ADVANCED NURSING EDUCATION: CRITICAL FACTORS THAT

INFLUENCE DIPLOMA AND ASSOCIATE DEGREE

NURSES TO ADVANCE

DISSERTATION

Presented in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy in Nursing

Barry University

Rose McGhie-Anderson

2016

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by

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2016

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Abstract

Background: Advanced nursing education needs to be pursued along the continuum of the nursing career path. This education process is indispensable to the role of the nurse as educator, manager, nurse leader, and researcher who will effect policy changes and assume leadership roles as revolutionary thinkers in addition to implementing paradigmatic shifts.

Purpose: This grounded theory study sought to unearth the critical factors that motivate nurses to advance academically. The study aimed to gain an understanding of the social processes associated with the decision of diploma and associate degree nurses to advance their nursing education.

Philosophical Underpinnings: A qualitative methodology in the tradition of grounded theory using the constructivist and interpretivist approach was used to conduct the study.

Method: Data were collected from two groups of participants using a face-to-face semi-structured interview. The first group was diploma and associate degree nurses, and the second group was a focus group comprising of baccalaureate, masters, or doctoral degree nurses who have progressed academically from diploma or associate degree level.

Results: Emerging from the thick rich data that were collected from the research participants were the following core categories that ground the theory: rewarding, motivating, and supporting for diploma and associate degree nurses to advance academically.

Conclusions: The study concluded by elucidating that professional advancement was the social process that grounds. Hence, the emergent theory was; *The Theory of Professional Advancement*.

ACKNOWLEDGEMENTS

It is with gratitude that I acknowledge the inspiration and support provided by the members of my dissertation committee. This heartfelt appreciation goes to Dr. Ferrona Beason and my committee chairperson Dr. Claudette Chin and members Dr. Jessie Colin and Dr. Ann-Lynn Denker. Thanks for the guidance, support, and coaching throughout my dissertation. To the faculty members who all imparted their knowledge so clearly and freely, I am very grateful for the wise directives and patient guidance you gave during my PhD courses at Barry University. There is no doubt that you all cared about my success and quality performance.

Without the support of my family, pursuing this course would have been more challenging or impossible. Thanks to my mother Mae McGhie, husband Martin Anderson, and my sisters and brothers who believed and encouraged me throughout this milestone and who were moms and dads many days when assignments and deadlines demanded my full attention. Thanks to my daughter Emily Anderson and my son Kyle Anderson who were constantly asking, "Mom, aren't you going to the library to do your work?" and who were continuously praying for me each night. Thanks to Donna Joseph and Kellany Codgan-Nolan for their assistance with my diagrammatic illustrations. I am grateful for my friends and colleagues who believed in me and have also been praying for my success. Thank you all. Ultimately, thanks to God the giver of all wisdom, knowledge, and understanding who has allowed me to realize this accomplishment.

DEDICATION

I would like to dedicate this dissertation to my wonderful mom, sisters, brothers, and husband Martin, who were my source of encouragement to pursue doctoral studies from the moment I mentioned that I had an interest in doing so. For all the love and support they have willingly showered me with. I dedicate this also to my children Emily and Kyle as an encouragement that they will pursue excellence in all their career endeavors and life goals.

I love you.

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CHAPTER ONE

Advanced nursing education is used synonymously with the terms academic progression or professional progression. Academic progression refers to articulation models that promote lifelong learning through the addition of academic credentials (National League for Nursing [NLN], 2011). It is therefore a movement of advancement by degrees (Birks, Chapman, & Francis, 2010; Institute of Medicine [IOM], 2011). Having qualified faculty and advanced practice nurses to manage new and emerging environments of care in various settings will be unattainable if approximately 60% of new nurses are associate degree graduates (NLN, 2011). Worldwide, nurses are called to work in an environment where there are increasing health care reforms, complicated patient care needs, technological advancements, and improved evidence-based practices. These ongoing changes call for nurses who are competent in leadership, health policy, system improvement, research, evidence-based practice, and collaboration. This is essential in facilitating the delivery of high-quality care (NLN, 2011).

Internationally, there are over 14,465,439 nurses. Nationally, there are over 3 million nurses of whom 2.7 million are employed (Health Resources and Services Administration [HRSA], 2010). In the United States, the nursing profession is considered the largest segment of the health care industry with nurses accounting for 55% of the workforce (Sigma Theta Tau International [STTI], 2006). Of this workforce, only 50% hold a baccalaureate degree or higher (IOM, 2011). The IOM recommends that by 2020, 80% or more of the nursing population should be baccalaureate educated (IOM, 2011). This indicates that 465,000 diploma and associate degree nurses are to return to school by 2020 (HRSA, 2010). Studies such as *Effects of hospital care environment on patient mortality and nurse outcomes* Aiken, Sean, Sloane, Lake, and Cheney (2008), have shown that the nurse who is academically advanced improves patient

outcomes. It was revealed that surgical mortality rates exceed 60% in hospitals with lower educational level nurses, whereas hospitals with higher educated nurses have better patient outcomes (Aiken, Sean, Sloane, Lake, & Cheney, 2008).

Background of the Study

The recommendation from the National Advisory Council on Nurse Education and Practice (NACNEP, 1996) is for at least two-thirds of the nursing population to hold a baccalaureate degree. The number of diploma-educated nurses in 1980 was 63.7%, the associate degree nurses (ADN) represented 18%, and 34.2% had a bachelor of science in nursing (BSN) degree or higher (National Sample Survey of Registered Nurses [NSSRN], 1980-2008). In 2008, three decades later, diploma and associate degree nurses account for 50% of registered nurses (RNs), those with a bachelor of science in nursing (BSN) represented 36.8%, and only 13.2% of nurses had a master's or doctoral degrees (Bureau of Labor Statistics, 2012). The magnitude in the complexity of the problem and the great demand for nurse educators, specialist researchers, experts in community and public health, geriatrics specialists, leadership, inter-professional collaboration, systems improvement, and quality and safety in health care require a far greater number of nurses to advance academically (Sportsman & Allen, 2011). Furthermore, limited studies have been done within the past decade regarding nurses advancing academically from entry-level status (Osterman, Asselin, & Cullen, 2009).

Entry-level pathways in nursing to become a registered nurse are presently one of three different conduits: the Bachelor of Science in nursing (BSN), the associate degree in nursing (ADN), and the diploma in nursing (IOM, 2011). In 1965, the American Nurses Association position paper called for the baccalaureate degree to be the entry level into nursing. The Surgeon's General Consultant Group Document entitled *Toward Quality in Nursing: Needs and*

Goals Report (U.S. Public Health Service, 1963) and the National Commission for the Study of Nursing and Nursing Education (1970) reported that all nurses are to be baccalaureate prepared. Nationally, nursing education levels vary from one region to another; the East-South Central Region has the smallest percentage of registered nurses who have at least a BSN degree, while the Pacific has 52.8% BSN nurses and New England region has 55.1%. In contrast, more than 68% of internationally educated registered nurses with at least a BSN degree (National Survey Statistics for Registered Nurses [NSSRN], 2008).

Countries such as Canada, Sweden, Portugal, Brazil, Greece, Iceland, and the Philippines, all require a 4-year undergraduate degree to practice as a registered nurse (AACN, 2010). Nationwide, the Veterans Association, the nation's largest employer of registered nurses, has established that the baccalaureate degree is the minimum preparation of its nurses for promotion beyond entry level (NACNEP, 1996). Magnet hospitals also require all managers and nurse leaders to have a BSN degree or higher by 2013 (American Association of Nursing, 2010). A new proposal was introduced in New Jersey and New York, requiring a BSN degree for all nurses with 10 years of experience since their initial entry level RN program; however, the number of ADN and diploma educated nurses is at an alarmingly high rate, 65.4% nationally (AACN, 2004).

A lack of advanced education impacts the nursing shortage. Approximately 75,000 qualified applicants were turned away from accessing a professional nursing program in 2011. This was a direct relation to 1,181 vacant nursing faculty positions (American Association of Colleges of Nursing [AACN], 2012[a]). Annually, over 30,000 qualified nursing applicants are being turned away from nursing education programs (Buerhaus, Auerbach, & Staiger, 2009). It is estimated that the nursing shortage will increase to more than 260,000 registered nurses by

2025 (AACN, 2012[a]). According to Schober (2008), poverty, natural disasters, and conflict have presented even more challenges that coincide with the shortage of health care professionals and the lack of access to health care services, and notably, nurses with advanced knowledge and skills are increasingly viewed as an important part of the solution. According to Buerhaus et al. (2009):

> The public must hear messages that emphasize the long-term opportunities in nursing; and policy makers and educators need to hear messages that reinforce the need to preserve budgets for nursing education and remove the barriers to rapidly expanding the size of the future RN workforce. (p. 4)

A continuous process of educational advancement throughout the nursing career may provide more nurse educators to help alleviate the nursing shortage and improve the health of individuals and the public. Moreover, nurses will be better able to practice to the full extent of their education, licensure, and training (IOM, 2011). The mobilization of forward progress with associate- and diploma-educated nurses unfortunately is not occurring to meet the complexity of the problem. It is believed that only 16% of all nurses return to school for academic progression beyond their initial nursing education (Health Resources and Service Administration [HRSA], 2010). Therefore, it is imperative that there is a standard specific to the requirements and the educational progression throughout the nursing career (LeMone & Burke, 2008). Limited studies have been done within the past decade regarding nurses' advancement academically from their entry-level status (Osterman et al., 2009). Initiatives have been implemented to facilitate course credit transfers from the associate degree towards completion of the baccalaureate nursing degree through mandated, statewide, and individual articulation agreement, but the goal is yet to be accomplished (AACN, 2013[a]).

The timing of succession planning is also a vital factor that often affects forward progress (Breslin et al., 2011). Patients, families, and society are at risk when advanced nursing education is not pursued along the continuum of the nursing career. This educational progress is indispensable to the role of the nurse as educator, specialist researcher, and nurse leader who will effect policy changes. There is a considerable gap between the initial nursing degree and subsequent degrees and between educational advancement and practice. Among diploma nurses, this gap averages 10.5 years before attaining a BSN degree. For the RN to BSN degree nurses, there is a gap of 8.2 years (NSSRN, 2008). It is therefore expedient that the importance of advanced nursing education be promoted among hospital administrators, nurse leaders, legislators, policy makers, politicians, and other stakeholders.

Statement of the Problem

Growth and development in the nursing profession is continuous. This is evident by the increase in technology, research, changes in standards and procedures, and evidence-based practice. However, among nurses in general, the majority is at their basic level of nursing education. This results in a problematic situation because nurses are not aligned academically with their profession. Advanced nursing education is essential in order for nurses to be competent in meeting the challenges of nursing in an increasingly complex nursing environment.

Purpose of the Study

The purpose of this study is to unearth the critical factors that influence diploma and associate degree nurses to advance academically. The study aims at gaining an understanding of the social process associated with the decision of diploma and associate degree nurses to advance their nursing education.

Research Questions

The primary research question for this study was: What are the critical factors that influence the diploma and associate degree nurses to advance their nursing education? Other questions that were addressed included:

1. Why do diploma and associate degree nurses choose to advance their nursing education?

2. How are the diploma and associate degree nurses inspired to advance academically in their nursing career?

Philosophical Underpinnings

Philosophical underpinnings are fundamental and ingrained views about the types of phenomena to study, what research questions to ask, and how to gather data (Creswell, 2013). Qualitative research is an approach that has a variety of methods that can be used to investigate a phenomenon of interest; the method that best fits a phenomenon of interest is chosen by the researcher. Qualitative research makes the world visible through an interpretive process that transforms it into a series of representations. These representations include field notes, interviews, conversations, photographs, recordings, and memos. The researcher studies things in their naturalistic environment, in an effort to make sense of and interpret phenomena in terms of the meanings individuals attribute to them (Denzin & Lincoln, 2011). The issue of understanding social worlds raises a number of philosophical questions that relate to the nature of the social world and what there is to know about it. Another question that may be asked is; how may one learn about their social world? (Epistemology). Differences in questions and qualitative approaches such as case study, narrative inquiry, phenomenology, ethnography, and grounded theory have led to divergent ways of conducting qualitative research. The philosophical underpinning that was chosen to guide this study's phenomenon was one that undergirds qualitative research and was first discovered by sociologists, Anselm Strauss and

Barney Glaser in 1967. This approach utilizes the interpretivist and constructivist methods.

Grounded theory is a systematic qualitative approach that emphasizes the emergence of a middle

range theory from data at a substantive or formal level (Glaser, 1978). Strauss and Corbin

(1998) further developed grounded theory. The tenets purported by Corbin and Strauss (1990),

were the lens used to guide this study. They emphasized that grounded theory is to unearth basic

social processes. This approach is best for investigating social relationships and the behavior of

groups where there is little exploration of the contextual factors that affect the individuals and

offers a systematic way to guide new and experienced researchers with their phenomenon of

interest. The approach is grounded in the experiences of individuals and will examine their lives

and how others in their group impact their interpretations, meanings, and conduct (Blumer,

1969). Grounded theory holds the foundation that individuals within society share common

experiences, social problems, thought processes, behaviors, and meanings that are often

explored. Therefore, the theory is used when social issues are poorly understood and/or little is

known about the existing social processes (Creswell, 2007).

The relationship of the study to grounded theory is demonstrated in the way this

paradigm could guide the major phenomenon to develop interventions that reveal the social

processes and behavior patterns that influence diploma and associate degree nurses in advancing

their nursing education. The tenet of symbolic interaction assumes that individuals will do

things based on the meaning(s) it holds for them (Blumer, 1969). Pragmatically, the inductive

reasoning and interpretations applied by the nurses will come from the meanings and

interpretations of their interactions within their environment and that which is demonstrated by

their actions. These actions and interactions will be explored, described, and interpreted to

determine how they influence the nurses' decision to progress academically. Hence, finding the

meanings associated with advanced nursing education and the interpretation of those meanings is the understanding that this study aims to achieve.

Qualitative Research

Qualitative research is a nonmathematical process of discussing concepts and relationships from data obtained through interviews, observation, films, or videos about how people live, their experiences, and the social processes involved in their interactions (Corbin & Strauss, 1998). The research approach that is most suitable for this proposed phenomenon of study is qualitative inquiry. Its application is for the usage of investigative and interpretative research designs. These designs are anchored in the constructivist and the interpretivist paradigms. It focuses on gaining a dearth of knowledge through the lens of the individuals within their social group who are experiencing a particular phenomenon. Qualitative research is also called interpretive research as it seeks to make meaning. The concepts obtained by the researcher are not sought from priori knowledge instead these emerge from the study's participants (Institute of Public & International Affairs, The University of Utah, 2009).

Radical constructivism was developed by Glaserfeld, von Vygotsky (1989), the founding father of social constructivism. Constructivism underpins a number of qualitative research approaches and presumes that people construct their world and make sense of experiences during interactions in it (Charmaz, 2006; Crotty, 1998). Meaning is constructed when an individual engages with the world, so truth is relative and meaning flexible. Truth and meaning are subject to change and are tested in social experiences (Crotty, 1998). Constructivism assumes that people are born into cultures that have already constructed meaning to particular objects and symbols. These meanings are imparted as people interact within their environment. An individual's understanding of meaning is therefore shaped by sociological influences that

manipulate their behaviors, experiences, and thinking (Crotty, 1998). The focus of this study was to inquire inductively about the social influences occurring in social relationships and the meanings attributed to these interactions and obtain an understanding of the resultant behaviors that reflect in their decision-making. The construction of an individual's own environment is based on his or her interpretation of it. This interpretation can provide a rich data of meanings, values, norms, and beliefs that may be effective in implementing strategies for a paradigmatic change. As a result, qualitative research is useful in understanding the critical factors that influence nurses to advance educationally. An account of the key assumptions was given to grounded theory by Strauss and Corbin (1998). These assumptions are ontological, epistemological, axiological, and methodological. Ontological refers to the multiple realities of individuals and what can be known about it (Guba & Lincoln, 1994). In grounded theory research, realities exist in a world where individuals share symbolic meanings. Epistemological assumptions allude to the relationship(s) between what is known and the knower. Here, the researcher's deliberate efforts are involved in getting to know all the participants during field interactions in the participants' naturalistic environment. This deliberate effort enhances the researcher's knowledge of them through objective evidences. The axiological assumption involves the researcher's willingness to bring his or her values to the study, being in tune with these values and biases, and having sensitivity to the values of the participants. The methodological assumption implies how the researcher collects data about social experiences, how these are created, and how they provide meaning to humans' social interaction (Creswell, 2013; Guba & Lincoln, 1994).

There are five main approaches to a qualitative research. Ethnographic research examines shared patterns. It focuses on the entire cultural group, community, school, or social

work group. Shared learned patterns are interpreted and described (Creswell, 2013). Grounded theory approach moves beyond description with intent to generate or discover a theory, which is derived from the data of the participants. These individuals share in the same process, action, or interaction. Case study involves the study of a case within a real life contemporary context or setting (Yin, 2009). Phenomenology describes the common meaning of individuals' lived experiences of a concept or a phenomenon (Creswell, 2013). Narrative research consists of focusing on studying one or two individuals, gathering data through the collection of stories, reporting individual experiences, and chronologically ordering the meaning of these experiences (Creswell, 2013). Of these five designs, grounded theory is the most applicable for the aim and purpose of the study's phenomenon of interest. This approach suits the aim and purpose of the study to examine nurses in their social environment and to understand and interpret the meanings they assign to their experiences within their social interactions (Creswell, 2013).

Grounded Theory

Grounded theory is a qualitative method that is well developed. It entails procedural rigor regarding the social processes of phenomena that results in the emergence of substantive, formal theory. As a qualitative approach, grounded theory implements the technique to simultaneously analyze, induce, deduce, and verify data with the aim to develop a theory. The data collection procedures stimulate insights, hypotheses formation, and the development of questions that are explored for the generation of more data. Answers to questions are verified, categorized, and assigned themes or conceptual labels, and these are then constantly compared for further data collection (Schwandt, 2001). Grounded theories embrace the interaction of multiple actors and emphasize temporality and process. There is stark fluidity in the grounded theory process that calls for exploration of any new situation to see if it fits, how it fits, and how

it may not fit. There is a demand for openness of the researcher, based on the ongoing

provisional character of any theory. Strauss and Corbin (1994) stated that, "theory consists of

plausible relationships proposed among concepts and sets of concepts, without concepts there

can be no propositions, and also no cumulative scientific knowledge based on the plausible and

testable propositions" (p. 278).

 Corbin and Strauss (1998) identified two themes that guide the development of grounded

theory. The first addresses the concept of change, which is the ability to identify certain

processes that result in change. The processes identified affect social entities such as individuals,

and organizations. These are influenced by change and in turn influence change. The second

theme looks at the relationship of grounded theory to determinism; this is where actions are

promoted due to the existence of structural conditions. Individuals involved are at liberty to

determine and make choices (Corbin & Strauss, 1998).

 Grounded theory has two key tenets that will be implemented to guide the proposed

phenomenon of interest, which includes: Symbolic Interactionism and Pragmatism. Symbolic

interactionism and pragmatism provide an approach to obtain data that may be beneficial to the

planning and implementation of strategies that will promote advanced nursing education.

Symbolic interactionism espouses the empirical world in order to gain an understanding of the

process of meaning making. The researcher attends to the details regarding overt behaviors,

language, and settings where interaction takes place. This is to understand human behavior by

studying their social processes to understand and interpret their behaviors (Schwandt, 2001).

Pragmatism is intertwined in this process as the researcher seeks to obtain truth by empirically

verifying the responses of the participants who interpret their experiences, the meanings and

values they attach to them as they occur in their natural social environment (Siegfried, 1998).

This process is essential in guiding the phenomenon and is bereft of the influence, feelings, and emotions of the researcher.

Symbolic Interactionism

Symbolic interactionism is the "underlying linguistic foundations of human group life, just as the word interaction refers to the fact that people do not act toward one another, but interact with each other" Flick, Kardoff, & Steinke, (2004). Symbolic interactionists commit themselves to the study and analysis of the developmental course of action that occurs when two or more persons join their individual lives of action together to create meaning (Flick, Kardoff, & Steinke, 2004). In the tradition of symbolic interactionism, Strauss and Glasser are the founders of grounded theory. Symbolic interactionism is a term that was developed by Blumer (1969), which focuses on the role of sensitizing through patterned relationships. This sensitization is the process of examining the life of individuals and how others in their group impact their interpretations, meanings, and conduct (Blumer, 1969). The roots of symbolic interactionism can be traced back to pragmatists such as James Dewey's (1938) iterative-circular understanding of problem-solving processes, Pierce's (1878), concept of abduction as the long sought explanation for the creation of new ideas in problem-solving, and Mead's (1934) notion of objective reality as that of interacting perspectives. A combined work of Mead, (1934) with Wittgenstein (1958), Vygotsky (1978), and Bakhtin (1982), contributes to the introduction of symbolic interactionism into other fields from sociology, and social psychology, to anthropology, psychology, and science studies (Flick, Kardoff, & Steinke, 2004).

There are three assumptions of symbolic interactionism. First, people act toward things and people on the basis of meanings they have for them. Second, meanings stem from social interaction with others, and third, people's meanings are modified and handled through an

interpretive process used by individuals to make sense of and manage their social worlds (Blumer, 1969). The principles of symbolic interactionism include the following: It is an interactive determination, which states that phenomena exist only in relation to each other. Symbolization involves ascribing meaning to things, people, and events. Additionally, the emergence of meanings or concepts address the identification of social, emotional, or cognitive change, and finally, human agency is the active, deliberate nature of human actors (Blumer, 1969).

Symbolic interaction developed by Blumer (1969) is relevant for all grounded theory. Here, the focus is centered on the meanings of interactions in social worlds and the interactions of individuals and their social processes may be investigated (Hammersley, 1989). The canonical form of symbolic interaction rests on the following root assumptions:

1. Human beings act toward things on the basis of the meanings that the things have for them.

2. The meanings of things arise out of the process of social interaction.

3. Meanings are modified through an interpretive process, which involves self-reflexive individuals symbolically interacting with one another.

4. Human beings create the worlds of experience in which they live.

5. The meanings of these worlds come from interaction, and they are shaped by the self-reflections persons bring to their situations.

6. Such self-interaction is interwoven with social interaction and influences that social interaction.

7. Joint acts, their formation, dissolution, conflict, and merger, constitute the social life of a human society. A society consists of the joint or social acts, which are

formed and carried out by its members. A complex interpretative process shapes the meanings things have for human beings. This process is defined by the cultural world, where meanings are defined by the mass media such as advertising, cinema, and television. In this cultural environment identities are represented in terms of salient cultural categories (Blumer, 1981, p. 153; Blumer, 1969, p. 2).

The grounded theory approach of Strauss and Corbin, which is anchored in symbolic interactionism, supports the proposed research to gain understanding of the interpretative process of the things encountered by nurses and the meanings they ascribe to them that will influence their decision making towards advancing their nursing education. Symbolic interactionism is relevant and essential to the proposed research because it focuses on human experiences. Social interactions create and shape the meanings of society (Heath & Cowley, 2004).

Pragmatism

Pragmatism was developed in the United States in 1870. It is purported by renowned pragmatists such as: Charles Sanders Peirce (1839-1914), William James (1842-1910), and John Dewey (1859-1952). The central focus of pragmatism is the notion of a rule for clarifying the contents of hypotheses by tracing the practicality of their consequences. Peirce and James focused on the maxim of truth and the epistemological approach to a process that governs inquiry (Stanford Encyclopedia, 2008). Pragmatism is the theoretical perspective that emphasizes the practical, giving primacy to usefulness over theoretical knowledge. Here, the goal is transformative (Siegfried, 1998). For a pragmatist, truth is never obtained through deductive reasoning or from previous knowledge but is developed inductively with constant empirical verification. Truth is modified in light of a new discovery and is relative to time and place. The pragmatist philosophy depicts an image of a world that is replete with indeterminacy,

having numerous possibilities to be pursued and interpreted. From this perspective of the pragmatist, situations in the world are only partially concrete (Shalin, 1986). Pragmatic reflection begins with experience as an interactive process involving individuals and their social and natural environment. In this interaction, differences and perspectives are valued as they provide a basis for reciprocal problem solving, drawing on existing knowledge, resources, and ongoing revisions of understanding. The goals of inquiry are judged in terms of usefulness in making change; therefore values are inherent to pragmatism (Strauss, 1987).

Pragmatism is purported as a practical approach used in the framework of Strauss's research. It is a process-oriented approach used to interpret elements of automatic, interactional, temporal, and a structural thinking process of the individuals involved in the social process. In theorizing grounded theory, Strauss aims at improving interactionism by revitalizing pragmatism. From Strauss' perspective grounded theory focuses on the question of how, including also the practical matters of conducting research the grounded theory way (Strauss, 1987). Objectivity drives the interchange between a research and the participants in their social environment and includes the results of a new order of things (Dewey, 1934). Pragmatism supports the interaction between the subject and the object, between the observer and the observed. The research process guides the researcher to understand and interpret all the possible domains involved (Strauss & Corbin, 1990).

In this grounded theory research, the usefulness and practicality of the nurses' actions and interactions were the responses of their interconnections, which were also investigated and interpreted. This was essential to how all social connections impact and contribute to their attitude towards advancing their nursing education (Figure 1). This knowledge of the nurses' actions and interactions towards advanced education may be useful to implement effective

strategies to motivate nurses to advance academically. The level of educational achievement is yet to be accomplished because, despite efforts to mobilize nurses to do so, professional advancement has been partially effective. Understanding the critical factors that influence nurses to advance academically are yet to be determined to implement change that may be appropriate to impact the decisions of nurses to advance.

The overall assumption is that the focus will be on the nurses' social interaction and the interpretive meanings of those interactions (Figure 1). The researcher's understanding and interpretation of those meanings were critical in determining the contributing factors that prevent diploma and associate degree nurses from advancing. This knowledge may assist in the formulation of strategies to advance education that would help to address the challenges faced nationally and internationally. Pragmatism and symbolic interactionism seek to focus on the social processes of individuals and the interpretations and meanings of their interactions. Hence, this approach best identifies with the aim of this research study and may be significant to nursing itself.
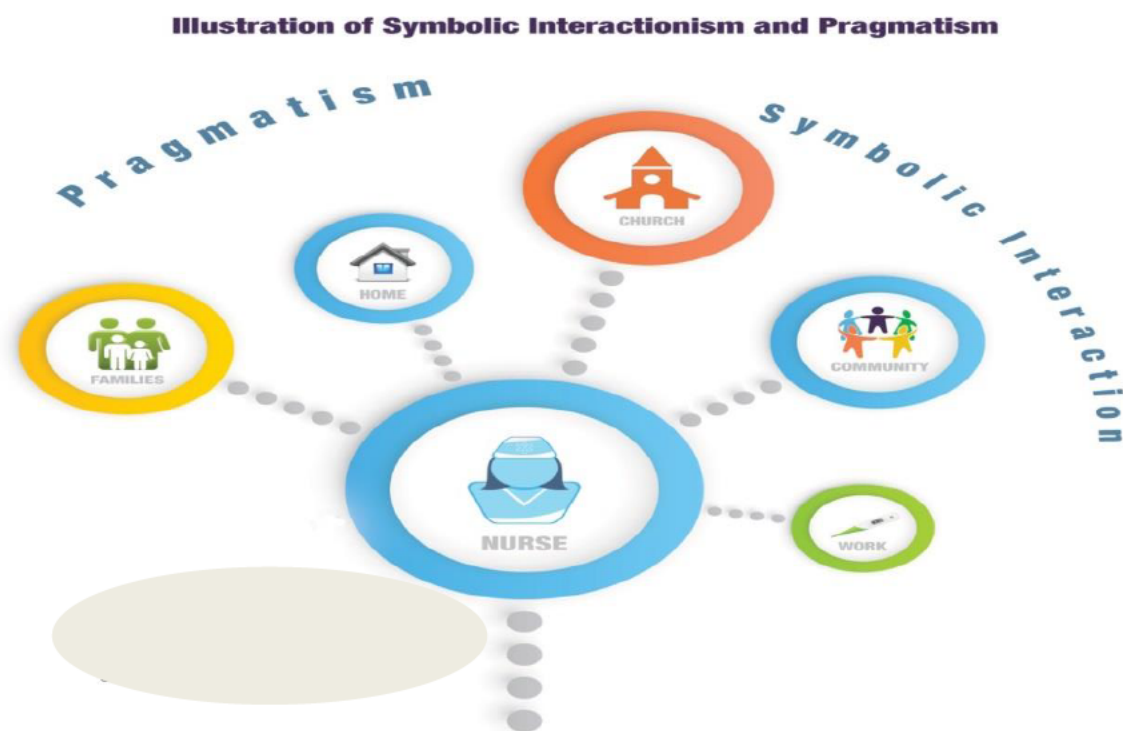
Figure 1. Schematic representation of symbolic interactionism and pragmatism (McGhie-Anderson, 2015, adapted from Blumer, 1969).

