

A PHENOMENOLOGICAL EXPLORATION OF THE LIVED EXPERIENCE OF CONCURRENT
ADN-BSN PROGRAM GRADUATES IN THE SOUTHWESTERN U.S.

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DEDICATION

For my late husband and fellow nurse educator, John Montalto:
Thank you for inspiring and encouraging me as I started this journey. Our days together educating future nurses will remain the happiest of my life. Even without your physical presence these last years, I have felt your continued love and support each step of the way.

For my children, Braden, Devin, Allison, and Madison:
Thank you for walking this journey with me. I know you made sacrifices along the way, but I hope my dedication to this endeavor will be an example and inspiration for you.

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ABSTRACT

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A PHENOMENOLOGICAL EXPLORATION OF THE LIVED EXPERIENCE OF CONCURRENT ADN-BSN PROGRAM GRADUATES IN THE SOUTHWESTERN U.S.

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In 2010, the Institute of Medicine released a policy brief advocating for increased opportunities for nurses to obtain higher levels of education for increasingly complex patient care demands. Nursing programs in the United States responded by adding options for associate degree graduates to obtain baccalaureate degrees, including the innovative partnership pathway, which allows students to complete the associate degree and baccalaureate degree requirements concurrently. This pathway continues to expand in popularity and has proven to be a valuable option that allows students to take advantage of cost-effective and time-efficient associate degree programs while also gaining the additional knowledge offered by the baccalaureate degree. A review of the nursing literature revealed information regarding implementation strategies for concurrent enrollment programs and general descriptions of the challenges and strengths of these programs. However, a gap was identified in the existing literature describing the student perspective. This study aimed to address this gap and explore the lived experience of concurrent enrollment ADN-BSN graduates for the purpose of identifying the rewards, complexities, barriers, and challenges of the pathway for students. A descriptive phenomenological approach was used to gather data from graduates of a large concurrent enrollment ADN-BSN program in the southwestern United States. Colaizzi's 7-step data analysis method was used to analyze data. Six themes were identified, including "Choosing the concurrent enrollment program option," "Managing time," "Financial considerations," "BSN curricular attributes," "Belonging and engagement," and "Feelings about the program." Information obtained from the study validated findings in the current literature and added to the overall understanding of the student experience. Analysis of the findings suggests that the concurrent enrollment pathway is a valuable option for students seeking the BSN degree and that there are important implications from the data for nursing educators and the nursing profession in general.

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CHAPTER I

INTRODUCTION

In October 2010, the Institute of Medicine (IOM), an interdisciplinary advisory body to the U.S. on issues of healthcare (and now known as the National Academy of Medicine [NAM]), released its landmark policy brief, *The Future of Nursing*. The brief advocated for increased opportunities for nurses to obtain higher levels of education to meet increasingly complex patient care demands across various practice settings. A specific area of their focus was to advance the nursing role and improve patient outcomes with an initiative to increase the number of baccalaureate-prepared nurses nationwide to 80% by 2020 (IOM, 2011). The initiative received much support from leaders in the nursing profession. The American Nurses Association (ANA) commended the IOM report at the time, noting that it reflected the mission and values long held by the leaders within the organization (ANA, 2010). The Tri-Council for Nursing (2010) also strongly endorsed the IOM's brief and noted it echoed their recommendations released just a few months before.

To understand the initiative's background, one should be familiar with the three pathways to becoming a registered nurse in the U.S. (American Association of Colleges of Nursing, 2001). The first pathway is a 3-year diploma program administered in association with a hospital. The second pathway is the 2-year associate degree program offered at the community college level. Associate degree programs include the Associate Degree in Nursing (ADN) or equivalents such as the Associate of Science in Nursing (ASN) or the Associate of Arts in Nursing (AAN). The third pathway is the 4-year baccalaureate degree in nursing offered in the university setting. Baccalaureate programs include the Bachelor of Science in Nursing (BSN) and equivalents such as the Bachelor of Science (BS) or Bachelor of Arts (BA). This dissertation uses the abbreviations ADN and BSN as generic terms for the collective associate and baccalaureate degrees available.

Graduates from all program settings take the same licensing examination, the NCLEX-RN. The NCLEX-RN is administered by the National Council of State Boards of Nursing (NCSBN) and is designed to ensure entry-level registered nurses' safe and effective practice (NCSBN, 2023). Diploma and

ADN graduates can continue learning by completing the BSN degree through various academic progression tracks (American Association of Colleges of Nursing, 2022a).

BSN programs have a broader scope in educational concepts, covering all coursework found in associate degree and diploma programs and adding expanded physical and social science content (American Association of Colleges of Nursing, 2023). In addition, baccalaureate programs emphasize topics like nursing research, public and community health, organizational and systems leadership, healthcare policy, and interprofessional communication to a greater degree than is found at the ADN or diploma level (Kumm et al., 2014). This wide-ranging preparation “enhances the student’s professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery” (American Association of Colleges of Nursing, 2023, p. 1). In addition, nursing research over the last few decades has shown that patients cared for by nurses prepared at the BSN level or higher have improved outcomes, including lower mortality rates, fewer medication errors, and cost savings for the healthcare community (Aiken et al., 2003; Aiken et al., 2008; Blegen et al., 2013; Harrison et al., 2019; Porat-Dahlerbruch et al., 2022). Evidence also suggests that these benefits hold regardless of the educational pathway the nurse takes to get to the BSN degree (Porat-Dahlerbruch et al., 2022).

Despite strong support from the nursing community for the IOM’s 80% BSN degree by 2020 initiative, the goal was not reached (American Association of Colleges of Nursing, 2019b). However, the effort is continuing, and the National Education Progression in Nursing Collaborative (NEPIN) created a national focus among stakeholders "to identify, support, and scale practices that provide accessibility to nursing education" (NEPIN, 2018, p. 2). A new goal was released: One million incumbent nurses and 90% of all new associate degree graduates will achieve a BSN degree or higher by 2025 (NEPIN, 2018). The NAM (formerly the IOM) also reemphasized its call for higher numbers of BSN-prepared nurses in its latest *Future of Nursing* report (National Academies of Science, Engineering, and Medicine, 2021).

Academic institutions in the U.S. have responded to the calls to increase options for BSN degree attainment and continue efforts that began at the beginning of the last decade (Center to Champion

Nursing in America, 2021). Several educational pathways exist for those seeking academic progression to the BSN degree. These include RN to BSN programs administered at the community college or university level, statewide academic progression pathways, accelerated options such as RN to MSN, and partnership models between community colleges and universities (American Association of Colleges of Nursing, 2022a).

The concurrent (or dual enrollment) ADN-BSN program is one of the most innovative pathways. Concurrent enrollment programs, also referred to as CEPs, are examples of partnership model pathways to the BSN degree and are promoted by NEPIN to increase the number of BSN-prepared nurses in the workforce (NEPIN, 2019). These pathways have been demonstrated as viable options to increase the number of BSN graduates nationwide (Close et al., 2015; Hawkins et al., 2018; Johnson & Kumm, 2021). The CEP comprises a close partnership and a collaborative agreement between a community college associate degree program and a university baccalaureate degree program. This option allows students to take advantage of the community college's cost-effectiveness and convenience for their ADN coursework while simultaneously completing BSN coursework (Bopp & Einhellig, 2017; Schmidt & Bleich, 2019). A typical program includes a traditional ADN program of study with one or two BSN courses taken simultaneously each semester, either face-to-face or online, and the BSN coursework completed either in the same semester as the ADN coursework or within one semester of ADN graduation (Heglund et al., 2017; Landen et al., 2017). Additional benefits of the CEP include helping students avoid academic breaks, streamlining educational progression, and strengthening community partnerships between ADN and BSN programs (American Association of Colleges of Nursing, 2019a; Bopp & Einhellig, 2017).

Focus of Inquiry

CEP pathways are innovative and valuable options for increasing the number of BSN graduates in the U.S. through seamless academic progression. Overholser (2023) argues that CEPs are fast becoming a preferred academic progression pathway to the BSN degree for students seeking the ADN. Since programs are still developing in many areas, further research is needed to help improve them (Overholser, 2023). Many articles have been published in the nursing literature in recent years detailing how programs

are implemented and administered in various academic settings nationwide. These will be discussed in detail in the literature review in Chapter 2. Despite information about CEP attributes and implementation specifics in the literature, a gap was found regarding student experiences and perceptions while enrolled in CEPs. A search of CINAHL, EBSCOHost, ERIC, ProQuest Dissertations and Theses, and Google Scholar was completed using the keywords undergraduate nursing pathways, academic progression, seamless transition, nursing curriculum, dual enrollment, concurrent enrollment, ADN, BSN, ADN-BSN, RN-BSN, and nursing student experience. The search revealed only two articles published within the last 5 years that specifically gathered feedback from students who experienced enrollment in a CEP pathway (Gentry, 2021; Johnson & Kumm, 2021).

As more community colleges and universities form partnerships to develop CEP pathways and programs are expanded to provide even greater access to this valuable way to earn the BSN degree, one could argue that there should be more known about the student experience specifically. Overholser (2023) notes that students are important stakeholders, and communication with them about programs is vitally important. Information from various settings and diverse learners could help build vital knowledge to refine program experiences locally and nationwide. As Gentry points out in her 2021 study of student experiences in a CEP pathway, “a key to successfully implementing innovation is communicating why the innovation works” (p. 103). Therefore, Gentry advocates for learning about the student’s experience directly from the student. Gathering knowledge directly from student experiences could help build a broad understanding of the student perspective, which can inform development, recruitment, and retention strategies for overall academic progression practices.

Statement of Purpose

Considering the absence of information in the nursing literature about student experiences in CEPs, this study aimed to gain knowledge about one group of program graduates’ experiences and perceptions to help add to the overall body of knowledge regarding CEPs. Specifically, this study explored the lived experience of nursing graduates of concurrent ADN-BSN programs in the southwestern U.S. to identify rewards, complexities, barriers, and challenges associated with obtaining

ADN and BSN degrees simultaneously. Information obtained from the study can inform future program policies in the local communities of study or be used for program development, refinement, or expansion in other parts of the country.

Rationale for the Study

Foundations of Study

The rationale for the topic of this study was based on three guiding principles. The first principle was that the increasingly complex healthcare system in the U.S. requires well-trained and well-rounded critical thinkers in the nursing workforce. Many studies support the notion that care from baccalaureate-prepared nurses provides the best safety, effectiveness, and cost savings (Aiken et al., 2003; Aiken et al., 2008; Blegen et al., 2013; Harrison et al., 2019). In addition, because baccalaureate-prepared nurses have a broader educational base, they are uniquely prepared to practice across multiple settings and meet the diverse expectations of today's nursing workforce (American Association of Colleges of Nursing, 2019a). The second principle was that given the importance of developing the BSN-prepared workforce in the U.S., various pathways should be developed and refined to enable all nurses who desire academic progression to attain it. This practice aligns with the priorities set forth by the IOM in 2010, NEPIN in 2018, and the NAM in 2020. The third principle was that the CEP pathway to the BSN degree has been proven to be an innovative and valuable method for students at the community college level to obtain academic progression to the BSN degree in a cost-effective and time-efficient way (Bopp & Einhellig, 2017; Schmidt & Bleich, 2019). In reflecting on the importance of BSN attainment and the value that the CEP brings to nursing education, it is logical for nursing faculty to turn to the literature to gain a deeper understanding of the pathway and its participants.

Literature Gap

Despite the proven need for and effectiveness of CEP pathways in nursing education, there is a paucity of information in the literature about student experiences while enrolled in such programs of study. Knowledge about student perceptions in any nursing program of study is critical for improving and

refining experiences but is particularly important for this newer pathway to the BSN degree. There are calls within the current literature asking for additional student perspective studies (Gentry, 2021; Johnson & Kumm, 2021; Overholser, 2023), and this study will hopefully be one of many that can be used to enhance programs and the student experience.

Importance of Topic for Researcher

One last facet that contributed to the importance of this study topic for the nursing profession in the U.S. is the current shortage of nurses. Academic progression is essential during this time of shortage because nurses are compelled to work within their full scope of practice and will be asked to work in expanded practice areas as well (American Association of Colleges of Nursing, 2022b; NEPIN, 2019). Since the researcher was working in nursing academia with a focus on academic progression at the time of the study, these study findings could be important for understanding ways to enhance program quality to improve degree completion for current and future students.

Study Assumptions

This study was based on four assumptions. The first assumption was that multiple realities exist among participants and their experiences, and descriptions of these realities allow the researcher to explore individual perceptions and experiences to gain understanding of them. The second assumption was that the researcher would put aside previous knowledge, judgments, and biases to allow the study participants' perceptions and experiences to emerge and be captured. This neutrality was vital to represent the true essence of the participants' experiences in the data. A third assumption for this study was that the participants were the true knowers of their experience and would provide the researcher with an honest and transparent view of their perceptions of participating in a CEP pathway. The fourth assumption was that the data analysis would be neutral and inductive, allowing the units of meaning to emerge and cluster into themes, leading to a greater understanding of the student experiences.

Philosophical Underpinnings/Theoretical Framework

The research design for the study was descriptive phenomenology. This philosophical underpinning is one of many relevant to nursing research (Willis et al., 2016) and aligned well with the

study of nursing student experiences in the academic setting (Neubauer et al., 2019). Phenomenology is based on the works of Edmund Husserl. It is founded on examining and describing the lived experience, allowing a greater understanding of the world and its phenomena (Reeder, 2009). The descriptive phenomenological method is derived directly from these works and focuses on the perceptions of the person experiencing the phenomenon being studied (Shorey & Ng, 2022).

