A Description of the Academic Progression Needs of Registered Nurses Working in Rural Areas of Washington State

Full Report
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Description of the Academic Progression Needs of Registered Nurses in Rural Areas of Washington State

Healthcare employers are increasingly recognizing the need for a highly prepared registered nursing workforce. A growing body of recent evidence (WCN, 2015-hyperlink to WCN annotated bib) demonstrates the relationship between the proportion of BSN and higher degree prepared RNs on staff and better patient outcomes. As the healthcare system evolves, population health is becoming a higher priority. In light of this evidence, the Institute of Medicine's Future of Nursing Report (2010) recommended a goal that 80% or higher of RNs hold a BSN or higher degree by 2020. The most recent estimate (2013) from a national survey by the National Council of State Boards of Nursing and Forum of State Nursing Workforce Centers is that 63% of RNs in the Washington State have a *BSN or higher* as their highest level of education, an increase from 53% in the most recent Washington State survey in 2007 (Skillman, Andrilla, Tieman & Doescher).   So while the state is making advances in the educational preparation of RNs, there remains great opportunity in our state to further promote academic progression of nurses to meet the IOM goal.

Background

Currently, Washington State has a constrained capacity in pre-licensure RN educational programs with the majority of new RNs graduating with an associate degree in nursing. Associate degree nursing programs are the only locally available pre-licensure RN programs in a number of rural areas of the state. At the same time, there is an estimated 30% unfilled capacity in Washington State RN to BSN programs (Baroni, Hoeksel & Sikma, 2016) and an increasing number of out of state online RN to BSN programs are being approved by the Washington State Nursing Care Quality Assurance Commission for student clinical experiences in the state.

In the 2007 Washington survey (Skillman et al.) 43% of practicing RNs reported the BSN as their highest level of education. However, examining the distribution of BSN prepared nurses across the state, it is clear that *the proportion of RNs with BSNs is much higher in the urban metropolitan areas*. Table 1 below is based on 2007 data reflecting highest nursing education by Workforce Development Area (WDA). King (WDA5), Pierce (WDA 6), Spokane (WDA12) and Snohomish (WDA4) Counties have the highest proportions of BSNs in the state. From these data one can conclude that the high concentration of RN-BSN programs in the more urban areas facilitates access and thus education of more BSN nurses. With the exception of WSUs multiple locations and program options and WWU's new program (WDA3), there has been little concentrated emphasis on increasing access to BSN education in the more rural areas of the state; so although the overall numbers may have increased, the mal-distribution across the state has stayed fairly constant. Recommendations on the best ways to improve the academic progression of rural nurses with diplomas or associate degrees must be based on their unique needs and opinions.

In order to meet the population health needs of our diverse communities and promote optimal patient outcomes, RNs need the skills emphasized in the BSN and higher programs. These programs help nurses develop a better understanding of cultural, political, economic and social issues that impact patients and influence health care delivery. They help nurses develop skills in leadership, care management, use of research evidence in practice, and community and public health. Thus encouraging and supporting current RN employees with an associate degree to advance their nursing education through RN to BSN and higher education is an important priority for healthcare employers, particularly those in rural areas of the state.

Table 1: Highest Nursing Education of RNs Practicing in Washington by Workforce Development Area

WDA Title	Olympic	Pacific Mountain	Northwest	Snohomish	Seattle -King	Tacoma Pierce	Southwest	North Central	South Central	Eastern Washington	Benton-Franklin	Spokane
WDA	1	2	3	4	5	6	7	8	9	10	11	12
Highest Education												
Diploma	9.8	9.0	12.0	9.2	8.6	10.4	6.6	10.5	7.1	9.1	7.7	10.8
Associate	42.6	48.1	42.2	41.6	28.0	31.8	53.1	59.8	52.6	51.7	57.4	38.9
BSN	38.8	34.3	38.6	42.9	52.7	48.0	34.0	26.4	37.4	31.9	29.5	43.2
Master's	8.5	8.3	6.9	6.0	9.6	9.4	6.1	3.2	3.0	6.6	5.4	6.5
Doctorate	0.3	0.2	0.2	0.3	1.1	0.5	0.1			0.7		0.6
Registered Nurses	3698	4530	4002	7190	21,060	7724	5006	2269	2470	2126	2241	6349

Purpose

One of the goals of the Washington Center (WCN) for Nursing Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation (2014-2016) was to mobilize a group of employer practice partners to support academic progression of the nursing workforce. A priority objective developed by the practice partners was to conduct an **assessment of the academic progression needs of the rural nurses in the Washington State**. In order to assist the incumbent nursing workforce in their academic progression we must understand their learning goals and needs as well as their perceptions of factors which facilitate or impair their ability to achieve Bachelor's or Master's degrees in nursing. A collaboration with City University of Seattle was formed for this purpose. An online survey of Registered Nurses practicing in rural areas of the state was developed and distributed. The goals included identifying the extent to which the RNs were interested in progressing academically and its importance as well as their goals for additional education. In addition, they were queried about those factors that might hinder or facilitate such progression. Demographic data were also collected.

Methods

A survey addressing the aforementioned objectives was developed and uploaded to Survey Monkey. In response to the survey questions the respondents were asked to report their educational history including their basic pre-licensure education, the year of initial registration and the school attended. They were also asked what, if any, previous health occupations training prior to their basic RN education. To conclude their education history, they were asked to report their highest level of nursing education. They were then asked to rate their interest in academic progression either at the BSN or Master's level. The survey was designed with skip logic so that those respondents who had no interest in academic progression and those who had interest were queried differently about the factors influencing their opinions (BSN and Master's education). In addition, interest in specific educational experiences and objectives were rated by the respondents interested in both RN-BSN and Master's education. All respondents were also asked to rate potential barriers and facilitators to access to additional education. Finally, the respondents were asked to report work and other personal information including: job title, hours worked, workplace and home zip codes, age, relationship status and ethnicity.

