative research to describe the process of developing and implementing concurrent enrollment ADN-BSN programs. Qualitative research that responds to a perceived need is more likely to be utilized in practice (Leeman & Sandelowski, 2012). A qualitative interview of nurse educators describing their experiences of developing and implementing concurrent enrollment ADN-BSN programs offers a firsthand account of the process. Findings from this dissertation study may provide nurse educators with information to assist in the decision-making process of whether or not to implement the educational model in other institutions.

This chapter provides a detailed summary of the research design, assumptions, setting, sampling plan, and procedures for the dissertation study. A description of the

data collection instrument and procedures for management and analysis of the data are included. Finally, the steps taken to promote trustworthiness and minimize limitations of the study are addressed.

## **Research Design**

### **Qualitative Descriptive Design**

The purpose of this dissertation study is to describe the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs. A qualitative descriptive design as described by Sandelowski (2000) is utilized for this study because it is well suited for describing experiences from a phenomenological perspective within real-life context (Munhall, 2012). Unlike research studies that utilize traditional phenomenological methodology to interpret and understand the meaning of phenomena or to capture the essence or lived experience of phenomena (Munhall, 2012), this dissertation study describes an experience as told by the participants with minimal interpretation from the researcher (Sandelowski, 2000).

Phenomenology encompasses both a philosophy of science and a methodology for qualitative research (Munhall, 2012). As a philosophy of science, phenomenology has historical roots in psychology, sociology, and social work. Spiegelberg (1965) described the historical development of phenomenology as occurring in three phases. These phases include a preparatory phase, a German phase, and a French Phase. The preparatory phase resulted from the work of Brentano and Stumpf. Brentano was concerned with discovering explanations from a philosophical standpoint that could explain human behavior, using something other than solely a religious perspective (Cohen, Kahn & Steeves, 2000). Stumpf concentrated his work in phenomenology on the relationship

between sensory and imaginary components of perception or experiences (Cohen et al., 2000). In many respects, these two men were the harbingers of the phenomenological movement.

As described by Spiegelberg (1965), the German phase started with the work of Edmund Husserl. As is true for many of the early phenomenologists and consistent with the philosophical underpinnings of the movement, Husserl's ideas morphed over time (Cohen et al., 2000). He is credited with developing both the idea of a lived experience and the technique of bracketing. Bracketing, a common methodology in phenomenological research, is the technique of reducing, or suspending, one's own views that might affect the interpretation of phenomena. Husserl, a mathematician, borrowed the idea of bracketing from mathematical formula techniques. According to Husserl, phenomenological researchers set aside or bracket preconceived notions in order to describe the phenomenon of interest from the viewpoint of those living the experience (Cohen et al., 2000).

The French phase began with the movement of Husserl's papers out of Germany to Louvain. Marcel, Sartre, Merleau-Ponty, and Ricoeur further developed phenomenological philosophies during this period (Spiegelberg, 1965). The ideas developed during the French phase coincided with the development of the existential-analytic movement (Cohen, et al., 2000).

As explained by Spiegelberg (1965), the three phases of phenomenology provide insight into the historical development of the philosophy of science for phenomenology. The assumptions underpinning phenomenology form the philosophy of science that

drives the use of phenomenology in qualitative research. The researcher seeks to understand the phenomenon as it is lived or experienced by others.

Qualitative phenomenological researchers examine the phenomenon of interest from the perspective of the participant within the natural context of the experiences. The experience of the participant is inherently linked to the context of the experience (Munhall, 2012). By using a qualitative description design to frame the study, the experiences of nurse educators who have developed and implemented concurrent enrollment ADN-BSN programs can be discovered.

Data collection in qualitative descriptive design typically involves interviews of representative participants to discover and describe the phenomenon of interest (Sandelowski, 2000). Historically, researchers conduct face-to-face interviews (Polit & Beck, 2014); however, telephone and email interviews offer an alternate means for data collection consistent with current technology. Telephone and email interviews have both been used successfully in qualitative research when geographic boundaries exist (Gibson, 2010; Walker, 2013).

A cross-sectional design for data collection facilitated discovery of the experience as perceived by a representative sample or subset of the population (Polit & Beck, 2014). During individual interviews, the researcher became a co-participant in the study as participants shared stories of their everyday life experiences (Munhall & Chenail, 2008). Prior knowledge and personal curiosity in the phenomenon of interest was essential to making a connection and establishing a relationship with the participants during the interviews (Munhall & Chenail, 2008; Seidman, 2006). Making a connection with the participants facilitated richer data collection (Seidman, 2006). To remain open to new

discovery of the experience as perceived by others, the researcher acknowledged awareness of the phenomenon and suspended preconceived ideas (Polit & Beck, 2014).

Qualitative research also includes reflection. In addition to personal reflection of prior experiences and potential biases, I conducted thematic analysis of participant stories throughout the data collection process. Reflecting on essential themes involved discovery of the participants' stories and determining recurring focal points that enabled an accurate and descriptive composite of the experience. Continual reflection was useful and necessary to identify emerging themes (Seidman, 2006). Furthermore, reflection of personal experiences promoted continual awareness of potential biases and acknowledgement of prior assumptions that facilitated making connections and establishing trust with the participants (Richards & Morse, 2013; Seidman, 2006). As the primary researcher for this study, I have experiences and professional interests in concurrent enrollment ADN-BSN programs that facilitated personal connections with research participants and contributed to establishing trust during the interview process. For the dissertation study, the real-life context was the experiences of nurse educators who have developed and implemented concurrent enrollment ADN-BSN programs in community college and university settings.

Data collection occurred through email interviews of representative participants. I analyzed content from the electronic interview sessions to construct an insider's account of the experience. The experiences were summarized in a written narrative that describes the experience of developing and implementing concurrent enrollment ADN-BSN programs. The overarching goal was to provide information for other nurse educators

that may assist in the decision-making process of whether or not to implement concurrent enrollment ADN-BSN programs at other institutions.

The final written account of the experience is the product of qualitative descriptive studies. In order to remain oriented to the phenomenon of interest, I was careful to ensure that the written account of the experience addressed the original research question (Munhall & Chenail, 2008). Or, in the words of Steven Covey (1999), “the main thing is to keep the main thing the main thing” (p. 315). The textual account of the phenomenon describes the experience of developing and implementing concurrent ADN-BSN programs as perceived by nurse educators of such programs.

A generic qualitative descriptive research design provided a methodology and structure for the dissertation study but remained flexible in the design (Sandelowski, 2000), which is consistent with the philosophy of emerging qualitative research. The dissertation study had an overarching plan, but the plan allowed me to employ techniques for data collection and analysis as data emerged (Munhall & Chenail, 2008). For example, the email interviews were iterative, back-and-forth email conversations to clarify descriptive data, pursue further discovery, and ensure accuracy in describing the phenomenon from the perspective of the participants. The research plan for this dissertation study used qualitative descriptive methodology and the epistemological assumptions of naturalistic inquiry as an overarching guide.

### **Research Assumptions**

An epistemological assumption of qualitative research is that the experiences that are described are subjective and from the personal knowledge and perspective of the



study participants (Creswell, 2013). Specific assumptions for this study are congruent with the research tradition of qualitative research as follows:

1. The participants have a unique experience to share.
2. The participants are truthful, accurate, and open in sharing their personal experiences related to the phenomenon of interest, which is developing and implementing concurrent enrollment ADN-BSN programs
3. A description of the phenomenon of interest is valuable to other nurse educators and may influence decision making of whether or not to implement the concurrent enrollment ADN-BSN educational model in nursing education.
4. The researcher has prior awareness of the phenomena but maintains openness during data collection and analysis.
5. Data collection continues until saturation occurs.
6. Continuing data collection until saturation occurs validates themes and contributes to the trustworthiness of the findings.

### **Setting**

The primary setting for this study was multiple schools of nursing in university, junior college, community college, and hospital-based campuses in which concurrent enrollment ADN-BSN programs are offered. Concurrent enrollment ADN-BSN programs are located in both rural and urban settings across the United States. For this dissertation study, I conducted semi-structured email interviews of nurse educators of concurrent enrollment ADN-BSN programs. Data collection occurred via email communication with nurse educators at multiple sites. Electronic technology was necessary due to geographical barriers that hindered face-to-face interviews, which is

consistent with current trends; nursing researchers are increasingly using technology to more efficiently and economically collect data (Walker, 2013).

In addition to the convenience of electronic data collection, researchers have found that some participants may actually be more comfortable with electronic data collection methods, such as email interviews (Mason & Ide, 2014), leading to richer data as participants more naturally share their experiences through a medium that is more familiar to them (Glassmeyer & Dibbs, 2012; Sedgwick & Spiers, 2009). Email interview methods have been used successfully to collect data more traditionally associated with face-to-face interviews. In some cases, researchers believe that the perceived anonymity of electronic interviews compared to face-to-face interviews increases the richness of the data collection as participants more willingly share details (Gibson, 2014).

## **Sampling Plan**

### **Sampling Strategy**

Participants were nurse educators recruited via email from schools of nursing offering concurrent enrollment ADN-BSN programs in the United States. Purposive criterion sampling with maximum variation strategies was used to recruit participants from both rural and urban campuses to acquire perspectives of individuals from diverse backgrounds and viewpoints in order to better capture varying dimensions of the experience (Polit & Beck, 2014). The same recruitment strategies were used to maximize demographic variation of the participants. As expected, demographic variation was limited because most nurse educators are middle aged, non-minority, and female (NLN, 2016b). A Web-based search for concurrent enrollment ADN-BSN programs found that

concurrent partnerships are located in rural and urban settings across the country. The work setting and environment of the participants may influence the individual experience of concurrent enrollment ADN-BSN programs. Snowball sampling techniques were used to recruit additional representative participants until saturation occurred. Snowball sampling uses current participants to recruit additional representative participants (Munhall, 2012) in situations in which representative participants are limited and difficult to find. Participants who are currently involved with concurrent enrollment ADN-BSN programs may be more aware of additional nurse educators experiencing the same phenomenon.

### **Eligibility Criteria**

**Inclusion criteria.** Eligible participants were English speaking and current nursing educators in concurrent enrollment ADN-BSN programs. To be included in the dissertation study, all participants were required to submit demographic data and consent to an email interview. Because interview sessions were conducted via email, eligible participants were required to have email accounts and be comfortable with email communication.

**Exclusion criteria.** Failure to meet eligibility criteria or refusal to consent resulted in exclusion from the dissertation study. Nurse educators not directly involved in the process of developing or implementing concurrent enrollment ADN-BSN programs were excluded from the study. Additionally, nurse educators who were not willing or able to commit the time to respond to interview questions were excluded.

**Sample Size**

There was a not a predetermined sample size for this study. Qualitative interview studies typically enroll around 10 participants, but sample sizes generally range anywhere from five to 25. (Hidle, 2014; Leedy & Ormrod, 2010; Polit & Beck, 2014). Recruitment of representative participants continued until data saturation was reached. Although no prior studies of the experiences of nurse educators of concurrent enrollment ADN-BSN enrollment students could be found, qualitative interviews of other populations of nursing educators reported sample sizes of eight and 10 (Gardner, 2014; Holland, 2015; Weidman, 2013). Seventeen nurse educators participated in this study.

**Protection of Human Subjects**

Ethical considerations included protection of human subjects through informed consent and protection of identifiable data and institutional review board (IRB) approval from the affiliated study institution. Informed consent was obtained from each participant. The informed consent form was emailed to each prospective candidate as an email attachment. Participants were asked to complete the demographic data tool (see Appendix A) and participate in an individual email interview by responding to iterative email interview prompts. Participation was voluntary. Although the time commitment varied between participants, it was estimated that each participant would spend approximately 2 to 3 hours engaged in the study. Participants had ultimate control of their volunteer time through their own rate of response to the interview questions (Mason & Ide, 2014). One advantage of the email interview was that volunteers were able to participate at their own convenience by responding to email interview prompts at a time that was suitable solely to them (Gibson, 2014). The names of participants or school of

nursing program were not used in the dissertation summary or will not be used in future publications or presentations (NSU, n.d.b).

**Risks and benefits of participation.** Participants received an honorarium Amazon gift card of \$50 to compensate them for their time. The physical, psychological, or social risks to injury were minimal; the primary risk to the participants was the loss of time. Social risks were minimal because all interview responses were kept confidential although participants may have felt uncomfortable disclosing negative experiences. To minimize discomfort, I assured participants that identifying data would not be used in written accounts of research findings. Data collected with personal identifiers has been retained in a locked file cabinet in a password-protected computer. All personal information was removed immediately after data analysis and all transcripts and research data were de-identified. The written accounts do not specify names or locations of any of the concurrent enrollment programs because, as Kaiser (2009) warns, too much specificity in describing the study participants potentially leads to deductive disclosure.

Researchers who have used email interviews for data collection recommend a separate, password-protected email account to maintain privacy and confidentiality (Gibson, 2014). A new, password-protected Gmail account was opened specifically for this dissertation study, and after 3 years, the account will be closed. A strong password of at least eight characters and a combination of numbers and uppercase, lowercase letter was created and will be updated every 6 months or sooner if a potential breach is detected over the time period that the data is retained. Email interviews were conducted according to IRB specifications.

Potential benefits and negative effects were possible for the individual participants. Potential benefits for participation included helping other nurse educators. Participants may have derived satisfaction from contributing knowledge on the process of developing and implementing concurrent enrollment ADN-BSN programs. Sharing personal reflections and experiences with an interested and supportive interviewer may have positive psychological benefits, such as increased awareness, insight, and hope (Polit & Beck, 2014). Conversely, sharing personal experiences may have caused discomfort or feelings of self-doubt or false hope. Potential benefits and negative effects were also possible for schools of nursing. Current practices of concurrent enrollment ADN-BSN programs may have been questioned or changed due to increased awareness and reflection of the educators of the programs.