Descriptive phenomenology is founded in the ontological assumption that reality lies within the knower and the epistemological assumption that the observer of the phenomenon must separate themselves from the world, becoming unbiased by previous knowledge, to understand the phenomena by the knower's description (Neubauer et al., 2019). Therefore, a central tenet of using descriptive phenomenology is that the researcher must set aside assumptions, biases, and preconceptions during the interview process (Lopez & Willis, 2004). This can be done through "bracketing," which allows the researcher to hear the descriptions given by the study participants without considering the researcher's knowledge or beliefs (Shorey & Ng, 2022).

The methodology for this study aligned well with the assumptions and tenets of descriptive phenomenology. Data was collected through recorded Zoom interviews, and a semi-structured interview method was used to elicit information from concurrent ADN-BSN program graduates. This approach allowed the participants to freely discuss their own unique experiences while enrolled in a CEP. It also allowed the interviewer to set aside biases and previous knowledge to be fully present in the interview without attempting to interpret responses in the moment. Recordings of the interview sessions were captured and reviewed to help the researcher describe the essence of the lived experience and reflect on the meanings of the phenomena.

In addition to the philosophical framework, a theoretical framework was used as a sensitizing framework to develop interview questions and interpret the study's findings. A theoretical framework relevant to this study is Knowles' adult learning theory. Knowles' theory centers on improving learning and making education appropriate for adult learners (Knowles et al., 2005). Because the current research aimed to describe the lived experience of nursing graduates who participated in a CEP pathway with the

overarching goal of refining and enhancing such programs, Knowles' theory was a pertinent framework. Knowles' theory focuses on six assumptions (Merriam & Bierema, 2014). These include that the learner is self-directed, has experience from which to base learning, has readiness for learning related to their social role, considers learning from a problem-centered perspective, relies on internal motivation, and needs to understand the reason for the learning. These principles guided the researcher in formulating the questions to gather information about the study participants' lived experiences in a CEP. In addition, they guided the researcher in interpreting and describing the experiences during data analysis. However, the researcher acknowledged that while Knowles' theory provided a framework from which to develop interview questions and interpret and describe student experiences during the analysis phase of the study, Knowles' theory principles were bracketed during the data collection phase to ensure alignment with the study's descriptive phenomenological approach (Willis et al., 2016).

Summary

Over the last 13 years since the IOM's first landmark report on the *Future of Nursing*, there have been many studies performed and articles written about the value of baccalaureate-prepared nurses to the nursing profession and the patients they serve, particularly in terms of safety, effectiveness, and cost of care. Leaders and educators within the profession have forged ahead and created multiple pathways for registered nurses to obtain the BSN degree to reach goals set forth by the IOM and NEPIN collaborative. One innovative and effective pathway is the partnership model known as the CEP. This beneficial pathway allows ADN students at the community college level to take BSN courses simultaneously with their ADN coursework and complete the ADN and BSN degrees together (or within a semester or two of each other). While there have been a number of descriptive articles written about the structure and implementation of these programs, very little exists in the recent nursing literature about students' experiences. Given the value of CEPs to our nursing workforce and programs of study, accruing knowledge about the experiences and perceptions of CEP graduates is beneficial to inform practices within current and future programs.

Considering the gap in the current nursing literature regarding student experiences in CEPs, this study aimed to add essential information to the knowledge base for nursing educators and administrators by describing the lived experiences of students who graduated from a CEP. Obtaining descriptions and perceptions of the rewards, complexities, barriers, and challenges associated with obtaining ADN and BSN degrees simultaneously can help inform future program policies in the local communities of study or be used for program development, refinement, or expansion in other parts of the country. In keeping with the desire to know more about the individual student's experience, a descriptive phenomenological approach was used to collect and interpret data. Knowles' adult learning theory was used as a sensitizing framework to help develop interview questions and to provide a lens through which to interpret data and tie findings back to nursing education.

CHAPTER II

LITERATURE REVIEW

An integrative review of the literature is presented in this chapter, highlighting support for the current study of perceptions and experiences of students who completed undergraduate nursing programs with a CEP pathway. The online databases of CINAHL, EBSCO HOST, ERIC, JSTOR, Medline, ProQuest Dissertations and Theses, and Google Scholar were all utilized for this review. Keywords used were nursing education, history, undergraduate nursing pathways, academic progression, seamless transition, nursing curriculum, dual enrollment, concurrent enrollment, ADN, BSN, ADN-BSN, RN-BSN, and nursing student experience. The words were searched as “keywords,” “subject headings,” and in “title.” individually as well as in multiple combinations linked by “and.” Reference lists for each resource were also mined to capture any additional relevant works. Lastly, websites for each of the members of the Tri-Council for Nursing were searched for relevant blogs, fact sheets, or announcements. These included the websites for the American Association of Colleges of Nursing, the ANA, the American Organization for Nursing Leadership, the NCSBN, and the National League for Nursing. An initial overview of the available literature revealed a gap in studies focusing on the experiences of students who attended CEPs. This finding was verified with a comprehensive and systematic literature search. Twenty-two articles were found that discussed academic progression with the CEP model. Only two of these were recent studies that described student experiences with this educational pathway.

To ensure a broad understanding of the topic of CEPs and nursing academic progression in general, the literature review focused on these four main areas: the history of the various pathways to the RN degree in nursing education, the benefits of the baccalaureate degree to the healthcare community, the barriers and challenges associated with obtaining the baccalaureate degree, and a review of the literature describing the partnership education model known as the CEP. The following review provides the necessary background for understanding how the CEP pathway fits into the current nursing landscape and the importance of studies regarding student experiences.

History of Pathways to the RN Degree and Importance of the Associate Degree

The first formal nursing education programs in the U.S. were opened in the 1870s with three hospital-based diploma schools of nursing (Klainberg, 2010). Over the next 50 years, diploma programs gained acceptance, increased student admissions, and developed into the primary source of nursing education for that time frame (Ervin, 2021). These early hospital-based diploma programs were typically 3 years long and did not traditionally have a standardized curriculum among the various schools. However, they did have a strong focus on clinical-based, hands-on nursing care (Akers & Mauk, 2023). Then, in the 1920s and 30s, the first university-based baccalaureate programs, such as the BSN degree or equivalent, were developed to educate registered nurses (Ervin, 2021). There was also an increased focus on standardizing nursing school curriculums and a push to form national associations for nurses (Akers & Mauk, 2023; Ervin, 2021). While the baccalaureate degree was gaining momentum, the diploma programs remained the primary source of nursing education through the 1940s. Then, in the late 1940s, Mildred Montag established a school of nursing at Adelphi College, starting the 2-year associate degree for nursing education to help alleviate nursing shortages with a shorter training period (Harker, 2017). Dr. Montag, a baccalaureate-prepared nurse herself, argued that the associate degree could provide a strong nursing education base with a focus on technical training. At the same time, the BSN degree would have a more professional focus, and the two could form a nursing team to provide quality patient care (Ervin, 2021). After the 1950s and up to the present day, diploma nursing programs declined in popularity and began closing (Ervin, 2021). At the same time, interest in the BSN degree and the ADN degree (or equivalent degree such as the ASN or AAN) grew exponentially (Ervin, 2021; Matthias, 2010). Today, most registered nurses are educated through the ADN or the BSN pathway (Akers & Mauk, 2023). Until recently, ADN graduates have outnumbered prelicensure BSN graduates, but these numbers are changing (Center to Champion Nursing in America, 2022).

Regardless of the pathway taken to become a registered nurse, all graduates from nursing programs must pass the NCLEX-RN, an exam created and administered by the NCSBN since 1978 (Benefiel, 2011). From 1955 to 1978, the ANA was tasked with administering the licensing examination

(which was in a different format), and prior to 1955, the individual state nursing boards had regulated the licensing exams in various iterations since the early 1900s (Benefiel, 2011). Licensing examinations, including the current NCLEX-RN, ensure that each nurse has the minimum technical competency for safe entry into nursing practice. However, despite the entry-level practice baseline provided by the NCLEX-RN, there have been robust arguments from within the nursing profession over the years advocating for the baccalaureate level as the minimum education level for entry into practice (American Association of Colleges of Nursing, 2019a; ANA, 1965, 2000, 2015; Donley & Flaherty, 2002; Potera, 2018). This advocacy began in earnest in 1965 when the ANA (1965) declared that nursing practice requires “knowledge and skill of high order” and that nursing education be “theory oriented” rather than “technique oriented.” (p. 107). The association’s leadership felt that these ideals were best achieved through programs administered by 4-year colleges and universities, and therefore, the minimum entry to practice for professional nurses should be at the baccalaureate level (ANA, 1965). Even with the statement from the ANA in 1965 and reiterations of the sentiment from various nursing educators and organizations up until the present day, the ADN pathway has been a solid and popular pathway for registered nurses to obtain their nursing training.

There are many reasons why the ADN pathway has been a valuable component of nursing education since the 1950s and why more students have graduated from this pathway than the BSN degree for much of the latter half of the 20th century. One advantage that nursing students find appealing in the ADN pathway is the shorter training period. The ADN has fewer general education requirements than the BSN degree, allowing a shorter program length (Mahaffey, 2002). In addition, because ADN programs are administered at community colleges, the programs are affordable and more accessible to a diverse population of students, including groups who are described as nontraditional, ethnic minorities, first-to-college, lower socioeconomic status, or full-time workers (Petges & Sabio, 2020). Petges and Sabio (2020) also noted that ADN programs are often located near a student’s home, whereas a university setting may not be within reach for a student. Therefore, because the ADN pathway provides a quality

foundation for nursing practice and is accessible to a large number of students, it plays an essential role in nursing education (Mahaffey, 2002).

Another consideration beyond the general popularity and accessibility of the ADN program is that it remains a critical pathway for addressing the nursing shortage that has been a part of healthcare in the U.S. for decades (Organization for Associate Degree Nursing, 2022). Nursing organizations like the American Association of Colleges of Nursing (2022a) have advocated for federal legislation and increased funding for all sectors of nursing education to address this need. Lastly, ADN programs are essential for helping improve diversity in the nursing workforce because of their accessibility to a wide range of student groups. Therefore, support must remain for this pathway (Mohammed et al., 2021; Potera, 2018).

Despite the calls over the years for the BSN degree to be the minimum entry to registered nursing practice, the ADN pathway has remained a stronghold in nursing education. Indeed, advocacy for the idea of the BSN as the entry to the profession shifted after the IOM's (2010) landmark policy brief, *The Future of Nursing*, was released. As nursing shortages continued in the U.S. and the healthcare system evolved and became more complex in the 21st century, patient needs changed, and practice areas expanded. Therefore, considering the recommendations by the IOM and the realities of the healthcare landscape, the ANA and other members of the Tri-Council for Nursing shifted their focus from entry to practice to promoting seamless academic progression for all nurses (Organization for Associate Degree Nursing, 2015). Thus began the push for exploring innovative pathways for nurses with an ADN to seek a BSN degree.

Benefits of the BSN Degree

To understand the benefits of seamless academic progression toward the BSN degree, one must recognize what sets it apart from the ADN and diploma degree. According to the American Association of Colleges of Nursing (2023), baccalaureate nursing programs:

encompass all course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health,

nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery. (p. 1)

To highlight the differences between ADN and BSN educational programs, Kumm et al. (2014) completed a study that compared the outcomes of the two pathways. Their study showed that while 42 of 109 baccalaureate outcomes were met in ADN programs, the additional 67 outcomes in the BSN degree covered the areas of liberal education, organizational and systems leadership, evidence-based practice, healthcare policy, finance and regulatory environments, interprofessional collaboration, and population health. The additional concepts and knowledge of the BSN create a broad educational background that is especially important in today's complex healthcare landscape (Gorski & Polansky, 2019) and gives nurses the best foundation to fulfill responsibilities across the ever-growing variety of healthcare settings (National Academies of Science, Engineering, & Medicine, 2021).

Indeed, many in the nursing profession and other healthcare disciplines recognize that education does make a difference in nursing, and therefore, in response to this recognition, progress has been made over the last few decades since the IOM's (2010) call for increasing the number of BSN-prepared nurses. For the first time, the *2022 National Nursing Workforce Survey*, which is administered every 2 years in a joint effort by the NCSBN and the National Forum of State Nursing Workforce Centers, reported that the number of nurses entering the workforce at the BSN level is nearing 50% (47.2% in 2022; Smiley et al., 2023). The same survey notes that the percentage entering the workforce at the ADN level remains flat at 35.6%. The survey also reports another notable first that speaks to the value of the BSN degree and academic progression in general. This important first is that more than 70% of the current nursing workforce holds a baccalaureate degree or higher, demonstrating that ADN and diploma graduates also value academic progression and the attainment of the BSN degree.

When advocating for increasing the number of BSN graduates, many in the profession point to improved patient care outcomes and other quality indicators as reasons to champion academic

progression. In 2003, Aiken et al. published a large landmark study that addressed the connection between nursing educational level and patient outcomes. It was the first study to provide empirical evidence of this connection. The authors reviewed surgical patient outcomes from 168 hospitals in the U.S. and found that for each 10% increase in the proportion of nurses with higher degrees, there was a 5% reduction in mortality and failure to rescue. Later, in 2008, Aiken et al. confirmed these findings with a new study. The results were similar in that a 10% increase in the proportion of BSN-prepared nurses was associated with a 4% decrease in the risk of death for patients. That same year, while studying the impact of BSN-prepared nurses on the outcomes of hospitalized oncology patients undergoing surgery, Friese et al. (2008) also documented lowered patient mortality and failure to rescue rates.

Other researchers have reported similar connections. McHugh et al. (2013) found that surgical patients in Magnet hospitals (which have a higher proportion of BSN-prepared nurses) had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue than patients cared for in non-Magnet hospitals, theorizing that the higher proportion of baccalaureate-prepared nurses improved outcomes. That same year, Blegen et al. (2013) published a study of 21 University Health System Consortium hospitals that showed the hospitals with a higher percentage of BSN-prepared nurses had reduced mortality for those patients with congestive heart failure as well as lower rates of decubitus ulcers, failure to rescue, and postoperative deep vein thrombosis. Another benefit noted was shorter lengths of hospital stays.