Access to the link to the survey was facilitated by asking the assistance of Chief Nursing Officers (CNOs) at the rural hospitals in the state. In addition, the survey link was disseminated through an article in the Washington State *Nursing Care Quality Assurance Commission Newsletter*; and through networking by Washington Center for Nursing Board Members; and Jodi Perlmutter, CEO/Executive

Director of the Western Washington Area Health Education Center. Potential respondents had access to the survey via a specific URL from 6/18/15 until 11/30/15. When the survey was closed, 248 individuals had responded. Seventy-four per cent (183) of the respondents completed the survey within the first two months. After reminders in August and September, an additional 65 respondents completed the survey. Eighty-four percent of the respondents answered all the questions to which they had access. Among the respondents that did not answer all the questions, most omitted the work and personal information. Only 5 respondents (2 diploma, 2 ADN, 1BSN) failed to provide their level of interest in academic progression. The analysis is based on the number of responses question by question. Table 2

Findings

Respondent Characteristics

Questions about personal characteristics and work-life were placed at the end of the survey so that those persons not wanting to respond to the demographic questions would have already answered academic progression questions. Generally, fewer (183-214) respondents answered these questions, so it is not clear whether this information is representative of the whole respondent group.

Personal Information. The Registered Nurses responding this survey were predominantly married white (Caucasian) females between the ages of 35-44. See Tables 2-5 for details.

Table 2: Frequency Distribution of Respondents' Reported Race/Ethnicity

Answer Options	Count (%)
White/Caucasian	180(87)
Other (Mixed, American, Argentine)	9(4)
American Indian or Alaskan Native	6(3)
Asian/Pacific Islander	6(3)
Hispanic American	4(2)
Black or African American	1(0.5)
TOTAL RESPONSES	206

Table 3: Frequency Distribution of Respondents' Reported Relationship Status

Answer Options	Count (%)
Married	171(83.4)
Divorced	15(7.3)
Single, never married	7(3.4)
Single, cohabiting with Significant Other	7(3.4)
Domestic partnership/civil union	3(1.6)
Separated	2(1.0)
Widow/Widower	0
TOTAL RESPONSES	205

Table 4: Sex of Respondents

Sex	Count (%)
Female	184(90.6)
Male	18 (8.9)
Prefer not to answer	1(0.5)
TOTAL RESPONSES	203

Table 5: Age Distribution of Respondents

Age Group	Count (%)
18-24 years	3(1.5)
25-34 years	34(16.4)
35-44 years	61(29.5)
45-54 years	49(23.7)
55-64 years	55(26.6)
65-74 years	5(2.4)
TOTAL RESPONSES	207

Work life. Ninety-eight per cent of the respondents reported working as an RN. Four reported employment but not as RNs. There was no provision for recording what work engaged these respondents. Most 139/205(73%) reported working up to 40 or more hours per week. Fifteen percent work 21-30 hours per week and 10% work less than 21 hours per week. Twenty-eight (13.7%) respondents reported working for a second employer, most fewer than 20 hours per week. Most (72.5%) reported their job title as "staff RN". See the table below.

Table 6: Respondents' Reported Job Title at Primary Workplace

Reported Job Title	Count (%)
Staff RN	148(72.5)
Administration, Management	39(19.12)
Other Administration (QI, Informatics, Ed.)	15(7.35)
ARNP	2(.1%)
TOTAL RESPONSES	204

Respondents were also asked to report the zip code of their workplace to determine whether the respondents were indeed representing the needs and opinions of rural RNs. It is noteworthy that the rural Olympic and Southwest WDAs have very few respondents as do the major metropolitan areas. However, this is interpreted with caution as only 80% of the respondents reported their work zip codes.

Table 7: Frequency Distribution of Respondents by Workplace County and WDA

WDA	Workforce Development Area: Counties	Count (%)
1	Olympic: Clallam, Jefferson, Kitsap	3(1)
2	Pacific Mountain: Grays Harbor, Lewis, Mason, Pacific, Thurston	21(11)
3	Northwest: Island Co, San Juan, Skagit, Whatcom	24(12)
4	Snohomish: Snohomish County	0
5	Seattle King: King County	0
6	Tacoma Pierce: Pierce County	1 (1)
7	Southwest Washington: Clark, Cowlitz, Wahkiakum	0
8	North Central Washington: Adams, Chelan, Douglas, Grant, Okanogan	24(12)
9	South Central Washington: Kittitas, Klickitat, Skamania, Yakima	47(24)
10	Eastern Washington: Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Stevens, Walla Walla, Whitman	66(33)
11	Benton-Franklin: Benton-Franklin	11(6)
12	Spokane Area: Spokane	2 (1)
	TOTAL RESPONSES	199

The Workforce Development Service Area Map below illustrates geographic distribution of the workplace zip codes of respondents.
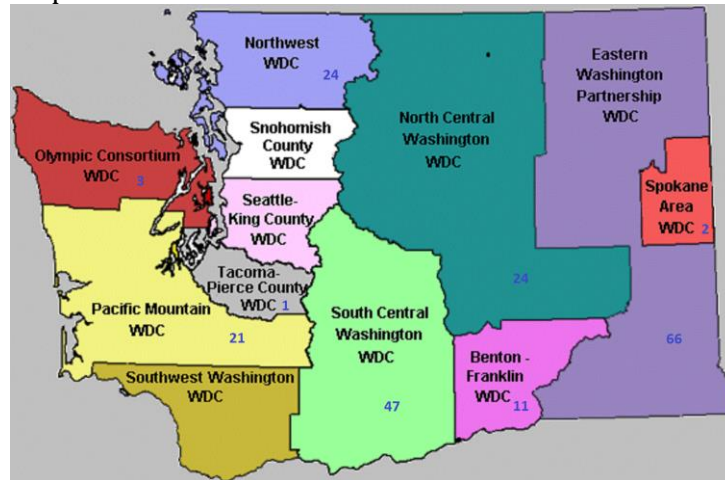
On this map, it can easily be seen that the most of the rural areas of the state are well represented.

