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## Original Article

## Experiences of graduates in Massachusetts of the United States from a RN-to-BSN program



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## ABSTRACT

**Objective:** To generate an understanding of the lived experiences of a shared central phenomenon of RN-to-BSN graduates and determine their perceptions of the value of their BSN degree.

**Methods:** The data collection procedure was open-ended, semi-structured, which was consisted of one-on-one interviews with 12 nurses who are licensed in Massachusetts and who are graduates of RN-to-BSN programs.

**Results:** The findings identified seven major emerging themes, a) job requirement, b) promotion, c) professional growth, d) personal growth, e) family obligations, f) time and energy, and h) compensation. The themes were incomparable through all emerging themes.

**Conclusions:** The research data analysis supports the need for the non-BSN RNs to continue their education to the BSN level should be central for nurse executives in hiring positions to help non-BSN staff RNs interested in these positions to meet the BSN requirement for applying for jobs that they may qualify for, but do not possess the BSN degree. There was a definite connection between job requirement and promotion from all the research study participants.

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## What is known?

- RN-to BSN programs continue to thrive as more associate degree and diploma nursing continue to return for their BSN degree but the licensure requirements for certification have not changed.

## What is new?

- More healthcare employers are offering onsite classes as well as offering tuition reimbursement to their non-BSN RNs to further their education to the BSN level.
- The concept of career advancement or promotion had a substantial impact for the registered nurses. Their BSN degree provided opportunities for their professions.
- The RN-to-BSN program was accessible and doable for registered nurses who were employed full-time and had family obligations. The advantage of the RN-to-BSN programs was convenience and availability for a work-family-life balance.

## 1. Introduction

The academic degree programs available for those seeking a career as a registered nurse (RN) are comprised of three educational paths: the hospital-affiliated diploma; associate degree nursing; and Bachelor of Science in Nursing (BSN) [1] (National Council of State Boards of Nursing, n.d.). Registered nurses across the nation seeking licensure take the same exam [1]. The National Council Licensure Examination (NCLEX) is the licensing examination required for all graduating RNs [1]. The NCLEX examination is used to test the minimum requirements for safe nursing practice at the entry level, but do not distinguish the educational differences between nursing programs based on performance, knowledge, or skills [2]. RNs from diploma and associate nursing programs often experience limited job opportunities in hospital settings because of hiring policies that often require a BSN degree for entry-level positions [3–5].

RNs who have clinical experience, but do not possess a BSN degree, may not apply for positions that require the additional knowledge, skills, and competencies derived from baccalaureate education preparation [6]. The Institute of Medicine's [7] report called *The Future of Nursing: Leading Change, Advancing Health*, and the American Nurses Association [8] position statement called *Facts About Nursing*, included recommendations for nursing education as a lifelong journey to meet the changing, complex needs for

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patients, and made the prediction that BSNs would comprise 80% of the nursing workforce by 2020.

In the United States, nursing is one of the few careers where many education pathways lead to the same entry-level licensure within the profession [7]. The Institute of Medicine [7] *The Future of Nursing: Leading Change, Advancing Health* report contains endorsements for higher education and training for nurses educated at the baccalaureate level that have proven statistics for the improvement of the healthcare system. The most common approach for healthcare organizations to maintain and increase nurse retention is by offering employees tuition reimbursement and educational benefits [9].

### 1.1. Background

Organizations such as the American Association of Colleges of Nursing (AACN) [2], Institute of Medicine (IOM) [7], Robert Wood Johnson Foundation (RWJF) [10], and the American Organization of Nurse Executives (AOEN) [11], endorsed nurses should have the minimum education level of a BSN degree [10,12–14]. Nursing is the one healthcare profession that does not require its members to possess a baccalaureate degree before entering practice [15,16]. Other health professionals such as pharmacists, physical therapists, and occupational therapists necessitate advanced education beyond the baccalaureate level, with at least a master's or doctoral degree [15–17]. The IOM's [7] authors specified that the BSN education is not a remedy for how nurses are educated, but an introduction for the experiences in healthcare leadership and policies.

The concept for this qualitative study with an existential phenomenological approach was the perceived value of a degree for RN-to-BSN graduates. The emphasis has been on the BSN degree as the minimum requirement for RNs. The findings of this study revealed the need for non-BSN RNs to continue education to the BSN degree level for increased career opportunities, and perhaps, more of these experienced non-BSN RNs, once they receive their BSN degree, can help fill positions within acute care facilities in the United States [18–20]. With the increase licensed RNs employed in hospitals returning for their BSN degree, it may have increased career advancement opportunities because they do possess a BSN degree [21,22].