Similarly, Kutney-Lee et al. (2013) used discharge data from 134 hospitals serving general, orthopedic, and vascular surgery patients to study the impact of education. The researchers found that a 10% increase in a hospital's percentage of nurses at the BSN level was associated with a reduction of 2.12 deaths for every 1,000 patients. In a subset of patients with complications, the outcome was even more pronounced, with a 10% increase resulting in a reduction of 7.47 deaths per 1,000. In addition, they estimated that if all 134 hospitals had increased their number of baccalaureate-prepared nurses by 10% over the study's time frame (7 years), 500 deaths could have been prevented. Yakusheva et al. (2014) also found favorable outcomes using a similar approach. When the researchers studied medical-surgical

patient outcomes at a large academic medical center in the eastern part of the U.S., they noted that with a 10% increase in the proportion of baccalaureate-prepared nurses on hospital units, there was a 10.9% decrease in patient mortality. In addition, they found that increasing the proportion of BSNs to 80% improved readmission rates, resulted in shorter hospital stays, and produced overall cost-saving for hospitals.

In more recent studies, researchers continue to report the benefit of having a more highly educated workforce. For example, Djukic et al. (2019) report that BSN graduates have better preparedness in quality and safety aspects of care, including increased knowledge of evidence-based practice and data analysis. Harrison et al. (2019) found that among patients who experienced in-hospital cardiac arrest, having a 10% increase in BSN-prepared nurses within the hospital improved survival odds to discharge by 24%. Similarly, Porat-Dahlerbruch et al. (2022) found that hospitals with higher numbers of baccalaureate-prepared nurses had lower 30-day inpatient surgical mortality rates. Another important finding of the study was that this advantage was present regardless of the education pathway taken to get to the BSN degree. In other words, safety indicators were present regardless of whether the nurse graduated with the BSN degree for first licensure or progressed to the BSN from an ADN or diploma degree.

Considering the many examples of improved patient outcomes associated with having a higher number of BSN-prepared nurses caring for patients, one can conclude that increasing opportunities for obtaining a BSN degree is essential for the future of healthcare, especially as care becomes more complex and practice areas are expanded (American Association of Colleges of Nursing, 2023). In addition, as researchers and nursing associations have pointed out over the years, academic progression is critical for the future of the profession because registered nurses work as part of an interprofessional team, and most members of that team (i.e., physical and occupational therapy, pharmacy, social work, and physicians) are educated at the graduate level or beyond (Krugman & Goode, 2018). Therefore, as the primary providers of direct patient care and care coordination, nurses should not be the least educated members of the healthcare team (American Association of Colleges of Nursing, 2023).

Barriers and Challenges to Obtaining the BSN Degree

Despite the growing number of opportunities for registered nurses to obtain the BSN degree, many barriers remain. These fall into three general categories. The first are barriers for those students seeking initial licensure through the traditional BSN pathway. The second category involves the appeal and accessibility of ADN programs for many students, which is a barrier to earning the BSN degree as an entry to practice. Finally, the third category involves the barriers for practicing nurses to return for the BSN degree through the RN-BSN pathway once they are working. A CEP pathway is one option to address these barriers.

Barriers to the Traditional BSN Pathway

For those students seeking the traditional BSN pathway, the most significant barrier to enrolling in a BSN program is the limited enrollment capacity of the programs (Close et al., 2015; Giddens et al., 2015; Goode et al., 2016; Gorski et al., 2015). In the American Association of the Colleges of Nursing's *2021-2022 Enrollment and Graduations in Baccalaureate and Graduate Nursing Programs* report, it was noted that nearly 92,000 qualified applications (not applicants) were turned away from baccalaureate and graduate nursing programs in 2021 in the U.S. (American Association of the Colleges of Nursing, 2022b). The BSN programs' inability to enroll more students hinged mainly on the inability to hire enough faculty due to faculty shortages and shortfalls in clinical sites, clinical preceptors, classroom space, and budget. As Petges and Sabio (2020) note, BSN programs in recent years cannot educate all the nurses needed for present practice, considering these insufficiencies. This fact has led many students toward ADN programs for their prelicensure education.

Appeal and Accessibility of the ADN Pathway

As mentioned in this chapter, there is much appeal and ease of access for students enrolling in ADN programs. This appeal and accessibility are often a reason for students to choose ADN preparation over BSN preparation for prelicensure nursing training, therefore potentially creating a barrier for increased numbers of prelicensure BSN graduates. ADN programs offer shorter program durations, lower tuition costs, favorable admission policies, and often closer proximity to a student's home than BSN

programs (Petges & Sabio, 2020). Because ADN programs are administered at the community college level, these programs are also often much more available to a diverse student population, including people of color, first-generation-to-college students, non-traditional students, and students who are in a lower socioeconomic group (Ma & Baum, 2016), and are often chosen over a traditional BSN program. Other factors that impact enrollment in an ADN program versus a BSN program include the lack of financial incentives for attaining the BSN degree and the reputation of a particular ADN program (Sabio & Petges, 2020). These barriers for the prelicensure BSN degree, individually or in combination, can be so significant that in a recent study, Sabio (2019) noted that 37% of the 153 participants indicated they would not have been able to enroll in school if the BSN degree were the minimum requirement to the nursing profession.

Barriers for Practicing Nurses to Complete the BSN Degree

Barriers for the post-licensure registered nurse seeking the BSN degree are also important to acknowledge in the quest to increase the number of BSN graduates. According to the Center to Champion Nursing in America (2021), the number of RN-to-BSN graduates increased 252% from 2009 to 2020, topping out at 69,048 registered nurses earning the BSN degree in 2020, the last year of the data collection. However, results of a recent National Center for Health Workforce Analysis of registered nurses reported that the average time between the initial completion of an ADN program to completing a BSN degree was 5.9 years (Health Resources & Services Administration, 2020), indicating there are still barriers for registered nurses with the ADN or diploma degree to seek the BSN degree.

To describe these barriers, Taylor (2020) published a qualitative study with nine participants, noting that finances are among the most common concerns of an ADN graduate seeking the BSN degree. Many established nurses had children in college or other everyday expenses that precluded seeking additional education. Time and competing priorities were other primary concerns (Taylor, 2020). Taylor noted that many respondents had children at home to care for or were already working extra shifts, making it difficult to fit additional education into already busy schedules.

In a similar qualitative study of 41 registered nurses, Duffy et al. (2014) reported similar findings to the Taylor study, including reports of a lack of finances and time for additional education. Duffy et al. also found that some nurses did not pursue academic progression toward the BSN degree due to a lack of knowledge about program options. In addition, the researchers found that some nurses reported not seeing the value of advancing their education.

Additional studies reported that completing the prerequisite and general education requirements was a barrier for some nurses (Close et al., 2015; Duffy et al., 2014; Giddens & Meyer, 2016). A quantitative study with 599 respondents completed by Wilson et al. (2020) corroborated many of these findings. Wilson et al.'s study reported cost, no pay incentive, time away from work, time to complete the program, lack of tutoring support, fear of failure, being out of school for a long time, and previous educational debt as significant barriers for earning a BSN degree.

CEP as a Solution to Barriers

Heglund et al. (2017) suggested that nursing schools should consider the CEP as an essential pathway to address many of the barriers associated with attaining a BSN degree. Their report described such a program in the southern region of the U.S. that had been successfully in place for 13 years at the time of publication. The authors noted that this seamless academic progression model allowed students with completed core and prerequisites for the BSN degree to take BSN courses while simultaneously enrolled in their ADN coursework, bypassing some of the most challenging barriers noted by those seeking the BSN degree: location, time, and cost. Other authors across the country agree, noting that enrollment in a CEP offers students a time-efficient and cost-effective way to earn the desired BSN degree while keeping the ability to attend a community college in their local community (Kumm & Laverentz, 2019; Landen & Hernandez, 2022; Wederski & Doshier, 2020).

The CEP as an Innovative Partnership Model to the BSN Degree

A review of pertinent literature describing the CEP pathway as an innovative partnership model to the BSN degree noted various program designs and implementation strategies across the country. All programs referenced the IOM's 2010 call for increased BSN-prepared nurses as the primary catalyst for

program development. Other reasons for the development of the CEP included addressing the nursing shortage in the U.S. by allowing seamless transition to the BSN degree (Jones & Close, 2015), the lack of BSN nurses in rural areas (Masters, 2015), the lack of university programs in rural areas (Kumm & Laverentz, 2019), and reducing costs for associate degree and diploma nurses seeking baccalaureate degrees (Close & Orłowski, 2015; Krumm & Laverentz, 2019). Additionally, programs and communities cited the desire to increase diversity in their student population and workforce as a crucial reason to develop concurrent programs (Graziano et al., 2017; Krumm & Laverentz, 2019; Sharpnack et al., 2017). These stakeholders noted that students with backgrounds such as economically disadvantaged, first to college, or diverse culture/race were less likely to seek a BSN program. Hence, a CEP allowed the expansion of the BSN option to them. Another program implemented the CEP model to obtain clinical placements for ADN students in local Magnet or Magnet-seeking hospitals since these hospitals were less likely to work with ADN programs otherwise (Kumm & Laverentz, 2019). As a result, the hospitals were more likely to provide clinical placement for students enrolled in a dual enrollment program. In addition, Graziano et al. (2017) noted that in several community colleges in Minnesota, the average time for obtaining the ADN was often 4 years instead of the advertised 3, making combining enrollment with the ADN and BSN programs a win-win. Other programs also emphasized the time aspect as a benefit, noting the time efficiency of the model since students obtained both the ADN and BSN degree simultaneously or within a short period of the ADN and did not have to spend another year or more earning the BSN degree (Kumm & Laverentz, 2019; Landen & Hernandez, 2022; Wederski & Doshier, 2020).

Program Development for the CEP Pathway

Although the programs studied had varied curricula, the development and design processes for each had many similarities. For example, several programs addressed the need to develop solid partnerships with all stakeholders during the planning phase and to include members of the community colleges, the articulating universities, and clinical or community partners in that planning (Sharpnack et al., 2017; Wiseman et al., 2017) so that accreditation, residency, finances, and other issues could be addressed early in the process. In addition, both Bopp and Einhellig (2017) and Wiseman et al. (2017)

emphasized that memorandums of understanding outlining responsibilities, obligations, and policies should be detailed early in the partnership process. Finally, several stakeholders wrote grants to help assist with costs associated with developing and implementing dual enrollment programs (Graziano et al., 2017; Masters, 2015).

Educators emphasized crafting program plans to integrate curriculum and a seamless transition for students from ADN to BSN degree (Hawkins et al., 2018; Jones & Close, 2015; Sharpnack et al., 2017). Eliminating curricular redundancies was of primary concern (Gorski et al., 2015). Sharpnack et al. (2017) reported using gap analysis to assist faculty in identifying strengths, weaknesses, and overlaps of each partner curriculum before devising program pathways. Bopp and Einhelling (2017) reported the importance of detailing student prerequisite and admission requirements along with program policies and program progression pathways. Several institutions ran small pilot studies before instituting full program enrollments (Kumm & Laverentz, 2019; Masters, 2015), and others sought the advice of experts or consultants to help with the development and implementation of programs (Gorski et al., 2015)

Some partnership teams negotiated shared resources between institutions, including advisors and faculty, to help ensure success and consistency for students (Graziano et al., 2017; Jones & Close, 2015; Sharpnack et al., 2017). Other partnerships encouraged the community college advisors to be responsible for program recruitment so that each eligible ADN student could be ready to apply for dual enrollment admission when appropriate (Kumm & Laverentz, 2019). Programs also emphasized the need for advisors to ensure that students had instruction about obtaining financial aid correctly (usually with the university as primary) because this step provided the necessary funds for the dual enrollment program costs (Masters, 2015; Wiseman et al., 2017).

Challenges in Development of the CEP Model

Colleges and universities reported many challenges in developing and implementing CEP curriculums. For example, program developers discussed the detailed advanced planning necessary for successful and streamlined partnerships, noting that numerous components are needed, including letters of agreement for curriculum and finances (Masters, 2015). Another challenge Bopp and Einhelling (2017)

identified was the difficulty of integrating two nursing curricula without redundancy. Similarly, Wiseman et al. (2017) emphasized the struggle to add extra workforce and workload since partnership pathways require extra advisors and costs to coordinate programs. Finally, Jones and Close (2015) reported that a dedicated program director was crucial to support a dual enrollment program's success, but this position also had the challenge of additional costs.

Challenges for Students

The literature describing the CEP pathway, implementation strategies, and challenges also included information about student experiences, mainly from an anecdotal standpoint and in general terms. For example, Masters (2015) reported various challenges associated with enrollment in a CEP. These included concerns such as feeling a lack of connection to the university and university peers, needing additional time to travel outside of communities for classes in some cases, and adapting to classwork in an electronic format. Wiseman et al. (2017) discussed student concerns about financial aid and burdens for paying tuition, while Sharpnack et al. (2017) focused on the challenges for students to manage heavy coursework and extra clinical assignments associated with dual enrollment. While some programs had students finishing ADN programs simultaneously with their BSN degree counterparts (Kumm & Laverentz, 2019), others required the student to complete the ADN program and obtain licensure before finishing the BSN component (Sharpnack et al., 2017). The latter students had the added challenge of simultaneously transitioning to nursing practice while finishing the curriculum, potentially adding stress, and contributing to attrition (Sharpnack et al., 2017).