Educational History

The initial survey questions queried the respondents about their educational history, including education prior to becoming an RN, basic education and highest education. All 248 respondents shared their basic RN education. Just over 75% (188) of them had received diploma or associate degrees, while 25% of them received BSNs. One hundred thirty-seven (137/55.2%) of the respondents indicated that they had received other health occupations training prior to their nursing education. Of those respondents, 80% reported Certified Nursing Assistant (CNA), Certified Medical Assistant (CMA), Emergency Medical Technician (EMT) or Licensed Practical Nurse (LPN) training or a combination of 2 or more. This fact indicates that the ladder concept is operational. Respondents reported the program where they received their basic RN education and the year they were first licensed as a proxy for years of experience. Information about the schools where they received their basic education can tell us about access to basic education. Please see the table below. Of those receiving their education in Washington, 51% of the respondents did so in rural areas of the state. In addition, of those who were educated out of state, 28% attended schools in northern Oregon and western Idaho.

Table 8: Frequency Distribution of Location of Basic RN Education

Location of Basic RN Education	Count	Percent
Rural	119	51
Greater Puget Sound	29	12
North Puget Sound	19	8
Metro Spokane	14	6
Out of State	53	23
TOTAL RESPONSES	234	100

The mean and median of years of experience are fairly close, 16. 5 and 14.0 respectively. Table 9 shows the frequencies clustered in 5 year increments.

Table 9: Frequency Distribution (by groups) of Years since Initial RN Licensure

Years as RN	Frequency	Percent	Cum Percent
0-5 years	49	21.2	
6-10 years	41	17.7	38.9
11-15 years	32	13.8	52.7
16-20 years	30	13.0	65.7
21-25 years	26	11.2	76.9
26-30 years	23	10.0	86.9
31-35 years	15	6.5	93.4
36-40 years	8	3.5	96.9
41+ years	7	3.0	99.9
TOTALS	231	99.9	

When asked to report their highest level of education, an additional 36 respondents reported BSN or MN degrees. If it is assumed that a BSN is a prerequisite to an MN, this figure represents a change in the proportion of nurses with at least a BSN from 24.2% to 39.5% which still falls short of the reported state average, but is comparable to the average reported in rural counties in 2007. In addition, nine respondents with ADNs reported bachelor's degrees in other fields and 4 BSNs reported Masters degrees in related fields [For example, Masters in Education (MED), Masters in Hospital Administration (MHA), and Masters in Public Health (MPH)].

Table 10: A Comparison of the Percentage Distribution of Basic RN (n=248) and Highest Nursing Education (n=243)

Educational Level	Basic Ed	Highest Ed
Diploma in Nursing	4.4%	2.1%
Associate Degree in Nursing	71.4%	57.6%
Bachelor's in Nursing	24.2%	34.6%
Master's Nursing	0%	4.9%
PhD, DNP	0%	0.8%

Interest in Earning a BSN

Respondents reporting a diploma or an ADN as their highest level of education (145), were asked to rate their level of interest in earning a Bachelor of Science in Nursing. Only 26% of the respondents were "not at all interested". The frequency of distribution of responses is displayed in Table 11.

Table 11: Respondents' Level of Interest in Earning a BSN

Level of Interest	Count	Percent
Not at all interested	38	26.4%
Somewhat interested	28	19.4%
Interested	21	14.6%
Very Interested	57	39.6%
TOTAL RESPONSES	144	100.00%

Those who were "not at all interested" in obtaining a BSN were asked to indicate all factors that contributed to their lack of interest. The reported reasons are displayed in Table 12. In addition to nearing retirement, two main reasons seem to be contentment with current professional status and concerns about the costs of further education.

Table 12: Reasons for Lack of Interest in Earning an RN-BSN (n=38)

Reasons	Count	Percent
I am too close to retirement.	24	63.2%
I am content with my current nursing position and/or role.	21	55.3%
I am content with my current level of education.	20	52.6%
There won't be an adequate return on the investment.	15	39.5%
Additional education would create too much financial burden.	14	36.8%
I have family or dependent obligations.	7	18.4%
A BSN is not required by my employer.	7	18.4%
I have a Bachelor's degree in another field.	5	13.2%
Access to a suitable program is too difficult.	3	7.9%
I am pursing other non-nursing career options	2	5.3%
I have a disability that would hinder further education.	1	2.6%

Five respondents selected "other" as an answer choice. One was pursuing a Masters in Nursing (MN), one had a certification, two indicated that they believed that a BSN would not improve care or make them better nurses and one said she was "too tired".

Nine of the respondents indicated they were already enrolled in a BSN program. Programs included:
- Western Governors University 6
- Lewis and Clark College 2
- University of Great Falls 1

A large majority (65/93=70%) of respondents indicating interest in earning a BSN reported plans to enter a program within the next five years. Fifty-five percent (51) would enter within 2 years. Those respondents expressing interest in earning a BSN, selected all the factors that contributed to their interest. The frequency distribution of the factors selected are displayed in rank order in Table 13.