**Data storage.** In compliance with IRB requirements, email communication occurred via a password-protected email account and data was stored in a locked file cabinet in a password-protected computer (NSU, n.d.b). To further protect the data, all transcripts and research data were de-identified, removing participant names, email addresses, phone numbers, and school names (Kaiser, 2009). All participants were assigned a number that was recorded on all collected data material. Identifying data has been stored separately from research data and locked in a secure file cabinet. As the principal researcher, I have the only authorized access. All research data will be shredded or erased and the study email account deleted after 3 years (NSU, n.d.b).

### **Procedures**

Participants were recruited through emailed letters of invitation to school email accounts as listed on school of nursing Web sites or as forwarded from primary contacts

for each institution. Using publically available information on school Web sites, I contacted each program and requested site approval for recruitment of participants. Once site approval was obtained, I requested the names and contact information for the most appropriate interview candidates. In some cases, the initial contact forwarded the letters of invitations directly to potential participants. Because the potential sample pool was small, active recruitment by email and was necessary. After the initial email invitation to participate was sent, I followed up with subsequent email reminder to encourage participation in the dissertation study (Seidman, 2006). To recruit enough participants for data saturation and to increase the diversity of participants, I continued recruitment by adding more approved recruitment sites as necessary for additional participants.

Data collection occurred through semi-structured email interviews, utilizing an iterative, three-step interview technique (Seidman, 2006) to establish context, construct details, and reflect on the phenomenon of interest. Demographic data and initial interview questions (see Appendix B) helped to establish context of the nurse educators related to their experiences in developing and implementing concurrent enrollment ADN-BSN programs (Seidman, 2006). Subsequent interview questions were based on the initial responses and included additional probing questions to further explore and reflect on the experience of developing and implementing concurrent enrollment ADN-BSN programs. Email interviews, conducted over a four-month period from January 2016 to April 2016, proved to be an extremely effective means of data collection for this target population. Consistent with prior research using email interviews for data collection, participants typically responded sooner than expected with detailed and lengthy answers to open-ended questions (Bampton & Cowton, 2002). Individual interviews occurred

over a two- to four-week period of iterative email exchanges. All 17 participants continued to respond until follow up questions were no longer initiated. Email interviews were concluded after three to five exchanges. Total participation time was estimated to have been between 40 and 150 minutes for each participant.

The individual responses from nurse educators were retrieved from email documents, deidentified, and transcribed for further analysis. Data collection was limited exclusively to written communication obtained during the email interviews. Unlike traditional face-to-face interviewing, qualitative researchers using email interview techniques have noted that participants employ other written cues, such as bold print, capitalization, emoticons, and abbreviations like LOL (laugh out loud) to communicate tone and inflection (Gibson, 2010). Technologically savvy participants are often more comfortable with electronic media and respond more naturally to interview prompts (Mason & Ide, 2014). The more natural exchange contributes to the free flow of ideas and richer data collection (Glassmeyer & Dibbs, 2012; Sedgwick & Spiers, 2009). Gibson (2014) found that email interviews created a sense of anonymity that allowed participants to open up and share more intimate details of their experiences than in face-to-face interviews. The email interview technique worked very well with the targeted sample for this dissertation study. Participants provided thoughtful and detailed responses to the interview prompts.

Traditional interviews for qualitative interview studies are typically 1 to 2 hours in length (Leedy & Ormrod, 2010). Seidman (2006) recommended three sequential interviews occurring within a time span of approximately 3 weeks. I conducted a self-pilot of the email interview process to gauge the anticipated time commitment of



participants in providing a written response to the semi-structured interview questions. Additional time was anticipated for the participants to craft written responses rather than oral responses to interview prompts (Gibson, 2014). If participants did not respond to the initial interview questions within 2 weeks, a reminder email prompt was sent. The same time frame for responses and reminders to the follow-up interview questions was used. In most cases, the participants responded to the email prompts prior to a follow up reminder.

Written responses of email interviews, which are easily converted to transcribed data, save a significant amount of time and money over the typical expenditures for transcribing an oral interview (Gibson, 2010). Another benefit in addition to the convenience is that written accounts may be more carefully constructed and reflective than oral accounts due to the ability of the writer to edit, erase, and spend more time with composing the responses. Gibson (2010) believed the result is much deeper and richer data.

The data was manually coded by a single coder using generic coding methods as described by Saldaña (2013). Pre-coding and first cycle coding methods included holistic, descriptive and in vivo coding to generate a broad overview of the phenomena with detailed descriptive content including the participants own language to promote trustworthy findings (Saldaña, 2013). Pattern coding was used for second cycle coding to organize similarly coded data into categories (Saldaña, 2013). Process coding was completed using ordered situational mapping as a visual technique for organizing data by similar concepts and thematic processes (Khaw, 2012).

Pre-coding activities and first cycle coding of data was completed within 1 week of receiving each response. After organizing transcripts in columns as previously described, transcripts were printed to allow for traditional pen and paper pre-coding activities. Transcripts of each response were read in their entirety to gain a holistic overview of participant experiences. On the second read, I used handwritten underlining and note taking to inductively highlight significant phrases and passages line by line. On the third read, my handwritten notes were then transferred to an electronic version of the transcripts. I used rich text formatting to underline and highlight previously identified as well as newly determined significant phrases and passages. My notes included descriptive coding, in vivo coding, identification of potential emerging themes, and questions for follow up. On the fourth and subsequent readings, I inductively added quotation marks, additional highlights, underlining, and notes that were relevant to the emerging themes.

As new participants and responses were added, transcripts were continually read and re-read for comparison with previous data (Saldaña, 2013). Through comparison of data for similar concepts, themes emerged early in the data coding process. The emerging themes and continual reflection about the purpose of the study helped guide formulation of the follow-up questions. The thematic analysis is a descriptive summary of coded data that has been systematically grouped and categorized into conceptual themes.

### **Data Collection Instruments**

Data collection was conducted through semi-structured interviews with representative participants until data saturation was reached. To reduce bias in the

research process, data collection included open-ended questions that facilitated sharing and personal story telling from the participants. Each email interview began with the same initial questions. As is common in the research tradition of qualitative studies, I was free to pursue topics of interest by following up with additional questions as the interview progresses (Munhall, 2012). Advantages of the interview as a primary data source included the ability to gain direct, insightful responses from the subject matter experts (Tellis, 1997). Follow-up questions were adaptive and responsive to interviewee comments. Probing questions often led to a fuller description of the phenomenon and enabled the participant to reconstruct the full details of the experience (Munhall, 2012; Seidman, 2006).

### **Demographic Data**

For descriptive analysis, the demographic data tool was used to collect gender, age, race, marital status, degrees attained, years of employment in nursing education, and the identification of the concurrent enrollment ADN-BSN program (see Appendix A).

### **Interview Questions**

For the semi-structured interview, I prepared a written topic guide (see Appendix B). I developed semi-structured, open-ended interview questions related to the experiences of concurrent enrollment ADN-BSN programs to establish context for the experiences (Seidman, 2006). A written topic guide appropriately orients the interview process but does not limit the interview to specific questions or a rigidly structured format (Seidman, 2006). The interview in qualitative research is flexible and evolving to allow the researcher to develop questions based on emerging themes (Munhall & Chenail, 2008; Pringle, Drummond, McLafferty, & Hendry, 2011; Seidman, 2006).

Following Seidman's (2006) three-step interview technique, I continued with additional questions during subsequent interviews to request further details and encourage reflection of emerging themes. For email interviews, additional questions resulted in an asynchronous, iterative email exchange. Continual reflection in qualitative inquiry is consistent with the research tradition. A disadvantage of the email interview is the potential for short, concise answers and possible attrition as participants may discontinue the exchange. Of course, this disadvantage is also a possibility in face-to-face and phone interviews. But, the unique asynchronous nature of email interviews allowed the participant more control in the level of participation and length of time invested. According to Gibson (2010), more participant control of the level of participation offered an ethical advantage over traditional synchronous interviews. There was no attrition in this dissertation study. All participants continued in the study until no additional responses were solicited. Participants provided sufficient, often lengthy, responses to email questions to reconstruct a detailed account of the experience.

### **Data Management and Organization**

#### **Transcription**

The written email responses became the transcribed data for this dissertation study. All transcripts and research data were de-identified of any participant identification. The email interview correspondence with participants was cleansed and identifying data, such as participant names, email addresses, phone numbers, school names and locations, were removed from the transcripts. I used a systematic process to organize the data for storing, accessing, coding, and analyzing (Munhall, 2012; Saldaña, 2013).

### **Category Schemes and Coding**

Category schemes were identified and revised as patterns and themes emerged and evolved through continual and comparative analysis of the data (Polit & Beck, 2014; Saldaña, 2013). Pattern matching from multiple participants increased credibility and contributed to greater depth of the study findings. Additional themes continued to emerge as data entry and coding continued and as new data was added until saturation occurred (Polit & Beck, 2014).

I conducted coding of all data using techniques described by Saldaña (2013). I manually coded data using Microsoft Office Software. Words and phrases were extracted from original transcripts and organized in conceptual themes on a personal computer. Using direct quotes and phrases from participants better ensures that the thematic analysis is representative of the participants experiences (Corden & Sainsbury, 2006). Transcripts were reviewed and coded several times to capture the experience as described by the participants.

### **Data Analysis**

One of the hallmarks of qualitative research is that data analysis occurs concurrently with data collection. Continuous reflection and timely data entry ensures more accurate and trustworthy data analysis (Saldaña, 2013). To facilitate concurrent analysis and accuracy of interview data, I began the data entry for each individual interview when the interview was completed. Early and continual data analysis helps to identify emerging themes (Saldaña, 2013).

The data was manually coded by a single coder, using generic coding methods as described by Saldaña (2013). Pre-coding and first cycle coding methods included

holistic, descriptive, and in vivo coding to generate a broad overview of the phenomena with detailed descriptive content, including the participants' own language (Saldaña, 2013). Pattern coding was used for second cycle coding to organize similarly coded data into categories (Saldaña, 2013). Process coding was completed using ordered situational mapping as a visual technique for organizing data by similar concepts and thematic processes (Harry, Sturges, & Klingner, 2005; Khaw, 2012). As patterns emerged during initial interviews, themes were further explored in subsequent interviews with future participants and cross-compared to existing data for pattern matching (Munhall, 2012; Saldaña, 2013). To minimize bias in data collection, open-ended questions were used to elicit responses from the participants. Follow-up questions were based on the participants responses. Continual reflection on the original research question helped to ensure that follow up questions were relevant. Continuous data entry, reflection, and analysis helps to determine data saturation (Sargeant, 2012). Data saturation occurred when no new themes were emerging from the interviews. For this dissertation study, recruitment continued beyond data saturation to increase the diversity of the participants, but no new themes emerged. The information received from the 17 participants was sufficient to describe process of developing and implementing concurrent enrollment programs.

During data entry, I analyzed the transcripts and determined relevant and irrelevant data. Multiple transcripts were compared for pattern matching and frequency. The data analysis of participant responses explored patterns and themes relevant to the development and implementation of concurrent enrollment ADN-BSN programs, which allowed for comparison and convergence of interview themes from participants at

multiple sites, which increases dependability as pattern matching occurs (Lincoln & Guba, 1985). Coding and thematic analysis of the data for common patterns occurred continuously and simultaneously with data collection. A systematic approach to uncover and isolate themes was utilized. The text was first reviewed as a whole, then more selectively for highlighting and coding to identify essential themes. Finally, I reviewed the text in a detailed, line-by-line fashion to examine each sentence for recurring themes and descriptive phrases.

Systematic analysis of the data allowed for extraction of the facts related to the phenomenon of interest. Once the relevant data was gleaned from the interview, synthesis of the data facilitated understanding of the role of the participants as perceived by them in developing and implementing concurrent enrollment programs. A written account of the process as described by the participants was completed. The final written account for this dissertation study consisted of a composite of the common themes and subthemes of the participant's experiences of concurrent enrollment ADN-BSN programs (Leedy & Ormrod, 2010). The comprehensive report included a description of the process of developing and implementing concurrent enrollment ADN-BSN programs.

### **Trustworthiness and Integrity**

Maintaining rigor in qualitative studies has long been debated. Traditional standards for rigor and validity to assure quality in quantitative studies are not compatible with qualitative research methodology (Polit & Beck, 2014). Lincoln and Guba (1985) argued the "inappropriateness" of traditional quantitative measures of quality while maintaining that qualitative researchers must ensure quality and truth in research findings (p. 294). Lincoln and Guba (1985) initially proposed credibility, transferability,

dependability, and confirmability as the qualitative researcher's answer to maintaining quality and trustworthiness of research findings in the absence of the ability to establish internal validity, external validity, reliability, and objectivity (p. 300). Authenticity was later added as a fifth criterion (Polit & Beck, 2014).

### **Credibility**

Credibility is the qualitative researcher's response to internal validity (Lincoln & Guba, 1985). Credibility is the level of confidence that the experiences of the participants in the study as described was credible and believable (Polit & Beck, 2014). Lincoln and Guba (1985) recommend prolonged engagement, member checking, and triangulation to promote credible findings.