Interactions are undergirded by two philosophical underpinnings: symbolic interactionism and pragmatism. These influence the decision-making process based on the interactions, meanings, and interpretations derived from the social processes. Culture and knowledge will also impact the nurse's experiences. Some of these are brought from the home environment of origin and will help to influence their interpretations and meanings. In addition, the impact from extended family members and the meanings of those interactions that are important to them are intertwined in the interactions with the social environment: work, school, church, and the community on a whole to bring meaning. This process was important to this study, as the factors that influence the diploma and associate nurses to advance academically

were explored. Furthermore, pragmatism guides the behavior of the study participants in their naturalistic environment and brings an understanding to the researcher that conceives meaning that cannot be studied from a textbook but is derived from an individual's experience that precedes interpretation or its representation. Meaning, interpretation, and representation are understood to be deeply intertwined in one another (Denzin, 1998). It is from this interactive experience that the researcher will seek the hermeneutic understanding of the interpretations and transformative experience of the diploma and associate degree nurse to advance (Figure 1).

Significance of the Study

Conducting a research study to ascertain an understanding of the social processes and behavior patterns associated with advancing academically could provide pertinent information that may be significant to nursing. It is believed that nurses with a baccalaureate degree are four times more likely to advance their nursing education when compared to diploma and associate degree nurses (Raines & Taglaireni, 2008). On an average basis, diploma nurses take 10 1/2 years before attaining a BSN degree. For the RN to BSN nurse, the gap is 8.2 years (National Survey Statistics for Registered Nurses [NSSRN], 2008).

The debates regarding entry into practice have been out of the literature for decades but will increasingly become apparent as more studies are conducted regarding this phenomenon such as this are afoot. Organizations such as the Oregon Consortium for Nursing Education collaborates with community college and university faculty members to develop competency-based standards for the promotion of a seamless baccalaureate degree progression (Tanner, Gubrud-Howe, & Shores, 2008). The implications for advanced nursing education and how this may impact education, practice, research, and health and public policy are indicated.

Implications for Nursing Education

Academic progression is significant for the future of the profession. It is essential to the promulgation of excellence in knowledge and career development. Advanced education may prepare the nurse with the knowledge to provide safe, quality care to patients nationally and internationally. Advances in technology require the nurse of the 21st century to progress academically in order to be aligned with the profession's educational developments (Sigma Theta Tau International [STTI], 2006). This will ensure a position of excellence for nurses as professionals and nurse leaders. Exemplars in advanced nursing education have proven that this improves patient outcomes up to 10% above their counterparts who do not advance (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). There is an essential need for uniformity in the growth of quality nursing education with the growth in nursing (Shulman & Benner, 2006). This study may promote advanced nursing education and encourage nursing as a profession. This may also help to align all the members of the profession with the rapid growth and development in nursing. Gaps between education and practice may be reduced or eliminated. Cultural competence may be enhanced as nurses' perspectives on health may be more global in their approach as a result of their advanced education. There is a global shortage of nurses, below the minimum threshold of 2.28 doctors, nurses, and midwives, per 1,000 individuals in the population (World Health Organization [WHO], 2013). This is attributed to the lack of education and production of adequate number of nurses to enter the workforce. This would indicate that nursing education systems will experience an increase in student nurses in nursing educational settings and will need to provide faculty. This pattern needs to be seamless to maintain balance between advanced nursing education and having adequate faculty members to educate entry-level nursing candidates (Kunaviktikul, Guptarak, & Juntasopeepun, 2013).

Implications for Nursing Practice

Educational nursing advancement improves practice in administration, research, and academia. In 2011, there were 1,181 vacant nursing positions, a direct cause of universities turning away 75,000 qualified nursing applicants (American Association of Colleges of Nursing [AACN], 2012[a]). Advanced nursing education may affect paradigmatic changes that may help to reduce the nursing shortage. The findings from this study may help to promote advanced education because it has been proven by various studies and in magnet facilities that the advanced nurse will provide increased quality of care to patients that may improve patient outcomes (Aiken, Sean, Sloane, Lake, & Cheney, 2008). Nurses who transition from a diploma or an associate degree level to a BSN degree and higher levels are developing professionally from being a novice nurse to an expert professional (Benner, 1984). The more educated nurses may readily be adaptable to paradigm shifts such as family-centered care, medical tourism, and cultural diversity in health care issues and may see their role in health care from a global perspective.

Implications for Nursing Research

According to Polit and Beck (2010), "nursing research is a systematic inquiry designed to develop trustworthy evidence about issues of importance to the nursing profession, including nursing practice, education, administration, and informatics" (Polit & Beck, 2010). Professional education progression may provide nurses with increased awareness to evidence-based practice. These nurses may be change agents, nurses who willingly embrace and incorporate research findings when providing patient care. Furthermore in their role as educators and research specialists, nurses may implement findings that will promote the profession as a scientific body and the nurse as a professional. Understanding the interpretations and meanings of diploma and associate degree nurses who advance academically may add to the body of nursing knowledge to

help implement strategies that promote advanced nursing education. Limited studies have been completed within the past decade regarding nurses advancing from ADN degree to the BSN degree or to the MSN degree (Osterman et al., 2009). The study may encourage more master and doctoral educated nurses to become available to conduct more nursing research and in turn advance nursing knowledge.

Implications for Health/Public Policy

The World Health Organization (WHO, 1946), defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Public policy is defined as, "the action taken by government to address a particular public issue. Local, state, federal, and international government organizations all craft and implement public policy to protect and benefit their populations" (WHO, 1946). Advanced nursing education may promote health and policy formation. Public policy represents all segments of the health care community (National Health Council [NHC], 2012). Nurses form the largest segment of the health care community (Sigma Theta Tau International [STTI], 2006).

The nurse who is academically advanced may inspire and implement policy changes and decision-making processes through effective health care reform lobbying. He or she may be the activator for change and may bring about standards for quality patient care in preventing disease occurrences and re-occurrences. The nurse may actively participate in implementing educational programs, developing policies, administering services, regulating health systems, collaborating with health professionals, and conducting research (Department of Health and Human Services [DHHS], 2012). A more collaborative health care system may be developed for entry-level nursing programs. This may help to streamline the development of advanced nursing education and the academic progression of the advancement by degrees throughout the career. A

collaborative team of policy makers, politicians, stakeholders, and members of the community in which health care systems operate may be influential in implementing change to encourage advanced nursing education.

Scope and Limitations of the Study

The purpose of this study was to unearth the critical factors that influence diploma and associate degree nurses to advance academically. Research studies have indicated that there are differences in practice, patient outcomes, and quality of care provided by BSN, ADN, and diploma educated nurses (McHugh et al., 2012). Nurses with advanced degrees improve patient outcomes (Aiken et al., 2008). This research study focused on the critical factors that influence the diploma and associate degree nurses and their interactions in their natural environments that impact them and how they interpret and make meanings of those social processes as they interact. The study was conducted in two phases: the first phase incorporated a selected group of diploma associate degree nurses, and the second phase was a focus group consisting of baccalaureate, masters, and/or doctoral educated nurses who have progressed academically from diploma and associate degree levels. The study pursued knowledge of what impacts the nurses in making their decisions to advance. In addition, the researcher tried to understand the process of interaction influence change in nurses' conduct, and their interpretations, acceptance, elimination, and/or modification of some behaviors as new meanings are formulated. The study also sought to enhance rigor and confirmability of the findings to enhance comparability of data.

There are several limitations of the study. To begin with, the study participants will be limited to diploma and associate degree nurses for the individual interview sample. Participants in the sample may provide information that they think the researcher wants to hear. Qualitative sample size is usually small. The researcher is a novice to grounded theory research.

Geographical location may be a factor for meeting sessions with participants. Time for initial

meeting and follow up with participants may not be possible. Participants may withdraw from

the study at any time they desire to do so (Berg & Lune, 2012). The universe in which

individuals exist is complex and fluid. The nature of human responses may impact, contribute,

restrict, and restructure a variety of actions and interactions that may influence and change

societies (Strauss & Corbin, 2008).

Chapter Summary

This chapter presented the introduction and background on the phenomenon of interest being investigated in this study. In addition, the statement of the problem, purpose of the study, and research questions were highlighted. The philosophical underpinnings of grounded theory that were used to guide this proposed study were delineated. The significance of the study to nursing education, practice, research, health, and public policy were explained. The scope and limitations of the study were noted. Chapter Two will follow with the literature review and the experiential context.

CHAPTER TWO

REVIEW OF THE LITERATURE

This grounded theory study sought to unearth the critical factors that influence diploma and associate degree nurses to advance academically. The study aimed to gain an understanding of the social process associated with the decision of diploma and associate degree nurses to advance their nursing education. The purpose of this literature review is to determine what studies have been conducted that relates to the phenomenon of interest. According to Hart (1998), "a literature review is the selection of available documents (both published and unpublished) on the topic, which contains information, ideas, data, and evidence. It is the effective evaluation of these documents in relation to the research being proposed" (p. 13). An initial literature review is necessary in a grounded theory research to justify to the thesis committee or the research-funding agency that a grounded theory study is needed in this area of interest. The literature will then be extensively reviewed after the core variable is generated. The rationale for not conducting an extensive literature review early is to avoid beginning the study with preconceived ideas (Glaser & Holton, 2004).

A review of relevant literature across disciplines was conducted to explore the phenomenon of advanced nursing education: Critical factors that influence diploma and associate degree nurses to advance. Using First Search and ProQuest Direct search engines, the following computerized databases were used for this search: ABI Inform (index of Business and Management), Article First, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Dissertation Abstracts, Educational Resource Information Center (ERIC), Health Reference Center – Academic, Medicine, Modern Language Association (MLA), and Periodical Abstracts (PerAbs: Covering business, economics, literature, religion, psychology, and women

studies). The key words used in the search were BSN perception and education, advanced nursing education, and continuing nursing education. Citations were limited by language to English and by subject to the exploration of concepts. A limitation was imposed to find literature published since 1989 with classics sought by reviewing citations in the published works. A random selection process delimited the profusion of theoretical references that were found. Thirteen research studies were reviewed in which the experience of change or transition from the entry level of the nurses' education was explored. Hence, the literature review will be divided by topics into the major theoretical and research literature addressing what critical factors influence professional advancement for the diploma and associate degree nurses. These topics include: (a) the historical context of advance nursing education, highlighting the trend and development in nursing over the centuries and the direction it needs to take for the future; (b) motivations to advance; and (c) perceptions of advanced education and (4) benefits of advanced nursing education. A synthesis of the literature is provided to explicate what is known and unknown about the factors that influence nurses to advance academically.

Historical Context

Nursing education is dynamic and is continuously influenced by social, political, and economic trends and issues. It has evolved throughout the late 1800s to the present and will continue to develop and impact the future of nursing itself (Scheckel, 2009). The ongoing development in health care, evidenced by the growth in technology, advances in nursing and medicine, the impact of evidence-based contributions, policy formation and politics, the growing needs of the aging population, and the need for treatment of diseases occurring in younger generations than before all demand that nurses be sound in their theoretical and clinical knowledge (Scheckel, 2009).

During the 1800s, practical nurses were in high demand and were predominantly influenced by the industrial revolution. In 1892, the Young Women's Christian Association in Brooklyn New York offered the first practical nursing course. Over time, higher educational standards were required for the practical nurse, and Josephine Goldman highlighted this in a report in 1923 entitled, *Nursing and nursing education in the United States* (Scheckel, 2009). Since the first half of the 20th century, the scope and function of the practical nurse was advanced to a licensed practical nurse (LPN) or a licensed vocational nurse (LVN), and they worked under the supervision of a registered nurse. The function of the LPN and the LVN also varied from state to state and included an assignment to stable patients who had common health conditions. Their duties included collecting and reporting abnormal data, providing bedside care, and sharing ideas to improve the provision of patient care and health maintenance (Kurzen, 2005). Improvement of their supportive roles required that they possess the appropriate knowledge and capabilities. As a result, their educational preparations are often offered in community colleges, and the requirement of completion of the state practical nursing exam National Council Licensure Examination for Practical Nurses was initiated [NCLEX-PN] (Wendt, Alexander, 2005).

During the latter half of the 19th century, there was an increased need for nurses because the hospital industry was developing rapidly. This demand was met through hospital training of nurses. This phase was called the apprenticeship period because nurses were given educational training in exchange for patient care services. The hospital-trained nurse was later called the diploma nurse (Bullough, & Bullough, 1984). The need of students Standard Curriculum for Schools of Nursing soon became incongruent with the educational preparation of the diploma nurse. In a report known as the Burgess Report entitled, *Nurses, Patients, and Pocketbooks,* it

was cited that student nurses were trained based on hospital needs and not patient care needs (Burgess, 1928). In 1909, to balance the academic needs of nursing students and the need for clinical experience, the first baccalaureate nursing program began at the University of Minnesota (Bullough & Bullough, 1984). The National League of Nursing (NLN) also contributed to the restructuring of the diploma nursing program and published an article on the standard curriculum for schools of nursing. This typified that diploma programs should reduce the students' work time in the hospitals and increase education in the sciences, clinical experiences, and population diversity (NLN, 1927). By the middle of the 20th century as medical technology, knowledge in disease treatment, and the demand for sound theoretical nursing knowledge increased, there was a decline in the hospital-based diploma programs (Melosh, 1982). As a result, many hospital-based nursing programs collaborated with colleges and universities to meet the educational needs of diploma nurses to transition to associate and baccalaureate degrees (Clinton, Murrels, & Robinson, 2005).

The associate nursing degree program began in the early post World War II and following the Ginzberg Report in 1949, which recommended a 2-year nursing program to meet the existing nursing shortage (Ginzberg, 1949). The educational preparation and the performance of the associate degree nurses were seen as excellent except in areas of leadership and public health (Smith, 1960). The American Nurses Association (ANA) in 1965 published a position paper, which recommended that the minimum preparation of the professional nurse be a baccalaureate degree. Hence, the BSN degree educated nurse was deemed a professional nurse (ANA, 1965). Florence Nightingale's philosophy encourages nursing education in anatomy and physiology, surgery, chemistry, nutrition, sanitation, and professionalism (Selanders, & Crane 2012). The International Council of Nurses supports the education of nurses in universities so

they can become skilled practitioners of the 20th century, who will be capable of addressing health care issues locally, nationally, and internationally (Fenwick, 1901).

Research has shown that the baccalaureate educated nurse helps to increase patient outcomes (Aiken et al., 2008). Magnet hospitals employ a higher percentage of baccalaureate nurses, and most hospitals prefer a baccalaureate prepared nurse (Graf, 2006). Mobility programs are in place and are encouraged among diploma and associate degree nurses to advance to a BSN degree or higher. A review of the 2008 Statistics for Registered Nurses indicated that 50% of the nursing population need to advance above their basic level of nursing education (U.S. Department of Health and Human Services, 2008). Scheckel (2009) stated, "because the associate degree in nursing is considered an initial entry degree into practice as a registered nurse, it is important to investigate why so few associate-prepared nurses return to school" (Scheckel, 2009, p. 36).

The highest educational preparation offered in nursing is the doctoral degree. In 2008, there were 337,441 nurses who were prepared with Master's and doctoral degrees (National Sample Survey of Registered Nurses, 2008). Prior to the 1950s, nurses who were Master's prepared had done so through internship. Rutgers University in New Jersey was the first to offer a Master's program in psychiatry. Support for this program grew among various advocates including the ANA and social trends. It was deemed necessary for nurses to be advanced academically to fulfill roles in: research, teaching, administration, and clinical practice (ANA, 1978). The growth and progress in nursing is continuous, and the demands for advanced educated nurses are increasing; this creates a greater need for advanced educated nurses in academia. Nursing programs are now incorporating competence in their curriculums to address cultural diversity and global issues (Fitzpatrick, 2007). According to the CDC, by 2030, the

population for the 65 and older age group will increase to 71 million. The need for

gerontological specialists is imperative. Research, technology, informatics, inter-professional

education, and the future of nursing are all specialty areas that require that the nurse advance

professionally (CDC, 2007). Annually, approximately 1.5 million persons die as a result of

preventable drug events occurrence (Macdonald, 2010). The IOM (2000) is consistent in its

recommendation to develop standards for patient safety and minimum levels of expectations for

health professionals.

The opportunities presented to nurses to advance their education are numerous. The

nursing profession is constantly developing by the advancement in technology and ongoing

changes and challenges as a result of evidence based practice and research. Diversity in patient

population requires cultural awareness and global health strategies, which further supports the

need for nurses to advance academically to meet the demands of this complex health care

environment.

Motivations to Advance

Countries such as Canada, Sweden, Portugal, Brazil, Greece, Iceland, and the Philippines,

all require a 4-year undergraduate degree to practice as a registered nurse (AACN, 2010).

However, there are other countries including the United States where a majority of the nurses

have only a diploma or an associate's degree (National Statistics for Registered Nurses

[NSSRN], 2008). Warren and Mills (2009) conducted a quantitative study exploring what

motivates nurses to advance professionally. The sample for this study was selected from the

Maryland Board of Nursing database. The process for the study included a random selection of

names, and these participants were used as the surveyed list of nurses. The conceptual

framework used for this study was the concept model of nursing motivation. The research

variables were measured and operationalized using a descriptive, non-experimental, cross-sectional study. A sample size of 384 was required from the 1,800 surveys that were mailed out; 552 responded, and only 297 of the respondents were eligible for the study.

Four scales were used to measure the study variables: (a) the perceived organizational rewards and incentives in influencing nurses to advance academically; (b) individual participant's attitude towards professional commitment and career satisfaction; (c) the perceived value of a bachelor's degree and work family conflict; and (d) other scales used were: career satisfaction, perceived barriers to return for additional nursing degree, and a Likert Scale was used to assign points ranging from 1 to 10 for the scales used. Cronbach's alpha, Pearson chi-square, and logistic regression analysis were implemented for statistical analysis and data summary. The findings revealed that approximately 19% of nurses planned to enroll in a nursing degree program if they were offered the right incentives such as career satisfaction, professional commitment, and if a BSN degree offered opportunities and incentives from their organization. It was indicated by the authors that there seems to be other important factors than those stated by the participants that hinder them from advancing academically.

Inferred limitations mentioned in the conclusion were lack of control regarding sampling error, with the data supplied by the participants of the study and the nursing board and the time of the nurses' licensing renewal. The authors made the following recommendations: future qualitative research studies related to advancing nursing education, that nursing practice implements a cohort model and mentorship program that will identify and encourage nurses to advance, and that a path be developed for graduate educated nurses to serve as student nurse preceptors. The findings were not conclusive about what motivates nurses to return for advanced education and have recommended further studies to determine this phenomenon. This need for

further studies is supportive to this study to unearth the critical factors that influence diploma and associate degree nurses to advance. The authors also recommended that health care facilities should aim for a goal of 100 Master's-prepared nurses within 5 years and to use motivators such as an innovative partnership model to encourage academic advancement (Warren & Mills, 2009).

A quantitative study done by Spetz and Bates (2013) examined the relationship between education, experience, and wages of registered nurses with an active license in the United States. The wage for estimated hours annually was calculated by the use of the chained consumer price index. The variables were years of experience in nursing and initial nursing education level. This variable included any U.S. nursing license that qualified an individual to work as a registered nurse. Nurses whose initial license was a graduate degree were excluded from the study. The wage equation also included race/ethnicity, gender, and the state of residence. Observations were included with regression modeling to account for missing values. Only details for 2008 National Sample Survey of Registered Nurses (NSSRN) were computed for this study (Spetz & Bates, 2013).

Psychometrics of this study included the usage of a multivariate regression that examined the effect of education on RN wages both for initial education and the completion of a second degree. Coefficients were used to calculate lifetime expected earnings. A multinomial regression was used to examine the relationship between education and the job title. Lifetime earnings for the nurse whose initial education is BSN were higher than an ADN nurse. The BSN degree was associated with being a higher advanced practice nurse and having an academic and management title. The BSN degree benefits the nurse and the patients (Spetz & Bates, 2013). The study recommended further research to examine the nurse's choice to invest in a BSN degree. Family background and personal characteristics were strong factors indicated that would

determine if an individual would pursue a BSN degree. It was also revealed that nurses who are incentivized may advance professionally. An incentive such as a wage increase demonstrated a strong relationship with experience and education. This study may strengthen the findings of the current study on the critical factors that influence diploma and associates degree nurses to advance professionally.

Nurses and their leaders should be conscious of the need for learning and training opportunities to promote the growth of the profession and themselves (MacyReport, 2009). In the study, *Becoming a Professional by Degrees – A Grounded Theory Study of Nurses in Malaysian Borneo in Australia*, the authors indicated that advanced education is essential for nurses as professionals and for the promotion of the advancement of further tertiary education (Birks et al., 2010). Some of the hallmark characteristics of professionalism are critical thinking, communication skills, ethical standards, and clinical standards (Iwasiw, Andrusyszyn, & Goldberg, 2007). The BSN degree is a crucial factor in cementing the status of professionalism.

Using a qualitative method and the grounded theory design, the purpose of this research was to explore the process of becoming a professional through post registration BSN degree studies among Malaysian Borneo nurses (Birks, Chapman, & Francis, 2010). Participants of the study were registered nurses who completed the BSN degree in an Australian University. Ten in-depth individual interviews and five focus group interviews were conducted in Malaysia. The techniques were synonymous with the characteristics purported in grounded theory, which included: theoretical sampling, constant comparison of data, and the use of memos (Strauss & Corbin, 1998). Data analysis was done with NVivo7 software. The research described the social process on how nurses progress through the phases of seeking knowledge and then discovering knowledge through becoming different and finally becoming professional. The findings revealed

that nurses experience change personally and professionally. These changes included: being a better person; having increased confidence, greater self-esteem, assertion, and improved self-image; and enjoying personal growth. They also reported improved communication, teamwork, and leadership. The professional identity was seen as a subjective-self and an objective image that is how they are seen by others. The authors also indicated that their study compared the BSN nurses' experience, and the experience of diploma and associate degree nurses on becoming professionals (Birks et al., 2010).

The recommendation from this study was for further research in other demographic regions, to explore the factors contributing to fusion of the person and the professional identity (Birks et al., 2010). The study suggests that more insight and increased researcher sensitivity to the feelings, issues, and experiences of nurses towards academic progression may increase. The study examined the experiences of nurses who were already baccalaureate educated and confirmed that the phenomenon of the need for nurses to pursue academic advancement at the diploma and associate degree levels are necessary. The process of academic advancement is relevant to Malaysia and also to global nursing. It is supportive of the proposed study to uncover what factors influence diploma and associate degree nurses to advance and may serve to encourage them as BSN participants to share their experiences about the benefits they derive from advancing. Qualitative studies such as a grounded theory methodology may provide insight about the factors that will influence diploma and associate degree nurses to advance professionally.

Aiken et al., (2014), conducted a retrospective observational study and reviewed 26,516 professionals at the bedside from 2009-2010. Three hundred hospitals in nine European countries (Belgium, England, Finland, Ireland, the Netherlands, Norway, Spain, Sweden, and

Switzerland) participated in this study. The aim of the study was to assess if there were differences in patient to nurse ratios and nurses educational qualifications in nine of the 12 RN4CAST countries that had similar patient discharge data and variations in mortality rates after common surgical procedures (Aiken et al., 2014).

The study's method included obtaining data of 422,730 patients, 50 years and older who had at least 2-day hospital stays for common general surgeries or similar orthopedic or vascular surgeries. Administrative data were coded with a standard protocol of variants of the ninth or tenth versions of the International Classifications of Diseases, used to estimate a 30-day in hospital mortality risk. Adjustment measures used were: age, sex, admission type, 43 dummy variables suggesting surgery type, and 17 dummy variables indicating comorbidities present on admission. The sample size consisted of 26,516 nurses. The researchers also used generalized estimating equations to assess the effects of nursing factors that may result in surgical patients dying within the 30 days of admission, also before and after adjusting for other hospital and patient characteristics (Aiken et al., 2014).

The results showed that one additional patient to a nurse's workload increased the likelihood of an inpatient dying within 30 days of admission by seven percent (odds ratio 1.068, 95% [CI 1.031-1.106]). A 10% increase in BSN degree showed a decrease in the likelihood by 7% (0,929, 0.886-0.973). The implication is that hospitals with 60% of nurses having a BSN degree, who cared for an average of six patients, would have 30% reduction in patient mortality, than in hospitals with 30% BSN degree nurses caring for an average of eight patients (Aiken, et. al, 2014).

The implications for this study are that the reduction of nursing staff in hospitals may adversely affect patient outcomes, and BSN degree educated nurses may reduce preventable

hospital deaths (Aiken et al., 2014). This research study supports the current study by indicating that advanced nursing education is beneficial for patients, acute care hospital quality of care standard, and nurses providing patient care. In addition, BSN degree educated nurses significantly contribute to the reduction of patient morbidity and mortality. Therefore, it is important to understand the critical factors that influence nurses to advance academically.

The synthesis of the studies indicates that various factors may contribute to nurses advancing professionally. This included a positive correlation in the relationship between education, experience, and wages. In addition, there were more favorable patient outcomes with nurses with BSN and higher degrees. The indication by the authors to conduct further studies suggests that there is a need to determine the critical factors that may influence the diploma and associates degree nurses to advance academically.

Perceptions of Advanced Education

In a descriptive, exploratory study, Osterman et al. (2009) explored nurses' perceptions about returning for a baccalaureate degree. A qualitative approach was used to understand the meanings and the interpretations of nurses who pursued a BSN degree. Participants were either in their last semester or the final year of the BSN program. There were 11 voluntary registered nurse participants in this study; the number was determined after data saturation was reached. Each participant was interviewed for an hour privately regarding their views on the research topic and then further probed with added questions focusing on perceptions and experience as a BSN student. This strategy was done utilizing the flexible in-depth interview design of Rubin and Rubin (1995).

Participants' responses were grouped according data analysis and the themes that emerged. These themes included participants who sought out advanced education based on their

own needs and participants who identified supports such as peers, family, and hospital-based resources (Osterman et al., 2009). The study suggested that the reasons each participant returned to school were personal and varied, but each had improved personally, professionally, and holistically. Findings consisted of primary and secondary themes. Primary themes included: meaning on entering the program and meaning on preparing to graduate or upon graduation, the scope of the participants' knowledge on professionalism, learning to reframe thought processes, seeing the big picture, and the participants' approach to practice. (Osterman et al., 2009). Waiting for the right time was the central theme expressed by most of the participants. For others, returning to school was the means of achieving a higher goal, enhanced self-esteem, and confidence.

At the conclusion of the study, participants expressed a sense of betterment of themselves as role models and as teacher for patients and peers. They also expressed feelings of accomplishment, satisfaction, and attainment. The authors recommended a structure by which new knowledge and skills of the BSN degree nurse may be transferred. These included giving BSN nurses the opportunity to share their knowledge and skills by assigning them roles as preceptors, and resource nurses. In addition, the inclusion of a BSN development plan as a part of the nurses' performance evaluation, and planning organization recognition programs for BSN attainment encourage nurses to advance professionally. These recommendations support a need for further studies on why diploma and associate degree nurses are not advancing professionally. It is essential to investigate why these nurses are not advancing in increased numbers and at an appreciable rate despite the positive impact indicated for nurses, higher nursing education, and the nursing profession itself. Further studies are therefore indicated to examine, explore, and interpret the factors that may influence professional progression.

Kubsch, Hansen, and Huyser-Eatwell (2008) conducted a quantitative survey study entitled "Professional Values: The Case for RN-BSN Completion Education." The purpose of this study was to provide answers for the following questions: Are there differences in perception of professional values among RNs? If differences exist, is it related to educational background or other factors? Permission to conduct the study was granted by the hospital and university institutional review boards. A survey sampling method was used to select the participants. These participants were: ADN, RN-BSN students, and RN-BSN graduates. Their consents were obtained through a link sent to each of their email. Five hundred and ninety RNs enrolled to participate in the study. Of this group, a total of 130 nurses who were enrolled in a BSN program were selected. A demographic questionnaire was used to test the nurses' professional values. The study used a survey of 50 questions to compare the perceptions of the professional values of 130 RNs who were at various educational levels. Each question had five possible responses ranging from not important to very important. The scores ranged from one to five, and the sum of the scores ranged from 50 to 250. Higher scores indicated strong professional values. All surveys were completed online and accessed via a URL that was provided by the researchers. The data were converted using SPSS for analysis. The sample consisted of nurses who were: ADNs, RN-BSN graduates, and RN-BSNs currently enrolled in a nursing program; these nurses were equally distributed. The 41 to 50 age group was the largest percentage, females were 94.4% and males, 5.1%. Seventy-five percent of the samples were hospital employees. The mean scores were a range of 3.98 to 4.68. Content validity was determined by masters and doctoral educated nurses who were previously BSN, ADN, and diploma educated nurses. An internal consistency of 0.946 was determined by the use of Cronbach's alpha coefficient.

The authors used Hall's care, cure, and core Theory as the framework for this study. In Hall's model, care means that the nurse provides personal care; cure is the collaborative effort of nurse and physician or other team members of the health care team; and core addresses the social, emotional, and intellectual needs of the family, community, world, and therapeutic use of self. While the care and core is taught in the ADN program, cure is taught in the baccalaureate programs. Hall's model purports that patients should be cared for only by RNs who can professionally and responsibly provide care (Hall, 1963). As a result, the authors recommended support for the promotion of baccalaureate-educated nurses (Kubsch, Hansen, & Huyser-Eatwell, 2008).