Table 13: Factors Contributing to Interest in Earning a BSN (n=102)

Factors Contributing to Interest	Count	Percent
I want to further my education.	68	66.7%
A BSN will provide me with greater job security.	59	57.8%
A BSN will afford me more job opportunities.	58	56.9%
I would like to improve my job performance.	56	54.9%
A BSN will increase earning potential.	39	38.2%
A goal is to pursue additional higher education (Master's, MSN, PhD, DNP).	30	29.4%
I want to pursue further clinical specialization/certification.	24	23.5%
My employer prefers/requires a BSN.	21	20.6%
I would like to obtain a leadership or management position.	19	18.6%
A goal is to teach nursing.	16	15.7%
There is a great need for BSN nurses in my community.	13	12.7%
A goal is to become a Nurse Practitioner (ARNP).	12	11.8%
I would like to take on a case manager or staff development role.	10	9.8%

As can be seen, well over 50% of the respondents selected professional and job performance factors as those contributing to their interest. When responding to the prompt "other factors" four respondents mentioned that BSN would be mandatory and or preferred by employers. Two respondents with bachelor's degrees in other fields expressed interest in finding an ADN-Master's program that would accept them. One respondent also mentioned that there is a need for an online LPN-ADN program.

Respondents(n=99) interested in earning a BSN also rated a series of statements representing skills and competencies that they might develop/experience in an RN-BSN Program on a 0-4point scale (0=not at all important, 1= neutral, 2=slightly important, 3=important, 4=very important). The mean ratings are displayed (in rank order) in Table 14.

Table 14: Mean Ratings of Desired Skills and Competencies for BSN (n=99)

Skill/Competencies	Mean(SD)
Increase critical thinking & clinical problem solving skills.	3.68(.76)
Increase ability to engage in evidence based practice.	3.65(.70)
Apply leadership & decision making skills to provide & oversee nursing practice.	3.56(.76)
Refine communication & collaboration skills with nurses & other health care providers.	3.56(.87)
Ability to use health promotion & disease prevention strategies to improve health outcomes.	3.56(.88)
Become a better patient advocate.	3.56(.96)
Translate principles of patient safety & quality improvement to patient care situations.	3.54(.83)
Gain new skills in providing care beyond the individual to families, communities, & populations.	3.52(.82)
Refine patient teaching & discharge planning skills.	3.46(.93)
Integrate information & patient care technologies to facilitate care delivery.	3.40(.96)
Gain/develop clinical mentor/instructor skills	3.33(.91)
Increase understanding of the organization & functioning of the health care system.	3.31(.94)
Increase understanding of health equity & health care disparities as they influence health.	3.30(.98)
Understand how health policy, legal & environmental factors affect the delivery of health care.	3.16(1.09)
Prepare for graduate school & beyond.	2.59(1.23)
Develop skills to participate in clinical research.	2.54(1.25)

Some of the responses to "other skills, competencies or experiences" include:
- *"Add a foreign language learning component so that nurses understand the need to call translator services. As an English as a second language nurse, I am very concerned that nurses and doctors assume a patient understood directions when the patient can barely speak or read English."*
- *"How to use nursing research in everyday nursing. Seems the wheels of change are mired down. Encourage nurses to ask questions as to how nursing can be done better."*
- *"Ability to have the management advantage."*
- *"What is important to me is learning to provide exceptional care above and beyond what the norm is where I work."*
- *"deeper understanding of pathophysiology and disease processes at the cellular level"*
- *"It seems that this is just a push to require nurses to jump through more hoops, most knowledge and job preparedness is learned on the job, NOT in a classroom.*

- *"Political and administrative organizing and advocacy of the nursing profession as a whole to ensure safe and effective clinical practice to improve patient outcomes and decrease the exodus of skilled, caring individuals from the nursing profession."*
- "*So while currently in a BSN program, I think it is a good program. It feels like a hoop to jump through for the end goal. I don't feel like I am really learning much of the above listed information, but how to write to a practical set of directions."*

These respondents were also asked to rate the importance of specific features that might be present in an RN-BSN program (0=not at all important, 1= neutral, 2=slightly important, 3=important, 4=very important). As has been reported in response to other questions, program affordability and access to scholarships and financial support are highly desirable program features. In addition, credit for work experience, instructor support, convenient location, online content, and content that is workplace relevant appear to be highly preferred. See the table below for the rating detail.

Table 15: Mean Ratings of the Importance of RN-BSN Program Features (n=99)

RN-BSN Program Features	Mean(SD)
Cost of tuition and fees	3.92(.31)
Scholarship/financial support	3.91(.32)
Credit for work experience	3.79(.61)
Adequate interaction/support from instructors	3.69(.63)
Convenient class location (within 30 miles or fewer)	3.62(.86)
Option for online only class format	3.58(.96)
Ability to select assignments that are applicable to patient care issues at work	3.51(.73)
Meaningful field work/clinical assignments	3.41(1.03)
Access to library resources	3.31(.93)
Classes scheduled no more than once per week	3.23(.93)
Option for hybrid (combination of online and in class) format	2.68(1.27)
Evening classes	2.51(1.46)
Adequate interaction with fellow students	2.36(1.22)
Weekend classes	2.32(1.50)
Option for long weekend workshop-type format for classes	2.31(1.42)
Taking classes together (face to face) with other RNs	2.17(1.22)
Academic support for English language, writing, study skills etc.	2.13(1.32)
Daytime classes	1.79(1.36)

Interest in Earning a Graduate Degree

Over 80% of the respondents with a BSN or higher as the highest degree expressed at least "some" interest in earning a graduate degree. Close to 30% of them were "Very Interested". The primary reasons the 18 respondents indicating that they were "not at all interested" in graduate education were: too close to retirement, satisfied with current nursing position/role or level of education and financial/economic concerns. Of those respondents indicating "other" reasons, 4 had Master's degrees and they were not interested in doctoral study. None of these respondents indicated that "access to a suitable program" was an issue for them. Of those respondents expressing interest in earning a graduate degree 6(8%) were already enrolled in a graduate program. The programs identified included: WGU (2), Gonzaga (2), WSU, and UW.