Written responses of email interviews are by nature more time consuming than oral interviews (Gibson, 2010). As previously discussed, one advantage of email interviewing is the opportunity for prolonged reflection during the back-and-forth communication pattern that is common to email interviewing techniques (Gibson, 2010). The email interview technique used for this dissertation study proved to be advantageous for data collection and promotion of credible findings. Due to the iterative, back-and-forth nature, I was able to send follow-up email questions to allow participants to clarify or elaborate on content. The prolonged access to participants allowed time for reflexive bracketing to minimize my potential bias. I was able to reflect on the initial responses before crafting follow-up email questions, requesting clarification or elaboration of content. The time for reflection contributed to more credible findings.

Traits and characteristics that are common to the targeted population for this dissertation study minimized the vulnerabilities of email interviewing for data collection.



Nurse educators frequently communicate via email and are very comfortable with this mode of communication. Most, if not all, of the participants in this dissertation study are involved with online learning programs and are likely even more comfortable with email communication. The asynchronous nature of the interview allowed the participants time to reflect before crafting their responses. Written responses can be read and edited for clarity before sending. An advantage of the email interview was that participants were not limited to the time constraints of a scheduled interview. Their written responses were surprisingly lengthy. Participants were timely in their responses and seemed enthusiastic to share their experiences. All 17 participants continued to respond until follow-up questions were no longer initiated. Using a familiar and comfortable communication mode for both recruitment and data collection may have encouraged greater participation (Mason & Ide, 2014). Because the participants were comfortable with email communication, I believe email interviews were advantageous for this dissertation study and may have elicited a fuller experience than traditional face-to-face interviews (Glassmeyer & Dibbs, 2012; Mason & Ide, 2014; Sedgwick & Spiers, 2009).

The dissertation study used qualitative descriptive design as a methodology for data collection and analysis. Qualitative researchers recognize the researcher as a co-participant. As the primary researcher for this study, I have a professional interest in the phenomena as well as academic engagement in the literature related to this topic as part of completing the dissertation. While qualitative researchers must remain open to new ideas, particularly the real-life experiences of others, the prolonged immersion in content related to the topic promoted credibility of the findings with greater assurance that the

participants were credible and truthful storytellers of experiences related to concurrent enrollment ADN-BSN programs.

Member checking is another popular technique in qualitative research to increase credibility (Lincoln & Guba, 1985). The inherent nature for participants to write their own accounts in the written responses of emailed interview questions created a built-in member checking process. Participants were able to carefully construct responses and edit them prior to submitting to the researcher (Gibson, 2010). The iterative email communication allowed me to provide feedback about emerging data and obtain participant feedback or confirmation during the interview process. I verified emerging themes during data collection with participant interviews that were conducted later in the data collection process. Through feedback and further questioning during the interview, the participants had the opportunity to clarify ideas and ensure accuracy and reliability of the description of the phenomenon of interest.

Triangulation occurs when researchers use multiple sources to validate the findings (Polit & Beck, 2014). There are a number of techniques for triangulation of data. Space triangulation, collecting data from multiple sites, naturally occurred during this study. Because this study involved multiple settings of concurrent enrollment ADN-BSN programs, data was collected across multiple sites. Data collection occurred from 17 participants representing 11 different institutions. Recurring and matching patterns of events from multiple participants from 11 different sites increases credibility of the findings. Recurring and matching patterns found during data analysis determined the themes and subthemes related to the process. The written account of the findings was a composite developed from all of the data sources. Converging viewpoints from

participants from multiple sites and multiple perspectives increased the credibility and depth of the study findings (Munhall, 2012). Triangulation of patterns and common experiences from the interviews from the multiple sites were used to validate themes and shared experiences of concurrent enrollment ADN-BSN programs.

### **Transferability**

Transferability is the qualitative equivalent of external validity (Lincoln & Guba, 1985). Due to the qualitative descriptive design, the findings from this study are not generalizable. A description of the process of developing and implementing concurrent enrollment ADN-BSN programs may provide nurse educators with valuable information to develop these types of programs in other institutions. The written account of the research findings are in sufficient detail to provide useful information that should assist in decision making of whether or not to implement the program as a model to increase the number of BSN prepared nurses. The deliberate effort to recruit participants from multiple and diverse programs increases transferability of the findings.

Participants were recruited from multiple concurrent enrollment programs across the country to capture a diversity of experiences. Active recruitment continued until data saturation was reached. A total of 17 nursing faculty from 11 programs from across the United States participated in this dissertation study. Representation from both community college and university programs was relatively evenly distributed. Demographic data of participants was comparable to demographic data of the target population. Efforts to recruit a representative sample of the population for this dissertation study increases the trustworthiness and transferability of the results.

## **Dependability**

As defined by Lincoln and Guba (1985), dependability aligns with the more conventional measure of reliability in quantitative research. Dependability of the findings increases the level of trustworthiness that the experiences of the participants in this dissertation study are representative of the experience of developing and implementing concurrent enrollment ADN-BSN programs. To ensure that the findings were representative of the participants' experiences, I used reflexive bracketing to minimize my potential bias. Reflexive bracketing allowed me to be open to new ideas and to describe the experience from the perspective of the participants. One finding that surprised me was that some of the participants were concerned that concurrent enrollment programs may limit nursing workforce diversity. This idea was in contrast with the literature and with my own preconceived notions. Reporting experiences from the participants that were a surprise to me is evidence of effective bracketing and dependability of the findings. To further promote dependability of the findings, I used in vivo coding techniques (Saldaña, 2013). Using direct words and quotes in the interpretation of the data minimizes my potential bias by ensuring that the experiences are shared in the words of the participants (Corden & Sainsbury, 2006).

Peer debriefing is one strategy to enhance the dependability of qualitative research studies (Polit & Beck, 2014). This dissertation study was conducted to fulfill dissertation requirements. Members of the dissertation committee were doctorally prepared nurses with qualitative research experience. Because the dissertation committee provided oversight in all aspects of the research process, this oversight serves as peer debriefing and provides external validation of the findings, which increases dependability

of the dissertation study. The extensive experience of the dissertation committee in guiding and reviewing the overall process of completing the study counters the shortcomings of a single researcher and reduces potential bias in reporting the findings.

### **Confirmability**

Confirmability reflects the objectivity of the findings (Lincoln & Guba, 1985). Lincoln and Guba (1985) recommend triangulation and reflexive journaling to improve confirmability. Triangulation occurred through the process of collecting and convergence of data from multiple sites. Ordered situational mapping, a visual technique for organizing data, was used to group recurring phrases, concepts and themes from multiple participants representing multiple sites for triangulation of the data (Harry et al., 2005; Khaw, 2012).

Continual reflexive writing occurred during data collection and analysis. During data collection and analysis, I maintained a reflexive journal of my thoughts, findings, and potential follow-up questions. Follow-up questions were developed from the participants responses. I frequently compared my coding and analysis techniques to ensure a systematic review of the data. To ensure continual reflection of the research question, I included the research question at the top of each transcription page and referred to it frequently during coding and analysis.

### **Authenticity**

Authenticity was later added as one of the five major criteria appropriate for promoting quality and trustworthiness in qualitative research. Authenticity is the range of experiences related to phenomena as experienced by different participants. To promote authenticity, I deliberately sought and shared a “range of different realities”

when describing the overall experience of developing and implementing concurrent enrollment ADN-BSN programs (Polit & Beck, 2014, p. 323). The purposeful sampling of representative participants from multiple sites promoted trustworthiness of the research findings (Munhall, 2012). Characteristically, qualitative research acknowledges and even embraces the close relationship between the researcher and the participants (Munhall, 2012). In the written composite, I aimed to tell the experiences of concurrent enrollment ADN-BSN programs from the viewpoint of the nurse educators and administrators from diverse and varying programs.

### **Chapter Summary**

In this chapter, a qualitative descriptive design was described as the methodology for this dissertation study to provide a firsthand account of the experience of developing and implementing concurrent enrollment ADN-BSN programs as perceived by nurse educators. The selected methods illuminate the research philosophy, assumptions, and setting for the study. The methods chapter included a description of the procedures for participant recruitment as well as ethical considerations for protection of participants. Data collection and analysis techniques were described. The methodology included the steps taken to promote quality and trustworthiness in qualitative research designs. A qualitative descriptive design was appropriate to discover and describe the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs. A description of the process of developing and implementing concurrent enrollment ADN-BSN programs may assist nurse educators in implementing programs at other institutions.

## **Chapter Four**

### **Interpretation of the Findings**

This dissertation study used qualitative inquiry to explore the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs. In-depth interviews were conducted with 17 nursing faculty members, representing 11 different programs from across the United States. All the study participants were female with an average age of 54.4 years; 35% ( $n = 6$ ) were between the ages of 46 and 60 with the over-60 group representing the largest part of the sample at 41% ( $n = 7$ , see Appendix C). Fourteen participants (82%) selected White as their racial group, and of the remaining participants, one selected American Indian/Alaskan Native, one selected Asian, and one selected Hispanic/Latin. The demographics for the dissertation study participants closely aligned with the demographics of nurse educators across the country. Nationally, 63% of nurse educators are between the age of 46 and 60, 96% are female and 12.3% are from minority backgrounds (AACN, 2015b; NLN, 2016b).

All participants were currently working as nurse educators with an average of 17.4 years (range 3-45 years) of nursing education experience and had participating in developing or implementing concurrent enrollment programs for an average of 3.9 years (range 1-12 years). Fifty-nine percent ( $n = 10$ ) were affiliated with university programs, and the remaining 41% ( $n = 7$ ) were affiliated with ADN programs at community colleges, junior colleges, or hospital-based programs. All participants had earned graduate degrees in nursing; 53% ( $n = 9$ ) entered nursing with a diploma or ADN degree,

and 47% ( $n = 8$ ) entered nursing with a BSN degree. Eight (47%) of the nurse educators in this dissertation study had earned a doctoral degree (doctor of philosophy [PhD] or doctor of education [EdD]). Although nationally, only 25% of nurse educators are doctorally prepared, 49% of nurse educators in administrative roles hold a doctoral degree (NLN, 2016b). Although not a part of the demographic data collected, the interviews demonstrated that the majority of participants in this study were in administrative positions, such as program director.

A pilot study was conducted prior to recruitment. I conducted a self-pilot of the email interview in order to estimate the anticipated time commitment for participants. Based on the self-pilot, it was anticipated that each participant would spend approximately 20 to 40 minutes with each email exchange. I estimated 3 to 5 email exchanges to complete the interview. After IRB approval, recruitment letters were emailed to nursing faculty of concurrent enrollment programs at approved sites. Although active email and telephone recruitment was anticipated, a sufficient number of participants for data saturation were recruited via email with minimal prompting. Nursing faculty frequently communicate via email.

Each email interview began with the same initial questions. Subsequent interview questions were based on the initial responses and included additional probing questions to further explore and reflect on the experience of developing and implementing concurrent enrollment ADN-BSN programs. Participant responses cut from the email correspondence and pasted into a Microsoft Word document served as the transcripts for data coding and analysis. All identifying data was removed from the transcripts. To assist in the mechanics of coding, the transcript document was set up in two columns on a



portrait oriented page. Participant responses were pasted in the left hand column, which extended approximately two thirds of the page. The right hand column, one third of the page, was reserved for coding notes and comments (Saldaña, 2013). The research question was inserted as a header and appeared on each page of the transcript. Continual reflection for the purpose of the study facilitated bracketing, guided coding decisions, and assisted in developing relevant follow-up questions (Saldaña, 2013).

The thematic analysis is a descriptive summary of coded data that has been systematically grouped and categorized into conceptual themes. Quotation marks are used to signify the direct words of participants as written by them in their email responses to the interview questions. Bracketed text within direct quotes indicates a change to the original text, such as replacing the specific name of a university with a generic name for confidentiality or editing for greater clarity of sentence structure, including capitalization changes, tense changes, or spelling corrections. Parenthetical comments are my added comments.

Five conceptual themes describing the development and implementation of concurrent enrollment ADN-BSN programs emerged from the study (see Table 1).

Table 1

*Conceptual Themes and Subthemes*

Themes	Subthemes
Championing the program	Obtaining buy-in Addressing concerns Promoting the positive Marketing and publicity
Establishing partnerships	Key roles and traits Relationship building Communication Program fit
Predicting student success	Admission criteria Student characteristics
Promoting student success	Curricular planning and progression Active advising Information and resources
Adapting to change	Workload considerations Institutional considerations Piloting the program

**Theme One: Championing the Program**

Championing the concurrent enrollment ADN-BSN program was a consistent theme. An early and essential part of implementing concurrent enrollment programs included activities to advocate, promote, campaign, advertise, educate, negotiate, and fight for program support and approval. These activities were conceptualized by subthemes of obtaining buy-in, marketing and publicity, addressing concerns, and promoting the positive. The subthemes add both depth and breadth to understanding the process of championing the program as critical to implementing concurrent enrollment programs.

**Obtaining buy-in.** Although some faculty and administrators were “very receptive” to the idea of concurrent enrollment, overcoming the skepticism and resistance of others was seen as a prerequisite to starting a program. While this revelation would seem to be common to many change initiatives, the participants in this dissertation study felt that overcoming resistance and obtaining buy-in was a particularly important concept in the process of implementing the concurrent enrollment program. The participants indicated that the importance should not be overlooked.

One participant described attempting to obtain buy in in the following way: “the worst part [was] trying to explain the idea/program and have it bashed/down-played before even understanding how it works.” Participants referred to “skeptical” faculty and administrators and the need to “win approval” by providing a “great deal of reassurance.” Successful implementation of the program “required some convincing” and included “garnering their faculty support,” fostering the “internal sell,” and addressing “political issues.” Obtaining faculty buy-in “was challenging because the faculty [from the partner program] resented [outsiders] being there.” One participant from a BSN program noted that “[t]he biggest con or challenge [was] getting other ADN programs on board.” The skepticism and resistance was not limited to ADN programs as other participants confirmed that a “few BSN faculty did not support the Concurrent Enrollment idea” and implementing the program required “overcoming challenges and egos in both institutions.”