Relevance of the Literature

Information about why CEPs were developed, how they are implemented, and the benefits and challenges associated with their administration can help nursing educators understand how to improve and enhance existing programs and increase opportunities for future students to benefit from the pathway. In addition, understanding the benefits and challenges from the student's perspective is essential to the success of this valuable pathway to the BSN degree. Because the literature surrounding student

experiences is so limited, there have been calls from authors, educators, and researchers for additional studies of the student perspective (Gentry, 2021; Johnson & Kumm, 2021; Overholser, 2023). This study will help add to the existing knowledge of the CEP and provide additional insight into the student perspective.

Summary

Mildred Montag, Ph.D., RN, may have said it best when she wrote, “The question of who shall give nursing care to patients must be answered in the patient’s best interests” (1963, p. 103). When she wrote these words in 1963, she was referring to her idea of a shared nursing role between a “technical” nurse in the ADN graduate and a “professional” nurse in the BSN graduate. While her idea did not come to fruition as initially conceived, the words are relevant today considering our increasingly complex healthcare landscape and the broader scope of nursing practice. While the two most common pathways to becoming a registered nurse include the ADN and BSN degrees (Akers & Mauk, 2023), it is clear from the literature that being cared for by a nurse with a BSN degree provides improved patient outcomes (Djukic et al., 2019; Harrison et al., 2019; Porat-Dahlerbruch et al., 2022) and thus, in the patient’s best interest.

Associate degree programs remain a vital pathway for students to become registered nurses. ADN programs are cost-effective and time-efficient pathways to becoming a registered nurse, and they are highly accessible to a diverse group of learners who may not otherwise be able to attain a registered nursing degree (Petges & Sabio, 2020). In addition, ADN programs fill a gap that cannot currently be filled by BSN programs because there is not enough capacity in BSN programs to educate the number of nurses currently needed in the U.S. (Petges & Sabio, 2020). Given the need for ADN education pathways and the desire of the nursing profession to increase the number of BSN-prepared nurses, the CEP offers a valuable pathway to the BSN (Kumm & Laverentz, 2019; Landen & Hernandez, 2022; Wederski & Doshier, 2020).

While there is literature discussing CEP pathway development and implementation, there is a gap in the literature describing student experiences while enrolled in these programs. There are calls from

those in the profession for further studies describing the student perspective (Gentry, 2021; Johnson & Kumm, 2021; Overholser, 2023). This study aimed to address this gap and provide valuable information that can inform current and future program policies.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Decades of research have shown that baccalaureate-prepared nurses, such as those with a BSN degree or an equivalent such as a BS or BA in Nursing, have improved patient outcomes in healthcare settings (Aiken et al., 2003; Aiken et al., 2008; Blegen et al., 2013; Harrison et al., 2019). In addition, nurses with a BSN or equivalent degree have a broader scope of preparation. Graduates from baccalaureate programs are well prepared to work within their full scope of practice and navigate the expanded practice areas that are a large part of our current healthcare climate (American Association of Colleges of Nursing, 2019a). Schools of nursing have been encouraged to expand access to the BSN degree to address these realities in the profession today (NEPIN, 2019), and schools have answered the call by creating new pathways to the BSN (American Association of Colleges of Nursing, 2019b). The CEP is an example of a partnership academic progression model that allows students to take courses seeking the ADN (or a similar equivalent such as the ASN) at their local community college while simultaneously completing their BSN degree (American Association of Colleges of Nursing, 2022a)

While the CEP pathway has proven to be a valuable alternative to other pathways to the BSN degree (Close et al., 2015; Heglund et al., 2017; Johnson & Kumm, 2021), a gap in the literature exists for recent research about student experiences. A few studies have addressed the issue, but there is a call for more research (Gentry, 2021; Johnson & Kumm, 2021; Overholser, 2023). This study aims to explore the lived experience of nursing graduates of CEPs in the southwestern U.S. to identify rewards, complexities, barriers, and challenges associated with obtaining ADN and BSN degrees simultaneously. Information obtained from the study can inform future program policies in the local communities of study or be used for program development, refinement, or expansion in other parts of the country.

A descriptive phenomenological study design was used to gather data to meet the objectives of this qualitative study. Descriptive phenomenology is derived from Edmund Husserl's early work developing the overall framework for the phenomenological school of thought (Reeder, 2009). It focuses on the perceptions of the person experiencing the phenomenon without bias, judgment, or preconceptions

from the researcher (Shorey & Ng, 2022). Descriptive phenomenology is well suited to nursing research (Willis et al., 2016) and will help provide a framework for studying the student experience (Neubauer et al., 2019). The primary methodological consideration for using descriptive phenomenology is that the researcher must set aside previous knowledge, assumptions, and interpretations of participant descriptions while collecting data to help ensure the participant's true perception of experiences is recorded (Lopez & Willis, 2004). The researcher must use bracketing to achieve this focus on the participant's own thoughts and interpretations and help uncover the participant's individual truth without distortion (Shorey & Ng, 2022). Then, the phenomena, as experienced and described by the participants in this study, can be described to the best extent possible without bias or presuppositions by the researcher.

Setting

Study participants were recruited from graduates of a CEP in the southwestern U.S. The study setting was chosen because the region has a large and well-established CEP pathway within a consortium of individual community colleges that offer the ADN. The consortium community college campuses share a standard nursing program curriculum but are individually accredited by their state board of nursing. The community college CEP members partner with several regional or national universities to provide the BSN portion of the CEP pathway.

Participants

Eligibility criteria for participation in the study included being 18 years of age, graduating within the last 5 years, and being willing to devote approximately 3 hours total to the study (an hour for initial paperwork and any follow-up after data collection plus 2 hours via recorded Zoom for the interviews). In addition, participants must have completed the BSN portion of their program either at the same time the ADN was completed or within one semester. These criteria were used to bring homogeneity to the group studied and ensure that student experiences were relatively recent.

Protection of Human Subjects

Before initiating the dissertation study, Institutional Review Board (IRB) approval was obtained from Texas Woman's University. IRB approval was also obtained from the community college

consortium from which the study participants were drawn. This process confirmed that the study protocol protected the rights, privacy, and safety of the human participants who agreed to participate. All IRB guidelines were followed for the study. Once email confirmation was received from a participant showing a willingness to participate, informed consent was obtained by email before the start of interviews (see Appendix C). In addition, each recorded interview was started by verifying that informed consent was received, that confidentiality would be preserved, and that participants could withdraw from the study at any time.

The study posed minimal risk to participants. However, potential risks were communicated to the participants during the informed consent process, including loss of time, inconvenience, potential loss of confidentiality, and potential emotional upset from discussing experiences. Measures were taken to minimize the potential for loss of confidentiality. These included using pseudonyms in email exchanges, data forms, and the recorded Zoom screen. In addition, only the researcher had access to the digital Zoom recordings and transcripts, and this data was stored digitally on a password-protected computer in the researcher's home office. Field notes were taken and transferred to a digital record with original copies shredded before data analysis began.

Potential study benefits for the participant may include the satisfaction of providing feedback about experiences as a CEP student and the potential for helping future students by sharing information. The study consent informed participants that they have the right to access the study's objectives and purposes at any time during the study. The informed consent also allowed participants to request a final copy of the study results if desired.

Feasibility Study

To determine the fitness of the dissertation study's protocol, a feasibility study phase with six participants was completed in March and April 2023. The methods used for the feasibility study were successful. Therefore, the methodological approach and data collection techniques used in the feasibility phase were also used for the dissertation portion of the study without modification. Methods for both the

feasibility phase and this study are described together in this chapter. In addition, data gathered from the feasibility study has been merged with data from this research.

Participant Recruitment

Participant recruitment for the entire study was initiated during the feasibility phase. To begin the recruitment process, recruitment emails (see Appendix A) were sent to potential participants by the CEP director at the study's research setting. The recruitment email targeted graduates from the past 5 years and included an invitation to take a screening survey via a Qualtrics link to verify eligibility (see Appendix B). One hundred and twelve eligible respondents completed the screening survey and expressed interest in the study.

In April 2023, emails were sent to the first 30 eligible screening survey respondents to start feasibility study enrollment. Six participants were enrolled in the feasibility phase from the first 30 enrollment inquiries. Enrollment was initiated again for the final part of the study in August 2023. Recommendations for the target number of participants in a phenomenological study vary in the literature, with 10 to 20 being in the mid-range recommended by many phenomenologists (Flynn & Korcuska, 2018). In addition, phenomenologists also recommend considering the achievement of data saturation during recruitment, and therefore, recruitment should continue until the target number of participants is enrolled or until data saturation is achieved (Bartholomew et al., 2021; Polit & Beck, 2017). Email enrollment requests were sent out 30 at a time in the order that screening surveys were received until data saturation was obtained through the interview process. Sixteen participants were ultimately enrolled and interviewed, and they were compensated for their time with a \$50 Amazon gift card.

Data Collection

The researcher collected data in three steps after informed consent was obtained and reviewed. The first step of the study was to administer a Qualtrics survey to obtain anonymous demographic information from each participant (see Appendix D). Next, the first of two semi-structured individual interviews were scheduled and completed via recorded Zoom session. The purpose of the first recorded

interview was to gather initial information about the student experience in a CEP (see Appendix E). The last step in the data collection was to schedule and conduct the second of the two semi-structured interviews. The follow-up recorded Zoom interviews (see Appendix E) were completed about a week after the initial interview and allowed time for data clarifications, follow-up questions, and additional information sharing if the participant desired.

The interview questions in Appendix E were specifically chosen to elicit rich and descriptive accounts from participants about their student experience. The questions were purposely broad and open-ended to allow the conversation to flow freely at the participant's desire. Examples of opening questions included, "Tell me about your experience as a concurrent ADN/BSN student," "What do you wish you had known before you started the program?" and "Were there any specific barriers that you encountered?" Probing questions were asked as a follow-up to the general questions to help participants expand the discussion. Participants were also notified that they would be asked to validate findings once data was analyzed. These interview techniques were appropriate for descriptive phenomenology because they allowed participants to share their perceptions of their experiences while the researcher bracketed (or set aside) their own previous knowledge and assumptions from the discussion (Shorey & Ng, 2022).

Field notes were collected during the recorded interviews to help the researcher emphasize specific points made by the participants. These notes consisted of keywords that could be cross-referenced to the interview transcripts to help highlight specific responses and deepen the researcher's understanding of the participant's unique perception of the experience. Zoom transcription was used to convert interview data into manuscript form. Zoom video and audio recordings were also used when verifications of the Zoom manuscript were needed.

Data Analysis

Colaizzi's Method

An appropriate method for the analysis and interpretation of phenomenological research is Colaizzi's 7-step method for data analysis (Creswell & Poth, 2018), and this method was used to analyze data in this study. The method's organized and clear approach helps rigorously guide data analysis and

provides in-depth descriptions of the phenomena studied (Edward & Welch., 2011). Colaizzi's method is comprised of the following steps: transcribing subject descriptions, extracting the significant statements, creating formulated meanings, aggregating formulated meanings into theme clusters, developing an exhaustive or comprehensive description of the experience as described by the participant, identifying the fundamental structure of the phenomenon, and returning to participants for validation (Morrow et al., 2015; Wirihana et al., 2018).

Study Analysis Method

The researcher began data analysis by reviewing and editing the Zoom interview transcripts for accuracy and to allow the “big picture” of the experience to emerge. This step corresponds with step one in Colaizzi's method. Next, the corrected transcripts and field notes from the interview were reviewed multiple times to develop an overall sense of the experiences described. This action, which correlates with step two in Colaizzi's method, allowed insights from the data to emerge and significant statements to be identified. To begin step three of the method and begin the process of creating formulated meanings from the data, transcripts were loaded into the qualitative analysis software program Dedoose, version 9.0.107. Dedoose is a web-based program that helps researchers organize data. Once transcripts were loaded into Dedoose, each was reviewed again, and formulated meanings in the form of “codes” were developed from the significant statements. These codes were tagged to each statement. The functionality within the Dedoose software allowed the significant statements to remain contextualized within the larger individual participant conversation for future reference in the analysis process.

To explicate theme clusters for the fourth step of Colaizzi's method, the researcher analyzed the existing codes within the Dedoose software and developed thematic clusters out of related codes. The clusters were further reduced to six major themes. These themes were validated and authenticated by rereading transcripts again to ensure the themes matched the larger conversation within the interview. They were then used for the fifth step of Colaizzi's method, developing a comprehensive description of the experience as described by the participant. This comprehensive description allowed the fundamental structure of the phenomenon of the CEP graduate experience to emerge, representing step six in

Colaizzi's method. Once the comprehensive description and fundamental phenomenon were constructed, the analysis was emailed to all 16 study participants for validation. Participants confirmed validation of the analysis, and no changes in the final product were needed.

Scientific Rigor

Cope (2014) noted the importance of ensuring rigor in qualitative nursing research and suggests using Lincoln and Guba's (1985) criteria for establishing the trustworthiness of data and analysis. These criteria include credibility, dependability, confirmability, and transferability. For this study, the researcher helped establish credibility by collecting thorough and accurate data, engaging with each participant individually for several hours in two separate interviews to establish trust, and asking participants to review and validate the study findings. To ensure dependability, the researcher carefully documented each step in the data collection and analysis process, which allows other researchers to evaluate and replicate the work. Confirmability was achieved by using a reliable and well-recognized computer software, Dedoose, for data analysis. The use of Dedoose helps ensure the accuracy of the analysis by providing the researcher tools to see relationships and context within the data and by providing a clear audit trail if needed. Finally, while transferability of study findings is desired, given that the study was located in just one region of the U.S., it will be up to the reader to determine the transferability of the findings through carefully evaluating the detailed analysis provided by the study findings.

Summary

Decades of research have shown the importance of baccalaureate-prepared nurses for improved patient outcomes. Increased complexities in patient care and ever-expanding practice settings are also cited as factors that make the expanded preparation of the BSN degree desirable. Professional nursing and interdisciplinary organizations have emphasized expanding access to the BSN level. New and effective pathways have been established to help students earn the BSN degree. One such pathway is the CEP, a partnership pathway allowing students to take courses at their local community college while simultaneously completing their BSN degree.