The data findings included an importance on job requirements and promotion from in the perceptions of the shared central phenomenon of RN-to-BSN graduates. For every participant, the shared the experiences of the BSN degree as a job requirement and promotion as the main reasons for pursuing their degrees. In almost every situation when asked about what influenced the participants to continue their education at the RN-to-BSN program, it was a job requirement and desire for a promotion. According to the data, job requirement was the central topic for returning for an advanced degree.

The increased influence of the non-BSN RN within the acute hospital setting has the possibility to affect healthcare in a progressive approach. The healthcare industry is of seasoned, experienced non-BSN RNs who have a purpose and influence on younger non-BSN RNs to continue their education for better career opportunities within the acute care setting.

Job requirements and promotion were important for these RN-to-BSN participants. These participants have experienced cultural and contextual change for their careers. For example, the recommendations for the BSN degree as the minimum education requirements has been well-known for several years and has created a shift in the hiring practices for many acute care hospitals in Massachusetts. The RN-to-BSN programs have given non-BSN RNs the potential to shift the healthcare community and cultural changes to best assist the BSN shortage within the organizations. If healthcare executives structure educational programs that offer classes for non-BSN RNs to meet their organization's unfilled BSN

positions, this socio-economic framework may meet the needs for fulfilling these open positions with seasoned RNs who lack the BSN degree required for these positions.

### 1.2. Statement of the problem

In the data report from the Bureau of Statistics, U.S. Department of Labor [23] estimated the RN workforce to increase by 15% from 2016 to 2026. The employment opportunities for RNs are projected to increase based on those RNs who are retiring over the next decade [23]. The problem is a shortage of experienced BSN RNs to fill vacancies in acute care hospitals in the United States [18–20]. The projected need for 649,100 replacement nurses in the workforce for the total number of job openings for RNs due to growth and replacements is 1.09 million by 2024 [23]. The RNs with a BSN have improved job predictions than those without one [23].

The employment outlook was estimated to increase by 16% from 2014 to 2024 as new nurses enter the workforce [23]. The data reported by the U.S. Bureau of Labor Statistics [23], estimates 440,000 RN positions will increase by 2024, with a predicted growth is based on the probable competitive market for nursing jobs, RNs possessing a BSN have better employment prospects than those who do not (Bureau of Labor Statistics, 2016). The job growth projections consider the number of RNs expected to retire over the next decade [23].

In Massachusetts, there are more than 143,000 licensed RNs, the largest segment of healthcare professionals in the state [24]. Licensed RNs employed in Massachusetts hospitals may not have career advancement opportunities because they do not possess a BSN degree [21,22]. An estimated 55% of Massachusetts RNs had a BSN in 2014 [25]. The numbers of BSN graduates in Massachusetts increased by 34% in the years 2010–2013 [26]. An estimated 14,000 RNs enrolled in baccalaureate and graduate programs in Massachusetts in 2015 [27].

### 1.3. Literature review

The literature review search did not result in finding any significant studies pertinent to RN-to-BSN graduates' perceptions and experiences. Some RNs are experienced nurses but have not yet earned their BSN degree [28, 29]. Hospital administrators employ RNs may be more likely to promote from their existing employee pool for positions that typically require a BSN [14,30]. The shortage of BSNs can be reduced with the RN-to-BSN graduates who are currently employed at these facilities [31–33].

A general review was used to formulate the conceptual framework and select the research design with the development of a screening tool for the fundamental academic level, years of nursing practice, and years of employment as a RN. Various theories of motivation and persistence were reviewed, and it was determined that the theory of planned behavior was the best selection for supporting the understanding of the lived experiences of the RN-to-BSN graduate and perceived value of their BSN degree. Studies that investigated persistence in the nursing major concerned online RN-to-BSN programs. The majority of the literature focused on the motivational reasons for registered nurses to pursue a baccalaureate degree in nursing, and the behaviors associated with the decision. The literature review included materials from psychology and higher education for the groundwork to develop the research study based on Benner's novice to expert theory, the theory of reasoned action, and the theory of planned behavior.

A gap in the literature review included no significant studies related to RN-to-BSN studies for RNs interested in continuing for a BSN degree and understanding of the value of their degree. The RN-to-BSN studies included the relationship of attitudes, professional, and career advancement [34,35].