Part of the skepticism was attributed to “chronic nay-sayers” and those who “resisted the notion—probably just because it had not been done that way.” The challenge of resistance to change was best explained by the emphatic observation that

“the loudest in their opposition were those who did not teach in [the] RN-BSN program, or in undergraduate programs at all!” (participant’s underline and exclamation). To overcome the “chronic nay-sayers,” program developers need to be “ambassadors for the program.” As ambassadors, participants took on roles of facilitators, collaborators, problem solvers, listeners, encouragers, coordinators, believers, idea generators, and out-of-the-box thinkers. Building on prior relationships and establishing trust was part of the process of obtaining buy-in. As one participant noted, it was “because of our existing relationship with the program directors of the nursing programs in the college and their relationship with the community college presidents [that] we were able to gather support.” Another participant suggested that working with “community college colleagues around the state . . . helped the “idea” to catch on.” In some cases, buy-in occurred “over time” when program developers “finally wore them down.” Another strategy was to avoid resistant faculty. When a “few BSN faculty did not support the Concurrent Enrollment idea, [participants] advised students away from those course sections.”

Lack of knowledge about the program also contributed to the lack of support for concurrent enrollment. As described by one participant, “I don’t think the other programs . . . fully understand the concurrent option.” Part of the process of obtaining buy-in is to “educate faculty on their role/responsibility.” The value of educating and informing faculty was confirmed by several participants. “I think educating them about how the program works and the benefits to the students may help [to gain support].” Some programs had recently completed curricular updates “with an intent to make as explicit the ‘value-added’ of the BSN.” Because of this, “many of the faculty ‘got it’”

(participants own quotation marks). Other “critical activities” to educate faculty about concurrent enrollment included providing “full disclosure of program features, progression policies” and “being sure to spend some time explaining it.” Program developers need to be intentional in providing the “information to faculty and staff regarding [the] program and process.” “Communication is key!” Good communication was recognized as necessary for obtaining buy-in.

**Addressing concerns.** The process of implementing concurrent enrollment programs includes “several meetings to discuss any concerns.” The subtheme of addressing concerns overlaps with obtaining buy-in. By far, the most commonly cited reason for not endorsing the concurrent option was the fear of the academic demands of the program. “The general concerns of the skeptics, related to whether the students could handle the workload.” Faculty and administrators were “supportive of the ideas, but very concerned about their students becoming overloaded academically.” They were concerned that adding the BSN courses would require “students to take on more work than what was reasonable for them to successfully complete” and “tended to be skeptical about the students’ lack of foundation in the profession—as a nursing student—to be able to handle the particular ‘advanced’ courses.”

Participants acknowledged this concern and agreed that “some students are just not ready,” but they also believed success was attainable “for the right students.” Once programs were established and “had some data and outcomes, the students’ success spoke quite well for the program.” For select students, the concurrent enrollment program “[a]llows the student to blend coursework from both programs in a manner similar to a generic BSN program.” To select the right students, faculty “developed criteria for

acceptance into the program that was based on GPA, science grades, and absence of probation or letters of concern in the students' file.” To promote success, the admission criteria for concurrent enrollment students was typically more stringent than for traditional ADN or RN-BSN students. Determining admission criteria will be discussed in further depth under the subtheme of predicting successful students.

Another strategy to alleviate concerns related to academic overload was to ensure “that participation in the concurrent enrollment program would not interfere with the student's success in the ADN program.” In concurrent enrollment programs, success at the ADN level is required for students to be eligible to complete the BSN. Participants from both ADN and BSN programs stressed the need for prioritizing the ADN coursework. To allow prioritization of the ADN courses, concurrent enrollment programs offered tremendous flexibility in completing the BSN courses. Participants “believe that flexibility is important to promote success.” Some programs were flexible enough to accommodate an “individualized plan of study for the BSN courses.” For example, when “students became fearful of taking BSN classes during their 3rd semester [of the ADN program] since that was a semester that challenged most, [the BSN program allowed] students to not enroll in BSN classes during their 3rd semester.” Another participant confirmed that students could take semester breaks from coursework and noted that “any break in a plan of study is up to them and their Academic Success Coordinator.” Within courses, faculty teaching BSN courses were “very flexible with . . . due dates” to allow students to catch up on assignments. If students were overwhelmed with the added BSN coursework, they were advised to withdraw. “This may mean withdrawal from one class and slowing down; it may mean complete withdrawal” from

the BSN component. After successful completion of the ADN courses, students could resume the BSN courses.

**Promoting the positive.** The third subtheme related to championing the program was promoting and accentuating the positive aspects of concurrent enrollment. Part of implementing concurrent enrollment programs involved “getting nursing faculty/ADN program directors to appreciate the benefits.” Not surprisingly, participants were excited and enthusiastic about concurrent enrollment, which was evident in comments, such as the concurrent enrollment program “unites faculties and builds bridges between them,” and “this student population is fun to work with because they have such enthusiasm and idealism compared with RN-to-BSN students that have been out in practice.” They described concurrent enrollment students as “the cream of the crop.”

When asked to identify some of the pros and cons of concurrent enrollment, participants responded with “the pros outnumber the cons” and “mostly pros!” Their lists of the pros heavily outweighed their lists of the cons. Participants universally endorsed concurrent enrollment programs as a “faster” and more “cost effective” model for “seamless progression” to the BSN. The concurrent enrollment model was viewed as innovative and a “great concept. . . for all states to adopt.” Participants highlighted benefits, such as “more job opportunities” for both students completing a BSN and faculty teaching the courses as well as the benefits to “healthcare institutions and the profession by producing a more highly educated nurse early in the career.” When discussing the cons, participants often qualified them by reemphasizing something positive, such as “there was a lot of work involved with changing the curriculum . . . , but

we have changed curriculums in the past so it was not a major issue”; “students must be highly motivated and not working but the payoff is completing a BSN quickly”; or “it takes more effort from the faculty . . . , but results in students who are more broadly prepared for the nursing role than an Associate's degree alone.”

**Marketing and publicity.** The final subtheme under the “program championing” theme was marketing and publicity, which the participants felt was necessary to ensure successful program implementation. They emphasized the importance of marketing to increase awareness of concurrent enrollment programs until the “idea becomes more mainstream.” “Marketing is something we are focusing on so that all the students know this program exists.” To accomplish this, program developers “worked together to determine how to publicize the partnership” and plan the “marketing/application process for students.” Activities included offering online and face-to-face information sessions, notifying advisors of the program, “arrang[ing] times for [partner school] faculty/staff to speak with current and prospective students,” and distributing “information to current and prospective students.” Flyers, emails, handouts, informational sessions, Web site postings, and meetings with nursing program directors are common tools used for marketing and publicizing. To communicate with prospective students for recruitment, one participant reported that programs “share email inquiries” with the partner program. Some programs offer information sessions “to answer student questions & have transcript reviews with advisors.” Participants recognized the advisors and faculty of the ADN programs as critical to publicizing the program. The ADN program advisors and faculty usually have the first contact with students; keeping them informed of “the program and the requirements needed to gain admission is key to program success.” Partnering with



community college programs across the state “helped the ‘idea’ to catch on beyond the urban settings where employers have been a big driver for BSN nurses.”

### **Theme Two: Establishing Partnerships**

The second theme to developing and implementing concurrent enrollment programs was establishing partnerships between ADN and BSN nursing programs. Participants described this as simultaneously challenging and rewarding. From the participant experience, “developing the partnership between two institutions is challenging as well as developing relationships between the two faculties, but with patience and perseverance, it can be accomplished.” Once established, several participants described the partnerships as a “win-win” for both partners. Subthemes related to establishing partnerships are categorized as key roles and traits, relationship building, communication and program fit.

**Key roles and traits.** Participants identified several key roles and traits that contributed to establishing successful partnerships. Nursing program administrators, directors, chairs, advisors, and faculty were the most commonly named roles essential to concurrent enrollment partnerships, but financial aid representatives, student support and success coordinators, admissions counselors, curriculum committee members, university and college presidents, board of nursing officials, and higher education administrators were also mentioned as critical to the process of establishing concurrent enrollment partners.

Many of the roles and individual characteristics (facilitator, collaborator, problem solver, listener, encourager, coordinator, and believer) supported buy-in and were necessary to establishing partnerships as were willingness to engage in dialogue,

explaining concepts, and “patience and perseverance.” A participant described it as the need for “patience, the willingness to listen and a belief in meeting the needs of people in the community.” Listening was confirmed as a valuable trait and named as “the major contributing factor to the development of a positive relationship.”

**Relationship building.** Part of establishing successful partnerships involves building on prior relationships and continuing activities to sustain relationships. According to the participants, success in establishing partnerships was attributed to “existing relationship[s]” or “preexisting relationships” and being “very familiar” with the partner program. It was a noted advantage for the BSN partner to have existing “relationships with all the community colleges.” One participant reported that the “positive relationship” between the partner schools “makes a tremendous difference” and contributes to a “positive transition” to the concurrent program. Another participant affirmed that a “good relationship between [schools] helped to streamline the process.”

The first step in building relationships with concurrent enrollment partners is to identify potential partners. As described by one participant, “community college ADN program[s] were identified as potential partners for the [concurrent] program.” The next step to building relationships typically involved “multiple” meetings; one participant specified more than 20 meetings were required. Positive relationships developed when partners “share[d] desired outcomes, i.e., similar mission, vision and values” and recognized the necessity of a “joint effort to advance nursing education.” The process of establishing partnerships “unites faculties and builds bridges between them.” A concurrent enrollment partnership “exposes [BSN] faculty to ADN students,” encourages “colleagueship with nurse educators in community colleges around the state,” and

provides “opportunities for community college faculty to understand the partnership to advance BSNs [rather than] see it as adversarial/competitive.” One participant described the “process [as] very collaborative [participant’s underlined emphasis] between the two schools” in which, according to another participant, “there was give and take on both sides.” When partners worked “together by re-evaluating processes on an ongoing basis, this not only benefits the partnership, but more importantly our customers, the students!” Conversely, another participant recognized that “if the schools do not have a good working relationship, . . . it would be very challenging.” In some cases, the “early partnership was challenging” but improved “over time.”

Concurrent enrollment partnerships ranged from “formal” with written contracts and shared processes to less formal in which ADN partners simply referred eligible students to specific BSN programs. The number of partners and the level of formality of the partnerships varied greatly among the participants. Some participants were involved in concurrent enrollment partnerships comprised of one ADN program and one BSN program. Other concurrent enrollment programs had multiple partnerships; one participant stated, “I am part of a consortium of 8 colleges with nursing programs. Students pick which university they want to partner with and their first choice of community college.” One newly developed concurrent enrollment program did not yet have any established partnerships, but plans to accept students from all ADN programs in the state that “do not currently have a 4 year college partner,” which includes more than “30 potential partners.” Although these will be very informal partnerships, the program developer reported that “a few have already reached out . . . so that the students can transition to our BSN program better (in term of taking necessary, pre-requisite courses).”

As informal partners, the participant explained, “[w]e are not requesting that the ADN program approve [student] participation. We ask [students] to show proof that they are currently accepted for the [ADN] program.”

Considering the varying levels of formality of the concurrent enrollment partnerships, it is not surprising that there was significant discordance in the participants’ descriptions of the level of effort required to build and sustain relationships. The responses ranged from “difficult” and “requires high level coordination between the two nursing programs” to “fairly easy” and “not difficult.” Participants consistently pointed out that even in the formal partnerships, the individual partners “operated independently” from each other. “The systems and individual school function independently.” The relationship was described as a partnership but also as “two separate programs that these students would be attending.” Each program had “separate policies and procedures.” For example, individual partners “maintain their own separate accreditations.” Some programs operate so independently that a participant from a BSN program commented that “[f]aculty at the ADN program are sometimes not aware [that] a student is pursuing the concurrent option, despite our best efforts to communicate.”

**Communication.** All participants referenced some form of communication in their responses related to the process of developing and implementing concurrent enrollment programs. Good communication is fundamental to developing and implementing concurrent enrollment programs and particularly important in establishing and maintaining partnerships. To underscore the importance, one participant described her *primary role* in developing the concurrent program as one who “facilitated dialogue” with potential partners. Participants referred to communication as discussing, informing,

explaining, conversing, negotiating, collaborating, emailing, reporting, referring, communicating, and listening.

Successful partnerships were attributed to good communication. The most common forums for communication were meetings and email, although other communication strategies were effective. In one partnership, faculty representatives served on the advisory committees of their respective partner programs, facilitating formal communication between programs. Participants recounted that the “partnership works well because . . .there is . . . open communication” and that “good communication . . . make[s] the process simple.” Another participant specified that “listening was the major contributing factor to the development of a positive relationship.” Even after programs are established, concurrent enrollment partners need to “continue to have strong communication.”

The need to communicate effectively was not limited to nursing program leaders. “The Admissions and Financial Aide [sic] departments of both schools spent time together discussing how admissions, student financial aid and scholarships would be handled in addition to student housing for residential [university] students.” Participants emphasized that “good communication between the students and faculty of both nursing programs is essential” and that “faculty also need to be in communication with each other.” In discussing academic progression of students, it was noted that “communication between programs is difficult in keeping confidentially [sic] in mind.” Two participants described their process to ensure adherence to student confidentiality laws as follows: “We have the students sign a waiver to allow sharing of academic information between schools during their enrollment” and “we had [the] student[s] signed permission for

sharing of information.” In another approach “students were given a “contract” explaining the program which they were to sign and return. Consequently, we had student signed permission for sharing of information as part of the “program.”” One participant reported that “[w]e do very little communication between the universities. The students are responsible for that.”