Seventy-seven respondents identified factors that contributed to their interest in graduate education. The frequency distribution of the factors selected are displayed in Table 15. Two additional factors were added by respondents. One was that "more clinically based health care research should be

done" and another was "providing salary differential for certified nurses who earn graduate degrees." When asked when they would plan to enroll in a graduate program in nursing, 42(61%) indicated they would do so within 5 years, with over half, 23(55%) of them planning to do so within the next two years.

Table 16: Frequency Distribution of Factors Contributing to Interest in Earning a Graduate Degree in Nursing (n=77)

Factors	Count	Percent
I want to progress academically in my profession.	44	57.1%
I want greater leadership influence on the quality of care provided.	36	46.8%
A goal is to become a Nurse Practitioner(ARNP)	33	42.8%
I want to pursue further clinical specialization/certification.	32	41.6%
A graduate degree will afford me more job opportunities.	31	40.3%
A graduate degree will increase earning potential.	31	40.3%
I would like to improve my job performance.	28	36.4%
I would like to obtain an upper level leadership or management position.	25	32.5%
There is a great need for nurses with graduate degrees in my community.	18	23.4%
A graduate degree will provide me with greater job security.	17	22.1%
I want to teach in a BSN program.	16	20.8%
There is a critical need for nursing educators in my community.	16	20.8%
I am interested in an administrative position in health care.	13	16.9%
I want to teach in an ADN program.	10	13.0%
Employers prefer/require a graduate degree for positions I would seek.	8	10.4%

These respondents also rated a series of statements representing skills and competencies that they might develop/experience in a graduate program in nursing on a 0-4point scale (0=not at all important, 1= neutral, 2=slightly important, 3=important, 4=very important). The mean ratings are displayed (in rank order) in Table 17.

Table 17: Mean Ratings of Desired Skills and Competencies for MN (n=74)

Desires Skills and Competencies	Mean(SD)
Use higher level health promotion & disease prevention strategies in to improve patient health outcomes.	3.72(.56)
Use a variety of strategies to advocate for individuals/populations to receive optimal health care & to make informed decisions affecting their health welfare.	3.72 (.56)
Ability to identify address clinical & systems problems to ensure evidence based care.	3.69(.57)
Use higher level communication & collaboration skills to improve teamwork.	3.66(.55)
Practice evidence-based clinical education & supervision.	3.63(.82)
Improve health assessment skills at the individual, community & population levels.	3.63(.77)
Improve my abilities to evaluate & provide feedback on clinical performance.	3.59(.57)
Acquire new information related to pathophysiology & pharmacology that will assist in improving clinical practice & patient care.	3.58(.81)
Enhance my ability to translate scholarly evidence to improve nursing practice.	3.58(.72)
Translate principles of patient safety & quality improvement to patient care.	3.58(.70)
Integrate information & patient care technologies to facilitate care delivery & improve health outcomes.	3.54(.70)
Apply leadership theory & clinical reasoning & decision making skills to manage & oversee nursing practice.	3.51(.86)
Plan & implement programs to facilitate patient teaching & care coordination.	3.51(.81)

Apply understanding of the health care system & human behavior to improve the safety & quality of care.	3.44(.81)
Apply leadership & problem solving skills to address health care disparities to improve health equity.	3.43(.86)
Extend programs of care beyond the individual to families, communities, & populations.	3.35(.94)
Apply knowledge of educational theory & teaching & learning strategies to develop staff & improve patient care.	3.35(.87)
Use understanding of the multiple determinants of health across the lifespan to broaden my view & address health issues in innovative ways.	3.28(.93)
Develop &/or evaluate programs designed to improve care for a clinical or community-focused population.	3.24(.95)
Have an influential effect on health policy, legal or environmental factors that impact health care delivery.	3.19(.99)
Express critical & creative thought effectively orally & in writing.	3.15(1.11)
Increase skill in the management of the personnel & financial aspects of my unit/organization.	2.97(1.16)
Enhance public speaking, presentation & persuasive skills.	2.94(1.13)
Use understanding of nursing history to expand thinking & provide a sense of professional heritage & identity.	2.66(1.25)

Responses listed as "other" desired "skills, competencies, experiences include:

- *" My main goal in nursing is to keep improving my base knowledge. I like to learn and I have always been very ambitions when it comes to education. Don't like to stay stuck in my knowledge base this is why, I'm always looking for conferences and classes regarding different topics in nursing. At this time, I'm working in the orthopedic department at Lourdes Medical Center in Pasco, but I have always love the ED. My goal is to transition someday to ED and get my certification to become an ED certified RN and would love to pursuit a graduate degree in the near future."*
- *"knowledge of how to diagnosis problems based on clinical presentation of a patient, how to prescribe meds. Lots of hands on experience in clinics seeing patients"*
- *"I would like to advance my career into Women's Health. I want to improve prenatal education, including breastfeeding, post-partum care and newborn care."*
- *"How, as a Nurse Practitioner to improve the health at an individual and community level for my community"*
- *"Better ways to support and nurture fellow nurses, particularly those new to the profession and those who are nearing retirement age."*
- *"I feel that this survey really covers what it is I want to gain by furthering my education: mainly to provide an increased service to my patients by increasing my skills and knowledge base to provide that service at an ARNP level."*
- *"I would like to gain more knowledge in my area to work more expertly with physicians and the population I serve."*
- *"How to balance unit finances with educational opportunities, providing updated evidence-based information to improve practice, and other priorities when managing a nursing department."*
- *"I just really want to advance myself academically so that I may have larger impact on patient care whether it be in my community or elsewhere. Project management, as well as change management, are also important to me given the rapid changes that are currently occurring in healthcare."*

Those respondents interested in graduate study also rated possible features of those programs. The mean ratings are displayed in Table 18. It is interesting to note that the rankings of the features desired by those interested in graduate education and those interested in RN-BSN education are similar.