#### 1.4. Implications of the study

The implications of this study include suggestions for assisting RNs who want to continue their education and successful completion to meet the needs of BSN positions within the acute care setting. Job requirements and promotion were important for these RN-to-BSN participants. These participants have experienced cultural and contextual change for their careers. For example, the recommendations for the BSN degree as the minimum education requirements has been well-known for several years and has created a shift in the hiring practices for many acute care hospitals in Massachusetts. The RN-to-BSN programs have given non-BSN RNs the potential to shift the healthcare community and cultural changes to best assist the BSN shortage within the organizations.

The second group of stakeholders was the nurse executives in healthcare facilities who require the BSN degree for newly hired RN positions. For future progress of non-BSN RNs returning for their BSN degree, a support network for their employers may be the answer with nursing leaders answering the questions for compensation and flexibility with work schedules. The third group of stakeholders is the patients and general population of the United States who are facing an aging RN population who are reaching retirement age, which had increased the workload for other RNs.

The implications of this study have the potential to add to the body of knowledge for nursing education and RN-to-BSN programs. The traditional education for BSN RNs is important but with the RN-to-BSN program, it has provided opportunities for non-BSN RNs to continue their education for job requirements and promotions for career opportunities. The phenomenological study implications are a structure for growth in the RN-to-BSN program for non-BSN RNs and how their degree provided opportunities with their perceived value of their degree.

#### 1.5. Conceptual framework

The conceptual framework for this study was based on Ajzen's [36,37] theory of planned behavior to predict the individual's intentions about returning to school and understanding how beliefs can be as important as knowing the individual's attitudes about returning to school. The experiences of nurses who were awarded a degree through an RN-to-BSN program may involve both personal and professional intentions, but examining specific perceptions and value of a degree may encourage other RNs to become active learners, which could lead them to obtaining an advanced degree. RNs are the largest profession in healthcare, and leaders' qualities of transformational leadership for growth in behaviors, beliefs, values, and the promotion of education to meet the change of patient care and safety, and to lead RNs to meet the health demands of the future [38].

## 2. Materials and methods

### 2.1. Research method

The research method for this study employed a qualitative research study with an existential phenomenological approach to explore the experiences of RNs licensed in Massachusetts. The inquiry for qualitative methods included the understandings, perceptions, discussions, and observations of the participants involved or scope of the study [39]. Qualitative examination is an optional perception and was a possible factor in a research study [39]. The participants' perceptions were exposed through their experiences; their opinions, thoughts, and reflections may have consequences and explanations for the problem [40].

Phenomenological reduction, which is a person's description of what is seen, externally and internally, is the connection regarding

the phenomenon and the person. Each experience is personalized and is perceived differently [41]. Synthesis is the researcher's attempt to define the experiences about the moments and circumstances after analysis and reflection of the phenomenon [41]. The researcher focuses on the context through synthesis to design the boundaries of the study to explore the participants' experiences and the relationship to the phenomenon through the context of the environment, time, and space [41].

### 2.2. Research questions

The qualitative research study with an existential phenomenological approach was to generate understanding of the lived experience of a shared central phenomenon and the meaning that the person ascribed to it [42]. The central question is:

RQ: What are the lived experiences of RN-to-BSN RN graduates relating to the value of their BSN degree in Massachusetts?

The participants were asked open-ended questions during semi-structured, one-on-one interviews. During the interviews, the possibility for follow-up questions and clarification was considered. Three sub-questions to generate further understanding of the research topic were:

SQ1: How do non-BSN RNs and BSN RN program graduates in Massachusetts describe the experience?

SQ2: What is the meaning RN-to-BSN RN graduates in Massachusetts ascribe to the experience?

SQ3: How do these RN-to-BSN graduates in Massachusetts describe the way receiving their degree has affected them?

### 2.3. Population and participant criteria

Nursing has the unique distinction of having three educational pathways for a licensure examination. The goal was to understand the phenomenon of the experiences of the participants who are the phenomena [43]. The population was a sample of RN-to-BSN graduates as the targeted population for this study. All participants held a RN license for at least 5 years.

Participants were recruited from a Facebook posting and criteria included participants be over the age of 27 years, based on the Benner's [44] Novice to Expert Theory, which states RNs become experts in their specialty in five years. Other inclusion criteria for participants were that their primary nursing education must have been from a diploma or an associate degree program. Prior to participant acceptance and any interview for the study, each participant had their Massachusetts nursing license verified online at the website of the Massachusetts Board of Registration in Nursing; needed to submit a photocopy of their BSN degree from their RN-to-BSN program which; their BSN degree needed to be from an accredited college or university at the time of their graduation; and the RN-to-BSN program did not have to be located in Massachusetts.