**Program fit.** Ensuring a good “program fit for both partners” requires the right mix of leaders in key roles who possess the right traits and who are able to build effective relationships and communicate clearly. The precursor to a good program fit is “a need identified by both parties,” described formally as a “needs assessment” or less formally as the “SON sees the need to develop a Dual Enrollment Program to help RN students to earn their BSN earlier and be able to find a job sooner.” One method to “[i]dentify the need for the program [was] by talking with program directors” of “potential partner programs.” In approaching potential partners, the vision was to view the relationship as “partners, not competitors.” A participant from a university BSN program recalled that “[w]e did not go in to [establish partnerships to] increase our enrollments. Our purpose was to provide an identified need.”

The concurrent enrollment program aligns with the goals of both the BSN and ADN partners allowing “each institution to do what they do best” in “a joint effort to advance nursing education.” Participants viewed the concurrent enrollment partnerships as “benefiting both institutions” and “meeting the needs of the people in the community.” Offering a pathway for seamless transition to the BSN meets the needs of ADN students “being hindered for employment by not having a BSN.” This statement was verified by another participant who wrote “I think the directors also see the same need that the

students need,” a “BSN asap [sic] so that they can get a proper job.” Many described the concurrent enrollment program as a “win-win partnership for both of our nursing programs” combining “the best of both worlds of both institutions.” An example of the win-win relationship is that the “ADN programs can market [the] pathway to the BSN to prospective students . . . [while] BSN program[s] can offer an alternative path to [the] BSN to students that did not get offered admission to [the] entry-level BSN program.” As a result, concurrent enrollment “is a win-win for both institutions and the applicants/students.”

### **Theme Three: Predicting Student Success**

Almost all of the participants referred to factors that may be predictive of student success in concurrent enrollment programs. Participants were concerned that the additional coursework “places great stress on students” and some students may not be prepared for the “rigor of the program.” Therefore, nursing faculty must be able “to identify students who . . . fit the profile needed for the program.” Subthemes of predicting successful students included admission criteria and student characteristics.

**Admission criteria.** Part of the process of implementing concurrent enrollment programs is determining the criteria for admitting students who will most likely be successful in the program. “Not all students will qualify as there is a minimum GPA requirement (3.0) and prerequisites that must be completed.” Grade point average (GPA) and completion of all required non-nursing courses were the most commonly used measures to determine eligibility for concurrent enrollment programs. For admission to most concurrent programs, students must “have completed all general education

requirements or have a previously earned baccalaureate degree.” A GPA of 3.0 or higher was the standard for several programs.

In addition to GPA and successful completion of all non-nursing courses, science grades, standardized admission tests, and prior health care experience were other criteria considered in admission decisions. In some concurrent programs, representatives from both the ADN and BSN partners worked together to select students for admission, but it was more common for partners to operate independently of each other for admission decisions. ADN partners, for example, might admit students to the ADN portion of the program based on the standard admission criteria for all students, and then, the BSN partners admitted qualified students for concurrent enrollment in the upper division BSN courses. One participant from a BSN partner described the process as follows:

"Community College partners continue to have ‘first say’ . . . and we accept all qualified applicants that have a seat in the community college program." Prior to enrolling in upper division BSN courses, concurrent students were required to be an "enrolled or admitted ADN student in good academic standing." Some BSN partners required "[a]pproval of [the] ADN program director" before enrolling in BSN coursework. One program required applicants to "successfully complete the first semester of the . . . ADN program" before adding BSN courses.

In spite of the concern about the academic rigor in concurrent enrollment programs, some participants reported “less attrition with CEP students.” This was partially attributed to using an admission “rubric which assesses GPA” and “raises the bar for admissions.” As confirmed by another participant, “I think one important factor is having all those pre-req courses completed with a 3.0.” More than one program “went



with the process used by [the BSN program] for admission criteria” or the “[a]dmission requirements were those already in place for RN-BSN.” In one example, this process resulted in admitting students that were more qualified “because [the BSN program] require[d] an overall GPA of 3.0 and [the ADN program] only required a 2.5 GPA.” The participant reported that “[t]he NCLEX pass rate for our Concurrent students is typically 96% and for the [ADN] generic program—it is 94%.”

**Student characteristics.** The second subtheme in predicting who was going to be a successful student was student characteristics. In comparison to traditional ADN or RN-BSN students, concurrent enrollment students were viewed as “better prepared” and “the cream of the crop.” Successful students were described as enthusiastic, “highly motivated, very organized, and overall good students.” Participants emphasized the “high level of motivation [required] to succeed.” In addition to motivation, “[s]tudents with a better chance to be successful in the concurrent program need to be self-directed, conscientious, organized” and “willing to ask for help.” The ability to complete the program requires “not only a good GPA, but a well rounded student that has good entrance test scores and high GPA on pre-reqs.” Participants noted that having “[p]revious healthcare experience is a plus.”

The need for “good time management skills” was another characteristic that was emphasized by more than one participant. Participants agreed that the “[f]ulltime coursework may be very difficult for some students.” Therefore, “[t]he ideal candidate is aware of the time commitment and that the program is going to be challenging.” Because of the time commitment required for success, students “typically are unable to work while attending school.” One participant described students who had previously been

successful as follows: “[A]ll of the students were single, none had children, and none were working fulltime, if at all. I believe all were living with parents or other family members which would have had a positive impact on their financial responsibilities. All were younger than 30 years and all were high achieving students. I believe all of these factors played a role in these students’ successful completion of the BSN program.”

#### **Theme Four: Promoting Student Success**

The concern for student success in concurrent enrollment programs was not limited to the admission process. Because participants recognized the rigors of the program, promoting student success throughout the program was a consistent topic of discussion in the interviews. Subthemes emerged as curricular planning and progression, active advising and information and resources.

**Curricular planning and progression.** In planning for concurrent enrollment, “[c]lear guidelines for student success and progression needed to be established.” Enrollment in both the ADN and BSN nursing courses resulted in a full-time course load. Because “[j]uggling ADN and upper division BSN courses is time-consuming and stressful for the students,” participants “understood that it would be a strain and major time commitment for students to manage ADN and upper division BSN courses at the same time.” This situation “could not be complicated by outstanding general education courses.” Admission to most concurrent ADN-BSN programs required completion of all prerequisite and general education requirements. To facilitate seamless progression to concurrent enrollment, participants identified several processes, including existing articulation agreements, dual enrollment agreements, and curriculum progression plans, all of which help students streamline and navigate the required coursework to fulfill

degree requirements for both institutions. One participant helped to create “collaborative roadmaps” with concurrent enrollment partner schools “so that the students know . . . exactly courses they need to take” at each school to complete the BSN. One participant referred to a newly developed “General Education Certificate which allows students to complete a series of general education/liberal studies requirements at any [state] community college that is recognized by the 3 state universities as meeting their liberal studies requirements.”

In planning for the program, nursing faculty completed curricular reviews and revisions with consideration for “the curricular ‘blending’ for concurrent enrollment purposes” in order to reduce the “redundancy of some content” and “build on the initial nursing degree.” Once enrolled in the nursing courses, the concurrent enrollment curriculum “[a]llows the student to blend coursework from both programs in a manner similar to a generic BSN program.” However, because the ADN and BSN programs typically had separate accreditations, not all redundancy could be eliminated. Even with the overlap, the schedule for progression in most programs allowed students “to complete the BSN in one or two semesters after completing the ADN.”

Although scheduling conflicts between ADN and BSN courses did not arise often (most BSN courses were online), flexibility in scheduling BSN coursework promoted student success. According to the participants, “[f]lexibility is important to promote success.” One BSN participant wrote “We are very flexible with our due dates, and will work with the students individually to help them get caught up. This is successful for the vast majority of students to get them past a hurdle.” Several programs allow students to “adjust their workload in the BSN if needed.” Students have the flexibility to take one or

two BSN courses in addition to the ADN courses. For some programs, BSN courses “were not officially sequenced” allowing students to jump around in the program or take a semester off if needed. To minimize the academic overload, one program’s curricular planning for completion of BSN courses was “only during the summer sessions when most ADN programs do not run courses.”

The importance of flexibility was highlighted by one participant: “The most important guideline relative to student success and progression is the agreement that students may voluntarily withdraw or be withdrawn if success in their ADN courses is compromised by taking too heavy a course load with the addition of the RN-BSN course. Students who need to step away from the concurrent option can continue with the RN-BSN program once they finish the ADN.” Participants from both ADN and BSN programs agreed “that success in the ADN had priority.” In situations in which students “had personal/family/work issues that proved more of a burden, [program coordinators] encourage them to focus on the AAS (ADN).” However, it was a common practice to allow students who dropped BSN courses to resume them once the ADN program was completed. “In general, those students resume their BSN courses after graduation and become part of the “real” RN-BSN track.” In some cases, students in academic jeopardy were required to withdraw from BSN coursework. Students who were unsuccessful in the program were usually eligible to continue at a later time. Another participant confirmed that “[w]e know that sometimes students fail and are able to rejoin the program to a successful completion.” The policy of one BSN partner required that “if a student’s grade were below ‘C’ in the community college nursing program, the student would be

withdrawn [from] the concurrent enrollment program. Upon completion [of the ADN program] the student would be allowed to return to the BSN program.”

To facilitate progression, participants referred to preexisting processes that determined eligibility for continuation in concurrent programs, many of which were described as follows: “For students who fail courses (AAS and/or BSN), we follow our standard policies for progression in the program. It varies a bit for AAS (ADN) programs, but generally most of us allow one failed course to be repeated once; a second failure calls for dismissal.” Many programs also had preexisting processes in place to help students who were struggling academically to succeed in the program. One participant described their “performance improvement plan” for any student who had an academic or clinical warning. In consultation with the course faculty and academic advisor, struggling students developed individual goals and plans for success that addressed specific items that could be hindering their success. In general, concurrent enrollment “students seemed to do well in the BSN classes” and “tend to complete degree requirements in a timely manner.” Another participant confirmed that “compared to “real” RN-BSN [students], CEP students are much more on-track for program completion.”

**Active advising.** Active advising was frequently identified as fundamental to promoting student success in concurrent enrollment programs. Advising was viewed by participants as an ongoing activity. Advisors met with concurrent enrollment students prior to matriculation and throughout the program to conduct “individualized advising” to help students “map out an individualized plan of study.” One participant used the stronger term of “intrusive advising” referring to proactive, mandatory, and frequently

scheduled advising sessions to identify at-risk students early in order to develop interventions for success. Active advising included identifying at-risk students, “academic coaching, listening, modifying Plans of Study once a course failure happens, discipline, and career planning after graduation.” The “advisement sessions [may] cover admission criteria, transcript evaluations, . . . and career counseling for pre-admitted students.” Advisors were utilized “on the front line” to help students understand and navigate the program and later “to problem solve when students felt course requirements were too demanding” or if students were unsuccessful in the program. “This may mean withdrawal from one class and slowing down; it may mean complete withdrawal.”

Advisors also often served as the contact point for communicating academic concerns between programs. Concurrent enrollment partners “had a designated contact person/advisor within each program.” “Students were informed that an identified person from the community college and the School of Nursing Academic Advisor would be discussing their grades each semester.” Students met with advisors to “discuss the role any work, family, or personal health issues might be playing” on their academic success as well as any “personal issues that are impacting their studies.” Participants felt that “[e]stablishing a relationship between the advisor and advisee in the first weeks of the program” is important “to develop . . . trust and communication, so that hopefully the student will feel comfortable coming to their advisor for any concerns.”

**Information and resources.** The third subtheme in promoting student success was the provision of adequate information and resources. Participants referred to information sessions and mandatory orientations as the primary mechanism for providing information about concurrent enrollment programs to prospective and admitted students.

Information sessions and orientations were offered both in person and online and covered topics, such as general information about the program, degree requirements, and available resources. Informational letters and nursing Web sites were also utilized to distribute program information.

Resources used to promote success in students enrolled in concurrent programs were usually the same resources made available to traditional ADN and RN-BSN students. Concurrent students typically had access to resources, such as library services, tutoring, faculty, advisors, academic success coordinators and financial aid counselors at both institutions. The ADN partner participants mentioned specific resources used to improve NCLEX testing skills as well as clinical remediation resources such as the “Star (Simulation Training and Applied Research) lab that is available for all students for additional help” with clinical skills. Because most of the BSN courses were offered in an online format, resources to support online students, such as Blackboard tutorials, online forums and online writing support services, were provided. One participant mentioned specific support services and tutoring for English as a second language (ESL) students to help overcome “language barriers that impact their grades.” These resources were available to all students and not specifically limited to concurrent enrollment students. But, concurrent enrollment students require “more time to advise and guide them” and “additional faculty and peer mentor support . . . to help mentor them through.”

### **Theme Five: Adapting to Change**

Adapting to change is part of the process of implementing concurrent enrollment programs. Although participants minimized the impact of change by describing concurrent enrollment as “not a “real change” [from] the existing program” but “rather a

change in timing,” processes related to adapting to change emerged as a major theme. Subthemes of adapting to change included workload considerations, institutional considerations, student expectations, and piloting the program.

**Workload considerations.** The impact to faculty workload is an important consideration when implementing any new program in nursing education. From the positive perspective, participants reported that “[t]he process of developing and implementing the concurrent enrollment program was fairly easy” and “[i]mplementation went very smoothly.” This was supported by other participants who described concurrent enrollment programs as “easy to implement” and “not difficult.” Program developers could reduce the work involved in implementing concurrent enrollment by retaining or making minor alterations to their current processes. “[I]t really was not much of a change.” For example, “[a]dmission requirements were those already in place for RN-BSN,” and “[w]e didn’t change any of the required ‘supplemental’ courses for the AAS or BSN, just required that they be completed in advance of nursing courses with a GPA of 3.0 or better in that list of courses.”