The study's findings revealed that RN-BSN had the highest perceived value score. Additionally, the study indicated that continuing education could positively influence professional values. The authors recommended that employers support RNs in returning to school to earn the BSN degree. The current study that investigated the critical factors that influence the diploma and associate degree nurses to advance may help employers to streamline their support for academic advancement.

Professional values are standards of actions accepted by the practitioners and professional groups that provide a framework that influence the behavior of the group (Joel & Kelly, 2002). Authors Nalle, Wyatt, and Myers (2007) conducted a quantitative study to examine advanced education needs of nurses in a voluntary continuing education state. The study was executed using a sample of 672 RNs in Tennessee, from an online survey to identify learning needs to guide planning at the state, regional, and organizational levels and to explore the relationship between state RN demographics and continuing education practices.

The study implemented an online needs assessment that consisted of 25 items. The process involved Internet technology and online data collection procedures. The respondents represented 45 professional roles and nursing positions. The online needs assessment was available to RNs for 4 weeks. Data were exported to SPSS version 16.0 for analysis of the 672 participants. Demographic data were analyzed using descriptive analysis and included frequencies, means, and cross tabulations. Multiple-choice questions were analyzed using multiple response tables to examine the relationships between demographics, professional characteristics, continuing education needs, and participation in continuing education. Response for multiple choices showed 100%. There was a geographic distribution of 55%, 26%, and 19% of participants from the eastern, middle, and western regions, respectively. Fifty-five percent of nurses were diploma educated, 46% had a graduate degree, 69% had over 16 years of professional experience, 8% had fewer years, and 86% were members of a professional organization. Fifty-nine percent of nurses rated continuing education as very important and 29% as important. Forty-three percent of BSN and MSN nurses stated that continuing education was for personal and professional needs (Nalle et al., 2007).

The study's findings reported that leadership and management, evidence-based practice, and advanced practice issues are factors that promote continuing education. Notably too, 55% of the study's participants were diploma-educated nurses, and 59% rated continuing education as important. These clearly indicate that there is a need to determine the critical factors that influence diploma and associate degree nurses to advance. Nurses will also need to advance professionally in order to engage and make relevant contributions in the roles of leadership and management, evidence-based practice, and advanced practice issues. Hence, the current study

regarding advanced education and the critical factors that influence the diploma and associates degree nurses to advance was imperative.

Mangubat (2005) conducted a qualitative study to gain insights about the motivational and participation barriers of RNs from different educational backgrounds. The aim was to improve opportunities and success rates in pursuing advanced education. A case study approach was used, and the setting for the study was in an urban hospital. Participants were diploma, associate, and BSN nurses with at least 5 years of nursing experience. Survey questionnaires were distributed to 272 RNs out of a population of 326. Respondents represented 44%. The study implemented the use of education participation scale, barriers to participation survey instruments, and interviews. In the findings, the participants reported that the following were motivational factors for advancement: seeking knowledge for its own sake, satisfaction for inquiring minds, supplement for previous education, and a degree. Fifty-five percent of the total respondents pursued advanced education. Those who did not advance attributed this to family, major life changes, finances, time, cultural influences, and job demands. The study revealed that advanced education has been a need for over one and one-half decade, and the need is increasingly pertinent to address the challenges in health care (Mangubat, 2005). Furthermore, not many studies were done in the past decade concerning advanced academic progression. Another startling reality is the pervasiveness and the growing persistence of this problem, which scientifically warrants a revolution. The foregoing supports the need for the proposed research to assist in determining the factors that would influence academic progression among diploma and associate degree nurses.

A synthesis of these four studies focused on the perspectives regarding the perceptions of nurses towards advanced nursing education. Nurses perceived that advanced education is

important based on the meaning and benefits it has for them. There were also attributes that motivations demonstrated from management strategies, evidenced-based practice, and improved quality all played a role in promoting academic advancement. Personal, family, and social influences played a role in academic progression as well as legislative interventions. These findings support the need to understand and interpret the nurses' perspectives in all domains and their meanings towards advanced education, and this is what the current study sought to unearth, so that relevant strategies may be developed.

Benefits of Advanced Nursing Education

A quantitative study conducted by Maneval and Teeter (2010) implemented a five-item instrument survey addressing questions relating to nursing students self-reporting of educational goals and their opinions on the proposed RN-Plus-10 requirements in which graduates are to have a BSN within 10 years of graduation. The study was conducted in Pennsylvania to determine the goals and opinions of diploma and associate degree nurses towards legislated educational advancement. A focus session was convened with a small group of nurses. A pilot study was administered to nursing students at a community college. Deans and clinical directors of 26 pre-licensure associate degree programs and 22 diploma programs delivered surveys to their students. Participation was anonymous, and consent was implied if the survey was completed and returned by the participants. Twenty-eight nursing programs participated, along with 68% of diploma programs and 60% of associate degree programs. A total of 43,090 surveys were returned.

The students were surveyed regarding completion of a BSN degree; 86% of them would pursue the degree, and 94.8% planned to return for the BSN degree within 4 years. The respondents addressed the question on whether they would advance professionally if the RN-

Plus-10 were enacted; 80% indicated that they would have selected their current program. All the participants agreed that 10 years was a reasonable time to complete their BSN degrees. The study reported that 79.6% of the respondents would aspire to obtain masters and doctoral nursing degrees if they were financially capable (Maneval & Teeter, 2010). The findings indicated that 86.3% of diploma and ADNs in Pennsylvania planned to pursue a BSN degree. The authors revealed that nurses are highly motivated to advance academically; however, their goal is greatly deterred. It is evident, therefore, that there are critical factors that hinder diploma and associate degree nurses from advancing professionally. The authors have recommended that nurse leaders, administrators, educators, and legislators gain an understanding of the barriers that deter nurses and that strategies be implemented that will convince and support professional progression among this group.

A study aiming to examine the global development of advanced nursing practice was conducted using a self-administered survey questionnaire method to collect data from documentary resources of the International Nurse Practitioners (INP)/Advanced Practice Nurse Network (APNN) of the International Council of Nurses (ICN). The ICN is the largest nursing organization worldwide. The data sources included bulletins, network-communication, and conference publications. Fourteen geographical areas (Canada, Latin America, USA), Africa, Asia (China, Japan, Korea, Singapore, Thailand), Australia, New Zealand, and Europe (Belgium, Germany, the Netherlands, Switzerland, Nordic Countries and the United Kingdom), were included in the study (Sheer, Wong, & Kam, 2008). Geographical area includes three regions and five continents. The research study was conducted from a needs-based perspective to increase access to health care, and the improvement of nursing education to advanced levels. The

main areas of focus for this study were; historical development, roles, education, and regulation (Sheer et al., 2008).

The study used the operative definition for the term advanced practice nurse from the ICN (2001) as "a nurse practitioner/advanced practice nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which he/she is credentialed to practice. A master's degree is recommended for entry level" (ICN, 2001). Research findings indicated that Canada has embraced advanced practice nurse since the 1970s. In Latin America, there were difficulties to establish APNs, and the physician is the first line primary care provider. The United States has adopted APN since the 1940s and is the only country with all the five categories of APN: nurse practitioner, clinical nurse specialist, nurse anesthetist, nurse midwife, and case manager (Bigbee & Amidi-Nouri, 2000). There are 34 nurse clinics in Hong Kong, directly related to APN that has been implemented there since 1993. These three countries including nine others have embraced APN. Germany and Latin American countries were the only two in this study that have yet to implement a structured APN program. In spite of this, the study revealed that the APN role has expanded since the past decade, as most countries are developing the role. The findings of the study further revealed that 50 nations either have APNs or are developing the role. The challenge exists within each area's unique social, cultural, and economic context and how these influence the decision to provide education needed for APNs, to clearly define their role and to establish the scope of practice and regulations. Experiences and research support the value of APN and how a wide range of groups have benefited, for example low-birth-weight-infants, women, and chronically ill individuals. APNs help to bring about positive health outcomes and cost containment and promote

satisfaction. This positive influence has helped policy makers to include APN as a part of the health care team (Sheer et al., 2008).

Global development of the APN role reveals the inequity of resources among nations. The US and Canada consume 52% of the world's financial resources for health care and 37% of the world's health care providers while there is a 10% burden for the region. By contrast, Africa has 24% global burdens but is served by only 3% of health care workers. Asia shares the world's largest burden of 29% and consumes 1% of financial resources and 12% of the health care resources. The study confirms that APNs' development is an invaluable global trend that improves access to care, reduces waiting time, contains costs, serves the under privileged, and maintains health among specific groups (Sheer et al., 2008).

This study supports the need for academic progression, which is a global issue. Advanced practice nursing is accomplished through continuous educational advancement. This process needs to be mobilized among diploma and associate degree nurses to encourage engagement in conducting research and to alleviate the burden of the global health care needs of at-risk groups such as low-birth-weight-infants, women, and chronically ill individuals. The use of APNs in bringing about positive health outcomes and cost containment and promoting patient satisfaction will benefit and impact nursing care quality nationally and internationally. This study further reinforces the need for other research to address critical factors that influence diploma and associate degree nurses to advance.

Gray, Rowe, and Barnes (2014) conducted a qualitative, case study research in Australia to investigate how existing registered midwives are challenged by current statutory requirements, as it relates to continued professional development. The regulatory standards that challenged these midwives focused on the Australian Regulatory Authority Standards introduced in 2010,

for nurses and midwives that delineate continuing professional development requirements and a guiding framework. Further recommendations were for individuals to engage in adult pedagogy for self-examination to identify and prioritize their learning needs. The responsibility rests on the nurses to decide what education was relevant to them and what actions were implemented by them to meet their learning needs. The requirements were for each nurse to complete 20 hours of continued professional development annually and maintain their licenses. This benefited the nurses in how they value their academic achievements and the effects on their practice (Gray et al., 2014).

A sample of 50 female participants was recruited from four states using a purposive sampling technique. A longitudinal case study design was used in which the midwives provided information through individual in-depth qualitative interview. These interviews were transcribed verbatim and data analysis was assisted with the usage of the NVivo software. The findings revealed the key theme as one that surrounded the relationship between motivation and the decisions that midwives make regarding continued professional development and their ongoing registration and practice context. It is believed that values and beliefs relate to current practice and how these serve to motivate midwives to advance professionally. In the context of changed requirements, the findings provided enlightenment on the need for system-wide strategies to support midwives to continue to increase their academic achievements. Statutory requirements proved beneficial in motivating nurses to meet continued educational requirements. This is supportive of the study to determine what influences professional advancement among nurses and what strategies may be developed to motivate them to continue advancement.

The study indicated that health professionals have legal, regulatory, and ethical obligations to remain up-to-date and informed by advancing professionally. The commitment to advance is

attributed to motivation as the core theme. "Motivated individuals are commonly attracted to participate in research studies" (Gray et al., 2014). This study has demonstrated that regulatory standards, nurses' commitment, and organizational support influence academic growth and professional advancement.

Another quantitative research study conducted by Sportsman and Allen (2011) used three survey questionnaires as the instruments to capture the perceptions of faculty and students enrolled in a Texas associate degree nursing program. This was aimed at capturing their views regarding a BSN degree program. The third group of respondents represented chief nursing officers in an acute care setting. The problem in the nursing industry in Texas centers on the ratio of diploma, ADN, and BSN degree programs. There was one diploma school, 79 ADN schools, and 25 BSN academic facilities. It is reported that one in three of the nation's nurses are produced in Texas, California, New York, Florida, Ohio, and Illinois. The survey was placed on Survey Monkey; email addresses were obtained for all associate degree program directors for access to their faculty and enrolled students. The sample size was 416 students in the ADN programs and 61 faculty members. Approximately 10 of the respondents were licensed vocational nurse (LVN). All three groups of participants identified the following as barriers to enrolling in the BSN program: time, financial constraints, and difficulty to complete pre-requisites. Most respondents reported that they would return to school in 5 years. The aim was to develop strategies that would promote academic advancement to at least a BSN degree. The associate degree nurses who graduated in less than 5 years were the ones schools of nursing would recruit (Sportsman & Allen, 2011). The disproportion of ADN nurses in Texas indicated that there is a need for more advanced practice nurses in that state. This study may serve to

strengthen the findings of a grounded theory research to discover, understand, and interpret the meanings of the choices nurses make towards advanced education.

Eley, Francis, and Hegney (2013) conducted a study on career progression. A quantitative cross-sectional cohort design with mailed survey was used to measure the extent of the relationship between opportunity for career progression in nursing with turnover and retention. The study sample was members from the Queensland Nurses Union in Australia. Surveys were mailed out to 3,750 randomly selected nurses in October 2010. A reminder was mailed out to non-responders 2 and 4 weeks after the initial mail-out. Some questions offered a five-point Likert scale from *very satisfied* to *very dissatisfied*. While other questions in the survey had yes and no responses, semantic responses were extremely good and extremely limited. Data were categorized according to public and private sources and aged care sectors. A Predictive Analytic Software (PASW) Statistics was used for analysis. A level of .05% was used to support inferences for chi-square, ANOVA, Z- and *t*-tests. The free text data were analyzed to compare with coded data.

The findings of this study indicated a lack of employers support as the major response from all the groups. The response rate was 36.4%, and the feedback from aged care was 38.9%, private 37.2%, and public 33.1%. The barriers identified in this study were related to improvement in job satisfaction and increasing retention. The study further revealed that the lack of career progression among nurses remains a major concern for patients and families, nurses, and the profession. This indeed supports the need for a qualitative study that will examine the social processes of nurses in their environment, the interpretation of their interaction, and the critical factors that influence them to advance academically.

Overall, these five studies illuminated the need for strategies that would help to benefit academic progression. These strategies could include regulatory standards and system-wide support to promote decision-making towards professional advancement. Barriers are to be eliminated and facilitators enhanced in order to promote educational advancement. These issues support the need for the study indicated to determine the critical factors that influence the diploma and associate degree nurses to advance.

Experiential Context

Henwood and Pidgeon (1992) identify reflexivity as one of seven attributes that characterize good qualitative research. The remaining six attributes were the importance of fit, integration of theory, documentation, theoretical sampling and negative case analysis, sensitivity to negotiated realities, and transferability. Reflexivity ensures that the role of the researcher is acknowledged and accounted for in the documentation of data (Henwood & Pidgeon, 1992). The researcher should seek to be evaluative as the study develops. This is done through reflexivity, as he or she monitors his or her own thoughts and feelings; this is a critical element in the establishment of credibility in qualitative studies (Guba & Lincoln, 1989). The researcher is also the major instrument for data collection and analysis (Patton, 1990). Bracketing refers to the researcher's identification of his or her interests, personal experience, cultural background, assumptions, and feelings that could influence how he or she views the study's data. Bracketing involves a constant mindfulness to data, asking about assumptions that have gone into what is seen and heard and how this information is interpreted (Fischer, 2009). As a researcher, it is imperative to be mindful about personal feelings, thoughts, emotions, knowledge, and perceptions relating to the data that I will be collecting and the phenomenon of interest. This ongoing awareness will be documented by journaling, memo writing, and being vigilant about

what is happening with the observed and the observer, also looking back and inward in a self-aware manner. This is to avoid imposing meanings on the data, to discover repeatedly my assumptions and interpretive understandings against the emerging insights. A constant self-awareness helps to eliminate bias and enhance confirmability (Fischer, 2009).

Advanced nursing education has been my personal goal since entry into this profession. As a result, I started out in a 4-year baccalaureate degree program and realized it was advantageous to advance further along the career path of nursing. Advanced education prepared me with sound clinical judgment when providing patient care and in health care decision making. It has been reported that the baccalaureate-prepared nurse is four times more likely to advance their nursing education (Raines & Taglaireni, 2008). Although often faced with comments such as "there is no difference between an ADN and a BSN degree nurse," the literature confirms that the more advanced educated nurse reduces patient mortality (Aiken et al., 2008). During my 20 years in direct patient care, I have never made any patient care errors. I have also observed my colleagues who were advanced prepared and those who were associates and diploma educated., and I observed that those who were advanced were very rarely the cause of avoidable patient care errors or that they were rarely unable to appropriately provide critical clinical judgments when situations arose.

Nurses are presented with various opportunities to advance academically regardless of their status educationally. This researcher became concerned with this phenomenon when the health care facility where I was employed offered nurses an opportunity to advance, yet very few nurses accepted. The faculty members from the university were providing lectures on-site in classrooms on the hospital campus; the workplace was defraying costs for tuition, books, and even free babysitting options. Nurses were required to fulfill a tuition reimbursement plan by

working for the hospital for 2 years upon graduation. I have observed that it was the hospital secretaries, nursing assistants, respiratory therapists, and the baccalaureate trained nurses who were in the majority who accepted the benefits of this offer. Although I encouraged some of my colleagues to advance, some of the common responses were: "No more school for me," or "I do not have the time." However, I still remained concerned about the factors that really hindered associate and diploma degree nurses from advancing, especially when states, the federal government, educational institutions, and employers are creating incentives and opportunities for working nurses to earn higher degrees (Robert Wood Johnson Foundation, 2013).

In exploring the literature, it has been revealed that not many research were done over the past decade (Osterman et al., 2009). This researcher began to examine how much more effective the workplace, nursing, and patient outcomes would have been if nurses would continue on the continuum of the career ladder from Diploma-ADN-BSN-MSN-DNP/PhD. Furthermore, I also realized that my limited exposure to the problem will not provide me enough to intervene. It is problematic that diploma and associates degree nurses account for 50% of the nursing population. In order to increase the percentage of nurses to at least the BSN degree level by 2020, more than 465,000 diploma and ADN nurses must advance academically (Bureau of Labor and Statistics, 2010).

To effectively investigate and understand why associate and diploma degree nurses are reluctant in advancing their nursing career, I am consciously recognizing and admitting my assumptions and interests in the topic. I will need to continuously recognize my biases and bracket them so that my feelings and experiences do not interfere with the meanings or the interpretations of data. This will be ongoing to help identify and examine perspectives. This ongoing reflection on my engagement with data collection and analysis is crucial in getting to know and understand

hermeneutically. Hermeneutic means that I will attend to my own meaning making because aspects must be interpreted and understood in relation to others. Reflexivity provides awareness even in understanding and interpreting. Journaling and memoing pre- and post-reflective thoughts will help me to open up to what I will be learning from the data. It is believed that rigorous qualitative research is demanding, and that it requires disciplined involvement with the subject matter (Fischer, 2009).

Chapter Summary

This chapter included a brief literature review that highlighted the growth and changes over different time periods of the nursing profession, which often coincides with the existing societal structure, health care needs, technological, and scientific advancements. The literature review was presented in the following categories: historical perspective, motivations to advance, benefits of advancement, perceptions of advanced education, and experiential context. The experiential context examined the need for the researcher's reflexivity to eliminate bias and prejudice and to avoid altering the data or the research process. Chapter three will address the method involved in this research study.

CHAPTER THREE

METHODS

This grounded theory study sought to unearth the critical factors that influence diploma and associate degree nurses to advance academically. The study aimed at gaining an understanding of the social processes associated with the decisions of diploma and associate degree nurses to advance their nursing education. Method is getting through and beyond the conjecture and preconceptions to the point at which the researcher may uncover the underlying processes of what is happening so that interventions are carried out and recommendations can be made (Glaser, 1978).

A qualitative approach such as grounded theory is suitable for inductive problem-solving of a phenomenon. Grounded theory method is a research method that is used to systematically gather and analyze data primarily from observations and interviews to develop a theory (Denzin & Lincoln, 1998). Grounded theory elicits a fresh response to understanding patterned relationships between social actors and how these relationships and interactions actively construct reality (Guiney, & Congcong, 2012). Grounded theory is also an approach that looks systematically at qualitative data such as transcripts of interviews or protocols of observations, primarily aiming at the generation of theories. It combines a specific style of research or a paradigm with a pragmatic theory of action and with some methodological guidelines (Corbin & Strauss, 1998).

A grounded theory is one that is inductively derived from the study of phenomenon. It is a theory that is discovered, developed, and provisionally verified through systematic data collection and analysis of ideas pertaining to that phenomenon. The stopping point is reached when new data does not change the emerging theory anymore. Hence, the data are grounded in

the phenomenon of interest (Glaser & Strauss, 1967). The researcher implemented the methodology of grounded theory espoused by Strauss and Corbin (1980) to systematically gather and analyze data from diploma and associate degree nurses regarding the factors that influence their professional advancement. This approach is structured, and yet it allows fluidity to go back and forth from one category to the other until the theme(s) emerge or a theory is derived.

Research Design

The qualitative methodology includes an emergent design; it utilizes inductive reasoning, and a naturalistic approach to obtain a rich contextual data from participants. This inductive research process uses a variety of coding analytic processes to move from specific to broad descriptive conceptual categories and abstract themes. Both qualitative and quantitative approaches may be implemented to investigate and interpret the critical factors that influence diploma and associate degree nurses to advance. However, different kinds of research, subject matter, disciplinary, or problem solving situations require the approach and technique that are best suited for the particular issue (Johnson, 1986). A qualitative method provides a better understanding of the details of a phenomenon, which are challenging to address using a quantitative approach. The quantitative approach uses deduction, mathematical, and statistical imputations to obtain conclusion of a research inquiry. A qualitative approach provides the: (a) description and interpretation of new or inconclusive research issues; (b) theory generation, theory development, theory correction and theory qualification; (c) evaluation, policy development, and action research; and (d) research directed at future issues (Bitsch, 2005).

Grounded theory originated with Glaser and Strauss (1967); these sociologists emphasized that theory should be grounded in data from the field and should primarily focus on the actions, interactions, and the social processes of individuals. Charmaz (2006) purported a

constructivist grounded theory consisting of the simultaneous process of data collection and analysis. This constructivist approach is a process where both data collection and data analysis continually focus on and inform the other. Clarke (2005) suggested that social situations should form the unit for analysis in grounded theory, which involves three modes: situational, social world, and positional cartographic maps that collects and analyze data. Strauss and Corbin (1990) used a systematic approach to develop a theory that explains process, action, and interaction about a phenomenon.

A study to investigate the behavior patterns of nurses in their social environment will be appropriate using a qualitative approach and the grounded theory design. This approach will be best guided through the lens of Strauss and Corbin (2008). This utilizes a systematic set of canons and procedures. A researcher commences his or her quest with some questions or areas for observation that will guide the initial and subsequent data collection process, which will be general and probing questions. This is essential to direct proceeding observations and interviews. Grounded theory analysis begins with the first data that is collected and continues until the completion of the research study. Analysis is done to search for cues and will incorporate all relevant issues into the preceding set of interviews and observations. Data collection and analysis occurs simultaneously in a back and forth pattern. This systematic zig-zag pattern allows the effectiveness of grounded theory approach to ground the emerging theory into reality. Both experienced and novice researchers may be guided by this research process. The following represents a list of canons and procedures espoused by Corbin and Strauss (1990) for grounded theory.

1. Data collection and analysis are interrelated. During the initial data collection period, the concepts are provisional and then they become repetitive through

observations, interviews, documents, and other relevant data. Any concept that is demonstrating relevance to the evolving theory is a condition, action/interaction, or consequence that may influence the phenomenon.

2. Concepts are the basic units of analysis. The researcher should work with the conceptualization of the data and not the collected data itself. Conceptual labels are given to incidents, events, and happenings as potential indicators of the phenomenon. Comparisons are made between incidents, and they are grouped under the same conceptual term to form the basic unit of a theory.

3. Categories must be developed and related. Categories consist of like concepts, and are the foundation of an emerging integrated theory. They are more abstract than concepts and emerge during the analytical process of comparison for similarities and differences. A category is clearly delineated by its properties and dimensions.

4. Sampling in grounded theory proceeds on theoretical grounds. It comes about as a result of concepts, their properties, dimensions, and varieties. The researcher selects the individuals, organizations, or community that best suits the phenomenon of interest. Theoretical sampling helps to bring about representativeness and consistency in a grounded theory research, consistency is established when a relationship between a concept and the phenomenon is established. Purposive sampling is the deliberate selection of participants by the researcher who will shed light on the phenomenon of interest. Snowballing occurs when individuals who are participants or non-participants of the study encourage others who they feel may qualify to participate in the study as well. However,

these individuals are evaluated by the researcher to ensure they meet the criteria for inclusion.

5. Analysis makes use of constant comparison. Data collected are compared with previous data for similarities and differences and to direct further data collection. All collected information is constantly compared and helps to guard against researcher bias and achieve a greater precision and consistency.

6. Patterns and variations must be accounted for. The researcher examines the data collected for regularity as well as irregularity. This helps to guide the order and pattern of the data and support synthesis.

7. Process must be built into the theory. Process may involve categorizing the phenomenon into phases, steps, or stages. It may also be a purposeful action/interaction that changes in response to any existing condition(s).

8. Writing theoretical memos is an integral part of grounded theory. Memoing is essential in keeping track of all the categories, properties, conceptual relationships, hypotheses, and generative questions that generate from the analytical process.

9. Hypothesis about relationships among categories are developed and verified as much as possible during the research process. Memoing begins with the initial coding session and continues until the completion of the research. The use of memos relates to the formulation and review of theory during the research process. They vary in length and complexity and the level of coding as well. Memoing is essential before the researcher begins documentation; this is to capture conceptual data. Essentially, this process continues to occur across the life of the research and

is a record of the ideas that the researcher has about the nature of the data and how

different concepts may be linked to one another.

10. A grounded theory need not work alone. The testing of concepts and their

relationships with other colleagues who have an interest or experience with the

phenomenon allows open scrutiny, gives possibility for new insight, guards against

bias, and increases theoretical sensitivity.

11. Broader structural conditions must be brought into the analysis; however,

microscopic in focus is the research. Analysis must focus on the central interest

that has immediate bearing on the phenomenon; this may include economic

conditions, cultural values, political trends, and social movements (Strauss &

Corbin, 1990).

Grounded theory method is initiated by identifying the data sources such as interviews,

observations, documents, historical documents, diaries, memoirs, among others, and these may

be utilized individually or in combination. An unstructured interview is highlighted as the most

data dense because it is not dictated by a predetermined questionnaire. Instead the interview is

designed through the initial icebreaker questions, then broad and then followed by probing

questions from the researcher, the participants' responses and the follow-up questions from field

visits. The data are collected and analyzed in a back and forth pattern, which demonstrates

constant comparison of data. The data collection process has four levels in coding the data: (a)

open coding includes major categories of broad information surrounding the core phenomenon; it

examines the causal strategies, intervening conditions, and consequences; (b) axial coding is the

formation of categories that surround the core phenomenon; and (c) selective coding is the

category that may take the format of a picture, series of hypothesis, or the connection of

propositions between micro and macro situations impacting the phenomenon. The model may also include a conditional matrix, which expands outward from the individual, group, organization, community, region, nation, and the world (Strauss & Corbin, 1990).

 Field notes are written about observations and experiences of participants in the field. These help to form concepts about what is occurring; concepts drive the method and guide subsequent follow-ups. Researcher reflexivity is an integral aspect of this process to avoid altering the meaning of the data provided by the study's participants. Sensitivity is also required for the researcher to be open-minded but not empty-headed (Dey, 1993). This grounded theory purported by Strauss and Corbin (1990) is most applicable for the phenomenon of interest to systematically examine, gain an understanding, and interpret the behaviors of diploma and associate degree nurses and the factors that influence their behavior patterns and the social processes involved in making their decisions to advance academically.

In their approach, description is the basis for more abstract interpretations of data and theory development. Here, description is basic to theorizing and conceptual ordering of data. Conceptual ordering is the organization of data into discrete categories based on their properties and dimensions, a precursor to substantive, middle range or formal theory formation. Description is used to uncover categories; items are identified from the data and classified according to their property and dimension. According to Strauss and Corbin (2008), the process starts with data collection from sources such as drawings, observation, diaries, memoirs, and interviews, among others. Data sources may also be triangulated; this is a combination of various types of data, and the quality of the data will influence the outcome. An unstructured interview is most data dense and is taken place with an open mind and an open agenda. This

process is recorded and transcribed word for word. The concepts drive the data collection and analysis (Strauss & Corbin, 2008).

As a research method, grounded theory is a qualitative design that produces findings that are not derived by means of statistical procedures or other means of quantification (Strauss & Corbin, 1990). The views of Strauss and Corbin and their approach to qualitative research is best suited for this study with the focus on the essence of human actions and behaviors. Furthermore, there is a need to derive meaning and to gain understanding on how individuals interact in and interpret their social environment. Strauss and Corbin further emphasized that qualitative research explores the thick, rich data of setting and/or participants. Thick, rich, data is a term coined by Geertz in 1973. This alludes to a thick, rich data that is interpretive and descriptive (Geertz, 1973). To thickly describe social action is actually to begin to interpret it by recording the circumstances, meanings, intentions, strategies, motivations, and so forth that characterize a particular episode. Grounded theory seeks to unearth the depth and complexity of a phenomenon (Powers & Knapp, 1995).

Sample and Setting

The purpose of sampling is to allow the researcher to make choices about when and how to collect data based on judgment of the best sources for data collection and to specify the sample in terms of number and population (Corbin & Strauss, 1998). Purposive, qualitative sampling will be used to select the site and the participants who will best help to understand the phenomenon. Purposive sampling is usually done in a naturalistic research to maximize the range of specific information that can be obtained from and about that context by purposely selecting locations and informants that differ. The naturalistic researcher does not maintain that knowledge gained from one context will have relevance for other contexts or for the same

context in another time frame (Lincoln & Guba, 1985). Snowballing may occur when individuals who are participants or non-participants of the study encourage others who they feel may qualify to participate in the study to do so. However, these individuals will be evaluated by the researcher to ensure that they meet the criteria for inclusion (Corbin & Strauss, 1998).