The research was conducted from June to August 2018. The results of the research data collected from the Participant Screening Tool Demographics from the 12 participants were 10 female and 2 male. The participant's age range was between 41 and 68 years of age (Table 1). The purpose of selecting participants from an age range of 27–70 years of age was to explore the differences of the lived experiences within a diverse context. The overall development of nursing educational experiences from a variety of professional practices.

### 2.4. Geographic location

The geographic location was the Internet through a Facebook recruitment page limited to licensed Massachusetts RNs who were awarded degrees from RN-to-BSN programs. The purpose of the

**Table 1**  
Participant screening tool demographics.

Participant Identifier (PST)	Age	Gender	Years as Licensed RN	Basic Nursing Education	Was MA Original State of Licensure?
PST-01	67	F	48	Diploma	Yes
PST-02	61	F	38	Associate	No
PST-03	39	M	12	Associate	Yes
PST-04	54	F	34	Diploma	Yes
PST-05	57	F	31	Associate	Yes
PST-06	62	F	44	Diploma	No
PST-07	63	F	37	Associate	Yes
PST-08	55	F	31	Diploma	Yes
PST-09	64	F	42	Diploma	Yes
PST-10	59	F	39	Diploma	Yes
PST-11	44	F	21	Associate	Yes
PST-12	51	/F	20	Associate	Yes

recruitment was to reach a variety of participants based on their education and employment at various facilities. The convenience of the participants was also considered in the interview process.

### 2.5. Sample size

In phenomenological studies, the sample size for participants may vary depending on the source. According to Englander [45], a small sampling of participants is used to generate the shared experience and meaning of the phenomena for the data that is collected. Leedy and Ormrod [46] stated that in phenomenological studies the sample size for participants is 5–25 participants.

The exact sample size for this study was 12 nurse-participants who have completed the RN-to-BSN program. The 12 RN-to-BSN graduates sample size was chosen for the purpose of achieving saturation in this homogenous group to the shared phenomenon being studied, and confirmed saturation to make sure no new perceptions developed from interviews and observations [47]. The homogeneity pertains to the specific position of the RN-to-BSN graduates who shared this phenomenon [47]. A small sample size was most effective in qualitative studies to achieve understanding and guarantee the sampling and data collection procedure are effective and specific to the phenomenon [48].

### 2.6. Ethical considerations

Participants were informed about the data security procedures to protect confidential participant information. Procedures that support the researcher and research study constructing viability and reliability are informed consent and confidentiality [49]. Trust established with the participant may foster an environment of honesty and open dialogue [43]. Each participant was informed that the interview will be recorded and were given the opportunity to review the transcribed interview. If the participant is unsatisfied with the transcribed interview, he/she had the option for a follow-up interview for clarification or to withdraw from the study. All participation in this study was strictly voluntary and was communicated in the informed consent letter. Any participant who decided to withdraw from the study before its completion was required to provide written notification via letter or email, and any data received and collected from the participant was excluded from the study.

## 3. Data collection and analysis

### 3.1. Data collection

The interview consisted of four questions that guided and encouraged responses from the participants. The selection of

common themes among participants with similar characteristics encourages sharing information and helps with the gathering of information [50]. The potential for bias exists during the data collection process and analysis since many participants may have a similar background [51]. Bias and assumptions are possible in research and considered part of the analysis procedure [51]. Every precaution will be taken to eliminate bias.

Once University of Phoenix Institutional Review Board approval was obtained, the data collection process began, and the instrumentation was the open-ended, semi-structured interview questions presented for the participants to answer freely to solicit responses in the study. The following is a synopsis:

Step one of the process was to post the Facebook recruitment posting was created by the group administrator (the researcher), who had access to the interested potential participants.

Step two involved the purposively selected potential participants who were contacted with information with received a brief description and scope of the study, participant screening tool, and informed consent was signed with the requirement of a 2-week submission to be eligible as a research study participant. Once the participant recruitment was closed, the Facebook recruitment page was deactivated to maintain confidentiality of all respondents. This Facebook page was accessed and maintained by the researcher.

Step three was the screening and assessing for the eligibility of the purposively selected 12 participants using the participant criteria tool. The application of a Microsoft® Excel spreadsheet for tracking participants, and pertinent information was redacted identifiers to maintain confidentiality. This process also involved manually verifying each participant's contact information with the deletion of identifiers to maintain confidentiality.