Table 18: Mean Ratings of the Importance of MN Program Features in Rank Order (n=71)

Graduate Program Features	Mean (SD)
Cost of tuition and fees	3.89(.40)
Scholarship/financial support	3.86(.42)
Adequate interaction/support from instructors	3.72(.56)
Credit for work experience	3.68(.79)
Meaningful field work assignments	3.56(.82)
Assignments that are applicable to patient care issues at work	3.56(.75)
Option for online only class format	3.44(.97)
Access to library resources	3.41(.96)
Convenient class location (within 30 miles or fewer)	3.31(1.06)
Option for hybrid (combination of online and in class) format	2.98(1.14)
Classes scheduled no more than once per week	2.91(1.21)
Adequate interaction with fellow students	2.51(1.32)
Option for long weekend workshop-type format for classes	2.41(1.50)
Evening classes	2.39(1.35)
Taking classes together (face to face) with other professional colleagues	2.34(1.41)
Weekend classes	2.22(1.45)
Daytime classes	2.18(1.37)
Academic support for English language, study skills, etc.	1.91(1.58)

When asked to list additional desirable features in a graduate program in nursing, respondents listed the following.

- *"Flexibility, empowerment to create own academic progression plan."*
- *"Need to be able to work at my own pace so I can accelerate the program."*
- *"I am very interested in starting ASAP, money and living far from Spokane has made me put a hold on my education. A very important aspect for me is that for religious convictions I do not take classes, or do school work on Saturdays…. Whichever program I would pursue has to offer me an option should they have activities or classes scheduled for Saturdays."*
- *"I was very gratified by the high quality education I received through online studies through Washington Western Governor's University. I particularly appreciated that I was not required to do inane group projects via long distance and that I was able to work at my own pace. If I was to go back for my master's this is the type of program, I would choose again due to my rural locale."*

Barriers and Facilitators of Academic Progression in Nursing

All respondents had the opportunity to rate factors that might be barriers or facilitators to academic progression in nursing (0=Not a barrier, 1= A slight barrier, 2=A moderate barrier, 3= A significant barrier, 4= very significant barrier. The results to those questions are summarized in Tables 19 and 20.

Table 19: Ratings of Potential Barriers to Academic Progression in Nursing (n=223)

Potential Barriers	Mean (SD)
Financial burden of tuition and other academic costs	3.77(1.10)
The burden of having to work full time while going to school	3.37(1.32)
Inability of my employer to provide scholarships or other financial support	3.18(1.35)
Residing in an area that makes in person instruction impossible	3.12(1.22)
Family/dependent obligations	3.03(1.44)
No provisions to receive full time benefits for part time work	2.83(1.48)
Staffing hardships for employers	2.77(1.26)
Inability of my employer to accommodate scheduling needs	2.75(1.25)
Transportation issues (winter travel, lack of reliable transportation)	2.38(1.21)

Lack of information on available programs	2.23(1.12)
Not a priority for my employer	2.21(1.26)
Residing in an area where internet access is inadequate	1.95(1.29)
Lack of sufficient credit for other non-nursing degree(s)	1.94(1.25)
Unfamiliarity of current academic learning technologies	1.82(.978)
Lack of family support	.63(.98)

Some of the responses to "potential barriers to academic progression" include:

- *"BSN coursework relevance to practice was poor and was a barrier to my appreciation of this program."*
- *"Too much emphasis on community health when as a nurse what I need are tools on mental health, substance abuse and how to handle the physically aggressive patient."*
- *"Do not wish to drive to Sea-Tac (larger cities) for classes even just weekends, unfamiliarity with the area."*
- *"I have been an LPN since 1987 and I am in a place in my life that I can go back to school with a goal to get my BSN. However, I am finding I have to repeat all of my classes. That seems unfair, I do not know if there are plans in the works to facilitate LPN's transition to RNs."*
- *"Travel time does not equal distance. Young kids at home."*
- *"My employer states they want you to get a BSN, but never allow for the education. They say, "do it on your time, and don't ask for any considerations." Yet they constantly preach that we need to continue our education without allowing it to happen."*
- *"Job burnout as an RN- under respected within the field. Nurse abuse from one nurse to another has just been too great and after 28 years of being abused I cannot see myself retiring as an RN."*
- *"Trained in the UK schools in the US do not recognize all the education I have done elsewhere. Would have to start with entry level classes. Cost for that in Washington TOO expensive."*
- *"The cost of paying for another degree while attempting to work full time and still being grossly underpaid as a rural nurse is a huge burden. Also attempting to raise a family while doing all of these things is very difficult."*
- *"Motivation: I am at a point where I am winding down my work career and am not interested in taking on new challenges."*

Table 20: Ratings of Factors that Facilitate Academic Progression in Nursing (n=214)

Facilitating Factors	Mean (SD)
Tuition reimbursement programs	3.64(.81)
Additional financial support with awards and scholarships	3.57(.88)
Employer willing to accommodate scheduling needs	3.34(1.02)
Differential pay for additional education	3.25(1.13)
Additional education valued by my professional colleagues.	2.77(1.22)
Providing classes at my workplace	2.65(1.36)
Additional education required/expected by my employer	2.32(1.37)
Ability to study and do assignments with work colleagues	2.27(1.47)

Some of the other responses to "other factors that facilitate academic progression in nursing" include:

- *"Distance support via technology, i.e. streaming classes, video conference clinical meetings, etc."*
- *"I would need a job change in order to pursue a BSN."*
- *"Special low interest loans."*
- *"Credit for work experience leaving fewer credits for long time RN practitioners."*
- *"Commuting to Mt Vernon is approx. 60 miles round trip but a better option than to Bothell from Whidbey Island."*

- *"If using the degree for my current work, my employer should pay tuition evenly. Right now nurses under the WSNA contract receive $6500 annually for graduate degrees which non-unionized nurse employees (like myself) receive $4500 towards tuition annually. Why the discrepancy?"*

Conclusions and Implications

Based on findings of the Academic Progression Needs of Rural Nurses in Washington State survey, both the workforce organizations and academic institutions need to work collaboratively to seek solutions to improve the access and support of the rural nurses across the state that are interested in obtaining their BSN. Considering over 70% of the 144 diploma/ADN (mostly) rural nurses who responded to the survey are interested in progressing their degrees, and that only 39.5 % of the total respondents have at least a BSN, well below the state average of 55%, there is an opportunity to increase the academic progression in our rural workforce development areas. With a positive interest level of over 70% and a gap between the rural and urban BSN rate, it is important to understand motivational factors and potential rural barriers experienced, as well as consider facilitating factors in order to make recommendations and take action.

Although in the minority, it is also important to consider the respondents (n=38) who had no interest in academic progression and their reasons for lack of interest in earning an RN-BSN to identify any reversible factors such as potential barriers and lack of facilitating or motivating factors that can be improved. For example, "contentment with current professional status and education level" was one of the main reasons cited for lack of interest by the nurses. This popular response can certainly be considered a reversible factor that could be addressed by a worksite educational campaign aimed to inspire these nurses and bring understanding why academic progression is important to them, their workplace, and their patients.

A correlation between the age of the nurses (the majority fall into the 35 to 44 year category followed by the 55 to 64 year category) and the number of years since first licensed (the majority fall into 0 to 5 years followed by 6 to 10 years) seems to indicate that the majority of the respondents delayed earning their initial RN degree until in their 30s and beyond. Many of the respondents also reported other initial healthcare training or careers prior to their initial RN degree indicating that nursing is a second career.   It is a well-known fact that in rural towns there are limited industrial, commerce, and corporate job opportunities causing many residents to return to school later in life and pursue professional service degree such as nursing or teaching where they are guaranteed to find work in the rural area where they reside. It can be assumed that many of these older RNs who have been licensed for less than 5 years are also in the throngs of middle adulthood and all the responsibilities such as child rearing, sending children to college, caring for adult parents, working full time, and paying on their initial student loans. Those obligations coupled with the rural barriers of distance and lack of local RN-BSN programs could explain the gap that exists between the urban and rural BSN rates and the total lack of interest in some of the survey respondents.

The survey also reports the respondents' opinions of factors contributing to their interest in earning either a BSN or Graduate degree or higher in nursing. Factors listed by both groups are similar with the "desire to progress academically" number one. Those interested in a BSN also listed job security, more job opportunities, and improving job performance as top reasons to pursue a BSN. Those interested in a graduate level or beyond listed desire for leadership influence, advanced licensure, specialty certification, and more job opportunities as motivations.

It is notable that the top 9 of 18 program features were ranked as important for both RN to BSN and Graduate programs. For both types of programs, cost of tuition and fees and scholarship/financial support were ranked first and second respectively. Credit for work experience was ranked as the third for the RN-BSN program and fourth for the Graduate program. Adequate interaction and support from the instructors was also ranked high at third for the Graduate program and fourth for the RN-BSN program. Other features that were listed in the top nine by both groups include: convenient class location (within 30 miles); options for online only; ability to select assignments that are applicable to patient care issues at work; meaningful fieldwork; and access to library resources. Features that ranked lower include: daytime classes; academic support for English language (note that 87% of respondents were white/Caucasian); weekend classes; and taking classes with other RNs. All of these rankings need

to be carefully considered when developing or revising educational programs to meet the needs of the rural nurses in Washington State.

The desired skills and competencies for both the BSN and Graduate degree interested groups are similar in that the top five share the themes of: quality improvement; patient safety; evidence based practice; patient advocacy and improved patient outcomes; and teamwork. These desired skill sets listed by the nurses wanting to progress provide insight into their motivation, are commendable, and should serve as a catalyst for academic and workforce partners to address some of the potential barriers experienced and the facilitating factors ranked as important by the rural nurses who desire to earn their BSN or advanced degree. The main barriers reported are the burden and cost of tuition, full-time work obligations, lack of employer scholarship/financial support, and residing in an area that makes in person instruction impossible. The top facilitating features reported suggest factors to address the barriers such as tuition reimbursement programs, additional support and scholarships, scheduling accommodations, and differential pay for education.

Recommendations and Resources
In consideration of these findings and conclusions the APIN Practice Partners Group makes the following recommendations.

For Employers:
- Communicate the value of nursing academic progression for individual nurses, healthcare organizations and communities to institutional executive leadership and boards, community & philanthropic organizations.
  - Emphasize the importance of supporting academic progression of nurses to the health of local facilities/communities.
  - Resource: *Online Toolkit for Leaders: Promoting Academic Progression for Nurses in WA State*: Customizable Slide-set on Academic Progression and Annotated Bibliography of Evidence

- Develop and fund tuition reimbursement policies and incentives to support nurses in advancing their education, as well as scholarship development with other community stakeholders
  - Examine and evaluate, and revise or strengthen current policies related to tuition reimbursement, scholarships, and other accommodations for those advancing their academic progression to assure maximum support.
  - Establish, re-evaluate and/or improve wage premiums for the BSN and graduate nursing degrees as incentive and to help increase the RN's return on investment in education.
  - Look for opportunities to partner with labor/bargaining units to co-sponsor educational funding for nurses
  - Partner with local foundations, service or philanthropic groups to develop funding for scholarships for nurses.
  - Resource: *Online Toolkit for Leaders: Promoting Academic Progression for Nurses in WA State:* Examples of Employer Practices to Promote Academic Progression.