Following a survey of nurses who are diploma and associates degree educated, from hospitals and universities in Southeastern United States. The researcher will select a purposive, sample of diploma and/associate degree nurses was selected as participants for the study. This sample also included snowball sample of nurses who know about the study by the way of informant's "word-of-mouth" and were willing to participate based on the information they received and were also eligible to participate. A second selection was made of nurses who have progressed from diploma and associate degree levels and are: BSN, Master's, and/or doctoral educated nurses. This second group was known as the focus group. A focus group is an innovative and evolving strategy for gathering group data (Berg & Lune, 2012).

The selection of participants is purposeful as the researcher selects sites and samples that can inform the phenomenon of interest (Creswell, 2013). The sample is believed to possess the characteristics that may provide the knowledge in their responses to the interview questions and could contribute to the development of solution(s) to the existing phenomenon. Thirty to 50 participants reduced the risk of a narrow study domain (Morse, 1994). In the first phase, the study will use 25 diploma and associate level nurses. The sample size is determined by theoretical sampling; this is when no further theoretical variation in a concept emerges and a full range of variation in conceptual properties is identified (Glaser & Strauss, 1967). When saturation is reached, the sample size in a qualitative grounded theory is determined (Corbin & Strauss, 1998).

The second phase of the study consisted of seven participants they were; BSN, MSN, and/or doctoral-educated nurses, who were recruited from hospitals, clinics, and universities in Southeastern United States. This sample was purposive to obtain participants who have experienced the phenomenon of interest or were knowledgeable about it. The aim was to provide useful and relevant information, to help people learn about the phenomenon and to give voice to those in silence. These participants comprised the focus group, used in combination with individual interviews for the purpose of confirmability of the findings (Berg & Lune, 2012).

Access and Recruitment of the Sample

The access and recruitment process commenced after permission was granted by the Barry University Institutional Review Board (IRB) (Appendix A) to conduct the study. The Broward Health Medical Center, Holy Cross Hospital, Bethesda Hospital East, Martin Medical Center, Broward Health North, West Palm Hospital, Palm Beach Gardens, Bethesda, and Central South Campus University were the selected sites that indicate willingness for the researcher to gain access to participants who are diploma, associate degree, BSN, MSN, and doctoral educated nurses who speak and read fluent English who may volunteer to participate in the study. After Barry University IRB approval, the letter of request for access (Appendix C) was attached to an email with the flyer (Appendix D) and was sent to the Broward Health Medical Center, Holy Cross Hospital, Bethesda Hospital East, Martin Medical Center, Broward Health North, West Palm Hospital, Palm Beach Gardens, Bethesda, and Central South Campus University, Chief Nursing Officer, program director, or nurse educator, to formally request access to their facility for a purposive selection of diploma and associate degree nurses who are practicing and licensed in Florida who speak and read English fluently as the first group of participants for the study and

a selection of BSN, MSN, and doctoral prepared nurses who speak and read English fluently for the second group of participants.

The participating organizations' chief nursing officer, program director, or nurse educator were contacted via email, with accompanying attachments of an access letter and a copy of the recruitment flyer to obtain permission for the distribution and/or posting of flyers by this researcher at their facilities or for the chief nursing officer, program director, nurse educator, or to email the flyers to these nurses. This was to inform diploma and associate degree nurses about the purpose of the study, the criteria to participate, and the researcher's contact information. The total number of diploma and associate degree nurses for the individual participants for this study was 25. Participants may make contact with the researcher by email, telephone, a designated professional LinkedIn account (Advancement By Degrees, see Appendix L), or a secure website sign-up (advancementbydegrees.com) that indicated to the researcher their willingness to participate. Dates and times convenient for the diploma and associate degree nurses and the researcher for an initial interview were established. Participants had a choice for face-to-face interview or Skype. Diploma and associate degree nurses who will have a face-to-face or Skyped interview signed a consent form (Appendix B) and completed a demographic data sheet (Appendix G) at the initial meeting. The participants using Skype signed their consents via the secured website and using DocuSign for signatures (Appendix I), and they were emailed a copy of the consent for signature using DocuSign (Appendix I). Consents were kept in a separate and locked drawer at the researcher's home office. Participants received full disclosure about the study, ensuring full comprehension of the process. All individual participants were given a $10.00 American Express Gift Card prior to the beginning of the interview process. Even if the participant chose not to complete the interview process, he or she was able to keep this token of

appreciation. The completion of the individual interview process completed phase one of the

two interview phases. Probing questions were formulated based on the responses of the initial

interview.

This interview process is the densest because it is not directed by a predetermined set of

questions but rather a semi-structured, flexible format (Corbin & Morse, 2003). The

respondents' exact words were recorded, and analytical memos were created. Audio-taped data

was transcribed by the researcher within 48 hours following each interview. The participants'

second meeting with the researcher convened for 30 minutes for member checking of the

informants to validate the information provided on the first encounter to verify accuracy. The

total commitment time for each individual participant was 90 minutes. Audiotapes were

destroyed after transcription and member checking by this researcher. All other documents

relating to the study—written, audiotaped, electronic—are kept in a locked file cabinet in an

office at the researcher's home to which only the researcher has access. Electronic data is in a

database with a secured password known only to the researcher. Documents are maintained for a

minimum of 5 years upon completion of the study.

For the focus group members, the participating organizations' chief nursing officer,

program director, or nurse educator was contacted to obtain permission for the distribution and

or posting of flyers by this researcher at their facilities or for the chief nursing officer, program

director, or nurse educator to email to BSN, MSN, and doctoral-prepared nurses. This process

informed BSN, MSN, and doctoral-prepared nurses about the study, the criteria to participate,

and the researcher's contact information. The total number of focus group participants for this

study was seven. These participants progressed from the diploma or the associate degree level to

the BSN, MSN, or the doctoral level. Their role was to validate the responses of the individual

group (Berg & Lune, 2012). The group consisted of seven individuals to allow thoroughness in assessing the feelings, emotions, and perceptions of the individual group members. Focus groups provide avenues to understand a variety of deep structural elements of their deep level personal life as well as surface life. The personal life is barely ever noticed or is taken for granted. The deep level has a strong hold on the individuals and affects how they behave, think, and understand things (Berg & Lune, 2012).

Participants may make contact with the researcher by email, telephone, or a secure website sign-up that would indicate to the researcher their willingness to participate. Those who indicated willingness to participate and have met the inclusion criteria were provided with the time, date, and location, convenient to all the focus group members and the researcher, for the face-to-face meeting group interview. Signed informed consents were obtained from each participant (Appendix B), as well as a completed demographic data sheet (Appendix G). Consents were kept in a separate and locked drawer at the researcher's home office. Each focus group member was given a $10 American Express Gift Card prior to the beginning of the interview process. Even if the participant chose not to complete the interview process, he or should was able to keep this token of appreciation. All other documents relating to the study—written, audiotaped, electronic—are kept in a locked file cabinet in an office at the researcher's home to which only the researcher has access. Electronic data is in a database with a secured password known only to the researcher. These documents are kept for a minimum of 5 years after the completion of the study.

Inclusion Criteria

 Inclusion criteria for the individual interview included:

- Diploma and associate degree nurses who are actively licensed and are practicing in Florida and have not advanced academically

- Diploma and associate degree nurses with at least 3 years of nursing experience

- Participants who read, write, speak, and understand English fluently

Inclusion criteria for the focus group interview included:

- Nurses who have advanced professionally from diploma or associate levels

- Baccalaureate, master, and doctoral educated nurses who are actively licensed and practicing in various South Florida hospitals

- Participants who, read, write, speak, and understand English fluently

Exclusion Criteria

Exclusion criteria for the individual interview included:

- Nurses who are not diploma and associates degree educated, licensed and   practicing in South Florida

- Nurses who have a BSN degree or higher

- Nurses who are enrolled in a BSN degree program or higher

- Nurses, who do not read, write, speak, and understand English fluently

Exclusion criteria for the focus group interview includes:

- Nurses without a baccalaureate, masters, or doctoral degree in nursing

- Nurses with a baccalaureate, masters, or doctoral degree without an active Florida license

- Nurses, who do not read, write, speak, and understand English fluently

Ethical Considerations/Protection of Human Subjects

Research ethics alludes to the moral principles that guide research from its inception to completion and dissemination. Ethics is very relevant when it comes to research (Corbin &

Strauss, 2008). In adherence to the ethical considerations necessary for scientific research,

permission to conduct research involving human participants must first be obtained from the

Barry University Institutional Review Board (IRB) (Appendix A). This is to ensure that all of

the research principles satisfy moral, ethical, and legal issues concerning the participants of

human subjects. Additionally, it is to protect the anonymity, well-being, and confidentiality of

the research participants. Ethical issues may arise and may include: informed consent, respect

for privacy, confidentiality and anonymity of data, permissibility of questions asked, causing no

harm to informants, and avoiding deceit throughout the research course.

The principles that are essential to conduct research involving humans are: respect for

persons, beneficence, non-maleficence and justice. Respect for persons involves, giving

individuals freedom of choice to participate in the study without coercion; instead, it is by way of

informed consent. This explains in writing the purpose and aims, the risks and benefits involved,

and the need for voluntariness in participation (Appendix B).

Respect for person includes the individual's autonomy, a self-determined effort (Wood

& Ross-Kerr, 2006). Participation in the study is only voluntary and participants have the

freedom to withdraw at any time he or she chooses. Participants also have the rights to the

results of the study and how to access those results. Pseudonyms were self-selected by the

participants to protect their identity, known only to the researcher, and are not traceable to the

specific individual. This is difficult with the focus group because all the participants were

together. Confidentiality is also not guaranteed in group dynamics as the focus group.

The principle of beneficence requires that all participants in the study are treated

ethically, respectfully, and without risks of harm (OHRP, n. d.). It also means "doing good for

another" (Wood & Ross-Kerr, 2006). Beneficence is an obligation that ensures that acts of

kindness is assured throughout the research process. The interaction of human elements may pose risks for misunderstanding, embarrassment, and conflicts of opinion and values (Rice & Ezzy, 1999). The researcher will have to be sensitive to these and be guided by the ethical approval of IRB, informed consent, and confidentiality (Vivar, McQueen, Whyte, & Armayor, 2007). Non-maleficence means that research will be avoided if it poses direct harm to participants. Although indirect harm may be anticipated, the researcher should pose no harm to participants (Wood & Ross-Kerr, & Brink, 2006).

Justice requires the researcher to be equally fair to the participants in the procedure of selecting humans for the study and that an informed consent is provided for these participants (Office of Health and Human Subjects Protection) (OHRP). Participants in the study were provided with clear and thorough explanation of all the details of the study and given the opportunity to participate or to decline. Informed consent involves the knowing consent of individuals to participate as an exercise of free choice, devoid of elements of fraud, deceit, duress, or similar inducement or manipulation (Berg & Lune, 2012).

The research participants were informed of the purpose of the study, the aim, and possible benefits to nursing itself. They were also made aware of the time frame in which the research would be completed and the process it involves, such as interviewing, observations, memoing, audiotaping, transcribing, analyzing, understanding and interpreting the data, for the emergence of themes, concepts or a theory. Participants were informed of the process of securing and protecting their identity through the use of pseudonyms, and the prohibiting of access to the informed consents that would be stored separately from all other documents in a locked drawer and kept at the researcher's private home office. There were no known risks or benefits to the participants. Participants were protected also by destroying audiotapes after

transcription and member checking are completed. A secured password was created for accessing electronic data, and files were in a locked filing cabinet for storage and security. All data relating to the study will be maintained for a minimum of 5 years upon completion of the study.

Data Collection Procedures

Following the approval of Barry University's IRB (Appendix A), the data collection process will begin through Skype interviews or a face-to-face semi-structured interviews (Appendix H) with the purposive selected individual participants who meet the criteria for the study. Participants responded directly to the researcher via email, telephone, LinkedIn, or the secured website for the study to express their interest to participate and validate inclusion criteria. On the date of each of the interviews, a signed informed consent (Appendix B) and a demographic data sheet (Appendix G) were obtained from each face-to-face participant. Consents and a signed demographic data sheet were verified for participants who indicated interest to participate via LinkedIn (Advancement By Degrees), secured website (advancementbydegrees.com) or a designated email account for this study (roselavine@advancementbydegrees.com). Skype interviewee's signatures were obtained using DocuSign (Appendix I). Skype is used to help ensure privacy; the researcher obtained certification for Skype privacy (Appendix J). This helps to verify electronic credential and establish the identity of a Skype user. This reduces the tendency to eavesdrop on communication, prevent impersonation, or loss of personal information. The audio portion of the Skype communication was recorded on an audio tape recorder, which is a separate device that was used solely for the recording purposes of this research. Participants were assured that only the researcher would access the tape recorders that will be kept in a locked drawer that only the

researcher has access to. This information was kept secured following verification of the accuracy of the transcript of the transcribed audio; this was maintained for a minimum of 5 years after the completion of the study. Well-known standard-based encrypted algorithms protect Skype users from hackers and criminals. This is to secure user privacy and maintain the integrity of the data sent from one user to another (Appendix J). Privacy information regarding Skype may be found on the Skype privacy policy online. Respondents also selected pseudonyms as identifiers that were used and were known only to the participant and the researcher. This step helps to avoid disclosure and ensures confidentiality (Guba & Lincoln, 1989).

The researcher informed the participants that no direct benefit or risk was associated with this research study. Appreciation for participation in the study was acknowledged and a $10.00 American Express Gift Card was given to each participant. The research participants were informed that they may decline participation or withdraw at any time throughout the interview process without any repercussion. At the conclusion of preliminary proceedings, the interview process began with a pre-formulated set of open-ended broad questions (Appendix E) for introduction.

A 60-minute, semi-structured, open-ended interview format was used to obtain data about the participants' life history, their experiences, and their feelings about the phenomenon (Corbin & Morse, 2003). Memo recordings were done simultaneous of informant's nonverbal cues, and with the permission of the informants any further comments when the tape recorder is turned off at the completion of the interview. The 60-minute interview audio recording preserves all the data until analysis results in the emergence of the basic social problem and the core variable (Munhall, 2007). This initial individual interview was conducted in a neutral, quiet, and safe environment that was conducive for tape recording, field note-taking by the researcher, and one

that allows privacy. Additional audiotaping device and batteries were made available by the

researcher for any unforeseeable technical problems. This initial interview is the open code

phase of data collection where concepts relating to the phenomenon are broadly applied.

Respondents also selected a convenient date and time at the end of the initial interview for

follow-up for review, clarification, and verification of transcripts. Data transcription began

within 48 hours after data collection by this researcher. This second encounter with the

individual participants for member checking convened for 30 minutes. The total commitment

time for each individual participant was 90 minutes. Prolongation in the field encourages

persistent observation and builds credibility (Lincoln & Guba, 1985).

Researcher reflexivity during data collection increases data sensitivity to relevant issues

and insights happening in the data. Data sensitivity comes more readily to some researchers than

others. Its meaning is based on how a researcher is tuned into the happenings and events of the

data (Corbin & Strauss, 2008). Insights into data happen to prepared minds (Sandelowski,

1993). Three data sensitivity guidelines that are noteworthy duinin data sensitivity: (i) always

compare knowledge and experience with data, without losing sight of the data themselves; (ii)

the researcher is to work with the concepts, properties, and dimensions; this will help to focus on

similarities and differences; and (iii) it is what the participants are saying or doing that is critical

(Corbin & Strauss, 2008).

The second phase of the data collection process involved the focus group, which was

comprised of seven participants who were licensed, working in Florida as a nurse, and fluent in

reading and writing English. Following the approval of Barry University's IRB (Appendix A),

the data collection process began with a face-to-face semi-structured interview (Appendix H)

with the purposive selected focus group participants who meet the criteria for the study. On the

date of the focus group interview, inclusion criteria were verified and, written consents obtained

(Appendix B) as well as demographic sheet (Appendix G) with the assigned pseudonym, were

all obtained from each participant. All participants were offered a $10.00 American Express gift

card to express appreciation for their participation. Focus group members were informed that no

direct benefit or risk is associated with this study. In addition, they were informed that

confidentiality was not guaranteed in a group setting because of the dynamics of the group

interaction within a face-to-face context. Participants were informed that they may decline

participation or withdraw at any time throughout the interview process without any repercussion.

The group interview convened for 60 minutes in a neutral setting by face-to-face

encounter in a private, quiet, and safe environment. Questions were open-ended and flexible to

stimulate discussions and conversations during the 60-minute session (Berg & Lune, 2012). The

room had good lighting, a desk arrangement, and chair placement and was conducive for

memoing and tape recording. Consents were kept in a separate and locked drawer at the

researcher's home office. Audiotapes were destroyed after transcription and member checking

by the researcher. All other documents relating to the study: written, audiotaped, and electronic

were kept in a locked file cabinet in an office at the researcher's home to which only the

researcher has access. Electronic data was in a database with a secured password known only to

the researcher. These documents will be kept for a minimum of 5 years after the completion of

the study.

Interview Questions

In a grounded theory study, interview questions are useful at every stage of the analysis

(Corbin & Strauss, 1998). Initially, the interview questions (Appendix F) were directed to the

diploma and associate nurses who were the first sample for the study. These questions were

planned in advance for the introductory purpose. The format of the questions was exploratory and open ended for the participants to express their beliefs, experiences, feelings, and intentions regarding the phenomenon (Mishler, 1986). For the first group of individual respondents, responses were audiotaped and non-verbal expressions documented. The leading questions that was asked in this section were: (a) What are the critical factors that influence the diploma and associate degree nurses to advance their nursing education? (b) How do diploma and associate degree nurses perceive motivations to advance their nursing education? (c) What factors would motivate nurses to advance academically in their nursing career?

The second sample group was BSN, MSN, and doctoral educated nurses who comprised the focus group. These are nurses who have advanced from the diploma or associate degree level and are now at a BSN, MSN, and/or the doctoral levels. They were interviewed as a group after the data collection from the diploma and associate degree nurses. The focus group members were interviewed for confimability of the data collected. The leading questions that were asked of the focus group were: (a) What are the critical factors that influence the diploma and associate degree nurses to advance their nursing education? (b) How do diploma and associate degree nurses perceive motivations to advance their nursing education? and (c) What factors would motivate nurses to advance academically in their nursing career?

Demographic Data

A questionnaire designed by the researcher was used to collect demographic data (Appendix G). Pertinent demographic information included age, ethnicity, gender, marital status, registered nurse status, educational background, years of service, employment work setting, languages, cultural background, and college/university status. Demographic data (Appendix G) were collected from both the participants of the individual and focus groups on

initial contact. Demographic data for the individual participants using Skype (Appendix J) were collected via Internet using DocuSign (Appendix I). This data added to the scope of the participants' perspectives on the critical factors that influence them to advance professionally. Demographic data provided insights about the characteristics of the individuals that are surface but have enough depth to impact their decisions towards academic advancement.

Data Analysis

The process of data analysis is an ongoing, non-linear process, done simultaneous with data collection and is an inter-related project (Creswell, 2013). In a grounded theory qualitative research study, data analysis begins with open, axial, and selective coding. It is the data analysis process that is espoused by Strauss and Corbin (1990, 1998) (Figure 2). Following the techniques of Strauss and Corbin (1998), this spiral of events will be represented by the collection of data from diploma and associate nurses concerning the critical factors that influence them to advance, data management of memos, tapes, consents, demographic data analysis, and storage in computer files accessible only to the researcher.

The process of describing, classifying, and interpreting the data was done with the use of a computer program, the ATLAS.ti (1999) to code, analyze, and interpret the data in the study. This qualitative analysis software ensures high quality accessibility to data, which will assist the researcher to organize and manage text, graphic, audio, and visual data files along with coding memos, and findings into the project. The ATLAS.ti is a qualitative data analysis software was used to code data to ensure rigor; it assigned open codes including in vivo (respondents exact words), create coding/analytical memos, pulls together the second level of coding, which is the axial coding. The third level, which is the selective coding, is essentially for theoretical constructs, created by connecting and consolidating second level codes, and abstracting from the

evidence contained in the data for theory formulation (ATLAS. ti, 1999). ATLAS.ti assists the

researcher to make sense of the unstructured data by analyzing data that cannot be studied

meaningfully by using a statistical approach. This qualitative data analysis software provides

flexibility and offers a wide variety of tools for accomplishing the tasks involved in a systematic

approach such as Corbin's and Strauss' proposed approach. These tools support analysis of

written text, audio clips, video files, and visual/graphic data. The tools are deliberately designed

to support the workflow of the qualitative researcher in managing, extracting, comparing,

exploring, and reassembling meaningful segments of information from large amounts of data.

ATLAS.ti assists the researcher in finding and exploring hidden textual phenomena to manage

complex tasks, and keeps the focus on the analyzed material ATLAS.ti (2002-2014). The

representation and visualization of the themes allows the researcher to specify the relationship

among categories (Creswell, 2013). Critical to the collection of data in a grounded theory

research is management and storage of data that will allow for retrieval, systematic analysis,

documentation, and verification through replication (Berg & Lune, 2012).

The study analysis begins with open coding; this is the start of the data analysis process.

This is where the researcher begins to form broad categories with the information gathered about

the phenomenon (Figure 2). Properties are examined for the purpose of dimensionalizing. The

next step included axial coding (Figure 2). In axial coding, the investigator arranges the data in

new ways ensuring that all possible domains are examined. A coding paradigm is presented; this

is to identify a main theme about the phenomenon, the conditions that influence it, the social

processes that result from the central phenomenon, the setting in which this occurs, and the

outcomes of it. In this phase, categories that surround the core phenomenon were aligned in a

visual model according to the themes deriving from the data. The relationship between

categories and sub-categories and their characteristics are contrasted and examined (Creswell, 2013). The ability of having insight, to give meaning to data, the capability of understanding and the ability to determine what pertinent data are, is also essential to the data analysis process. This process is described as theoretical sensitivity (Strauss & Corbin, 1990). Sensitivity is essential in data analysis. It allows the researcher to derive meaning and respond intellectually in the formulation of the concepts grounded in the data (Creswell, 2013).

Grounded Theory Process

Open Coding
Data are collected in broad categories.

Axial Coding
Data are grouped into similar categories.

Selective Coding
Formalizing of the organized relationships

Theory
Predominant theme, concept, or theory
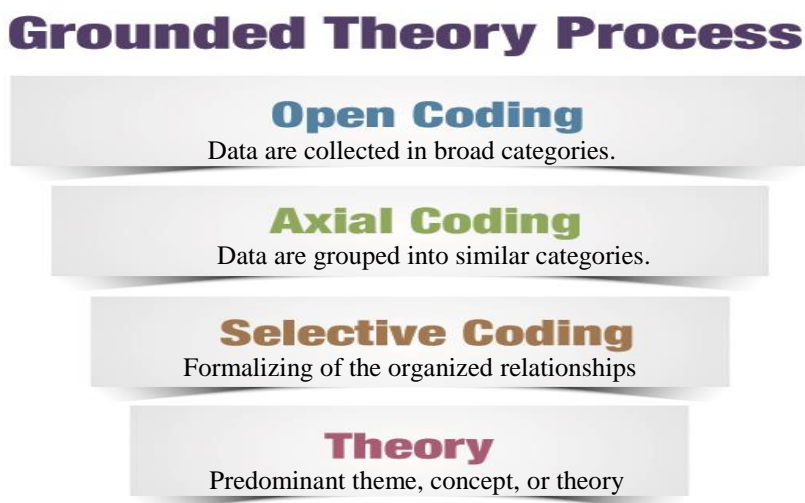
Figure 2   McGhie-Anderson, R. L. 2013. Schema Grounded theory process adapted from Strauss &Corbin, (1998) Basics of Qualitative Research: Grounded Theory: Techniques and procedures for developing grounded theory (2nd ed).

Figure 2. Grounded theory process schema (McGhie-Anderson, 2013, adapted from Strauss & Corbin, 1998).

In the axial coding phase, further confirmation, expansion, and refinement by probing were carried out to obtain further clarification, elaboration, and comparison (Guba & Lincoln, 1989). That is, more focused questions were asked as the study progresses. Transcription and analysis of data occurred within 48 hours of data collection. The data analysis and collection process was back and forth from open to axial at this point and continued until saturation was reached and a theory was inductively derived (Munhall, 2007).

The selective coding phase included classification of predominant emerging themes (Figure 2); here, the focus was on paradigm and theoretical memoing, focus interview, operational memos, and verification of data. It focuses on integration of all categories for the emergence of a central concept. A theory emerges that related to the factors that influence diploma and associate degree nurses to advance (Figure 2). This was beneficial to the study because this fulfilled its purpose (Strauss & Corbin, 1998).

Selective coding allows the investigator to formulate a relationship about the connection of all the categories (Creswell, 2013). The aim of the data analysis process is to formulate a theory. This progressive stage was where the propositions that interrelate to the categories in the model were developed. The themes were then examined to evaluate if a theory was generated. This may be a narrative statement, a visual picture, or a series of hypothesis or propositions. A conditional matrix may develop as well; this is a set of expanding concentric circles with labels that build outward from individual, group, and organization to the community, region, nation, and world (Corbin & Strauss, 1998).

The researcher moved forward in the study on an axis, constantly returning to sections already underway seeking for links between the various steps already done. This was known as constant comparison, an analytic procedure in data coding and analysis. The aim of this back and forth process was to challenge and enrich the understanding of the study's phenomenon and to ultimately generate the theory (Corbin & Strauss, 1998). In addition, member checking for verification, the collection of additional information, and memo writing capture the immediate data between coding and the first draft of the study. These represented the initial analytical thought. Along with the focus group data, these were analyzed. If no further concepts developed, and conditions remain the same for characteristics, or consequences of the existing

categories, then this means a theoretical saturation was reached (Strauss & Corbin, 1998). If there were a working knowledge of all the coding families such as the foundational six Cs (cause, consequence, condition, context, covariance, and contingency), along with process, degree, dimension, strategy, and type. Then all these may guide the researcher in considering the relationship and the properties existing among categories (Munhall, 2007).

Research Rigor

The framework that was implemented to ensure rigor in this qualitative, grounded theory methodology research included the following four criteria: credibility, dependability, confirmability, and transferability (Guba, 1981). These criteria support the application of trustworthiness (Bitsch, 2005). In any qualitative research, rigor is achieved through the strict adherence to a particular set of guidelines that promotes the following: (a) credibility, the need for explicit trust in a relationship; (b) dependability alludes to the application of the same method by other researcher(s) to obtain similar or the same results in a similar or same setting; (c) confirmability calls for obtaining results from process driven strategies and personal bias and intuitions; and (d) transferability, where individuals represent community, country, region, and the globe generally, that is individuals represent the whole.

Credibility

Trust is critical in building a relationship between the researcher and the participants. This can be derived through prolonged engagement of the researcher with the participants in the field (Guba, 1981). The researcher becomes immersed in the study and is capable of having insight regarding the data and their relation to the phenomenon. Also the researcher stays in tune with what is happening with the information and the informants, and picking up on relevant issues, emotions, events, and happenings in the data (Corbin & Strauss, 1998). A thick

description of data was collected from the field's participants to ensure credibility and was implemented in this research. The informants were checked and rechecked for truthfulness of the information they provided. Iteration and probing were also used when collecting data. The information was transcribed and analyzed within 2 days following its collection. During this process, the researcher used reflexivity, which allows attunement with self and enhance credibility (Guba, 1981).

Six techniques that ensure credibility are: (a) prolonged engagement, which requires the researcher to spend enough time in the field to overcome misinformation, build the trust of participants, and understand the context and culture of the social environment; (b) persistent observation encourages prolonged engagement, which will support an in-depth study to gain details about relevant situations surrounding the phenomenon and provide quality, depth, and detail of useful information; (c) peer debriefing addresses whether the researcher has engaged in ongoing discussions with non-contractual peers; (d) negative case analysis ensures that case analysis reviews all the participants in the study; (e) progressive subjectivity, a continuous process that monitors biases; (f) member checks verifies the participants' input, interpretations, and reports.

Triangulation is designed to strengthen a study by assessing its credibility and confirmability. Triangulation may be one of four types: data triangulation, theory triangulation, researcher triangulation, and methodological triangulation.