Step four was the selection of a mutually agreed location for interviews with the selected participants, in which the open-ended, semi-structured, one-on-one interviews were recorded using an Android digital recording application for accuracy, the interview question guide. The participants were reminded that confidentiality will be maintained and protected; the study strictly voluntary; and the option for withdrawal at any time during the research study existed, without any repercussions. If further clarification was warranted, the participant was reminded that additional questions may be asked for follow up.

Step five was each participant was given the opportunity to review the transcribed interview. If the participant was unsatisfied with the transcribed interview, he/she had the option for a follow-up interview for clarification or withdrawal from the study. The participants' interviews were coded according to the phenomenological reduction described by Moustakas [41] with a modified van Kaam process which is further described under the Data Analysis section. The coding was completed within 2 days of the transcribed interviews. The foregoing timeframes guaranteed accuracy in the

responses and data collection for the initial interviews. The data coding was on a continual basis as the interviews progress with the gathering of new data was collected and coded to be transcribed into the Microsoft® Excel spreadsheet.

The problem and the phenomenon of the study participants determined the data collection procedures [43]. The target population defined the findings of the study from the data to make generalized conclusions [50]. The data collection procedures were appropriate for this phenomenological study [51].

During the interview, the participants were asked questions specific to the study. The interview questions were the guide for the phenomenon of this study. During the interviews, the possibility existed for participants to disclose their perceived values, which may not have been discovered. The participants may have revealed information that results in the restructuring of questions to clarify this information. There was limited or no information available about the experiences of Massachusetts licensed RNs who have been awarded a BSN degree from a RN-to-BSN program.

**Instrumentation.** The data collection procedure included open-ended, semi-structured, one-on-one questions with the 12 licensed Massachusetts RNs RN-to-BSN graduates who are of RN-to-BSN programs. The combination of open-ended, semi-structured, one-on-one questions was appropriate for in-depth data collection, and participants were free to speak freely on the discussion topic with their thoughts and perceptions of the shared phenomenon [52,53].

### 3.2. Data analysis

A transcript for the interviews with open-ended, semi-structured, one-on-one questions and the application of Ajzen's [36,37] theory of planned behavior was the guide for the process for exploring the experiences of nurses who were awarded a BSN degree with their perceptions of its value. These participants chose to pursue a BSN degree for professional and personal growth and their perceptions may influence other RNs with similar experiences to pursue their BSN degrees.

The experiences of nurses who were awarded a degree through an RN-to-BSN program may involve both personal and professional intentions, but examining specific perceptions and value of a degree may encourage other RNs to become active learners, which could lead them to obtaining an advanced degree. RNs are the largest profession in healthcare, and leaders' qualities of transformational leadership for growth in behaviors, beliefs, values, and the promotion of education to meet the change of patient care and safety, and to lead RNs to meet the health demands of the future [38].

Fishbein and Ajzen [54] formulated the theory of reasoned action developed from learning theories such as the expectancy-value theory. In the field of social psychology, the theory of reasoned action was launched and used to explain the behaviors of individuals. According to Fishbein and Ajzen [54], a specific stimulus may produce many reactions that pertain to attributes, qualities, and characteristics of the stimulus. Ajzen [36,37] took the theory of reasoned action to the next level with the development of the theory of planned behavior, which describes human behavior focusing on the person's intent to engage in the specific act.

**Icek Ajzen's [36,37] theory of planned behavior.** The theory of planned behavior differs from the theory of reasoned action based on the inclusion of behavioral intent. The elements of this theory are (a) behavioral intention, the individual's mindset concerning to the behavior; (b) subjective norm; and (c) perceived behavioral control [36,37]. The individual relationships between attitude and beliefs are defined by the individual's evaluation of the behavior and produce a specific outcome [36,37].

The use of the theory of planned behavior was used to understand the shared central phenomenon and the meaning of the participants who have ascribed to it [42]. If RNs were encouraged by peers to pursue a BSN degree, then the theory of planned behavior may predict the actions and intentions taken by these nurses when they made the decision to return for a BSN degree. The theory of planned behaviors was used in the assessment of the experiences of RNs who pursued a BSN degree [36,37]. The theory of planned behavior components of behavioral beliefs and attitude toward behaviors may have elicited changes in the RNs attitudes about career and personal goals [36,37].

