Successful Academic Progression of Incumbent Nurses: The Role of Nurse Leaders

Study Summary

Background and Purpose
The National Education Progression in Nursing collaborative’s Incumbent RN specialized interest group (SIG) conducted an exploratory qualitative study in 2019. While it is well documented that there are barriers to nurses progressing with their education, it is not well documented what the specific barriers are for licensed nurses. The goal of the study was to identify factors that motivate and inhibit nurses’ return to school after their entry into the workforce. For this purpose, the incumbent nurse is defined as a licensed Registered Nurse who holds a diploma, associate degree, or baccalaureate degree. Limited time and the high cost of education are well-documented barriers to nurses’ academic progression. However, employers’ willingness to address these concerns has not resulted in widespread increases in the number of licensed RNs who return to school for baccalaureate or graduate degrees. This suggests that nurses’ decision to return to school is influenced by factors beyond time and money. The goal of this research was to identify these factors so that employers can more effectively address them while encouraging their nurses to return to school.

Sample
To identify possible focus group participants, members of the SIG developed and distributed an initial screener survey. This survey collected information from nurses to determine their highest level of education, whether they were enrolled in a degree-leading program at the time of the survey, their willingness to participate in a virtual focus group, and their contact information. The link to the survey was distributed via the Facebook page of the Show Me Your Stethoscope, a non-profit membership organization for nurses and other allied health professionals. Additionally, SIG members distributed the survey via their professional listservs and social media sites. In total, 610 individuals completed the screener survey. Of these, 257 were eligible for participation in the focus groups. The remaining 353 respondents were deemed ineligible because they were not nurses (n=3), they entered practice with a BSN or higher (n=140), they completed a baccalaureate degree more than five years prior to the study (n=72), or they did not provide contact information on the survey (n=138).

The 257 nurses who met the eligibility criteria were classified into four groups: those who had completed a BSN or higher within the five years prior to the study (n=111), those who were currently enrolled in or actively applying to a baccalaureate or graduate program (n=91), those who were considering returning to school but had not yet committed to a decision (n=41), and those who had decided not to return to school (n=14). Individuals were contacted by a member of the SIG to schedule their participation in a focus group corresponding to their highest level of educational attainment.
Members of the SIG collaboratively developed a moderator script that contained prompts for discussion. The moderator guides differed slightly based on the membership of the groups, but in general, the guides all focused on the following key issues:

- Major considerations influencing the decision to return to school.
- Significant challenges that participants expected or experienced as a result of returning to school.
- The personal and professional goals participants had for the future and the role of additional education had or might have in achieving those goals.
- What nursing leadership should understand about nurses’ experience of returning to school.

Focus groups were held virtually between 5/24/2019 and 6/7/2019 and facilitated by members of the SIG. Because of low participation in the focus groups due to scheduling challenges, the focus group moderator guides were converted into online surveys which were distributed to willing participants. This allowed the collection of additional responses beyond the focus groups. One member of the SIG also conducted semi-structured interviews with participants using the questions from the moderator guide.

In total, input from 52 nurses were collected through focus groups, surveys, and semi-structured interviews.

Upon completion of the focus groups, members of the SIG reviewed transcripts from the focus groups and identified key themes from the responses.

**Findings**

Nurses reported expecting and experiencing a wide range of positive outcomes as a result of returning to school. Outcomes included:

- Increased clinical knowledge and subsequent improvement of clinical judgment,
- Development of different or more advanced clinical skills,
- Improved opportunities for professional advancement,
- A sense of personal accomplishment,
- Overall elevation of the nursing profession, and
- Increased ability to affect change in their organizations and healthcare.

Despite the identification of a broad range of benefits, nurses indicated that they expected or experienced significant challenges in their ability to successfully return to school to complete a higher degree.

Consistent with extant literature, the two most often mentioned challenges were related to the unavailability of time and financial resources. Time-related challenges included:

- Not having enough time in the day to work full-time and be a full-time student,
- Concerns about having enough time to strike a work-life balance, and
- Not having the necessary time management skills to make a return to school possible.
Financial-related challenges included:
- Worry about the feasibility of affording a degree and leaving school with considerable student debt,
- Lack of knowledge about how to apply for financial aid, and
- Doubts about whether post-degree professional opportunities would provide financial compensation commensurate with the cost of education.

Though lack of time and money were most frequently mentioned as challenges associated with returning to school, participants also reported other barriers. These barriers are more complex and are sometimes outside the capacity of employers to directly address.

Academic barriers included:
- Insufficient advising and guidance about what degree program (BSN, MSN, DNP, non-nursing) was best aligned with nurses’ overall professional goals.
- Concerns related to being precepted by colleagues or subordinates during any required clinical experiences.

Technological barriers included:
- Insufficient computer skills that may make navigating fully online courses difficult.
- Lack of access to broadband internet access in rural areas of the country making online classes inaccessible from home.

Social support-related barriers included:
- Lack of support at work from managers who could make scheduling changes to support attendance at class or who could direct nurses to informational or financial resources within the organization.
- Being subject to incivility or abusive communication in the workplace from colleagues who were unsupportive of educational advancement.
- Lack of support from family members who disapproved of nurses’ decision to spend time outside the household or shift household or caregiving responsibilities to other family members while attending classes.

Psycho-emotional barriers included:
- Concerns about how to transition from an expert in the professional setting to a novice and student in the academic setting.
- Concerns about lacking the skills to be an effective student after being away from a classroom for, sometimes, many years.

In addition to reporting on the challenges and benefits that nurses expected or experienced as a result of returning to school, nurses who had completed a degree or were currently enrolled in a degree-leading program also reported on the surprises they experienced as returning students.

Pleasant surprises included:
● A large number of new professional opportunities that nurses had not considered when they decided to return to school.
● The new ability to change their colleagues' mindset about the value of returning to school and evidence-based practice improvements.
● A noticeable change to their own clinical judgment and practice attributable to additional education.

Unpleasant surprises included:
● A total student debt burden that exceeded expectations.
● Insufficient financial return on investment (i.e., nurses did not experience an increase in compensation after graduating that made the cost of education worthwhile).
● A lack of employer support for going on to an MSN after the completion of a baccalaureate degree even when the master’s degree may be better aligned with professional goals.

The final set of findings indicated that nurses’ decision to return to school was at least, in part, influenced by incentives and a clear, realistic understanding of the return nurses can expect to receive in exchange for the time and money they invest in their education.

Incentives that increase return on investment and motivate nurses to return to school included:
● Employer tuition support in the form of tuition reimbursements or cost reduction agreements with individual academic institutions.
● Managers who are willing to offer flexible or alternative work schedules that accommodate nurses' class schedules.
● Employer-provided or -coordinated support in selecting the right academic program for nurses' professional goals and navigation through the financial aid application process.
● Better career counseling to help nurses realistically understand how advancing their education can lead to specific professional advancement opportunities.
● Pay increases commensurate with educational advancement.

**Recommendations for Employers**

Based on these findings, the NEPIN Incumbent RN Specialized Interest Group has produced a set of recommendations for employers to help develop and foster a culture of academic progression within their organizations that can help motivate nurses to return to school. The full set of recommendations is available at [insert link here]. Highlights of the recommendations include:
● Developing a community of learners within their organizations.
● Providing opportunities for nurses to connect educational pursuits directly to practice.
● Forming and leveraging partnerships with academic institutions.
● Focusing incentives for returning to school on what nurses value most.