1. Data triangulation uses a variety of data sources.

2. Theory triangulation utilizes multiple viewpoints to impact the meanings and perspectives on data.

3. Researcher triangulation includes having two or more researchers on a research team to balance predispositions.

4. Finally, methodological triangulation involves combining different methods to investigate a problem. (Bitsch, 2005; Denzin, 1978; Guba & Lincoln, 1989; Patton 1990; Yin, 2003)

Dependability

Dependability ensures that the study may be repeated in similar settings, using the same processes and obtaining the same results. An in-depth methodological description was followed in this study to encourage dependability (Guba, 1985). Researches needed to keep track of changes in concepts and maintain detailed and comprehensive documentation of the research process to promote dependability of research findings (Bitsch, 2005). Academic training is also a factor that may affect the questions a researcher brings to an inquiry. Although different researchers may study in the same setting, they may focus on different data and obtain different findings. If the results are compatible, then the studies may be dependable (Bogdan & Biklen, 1998). The methodology of this research study may be implemented among diploma and associate degree nurses in various regions and cultures nationally and internationally with the results compared for similarities; this indicated that the study is dependable. Advanced nursing education is a national and international phenomenon. Embarking on an inquiry to uncover the factors that influence diploma and associate degree nurses to advance academically if proven credible may indicate that the study is dependable. This means also that if the study was replicated in the same or similar respondents in the same or similar contexts where the findings would be repeated and the same or similar results obtained then the research study findings would be dependable (Lincoln & Guba, 1985).

Confirmability

Confirmability was achieved in this study through researcher reflectiveness and attunement to biases and their potential effects to the research study. Additionally, the in-depth nature of a grounded theory study allowed scrutiny of the findings, and this will also enhance confirmability (Guba, 1981). As a result, reflexivity and the researcher's epistemological assumptions and personal involvement with the study will help to delineate bias and prejudices. Therefore, the researcher would immerse in the study and bracketed personal thoughts and feelings; constantly journaling these thoughts and feelings and keeping their influence on the study at bay. During the analysis of research processes, there is room for subjective decisions and bias; this will be avoided through member checking for verification, therefore enhancing credibility (Gephart, 1988). The integrity of a qualitative study is based on the research process itself. The researcher ensured credibility by ensuring quality. Quality was assured when the researcher practice elaborate documentation, audit trail to track data to original source, and the logic implemented in the interpretation of data (Bitsch, 2005). This indicated that the degree to which the findings for the inquiry are the product of the focus of the inquiry and not of the biases of the researcher (Lincoln & Guba, 1985). Confirmability was achieved in the current research study as the researcher journaled feelings, thoughts, biases, and any other emotions that may be experienced during field encounter with the study participants.

Transferability

Transferability addresses the extent to which the study's findings were applicable to other situations (Guba, 1981). Although the sample size in the study may be small, each participant is a representative of the whole; therefore, transferability is possible (Guba, 1981). The individual participants and the focus group members who were involved in the study incorporated a wide

background that is supportive of this phenomenon of interest and may allow transferability. Additionally, the thick description of the phenomenon may provide understanding to the readers that may help to recall instances of similar situations in their environment (Guba, 1981). Transferability was possible for this qualitative study because of the collection of the thick rich data and purposeful sampling that was implemented. Transferability was further enhanced in the study because participants were selected on the premise that their contribution to the topic of interest is most substantial. Sampling is theoretical; it constitutes typical as well as atypical cases (Patton, 1990).

Chapter Summary

The chapter discussed the method and design that was used in the study. The sample of the participants and setting of the study were presented along with the inclusion and exclusion criteria. Access and recruitment of the sample were also highlighted. Ethical considerations associated with human subjects were discussed with appropriate ways to address them. Data collection procedures, data analysis, and research rigor were addressed. This process led to the findings presented in Chapter four.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

The purpose of this study was to unearth the critical factors that influence diploma and associate degree nurses to advance academically. The study aimed to gain an understanding of the social process associated with the decisions of diploma and associate degree nurses to advance their nursing education. Participants of this study were given the opportunity to share their deep-rooted feelings, emotions, and the experiences of their social interactions within their work environment, family settings, communities, and other social encounters that impact their decisions towards academic progression. The researcher was able to interpret the circumstances, intentions, and strategies and verify the meanings of the participants' shared experiences from the descriptions of the nurses' social interactions within their environment. The thick, rich, data emerged into concepts as directed by the following research questions:

1. What are the critical factors that influence the diploma and associate degree nurses to advance their nursing education?

2. How do diploma and associate degree nurses perceive motivations to advance their nursing education?

3. What factors would motivate nurses to advance academically in their nursing career?

This chapter presents the responses about the feelings, emotions, experiences, interpretations, beliefs, and understanding of diploma and associate degree nurses and the critical factors that influence them to advance professionally. The participants are described with their individual characteristics and demographically to present an overview of the sample that was used for this study. The participants' stories are a depiction of their experiences, encounters, and interpretations. The associated meanings that are attributed to the stories related by the

participants are the factors they expressed that influenced them towards academic progression. Furthermore, the chapter will highlight the key findings, the data analysis process, and the broad categories, concepts, and the primary theory that emerged from the diploma and associate degree nurses' shared experiences that relate to their experiential conditions, the actions/interactions in their environment, and the consequences of their decisions and actions. These are elucidated in the stories that were told. The researchers' interpretive thoughts are captured diagrammatically to explicate the storyline. At the very onset, the interpretation was elementary but fundamentally relevant, and then it evolved in complexity, density, clarity, and accuracy as the research progressed. A grounded theory approach was used as the lens to guide this research process in uncovering the depth and perplexity of the phenomenon regarding the factors that influence the nurses' reality of their situations towards academic advancement by degrees. The researcher implemented a constructivist approach to illuminate the paradigm of the nurses' views about their worlds and the impact of their social environment on their decision making towards advanced education.

Describing the Grounded Theory Process

Grounded theory is a research process used to describe data that are systematically collected and analyzed. The researcher begins with no preconceived conclusions of a theory; instead, the theory emerges from data to provide insight, to enhance understanding, and to provide the interpretations and meanings that may guide action. In a grounded theory methodological approach, there is an existing relationship between data collection, analysis, and the theory that will emerge from the data. A theory that is derived from data is the reality of the participants' social interaction and experiences and is constructed from data rather than discovery. According to Strauss and Corbin (1998), "theorizing is the act of constructing

(Corbin & Strauss, 1998, p25). The researcher asks questions that will stimulate the thoughts of the participants and extract a creative, cohesive, and organized schema from the raw data to which the researcher assigns categories. In order to implement data collection and categorization, following Barry University's IRB approval, the researcher purposefully selected participants from hospitals and colleges of nursing in South Florida who would provide insight to the phenomenon of interest. The sample consisted of 22 participants; there were 15 diploma and associate degree nurses and seven BSN, MSN, and doctorally educated focus group members. The data collected were from interviews and observations for the primary purpose of discovering concepts and relationships. This data collection process was implemented in a systematic back-and-forth pattern, constantly comparing what is being collected and examining the dimensions of what is already collected to get a fresh perspective. The data collection and analysis occurred simultaneously. Memo notes are a part of the analytical process and are made by the researcher to record, clarify, and expand the theory as it develops (Strauss & Corbin, 1998). Memoing can be an inductive as well as a deductive process. It is inductive when the data is being conceptualized and deductive when the researcher assesses the relationship of conceptual labels, categories, and subcategories.

Participants who made contact with the researcher indicating willingness to participate in the study were assessed to determine if they met the criteria for participation. Prior to each interview, the participants were informed of the purpose of the study, their rights to participate or to withdraw at any time during the research process without fear of repercussion. They were also allowed time to sign their consent forms and complete their demographic questionnaire and were given a $10.00 American Express gift card as a token of appreciation for their participation in the study. Each participant was allowed to use a pseudonym instead of their

real names. The interviews were conducted in a quiet environment for recording on a tape recorder in individual study rooms at community libraries; this provides neutrality and privacy. Each session lasted approximately 45-60 minutes. Fifteen individual participants were interviewed. Three were interviewed via Skype, and 12 were interviewed face to face. Consents were obtained for the skyped interviewees via DocuSign. The principal challenge encountered with Skype was the loss of connectivity due to a thunderstorm; however, reconnection went smoothly. The main challenges of the face-to-face interview participants were the time and availability of individuals; this was overcome by rescheduling to more convenient times.

The process of data collection used was one that was purported by Strauss and Corbin (1998), which allows a systematic process to collect, analyze, and organize data. The researcher wrote field notes to stay in tune with feelings about what was happening with the data and documented observations and how the researcher's perceptions may impact sensitivity to what was relevant in each encounter with the participants. Sensitivity allowed the researcher to be open minded and to avoid undue influence by preconceived beliefs, knowledge, and experience about the phenomenon of interest (Charmaz, 1990). Initially, raw data were analyzed using the line-by-line technique to break down the data and for the researcher to become familiar with concepts and categories being identified. Coding was also done at times by sentence and at times by paragraph as the researcher became familiarized with the data. In this open coding phase, the concepts were related directly to the meaning of the data collected (Strauss & Corbin 1998).

Axial coding is a technique used to group similar concepts from the data received from the research participants that are similar concepts and placing them into categories through an abstract ordering process. To achieve this, the researcher implemented the process of the

constant comparative analysis to verify the data, to obtain fresh perspectives of the information already retrieved, and to guide the researcher as to what further information was needed to be collected. The researcher continued to sort the data through a selective coding process with the intent to derive an overarching category that links all the other categories. Selective coding occurs in the latter stages of the research process. It is the process used by the researcher to identify a core category that pulls all other categories together. The central category represents the main phenomenon of the study.

The process of open, axial, and selective coding was completed in a cyclical manner to derive data saturation. This was done in order to confirm saturation, increase trustworthiness, and ensure that the selection of the representation of diploma and associate degree nurses represented the whole. The data collection process delineated a predetermined number of participants for this study. Twenty-two participants were purposefully selected for this study. Saturation was reached after the thirteenth individual participant was interviewed and an additional two participants were interviewed to confirm saturation. Hence, the total number of participants for the individual interview was fifteen.

It was very challenging to obtain the seven participants for the focus group in one place and at the same time because of their personal responsibilities. Participants from hospitals and colleges of nursing contacted the researcher directly via calling the number indicated on the research flyer. A snowball sampling technique was also utilized. Seven focus group members who met the inclusion criteria were recruited to participate. Prior to the interview, the purpose of the study was iterated. The participants were informed about their freedom to withdraw from participating at any time without any fear of repercussion. They were allowed time to complete consent forms, demographic data sheets individually, and each participant was given a $10.00

American Express gift card as a token of appreciation for their participation in the study. Participants of the focus group were also made aware that confidentiality was not guaranteed because of the nature of the group dynamics. They were also allowed to select a pseudonym instead of their real names.

The Atlas.ti qualitative data analysis software was used by the researcher to manage and organize the dense data to ensure that the data was parsimonious by conceptualizing the categories obtained from the tedious process of open, axial, and selective coding. The following are six criteria used to assess the core category:

1. It occurs frequently in the data.

2. It explains the variation in the data.

3. There is a relationship with other categories.

4. It has an implication for a general or formal theory.

5. The core category emerges from the data, allowing the theory to progress forward.

6. Maximum variation is permitted in the analysis. (Strauss, 1987).

The phenomenon of interest was the core problem that shaped the data derived from the participants in this study. This allowed the researcher to consider the interactions and the relationships formulated by participants, their descriptions of shared experiences, interpretations, attitudes, and the decisions for diploma and associate degree nurses to advance academically. In addition, the six foundational Cs—cause, consequence, condition, context, covariance, and contingency—further helped the researcher to examine the properties in each category and their relationship to each other. The concepts surrounding the data collection process, degree, dimension, strategy, and type central to the phenomenon were analyzed until saturation was achieved. The results of this inquiry will be presented in the next section.

Results of Data Collected

Demographic Representation of the Study

The total number of participants in the study included 22 nurses (see Table 1); this included 15 diploma and associate degree nurses for the individual interviews and seven BSN, MSN, and doctoral degree nurses for the focus group who met the criteria for participation in this study. Of these participants males represented 9%, ($n = 2$), and the female participants were 91%, ($n = 20$). The age group represented by the study participants ($N = 22$) was at a minimum of 25 years and a maximum of 55 years and over. The majority of the participants 36%, ($n = 8$) were between the age 35-44 years old. The minimum representation of the age groups were between 25-35 years old, 18%, ($n = 4$); other individuals who participated in the study were within the age groups 45-54 years old at 23% ($n = 5$) and 55 years and over at 23%, ($n = 5$) .

Race and ethnicity. Of all the participants 18%, ($n = 4$) were Caucasians. African Americans participated, 45% ($n = 10$), two Haitian-Americans 9% ($n = 2$), Caribbean-Americans 9% ($n = 2$), Hispanic Americans 14% ($n = 3$), and British-American 5% ($n = 1$).

Nursing education status. Participants in this study were not currently pursuing advanced nursing education degrees, n=22. Of the group, 5% ($n = 1$) was diploma educated, 63% ($n = 14$) were ADNs, 9% ($n = 2$) were BSNs, 18% ($n = 4$) were MSNs, and 5% ($n = 1$), was doctorally educated.

Years of employment. The years of employment for the participants as reported in the data findings ranged from 3 years to 21 and above years. Of these, 14% ($n = 3$) were employed for 0-3 years, 18% ($n = 4$) worked for 3-6 years, 14% ($n =3$) were employed for 6-9 years, 18% ($n = 4$), worked within a time period of 10-15 years, 18% ($n = 4$) employed for 16-20 years, and

18% (*n* = 4), worked for 21 years and above. Seventy-two percent (*n* = 16) participants were

employed in a hospital-based health care system, 13% (*n* = 3) were employed as faculty in a

college of nursing, 5% (*n* = 1) worked in a clinic setting, 5% (*n* = 1) was an agency nurse, and

another 5% (*n* = 1) is employed in a doctor's office.

Demographic Characteristics of Diploma, ADN, BSN, MSN, and Doctoral Degree Nurses as

Frequency and Percentage (N = 22)

Table 1

Gender of Participants

Gender	Male	Female
N	2	20
%	9	91

Table 2

Age Groups of Participants

Age	18-24	25-34	35-44	45-54	55+
N	0	4	8	5	5
%	0	18	36	23	23

Table 3

Race /Ethnicity of Participants

Race/Ethnicity	Caucasian	African American	Asian	American Indian	Alaskan Native	Caribbean American	Haitian	Hispanic	Other (British)
N	4	10	0	0	0	2	2	3	1
%	18	45	0	0	0	9	9	14	5

Table 4

Educational Status of Participants

Nursing Education	Diploma	ADN	BSN	MSN	Doctoral
N	1	14	2	4	1
%	5	63	9	18	5

Table 5

Years of Employment

Years in Job Capacity	0 - 3	3 - 6	6 -9	10 -15	16-20	21+
N	3	4	3	4	4	4
%	14	18	14	18	18	18

Table 6

Areas of Employment

Employment Facility	Hospital	Clinic	Assisted Living	Nursing Home	Doctor's Office	College of Nursing	Other (Agency)
N	16	1	0	0	1	3	1
%	72	5	0	0	5	13	5

Characteristics of the Individual Sample Participants

The individual participants of the purposive sample consisted of 15 diploma and associate degree nurses who were interviewed separately. Twenty percent ($n = 3$) of these participants were interviewed via Skype. The remaining 54% ($n = 12$) were interviewed face to face. A brief description of each participant is provided in this section. The names provided are pseudonyms that were used to maintain the participants' true identity and confidentiality. Participants were addressed by their respective pseudonym name throughout the study. Descriptions of each participant were obtained from the field notes of the researcher during interview, audiotaped conversations, demographic data, and the transcribed interviews.

Lillim

Lillim is an ADN who falls in the age group of 55 years and over; she has been a nurse in the hospital setting for more than 21 years. She obtained her entry level nursing education in the Caribbean and has not advanced academically. **Lillim** communicated that the following would influence her to advance her nursing career: an increase in salary, role differentiation between diploma and associate degree nurses, and promotion and leadership opportunities. She made the following serendipitous statement: "There are too many limitations in the scope of practice in the USA for a nurse from the Caribbean with an associate degree. As associate degree nurses, we will have to advance to be promoted, recognized, or paid."

Cejoy

Cejoy is an ADN who falls in the age group of 55 years and over; she has been a nurse in the hospital setting for more than 21 years. She obtained her entry level nursing education in the USA and has not advanced academically. **Cejoy** indicated that the following would influence her to advance her nursing career: financial ability to pay for her own advancement, feelings of

belonging in the work environment, valued and promoted, given full-time employment, time to balance work, school, and family commitment, if advanced education is necessary to stay current. The following statement made by **Cejoy** had an element of surprise: "Diploma and associate degree nurses provide personal healing touch to patients. Advanced degree nurses are impersonal, unemotional, lack therapeutic touch, and are too technological."

LaDonel

   LaDonel is an ADN nurse who falls in the age group of 25-34 years; she has been a nurse in the hospital setting for 3 years. She obtained her entry level nursing education in the USA and has not advanced professionally. **LaDonel** mentioned that the following would influence her to advance academically: promotion of advanced education in the workplace, the increase need to be on the cutting edge of health care and technology, and a workplace culture that promotes advancement, time, money and family support.

Yagle

   Yagle is an ADN nurse who falls in the age group of 35-44 years; she has been a nurse in the hospital setting for 16-20 years. She obtained her entry level nursing education in the USA and has not advanced professionally. **Yagle** reported that the following would influence her to advance: passion about nursing education, time and money for studying, family, and work a day-to-day basis, the need for exposure to more knowledge, and certainty about her professional future.

Llaney

   Llaney is a diploma-educated nurse from the Caribbean who falls in the 35- 44 years age group. Her entry level into the nursing profession is at the diploma level. She has worked in the hospital setting in this capacity for a total of 10-15 years. **Llaney** obtained her entry level

education in the USA and has not advanced academically. The following are some examples of the factors that would motivate her to advance academically: more pay, time, employer support of advanced education among employee, the need to be challenged in the work environment, a clear role distinction between ADN and BSN, personal interest, and motivation.

Ixamar

Ixamar is a female who is an ADN from Mexico she falls within the age group of 45-54 years. She has worked in the hospital environment for 6-9 years and has not pursued professional advancement beyond her entry level nursing education. **Ixamar** has expressed that the following factors would influence her to advance academically: a personal desire and interest to advance academically, having financial stability, time for work/study/family, and the culture of the organization must be one that promotes advanced education for example clinical ladder and magnet facilities.

Lliedan

Lliedan originates from the Caribbean and was educated in her nursing career in the USA. She is within the age group of 25-34 years old and works in the hospital environment for over 3 years. **Lliedan** articulated that she is still unsure about the nursing profession but much prefers to pursue doctoral degree in medicine. For her, the factors that would motivate her to advance professionally are the following: a supportive and encouraging work environment, flexibility in nursing education programs (night, weekends), time and money, the fact that other colleagues are advancing and evidence-based practice, and that the scope of diploma and ADN scope are limited.

Sylinmar

Sylinmar is a female who is 55 years and over. She is from the Caribbean. Her entry-level education was the ADN and she has been employed in the acute care setting for 10-15 years. **Sylinmar** obtained her entry level nursing education in Puerto Rico and has not progressed academically. She mentioned that the ability to meet family obligations and commitments would be greatly enhanced when there is employer support for advanced education. Furthermore, a clear differentiation of the roles between diploma and ADN, civility, and adequate time and money for advanced education is necessary.

Naad

Naad is an ADN nurse who falls in the age group of 45-54 years. He is an American and he has been working in the hospital environment for over 3 years. **Naad** thinks that the need for more knowledge and confidence will influence him to advance. Other factors he indicated that would influence him to advance academically include the following: tuition reimbursement, work-study flexibility, time, and money.

Thean

Thean is an ADN nurse, an African-American 25- to 34-year-old female who was educated in the USA as an ADN. She has been employed in the hospital environment for over 3 years. **Thean** highlighted that the following would influence her to advance academically: magnet facility, older as well as younger colleagues are advancing, flexibility with work, time, and location to advance, increased work opportunities for leadership roles, increased salary, and whether ADN entry level is phased out.

Ieclia

Ieclia, is an ADN nurse of African-American descent; she is in the age range of 45-54 years old, and she received her initial nursing education as an ADN in the USA. She has been

employed as an agency nurse and worked in an acute care setting for over 16-20 years. **Ieclia** reported that the factors that would influence her to advance academically are role differentiation between ADN and BSN degree nurses, incentives from employer to advance, greater passion for the nursing profession, feelings of belonging in the work place and not been in age category she is in, and flexibility in the work-study environment.

Virm

    Virm is a 35- to 44-year-old Haitian nurse who was educated as an ADN. She has worked in this capacity for more than 3 years in the hospital setting. **Virm** mentioned the following factors would influence her to advance academically: leadership opportunities, great desire to succeed professionally, support from employer/managers/colleagues/family, and civility among leaders and staff nurses. An element of surprise is the statement that, "there is no advantage in getting a BSN degree; it's not needed to know how to take care of patients."

Viaflar

    Viaflar, is an ADN, a female of Haitian descent in the age group 35-44 years old who had her entry level nursing education in the USA. She worked for 3-6 years in the hospital environment without advancing beyond her entry level educational status. Prime factors she communicated that would motivate her to advance include the opportunities to be promoted, study time, more money, being in a younger age group, having less family obligations, having the support provided from employer towards advanced, education, fair and equal treatment for all nurses regardless of race. Her serendipitous statement was, "if BSN was the entry level, it would produce better nurses, safer and more evidence based education."

Yerrkar

Yerrkar is an ADN nurse, a Caucasian male who is of American descent. He is within the age group of 25-35 years old and has been employed as an ADN in an acute care setting for a period of 3-6 years. Factors that would influence advanced nursing education are: increased pay, job promotion, role differentiation between ADN and BSN, respect from managers and colleagues towards advanced nurses, employer financing cost of advanced education, self-motivation to advance "I just want to do my work, get paid, and have my life the way I want. There is no need for advanced nursing education." He stated emphatically, "advanced nursing education is painful process and I don't see the point of advancing; I have my BSN in arts already."

Zully

Zully is an ADN nurse who falls in the age range of 35-44 years. She is a White Hispanic female nurse who is an ADN and has worked in a doctor's office setting for 3-6 years. **Zully** communicated that she is motivated by her mentor who is an ARNP to advance academically because of the empowerment, autonomy, and respect she receives from physicians, family members encourage advanced education, physicians in private practice only employ ARNPs, and advanced education is necessary.

<p align="center">Transcriptions of the Data</p>

The researcher conducted the interviews of the research participants and analyzed and transcribed all the data with the help of Atlas.ti where the organization and management of the complex and dense data was done from the collected observations and interviews of the research participants. The analytical tool of constant comparison was used to examine different pieces of data collected for similarities and differences to explore all the possible domains, to stimulate the thought processes regarding the properties and dimensions of categories, and to determine what

further data were to be collected. Other sources of data were obtained from field notes, which were the conceptual and analytical remarks made by the researcher. Memos were written when the researcher was off the field; these notes were a more detailed and conceptual form of the interpretation of the data gathered. Data were coded and categorized based on the relationships that were noted between categories, recurring patterns, and their properties; this moved from just raw data to a more abstract and conceptual level of information. The transcripts were reviewed with participants for member checking, clarification, and further probing. Using Strauss and Corbin's approach of open, axial, and selective coding, the following categories emerged from the data. The main categories were *rewarding*, *motivating*, and *supporting*. The subcategories were *role differentiation*, *passion*, and *positive work environment*. The following sections describe the emergent categories. The experiences and interpretations of the individual group members will be further examined by the focus group along with their experiences with the phenomenon. The emergent social process derived from the data consisted of three major categories, which have salience and credence to the paradigm that was investigated and will be discussed in the following section.

Characteristics of the Focus Group Participants

The focus group participants consisted of seven BSN, MSN, and doctorally prepared nurses who were interviewed in a face-to-face setting as a group. A brief description of each participant is provided in this section. The names provided are pseudonyms in order to maintain the participants' true identity. However confidentiality cannot be guaranteed because of the dynamics involved in a group setting. Emerging from the data of the individual interviews were three main categories, *rewarding*, *motivating*, and *supporting,* as well as three sub-categories, *role differentiation, passion,* and *positive work environment*. The experiences and interpretations

of the individual group members were further examined by the focus group members along with their experiences with the phenomenon.

Rebeca

Rebeca is a BSN nurse who falls in the age group of 25-34 years old; she is a Caribbean nurse who has worked in the hospital environment for the past 3-6 years. Entry level into the nursing profession was at the diploma level; she was motivated to advance professionally by her family members who are doctors and specialists in their field of expertise. **Rebeca** mentioned that working at the bedside is also limited and she wanted to do more, so knowledge and qualification were imperative for her to become a Master's-educated professional in nursing.

Yocei

Yocei is a MSN degree nurse, who falls in the age range between 45-54 years old; she is a Haitian American who has worked in the hospital environment for the past 10-15 years. Entry level into the nursing profession was at the ADN level; she was motivated to advance academically by her colleagues and her role in leadership. **Yocei** reported that she needed to know more in order to be an effective leader, so she advanced from ADN-BSN-MSN.

Normaine

Normaine is a MSN degree nurse who is in the age range of 55 years and older. She is a Caribbean-American nurse who has been an ARNP in a clinic setting for the past 21 years and over. Entry level into the nursing profession was at the ADN level; she was self-motivated to advance professionally because she needed more autonomy in her profession.

Yennie

Yennie is an MSN nurse, her age group is 35-44 years old; she is an African-American nurse who has been working in an acute care setting as a nurse for the time period of 10-15

years. She entered the nursing profession as an ADN. **Yennie** works in a magnet facility and is motivated by her manager and colleagues who are advancing to progress academically. She communicated that she plays a vital role in the decision making process of patient care, performance improvement, and policy changes. **Yennie** is happy about feeling belonged and valued.

Tamara

Tamara is an MSN nurse within the age group of 45-54 years old; she is a Hispanic-American nurse who has been working as nurse for the period 16-20 years. Her entry level into the nursing profession was as an ADN. **Tamara** currently works in the hospital setting as a nurse manager. She mentioned that she had a personal desire to be able to support her family financially, staying current and knowledgeable particularly in technology and evidence-based practice.

Klara

Klara is a BSN nurse between the age group of 25-34 years old; she is a Caucasian nurse who has been working as a nurse for 6-9 years. Her entry level into the profession was at the BSN level. **Klara** indicated that she was promoted to charge nurse within 6 months of employment above nurses who had more experience but were diploma and associate degree educated. She is confident about job security, flexibility with her schedule, increased pay, and more recognition.

Princess

Princess is a doctorally educated nurse who falls within the age category of 45-54 age group; she is a Hispanic-American who has been working as a PhD faculty member in a RN-

BSN nursing program in a college of nursing for 6-9 years. **Princess** aspires to be a role model

to her students as she promotes the necessity of advanced nursing education.

The Emergent Categories

The analytical processes that stood out in categorizing and formulating concepts

involves the process of asking questions to uncover the deep meanings of what, who, where,

when, how, and with what consequences and making constant comparison of data to excavate the

real meaning behind each story. The researcher used the Atlas.ti qualitative data analysis

software to organize the data into categories and code levels. The process of deduction was

repetitive and continuous to complete, refine, and review all emerging categories and concepts

until all possible domains were exhausted. The main categories that emerged delineated the

social processes that influence diploma and associate degree nurses to advance academically.

These include *rewarding, motivating*, and *supporting* as the main categories and *role*

differentiation, *passion* and *positive work environment* as subcategories. The subcategories; *role*

differentiation and *passion* were pulled into *motivating* as a core category while the main

category *supporting* pulled the subcategory *positive work environment*. These categories

emerged as an indication that these are the critical factors that would influence and ground

diploma and associate degree nurses in their decision making towards academic advancement.

The definitions assigned to these descriptors were expressed by the participants and is supported

by Hertzberg motivation-hygiene theory (1968). The major categories and subcategories are

discussed in the preceding sections as interpreted by the researcher from the data collected.

Table 2

Primary Codes

Individual Participants	Rewarding	Motivating	Supporting	Role Differentiation	Passion	Positive Work Environment
Lillim	4	3	0	2	1	0
Cejoy	10	2	1	1	1	1
LaDonel	4	1	4	3	2	1
Yagle	5	3	1	2	2	2
Llaney	7	5	2	0	0	0
Ixamar	8	4	4	0	3	1
Lliedan	7	3	3	1	1	0
Sylinmar	5	6	5	4	2	2
Naad	8	3	3	1	2	4
Thean	7	6	0	0	3	6
Ieclia	3	6	5	11	4	3
Virm	3	9	5	4	1	0
Viaflar	5	3	7	1	2	1
Yerrkar	3	4	0	3	3	2
Zully	1	2	0	5	4	1
TOTALS	80	60	40	35	31	24

Table 2 shows the main categories that emerged from the data collected from the research

participants and the frequency with which each category was repeated by each participant.

Rewarding was alluded to by all of the participants of the study ($N = 22$). The category

rewarding was characterized as tangible and intangible values. *Motivating* was interpreted by

the participants to be the driving force that moves them to action. This force they described to be

intrinsic and extrinsic. The evidence of reoccurrence of this category in the data was $n = 60$.

The category *Motivating* pulls with it the subcategories of *role differentiation* and *passion*.

Finally, *supporting* was seen by the sample members as the culture existing in their work

environment as well as broadly extending to the nursing profession itself; this was represented as

$n = 40$. Supporting as a main category pulls with it the sub-category of *positive work*

environment.