In the theory of planned behavior, *normative beliefs* are defined as the social pressures from peers, nurse leaders, and nurse management. The *subjective norm* is defined as the individual's feelings about the behavior for pursuing a BSN degree, based on favorable attitudes of nurse leaders and nurse managers [36,37]. The *perceived behavioral control* is defined as a person's observed comfort or struggle to perform a particular behavior, and *control beliefs* are a person's opinions about reasons, such as value, that may enable or hinder the behavior performance and control the individual's intent [36,37]. The *behavioral intention* is the indicator of the person's enthusiasm to accomplish specific behavior; and *behavior* is the individual's visible, recognizable reaction with a particular situation regarding a particular action to perform that behavior [36,37].

The theory of planned behavior was developed to predict and describe human social behavior and functions as a structure for behavior change interventions [36,37]. The theory of planned behavior will be employed in the existential phenomenological framework to direct questions introduced in qualitative research [36,37]. The typical methods used with the theory of planned behavior are used in quantitative studies [36,37]. The methods that involve qualitative research are the selection and summarization of comprehensible behavioral, normative, and control beliefs [36,37,54].

## 4. Results

### 4.1. Major theme descriptions and conclusions

The major themes were fundamental to the minor themes. The major themes were from the textual and structural descriptions with the emphasis determined the perceptions of experience were collected through the exact text of the transcripts. Specific themes were representative of the participants and evaluated and aligned to demonstrate a representative evidence of the themes and parallel components. Exact quotes and vocabulary were used to corroborate and specify correct proof of the themes [41].

The major themes from the participants' interviews revealed the necessity of non-BSNs returning for their BSN degrees. The fundamental components are results of non-BSN RNs experiences completing a BSN degree improved their lives, descriptions of their personal and professional growth, and the issues that inhibited their decisions to pursue their degree.

The major themes are interconnected with one another. The change in non-BSN education has the potential to change with the RN-to-BSN program for healthcare organizations.

Data analysis identified seven major emerging themes: a) job requirement, b) promotion, c) professional growth, d) personal growth, e) family obligations, f) time and energy, and h) compensation. The themes were incomparable through all emerging major themes. Job requirement and promotion were not the topics for the interview questions. The participants revealed job requirement was part of applying for promotions for career opportunities. Job requirement and promotion were the first two themes that

emerged from the participants' interviews, but five other minor themes emerged flexibility, stress, barriers, no increase value, and money. The emerging themes characterized the analysis are validity for the major and minor themes.

**Major theme 1–job requirement.** All 12 participants agreed that their degree was a job requirement and main reason or purpose for getting a promotion and applying for other positions. The interview questions did not include what requirements for career opportunities were available but the influences for continuing education.

**Major theme 2–promotion.** All 12 participants stated that the BSN degree requirement was the transition for more job promotions. The participants revealed there have been fewer opportunities for non-BSN RNs and they received more responses for job applications that previously with their basic nursing education. This was reflective of the interview question of how completing the BSN degree improve their life, and personal and professional growth experienced since the completion of their RN-to-BSN program.

**Major theme 3–professional growth.** For professional growth, 10 participants felt their degree increased their career opportunities because they furthered their education. Most participants described their experience as beneficial and practical for achieving their goals. Their education was necessary for career advancement and promotions.

**Major theme 4–personal growth.** Personal growth was an emerging theme disclosed by 8 participants who believed this was the influencing force for pursuing their BSN degree. One participant felt that being an older student she learned more pursuing her BSN degree than in her associate degree program because she learned the theory behind things. A sense of personal satisfaction was reflective when participants achieved their degree and the experiences for were much better for job searches. The experiences of school were shared with some participants when their children were attending college at the same time as the participants. Every class was a learning opportunity for degree completion.

**Major theme 5–family obligations.** Family obligations provided some strain with some participants experienced when returning for their degree. Some participants voiced difficulties with their decisions for family members when they should have been studying for tests or writing papers. This was one inhibition for the decision to return to school.

**Major theme 6–time and energy.** Time and energy for return to their BSN program was better achieved with online classes because of the cost and user friendliness. The online classes were a key factor for working full-time and family issues made it possible. The time and energy associated with returning to class was identified as a barrier and inhibition for the decision to return for a degree.

**Major theme 7–compensation.** Compensation improved for some participants with their BSN degree. Other participants did not receive any compensation with their degree. The increase with compensation was achieved with career advancement or promotions. Some participants reflected that school was expensive and an inhibition for returning for their degree.