While many studies describe CEP pathways along with program development and implementation strategies, there is very little information in the nursing literature detailing the student's experience while enrolled in such programs. This study was initiated to address this gap in the literature. The study method is descriptive phenomenology, which is well suited for studying student perceptions and experiences.

A feasibility study was performed to determine the fitness of the final study protocol. The feasibility study methodology was successful; therefore, the final study mirrored the feasibility protocol. Data from the feasibility study was merged with the final study content.

The setting for the study was a large CEP in the southwestern U.S. Eligibility criteria for the study included being 18 years of age, graduating within the last 5 years, and completing the ADN and BSN degrees either simultaneously or within one semester of each other. Appropriate IRB approvals were obtained, and the study protocol adhered to all human subject protection standards. Informed consent and demographic data were obtained, and interviews were scheduled via email.

All interviews for the proposed study were conducted via recorded Zoom, and transcripts were obtained from the Zoom recordings. Two interviews were scheduled per participant, and open-ended questions were used to elicit rich, descriptive accounts from participants about their student experience. Colaizzi's 7-step data analysis method was used to analyze and interpret the interview data from this descriptive phenomenological study. This approach helped lend rigor and organization to the data analysis and helped the researcher describe the phenomenon's true essence. Once data analysis was complete, the findings were shared with each participant for validation. No alterations in the analysis were needed, and the final phenomena descriptions were completed. Finally, scientific rigor was established using Lincoln and Guba's (1985) four criteria for trustworthiness: credibility, dependability, confirmability, and transferability.

In summary, while the extant nursing literature includes descriptions of CEPs, implementation strategies, and challenges associated with the pathway, there is very little information about student experiences while enrolled in such programs. This study was initiated to help add descriptions of the student experience to the literature to identify the rewards, complexities, barriers, and challenges

associated with obtaining an ADN and BSN degree simultaneously. Information obtained from the study can inform future program policies in the local communities of study or be used for program development, refinement, or expansion in other parts of the country. The new knowledge obtained from the data collection described will help fill the current gap in the literature surrounding the experiences of graduates from CEP pathways and perhaps provide a framework for future studies.

CHAPTER IV

ANALYSIS OF DATA

Research indicates that baccalaureate-prepared nurses, such as those with a BSN degree or an equivalent such as a BS or BA in Nursing, have improved patient outcomes in healthcare settings (Aiken et al., 2003; Aiken et al., 2008; Blegen et al., 2013; Harrison et al., 2019). The CEP is an innovative partnership model that allows students to obtain an ADN (or a similar equivalent such as the ASN) at their local community college while simultaneously completing their BSN degree (American Association of Colleges of Nursing, 2022a).

There is a gap in the current nursing literature regarding student experiences in the CEP pathway. This descriptive phenomenological study aimed to explore the lived experience of nursing graduates of CEPs. The study findings can inform future CEP policies or be used for program development, refinement, or expansion.

A descriptive phenomenological design was used to gather data for this qualitative study. Graduates of a large CEP in the southwestern U.S. were recruited for the study, and semi-structured individual interviews were conducted to collect data about their CEP pathway experiences. The interview questions were purposely open-ended, and the researcher's experiences were bracketed to allow the participant's authentic experience to come through during the interview process.

Data were analyzed using Colaizzi's 7-step qualitative method. Significant statements were identified from interview transcripts and then correlated to formulated meanings about each statement. This process was facilitated by the qualitative analysis software program Dedoose, version 9.0.107. Dedoose is a web-based program that helps researchers organize data. Thematic clusters (subthemes) were derived from the formulated meanings using an inductive approach, and finally, six overarching themes were developed. The developed themes and thematic clusters were then used to provide a collective description of the lived experience of the CEP graduate. See Appendix F for an illustration of the thematic development.

This chapter is presented in three parts. First, a detailed description of the study sample is provided. Next, an overview of the study findings is presented, and the six themes developed during data analysis are discussed with their subthemes and a few representative examples of significant statements. Last, a comprehensive overview of the CEP graduate experience is provided.

Description of the Sample

The study sample consisted of 16 participants who had graduated from the study setting within the last 5 years, and each met the study inclusion criteria of being 18 years of age and finishing their ADN and BSN coursework within one semester of each other. All worked as nurses in various parts of the U.S. at the time of the study, and two were enrolled in graduate school, working toward an advanced nursing degree. All participants were unknown to the researcher prior to the interviews.

Participant ages ranged from 26 to 50, with the median age being 30 and the mean age being 33. Many respondents had earned previous higher education degrees in another discipline before enrolling in the CEP pathway. This educational preparation prior to enrollment in the CEP varied but included a participant with both a bachelor of science and a master of science degree, one with both a BS and a BA, three with a previous BS, three with a previous BA, and three with an associate of science. The remaining five participants had not earned a previous degree.

The sample included participants with a variety of ethnic and racial backgrounds and was a mix of both male and female graduates. The demographic breakdown for ethnicity and race included the following: American Indian or Alaska Native ($n = 1$), Asian ($n = 3$), Hispanic/Latino ($n = 3$), and White ($n = 9$). Four participants reported being male, and twelve reported being female. Each participant chose a pseudonym for the study to protect their privacy. Participant pseudonyms include 1287, Ava, Kylie, Mason, Ruby, Sedona, Marley, Destiny, Rainbow32, Baba, 3Bulls, Kristen, Mac, Joshua, Lisa, and JR. All enrolled participants completed the study. Table 1 depicts demographic data collected from participants.

Table 1*Description of Participants*

Participant pseudonym	Age	Gender	Ethnicity/Race	Previous degree	Graduation dates
1287	28	Male	White	None	ADN 12/2020; BSN 5/2021
Ava	30	Female	White	Bachelor of Arts	ADN 12/2020; BSN 12/2020
Kylie	26	Female	Asian	None	ADN 12/2019; BSN 12/2019
Mason	26	Male	White	Bachelor of Science	ADN 5/2020; BSN 8/2021
Ruby	40	Female	White	Associate of Science	ADN 12/2019; BSN 5/2020
Sedona	40	Female	Asian	Bachelor of Science	ADN 5/2020; BSN 5/2020
Marley	27	Female	White	None	ADN 12/2022; BSN 12/2022
Destiny	41	Female	White	Associate of Science	ADN 5/2021; BSN 8/2021
Rainbow32	31	Female	Asian	Bachelor of Arts; Bachelor of Science	ADN 8/2019; BSN 12/2019
Baba	30	Female	American Indian or Alaskan Native	Bachelor of Arts	ADN 12/2020; BSN 12/2020
3Bulls	46	Female	Hispanic Latino	None	ADN 12/2020; BSN 5/2021
Kristen	28	Female	Hispanic Latino	Bachelor of Science	ADN 5/2020; BSN 2/2020
Mac	26	Female	White	Bachelor of Arts	ADN 12/2022; BSN 12/2022
Joshua	34	Male	White	Associate of Science	ADN 12/2020; BSN 5/2021
Lisa	50	Female	White	Bachelor of Science; Master of Science	ADN 5/2020; BSN 5/2020
JR	30	Male	White	None	ADN 5/2019; BSN 5/2019

Findings

The six overarching themes identified from the data include “Choosing the CEP option,” “Managing time,” “Financial considerations,” “BSN curricular attributes,” “Belonging and engagement,” and “Feelings about the program.” Within the themes, several subthemes were also identified. Themes and subthemes are presented in Table 2.

Table 2*Themes and Subthemes*

Themes	Associated subtheme
Choosing the CEP option	Location and amenities of the ADN Program Cost efficiency Reputation of the ADN program Schedule convenience Efficiency to obtain BSN with ADN
Managing time	Managing time within the program Feeling stressed and overwhelmed
Financial considerations	BSN at university still expensive Financial aid considerations
BSN curricular attributes	BSN completion sequence BSN course alignment with ADN BSN curriculum relevance Flexible online format with BSN BSN curricular content
Belonging and engagement	Faculty support Camaraderie and belonging Online engagement
Feelings about the program	Impact of BSN on employment Recommend to friends Satisfaction and pride

Theme 1: Choosing the CEP Option

Throughout the interview process, significant statements were made by participants that illustrated why the participant chose to enroll in an ADN program for licensure and why the CEP was chosen to complete the BSN degree. Choices for enrollment were often influenced by the location or amenities offered by the ADN program, the overall affordability of the ADN option, the reputation of the ADN program, and program scheduling conveniences not provided by the traditional BSN degree. Participants also discussed how desirable it was to have the opportunity to enroll in a concurrent BSN pathway and complete both degrees simultaneously. Many verbalized appreciation that they could take advantage of all the valuable components of an ADN program and still earn their BSN. The theme “Choosing the CEP option” was developed from these significant statement topics. Five subthemes were derived from this theme, and they include “Location and amenities of the ADN program,” “Cost

efficiency,” Reputation of the ADN program,” “Schedule convenience,” and “Efficiency to obtain BSN with ADN.” Subthemes are discussed individually in the following paragraphs.

Location and Amenities of the ADN Program

A comment by Ruby illustrates the subtheme of “Location and amenities of the ADN program.” Ruby shared that she had a family with children, and the location of the ADN program was especially important to her. She noted that the ADN campus “was close to my house” and “that was a big deal.” She continued the statement with the information that she would otherwise have had to drive downtown to the university, which would not have been as convenient, especially with a family. She also mentioned that when she later realized the ADN campus had daycare, affordable tuition, and offered a partnership with a BSN program, she stated, “It was, like, too good to be true.” Similarly, Kristen mentioned the convenience of having the ADN program nearby “for lecture and if I needed to go there to work in the SIM lab.” Participant 1287 noted, “I was staying with my folks while I was doing nursing school, so [the ADN program] was 4 miles from my house.” He reported that the campus's proximity was a significant draw for him, unlike the university setting, which was not as close to where he lived.

Cost Efficiency

Another essential component that influenced the study participants’ decisions to enroll in the CEP program was the affordability of the CEP option. Every study participant cited affordability. It may not have been the deciding factor for all participants, but each one appreciated the ability to earn the ADN degree at a low cost and only have to pay university rates for the BSN portion. For some participants, this affordability was a primary concern and the foremost reason for choosing the ADN program. For example, Rainbow32 stated:

The community college is so much less expensive than the university level, and ... \$400 a credit versus ... like \$89 a credit at the community college. So, most of us going through the CEP program, you know, we didn't have like a bunch of money sitting in an account to just spend.

When considering the less expensive ADN option, Rainbow32 also noted:

Family asked, ‘Why don’t I just get something fancier?’ And to me, it did not feel worth it. It did not feel like it would get me further in the job market ... just looking at salaries of new graduate nurses in the state. It did not make sense to take on astronomic amounts of debt just for a university-level degree. ... I [now] work in a great place. I love it. I’m making the same amount of money I would have if I had, you know, spent \$40,000 on a full university education.

Rainbow32 went on to say:

It's not feasible for everybody to get a four-year degree for nursing ... and I think ... the salaries you can expect from nursing are not worth the amount of debt they're asking you to incur a lot of times. So, I think the cost of these [CEP] programs is good. It's decreasing that financial barrier of entry into this wonderful profession.

Similarly, Baba noted that it was important for her to be able to pay for the program as she went because she had a previous degree and “didn’t [want to] have to take out any more student loans” to get a nursing degree. She chose instead to work throughout the program and use a payment plan to pay cash instead. In keeping with that sentiment, Kristen also noted that cost was a “huge factor” for her because she, too, had a previous 4-year degree and did not want to pay the full cost of a second one. Mac echoed this idea when she mentioned the value of the CEP pathway. She said, “I [now] have a BSN from a university, and I only paid for ... half of it at university rates and half of it at community college [rates].”

Reputation of the ADN Program

Another subtheme that emerged under the “Choosing the CEP option” theme was “Reputation of the ADN program.” This topic seemed to be a deciding factor for some in choosing to earn their licensing degree through their local ADN program. For example, Ava stated that the ADN program she chose was a “superior program compared to all the universities [in her area]. I will give it to the community college every time. They did really well because ...of their class sizes and those particular teachers ... personally dedicated to the cause.” Lisa also mentioned the superiority of the instruction in the community college where she enrolled. Further, she noted that although the degree was affordable, it did not detract from the program's quality. In addition, she considered that the licensure “pass rates” for the community college

she chose were “above the national average” and above many of the local university pass rates. Therefore, the ADN program’s reputation for excellence appealed to her.

Schedule Convenience

Another primary consideration for study participants choosing a community college ADN program for their primary licensure was the program schedule. This subtheme was mentioned by many, especially by those participants who had to work their way through school or who had family commitments to balance. Several mentioned that the ability to enroll in an evening or weekend track was the only option for them to obtain a nursing degree and that they had not found those options in the traditional BSN programs. For example, Baba mentioned that she had to work full time during school and reported keeping her old job while training to be a nurse. She felt her only option was an evening program because she needed to continue working Monday through Friday to pay for school. Similarly, Kristen worked full-time Monday through Thursday and appreciated the option of a “weekend cohort” so she could attend lectures and clinicals on Friday, Saturday, and Sunday. Lisa also discussed the popularity of the weekend track for her and her peers who were parents and “were trying to juggle ... a working spouse and childcare.” She stated that the option of the weekend cohort “was really helpful to have.”