Rewarding

Rewarding is the sum total of all benefits provided to an employee from their employer. It is seen as all monetary and non-monetary, and psychological payments provided by an organization in return for employee contribution (Bratton & Gold, 2003). *Rewarding* encapsulates every aspect of work that is considered valuable to the employee and includes healthy work environment, employer support, learning opportunities, career development, and benefit packages associated with salary (Armstrong & Stephen, 2005). There are four categories of *rewarding*. First, intrinsic reward alludes to internal feelings of satisfaction, involvement, growth, autonomy, self-competence, and the individuals' experience throughout his or her career (Allen, Takeda, White, & Helms, 2004). Second, extrinsic reward is based on the organizational employee participation and performance associated with a direct and indirect form. The direct form of extrinsic reward includes small tokens of appreciation, while the indirect form of extrinsic reward deals with financial security and better prospects for the future (Westover & Taylor, 2008). Third, social rewards are associated with team-based endeavors that reinforce peer interaction to obtain shared goal outcomes (Larson, 2003). Finally, organizational remuneration refers to the probability of increased profits and productivity, with this extensive training that is directed mainly for business processes and effective communication between management and employees (Nazir, Shah, & Zaman, 2012).

Rewarding was found to be a main category occurring frequently in the data collected from the research participants. It was reemphasized as one of the factors that would influence diploma and associate degree nurses to advance academically. It emerged from the data repeatedly, more than the other main categories. *Rewarding* is categorized as tangible and intangible and is described by the participants as consistent, creative ways of recognition in order

to motivate diploma and associate degree nurses towards academic progression. Tangible

rewards are concrete, measurable, and observable. Examples of these that the nurses highlighted

were: job promotion, salary increase/bonuses, plaques, gift cards, dinners, increased leadership

roles and active participation in the decision-making process for patient care. According to

Viaflar, *rewarding* would help to promote advancement within the nursing profession, increase

the scope of practice, and increase the opportunity to pursue higher degrees; in addition, she

commented it would help to reduce the nursing shortage. According to Conover and Richards

(2015), numerous states are looking for less costly ways to alleviate the nursing shortage.

Nurses such as ARNPs in North Carolina, who practice at their full scope, will bring significant

benefit to the state (Conover & Richards, 2015). **Zully** commented that intangible *rewarding*

should be attractive and motivating. Examples of intangible *rewarding* that were highlighted by

the nurse participants included the following: greater ability to stay current with nursing

education and advancement in technology; a sense of fulfillment with their academic

achievement; increased knowledge that will enhance safe, competent patient care; an increase in

leadership opportunities; and experience in the decision making process in patient care delivery.

Yerrkar commented that the family-related benefit of having employee day care center for

employees with young children was commendable and an even more extraordinary gesture of

having a sick bay at the hospital facility for sick children of employees. **Viaflar** highlighted that

designated employee parking, awards dinner, and breakfast with the hospital CEO made her feel

valued and rewarded to give her highest performance at work.

     Sylinmar stated, "In *rewarding* nurses, it will encourage advancement, increase self-

worth and will make a positive impact in communities, increase marketability, builds confidence

and a greater sense of pride and authority." There were elements of serendipity in some

responses from participants. One example is a statement made by **Virm**: "advanced nursing education will give me an opportunity to get my U.S. citizenship." **Yagle** commented that promotions in nursing roles, being a charge nurse, manager, or clinician are some of the ways that would be rewarding for nurses and in turn educational advancement.

She stated: "Advanced education provides exposure to what's happening in nursing and medicine in general." **Lliedan** added that increased knowledge among nurses heightens confidence in care delivery to patients and families. **Llaney** added that when MSN degree nurses are able to demonstrate pride and authority in their role as advanced nurses, it would influence her towards academic advancement. **LaDonel** believes that achieving more academically will improve the nurse's performance and increase patient safety. **Ieclia** mentioned that technological support needs to be ongoing at work because advanced nursing knowledge requires technological knowledge, and she is fearful of the use of technology such as the computer and computerized documentation. **Yerrkar** explained that he preferred the old way of paper documentation. An emphatic comment that was repeated by another individual participant **Ixamar** confirmed that rewarding nurses to advance academically is crucially important as it increases the nurses' ability to offer more to clients. **Naad** declared that preceptor information is secondary; therefore, continued educational advancement should be encouraged as firsthand knowledge for nurses to remain current with their knowledge base. **Thean** noted that increased knowledge provides more opportunity for leadership role assignments.

The following focus group members supported the interpretations of the diploma and ADNs. **Princess** pointed out emphatically that nurses are denied opportunities to advance when the demand for patient care providers are in increasingly high demand and supply is unavailable. **Tamara** added that the need for more highly trained nurses are increasing as more and more

nurses are retiring and some are changing careers within the health care industry, and these situations add to the need for a complete paradigmatic shift. **Klara** commented that money or salary is a big motivator for nurses to give excellent performance at work and that an annual increment based on individual performance is gratifying but is even more inspiring when employees are rewarded with a Christmas bonus based on their years of service; this, she said, encourages work retention and loyalty to the employer. **Normaine** remarked that some nurses refuse to advance academically in their nursing career because their basic training was too rigorous and often difficult to accomplish without substantial demand of time, effort, and money. She emphasized that these challenges have caused some degree of reluctance in nurses to advance further especially without tangible, consistent incentives. **Yocei** commented that learning about the use of technology was a big incentive in support to nurses' job performance in the work environment. **Rebeca** added that, "some nurses would probably continue their education but are fearful about the computer, typing papers and doing research." She also remarked that for some nurses, nursing care provided to patients by diploma, ADN, or BSN nurse really makes no difference in the pay or how that nursing care was provided.

Motivating

Motivating is the drive for action that results in *rewarding* (Kouneiher, Charron, & Koechlin, 2009). It therefore targets the cognitions and behaviors that are directed for action. This action is enhanced when rewards are attributed to performance (Miller, Shankar, Knutson, & McClure, 2014). *Motivating* was identified as the second most dominant category that would be the driving force to influence diploma and ADN to advance academically; the study's participants explained *motivating* to be impactful both intrinsically and extrinsically. As one of the main categories, *motivating* pulls with it the sub-categories of *role differentiation and*

passion. **Virm** highlighted that if the organization motivated her, she would become passionate about her academic advancement. **Yagle** stated, "I am not passionate about nursing; it is my second career. I just needed the money to take care of my family. At the end of each work day, I just want to get home." **Thean** mentioned that she was comfortable with her education status because she made enough money to take care of her needs. Participant **Zully** stated, "It is the same playing field at the bedside, and I don't think a BSN degree will make me a better nurse; we all do the same things as nurses." In addition, **Llaney** was emphatic in explaining that there is no distinction between and ADN and the BSN in terms of care provided to patients. Intrinsic *motivating* was explained as an inner drive that encourages an individual to excel. Some factors that would drive intrinsic *motivating* were cited by **Cejoy** as verbal and written encouragements from managers, leaders, as well as advanced practice nurses. Other drivers for intrinsic motivating noted by participant **Viaflar** include job satisfaction; financial stability; time availability for family, work, and academic advancement; and flexibility for class days and time. **Yagle** said that she is comfortable at her level of education and the salary is satisfactory, so there is no need to advance because it will not increase her knowledge on how to care. **Ieclia** claimed that she feared gaining too much knowledge because advanced nurses' job is too demanding, and they are not compensated equitably enough. She said this fails to motivate or encourage advancing professionally.

Research participant **Ladonel** commented that, "confidence drove her to want to do well," and in addition, extrinsic *motivating* is inspired by external triggers that drive the individual to academic progression. Some of these factors include rewards such as gifts, increased salary, scholarships, and job promotion. Additionally, it alluded to the reason(s) and the willingness of a nurse to advance professionally. Participant **Thean** stated, "It is a domino-

effect if they can do it, then I can do it." Adequate time and money for school incentives from employer, flexibility for work-study lifestyle, and career opportunities are also cited as motivators to advancing academically. A statement made by participant **Lillim** amplified the benefits of academic advancement when she stated, "I know advanced nursing education opens doors for further education and leadership roles." **Zully** emphatically stated, "advanced education is a necessity, and doctors in private practice predominantly employ nurses with higher degrees such as ARNPs." Knowing how my role will differ as a BSN from an ADN nurse will increase my passion about nursing and nursing education. This gives enthusiasm, zeal, joy, and determination. **Zully** explained that these emotions are some positive stimuli towards *motivating*. **Cejoy** said that in all her 21 years as an ADN, she has never seen any marked difference with the care provided to clients by ADN and BSN nurses. **Zully** continued to remark that if there were differences even in the pay range, then it would motivate her to advance. **Naad** remarked that no one cared what degree any nurse has; instead, the main focus is whether each nurse is able to perform his or her job duties well. **Ixamar** remarked that there is a greater *motivation* in doing what she is passionate about and what is enjoyable for her, but nursing is not motivating for her. In addition, **LaDonel** proposed that entry level nursing should be streamlined so that all nurses get the same training and entry level requirement and pay rate when they have completed training and are employed as graduate nurses. **Yerrkar** commented that there is no greater opportunity in having a BSN or an ADN. Figuratively he said, the playing field at the bedside is the same. **Llieden** said that being an ADN did not make her a lesser nurse and that there is no real motivation in getting an advanced degree except if it were for an ARNP. **Sylinmar** stated:

In my culture and community environment, everyone is encouraged to advance

academically but my family thinks nursing is different, and it is unnecessary to advance;

they believe that once a nurse completes an ADN there is no need for further

advancement.

Tamara and **Princess,** participants from the focus group, reported that nurses must not be

promoted to be in charge of nurses with a degree higher than themselves as managers. They

indicated that this was demotivating towards advancement. **Yocei** voiced her experience as one

in which or the records it was documented that academic progression must be supported but

nurses were not accommodated or supported with shift changes, financial support, or even verbal

encouragement. **Rebeca** shared with the group that managers and leaders she was aware that the

BSN degree RNs offers more to patients at the bedside but were reluctant to encourage nurses to

advance to fear or increased attrition rate. However, it is the overall belief of the focus group

participants **Klara** and **Yennie** that academic advancement in nursing should be a mandatory

requirement for all in the profession, one that is similar to the mandate for continuing education

to maintain the nursing license.

Supporting

A *supporting* work environment involves all aspects that act and react on the body and

mind of an employee. From an organizational psychological perspective, it is the physical,

mental, and social environments where employees are working together, and their work is

analyzed for increased productivity (Jain & Kaur, 2014). A *supporting* environment was

interpreted as the culture of an organization that hinges strongly on professional standards and

the subsequent impact on the employees. As a main category, it pulls with it the subcategory

positive work environment. **Llaney** felt that a *positive work environment* is one that promotes

civility and equal opportunity and one that operates an engaging education department would be beneficial in encouraging nursing advancement. Environmental culture as a major category was seen by the study participants **Zully** and **Yerrkar** as necessary in the role of helping to influence advanced nursing education. **Cejoy** explained that *positive work environment* is a place where there is a sense of belonging and employees will be motivated to advance. **Virm** mentioned that a supporting environment typifies the place where there is fairness among managers, equal educational opportunities for all diploma and ADN nurses, and more leaders than managers who will support academic progression with openness so that more nurses would advance. Participant **Naad** stated, "In providing care to patients and families in a patient and family centered care facility, families need to know more and therefore the nurse would need to know more." According to **Thean**, "culture differences cause some nurses to be less inclined in wanting to go back to school and they subsequently become a product of what their environment promotes." **LaDonel** added that the advanced practice nurse role is the best way to go; however, she felt this must be encouraged and supported by managers and leaders. **Yagle** explained that nursing is constantly changing, and nurses must be abreast with the inevitable change. This she stated would serve to inform coworkers, communities, and society of the importance of advanced education so that educational advancement may be supported and encouraged nationally. Also, leaders will place substantive importance on professional progression.

 Supporting group members confirmed that the perceptions of the diploma and ADN participants regarding the factors that hinder advanced nursing education mirrors some of the views they were discussing and also added further comments. For example, **Princess** said:

  The nurse who is adequately providing care at the bedside is often hindered to advance

  academically by managers who verbalize discouraging remarks such as, there is no need

for that, it is not necessary, or your pay will not be any different and you will still be at the bedside.

The discussion continued with the views of **Yocei** and **Yennie** who indicated that in environments where educational advancement was deemed unimportant, nurses were not supported to advance. **Klara** mentioned that when nurses are not compensated in salary or job status regardless of their academic achievements, then supporting for advancement is not effective. **Tamara** shared her views and interpretations that hospitals with the following programs promote academic progression; these include: clinical ladder programs, versant programs, magnet hospitals, teaching hospitals, and those with written mandates for advancements. **Normaine** believed that managers are to be leaders who model excellence in training, education, and corporate standards for nurses to feel supported and for employees to see relevance in progressing academically.
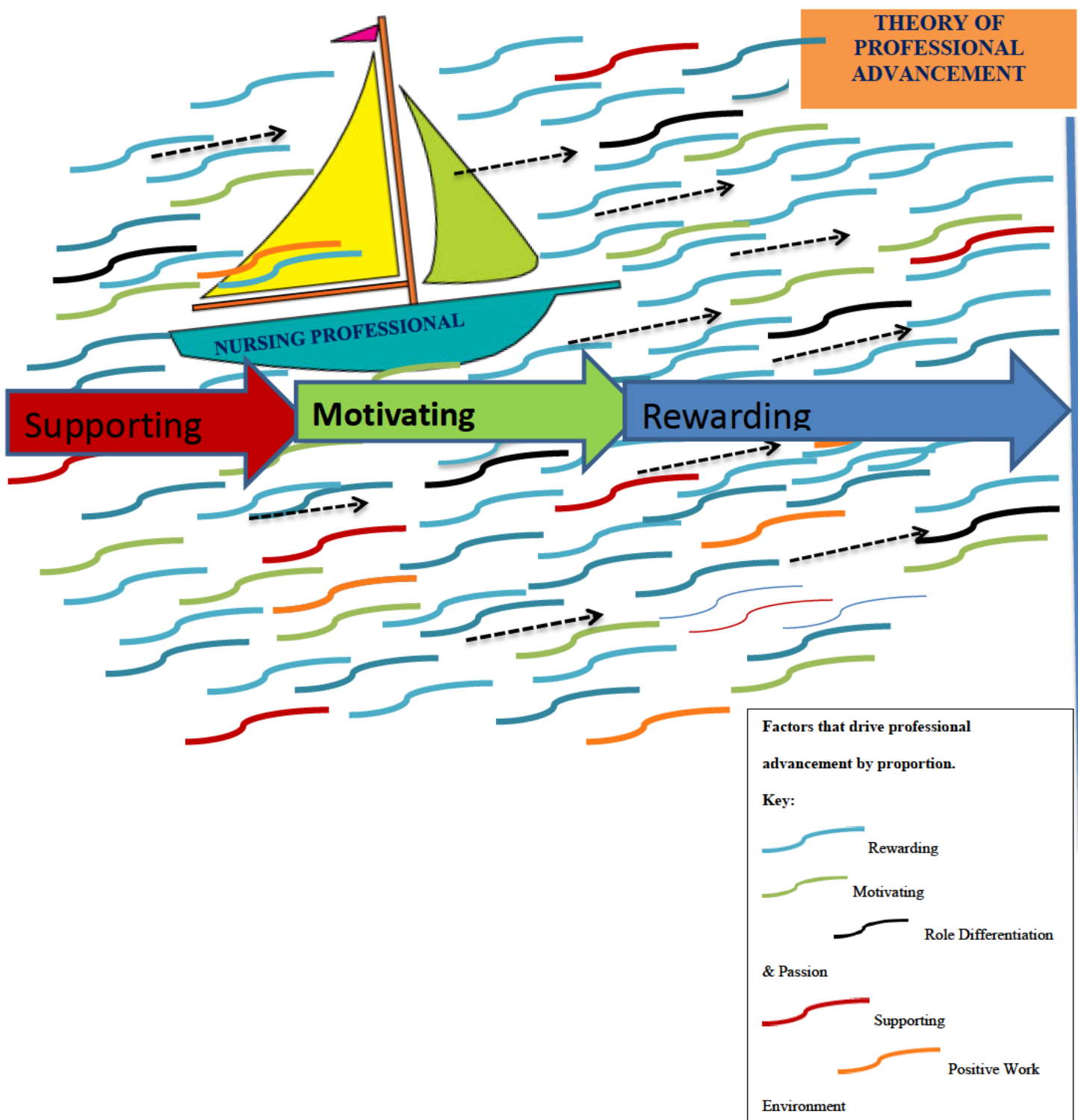
Figure 3. Diagram illustrating the impact of the core category (McGhie-Anderson, 2015, adapted from Strauss & Corbin, 1998).

The diagram in figure 3 is a visual representation of the conceptual relationship that developed among the main categories of *rewarding, motivating*, and *supporting*, as well as the subcategories of *role differentiation*, *passion*, and a *positive work environment*. The reason for this model is to make visible the categories that emerged from the data and to make known the social processes, the limitations, and the relevance to the study. Depicted in the diagram are the thought processes of the diploma and ADN nurses as interpreted by the researcher to help visualize the interconnections among categories. *Rewarding* is represented as the blue arrow; this may be tangible and intangible. In this model, the sides of the arrow that is used to illustrate this main category that represents the interrelationship, interaction, reflexivity, and intercreativity of the participants in their social environment. A *rewarding* system is regarded as important in an organization to channel the employees' rewards. It has a positive impact on motivating and is to be fair, equitable, and consistent among employees. A *rewarding* work environment is one that is *motivating* for individuals and *supporting* towards desired outcomes and may influence behaviors towards a desired direction (Hafiza, Shah, Jamsheed, & Zaman, 2011). Central within this model are the arrowheads representing the interconnection of the segments of the diagram and occurring within this dynamic central point is meaning generation and transformational experience. This occurrence and experience leads to action, interaction, and consequences as a direct result of the decisions made by the study participants towards academic progression.

The green arrow illustrates *motivating*, and the sides of this arrow represent communication, sharing of knowledge, mutual benefit, and interconnectivity for all participants within that environment. *Motivating* is described as a psychological process that will give purpose and direction for desired behaviors and are intrinsic as well as extrinsic (Rahim & Wan Daud, 2012). According to Baron (1983), individuals may be influenced by *motivating* in their

decision-making to carry out a task and their performance may be energized with passion whenever it is followed by rewarding. The red arrow represents *supporting*, a positive work environment, and culture of the organization where the participants are employed. As a factor that influences advanced education, the interconnection shown by the arrowhead contributes to the intercultural connection between nurses and each employer's cultural experience and what they bring into the environment. An organization's mission, values, philosophy, and norms also shape, support, and create a dynamic intercultural experience and generate meanings that influence academic progression. The diagram expressing the relationship between the categories depicts the integration of the factors that are postulated as the critical components that will influence nurses to progress academically, and the theory that may emerge to support academic advancement.

Formulation of a Theory

A conceptual framework is described by Miles and Huberman (1994), as a written or visual product that explains graphically or narratively the core things to be studied, including key factors, concepts or variables, and the relationship(s) among them (Miles & Huberman, 1994). The *theory of professional advancement* emerged from the data as the basic social process that expounds the critical factors that influence diploma and associates degree nurses to advance academically. It emerged from the categories interpreted and constructed by the researcher as *rewarding, motivating, and supporting* among diploma and associate degree nurses to advance academically. This is interpreted by the researcher as the theory of what is out there in the communities of these nurses and is a problematic factor that involves consequences that impact academic advancement. Studies have shown that the history of an organization, in which there is an environment that is *rewarding* and *motivating* towards nurses' academic pursuits will promote

the decision-making towards professional advancement. It is believed that *supporting* in organizational structure, values, and mission will impact the patterns of interaction, behavior, and the commitment of employees (Greenspan, (1999). Organizational cultural environment consists of the collective thinking, habits, attitudes, feelings, practices, and behavior patterns of the employees (Mohelska & Sokolova, 2015). Research indicates that the culture that exists in a health care environment is impactful on the nurses' attitudes, knowledge, practices, and motivations to advance academically (Fedorowsky et al., 2015). These interactions and relationships are interpreted by the participants who attribute meaning to their reality (Charmaz, 2000).

The degree of a *supporting*, *positive work environment* reveals the impact this has on employees and is substantiated by the level of effect on health care organizations and the circular influence on diploma and associate degree nurses. The study participants' interpretation was evidenced by the number of nurses who are still unprepared to advance professionally. The categories that emerged from the dense data that produce salience and a pattern were interpreted by the researcher through a process of repeatedly examining the dimensions and properties of the emerging thoughts and feelings of the participants, reviewing the context of the storyline and the conditions that existed during the interactive relationships of the diploma and associate degree nurses, their actions, and their resulting consequences (Strauss & Corbin, 1990). There is no existing specificity for the creativity in the art and science of grounded theory research (Strauss & Corbin, 1998). However, throughout the interplay between the data, the researcher noted the persistent reoccurrence of the participants' discussion of the factors that would influence them to advance academically.

It became apparent throughout the data analysis process that diploma and associate degree nurses who are not advancing academically are experiencing various factors that are impacting their decision-making in influential dimensions. This impact subsequently leads to the nurses' inevitable choices, their decision-making towards progressing academically, the resulting outcomes of their choices, and their related consequences. Strategies to promote a positive impact would be directly linked to the factors the nurses interpreted in their environment. Analysis of the data revealed many interrelated factors that impacted the nurses decision-making process towards academic advancement such as having a passion for nursing itself, various supporting factors such as family, community, and work-related support, also were being able to distinguish a clearly defined role for diploma, ADN, and BSN educated nurses. These along with other subcategories are interwoven in the main categories. Three main categories were explicated from the social processes that the participants highlighted repeatedly to formulate the core category; these are: *rewarding,* which may influence positive behaviors and may be tangible or intangible; *motivating,* which is a driving force that stimulates action may be derived intrinsically or extrinsically; and *supporting,* which was alluded to a positive demonstration in organizational culture of encouragement from the employer to strengthen and help to mobilize employees in desired direction. Hence, the categories undergird and ground the *theory of professional advancement* by the categories of: *rewarding, motivating,* and *supporting* among diploma and associate degree nurses to advance academically and describes a social process within the environment of diploma and associate degree nurses that impacts academic progression and led to the emergence of the *theory of professional advancement*.

Chapter Summary

The chapter discussed the findings for this qualitative study that emerged from the data collected. The emergent categories described the critical factors that influence diploma and associate degree nurses to advance academically. The study was guided by the grounded theory approach used by Strauss and Corbin (1998). Fifteen individual interviews and one focus group interview with seven participants were conducted. The data collection and analysis were done simultaneously using constant comparison. Atlas.ti, a qualitative data analysis technique, allowed the researcher to organize the data for easier comparison during analysis and data collection. The categories that emerged from the data were: *rewarding*, *motivating,* and *supporting* as the main categories and *role differentiation*, *passion*, and *positive work environment* as the subcategories. The basic social process revealed that the main categories and sub-categories are the resulting factors that influence diploma and associate degree nurses' academic advancement. Hence, the *theory of professional advancement* emerged as what grounds the social process that influences academic advancement for diploma and associate degree nurses. Chapter five will provide the discussion and conclusion of the categories and the emergent theory.

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

The purpose of this study was to unearth the critical factors that influence diploma and associate degree nurses to advance academically. The study aimed at gaining an understanding of the social process associated with the decision of diploma and associate degree nurses to advance their nursing education. The researcher conducted this study with the use of the grounded theory method of qualitative inquiry purported by Strauss and Corbin (1998). Grounded theory is a systematic inductive collection and analysis of data to generate a theory (Denzin & Lincoln 1994). The value of this method is to extract a theory and to ground the theory in data (Strauss & Corbin, 1998). This grounded theory research was carefully induced from the diverse data of the purposive sample of participants. A set of core problems and processes emerged that indicated relevance to the data. As a formal inquiry, it explains what were the critical factors that influence diploma and associate degree nurses to advance academically, what will happen if they do not advance, and what is happening with the academic progression of diploma and associate degree nurses. In addition, the *theory of professional advancement* emerged from the categories, and the main categories that illuminate the social process from the thick rich data collected, analyzed, and interpreted by the researcher and was based on the evidence of the results what needed priority attention from the data.

The philosophical and sociological assumptions that undergird this study were symbolic interactionism, and pragmatism. Symbolic interactionism is the study of human interaction in their social environment and their group life and human conduct based on those interactions (Blumer, 1969). However, this human interaction can be complex, overlapping, contrasting, and conflicting (Strauss, 1993). In exploring the phenomenon of the critical factors that influence

diploma and associate degree nurses to advance academically, it was revealed that nurses are unavoidably impacted by their social interactions and are therefore influenced towards advancement professionally. Therefore, the nurses' actions arise out of their social interactions, and these actions become symbolic when meanings are assigned to their interpretations. Pragmatism emphasizes the role of humans in what they objectively and meaningfully determine to be their reality (Shalin, 1991). Additionally, the results of this study are interpretive as the researcher applied theoretical sensitivity to interpret meanings based on the understanding assigned by the nurses to their experiences. The data collection was completed by the researcher based on theoretically relevant constructs. This enabled the process of selecting subjects that maximize the potential of uncovering many dimensions and conditions that relate to the phenomenon of interest (Strauss & Corbin, 1998).

The chapter explores the interactions, actions, conditions, and consequences of diploma and ADN nurses and the meanings that they ascribed to the events and situations relating to the phenomenon under investigation (Corbin & Strauss, 2008). Presented in this chapter are the implications of the findings for nursing education, nursing practice, nursing research, and public/health policy. In addition, the strengths and limitations are addressed. Finally, recommendations for future research are also discussed in this chapter.

<center>**Exploration of the Meaning of the Study**</center>

This study evolved through the dedication of time and consistent effort to understand and interpret the actions that arise out of the interactions, interpretations, and meanings ascribed by the study participants within their social environment regarding the phenomenon. There is a dearth of knowledge regarding the factors that promote nursing education. However, based on the literature reviewed, there is paucity in understanding and discovering the nurses' feelings,

experiences, interpretation, and the dynamic interactive process of these with the participants, data, and the reflexivity of the researcher regarding the critical factors that influence diploma and ADN nurses to advance academically. In Table 2, the numerical summation of 15 diploma and associate degree nurses who expressed their feelings, emotions, experiences, interpretations, and attitudes towards the impact of the social processes encountered during the interactions in their social environment. The researcher open-mindedly listened to the stories and experiences and observed behaviors of the participants to derive meanings from their actions of the past and present and projected future actions.

Focus group discussions with seven BSN, MSN, and doctoral educated nurses confirmed the findings and supported the discussions presented by the diploma and associate degree nurses who have not advanced academically and are not enrolled in any nursing program for professional advancement. Interviewing and transcribing was the most time-consuming aspect of the research; however, the participants were able to reflexively relate their stories, the meanings, and how the interpretations of their experiences influenced their decision making to advance academically. A theory formulated from the categories *rewarding, motivating,* and *supporting* for advanced nursing education was the phenomenon that described the basic social process that undergirds the critical factors that influence diploma and ADN nurses to advance professionally. This social process was interpreted as the action/interaction and consequences of critical factors that influence advancement of nursing education from one degree to another throughout the nurses' career. The inaction of progressing academically arises out of interaction in the nurses' environment. This interaction is an interpretive process that informs the act of doing the interpreting and conveys this to self and others interacting in that environment. The nurses' feelings and emotions indicate that they will influence future actions and interactions

towards academic advancement. This is also essential to the individuals' social world and social order (Strauss, 1993).

Based on the responses from the research participants, it was evident that factors that were central to the main categories of *rewarding, motivating,* and *supporting* transcend spatial and tangible elements to drive advanced nursing education and substantially impact the nurses' decision to advance. Figure 3 denotes a milieu where cultural norms, values, beliefs, as well as organizational philosophy interconnect to formulate the process of integrating, promoting, and supporting advanced nursing education. The model is designed to illustrate the inseparable elements of *rewarding, motivating*, and *supporting* represented by a sea of these interacting categories that are propelled on a path towards professional advancement. The fluidity of this depiction is with the aim of obtaining the best outcome. The model depicted each constituent segment of the path to advanced education to be represented with the formulation using the emergent categories from the research study. The *theory of professional advancement* as a phenomenon is displayed as the end product that will be achieved through the intentional progress towards advanced nursing education among diploma and ADN nurses. The categories are the factors that are the driving forces that, with careful combination, resulted in the formulation of the *theory of professional advancement*. The processes within the ocean are depicting the intermingling and continuous interconnection that typifies the relationship of nurses in a supporting environment, where rewarding and motivating are experienced.

Maslow (1943) believed that there are some intangibles that drive people to self-esteem and self-actualization and that it requires an intrinsic drive for an individual to reach maximum potential for success. The theory of motivation from Maslow's (1943) hierarchical system purports that everyone has a basic physiological need such as food, shelter, and water; whenever

these needs are completely satisfied, higher needs emerge along a continuum. The need to feel

valued is inherent within intangibles (Maslow, 1943). Hence, the interpretation of advanced

education for diploma and ADN nurses is deemed inseparable to the value that is inherent in

their work organization regarding advanced progression.