#### 4.2. Analysis of major themes

The following is a synopsis of each major themes that emerged from participants interviews:

**Analysis of major theme 1: job requirement.** According to the data, job requirement was the main reason or purpose for getting a promotion and applying for other positions. PST-03 stated *“it was the right decision. I wish I had done it before. I would have liked a BSN program to start.”* PST-04 explained that *“hospital administration strongly urged management nurses to pursue a degree.”* PST-01 stated, *“I did not want to do it but I felt that if I wanted to get into*

*administration that I needed to do it. I needed to promote myself.”*

The recurring theme was job requirement for promotion and application for other career opportunities. All 12 participants agreed the driving force for returning to school was better career opportunities. One participant (PST-02) stated that *“it was a personal choice” and not professional but realized that the BSN degree was going to be a requirement for employment.* PST-04 stated, *“[There were] more job opportunities open to me because most jobs now require a degree.”*

**Analysis of major theme 2: promotion.** All 12 participants stated that the BSN degree was a requirement for career opportunities or promotions. The participants agreed that the BSN program requirement was the transition for more job opportunities. PST-03 explained *“I did it for recognition and job opportunities.”* PST-05 offered *“my current workplace, job searching appeared to have more opportunities for BSN prepared nurses.”*

The participants revealed that with the increased requirement for the BSN degree that there have been fewer opportunities for non-BSN RNs. The participants agreed the increased opportunities were based on the BSN degree and received more responses for job applications that previously with their basic nursing education. PST-06 reflected, *“I was acutely aware that I wanted more education and when my daughters went off to college I went back for my Masters. My mantra is: you do not know what you do not know. So every opportunity was a learning adventure.”*

**Analysis of major theme 3: professional growth.** The participants' lived experiences pertaining to professional growth, 10 participants, felt to better their career opportunities they needed to further their education. According to PST-01, she valued her job but *“it was stressful, I wanted to go to school to better myself in 1986 because I wanted to make more money. Plus if I wanted to be in management, I needed a BSN degree.”* PST-02 reflected, *“Hospitals required a BSN to get certifications from various organizations. Anyone can take and pass an exam but they need practical hands on skills and not enough time is spent with hands on.”* PST-02 had a different perspective from the other participants and declared, *“For professional growth there was no added benefit. RNs need technical skills and not all education is necessary if you want to be a MSN or DNP.”*

According to PST-04, professional growth from a BSN degree *“did not provide any more money but to be in management position, it was necessary to have the BSN degree.”* PST-05 provided an explanation, *“As an associate prepared nurse, I never really thought that the BSN degree could be that much different....but it totally was. I appreciated learning the evidence base for my practice, nursing theories, and community health. I truly feel that the BSN degree IS the standard for the professional nurse.”*

PST-06 felt that acquiring a BSN degree for professional growth she was *“was able to feel confident in my professional abilities and sought out leadership opportunities. I was head nurse, Nurse manager, director, and clinical instructor and President of the New England chapter of local nursing organization.”* PST-08 had a similar experience with her professional growth and reflective with *“having my BSN opens the door to many specialized nursing jobs including management positions.”* PST-09 explained that *“having my BSN opens the door to many specialized nursing jobs including management positions. I was able to pick and choose the opportunities that became available.”*

PST-11 stated that *“since finishing my BSN program I have taken a leadership position at my current institution.”* PST-12 explained, *“I did notice that when I applied for jobs as an educator that I got more responses because it was a requirement for the positions that I was applying for. It opened more opportunities for me and increased value for my career.”*

**Analysis of major theme 4: personal growth.** This emerging theme for personal growth revealed 8 participants believed a personal growth was the reason for pursuing their BSN degree. PST-07

described, “For personal growth and being an older student, I found that it helped realize things that I never learned in my associate degree. There were more papers to write and I learned the theory behind some things that I never really thought about. I went from working in the emergency department to becoming a visiting nurse which I really enjoyed more. The experience for professional growth did not change since I got my BSN degree.”

According to PST-01, “since obtaining my degree my job has been more stressful and sometimes I feel that it was not worth it. But looking back, I am glad I did it because I was able to accomplish this goal as a single parent and working full-time.” PST-03 emulated a similar experience: “it was the right decision. I wish I had done it before. I would have liked a BSN program to start from the beginning. For me this was the right decision.”

PST-02 shared another point of view: “It was a personal goal for growth and pride in myself. I did it for personal satisfaction.” For personal growth, PST-05 expressed that at “my current workplace, when job searching it appeared there were more opportunities for BSN prepared nurses. It was a personal accomplishment and a ‘better get it to keep my job if requirements change’ kind of thing.”

PST-06 reflected, “I was acutely aware that I wanted more education and when my daughters went off to college I went back for my Masters. My mantra is: you do not know what you do not know. So every opportunity was a learning adventure.” According to PST-10 and PST-10 having a BSN degree allowed them to further their careers with their education.