Efficiency to Obtain BSN With ADN

The final subtheme for “Choosing the CEP option” was the “Efficiency to obtain BSN with ADN.” Many participants remarked that the “time efficiency” (1287) of earning the BSN while enrolled in an ADN program was “helpful” (Mason) and, for some, like Lisa, essential. Lisa reported, “I probably would not have gone back to school to become a nurse if this [CEP] wasn’t an offered option, just because I was, gosh, 44?” Lisa had two previous degrees and was able to use many of the prerequisites previously earned to enroll in the ADN and BSN programs. She stated, “I really only looked at the concurrent enrollment program ... because of the shortened time frame.” Mason offered another perspective. He stated:

I thought it was helpful because at the time, you know, before Covid, they had mentioned to us that they wanted all nursing students to have bachelor's degrees, so ... it made it nice and quick to

get that out of the way to make sure that you were caught up in the ... preferred education that they wanted you to have.

A similar perspective is given by 1287 in his statement, “They’re going to want you to have your BSN, and I really didn’t want to go back and do it later.” Participant 3Bulls noted, “I did like being able to get them both at the same time because I really feel like after nursing school, to go back and try to get more schooling, or my BSN, or whatever it just, it didn't feel like it would ever get done.” It is noted that nearly all of the participants offered comparable sentiments. Each had their own “why” for appreciating the time efficiency of the CEP pathway, but they were united in their view that this option was an essential part of their decision to enroll.

Theme 2: Managing Time

The second theme developed from the study data was “Managing time.” During the interviews, all participants shared what it was like to be enrolled in classes and working toward two degrees simultaneously. Two subthemes emerged. The first one, “Managing time within the program,” is supported by the many statements made by participants about the importance of managing time carefully while enrolled in the program or how they accomplished time management. The second subtheme, “Feeling stressed and overwhelmed,” describes the feelings that participants sometimes had while dealing with the multiple demands on their time, both academically and personally.

Managing Time Within the Program

All participants discussed the need to manage time carefully while enrolled in a CEP pathway. The demands of completing two programs together were deemed challenging by most. For example, 3Bulls shared, “I think for a lot of students, including myself, ... time management was an issue ... most of my class was not like 18-year-olds ... most of us had jobs and lives and things going on outside of nursing.” Rainbow32 reiterated the point with her statement, “I think you had to be pretty organized to kind of manage your schedule with both schools at the same time, and neither one would really make an exception for the other.” She also advised, “Just manage your time wisely and stay organized, stay on top

of your tasks.” She continued, “I think they suggest not working during the time, but I found it manageable to work part-time during the program.” Sedona emphasized that:

It was definitely something doable ... just more so, time management, like setting aside the time, you know, to do all your research for ... various classes, and with the concurrent enrollment program, every semester was like a max of two classes at most. So, it was really more so about time management. If you had papers due like on Sunday night, if you have like two papers due with tons of research to do on top of having to study for like a Med surg exam or something like that, you really just had to make a calendar and make sure that your time was planned well.

Kylie noted, "A part of me is proud because I still did it. But ... I guess if I had to really be honest with myself, like, I would say it's definitely not for everybody, and it's so much work, it's so much effort." She added, "I was working at the same time, part-time."

Ruby mentioned that in her experience, the faculty within the program tried to help the students learn to manage their time carefully by having them fill out calendars for the semester. She appreciated this insight. JR noted that his faculty advisors tried to help the students in another way by warning them upfront about the time commitment involved, in an effort to prepare them for success. Joshua had a similar experience:

I remember when we did our orientation kind of thing, they told us that when you start this program, you need to tell your friends and family to pretend that you're out of the country for three years. And I remember thinking, 'Oh, my gosh! What am I getting into? This is gonna be so crazy!' And then when I was in it and doing it, I was thinking, it's not that bad.

Joshua went on to say that there were difficulties at times, especially in coordinating schedules, etc., but that he was “able to handle the schoolwork and doing what I needed to do ... just fine.” Marley also noted it was possible to “fit it all in” as “long as you managed your time well.”

Feeling Stressed and Overwhelmed

Despite many participants noting that managing time in two programs was possible as long as one stayed organized, others noted significant stress, intensity, and feelings of being overwhelmed at various

times during their enrollment. For instance, Mac stated, “It was stressful. I’m glad it’s over ... especially being in a weekend cohort ... a lot of us were still working during the week.” Rainbow32 shared the she “felt like she was in overload” while working and managing study for both programs. Destiny, who had a family, but was not working while in school remembers:

I'd be up until two in the morning, you know, writing these papers, getting stuff done, and then, you know, you turn around, be back up at six to go to class at eight ... you know [you've got to] be there first thing in the morning to do your simulations in your lab, or to go to clinical, you know. So, it was just ... still difficult. And that's why I say, like the kids who did have to work and stuff, [I have got to] give them credit because I don't know if I ever could have done that.

Similarly, Sedona notes:

You know, it's not just all about time management, but it's also ... preparing your family and making sure that they understand the gravity of what you're going through, you know. Sometimes it's almost like a traumatic experience, just because, like you're under so much stress. But thankfully, I had, you know, a great support system.

Baba had wise words to share concerning the stress and intensity of the schedule: "You'll be surprised by how adaptable you make yourself if you want this hard enough; you can make it work."

Mason mentioned another facet of the intensity of the schedule. This facet was the difficulty of finding time to spend on the BSN coursework, especially since the ADN work needed to take priority for licensure. Specifically, he felt the BSN work “kind of bogs you down and would take ... time away from the studies that you need[ed] to focus on.” While other participants echoed similar thoughts, especially about prioritizing the ADN work, Kylie’s statement went further. She noted that she and a few peers had not passed one of their semester blocks in the ADN program, and she felt that time taken away to study the BSN content contributed to the situation. She expressed the feeling of having “pressure to hang on to that BSN” coursework within herself. She stated that the intensity of the whole program experience was such that, if given the chance again, “Maybe I would just do them separately because it was pretty intense and pretty overwhelming.”

Theme 3: Financial Considerations

The third theme developed from the data analysis was “Financial considerations.” This theme emerged from significant statements about financial topics shared by participants but did not fall under the “Cost efficiency” subtheme discussed in theme 1. This theme instead focuses on what participants shared about the cost of the CEP program's BSN portion and experiences using financial aid to pay their tuition. Two subthemes were developed: “BSN at university still expensive” and “Financial aid considerations.”

BSN at University Still Expensive

Despite the affordability of the ADN portion of a CEP, several participants still noted the relative expense of university courses. Joshua remembered, “I was actually kind of afraid to commit to [the CEP] because of financial reasons.” He was concerned about “studying for two degrees” and “paying for two degrees simultaneously.” Kylie also stated, “The BSN program classes were expensive,” given that she and a few of her peers had to retake some ADN courses due to unsuccessful semester blocks; she expressed, “That’s also more money” to retake courses on top of the BSN expense. Given her overall experience and the expense, she mused that having more information about cost upfront would have been helpful.

Destiny had a different experience related to the BSN program cost. When she was accepted into her university partner’s program, the BSN tuition was at one level, which she budgeted for with scholarships and financial aid. However, she noted that the tuition was significantly raised at some point midway through, and she and her classmates had trouble making the difference out of pocket. She reported that some of her classmates were on the verge of dropping out of the BSN portion of the program because the cost increase was so significant.

Financial Aid Considerations

For some participants, navigating financial aid for their CEP program was smooth. For others, it was more complex, and they reported anxiety. Joshua indicated that financial aid could be “complicated” because there “is a challenge” when a student needs loans but is enrolled in two separate degree programs

at two institutions. He noted that the aid applications needed to be filed specially and coordinated between the institutions. He found the process “a bit stressful” and opted for a private loan to help bridge gaps that developed. Mac noted a similar problem, and she stated, “I just ended up paying out of pocket.” On the other hand, Kylie had a “smooth” experience with the financial aid office, but she remembered hearing about friends having trouble coordinating between the two programs and covering expenses. Similarly, Ruby also stated that she did not have much trouble with financial aid but was fortunate not to have to worry if there were issues because she could cover expenses temporarily out of pocket. Marley found the process “super easy,” although she indicated there were extra steps due to coordinating aid between the two institutions. These extra steps were “a little bit stressful, just making sure that I had all of the right emails and the right information” to ensure payment.

Theme 4: BSN Curricular Attributes

Theme four, “BSN curricular attributes,” was developed from significant statements surrounding the general topic of the BSN curriculum as an adjunct to the ADN program from which students received education specific to licensure. Participants shared a wide variety of experiences related to the BSN component of their degree, and these were narrowed down to five subthemes. These subthemes include “BSN completion sequence,” “BSN course alignment with ADN,” “BSN curriculum relevance,” “Flexible online format for BSN,” and “BSN curricular content.”

BSN Completion Sequence

The subtheme “BSN completion sequence” is comprised of significant statements surrounding how the BSN portion of the CEP curriculum was set up. Participants reported a variety of course sequences and course lengths among the universities that partnered with the ADN program in the study. For example, some BSN programs offered only 8-week courses, some 16-week, and others a mix of the two. Some required students to take an in-person health assessment course before starting their ADN program, while others were wholly online and did not have a course that started before the ADN program started. All BSN programs required courses to be taken during the summer the participants were off from their ADN program, and most required students to take heavier loads in the summer to help cover content

during the “off” time. Lastly, another difference noted among BSN programs was the end date of the courses. Some institutions completed the BSN content the same semester as the ADN program, while others required an additional semester after the ADN graduation as a “capstone” course.

While participants seemed neutral about some aspects of the BSN completion sequence and reported the characteristics matter-of-factly, other components had positive or negative reactions. For example, most students reported taking one BSN course at a time during the regular semesters but taking multiple classes in the summer because their ADN program was not in session. Mason and 1287 reported that this sequence helped make the BSN portion more manageable during the ADN program's busy fall and spring semesters but allowed for more progress in the summer by adding extra BSN classes. Kylie and Joshua mentioned feeling similarly about adding extra classes in the summer because it allowed for more focus on the BSN coursework during the summer while keeping the ADN work during the regular fall and spring lighter.

When considering whether the course length was eight weeks versus 16 weeks, many participants reported enjoying the 16-week courses because they were not as “intense” as the 8-week, condensed courses. Ruby and Baba fell into that category. However, 3Bulls reported that her BSN program did 8-week courses, with one per semester, which she enjoyed, but she also felt like the content “was kind of skimming over ... not real in depth of what the course should have been ... or what we could have [gotten].” Similarly, Kristen’s BSN program also did 8-week courses, and she reported:

We did a lot of discussion posts, so I feel like, probably every day of the 7-day week, I had to do one or two discussion posts, and then we had a paper due every single week. So, it was a lot packed in each week. Which is why it was so stressful with my in-person [ADN] lectures because I had all of this other writing to do for my bachelor's.

The other curricular aspect that generated positive and negative feedback was the end date of the BSN program. Many BSN partners ended coursework simultaneously with the ADN programs, which was popular with participants. However, it was not as favorable for those whose programs ended the semester after their ADN graduation. Kristen reported the experience as follows:

Very overwhelming, because I feel like when you're a new nurse, you come home ... [with] this list of questions from your shift that you need to look up ... and then, on top of that ... discussion posts ... essays ... twice a week, so I found it to be very stressful on top of a brand-new stressful career.

Ruby reported a comparable feeling with completing her BSN coursework a semester after her ADN graduation when she mentioned, "running around here during that time ... definitely remember this feeling of like 'I just want to be done with this.'"

BSN Course Alignment With ADN

Another aspect that came through the participant interviews was how the ADN course content aligned with the BSN course content. Overall, the responses were primarily favorable or neutral. Many participants noted that the content was "different" (3Bulls) or "totally distinct" (Lisa) from the ADN content, with JR mentioning that "the curriculums could have blended better." Others, like Kylie, Joshua, Ava, 1287, Ruby, and Kristen, all felt that the content between the two programs aligned well, and Ruby went on to add, "It was well paired, like which classes they were going to do with which ones and setting it up." Kristen mentioned that often, content would be covered in the ADN portion, and then she could "apply it a little better to my bachelor's coursework."

However, a few participants (Destiny and Sedona) expressed concern that they were asked to do assignments on topics they had not yet covered in their ADN programs. This situation either made it hard to do the assignment or meant the participant got little learning out of the assignment. A few participants also mentioned that their CEP BSN courses were mixed with licensed nurses at the RN-BSN level, and this could be challenging because the discussions and assignments were sometimes "a bit above our heads."

BSN Curriculum Relevance

Another subtheme in "BSN curricular attributes" relates to participants' perceptions of the relevance of what they learned in the BSN portion of their CEP program concerning what they were learning in the ADN program or their nursing practice after graduation. Perceptions were decidedly

mixed. For example, Kristen mentioned, “But honestly, I don’t feel like it contributed or helped me in the long run with my nursing. I don’t remember much about the classes I took.” Similarly, Ava reported, “I guess it just felt [like] more busy work than high level thinking.” In another part of the interview, though, she also stated that the BSN degree gave her a “feeling [of being] more comfortable digesting ... clinical and research information.”

Joshua stated, “If I’m being totally honest, the bachelor’s courses that I took felt like, kind of just, ‘this is something I have to do and get done.’ And it’s a thing to check off my list.” Mason revealed that his BSN courses “were informative, but I saw them more as busy work.” He also felt that “Taking your bachelor’s degree at the same time [as your ADN], you kind of get that well-rounded approach to nursing as a whole.” Participant 3Bulls stated, “You know, I feel like it was a waste of money [to get my BSN] ... I know they said it’s geared to critical thinking, but I don’t feel like I got that with it.” Lisa reported:

I don't know that the BSN portion really added that much value other than saying, ‘I have a bachelor's degree,’ and even like the hospital system that I worked for, they had previously made a big push towards hiring only BSN-trained nurses for like magnet status. I don't feel like it added a whole lot of value other than making me more marketable. But, I don't feel like anything I learned in the BSN program was anything that I use routinely in my nursing career.

Participant 1287 had a similar thought process when he said, “Honestly, I didn’t get a lot from it. I just wrote a lot of papers, and I could say that I probably would be just as good a nurse if I just went to my ADN.”