Participants described their current programs as already “constructed similarly to the concurrent mode” with the concurrent program “involving more of ‘a scheduling variation, not a curriculum change.’” Concurrent courses were the “[s]ame courses taught by same faculty.” In most cases, “concurrent and generic students are mixed in the classes.” Because processes are similar to those already in place, some participants found that “[v]ery few modifications of assignments were needed” and “[t]here really isn't anything . . . to do to maintain the program.” Other participants reiterated “There



was little modification of curriculum or teaching approaches needed to support the concurrent enrollment” and “it does not impact my workload.”

Even though participants minimized concerns or offered mitigating strategies for the impact to workload, there was general consensus that workload should be considered when implementing concurrent enrollment programs. From the participants’ perspective, concurrently enrolled students required “more time to advise and guide them” and faculty support “to help mentor them through.” The time involved “following the cohort more closely than the typical online RN completion student.” Participants felt that teaching concurrent enrollment students “takes more effort from the faculty [such as time required for] guiding students more closely and adapting assignments.” The “[f]aculty . . . will need to re-tailor their courses to these specific students needs” in order “to accommodate the fact that they do not yet practice as RNs” and “have little to no bedside experience.” For example, “a typical instance would be for assignments that require knowledge application. If students are not yet working as a nurse, the questions of the assignment must be modified so that they can apply the knowledge without linking it to current practice. Another example of this is the capstone projects that all have to be modified given that the students are not typically licensed when they begin the implementation of the project. This will alter the site of their project, as well as the scope of the EBP intervention they are applying.” Another participant wrote “the initial courses will need to change a bit since these students will not be mixed with practicing nurses and will not have any student nursing experience yet. Students have not worked as RNs. When they take some BSN courses, RN experience may help them to think and apply certain content better. The instructors will need to guide them more specifically.”

Implementing concurrent enrollment programs also requires time to problem solve and address challenges “that popped up along the way (financial aid questions/advisement coordination/etc.).” Challenges “ranged from advisors who were not staffed to handle the volume of applicants, financial aid folks who needed to work out new processes for dual enrollment/switching financial aid ‘home’ and other logistics.” For example, one participant invested time “with Financial Aid at the University to try to work out issues with concurrent enrollment.” Another participant took the time to communicate “with every instructor of the concurrently enrolled to advise them of the student’s “special” status [of] non-RN.” Other participants referred to the time and resources involved to develop and offer orientation and information sessions for both students and faculty.

Several participants singled out increased workload related to advising. As described by one participant “the major problem [her underline] was the need for intensive advisement due to the way the program was structured to maximize individual needs.” Allowing flexibility and individualized scheduling was viewed as beneficial for student success, but resulted in added workload for individualized advising sessions. “[T]his type of advisement was problematic because there was no release time to do the work. The ADN/BSN concurrent student advisement was so specialized that the Student Services staff could not take on the responsibility.” To promote student success, advisors would “touch base with them each semester to determine if the plan of study needed to be altered.” The individualized schedules contributed to additional workload concerns. Participants warned that “tracking” and “keeping data on all students is time consuming” especially considering the “various community college curricula/schedules.”

To specifically address workload related to advising, scheduling, and tracking, one participant recommended progressing students through concurrent enrollment programs as part of a cohort, and based on lessons they learned from earlier experiences, the participant's institution offered BSN coursework in the summer only. "Although this approach does not permit complet[ion] of as many courses, it allows the BSN program to cohort the students, eliminate individualized advisement, plan for course offerings, and help students through the formal admission process." One "benefit of a cohort model is [the ability] track students more easily and know when there is attrition." An added benefit of taking classes as a cohort is that this "creates a bond" between students and may improve attrition (Davidson et al., 2011).

The increased workload of concurrent enrollment programs may require "additional faculty" and staff support. The "increased numbers [of enrolled students in one program] lead to an increase in advisors assigned to the program." Another program added "staff . . . to "stay on top" of the more than 1000 students." New hires included a "dedicated position to coordinate CEP expansion/logistics with other community college partners" and "full-time faculty to teach concurrent students online." The program also utilizes a "growing numbers of part-time adjunct faculty often from community colleges." For the additional faculty needs, another participant stated that "we simply hire our long term [adjunct] faculty to teach those courses."

**Institutional considerations.** The second subtheme related to adapting to change when implementing concurrent enrollment programs was institutional considerations, such as financial aid, program accreditation, and the benefits and drawbacks of concurrent enrollment programs.

Financial aid challenges were a recurring concern among many participants. Several reported that students had difficulty in navigating and securing financial aid as full-time students enrolled part time in two separate institutions, but eventually worked out the issues. “Federal guidelines are somewhat restrictive in enabling students to use financial resources at two institutions at the same time.” Some programs “figured it out and have streamlined their processes.” For example, “a form that had already been in existence verified dual enrollment in a . . . community college and university, so that credits taken from both institutions comprised full-time enrollment.” Several participants referred to identifying one school as the “home” school and “gatekeeper of . . . financial aid.” For these programs, “[s]tudents are considered full time for financial aid purposes since they typically enroll in at least 12 hours between the two nursing programs.”

Other programs were not successful in overcoming financial aid barriers. One participant said “financial aid is a bear because the students can't draw from both colleges, they must accept aid from only one.” Students were not able “to pool the total units from both schools for full-time aid.” As a result, “[f]inancial aid between two schools was a barrier, particularly when ADN students had reached their maximum lower division units but were not yet done with their nursing program. Often the ADN students had a BA/BS in another field which was another financial aid barrier.” Due to financial aid constraints, some qualified students were “unable to attend.”

Program accreditation was another institutional consideration. Participants reported that “[t]here was no change in the process for accreditation” and “no additional action that needed to be taken.” Some participants voluntarily informed accreditors of program updates. In informing accrediting bodies, “[i]t was stressed . . . that the

University was not awarding the degree to sit for licensure examination. The community college retained that function.” Furthermore, “[t]he ADN-BSN concurrent students must meet the same course and program student learning outcomes as the regular RN-BSN students.” In summary, “we were doing nothing different from what we did previously, offer a BSN to registered nurses.” Concurrent enrollment “[s]tudents graduated from the community college program and achieved RN licensure prior to graduation with a BSN.” They “must still show proof of RN licensure before [the] BSN can be conferred.” Therefore, concurrent enrollment programs did “not seek external approval since the curriculum . . . remains the same.” Participants emphasized that “there was no difference in the curriculum of the community college nursing programs and the only difference in the University nursing curriculum was the timing of when courses were offered.” As part of developing concurrent enrollment programs, some participants discussed curricular revisions to “limit redundancy of content.” But, as one participant clarified, “being that we are a stand-alone AAS program we are still required to include certain content.”

In deciding whether or not to implement concurrent programs, institutions should also consider some of the benefits and drawbacks to students, faculty, institutions, and the greater community. Benefits to students include greater access and availability to a nursing program that offers a “quicker way to get the BSN” with “less overall tuition cost.” Enrollment in a BSN program not only “[s]aves the student time” and money but “socializes them to [professional] nursing early on.” Completion of the BSN degree makes it “easier to find a job.” Because “most hospitals . . . are requiring a BSN,” and completion of the program “makes them more marketable” and “improves their starting

salary.” An unexpected benefit was “better clinical opportunities in some community college programs for students . . . as BSN students.”

For faculty, concurrent enrollment programs offer more “job opportunities.” Due to the increased enrollments in BSN courses, more faculty members are needed to teach the courses. Both full-time and part-time faculty are “eager to teach” and supplement their incomes with online courses. One participant added “We have a large body of faculty who are often asking to pick up workload with us as they like the flexibility of teaching online.” Because the BSN partners hire faculty from the ADN partner programs, “community college faculty . . . have university/BSN teaching experience to add to their resume.” Nursing faculty from both programs have the opportunity “to understand the partnership to advance BSNs—not see it as adversarial/competitive, but a joint effort to advance nursing education.”

Participants themselves reported positive experiences from developing and implement concurrent enrollment programs. Positive experiences were reported, including working “with a wider group of individuals,” learning “from people within the [u]niversity,” and participating in a process that “expanded my knowledge base and provided an opportunity to meet the needs of . . . students.” Participants reported that being a part of implementing “concurrent enrollment was the most exciting opportunity I had” and “vastly exceeded my wildest dreams of success!” Described as “very gratifying,” participants appreciated “the collaboration and collegueship with nurse educators in community colleges around the state.” A noted benefit was “recognition for creative response to advance nursing education.”

Institutions benefited from the increased enrollments. For students looking to complete the BSN, concurrent enrollment “becomes a 'calling card' and ‘a valuable recruitment tool for both programs, benefiting both institutions.’” As “the idea becomes more mainstream,” concurrent enrollment programs are expanding and adding partnerships. One participant noted “Since our enrollment has been decreased, our faculty believes that it will help this issue. We used to have 1,300 students and now we are down to over 700. This may help us increase the enrollment.” For other programs “in general, our RN admissions are dropping and the CEP admissions are rising.” The university may lose “money on the courses the CEP students take [at the partner school], but they can have more students.” Because the BSN courses are completely online, BSN partners “have unlimited capacity.” Another participant confirmed “We have not had to limit enrollment on the university side—it is completely dependent on the community college side as to their capacity.” As described by one participant, “[t]hat is the beauty of online programs as we do not need the physical space.” Online courses also eliminate scheduling conflicts with the ADN courses. “The university benefits as the online nursing student is more lucrative.” An added bonus of concurrent enrollment for the BSN partner programs is “there is no burden of clinical placement that has become quite difficult in recent years.”

A benefit to the nursing profession and the greater community is “more BSNs.” Typically, concurrently enrolled students complete the BSN in one or two semesters after the ADN. “This enhances the profession, moving us closer to the BSN as an entry level requirement.” Participants also reported “lower attrition” and improved time to degree completion. “The “real” RN’s tend to be in-and-out, with their own pace. The CEP’s

generally keep up and want to finish!” One participant cited the progress her state “has been able to make with the 80% BSN by 2020 initiative. We have gone from 27% to about 50% BSN in 3 years time as a result of the CEP program.” Recent “[s]tudies have shown that BSN nurses have [better] outcomes with patients.” Furthermore, concurrent enrollment programs contribute to the “pipeline of students going into graduate programs.” Overall, participants felt that implementing “concurrent enrollment ADN-BSN programs benefits . . . all involved.”

There are several drawbacks of concurrent enrollment as well. One is “the rigor of the program” with an “overwhelming curriculum” placing “great stress on students who are taking additional courses.” Another drawback is the “[c]ost and difficulty with obtaining financial aid for both programs.” This situation is an “issue since most students do not have their own income.” There is already “more financial burden since these students typically are unable to work while attending school due to the course load” and a “CEP program costs more than an ADN program alone.” As a result, “students from economically disadvantaged situations may be unfairly excluded.” In addition, “multicultural students often have language barriers that impact their grades in the ADN program, making them less likely to be able to apply to the CEP program.” This situation results in a “potential for lack of diversity,” negatively affecting the nursing profession and the greater community. Drawbacks of concurrent enrollment programs to faculty and the institutions are “mostly logistics” and workload considerations. One participant was concerned that “[n]ursing faculty in ADN programs may feel threatened by the possibility of losing employment.” When asked to elaborate, she explained: “As the push to have more Baccalaureate prepared nurses continues, I believe there will come a time that ADN



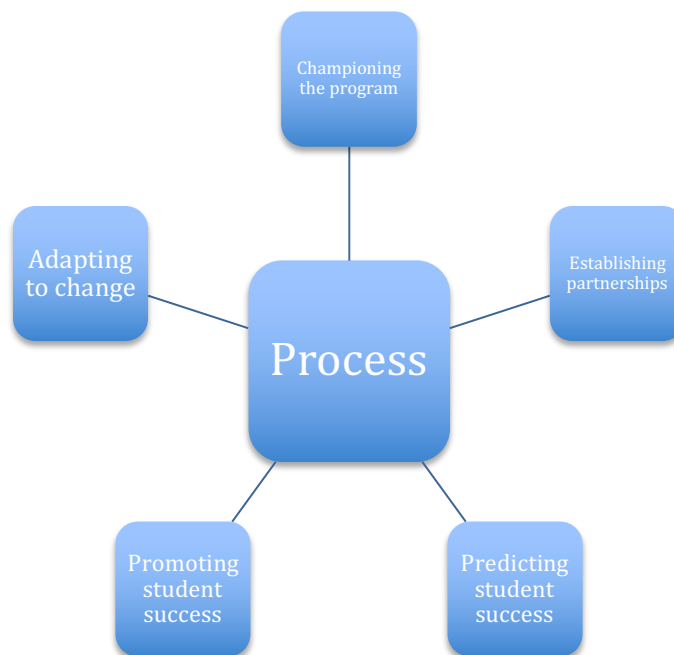
programs will be forced to close, thus leaving nurse educators unemployed; especially those who do not have a Doctorate degree.”