**Analysis of major theme 5: family obligations.** According to the data, some strain with family obligations with juggling commitments and course work. Six participants expressed that most difficulties where the decisions made to care for family members when they should have been studying for tests or writing papers. For example, PST-01 was inhibited the decision to return to school because being a single parent and did not think it would be possible while working full-time. Three participants (PST-04, PST-06, and PST-07) declared similar experiences with family time; raising a family; studying; and caring for an ill loved one while trying to do homework.

**Analysis of major theme 6: time and energy.** According to the data, 5 participants found time and energy for attending their BSN program was better achieved with online classes because of the cost and user friendliness. PST-08 found online classes was a key factor for working full-time and family issues made it possible. PST-11 stated that the time and energy put into school was at first the key issue that inhibited the decision. PST-12 found the ability to juggle all responsibilities was possible with family help.

**Analysis of major theme 7: compensation.** According to the data, 4 participants found that compensation improved with their BSN degree with more money. One participant (PST-02) stated that “my BSN degree has never provided me with any additional income.” PST-04 stated salary compensation was a factor for returning to school because school was expensive.

## 5. Conclusions

The goal of this study was to identify common themes such as career advancement, perceived value of a BSN degree, confidence level, personal and professional goals, and compensation. These themes may be recognized and examined to establish a model that nurse leaders may use at their facilities. The conclusion of this research study incorporates the participants’ perceptions and experiences of their BSN degree for educational determination and inspiration for their peers.

Participants found support from family and employers when returning to school. They stated that they would not have been able to advance if it was for their support. RN-to-BSN graduates were

encouraged to complete their studies based on work and school schedules. Healthcare employers want newly hired RNs to have a BSN degree to fill vacant positions.

While nurse management positions required a BSN degree, there are seasoned nurses who may qualify for the position but do not possess the degree. Previous studies have discussed the motivational aspects of RNs returning for a BSN degree, the retention of RNs, or the nursing shortage.

The concept of career advancement or promotion had a substantial impact for the shared experiences of the participants. In the current study results, participants stated their BSN degree provided opportunities for their professions. Some participants followed their plan for a BSN degree for job requirement and many completed the degree. The significance is nurse educators should promote the value of the degree from the beginning of a basic nursing education program.

**Value of the BSN degree.** The participants provided an insight to the perceived value of a baccalaureate degree to improve their careers. The central issue for nursing education for associate degree and diploma graduate RNs is for educational leaders in nursing programs to encourage their graduates to return for their BSN degree. The transition of credits in undergraduate level of basic associate degree nursing program or offer for diploma graduates credits for work experience.

**RN-to-BSN education program.** The introduction and implementation of RN-to-BSN programs for any RN who want to achieve a BSN degree has easy access to the RN-to-BSN program which are online and available at nearly any college or university. The advantage of the RN-to-BSN programs was convenience and availability for a work-family-life balance. For this study, participants commented on the cost, time, energy, and the affordability of these programs. Some participants in this study were older than traditional baccalaureate students. The participants were employed full-time and had family obligations. The RN-to-BSN program was accessible and doable for their schedules.

**Significance for nurse leadership.** For nurse leaders, who have RN staff working and attending classes, the incidence of a busy and stressful schedule exists for these students. The presence for leadership to acknowledge and support their staff is present with flexible hours, financial aid, online courses, and collaborations to help them nurses pursue and complete a BSN degree [55,56]. Participants ascribed lack of time spent with family, care of family members, or no time to do anything as barriers for their degree completion.

Nursing leaders should provide motivational support and mentor staff for their degree completion. This support should also include an incentive for BSN degree achievement and pay modifications for BSN RNs. If nursing leaders want staff retention for experienced nurses, compensation for RN-to-BSN degree is a solution.

**Recommendations for future study.** This research study was for Massachusetts-licensed RNs who attended a RN-to-BSN degree and limited to RNs who attended an associate degree or diploma nursing program. Future studies should include other geographical areas for different perspectives from the Massachusetts participants. Any replication with future research participants from other areas in the United States may have produced a stronger shared lived experience for the value of a RN-to-BSN degree. The input of nurse leaders for increasing the strategies for RNs enrolled in their degree programs may increase the completion rates for their staff.

## Declaration of competing interest

None.

## CRedit authorship contribution statement

**Toni Parolisi:** Conceptualization, Methodology, Writing - original draft, Writing - review & editing.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijnss.2020.02.001>.

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