Rainbow32 also felt that the BSN requirement for nurses was centered around “training me to write papers, and that’s like zero percent of what I’m gonna do in the real world.” She further stated, “they just want my money ... and I struggle with that, especially considering the cost of the courses.” Similarly, when Mac spoke about the BSN component of the CEP, he stated, “I have kind of negative views about it. I don’t know that it’s useful. Maybe, like, if you end up doing like a management position.” JR had another take when he said, “But then, as I’ve returned to school to get my master’s ... I definitely can appreciate some of the concepts....”

Flexible Online Format With BSN

Study participants reported that most of the BSN courses were delivered in an online format (the exceptions were noted to be two courses that were taken before the ADN semester blocks began, and they were not required in the curriculum of all the BSN partners). Participants shared significant statements about the online format, forming a subtheme, “Flexible online format with BSN.” Participants seemed to favorably view the “mostly” online format of the BSN courses. For example, Kylie noted, “I really appreciated the online availability.” She expanded her thoughts to include that she enjoyed the flexibility of being able to work on her courses from anywhere. Baba and Rainbow32 echoed Kylie’s sentiments. Lisa and Sedona also appreciated that the BSN courses were online because it made them more convenient for everyone’s varied schedules.

Ruby mentioned that she had trouble adapting to the online learning platform. She considered herself an “older student,” being in her late 30s during the program. She states that the online format was “not as user friendly for, like 30 and older” students.

BSN Curricular Content

The last subtheme for “BSN curricular attributes” is “BSN curricular content.” This subtheme was developed from various significant statements surrounding topics related to the content taught in the BSN program. The statements ranged from courses and topics that were especially enjoyed to suggestions that could enhance the experience for others.

For example, several students (Ava, Sedona, Baba) appreciated a “Health Assessment” course, one of the few in-person requirements for their BSN curriculum. The course was taken at the university the summer before they started their ADN courses, and, as Ava noted, the course was “more like nurse practitioner level ... I mean every single system, and we would just run how the assessments go.” She noted, “It was really nice to be hands on and see it because really, in nursing, you could talk about it a million times, but as soon as you see it once, it’s unforgettable.” Similarly, Ava reflected that she valued the required online pathophysiology course, a geriatrics course, and another in nursing informatics.

Participants also mentioned courses that focused on health promotion, and they enjoyed the content because they were required to develop a health promotion initiative and present it to a public audience (Ava, Kylie, Marley, 1287). Participant 1287 particularly enjoyed the project because he felt “like I was actually getting back in the community and doing something hands-on.” Ava agreed, mentioning that the students could “go serve a population” as part of their coursework.

Many participants discussed and appreciated the focus on evidence-based practice and research. They felt this topic was practical for their nursing jobs and, for some, provided a foundation for an advanced degree (JR). Indeed, Kylie reported an appreciation for “the whole evidence-based practice thing” was what she mostly “took away” from the program. Participant 1287 appreciated the focus on “research” because he found he was “better able to articulate educational aspects” of disease when communicating with his work team or patients.

One of the most prominent negatives that many participants voiced was using discussion boards for learning (3Bulls, Mac). Ava noted that the “four or five small” discussion responses took away from more significant learning. She felt that one “more thoughtful response overall, instead of ... three little things and more sign-in attempts” on the learning platform could have enhanced her learning. She wondered, “Are you really responding deeply ... if the criteria [are] three to five sentences and a single source?” Participant 1287 posed a similar idea when sharing about the value of discussion boards. He expressed frustration with the learning activity, noting, “I copy and paste the same generic answer on three responses, and just change things, which you know [how to do] once you’ve done a 100 of them.” Lisa also stated:

So much of it is discussion boards. And that's something I never need to see again ... here's the formula for success with discussion board posts: you pick one that's well written, you find something that they commented on, you click on one of the references that they posted, you read the abstract, and then you just say, ‘Oh, I also noted in this study that they found ... Da da, da, what did you think of that?’

Participants also reported areas where they wanted more content or emphasis for their BSN work. For example, Mac stated she would appreciate more focus on conflict management and communication. At the same time, Kylie wished her BSN program had been richer in “lectures and explanations” of concepts. Ava thought additional emphasis should be placed on interacting with the interdisciplinary team. JR stated that he “would have enjoyed more in-person courses in summer,” while Participant 1287 hoped for more “hands-on” and “a little bit more relevance, as far as like case studies and stuff.”

Theme 5: Belonging and Engagement

The fifth theme developed from participants’ significant statements was “Belonging and engagement.” This theme emerged from participant responses about feelings of belonging, engagement, and support while enrolled in the CEP. Three subthemes emerged from these discussions: “Faculty support,” “Camaraderie and belonging,” and “Online Engagement.”

Faculty Support

The first subtheme under “Belonging and engagement” is faculty support. This theme encompasses significant statements that were made by participants about their feelings of faculty support while enrolled in the CEP pathway. Comments were overwhelmingly favorable, both for faculty support on the ADN side and on the BSN side. For example, Ruby mentioned that “there was a lot of open-door policy” from professors in her experience and that “they were very encouraging, very helpful” in general. Sedona also noted that her professors were “absolutely phenomenal.” Baba describes the faculty as “super welcoming and encouraging to stay in the program and seek out help when we needed it.”

Marley appreciated that the online BSN instructors offered “optional Zoom meetings ... if you needed help with something.” She also noted that the BSN faculty “was so understanding of the workload from the ADN program – it was phenomenal.” She mentioned receiving calls from a success coach to check her progress. Kyle also liked that the BSN faculty were often flexible with due dates and seemed to want students to succeed. She mentioned they tried “to make their workload a little bit more doable for you ... so I think that was a good thing.” Rainbow32 discussed that the BSN faculty was very supportive

and even mentioned to students that “if you’re struggling to get everything done, defer your [BSN] class for a semester or something, it’ll be fine; we just want to get you through, and you’ll get there.”

Camaraderie and Belonging

Another subtheme under “Belonging and engagement” is “Camaraderie and belonging.” Participants reported leaning into their ADN peer groups to support each other for the BSN portion of the CEP pathway. They found camaraderie and belonging with their ADN peers taking BSN classes at the same university. Ruby noted this was especially important for “group work” assignments in their BSN courses. They often “get in a group together” and “meet up and talk” about projects while they were all in person on their ADN campus. She said this also occurred for regular assignments that did not require group work and found the support helpful. Kylie echoed the sentiment when she said, “So a lot of us [studied] together—a lot of the ones that went to the same college.” In addition, Kristen mentioned:

I think a good takeaway from the program is that there was a good sense of camaraderie with my peers, because we kind of, in addition to going through the in-person didactic, we also had the online. So, we are all kind of in the same boat together. So, I think that made [us] all a little bit tighter knit.

Mac and Mason recounted similar experiences. Sedona also appreciated the camaraderie of her peer group with her statement, “It pretty much had a lot of my other peers from my cohort for my ... community college classes, so ... that was kind of nice to just be going through everything together.” She went on to explain:

when we had assignments ... we would encourage each other like, ‘Don't forgot. Did you get this done?’ It was a good way to kind of piggyback and pick other people's minds, for, you know, what they're doing, what's working for them.

Marley also reported tending to interact more with her ADN peers attending the same BSN program for discussion posts and group projects. She indicated that she remains friends with many of her CEP peers today with her statement, “My study group and I still go out to dinner all the time.” She continued, “We're very good friends, and we've got a group chat that blows up all day and night.” Ava

also noted a relationship with some of her peers when she said, “I think there was a deeper sense of belonging for the people who are in the same CEP program versus just your ADN.”

Online Engagement

The last subtheme developed from “Belonging and engagement” is “Online Engagement.” This subtheme arose from student reports about their engagement with peers and faculty in their online courses. This subtheme is contrasted with the previous subthemes “Camaraderie and belonging” and “Faculty Support” in that it focuses on online interactions with a course.

Students acknowledged having less interaction with online faculty and peers, noting that the courses were often “impersonal” (Sedona) or “a little disconnect[ed]” (Mason). Rainbow32 mentioned that she “didn’t have a lot of engagement with professors or peers,” but that engagement for the BSN courses were not necessarily essential for her. Mac echoed these sentiments in her statement, “I had a lot of great teachers on the ADN side that I felt supported, and peers as well, so, you know, having support from them, I didn’t need to reach out on the university side to the teachers and the peers.” Baba also noted that additional online course connection or interaction “didn’t really matter to me.”

Others disagreed, indicating that it might be good to “maybe try to build more connection” (1287). Sedona felt that occasional Zoom sessions in the online BSN courses might help to “meet the professor and ... peers” in her online cohorts. She acknowledged, “I don’t know if that would be conducive to the type of program it is,” but she thought it would be a “cool thing to do for the university classes.” Mason also felt that courses were “missing a personal touch,” which could help their online aspect.

Theme 6: Feelings About the Program

Theme six, “Feelings about the program,” was developed from significant statements made by study participants that centered around what they felt the BSN degree would mean for their nursing career, recommendations they might make about the program to friends, family, or the public, and feelings of satisfaction and pride after program completion. Three subthemes were developed from the

significant statements identified in the study transcripts, and these include: “Impact of BSN on employment,” “Recommend to friends,” and “Satisfaction and pride.”

Impact of BSN on Employment

While participants reported being drawn to the affordability, schedule, and other positive aspects of a nursing degree from a community college, many also reported the need to earn a BSN for the potential jobs they hoped to obtain. For example, Baba reported:

I did want the BSN, also, because when looking at all of the job descriptions for the positions that I was going to be applying for after the program ended, they all required the BSN within a couple of years of landing the position. So, you know, [I] just might as well get it out of the way.

Similarly, Rainbow32 stated, “It certainly opened up opportunities having that BSN preparation.” She continued, “I think most of the Magnet [designated] hospitals are requiring you to either be in progress or finished with your BSN.”

Other participants echoed the sentiment about needing the BSN to work at a Magnet designated hospital. Sedona mentioned, “I know that there were a lot of hospitals that are Magnet status like Mayo Clinic up here that [require the BSN].” Marley also reported, “Since the hospital that I really wanted to work in is a Magnet hospital, if I wanted to get in there, then I needed my BSN anyway.” She continued, “It was super handy to graduate and already have it.”

Recommend to Friends

Participants overwhelmingly reported that they would or have recommended the CEP option to friends, family, and colleagues who were not yet nurses. For example, Destiny reported, “I’ve actually referred a lot of people to the program.” Ruby also recommended the program, saying, “I’ve told everybody that I could about it because ... this program is so amazing.”

JR also noted, “I would encourage them to look into this program ... because of the cost and ... the opportunity to get ... both degrees at once.” Mason felt that by earning “your bachelor’s degree at the same time [as the ADN], you kind of get that well-rounded approach to nursing as a whole” and that “it’s a good opportunity.” Finally, Mac mentioned:

I think just for people wanting to go into it that it's a great opportunity, and just like 'Buckle up.' And you know, anybody can get through it. It's just, it's difficult, but it's worth it to get it done that quick and at the price point.

Satisfaction and Pride

Study participants spoke about their feelings of pride and accomplishment in completing the CEP pathway. For example, when asked how she felt about her accomplishment, Ruby stated, "I took pride in ... this really amazing program that I was able to go through." She continued, "And ... I think we all felt that way." In addition, Ruby mentioned that "it was a really positive" experience that was also "trying for sure." Nevertheless, overall, she felt the program was a "really positive growth period of my life."

Similarly, Ava said, "I personally am proud that it was a speedier track." Joshua also shared his pride in completing "an accelerated program" by completing the ADN and BSN together. He received a positive response when he told acquaintances that "it's more rigorous because I'm doing more at once." Marley felt that the enrollment "kind of bumped you up" with a feeling of "Hey, look what I'm doing!"

JR mentioned that he liked wearing the university patch on his ADN uniform, signifying the dual enrollment, and noted there was "pride related to that." Sedona also talked about the pride she felt in completing the program. She stated, "The work that you put in, and you dedicate yourself to that, you know, for myself, like I'm now considered [university] alumni ... and I take great pride in that." Ruby seemed to sum up many of the participants' sentiments when she noted, "It just felt good to be in this program like it was."

Comprehensive Overview

Overall, participants described their enrollment experience in the CEP pathway as a cost-effective and time-efficient way to achieve the BSN degree. Graduates expressed satisfaction that they could complete a high-quality ADN program that allowed them to enter practice with excellent skills while simultaneously earning the BSN degree. For many, the ADN program was the only option for obtaining licensure because of the affordability of the program, location, and convenient schedule not found in a traditional BSN program. Participants, however, knew that they would need a BSN degree for desirable

jobs in the nursing field and therefore appreciated the opportunity to earn the valuable degree while completing their ADN for licensure.

Participants acknowledged the pressures of time and tasks while participating in the CEP option. Most reported having to carefully manage time to meet the many demands of the ADN and BSN coursework in addition to family and workplace obligations. Some participants expressed feeling overwhelmed and stressed throughout the program due to the workload required. In addition, there were sometimes financial concerns related to the cost of the BSN and ADN courses.

Participants described many rewards and challenges associated with the coursework presented in the CEP pathway. Course scheduling, curricular alignment between programs, and BSN course content relevance were all matters that impacted the experience, sometimes negatively. However, rewards such as faculty support and peer camaraderie helped allow for persistence to degree completion. Participants ultimately earned the degrees required for the nursing jobs they desired. In addition, they could view their CEP experience with pride and a sense of accomplishment and recommend the pathway to others.

Summary

This chapter describes the study sample, followed by the study findings. Themes and subthemes presented in this chapter were developed from the significant statements and formulated meanings found in the interview transcripts. These themes include “Choosing the CEP option,” “Managing time,” “Financial considerations,” “BSN curricular attributes,” “Belonging and engagement,” and “Feelings about the program.”