The research participants believed that a consistent *rewarding* system engrained within

their professional work environment will inspire academic progression. Advanced education is

seen as one of the methods that may increase job satisfaction among nursing assistants and can

improve the quality of care for nursing home residents (Lerner, Resnick, Galik, Russ, & Gunther,

2010). The following were some of the perceptions of some of the research participants:

Naad's view on this was nurses get promoted based on the color of their skin and personal

relationship with managers. In addition, some nurses who have less experience and education

are promoted as managers above nurses who are more qualified and experienced, and this is

discouraging. **Sylinmar** felt that the environmental impact was more than the immediate

borders when she stated, "There is no clear professional standard for entry level all are seen as

just nurses doing the same thing." **Cejoy** emphasized plainly, "there is a feeling of belonging

and community when the organization in which you work promotes education." **Ieclia** said,

"The environment is positive when coworkers support and encourage you, and there is actually

an education department within the organization." **LaDonel** explained that her workplace

needed to actively engage in promoting advanced progression academically. **Yagle** mentioned

that employee scholarship awards and deliberate and consistent financial employer support

would encourage her to advance. **Llaney** reiterated that an organization that has academic

progression engrained in their culture will have a consistent pattern for employee advancement

academically.

The focus group also supported the individual participants and the views expressed. **Rebeca** felt that there was a need for leaders and managers who would model excellence in education and consistency in academic standards. **Zully** commented that as a nurse who is adequately providing care at the bedside, she felt hindered in advancing academically because the incentives for advanced nurses is not different regardless of the academic achievements. **Tamara** and **Klara** agreed that there was inescapable evidence from the individual participants' viewpoints, which coincided with their experience on culture within the work environment. It is their belief that there should be intentional effort in incorporating advanced education as an ongoing venture for nurses and in turn the nursing profession. **Princess** shared her belief that there was a high potentiality that deliberate and consistent rewards would keep nurses motivated to advance, and strategies needed to be developed to facilitate this. She also indicated that it was necessary because health care facilities are preferentially looking for BSN nurses to offer employment, and individuals hospitalized are also concerned with the degree a nurse holds when they are receiving care and are also associating advanced degrees with the quality of care they receive.

The AACN (2013) report indicated that, health care settings nationwide are seeing a difference in nursing practice based on the level of education of nurses and are making hiring decisions to enhance the quality of care available to patients. The World Health Organization [WHO], (2010), also indicated that professional development is recognized internationally as a critical essential for quality workforce as well as being relevant in providing safe, effective care to patients (WHO, 2010). In a study conducted by Rahim and Wan Daud (2012) where the authors used a quantitative research approach to determine the relationship between rewards and motivation among staff in their work environment at the University of Sultan Zainal Abidin,

Kuala Terengganu (UniSZA), the purpose of this study was to identify the relevancy of rewards and motivation towards staff in UniSZA and to propose the best predictor variable of motivation among administrators staff in UniSZA. Despite differences in the study participants, the findings revealed that there was a relationship between extrinsic and intrinsic rewards and motivation among administrators at UniSZA.

A survey research questionnaire was used, and the Pearson correlation analysis to compute correlation between the variables, and a multiple linear regression was used to analyze the relationship between motivation and intrinsic and extrinsic rewards. The study used the definition of the types of rewards as the following: Extrinsic rewards are tangible and external to the job or task performed by the employee. These can be salary, incentives, bonuses, promotions, or job security (Rahim & Wan Daud, 2012). Intrinsic rewards are described as intangible or psychological such as appreciation, having new challenges, positive attitudes from employer, and job promotion (Hafiza et al, 2011). One definition used for motivation was to move, push, or persuade, to act to satisfy a need (Butkus & Green, 1999). The study concluded that there is a strong correlation between extrinsic rewards and employee motivation and indicated three recommendations for research and testing: (a) expect a positive relationship between rewards, (b) systems could motivate employees to give maximum efforts towards assigned work, and (c) employers should continuously try to develop pay policies and procedures that will enable them to attract, motivate, retain and satisfy employees (Rahim, Wan Daud, 2012). This research supported the phenomenon of interest by confirming that *rewarding* and *motivating* are integral in a *supporting* work environment to achieve maximum performance from employees. Different models will be discussed in the following paragraphs and their relationship with the current theory.

Relationship of Hertzberg Motivation-Hygiene Theory to the Study

The emergence of the ***theory of professional advancement*** relates to some theories that are in existence. Examples of these are Herzberg's motivation-hygiene theory, Maslow's motivation theory, and the self-determination theory. Herzberg's motivation-hygiene theory emerged from a research study conducted by Herzberg, Mausner, and Snyderman (1959). This theory examined what others need by furnishing a guide for what people want and connects the strategic with the tactical elements of human motivation. This theory has supported the current *theory of professional advancement* by highlighting that there is a consistent relationship between achievements, responsibility, work itself, and advancement (Herzberg et al., 1959). The complexity and the number of social issues revealed by the research participants and the critical factors that influence diploma and ADNs to advance by degrees are innumerable. However, the study sample demonstrated that it was their strong belief that *rewarding, motivating,* and *supporting* were the paramount factors that promote academic progression. "Responsibility and advancement stand out as major factors involved in producing high job attitudes" (Herzberg et al., 1959, p. 81).

Relationship of Maslow's Motivation Theory to the Study

Maslow's theory of motivation was developed within the time period of 1943-1954. The theory purports that humans are motivated when innate needs are met. There are five levels commonly known as Maslow's hierarchy of needs. A supporting, positive work environment where there is relationship and friendship in work groups may encourage feelings of belongingness. Belongingness is a factor that motivates progression. A job title may increase responsibility, and promotion of nurses will enhance self-esteem. Optimally, self-actualization occurs when the full potential is achieved and includes knowledge acquisition and the

assignment of challenging jobs. Maslow's motivation theory connects with the current *theory of professional advancement* by supporting and strengthening the main categories of *rewarding, motivating*, and *supporting* for advanced education for diploma and associate degree nurses academic advancement. The participants also indicated that an environment that facilitates motivation towards academic progression will encourage diploma and associate degree nurses to pursue academic progression (Maslow, 1943-1954).

Ieclia reported that she did not feel obligated to any health care organization and certainly not her current employer: "I have worked as an agency nurse and I don't feel belonged; the feeling of community and belonging are lacking. Nursing is individualistic." The current research study regarding the critical factors that influence diploma and associate degree nurses to advance academically is supported by Maslow's theory, which purports that humans will progress from one level to another when their needs are met and can be useful in initiating successful academic progression (Maslow, 1943).

Relationship of Self-Determination Theory to the Study

Self-determination theory (SDT) is a motivational theory and was first developed by two clinical psychologists, Edward Deci and Richard Ryan (1985). Three needs that are described as essential to the SDT are competence, relatedness, and autonomy.

1. Competence refers to an individuals' sense of feeling effective in his or her social environment and is given opportunities to express their effectiveness.

2. Relatedness is the feeling of belonging and interconnectedness at the individual and community levels.

3. Autonomy is an expression of self, of an individual's interests and integrated values that may be influenced by intrinsic and extrinsic motivators; this is initiated and valued by the individual. (Deci & Ryan, 1985).

SDT was developed to explain a set of phenomena that were emotionally based and is comprised of six mini-theories:

1. Cognitive Evaluation Theory (CET), the first mini-theory, specifically addresses the effects of social contexts on intrinsic motivation, examining factors such as rewards, interpersonal controls and ego, and how these impact intrinsic motivation and interest. CET emphasizes how competence and autonomy support intrinsic motivation, particularly in education, arts, and sports. In the current research study, the participants described that they were willing to progress academically when the cultural environment of their work organization is one which motivates and rewards efforts towards advanced education; this provides evidence of support to the CET because it addresses rewards as one of the factors that impacts intrinsic motivation, which includes education.

2. Organismic integration theory (OIT) is the second mini- theory. The primary role of OIT is to aim towards outcomes that are extrinsic to the behavior itself. OIT is concerned with the individuals' process of internalizing values, goals, and beliefs. It selectively supports autonomy and internal relatedness. OIT is also supported by the conceptual framework for environment, reward, and motivation for advanced nursing education because OIT's main focus is on intrinsic motivation and relatedness that results in extrinsic goals and outcomes.

3. Causality orientations theory (COT) gives a description of people's differences in their ways of orienting and regulating various ways in their environment. COT assesses and describes three types of orientations that are based on cause these include; rewards, gains, and approval. The COT is supported by the current research study because during the interaction of individuals in their environment the decision to advance is impacted by environment, rewards, and motivation. The COT addresses cultural differences and ways of individuals adjusting in their environment and this adjustment includes rewards. People are motivated when they are rewarded (Deci & Ryan, 1985).

4. The fourth mini-theory is basic psychological needs theory (BPNT); this emphasizes that psychological well-being is based on the optimum functioning of autonomy, competence, and relatedness. All three elements are essential for psychological wellness and therefore pursues validation and refinement in the environment. The BPNT is supported by the conceptual framework for environment, reward, and motivation for advanced nursing education. In Maslow's motivation theory, needs are met on a hierarchical basis physiological, safety, social esteem, and self-actualization and is progressed when one area is completely satisfied. In the BPNT, psychological needs are met when autonomy, competence, and relatedness are optimized.

5. The fifth mini-theory is called the goal contents theory (GCT) is derived from specific intrinsic and extrinsic goals and how these impact motivation and wellness. The extrinsic goals for financial success, appearance, and popularity are contrasted with community, interrelationships, and personal growth. The GCT is

supported by the study because the participants shared their interpretation of the meanings of their relationships in their environment and emerging from the data was the conceptual framework for environment, reward, and motivation for advanced nursing education. The study demonstrated supportiveness because of the impact of intrinsic and extrinsic goals on motivation and wellness.

6. Relationships motivation theory deals with relatedness and is closely associated with the development maintenance of close relationships. These include best friends, romantic partners, and belonging to a group. These are considered important for social adjustments and well-being. High-quality relationships support autonomy, competence, and relatedness. The relationships motivation theory is supported by the current study because the data from the research participants repeatedly emphasized that the nurses' experience was impacted by their environment intercultural relationships and the social impact of rewards and motivation on their decision making towards academic progression. This supports relationships motivation theory that deals with autonomy, competence, and relatedness.

Interpretive Analysis of the Findings

The data analysis of the 15 diplomas and associate degree nurses and seven BSN, MSN, and doctorally educated nurses revealed three main categories and three sub-categories. The basic social process revealed an interrelated pattern between the main categories, *rewarding, motivating*, and *supporting* with the subcategories, *role differentiation*, *passion,* and *positive work environment*. The main categories pulled together the three subcategories (see Figure 3).

Rewarding

Rewarding was found in the data analysis to be the most frequently occurring category, and the diploma and ADN nurses repeatedly indicated was a major factor that would influence academic progression. This category consists of personal as well as professional rewarding, which were tangible as well as intangible. Some of these rewards highlighted by the nurses were: increased knowledge, improved confidence and autonomy, increased salary, promotion bonus, recognition dinners, a great sense of pride and accomplishment, job promotion, job security, increased academic achievement and opportunity for further advancement, improved quality care and safety, improved professional standards and increased marketability, increased leadership role, and more opportunity for community involvement. The nurses felt that little or no attention was given to this category to promote advancement. In some cases, it was inconsistent or inequitable across health care environment or among nurses in the same health care facility. Studies have indicated that rewards are a major factor in the promotion of advanced education.

Rahim and Wan Daud (2012) researched a framework for rewards and motivation among administrators who are high educational providers in Malaysia and used a quantitative research design to examine the relationship between rewards and employees' motivation in UniSZA, Kual Terengganu, Malaysia. The authors concluded that there is a positive relationship between intrinsic and extrinsic rewarding and motivating. It is revealed that management pays more attention to extrinsic rewarding, but intrinsic rewarding is equally important in employee motivation (Rahim & Wan Daud, 2012). According to the current research findings from the diploma and associate degree nurses, *rewarding* was indicated as the primary factor that will encourage professional advancement.

According to participant **Llaney**:

Right now there is no differentiation between ADN and BSN nurses, if managers will

provide tuition or scholarships and a clear differentiation in salary and job duties it will

be rewarding for employees. Furthermore, verbal/written encouragements from

leaders/managers/ physicians, and direct supervisors will help move us in the right

direction to advance."

The researchers found that rewards are to be based on the desired performance levels and not on

the performance of task. Rewards should be meaningful and valuable to the individual

contingent with desired goal(s) (Rahim & Wan Daud, 2012). **Lillim** stated: "There are

limitations in the scope of practice for an associate nurse from the Caribbean. These groups of

nurses have to advance in order to be promoted, paid equitably, or even recognized." According

to **LaDonel**:

It is important to learn continuously and to know more; however, it is even better when

your hospital believes it. More experience in nursing increases the need for advanced

nursing education; however, I choose not to go because there are no incentives for doing

this.

Sylinmar explained that nurse managers encourage rewarding for younger nurses who tend to

readily advance before their first 3 years of employment. **Yerrkar** said that rewarding must be

equitable and consistent for all nurses who advance professionally. **Tamara** added that male and

female nurses' opportunities for leadership position, salary, and academic advancement should

be consistent. **Zully** added that her nursing education experience was rigorous, time consuming,

and difficult to accomplish, so advancing further is avoided. **Rebeca** stated:

I have worked as a BSN nurse for years and compensation was the same as the ADN

educated nurse and even when I completed my MSN degree I rewarded myself with more

knowledge and more opportunities for employment but was never recognized or

rewarded by my employers and managers.

Normaine explained that she feels empowered working as an ARNP in the clinic setting and is

hopeful for the future as an advanced practice nurse   *Rewarding* was expressed by the

participants as the most predominant factor that would encourage them to advance. However,

rewarding is interconnected with *motivating* and *supporting* to promote professional

advancement.

Motivating

Motivating was the second most dominant factor that would influence diploma and ADN

nurses to advance. This main category pulls with it the subcategories of *role differentiation* and

passion. The participants indicated several factors that would give them the intrinsic and

extrinsic drive to advance academically. Some of these motivators were time from work to

study; financial aid; balance between work/family; and study, flexibility, and other colleagues

advancing. Having an education department was of importance. Gray et al. (2013) implemented

a case study research design to investigate midwives responses to a changed re-registration

requirements in Australia to explore the decision making and reflections about registration,

continuous professional development (CPD), and practice. Findings revealed that motivating

emerged as the core theme that influenced the midwives decision-making. There were three

categories that informed this category: participants were motivated by their relationships as

midwives with women, relationships with their peers, and their self-assessment of their

competence (Gray et al., 2013). This helps to support the findings of the study under current

investigation where *motivating* emerged from the data provided by the participants as a core factor for academic advancement among diploma and ADNs.

In another study's findings regarding the relationship between academic self-concept, intrinsic motivation, test anxiety, and academic achievement among nursing students: Mediating and moderating effects, conducted by the author Khalaila (2014). The purpose of this study was indicated by the researcher to explore the direct and/or indirect effects of academic self-concept on academic achievement and examine whether intrinsic motivation moderates the negative effect to test anxiety on academic achievement. A descriptive correlational method was used on a convenience sample of 170 undergraduate nursing students in Northern Israel. The scales used included academic motivation, academic self-concept and test anxiety scales. The results suggested that organizations should focus more on ways to enhance motivational factors and how to alleviate negative impact on situational factors when offering psycho-educational interventions designed to improve academic achievements in students. This study closely coincides with the study on the critical factors that influence nurses to advance. The nurses indicated that both intrinsic and extrinsic motivation were essential in promoting advanced education. **Zully** stated:

> I work in a clinic with an ARNP, dermatologist, and a plastic surgeon, and I will do my
> BSN and then ARNP because I see how the nurse practitioner works in the clinic with a
> lot of autonomy and the doctors have high respect for nurse practitioners.

Virm said:

> Managers should mentor and support nurses, especially those with the potential and
> passion for the nursing career. Most people in charge are managers not leaders, so they

do not empower or motivate others to advance; sometimes it is because of job security for them.

Thean commented that the culture of a workplace has a great impact on employees and may direct them towards advancing if it is supported. **Icelia** interjected that that her motivation was intrinsic because she struggled to overcome the comments made in her environment that she will still be at the bedside even after she progressed academically. **Naad** shared, "I'm on both sides of the fence, and I don't really care which side I'm on. On one side education, provides knowledge. On the other side, experience comes with practice, and I need both." **Viaflar** said that she needed more experience and was unsure about her possibilities of academic advancement due to family and work obligations that demanded most of her time. She added, "no help is in place at work to advance and I certainly don't feel motivated." **LaDonel** commented that she works in a magnet facility and the movement for academic progression is a must, managers and leaders are mobilizing nurses towards professional advancement.

Tamara expressed that being on the cutting edge of technology in health care is inspiring and motivating for knowledge acquisition. **Princess** said that as a nurse educator, she empowers her students to progress through their nursing career as an ongoing professional journey and to stay abreast of the dynamic changes in nursing and health care. **Klara** added that she encourages her colleagues to progress academically because of her personal experience as a BSN degree nurse. Klara highlighted that she has derived substantial benefit from advancing: assuming leadership roles, salary increase, and opportunities for further advancement. A study regarding the interaction between academic motivation and student teacher academic achievement posits that intrinsic and job-related extrinsic motivations are linked to achievement (Erten, 2014). According to Khalaila (2014), "A higher self-concept was found to be directly related to greater

academic achievement" (p. 432). An international survey on advanced practice nursing education, practice, and regulation reveals that the greatest motivation for the advanced practice nurse role came from domestic nursing organizations, individual nurses, and the government (Pulcini, Jelic, Gul, & Loke, 2010).

Supporting

Supporting was the third factor that was cited as critical in influencing the decision making of diploma and ADN nurses to advance academically. The nurses believed that the culture, values, and beliefs of the organization impact academic advancement. This category pulls with it the subcategory of *positive work environment*. It is believed that professional practice models include reward and recognition systems acknowledging performance improvement, the nurses' commitment to uphold high standards of practice with a strong value system, moral courage, and quality professional relationships, along with empowerment and engagement in the workplace (LaSala & Bjarnason, 2010).

Comiskey et al. (2015), in a study on Scaling up nurse education: An evaluation of a national PhD capacity development program in South Africa, in the context of the global shortage of nursing graduates, indicated, there is an important need to address sustainability and capacity among various nations to advance nurse education and health care insurance, the recommendation that advanced nursing education for diploma educated nurses must be developed as well as a national nursing strategy for PhD and post-doctoral training encompassing clinical practice implementation and collaboration (Comiskey et al. 2015).

In a qualitative study, Lalonde et al. (2013), explored how educational opportunities may affect the movement of nurses within Canada. The themes that emerged from this study were support for and access to continuing education. The Canadian nurses perceived that there is a

lack of support in the form of time off or pay from their employer in providing on-the-job

training and continuing education. The perception regarding access to continuing education of

the participants was due mainly to the challenges with the geographical location of nurses when

compared to the location of universities, the costs of travelling, overnight stays, and other

expenses that were not reimbursed by employers (Lalonde et al., 2013). This study corroborated

with the current study regarding the critical factors that influence nurses to advance

academically, an environment that supports advanced education was an emergent factor that the

nurses felt would influence academic progression. According to **Icelia,** "in this environment

educational advancement seems unimportant especially when the nurse sees no difference in

salary or job status regardless of the level of training." **Yennie** stated, "I believe managers

should be individuals who model excellence in training and education." **Lliedan** commented

that, "without the setting of standards by hospitals, nurses will continue to see no relevance in

progressing academically." **Ixamar** expressed her belief that managers and leaders should

themselves be advanced practice nurses as they are exemplars.

Another study regarding a framework to guide the creation of a culture that encourages

continuous clinical learning in health facilities presented some key factors. The study aimed at

presenting a framework, which identifies the essential factors necessary to encourage the

interactions that are fundamental to learning in the clinical setting. The study concluded with

recommendations for the incorporation of a framework that espoused the concepts of leadership,

management, and leadership to interact, create, and sustain learning environments. This is in

support of the current study as indicated by the participants who expressed that managers and

leaders within an organization are instrumental in motivating academic progression (Briggs,

Schoonbeek, & Paterson, 2011). **LaDonel** emphasized that a workplace culture that is a magnet

facility has a clinical ladder process and encouraged advance nursing education encourage more nurses to progress academically. A comment from **Virm** indicated that leaders and managers are less inclined to demonstrate and encourage the importance for advancement among nurses. **Zully** said that her family's needs for financial stability is her priority; therefore, academic advancement is not pursued because of personal financial constraints. **Sylinmar** reported that she is unsure about the role and function of the BSN versus the ADN educated nurse, both in job description and salary compensations and that this discussion is not entertained by leaders. **Yocei** voiced her feelings about supporting as she emphasized how her colleagues encouraged and supported her in managing her work schedule so that she could advance academically. **Viaflar** commented that special favors are given to some nurses at her workplace to accommodate their academic advancement while others are denied this opportunity. **Llaney** explained that while ADNs compared to BSN nurses have less leadership skills and job opportunities, the BSNs have more clinical competence and increased job opportunities. **Lliedan** explained that her family members are all doctors and advanced in their field of expertise, and their encouragement and support is encouraging her to advance in her nursing career. **Yagle** remarked that advanced nursing education improves client safety and enhances critical thinking and job performance. The views of the sample participants indicated that supporting is an essential category that will promote professional advancement.

Significance of the Study to Nursing

The findings from this study help to unearth the critical factors that influence diploma and associate degree nurses to advance academically. This is a significant contribution to nursing in supporting diploma and ADNs nationally and internationally to understand the factors that would motivate them to advance and at the same time encourage all nurses to progress academically

throughout the lifetime of their career. The study revealed that shareholders, leaders, managers, supervisors, politicians, and all those who impact the environment of nurses are to make deliberate and intentional efforts to establish policies and standards that will promote a rewarding, motivating, and supporting work environment for advanced nursing education. This research participants expressed will inspire and direct the nurses' passion towards advancing academically. These findings may be significant to nursing as an avenue to assist in stemming the shortage of nurses globally. It may further provide increased opportunities for more qualified entry-level candidates to pursue the nursing degree.

The current theory was generated from the categories *rewarding, motivating*, and *supporting* of advanced nursing education and may serve as a springboard to launch a structured approach to encourage academic progression, improve patient safety, and improve the nursing profession itself. Health care organizations may implement the use of this theory to create environments that may facilitate advancement by degrees. This study has substantial implications for nursing education, nursing practice, nursing research, and public health policy.

Implications for Nursing Education

The study's findings revealed that the participants of this study would advance in their nursing career academically if their work environment supports it, if they were motivated and rewarded. Supportive of these findings is the literature reviewed, which indicated that there is a relationship between intrinsic and extrinsic motivation and rewards. Education departments have the greatest opportunity in the formulation of strategies that will encourage and impact academic progression. It is indicated that nurses need structure, organization, and a system that is geared towards promoting academic advancement in an environment that provides equitable and consistent rewards for their accomplishments.

The findings indicate that advanced education is crucial for the continued development of the nurse and nursing itself. It is essential for safety and quality care, which are paramount for reduction of morbidity and mortality in societies. Consistent with this is the growing need by health care organizations to employ nurses who have advanced degree and knowledge. Nursing shortage is pandemic, and the impact of environments that motivate and reward nurses to progress academically will provide more opportunities for faculty in academia to provide nursing education and make substantial inroads into this dilemma and impact society in general.

Implications for Nursing Practice

The study participants described precisely that advanced nursing education progression will be inspired if the culture is one that supports and encourages academic advancement. This milieu, the diploma and associate degree nurses indicated, will motivate nurses intrinsically and extrinsically into action towards advancement when there is a reward attached. An understanding of these factors may help health care leaders to implement strategies that will encourage continued education by degrees. Practicing nurses should ensure that the gaps between education and practice are shortened. Nurses may recognize that they play an important role in effecting adaptation to family, cultural, and global health care changes when they advance academically.

The study has supported the findings of research that have indicated that nurses who advance even up to the BSN level substantially provide better quality care to patients, reduce medication errors, and contribute to improved patient outcomes (Aiken et al., 2008). Findings from other research have shown the care provided to patients by BSN nurses result in lower readmission and decreased length of hospital stay (Yakusheva, Lindrooth, & Weiss, 2014). Increasingly, more hospitals that maintain magnet status and are committed to designate greater

quality service are employing nurses who have a BSN degree or greater. This hiring decision made by employers has increased the difficulty for ADN to find employment and to advance in their career (Boyington, 2014). Advancement of the nursing education is critically important to provide access to effective care (Daley, 2011). Clearly, the future of nursing and practice will be impacted substantially by advanced nursing education; it is therefore imperative for stakeholders, managers, leaders, and nurses to take action to implement strategies that incorporates the critical factors of *rewarding*, *motivating*, and *supporting* for diploma and ADN nurses to advance academically.

Implications for Nursing Research

Advanced nursing education is relevant in improving nursing care and patient outcomes. There is a need for further investigation in various cultural settings regarding the critical factors that influence nurses to advance academically. It is hoped that the *theory of professional advancement,* which emerged from this study for *rewarding, motivating*, and *supporting* for diploma and ADN to advance academically, may serve as a foundation to implement strategies that may be relevant to promote and encourage academic progression among nurses. Research offers vitally important information that indicates that nursing education is continuous along a continuum for safe and effective patient care, reducing the gaps between education and practice and to recognize and reward scholarship among nurses. The current study offers other opportunities for future studies to investigate, for example, cultural differences regarding advanced nursing education.

Implications for Public Health Policy

The implications of this study regarding public policy is that there is a great need for policy making that is specific for a standard for entry level into the nursing profession and the

establishment of a mandate regarding advanced nursing education throughout the nursing career. This will help to ascertain faculty in academia to help educate nursing students, reduce the nursing shortage, and reduce mortality and morbidity to advance health nationally and internationally. Policy makers, politicians, health departments, government officials, health administrators, and other stakeholders all have a responsibility in helping to create the environment that will motivate and reward nurses to advance academically. It is imperative to advocate for change in the health care culture to empower nurses to greater self-concept and self-actualization and to align strategies that embrace sociocultural preferences regarding advanced nursing education. The American Association of Colleges of Nursing, American Association of Community Colleges, Association of Community Colleges Trustees, and National League for Nursing, and the National Organization for Associate Degree Nursing have agreed to the promotion of academic progression in nursing. It is believed that collaboration and partnering will bring about a seamless academic progression of nursing students and nurses (AACN, 2012).

Strengths and Limitations of the Study

A strength of this qualitative study is that it is derived fresh from the understanding and interpretations expressed by diploma and associate degree nurses regarding the critical factors that influence them to advance academically. This inductive account provided a deeper understanding through the analysis and interpretation of this subjective data. The social issue that arose from the impact this experience has on these nurses in their social environment have led to action and inaction towards advanced nursing education. Their attitudes, feelings, and emotions expressed resulted in the formation of a theory for the *theory of professional advancement*, where diploma and associate degree nurses may progress towards advanced nursing education needs to be examined, explored, and applied for efficacy.

The implication of the philosophical underpinnings, pragmatism and symbolic interaction, used to guide this study clearly indicated that diploma and ADNs are influenced through the social interactions in their environment. While pragmatism examines the philosophical humanistic movement towards objectively creating meaningful reality, symbolic interaction covers the generation of meanings within systems of symbols. The actions embedded in these interactions involve the past, present, and perceptions of the future (Mead, 1934; Shalin, 1991). This study was comprised of 15 diploma and associate degree nurses and seven BSN, MSN, and doctoral degree nurses who participated in the focus group. Their contributions confirmed and supported the views of the individual participants. The phenomenon of interest was not necessarily deemed important to the participants until the issue was presented in terms of probing questions concerning their views, feelings, and perceptions about the subject. This stance allowed the researcher to observe the participants' expressions, behaviors, and meanings they attribute to the factors that influence them to progress academically. The contributions of the focus group also strengthened the researcher's understanding of the interpretation of the individual participants socially constructed reality. The diploma and associate degree nurses stories constructed truth through the researcher's application of the grounded theory research method.

Trustworthiness is incredibly essential in demonstrating rigor in qualitative, grounded theory research. Lincoln & Guba (2000), argues that the positivist notion is incommensurable with the interpretivist worldview when demonstrating trustworthiness. The interpretive criteria for making claims to rigor includes: credibility, dependability, confirmability, and transferability. Each of these will be explained to demonstrate how the current research study maintained rigor in an interpretive, qualitative grounded theory study.

Credibility is often used synonymously with authenticity to denote representativeness among the relationships between data. The researcher in this study was constantly examining and comparing data for relatedness. Dependability means that the study has auditability. The process was consistent, traceable, and authentic. Hence, the process used in this study may be repeated by other researchers in similar settings to yield similar results. Confirmability examines the usefulness of the data obtained from the diploma and associate degree nurses. The conclusions of the study were dependent on the participants who revealed what they know about the phenomenon, which led to the conditions of the study. The data collected from the participants guided the research process principally from their stories, experiences, and various encounters with the phenomenon of interest that they shared. This inductive approach continued throughout the data collection and analysis. Transferability alludes to finding a fit between contexts that are similar parts of the theoretical whole (Miles & Huberman, 1994). Within this social organization, the world is integrated. Everything is already organized in very specific ways. The grounded theory researcher is responsible for the discovery of the processes of socialization. There is no need for theorizing because the data has all the theoretical explanations (Lowe, 1998).

There are limitations regarding the groups of diploma and associate degree nurses that may not be represented across regions and cultures. Only diploma and associate degree nurses were used as individual participants. Participants may have provided information that they thought the researcher wants to hear. Geographical location was a factor for meeting sessions with participants.