**Piloting the program.** The third subtheme related to adapting to change when implementing concurrent enrollment programs was piloting the program, which many participants indicated was not actually piloting a change but rather starting small and building growth within existing infrastructure. As one participant described it, “[t]he ADN students were not numerous and so they were integrated into our RN-to-BSN courses.” Another participant referred to the Concurrent Enrollment Program (CEP) as “a pilot program that was not a “real change” for the existing program, with the same pre-requisites/ courses/outcomes/expectations.” Initial enrollment in concurrent programs in many cases was rather low; “[s]o far, two students have successfully graduated from our program, one more is scheduled to graduate this semester, and there are ten more who are in progress,” and “[t]he numbers in the concurrent option have been small, so there really haven't been cohorts yet. It is our intent that as the numbers grow, cohorts of six to twelve concurrent students would complete the same courses at the same time.” One program started with only one participant: “Because of timing of the trial program, we had one student start. That student graduated without any problems and was an [excellent] role model for the program.” She “completed both programs almost simultaneously.” Other comments supporting piloting as a strategy when implementing concurrent enrollment included the following: “This is an approach that can be scaled,” and “We chose to pilot the program with a program director who was very familiar with our program. As well, we selected a high performing, highly motivated student to test the model.” Participants commented that the program already had a “history of admitting

second year [ADN] nursing students into 300 level RN-BSN courses, so a license was not required for admission” and “many of our students were doing concurrent enrollment before we made a formal concurrent ADN-BSN program, thus it wasn’t as much a shock to our students.” Consistent with starting small and building growth, participants consistently commented on program growth. “We have expanded quite rapidly.” One program “started with a plan of only 6 students for the first enrollment. The numbers have increased since then.” For other programs, “the concurrent student group is one of the largest groups in the BSN student enrollment.” “About 85% of our students are in the concurrent program.” Piloting the program is a proven strategy. According to one participant, “[t]he program is definitely growing and highly successful . . . so it is the model we are hoping to stick with.”

### **Graphic Depiction**

A graphic depiction of the findings provides a visual conceptualization (see Figure 1). The process of developing and implementing concurrent enrollment programs is central to the overall experience. Each of the five themes is a component of that process. Each component is an integral part of the process but not necessarily occurring in a linear or sequential pattern.



*Figure 1.* Graphic depiction of the themes related to the process of developing and implementing concurrent enrollment programs.

### **Chapter Summary**

The dissertation study provided a forum for participants to share their experiences of the process of developing and implementing concurrent enrollment programs. All 17 participants described their overall impression of developing and implementing concurrent enrollment ADN-BSN programs and specifically identified some of the drawbacks for students, faculty, institutions, and the nursing profession. Eliciting drawbacks helped to ensure that the narrative report of the experience was not limited to the more favorable aspects of the program. Open-ended questions minimized bias by facilitating personal story telling and allowing participants to share the full depth of their own experiences (Flick, 2007). The iterative email exchange, consistent with Seidman's (2006) recommendations for sequential interviews, provided the opportunity to reiterate participant's comments to insure clarity and minimize misinterpretation of the

experiences. The extended access to the participant allowed more time for participants to construct details and reflect on the phenomena. As suggested by Mann and Stewart (2000), the iterative email exchange proved to be effective and even beneficial for data collection. Implications of the findings of this study for nursing education, nursing practice, nursing research, and public policy will be discussed in the next chapter.

## **Chapter Five**

### **Discussion and Summary**

The focus of this dissertation study was examining the process of developing and implementing concurrent enrollment ADN-BSN programs from the perspective of nurse educators who have developed and implemented such programs. The narrative description of their accounts facilitates an understanding of the process and may assist other nurse educators in implementing the concurrent enrollment programs in their own institutions. This chapter provides a summary of the findings with comparison to the previous literature. Implications for nursing education, nursing practice, nursing research and public policy are presented. Finally, the limitations of the study will be discussed.

### **Summary of the Findings**

The findings of this study contribute to the literature and understanding of the process of developing and implementing concurrent enrollment programs. Overall, participants felt that “concurrent enrollment ADN-BSN programs are the up and coming way to get students to their BSN more timely.” The data collected from email interviews supported five overarching themes and corresponding subthemes, related to developing and implementing concurrent enrollment programs. In reflecting on the process, the participants felt that “[t]he “timing” was correct” for implementing concurrent enrollment. “The push across the state to reach a goal of 80% BSN graduates was . . . a big factor to help with the right timing.” “[T]he old adage of ‘it’s all timing’ was very true. The time was right with the concurrent enrollment program.”

There are several themes that emerged concerning the process of developing and implementing concurrent enrollment programs. The following were the five themes that emerged: championing the program, establishing partnerships, predicting student success, promoting student success, and adapting to change. Championing the program included obtaining buy-in by providing reassurance to skeptical faculty and administrators, addressing concerns of faculty, promoting the positive aspects of the program, and marketing and publicizing the program to ensure adequate enrollment. Establishing partnerships for concurrent enrollment required determining the key roles and traits involved in successful partnerships and building relationships. Establishing successful partnerships also required effective communication and ensuring a good program fit. Determining the admission criteria and identifying characteristics of successful students was essential for predicting student success. Promoting student success occurred through planning curricular and progression policies, active advising, and providing information and resources. Finally, implementing concurrent enrollment programs required adapting to change. Strategies for adapting to change were related to institutional considerations, workload considerations and piloting the program.

### **Integration of the Findings with Previous Literature**

In congruence with findings from previous literature (Gortney et al., 2013; Howley et al., 2013), concurrent enrollment programs are growing. As with other models in health science education, concurrent enrollment nursing programs originated as a result of projected shortages of health care workers (Gortney et al., 2013). There is a current shortage of BSN-prepared nurses in the nursing workforce (AACN, 2014c; HRSA, 2013). The participants in this dissertation study consistently cited concurrent enrollment

in ADN-BSN programs as an educational model to produce more BSN graduates.

According to the participants, concurrent enrollment programs significantly increase the percentage of registered nurses with a BSN and, as expected (Aiken, 2014; Holtzman & Sifontis, 2014; Kovner et al., 2012), enhance job opportunities for graduates.

As predicted in the literature (Conner & Thielemann, 2013; Hall et al., 2012; Howley et al., 2013; Masters, 2015), participants confirmed that concurrent enrollment programs offer a faster path to degree completion. Similar to concurrent programs in other health sciences disciplines (Cawley et al., 2011, Gortney et al., 2013), nursing students enrolled in both ADN and BSN courses completed both degrees sooner, typically within one to two additional semesters of study. Nursing researchers found that graduates of traditional RN-BSN programs often begin BSN completion programs much later in their careers and, once enrolled, complete the degree at a slower rate than planned (Jezuit & Luna, 2013; Kovner, et al., 2012; Sportsman & Allen, 2011; Robertson et al., 2010). Based on the data analysis, concurrent enrollment programs resulted in a much faster BSN completion for ADN graduates. Participants referred to concurrent enrollment programs as a seamless progression educational model and a response to the call for more innovative practices in nursing education (Billings et al., 2012; Spector & Odom, 2012; Starr, 2010).

In addition to increased access to education and a seamless progression model for degree completion, participants agreed with other nurse educators that concurrent enrollment programs are more cost effective (Conner & Thielemann, 2013; Masters, 2015; Sizemore et al., 2007). A number of participants identified lower overall tuition costs for the BSN as a benefit to students, but conversely, participants were concerned

that the added costs of the BSN over the ADN alone presented a barrier to enrollment for some students. In North Carolina, completion of a BSN costs students an additional \$7,000 over just the ADN alone (Johnson, 2014), which is particularly concerning given the workload and time constraints of the program that inhibited students from working. Added costs, workload, and time constraints are the same concerns identified in other health science concurrent enrollment programs (Holtzman & Sifontis, 2014). Consequently, concurrent enrollment programs may not increase diversity of the nursing workforce as much as hoped (Hall et al., 2012). Findings from this dissertation study suggest that concurrent enrollment programs may not be accessible to economically disadvantaged students due to the inability to work during the program.

Another common concern of nursing educators frequently discussed in the literature is attrition in nursing education programs. The high rates of attrition in traditional ADN-BSN programs is attributed to several causes categorized as personal, professional, and academic factors (Altmann, 2011; Jeffreys, 2012; Kern, 2014). Participants identified similar barriers, such as time constraints and financial concerns (Gillespie & Langston, 2014; Landry et al., 2012; Sportsman & Allen, 2011), to successful progression in concurrent enrollment programs. The potential barriers to student success due to the academic rigor and increased workload of concurrent enrollment programs were frequent concerns of nurse educators. In spite of the barriers and concerns, participants reported greater retention and higher graduation rates of concurrently enrolled students, which was attributed to better academic preparation of the students and higher admission requirements for enrollment. A potential negative finding of the higher admission requirements included one participant who was concerned that



ESL students may have difficulty meeting the higher admission requirements of concurrent enrollment programs due to language barriers that affect their grades. For admitted students, participants agreed with the literature that student support services and academic advising contribute to lower attrition and successful progression in the program (Gillespie & Langston, 2014; Kern, 2014).

While the early reports of student success are promising, participants described other factors that affected the decision to implement concurrent enrollment more broadly. For example, participants agreed with the nursing research that faculty workload is an important consideration before implementing new programs (Kumm & Fletcher, 2012; Mintz-Binder, 2013; Mintz-Binder & Lindley, 2014; Mintz-Binder & Sanders, 2012). As described by the participants, the increased workload to implement concurrent enrollment programs may negatively affect nursing faculty and further exacerbate the nursing faculty shortage (Mintz-Binder, 2013; Mintz-Binder & Lindley, 2014; Mintz-Binder & Sanders, 2012). The participant narratives indicated their awareness of faculty workload considerations as a number of participants offered strategies to address or minimize the impact to faculty.

The importance of consideration for workload issues when implementing a new program is confirmed in the nursing literature. Nursing faculty members are more likely to implement new educational models that minimally affect workload and are more compatible with their current resources and practices (Billings et al., 2012; Mintz-Binder, 2013; Phillips & Vinten, 2010). In describing the process of adapting to change as part of implementing concurrent enrollment programs, participants consistently described similarities of concurrent enrollment programs to current programs. Several participants

emphasized that implementing concurrent enrollment required minimal changes to existing practices. The similarities of concurrent enrollment programs to current programs and the minimal changes needed for implementation is a significant advantage of the model that should not be underemphasized. In prior research, nurse educators considered compatibility with current practices as the most important characteristic in determining whether or not to implement an educational strategy (Phillips & Vinten, 2010).

Participants frequently described activities of implementing concurrent enrollment programs that were similar to activities already in place for existing undergraduate ADN, BSN, or RN-BSN programs, such as admission procedures, continuation policies, curricular plans, accreditation requirements, and student services. Participant responses also confirmed that concurrent enrollment programs are compatible with other nursing educational models described in the nursing literature. For example, “general education certificates” and “collaborate roadmaps” described by participants are similar to existing articulation agreements that currently bridge ADN and BSN programs (AACN, 2014a, Rapson, 2000). A number of participants stated that non-nursing course requirements for concurrent enrollment students are the same as the requirements for traditional RN-BSN students. Because the requirements are the same, programs are able to use the same articulation agreements as described in the literature for traditional RN-BSN students for concurrently enrolled ADN-BSN students (Pittman et al., 2014; Spencer, 2008; Starr, 2010).

Concurrent enrollment ADN-BSN programs also share similarities with consortium models described in the nursing literature (Hall et al., 2012). Similar to

concurrent enrollment programs, consortium model programs, such as the RIBN model in North Carolina, use existing resources and partnerships to dually enroll nursing students in both ADN and BSN programs (Hendricks et al., 2012; Johnson et al., 2011; Keller, 2012). To avoid scheduling conflicts with ADN courses and increase access to the BSN courses for rural students, the RIBN program and most concurrent enrollment programs, as described by the participants, offer upper-division nursing courses in an online format (Conner & Thielemann, 2013; Hendricks et al., 2012; Masters, 2015; Sizemore et al., 2007). Study participants indicated that existing RN-BSN courses at their institutions were already offered online, which is consistent with trends in RN-BSN education (AACN, 2015a). As reported (Landry et al., 2012; Masters, 2015; Spencer, 2008), participants confirmed that scheduling online courses had the added benefit of flexibility for faculty teaching the courses. According to the participants, faculty members were eager to teach online courses. In some cases, institutions were able to share faculty in both the ADN and BSN programs. The results of the data analysis agreed with current literature that sharing faculty between institutions improves collegiality and collaboration across programs and addresses a nationwide nursing faculty shortage issue (Keller, 2012; Nielsen et al., 2013; Tanner et al., 2008).

Similar to consortium models, the participants also confirmed that concurrent enrollment ADN-BSN programs increase the capacity for BSN education by capitalizing on shared clinical space and nursing faculty (Applebaum et al., 2014; Giddens et al., 2015; Liesveld, & Dakin, 2015; Masters, 2015). As discussed in the data analysis, one participant reported “unlimited capacity” in the BSN component of concurrent enrollment partnerships.

The main difference between the consortium model and concurrent enrollment programs is the level of implementation and curriculum standardization across the state. In North Carolina, the community college ADN programs have standardized the nursing curriculum statewide. The statewide standardized curriculum has paved the way for nursing leaders in North Carolina to implement a dual enrollment ADN-BSN consortium throughout North Carolina (Foundation for Nursing Excellence, 2012). Although some participants described concurrent enrollment programs with multiple partnerships, a common characteristic of consortium models (Hall et al., 2012), concurrent enrollment ADN-BSN programs do not necessarily require this level of standardization and statewide cooperation. As described by the participants, many of the concurrent enrollment partnerships were limited to two institutions, and implementation of the programs occurred with minimal, if any, curricular changes. Participants described concurrent enrollment programs as no different from the traditional ADN-BSN programs with the exception of allowing students to begin upper-level BSN coursework while concurrently enrolled in ADN coursework. The ability to implement programs on a smaller scale with minimal changes to current practices may make concurrent enrollment programs more feasible than statewide initiatives.