- Promote informational resources to help incumbent RNs consider and evaluate academic progression options.
  - Resource: 13-minute video *"Advancing Nursing Education, Advancing Health"* to nursing staff in organization.
  - Resource: WCN *"Interactive Tool for Approved Washington State RN to BSN Programs"* to explore features of in-state RN to BSN programs and get links to more detailed program information.
  - Resource: Washington State Nursing Care Quality Assurance Commission lists of *Approved Nursing Programs in the State of Washington* and *Approved Clinical Site Placements for Out-of-State Nursing Programs* .

- o Example: Develop a mechanism for a designated RN to serve as a resource and support for staff nurses currently enrolled in a RN to BSN or graduate program in nursing. This may include exploring and providing information on outside scholarship or other financial resources (such as private foundations) available to rural nurses

- Establish hiring polices which promote academic progression
  - o Review current RN job descriptions and job postings and evaluate/establish thresholds for required and preferred qualifications for all RN positions (i.e. BSN preferred or required for all RN positions; Master's for CNO and Mangers)
  - o Individualize hiring practices to the RN workforce and "career ladder" available in community
    - For example, if BSN supply is limited, for RN positions hire BSN preferred with BSN required within a pre-determined number of years of ADN graduation
    - Then support new ADN grads hired in moving directly into RN to BSN programs with financial and scheduling support from employer
  - o Communicate and collaborate with RN collective bargaining units, if applicable, regarding plans and policies regarding academic progression hiring practices and communicate with and seek input from frontline staff.
  - o Consideration should be given to how you will continue to value and support existing RN staff who are unable or choose not to progress due to specific barriers or imminent retirement. At the same time, policies can support that further advancement to leadership positions will not be possible without a BSN or higher.
  - o Resource: *Online Toolkit for Leaders: Promoting Academic Progression for Nurses in WA State:* Examples of Employer Practices to Promote Academic Progression.

- Create a work environment that values the contributions of all nurses and recognizes academic progression and lifelong learning
  - o Educate others within the organization but outside nursing on the importance of academic progression for RNs and the relationship to optimal patient outcomes
  - o RNs who achieve additional degrees can be recognized publicly for the affirmation and encouragement of others.
  - o Employers can set an example by promoting and valuing continuing nursing education and collaborations; distance learning options and webinars to provide a positive learning environment in the workplace.
  - o Provide learning resources such as subscriptions/access to HEAL-WA (free to licensed nurses), Clinical Key for Nursing, Lippincott Advisor to increase easy access of nursing staff to evidence-based journals, articles, textbooks and online CEU.

- Participate in data collection to monitor educational preparation and other characteristics of nursing workforce.
  - o Collect and monitor educational achievements of the nursing staff at all levels (LPN, Diploma, ADN, BSN, MN, etc.) and monitor the progress of those nurses who are currently in academic progression pathways. These data should be prominently displayed to highlight ongoing progress.
  - o Work with other provider organizations to influence policy and regulatory agencies to invest in regularly collecting data about educational preparation and other characteristics of the nursing workforce.

For Academic Institutions:
- Take specific actions to reduce program barriers and increase access to BSN programs for rural nurses. Examples include:
  - o Online only degree options

- Hybrid courses which combine online work with periodic face to face meeting to minimize travel to campus and still provide in person interaction with faculty & peers.
- Outreach options with a cohort of a program at an employer or rural community site
- Remote availability of library and other resources (for example Writing Center);
- Providing credit for expertise through passing NCLEX or some other evidence.

- Advocate for and collaborate with colleagues within the local community college in the implementation of the *Associate in Nursing DTA degree*.

- As nursing education leaders, continue to collaborate across schools to ensure seamless academic progression in our state through implementation of the DTA and other mechanisms.

For Practice-Academic Partnerships:
- Recognize the additional challenges faced by rural nurses in pursuit of APIN and work together to provide understanding and creative counter measures to accommodate them.

- Encourage the local community college to implement the *Associate in Nursing DTA degree* in order to streamline movement of staff from ADN to BSN.

- Employers and schools of nursing can collaborate in making RN-BSN and graduate programs accessible. Examples include:
  - School/Employer agreement to support an RN to BSN program location near the worksite
  - Sharing the cost of joint appointment so a facility employee can also serve as clinical instructor for a school
  - Negotiating a tuition reduction agreement between a rural hospital and an online program
  - Collaborative planning for practice experiences appropriate to RN to BSN students, for example evidence-based practice projects; team and care management simulations or case studies; shared used of a simulation lab, etc.
  - Employer opportunities to partner with all types of RN-BSN programs to provide close to home fieldwork experiences.

- Evaluate current clinical site agreements between employers and nursing programs and communicate, coordinate, and align expectations of entry-level staff nurses with employers.

- Resource: *Online Toolkit for Leaders: Promoting Academic Progression for Nurses in WA State* : Example Employer Practices to Support Academic Progression.

For Policy, Regulation & Workforce Development:
- Invest in the regular collection of nursing workforce data, including the educational preparation of RNs to meet the healthcare needs of Washington State.

- Coordinate outreach efforts with rural K-12 school counseling offices to provide information on nursing educational pathways, and changing entry-level educational expectations for RN staff.

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Summary

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This report describes the unique needs and desires of rural registered nurses in Washington State regarding their pursuit of academic progression. We hope these recommendations and resources will provide useful guidance in our pursuit of the goal of 80% BSN and higher registered nursing educational preparation in Washington State and advance the development of a well-prepared workforce to promote a culture of health for the people of Washington State.