Recommendations for Future Research

The *theory of professional advancement* that emerged from this study provides a model of why diploma and associate degree nurses would advance academically. This theory has shed light on a social relationship that might have gone unnoticed or misunderstood. However, this is not an end in and of itself but an avenue for further research investigations addressing advanced nursing education among diploma and associate degree nurses and for strategy development for advancement by degrees. The demand for nurses to advance academically is increasing as technology increased, as people can present themselves anywhere health care is offered, as employers increasingly hire nurses who will provide quality and safe care. The emergent categories of: *rewarding, motivating,* and *supporting* undergird the *theory of professional advancement* as the middle range study that was derived from the data provided to the researcher hat is substantive and provisionally verified. As a result, each of the emergent factors may be encouraged, promoted, and implemented in the work environment and evaluated for increase in the number of academic advancement among employees. This will also allow for further research regarding the degree of impact on advanced education among nurses. This study may be replicated nationally as well as internationally.

Chapter Summary

This chapter discussed the critical factors that influence diploma and associate degree nurses to advance academically. The basic social process that emerged identifies a *theory of professional advancement* from the categories of *rewarding, motivating,* and *supporting* for diploma and associate degree nurses to advance. The findings are supported by Hertzberg motivation-hygiene theory, which addresses consistent relationship between achievements, responsibility, work itself, and advancement (Herzberg et al., 1959). Maslow's motivational theory (1943) purports that individuals will advance when basic needs are completely satisfied. This supports the current study as Maslow (1954) indicated that only unsatisfied needs are considered useful in motivating further actions, and it creates disequilibrium in the field of study. The self-determination theory (SDT) by Deci and Ryan (1985) espouses competence, relatedness, and autonomy. The chapter also covered the significance of the study to nursing education, nursing research, and health/public policy. The strengths and limitations for the study were also highlighted. It also addressed trustworthiness of the data as an essential element in qualitative studies was explained. In addition, this study recommended that health care systems implement strategies that will create a *rewarding*, *motivating*, and *supporting* working environment that will encourage nurses towards advancing academically.

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APPENDIX A

BARRY UNIVERSITY

BARRY INSTITUTIONAL REVIEW BOARD APPROVAL

Barry University

Division of Academic Affairs

Research with Human Subjects
Protocol Review

Date:	April 6, 2015
Protocol Number:	150315
Title:	Advanced Nursing Education: Critical Factors that Influence Diploma and Associate Degree nurses to Advance
Meeting Date:	March 18, 2015
Researcher Name:	Ms. Rose McGhie-Anderson
Address:	███████████
Faculty Sponsor:	Dr. Claudette Chin

Dear Ms. McGhie-Anderson:

On behalf of the Barry University Institutional Review Board (IRB), I have verified that the specific changes requested by the convened IRB on March 18, 2015 have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may, therefore, proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on March 31, 2016. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with and IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Barbara Cook at ███████ or send an e-mail to ███████████ Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

Linda Bacheller, Psy.D., J.D.
Chair, Institutional Review Board
Barry University
███████████

Cc: Dr. Claudette Chin

APPENDIX B

BARRY UNIVERSITY

INFORMED CONSENT FORMS

Barry University

Individual Informed Consent Form

Your participation in a research project is requested. The title of the study is **Advanced Nursing Education: Critical Factors that Influence Diploma and Associate Degree Nurses to Advance**. The research is being conducted by Rose McGhie-Anderson, MSc, MSN, RN, and CEN, a doctoral student in the College of Nursing and Health Sciences, at Barry University, who is seeking information that will be useful in the field of nursing education. The purpose of this study is to unearth the critical factors that influence diploma and associate degree nurses to advance in their nursing education. The aim is to gain an understanding of the social process associated with the decision of diploma and associate degree nurses to advance their nursing education. There will be two face-to-face/ Skype encounters that will be included in this process. Skype is a voice over internet protocol (VoIP) system developed by Skype Technologies S.A. It is a peer-to-peer network in which voice calls pass over the Internet rather than through a special purpose network. The first encounter is a sixty minute interview which will be a semi-structured face-to-face or Skyped individual interview. A signed consent and a demographic data sheet will be obtained from each participant. Interview questions relating to the critical factors that influence diploma and associate degree nurses to advance academically will be open-ended. This initial interview will convene for sixty minutes. The second encounter will be for member checking and this will be conducted for thirty minutes in a face-to- face or using Skype meeting. The purpose of the second interview is to clarify and verify the data collected during the first interview. We anticipate that the number of participants will be no more than twenty-five nurses who have obtained a diploma or associate degree and have not progressed further academically. To be included in this study, you must meet the following criteria:

a) Diploma and associate degree nurses who are actively licensed in Florida

b) Diploma and associate educated nurses practicing in Florida

c) Diploma and associate level nurses working with at least three years of experience

d) Read, write, speak, and understand English fluently

e) Diploma and associate degree nurses who have not advanced professionally

If you decide to participate in this research, you will be asked to do the following: Spend one hour in an audio recorded interview at a mutually agreed location or via Skype. The audio taped recording of the first interview will be transcribed by the researcher and you will be asked to review the transcription for accuracy in a second interview within a week of the first interview. At that time, you will be asked if you would like to make further comments. The second meeting will convene for thirty minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no repercussions.

There are no known risks to you as a result of your involvement in this study. Although

there are no direct benefits to you, your participation in this study may help our understanding of the critical factors that influence diploma and associate degree nurses to advance.

Prior to the initial interview, you will receive a $10 American Express Gift Card as a small token of appreciation for your participation in this study. The gift card is yours to keep even if you decide to discontinue your participation in the study.

As a research participant, information you provide will be held in confidence to the extent permitted by law. Any published results of the research will be in aggregate form and pseudonyms will be used. Transcripts of recordings will be kept in a locked file in the researcher's private home office. Audio taped recordings will be destroyed after transcriptions are verified. Your signed consent form will be kept separate from the data. All data will be retained for a minimum of five years upon completion of the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Rose McGhie- Anderson, at ▮▮▮▮▮▮ my supervisor, Dr. Claudette Chin, at ▮▮▮▮▮▮ or the Institutional Review Board point of contact, Barbara Cook, at ▮▮▮▮▮▮ If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this research by Rose McGhie-Anderson that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this study.

1. Face to face interview

2. Skype/Internet interview

3. Follow-up meeting

_____   _____
Signature of Participant   *Date*
.

_____   _____   _____   _____
Researcher   *Date*   *Witness*   *Date*
(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.

Barry University
Informed Consent Form
For use with Skype

Your participation in a research project is requested. The title of the study is **Advanced Nursing Education: Critical Factors that Influence Diploma and Associate Degree nurses to Advance**. The research is being conducted by Rose McGhie-Anderson, a student in the Nursing department at Barry University, and is seeking information that will be useful in the field of nursing education. The aim of the research is to gain an understanding of the social processes associated with the decision of diploma and associate degree nurses to advance their education. In accordance with these aims, the following procedures will be used: There will be two Skype encounters that will be included in this process. The first encounter is a sixty-minute interview which will be a semi-structured Skyped individual interview. A signed consent and a demographic data sheet will be obtained from each participant. Interview questions relating to the critical factors that influence diploma and associate degree nurses to advance academically will be open-ended. This initial interview will convene for sixty minutes. The second encounter will be for member checking and this will be conducted for thirty minutes in a Skype meeting. The purpose of the second interview is to clarify and verify the data collected during the first interview. We anticipate the number of participants to be no more than twenty-five nurses who have obtained a diploma or associate degree and have not progressed further academically. To be included in this study, you must meet the following criteria:

a) Diploma and associate degree nurses who are actively licensed in Florida
b) Diploma and associate educated nurses practicing in Florida
c) Diploma and associate level nurses working with at least three years of experience
d) Read, write, speak, and understand English fluently
e) Diploma and associate degree nurses who have not advanced professionally

If you decide to participate in this research, you will be asked to do the following: Spend one hour in an audio recorded interview via Skype. The audio tape recording of the first interview will be transcribed by the researcher and you will be asked to review the transcription for accuracy in a second interview within a week of the first interview. At that time, you will be asked if you would like to make further comments. The second meeting will convene for thirty minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your employment.

There are no known risks to you as a result of your involvement in this study. Although there are no direct benefits to you, your participation in this study may help our understanding of the critical factors that influence diploma and associate degree nurses to advance. Prior to the initial interview, you will receive a $10 American Express Gift Card as a small token of appreciation for your participation in this study. The gift card is yours to keep even if you decide to discontinue your participation in the study.

As a research participant, information you provide will be held in confidence to the extent

permitted by law. As this project involves the use of Skype: to prevent others from eavesdropping on communications and to prevent impersonation or loss of personal information, Skype issues everyone a "digital certificate" which is an electronic credential that can be used to establish the identity of a Skype user, wherever that user may be located. Further, Skype uses well-known standards-based encryption algorithms to protect Skype users' communications from falling into the hands of hackers and criminals. In so doing, Skype helps ensure user's privacy as well as the integrity of the data being sent from one user to another. If you have further concerns regarding Skype privacy, please consult the Skype privacy policy. To ensure confidentiality, the researcher will establish a separate Skype account for this research project only. After each communication, the researcher will delete the conversation history. Once this is done, the conversation cannot be recovered.

Any published results of the research will refer to group averages only and no names will be used in the study. Data will be kept in a locked file in the researcher's home office. Audio tape recordings will be destroyed after transcriptions are verified. Your signed consent form will be kept separate from the data. All data will be destroyed after a minimum of five years.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me at ███████████, my supervisor, Dr. Claudette Chin, at ███████████, or the Institutional Review Board point of contact, Barbara Cook, at ███████████. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this research by Rose McGhie-Anderson and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this study.

1. Face to face interview
2. Skype/Internet interview
3. Follow-up meeting

_____   _____
Signature of Participant   *Date*

_____   _____   _____   _____
Researcher   *Date*   *Witness*   *Date*
(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

Focus Group Informed Consent Form

Your participation in a research project is requested. The title of the study is, **Advanced Nursing Education: Critical Factors that Influence Diploma and Associate Degree Nurses to Advance**. The research is being conducted by Rose McGhie-Anderson, MSc, MSN, RN, CEN, a doctoral student in the College of Nursing and Health Sciences, Division of Nursing at Barry University, and is seeking information that will be useful in the field of nursing education. The purpose of this study is to unearth the critical factors that influence diploma and associate degree nurses to advance in their nursing education. The aim is to gain an understanding of the social process associated with the decision of diploma and associate degree nurses to advance their education. There will be one face-to-face encounter with all of the focus group participants. This will be an audio recorded interview that will be conducted using open-ended questions related to the topic of critical factors that influence diploma and associate degree nurses to advance academically. The interview will last for approximately sixty minutes. We anticipate that the number of participants will be no more than seven nurses who have obtained a baccalaureate, masters, or doctoral degree will take part in the focus group discussion. To be included in this study, you must meet the following criteria:

a) Be a nurse who has advanced professionally from diploma or associate levels
b) Be a nurse with a baccalaureate, master, and/ or doctoral degree who is actively licensed and practicing in various South Florida hospitals
c) Read, write, speak, and understand English fluently

If you decide to participate in this research, you will be asked to do the following: Spend one hour in an audio recorded focus group discussion at a mutually agreed location. The researcher will be the transcriber and will transcribe audio taped group responses.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no repercussions. You have the right to refuse to answer any particular question(s) or request that the recorder be paused. In view of the nature of the focus group setting, individual participants' responses cannot be identified and the information will be analyzed in the aggregate. Confidentiality will be requested of all focus group participants but cannot be assured by the researcher.

There are no known risks to you as a result of your involvement in this study. Although there are no direct benefits to you, your participation in this study may help our understanding of the critical factors that influence diploma and associate degree nurses to advance.

Prior to the initial interview, you will receive a $10 American Express Gift Card as a small token of appreciation for your participation in this study.

As a focus group participant confidentiality is not guaranteed in a group setting because of the dynamics of the group interaction within a face-to-face context. As a research participant, information you provide will be held in confidence to the extent permitted by law. Any published results of the research will be in aggregate form and pseudonyms will be used. However, due to the nature of group processes, the researcher cannot assure confidentiality. Transcripts of recordings will be kept in a locked file in the researcher's private home office. Audio tape recordings will be destroyed after transcriptions are verified. Your signed consent form will be kept separate from the data. All data will be retained for a minimum of five years after the completion of the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Rose McGhie-Anderson, at ███████████, my supervisor, Dr. Claudette Chin, at ███████████, or the Institutional Review Board point of contact, Barbara Cook, at ███████████. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this research by Rose McGhie-Anderson and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this study.

_____   _____

Signature of Participant   *Date*

_____   _____   _____   _____

Researcher   *Date*   *Witness*   *Date*

(Witness signature is required only if research involves pregnant women, children, other
        vulnerable populations or if more than minimal risk is present)

APPENDIX C

BARRY UNIVERSITY

LETTER OF REQUEST FOR ACCESS

Rose McGhie-Anderson MSc MSN RN CEN

████████

████████ (cell)   ████████ (home)   ████████████████

Date

Name and address of Executive Director of the Broward General Health Care System (Broward General)

Dear Sir/Madam,

I am a doctoral student at Barry University conducting a study entitled "Advanced Nursing Education: Critical Factors that Influence Diploma and Associate Degree Nurses to Advance." The study is for my dissertation in partial fulfillment of the PhD requirements. The purpose of this grounded theory study is to unearth the critical factors that influence diploma and associate degree nurses to advance academically. The aim of the study is to gain an understanding of the social process associated with the decisions of diploma and associate degree nurses to advance academically. The study may result in a substantive theory that explains key factors that may promote nurses to advance academically, identifies relationships that exist among the factors, and allows for its application in nursing education advancement.

Upon IRB approval, I am requesting permission for this researcher to distribute and or post flyers at selected locations within your facility. Potential participants may contact me by using the telephone number or email on the attached flyer.

Thank you for your consideration of access and assistance. Please contact me at ████████ or email roselavine@advancementbydegrees.com for any questions or concerns. You may also contact my faculty sponsor, Dr. Claudette Chin, at ████████ or email to ████████. The IRB contact is Barbara Cook who can be reached at ████████ or email to ████████. I look forward to your response at your earliest convenience.

Sincerely,

Rose McGhie-Anderson, MSc, MSN, RN, CEN.

PhD Student

Barry University College of Nursing and Health Sciences

APPENDIX D

BARRY UNIVERSITY

RECRUITMENT FLYER

Diploma and Associate Degree Nurse Volunteers are Invited to Participate in a Study of:

ADVANCED NURSING EDUCATION

CRITICAL FACTORS THAT INFLUENCE DIPLOMA AND ASSOCIATE DEGREE NURSES TO ADVANCE

Purpose: This grounded theory study seeks to unearth the critical factors that motivate nurses to advance academically. The study aims at gaining an understanding of the social processes associated with the decision of diploma and associate degree nurses to advance their nursing education.

Two Groups of Volunteers Needed:

Group One will be **Diploma and Associate Degree** Nurses.

You will participate in **two interviews of 60 and 30 minutes** each.

A maximum of **25 volunteers** is needed.

Each volunteer will receive a gift card of $10.

To qualify you must meet the following criteria:

- Diploma and associate degree nurses who are actively licensed and are practicing in Florida, and have not advanced academically
- Diploma and associate degree nurses with at least three years nursing experience
- Participants who read, write, speak, and understand English fluently

Group Two will have completed a: BSN, MSN, or doctoral degree and will take part in a focus group discussion.

You will participate in one group interview of **60** minutes.

A maximum of **7 volunteers** is required.

Each volunteer will receive a gift card of $10.

To qualify you must meet the following criteria:

- Nurses who have advanced professionally from diploma or associate levels
- Baccalaureate, master, and doctoral educated nurses who are actively licensed and practicing in various South Florida hospitals
- Participants who, read, write, speak, and understand English fluently

For questions or concerns regarding this study please contact:

Supervisor

Claudette Chin, PhD, ARNP

Researcher

Rose McGhie-Anderson MSc, MSN, RN, CEN

IRB Representative

Barbara Cook

APPENDIX E

BARRY UNIVERSITY

GUIDE FOR INTERVIEW QUESTIONS

GUIDE FOR INDIVIDUAL INTERVIEW QUESTIONS

1. On initial contact responding to interest, schedule appointment and ask participant to provide telephone and email contact information.

2. At initial meeting, introduce researcher and welcome participant. Give gift cards.

3. Express appreciation for participant's willingness to participate.

4. Create a relaxed atmosphere using ice-breaking questions, e.g. "tell me about yourself."

5. Describe study protocol, explain informed consent, and answer questions.

6. Ensure all informed consents are signed.

7. Ask participant to choose a pseudonym and complete demographic data sheet.

8. Conduct the interview:

    a. Let the participant know that you may jot notes as reminders throughout the interview.

    b. Remind the participant that audio-recording can be paused or discontinued at any time.

    c. Let participants know they can take breaks if needed.

    d. Ask the participant if they have anything to add.

9. Conclude the interview and schedule second meeting.

10. Turn off the recorder.

11. Thank the participant.

12. Self-reflect and note thoughts, feelings, and observations.

13. Transcribe the interview and member check at next meeting.

14. Continue to analyze data, write memos, and schedule interviews.

GUIDE FOR FOCUS GROUP INTERVIEW QUESTIONS

1. On initial contact responding to interest, schedule appointment and ask participant to provide telephone and email contact information.

2. At initial meeting, introduce researcher and welcome participant. Give gift cards.

3. Express appreciation for the group's willingness to participate.

4. Create a relaxed atmosphere using ice-breaking questions, asking participants to state their names and occupation and one thing of interest about themselves.

5. Describe study protocol, explain informed consent, and answer questions.

6. Explain the group rules for open, polite, orderly environment, and confidentiality is not guaranteed in group processes.

7. Everyone will be encouraged to participate.

8. Conduct the interview:

    a. Let the participant know that you may jot notes as reminders throughout the interview.

    b. Remind the participant that audio-recording can be paused or discontinued at any time.

    c. Let participants know they can take breaks if needed.

    d. Ask the participants for additional thoughts or comments.

9. Conclude the interview.

10. Turn off the recorder.

11. Thank the participants.

12. Self-reflect and note thoughts, feelings, and observations.

13. Transcribe the interview and compare with individual interview transcription.

14. Continue to analyze data, write memos, and schedule interviews.

APPENDIX F

BARRY UNIVERSITY

GUIDING QUESTIONS

Guiding Questions for Individual Sample

1. Tell me about your clinical experience as a diploma or associate degree nurse.

2. What are your views on advanced nursing education?

3. What meaning do those views hold for you?

4. Tell me about who will influence your decision to advance academically.

5. How may they influence you?

Guiding Questions for Focus Group Sample

1. Tell me about what happened in your educational experience in the clinical environment

2. What are your thoughts, feelings, and actions towards advanced nursing education?

3. What and who influenced those thoughts, feelings, and actions?

4. Describe the most important lesson you have learned about advanced nursing education

5. What and who could influence your decision to advance academically

6. How could they influence your decision?

7. What challenges do you encounter educationally as a diploma or associate degree nurse

8. Is there anything else I need to understand about your decisions about advanced nursing education?

9. Are there any further comments or questions

APPENDIX G

BARRY UNIVERSITY

DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

ADVANCED NURSING EDUCATION: CRITICAL FACTORS THAT INFLUENCE

      DIPLOMA AND ASSOCIATE DEGREE NURSES TO ADVANCE

1.   Pseudonym

2.   Gender

-------Male

-------Female

3.   Age (years)

-------18-24

-------25-34

-------35-44

-------45-54

-------55+

4.   Race

----------White

---------African American

------Asian

------American Indian

-------Alaskan Native

-------Native Hawaiian

    -------Other Pacific Island

   -------- Multiple races: _____

   --------- Other race _____

5.   Ethnic Background

-------US

-------Africa

-------Caribbean

-------S America

-------Mexico

-------Europe

-------Great Britain

-------Middle East

-------Africa   India

-------Haiti

-------Jamaica

-------Other_____

6.   Native or first language

-------English

-------Spanish

-------French

-------Portuguese

-------Tagalog

-------German

-------Korean

-------Russian

-------French

------- Creole

-------Vietnamese

-------Arabic

-------Chinese

-------African languages

-------Other_____

7. Completed at least one of the following:

      ------Diploma

      ------ADN

      ------BSN degree

      ------- MSN degree

      ------- Doctoral nursing degree

8. Currently enrolled in one of the following nursing programs:

      -------BSN degree

      ------- MSN degree

      ------- Doctoral nursing degree

9. What is your highest nursing degree?

-------Diploma

-------Associate degree

-------BSN degree

-------MSN degree

-------Doctoral nursing degree

10. What year did you graduate as a nurse? ---------------

 11. What was your first nursing degree? --------------------

12. How many years have you worked in this capacity?

-------0-3 years

-------3-6 years

-------6-9 years

-------10-15 years

-------16-20 years

-------21$^+$ years

13. What type of facility do you currently work in?

-------Hospital

-------Clinic setting

-------Assisted Living Facility

-------Nursing home

-------Other--------------------------------------

APPENDIX H

BARRY UNIVERSITY

INTERVIEW PROTOCOL FOR RESEARCH PARTICIPANTS

1. Introduce the research to the participant.

2. Explain the purpose of the study, the initial and probing types of questions to be asked, the time frame for the interview, freedom to withdraw from the study at any time, the process of audiotaping and the transcription of the data, and how anonymity and confidentiality will be assured. Explain to the focus group that the nature of this group discussion may not assure confidentiality.

3. Confirm that each person present has signed a consent form.

4. Obtain participants permission to audiotape the interview.

5. Each individual participant assigns a pseudonym instead of real name as the identifier.

6. Each participant will be given a $10.00 American Express Gift Card prior to the beginning of the interview.

7. Ensure that the demographic data sheet was filled out by each participant.

8. Follow the guide to conduct the individual or focus interview.

9. Thank the participant for participating.

10. Schedule the time for member checking for individual participants. Inform participant that this will be done in a shorter time frame.

11. Obtain the participants phone number for reminder of second meeting.

12. Practice constant reflexivity, take field notes, and memo thoughts and feelings as well.

13. Transcribe the interview.

14. Analyze the data.

APPENDIX I

BARRY UNIVERSITY

DOCUSIGN SECURITY ASSURANCE

DOCUSIGN SECURITY ASSURANCE STATEMENT

Retrieved from: https://trust.docusign.com/security-assurance-program

DocuSign Security Assurance Program

DocuSign is dedicated to providing the industry's most secure eSignature solution through the DocuSign Security Assurance Program.

People

Everyone at DocuSign, from the facilities staff to the executive team, is committed to security excellence. A cross-functional team of experts, including a dedicated Chief Security Officer (CSO), is dedicated to security-related activities.

Processes

All business processes, including internal policies, the Software Development Lifecycle (SDLC), and platform monitoring, consider the security of our customer data.

Participants

We consider the senders, signers, partners and developers that interact with our system part of our security scope. We offer them a high degree of security assurance while taking steps to protect ourselves from any threats they might present.

Platform

Each component of our trusted platform - Hardware & Infrastructure, Systems & Operations, Applications & Access, and Transmission & Storage - undergoes tremendous security scrutiny.

Hardware & Infrastructure

- Three geo-dispersed, SSAE 16 audited datacenters
- Near real-time secure data replication and encrypted archival
- 365x24x7 on-site security
- Annual Business Continuity Planning (BCP) & Disaster Recovery (DR) testing
- Third-party penetration testing

Systems & Operations

- Physically and logically separate networks
- Two-factor, encrypted VPN access
- Professional, commercial grade firewalls and border routers
- Distributed Denial of Service (DDoS) mitigation
- Active monitoring and alerting

Applications & Access

- Formal code reviews and vulnerability mitigation by third parties
- Application level Advanced Encryption Standard (AES) 256 bit encryption

- Key Management & Encryption Program
- Enterprise-class malware protection
- Digital audit trail
- Multiple authentication mechanisms

Transmission & Storage

- Secure, private SSL 256 bit viewing session
- Anti-tampering controls
- Signature verification of signing events
- Unalterable, systematic capture of signing data
- Digital certificate technology
- Customer configurable data retention program

This foundation delivers unparalleled security - Confidentiality, Integrity, Availability, Authenticity and Non-repudiation – to our customers and their data.

Confidentiality

Our customers' content stays confidential, including from DocuSign. Customers' documents and data are private, and access is workflow controlled.

Integrity

Each document is ensured to be intact and tamper-evident. Documents, both in progress and completed, are tamper-proof.

Availability

Customers can be confident that DocuSign's service will be available with our robust infrastructure, historically providing an average of 99.99% uptime.

Authenticity

Our customers can rely on authenticity of signers through the multi-faceted verification of signing events.

Non-Repudiation

Customers' documentations are ensured technically, legally, and procedurally unassailable as evidenced by the audit trail and chain of custody offered by our solutions.

APPENDIX J

BARRY UNIVERSITY

SKYPE INTERNET PROTOCOL

Skype is a voice over internet protocol (VoIP) system developed by Skype Technologies S.A. It is a peer-to-peer network in which voice calls pass over the Internet rather than through a special purpose network. Skype users search for other users to connect to, enabling them to search for other Skype users and send them messages.

Skype uses 256 bit AES encryption to encrypt communication between users, complicating the decryption of these communications. Skype's encryption is inherent in the Skype protocol and is transparent to callers. Skype is not considered to be a secure VoIP system and the calls made over the network are routinely monitored by Microsoft and by Government agencies

Security policy

The company's security policy includes:

1. Usernames are unique.
2. Callers must present a username and password or other authentication credential.
3. Each caller provides the other with proof of identity and privileges whenever a session is established. Each verifies the other's proof before the session is allowed to carry messages.
4. Messages transmitted are encrypted from caller to caller. No intermediate node (router) has access to the meaning of these messages. This claim has been undermined in May 2013 by evidence that Microsoft (owner of Skype) has pinged unique URL's embedded in a Skype conversation; this could only happen if Microsoft has access to the unencrypted form of these messages.

APPENDIX K

BARRY UNIVERSITY

GO DADDY SECURE CERTIFICATE

Certificate Contents	
	Common Name:
	advancementbydegrees.com
	Organization Unit:
	Domain Control Validated
	Serial Number:
	11206296000562595
	(27:D0:11:1C:5C:85:A3)
Certificate Details	
	Type:
	Standard SSL
	Hosting Type:
	Website Builder
	Hosting Status:
	Certificate installed
	Private Key Length:
	2048 bits
	Signature Algorithm:
	SHA-2
	Issuing Organization:
	Go Daddy
	Valid From:
	10/9/14 11:02:10 PM GMT
	Valid To:
	10/9/15 11:02:10 PM GMT
	Status:
	Current

APPENDIX L

BARRY UNIVERSITY

LINKEDIN USER AGREEMENT

Retrieved from:

https://static.licdn.com/scds/common/u/images/apps/microsites/about_us/photo_abo

ut_us_hero_646x220_v1.jpg

10/18/14

About Us

Welcome to LinkedIn, the world's largest professional network with 300 million members in over 200 countries and territories around the globe.

Mission

Our mission is simple: connect the world's professionals to make them more productive and successful. When you join LinkedIn, you get access to people, jobs, news, updates, and insights that help you be great at what you do.

Company Info

LinkedIn started out in the living room of co-founder Reid Hoffman in 2002, and it officially launched on May 5, 2003. Jeff Weiner is the CEO, and the company's management team is made up of seasoned executives from companies like Yahoo!, Google, Microsoft, TiVo, PayPal, and Electronic Arts.

LinkedIn is publicly held and has a diversified business model with revenues coming from member subscriptions, advertising sales, and talent solutions.

For more information about our company, please visit our Company Page.

For more information about our Products & Services, visit our Products & Services page.

For more information, please visit our Press Center. Members of the media may direct inquiries topress@linkedin.com

VITA

Rose McGhie-Anderson MSc, MSN, RN, CEN

November 5, 1964   Born – Jamaica, Saint James

1987-1992   BSN, Northern Caribbean
                             University
                             Mandeville, Jamaica

1992-1995   Staff Nurse, Andrews
                             Memorial Hospital
                             Kingston, Jamaica

1994-1995
                             Registered Midwife
                             University Hospital of the
                             West Indies
                             Kingston, Jamaica

1995-2000   Staff Nurse, George Town
                             Government Hospital
                             George Town, Grand
                             Cayman Island

1997-1999   MSc Management Human
                             Resource Concentration
                                International College of the
                                Cayman Islands
                                   Grand Cayman Island

1995-2000   Emergency Department Nurse,
                             South Shore Hospital,
                                Alton Road, FL.

2002-2012   Certified Emergency Nurse,
                             Memorial Healthcare System,
                             Pembroke Pines, FL.

2007-2009	MSN, Florida Atlantic University Boca Raton, FL
2009-2014	Adjunct Faculty, Nova Southeastern University, Davie FL
2010-2011	Adjunct Faculty, Kaplan University Pembroke Pines, FL.
2010-2012	Certified Emergency Nurse West Kendal Baptist Hospital Miami, FL
2011-2015	Assistant Professor, Chamberlain College of Nursing Miramar, FL
2012-2014	PhD, Barry University Miami Shores, FL
Professional Organizations	Sigma Theta Tau Honor Society Emergency Nurses Association Nurses Services Organization