As previously discussed, concurrent enrollment ADN-BSN programs are very compatible with existing practices. The participant experiences suggested that students benefit from the previously existing relationships between the ADN and BSN partners (Conner & Thielemann, 2013). The existing relationships contributed to successful partnerships and improved communication. According to the participants, students benefited from resources, such as library access and tutoring services, which were already

in place for traditional ADN and RN-BSN students. Concurrent enrollment resulted in guaranteed admission to a BSN program, a reported incentive for BSN completion (Sportsman & Allen, 2011). One barrier to BSN completion is lack of advising (Hall et al., 2012; Sportsman & Allen, 2011). The dissertation study found that concurrent enrollment programs address this barrier through active advising. Part of the process of developing and implementing concurrent enrollment programs is promoting student success through active advising. On the other hand, analysis of the data found that the added workload of advising and mentoring concurrent students was a common concern of the participants and may not be sustainable without additional resources.

Overall, the participants' descriptions of concurrent enrollment programs were extremely favorable, but consistent with the literature, the findings suggested a lack of faculty support. According to Sportsman and Allen (2011), only 39% of nurse educators ( $n = 61$ ) and 34% of nurse administrators ( $n = 26$ ) support concurrent enrollment programs (Sportsman & Allen, 2011).

Consequently, it is not surprising that the findings of the dissertation study confirmed obtaining faculty buy-in as an essential part of the process of developing and implementing concurrent enrollment programs. The findings of this dissertation study, including the reported success of concurrent enrollment programs, may encourage more faculty buy-in. The findings suggested that concurrent enrollment ADN-BSN programs offer a creative model of education that address the need for more BSN-prepared graduates as called for in the nursing literature (Billings et al., 2012; Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011; Landry,

Orsolini-Hain et al., 2012; Mintz-Binder, 2013; Murray, 2013; Phillips et al., 2013; Scott & Brinson, 2011; Spector & Odom, 2012; Starr, 2010; Tanner et al., 2008).

## **Implications of the Findings**

### **Implications for Nursing Education**

Nurse educators can use the findings of this dissertation study to better understand the process of developing and implementing concurrent enrollment ADN-BSN programs. Nurse educators need to develop programs that offer efficient and flexible pathways for BSN completion (IOM, 2011; Johnson et al., 2011). Participants of this dissertation study described concurrent enrollment programs as an efficient educational model for seamless progression to the BSN. Their experiences provided valuable information to assist educators in determining the feasibility and desirability of implementing concurrent enrollment programs more broadly in nursing education.

Of great significance to nurse educators, the results of this dissertation study suggested that concurrent enrollment programs increased capacity for BSN education. The findings indicated that concurrent enrollment programs overcome barriers, such as faculty shortages and lack of clinical space, which limited enrollment in BSN programs by maximizing utilization of the existing resources of ADN programs. The result was more students enrolled in programs that ultimately lead to the BSN, which aligned with position statements from nursing education organizations that support multiple educational pathways for entry into professional registered nursing practice but prefer BSN education for more nurses earlier in their careers (AACN, 2002a; NLN, 2011).

Participants described benefits of concurrent enrollment over traditional RN-BSN programs as cost effectiveness, less attrition, and faster time to degree completion.

Quantitative studies are needed to compare program costs, graduation rates, and time to degree completion of concurrent enrollment programs with other educational models for BSN education. The dissertation study provided qualitative data to assist nurse educators in the decision-making process of whether or not to consider concurrent enrollment programs in their own institutions. According to Rogers and the diffusion of innovations theory (2003), the first step in the decision-making process of adopting an innovation is awareness of the existence and knowledge of the basic function of the new idea (Rogers, 2003). Consideration for adopting a new innovation is based on evaluation of peers rather than quantifiable research. The written narratives of the participants in this dissertation study contributed knowledge that enables nurse educators to make decisions and begin the process of implementing concurrent enrollment programs.

As expected, the findings from this dissertation study suggested that there are processes required to implement concurrent enrollment programs that are different from current processes used for traditional post-licensure RN-BSN programs, particularly related to establishing partnerships and communication between programs. However, a significant finding that has implications for nurse educators considering implementing concurrent enrollment programs is that many of the processes are similar. Based on the experiences of the participants, implementation of concurrent enrollment programs are compatible with many of the existing processes already in place in nursing programs. According to Rogers (2003), the adoption of an innovation originates from the practical experiences of the potential adopters (Rogers, 2003). The rate of adoption is dependent upon their perceptions of the relative advantage, compatibility, complexity, trailability, and observability of the innovation (Rogers, 2003). Of these factors, nurse educators

ranked compatibility with current practices as the most significant characteristic in determining whether or not to implement an innovative educational strategy (Phillips & Vinten, 2010). The compatibility with current processes may accelerate the rate of adoption of concurrent enrollment programs as an innovative educational model and lead to a transformation of nursing education (IOM, 2011).

### **Implications for Nursing Practice**

Adding to the available information that contributes to adoption of educational innovations that increase the percentage of BSN-prepared nurses in the workforce is significant to nursing practice. Health care institutions are seeking BSN-prepared nurses to improve patient outcomes and reduce hospital costs (Aiken, 2014; Aiken et al., 2003; Blegen et al., 2013; Krueger et al., 2013; Yakusheva et al., 2014a, 2014b). Traditional pathways to BSN completion are insufficient to meet workforce demands (AACN, 2014c, 2016b; Andrews, 2014). Results of this dissertation study indicated that concurrent enrollment programs reduce barriers to BSN completion and produce more BSN graduates at a faster rate. One participant reported that concurrent enrollment programs have significantly contributed to doubling the percentage of BSN-prepared graduates in her state. Increasing the percentage of BSN-prepared nurses contributes to higher quality patient care and responds to a projected shortage and recommendations for an 80% BSN nursing workforce by 2020 (IOM, 2011). Furthermore, increasing the number of BSN graduates affects nursing practice and the health care system by producing more nurses who are eligible for graduate programs and advanced practice roles (IOM, 2011; NLN, 2011).



Another implication to nursing practice is the potential of concurrent enrollment programs to increase access to BSN education for students in rural communities. Increasing access to BSN education potentially increases diversity in the nursing workforce (Pittman et al, 2013; Masters, 2015). The findings supported concurrent enrollment programs as a model to increase access to BSN education for students in rural communities, but there are still barriers to enrollment that limit accessibility for ESL students and economically disadvantaged students.

### **Implications for Nursing Research**

More studies are needed to determine best practices in nursing education. The dissertation study addressed a gap in the nursing research by providing information on the process of developing and implementing concurrent enrollment ADN-BSN programs. Because there are potential barriers to concurrent enrollment for some students, more research is needed to examine the impact of concurrent enrollment programs on nursing workforce diversity. Additional studies are needed to understand the potential benefits and drawbacks of concurrent enrollment programs to students, faculty, and institutions. As previously mentioned, quantitative studies are needed to examine the program costs, graduation rates, and time-to-degree completion of concurrent enrollment programs.

Nursing research related to concurrent enrollment programs supports nursing faculty in evidenced-based decision making and may encourage adoption of innovative educational programs. According to the diffusion of innovations theory (Rogers, 2003), there are several characteristics that impede or accelerate the adoption of the new idea. The characteristics are described as relative advantage, compatibility, complexity, trialability, and observability (Rogers, 2003). Over time, potential adopters assess the

characteristics of the innovation and engage in the decision-making process of whether or not to adopt the innovation. To promote adoption of the concurrent enrollment educational model, more research is needed to examine the relative advantage, compatibility, complexity, trailability, and observability of concurrent enrollment programs (Rogers, 2003).

### **Implications for Public Policy**

The hope is that nurse leaders and educators will use the findings from this dissertation study to influence public policy decisions. Nurse leaders and educators need evidence from nursing research to advocate for funding and support for nursing educational programs. The narrative accounts of the participants supported concurrent enrollment partnerships as an educational strategy that maximizes utilization of scarce resources while increasing the production of BSN-prepared nurses and positively affecting health care outcomes. The first hand information from subject matter experts empowers nurse leaders and educators to campaign for support of concurrent enrollment programs.

Professional nursing organizations have a well documented history of supporting professional nursing practice by promoting and ensuring high standards of education (Matthews, 2012). AACN (2016a) identifies the “voice” of nursing education with a primary mission to promote “public support of nursing education” (para. 1). Similarly, a goal of the NLN (2016a) is to be a “champion for nurse educators” by influencing public policy (para. 6). Both the AACN (2002b) and NLN (2011) have long advocated for strategic partnerships that build capacity in nursing education programs. Findings from this dissertation study provided evidence of successful educational partnerships that

increase capacity for more BSN-prepared nurses. This evidence enables AACN and NLN to endorse concurrent enrollment programs as a model to increase the number of BSN prepared nurses in the workforce. Society benefits from nursing education programs that address nursing workforce shortages and better ensure access to care.

### **Limitations**

There were several limitations in this study. Qualitative data is not readily generalizable to other populations, and the small sample may not be representative of the larger population. The nurse educators who participated in this study were early adopters of concurrent enrollment ADN-BSN programs. As early adopters, the participants likely have already attained buy-in and may be champions for the program. The descriptions of their experiences may reflect a more positive view of concurrent enrollment. In general, innovative and efficient educational practices are viewed as a favorable trait of nursing faculty. The tendency for study participants to over report favorable behavior or to respond to questions in a manner that would be viewed favorably increases the risk for social desirability bias (Van de Mortel, 2008).

The next study limitation is related to data collection techniques. Individual interviews are useful for gathering data to describe the personal experiences and context of a phenomenon, but the interview process is time consuming, vulnerable to social desirability, and subject to incomplete data gathering due to participant recall (Tellis, 1997). Participants may be parsimonious or may not be equally articulate or completely accurate in their accounts of situations and experiences. Crafting written responses to emailed interview questions is time consuming. Time constraints may alter the responses. Short, concise responses may not accurately reflect the full experience.

Finally, the trustworthiness of the findings were impacted by my interview skills. My virtual presence in the email interview process may have altered the participant responses. I am a strong advocate for alternate and adaptive pathways to BSN completion. The follow-up questions that I developed during the email interviews may have been influenced by my desire to promote innovative educational models for BSN completion. The findings may be further limited by the descriptive narrative composed by a single researcher for this dissertation study. Due to my personal involvement and positive experiences with a concurrent enrollment program, there is a potential to report the participants' experiences more favorably.

### **Chapter Summary**

This chapter summarized the study findings and compared the findings with previous literature. The implications to nursing education, nursing practice, nursing research, and public policy were discussed. Nurse educators considering developing and implementing concurrent enrollment ADN-BSN programs can benefit from a better understanding of the process. Implementation of additional concurrent enrollment programs may benefit nursing practice by producing more BSN-prepared nurses for the current workforce and for future roles in advanced practice nursing. Further research is recommended to better understand the direct impact, including benefits and drawbacks, of concurrent enrollment programs in comparison with traditional pathways to BSN completion. Further research is recommended to better understand the factors that might influence the rate of adoption of concurrent enrollment programs. Nursing educators can use the findings of this study to influence public policy to support educational programs

that have greater benefits to society. Finally, a discussion of the study limitations was presented in this chapter.

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## Appendix A

## Demographic Data

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Age (in years): \_\_\_\_\_

Gender (circle)

1. Male          2. Female

Ethnic/Racial Identity (circle)

1. Native American   2. Latin   3. Caucasian   4. African American   5. Asian/Pacific

6. Other \_\_\_\_\_

Marital Status (circle)

1. Never Married   2. Married   3. Separated   4. Divorced   5. Widowed   6. Other

\_\_\_\_\_

Education (check all degrees completed)

1. Associate of Arts/Science
2. Baccalaureate of Arts/Science
3. Master's
4. Clinical or Practice Doctorate
5. Research Doctorate

Number of years employed in nursing education (in

years): \_\_\_\_\_ Name and Location of concurrent enrollment

ADN-BSN

program: \_\_\_\_\_

—

Number of years or months involved in developing or implementing concurrent  
enrollment ADN-BSN: \_\_\_\_\_Years \_\_\_\_\_Months

I understand that the completing this tool and returning it to the principal researcher  
implies my consent to participate in this study. (Adapted from Munhall, 2012)

Appendix B  
Semi-Structured Topic Guide

Participant Number: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Initial Interview Questions:

1. Describe your role in developing and implementing concurrent enrollment ADN-BSN programs.
2. Describe your overall impression of developing and implementing concurrent enrollment ADN-BSN programs?
3. What do you consider some of the pros and cons of concurrent enrollment AND-BSN programs for students, faculty, institutions and the nursing profession?

Subsequent interview questions will be based on the initial responses and will include additional probing questions to further explore and reflect on the experience of developing and implementing concurrent enrollment ADN-BSN programs.

Developed using Seidman (2006) interview recommendations.

## Appendix C

## Demographic Results

	N=17
Age (years)	Mean=54.4 Min=31 Max=70
Age	<35=2 (12%) 36-45=2 (12%) 46-60=6 (35%) >60=7 (41%)
Gender	Female=17 (100%) Male=0
Ethnicity	American Indian/Alaska Native=1 (6%) Asian=1 (6%) Hispanic/Latin=1 (6%) White=14 (82%)
Entry to Practice Degree	Diploma=3 (18%) ADN=6 (35%) BSN=8 (47%)
Highest Level of Education	Masters=9 (53%) Doctorate=8 (47%)
Years in Nursing	Mean=17.4 Min=3 Max=45
Number of separate institutions that participated	11
Years in CEP	Mean=3.9 Min=1 Max=12