Definitions, descriptions, and supportive statements were presented with each theme to help the reader understand the meaning derived from the participant interviews. This descriptive structure provided the framework from which the researcher developed an exhaustive description of the study phenomena, the lived experience of the concurrent ADN-BSN graduates in the southwestern U.S.

CHAPTER V

SUMMARY OF THE STUDY

Baccalaureate-prepared nurses, such as those with a BSN or an equivalent like a BS or BA in Nursing, have been shown to have improved patient outcomes in healthcare settings (Aiken et al., 2003; Aiken et al., 2008; Blegen et al., 2013; Harrison et al., 2019), and are well prepared to work within their full scope of practice to navigate expanded practice areas (American Association of Colleges of Nursing, 2019a). To improve access to the BSN degree, schools of nursing have created the CEP. This pathway allows students to obtain an ADN (or a similar equivalent such as the ASN) at their local community college while simultaneously completing their BSN degree (American Association of Colleges of Nursing, 2022a).

A gap in the extant literature exists regarding student experiences in a CEP. This descriptive phenomenological study aimed to explore the lived experience of nursing graduates of CEPs to identify rewards, complexities, barriers, and challenges associated with obtaining ADN and BSN degrees simultaneously. Study findings can inform future CEP program policies or be used for program development, refinement, or expansion.

Graduates of a large CEP program in the southwestern U.S. were recruited for the study. To be included in the study, participants had to be 18 years of age or older and must have finished the BSN degree within one semester of the ADN program completion. Sixteen participants enrolled in the study. Two semi-structured individual interviews were conducted with each participant to collect data about their CEP pathway experiences. The interview questions were purposely open-ended, and the researcher's experiences were bracketed to allow the participants' particular, authentic experiences to come through during the interview process.

This chapter is presented in four parts. First, an overview of the study findings is provided. Next, a critical discussion is presented that extrapolates meaning from the study findings and correlates them to existing literature, study assumptions, and the study's guiding philosophical/theoretical framework.

Conclusions and implications of the study findings are presented next, and the final part of the chapter discusses recommendations for future studies.

Summary of Findings

Data gathered from the study were analyzed using Colaizzi's 7-step qualitative method. Significant statements were identified from semi-structured participant interviews and correlated to formulated meanings. Thematic clusters (subthemes) were derived from the formulated meanings using an inductive approach, and finally, six overarching themes were developed. These included "Choosing the CEP option," "Managing time," "Financial considerations," "BSN curricular attributes," "Belonging and engagement," and "Feelings about the program." These themes were used to provide a collective description of the lived experience of the CEP graduate.

The theme, "Choosing the CEP option," was developed from participant responses that described why they chose to enroll in an ADN program for licensure and a CEP option for completing their BSN degree. Graduates explained that this pathway allowed them to complete a high-quality ADN program and enter practice with excellent skills while earning the BSN degree expeditiously at an affordable price. Many participants noted that the ADN program was the only option for obtaining licensure because of the affordability of the program, location, and convenient schedule not found in a traditional BSN program. However, participants knew that they would need a BSN degree for their desired jobs in the nursing field and appreciated the opportunity to earn the valuable degree while completing their ADN for licensure.

Participants acknowledged the pressures of time and tasks while participating in the CEP option. The "Managing time" theme emerged from participant reports of having to carefully manage time to meet the coursework demands of both programs. Completing the degrees simultaneously was rigorous and time-intensive, especially considering the family and workplace obligations common to most participants. Some participants expressed feeling overwhelmed and stressed throughout the program due to the busy course workload and competing personal obligations.

Theme three, "Financial considerations," was developed from participant responses about financial topics surrounding the cost of the BSN portion of the pathway and associated financial aid

challenges. Although the CEP pathway overall was more affordable than the traditional BSN pathway (because students could complete part of the requirements at community college), they still reported difficulty or concern over the relatively higher cost of the courses taken in the university setting. For some participants, the cost was a strain, and this difficulty was compounded by the challenges sometimes encountered navigating financial aid between two institutions.

The “BSN curricular attributes” theme emerged from participant discussions about the many rewards and challenges associated with the coursework presented in the CEP pathway. Course scheduling, curricular alignment between programs, and BSN course content relevance were all matters that impacted student experiences, sometimes negatively. Course scheduling referred to whether the BSN portion of the program ended at the same time as the ADN graduation or continued a semester after graduation. Many participants expressed satisfaction with completing the degree simultaneously, and those required to complete it after ADN graduation expressed difficulty managing BSN course demands with a new career. Content alignment between programs and BSN course relevance were also essential considerations for participants, with many participants feeling that the content in each program was unrelated to the other and that the BSN topics were not as relevant to their current nursing practice as they would have expected.

In the fourth theme, “Belonging and engagement,” participants described their feelings of belonging, engagement, and faculty support while enrolled in the CEP. Participants generally felt great support from faculty and a sense of belonging in their peer groups, especially those groups with other students who chose the CEP pathway. They also acknowledged that engagement with faculty and peers in the online setting for the BSN tended to be minimal. Some reported wanting more engagement, while others felt it was “just right” for their needs.

The last theme, “Feelings about the program,” was developed from participant responses that centered around what participants felt the BSN degree would mean for their nursing career, recommendations they might make about the program to friends, family, or the public, and feelings of satisfaction and pride after program completion. Participants reported feeling that the BSN degree was, or

would be, a requirement to get or stay in the jobs they desired, and this made CEP enrollment attractive as they earned their ADN. In addition, participants overwhelmingly viewed their CEP experience with pride and a sense of accomplishment and felt confident in recommending the pathway to others.

Discussion of the Findings

A critical discussion is presented here that extrapolates meaning from the study findings and correlates them to existing literature, study assumptions, and the study's guiding philosophical/theoretical framework. It is noted that the significant statements obtained from study participants were, in many cases, congruent with information found in the nursing literature about CEP pathways. In addition, other study findings seemed to bring new information about the student experience while enrolled in a CEP, adding to the general body of nursing education knowledge and helping to fill the identified literature gap.

Findings will be discussed using the overarching themes from the study as a framework. In addition, study assumptions will be discussed as they relate to the findings. Finally, findings will be considered in relation to the philosophical and theoretical underpinnings used to support the study procedure.

Themes

Choosing the CEP Option

Findings within the theme “Choosing the CEP option” confirm data from the literature and expand on them. For example, all participants in the study indicated that they chose the ADN program for licensure primarily due to cost. Indeed, some participants indicated they would not have been able to attend nursing school without the affordability of an ADN program for licensure. Petges and Sabio (2020) validate this student perception in the literature. The authors stated that lower tuition costs often factor into the decision to choose the ADN licensure option. Similarly, a study reported by Sabio (2019) validated the idea that some students would not be able to attend nursing school at all if the BSN were the minimum requirement for licensure. The ability to add the CEP option to the already affordable ADN pathway was cited by study participants as an attractive way to keep costs low but still earn the valuable BSN degree. Authors in the nursing literature reported something similar, noting that the CEP option was

an important way to reduce costs for associate degree students seeking a baccalaureate degree (Close & Orłowski, 2015; Krumm & Laverentz, 2019).

Study participants noted additional factors for choosing the ADN for licensure and adding the CEP pathway for the BSN degree. Participants cited time efficiency, proximity to home, and the reputation of the associate degree program as significant influences for choosing that option for licensure. These reports from study participants aligned with findings in the literature. Time efficiency and location were the most cited reasons students choose the CEP option (Gentry, 2021; Heglund et al., 2017; Kumm & Laverentz, 2019; Landen & Hernandez, 2022; Wederski & Doshier, 2020), but there were also reports in the literature that the reputation of the community college was an important factor for some students (Gentry, 2021; Sabio & Petges, 2020).

Lastly, study participants reported schedule convenience as an essential reason for choosing the ADN program with the CEP option. Many said that the evening and weekend options available in the ADN programs were not available in the traditional BSN programs, and these alternative scheduling options were important considerations for choosing that pathway. This factor seemed to be a new consideration in the nursing literature, and it represents an important reality for students who plan to seek a nursing degree but have families and jobs to balance.

Managing Time

A significant theme expressed by all study participants was the need to “Manage time” carefully while enrolled in a CEP pathway. Most of the participants in this study had family and work obligations outside of school. Participants felt that the demands of taking classes toward both an ADN and a BSN degree simultaneously made managing time critical and sometimes complex. Some study participants reported feeling stressed and overwhelmed during their time in school. A few noted that the demands of a dual degree negatively impacted their performance in their ADN program, which was their pathway to licensure and, therefore, critical for their success. The concerns about time management and the potential burden that dual enrollment placed on a student’s time and success within a CEP pathway are documented in the literature (Gentry, 2021; Sharpnack et al., 2017). However, this study adds to the nursing literature

by giving additional details directly from graduates about how it felt to manage time demands while earning an ADN and a BSN degree. The student experiences documented here are essential considerations for nurse educators as they develop CEP pathways and course sequences within these pathways.

Financial Considerations

Another theme that emerged in this study was “Financial considerations.” Participants noted how much more expensive the BSN courses were than the ADN courses within the CEP pathway, which created additional burdens for them. Several others noted that navigating the financial aid process between two institutions was stress-inducing because it had to be done in a certain way or their courses would not be covered. Others mentioned “paying out of pocket” so they did not have to navigate financial aid, and another took out a personal loan to cover expenses because the process was challenging. The nursing literature aligned with these findings. For example, Gentry (2021), Masters (2015), and Wiseman et al. (2017) discussed the financial difficulty some students faced while enrolled in CEP pathways, noting that CEP student had concerns about paying the higher cost of the BSN portion of the tuition and anxieties about the process of financial aid. Given the reports in the nursing literature and the study findings here, financial considerations seem to be an essential issue for students and educators who administer CEP programs.

BSN Curricular Attributes

The information gathered under the theme “BSN curricular attributes” seemed to have the richest descriptions from participants about their CEP experiences. These findings can help inform nursing educators administering or developing CEP programs. One important topic that students discussed was the sequence and length of the BSN classes. Students attending universities that delivered courses over the entire semester (16 weeks) reported positive experiences, especially those students who only took one BSN course in addition to their ADN courses. Participants felt these classes were much easier to manage in regard to content and timing. These same participants expressed appreciation that they could take more BSN classes in their “off time” in the summer, and enjoyed enrolling in the more challenging subjects

when they were not in their ADN courses. Conversely, other students who reported taking 8-week BSN courses coupled with their ADN coursework noted that the content was so fast-paced and condensed that it was stressful when added to their ADN program. Some also felt the shorter courses were “superficial” in content because they were so condensed. The researcher did not find corresponding information in the extant literature regarding these topics, and therefore, this information adds insight about the student experience with course length to the known body of knowledge.

However, there was information in the literature about the BSN program length within the CEP. Gentry (2021) shared student reports about the topic of graduating simultaneously with the ADN and BSN versus completing the BSN portion of the degree a semester or two after the ADN. Gentry’s study indicated that students preferred programs that graduated simultaneously. The findings in this study validated Gentry’s report, with participants noting that they appreciated completing both degrees simultaneously. Those students completing the BSN after the ADN noted stress related to the demands of learning to be a new nurse while finishing their degree. A report from Sharpnack et al. (2017) is congruent with these findings. Sharpnack et al. indicated that students finishing a CEP while simultaneously transitioning to nursing practice added stress and contributed to program attrition. Findings from this research and other reports in the literature could have implications for educators developing course sequences in CEP programs.

One finding from extant literature about CEPs was the need for nursing educators to craft program plans and course sequences to ensure curricular alignment between the ADN and BSN programs (Hawkins et al., 2018; Jones & Close, 2015; Sharpnack et al., 2017). This study highlighted how important this aspect was from participant perspectives. For example, in some cases, participants reported that the BSN portion of the programs either did not relate to the ADN content, did not blend well, or that BSN courses asked them to use content they had not yet learned in the ADN program. These participant reports also validate information presented in Gentry’s 2021 study, where it was stated that students were concerned when ADN and BSN content did not match up and that they learned more when content was related.

Several participants in this study also reported concern with sharing CEP classes with RN-BSN students. They expressed challenges with some learning activities given the different experience levels of practicing nurses versus students in an ADN program. While the sharing of courses between CEP and RN-BSN students was not reported by all study participants, in the universities where it was a practice, students reported it as a dissatisfier. Gentry's 2021 study corroborates these participant reports, noting that students felt sharing courses with RN-BSN students was a disadvantage and potential source of frustration in group work and discussions.

One topic in this study not found in the nursing literature for CEP pathways was the repeated participant concern that the BSN course content did not (in many cases) bring relevance or value to nursing practice. While this idea was not found in the literature specific to the CEP, there is some documentation of this feeling in the general nursing literature (Sauls, 2018) and also in literature specific to the RN-BSN pathway (Abbott & Nininger, 2020; Long, 2017). For this study, participants expressed that they understood they needed the BSN degree for their desired jobs or for future academic progression, but they did not necessarily feel the content enhanced their current nursing practice (all participants were practicing nurses at the time of data collection). Others voiced concern that the addition of the BSN degree did not have financial gain for them, such as higher wages. Given the lack of nursing literature describing this phenomenon for CEP students and the relevance of the topic for nursing education, more study is likely needed to determine factors contributing to these student perceptions.

Another finding within the theme "BSN curricular attributes" relates to the online delivery of BSN courses. Participants in this study overwhelmingly reported satisfaction with the online delivery of the BSN content, which aligns with a similar finding in Gentry's 2021 report. However, one participant in this study expressed difficulty adapting to the online learning environment, which was also reported as a concern in the Masters 2015 study. These findings could have implications for students of all ages. Online delivery seems to be the most flexible for BSN content, but some students may need assistance with navigating the online environment.

Participants in this study also gave details about BSN content that they enjoyed and felt enhanced their overall experience. These courses included health assessment and pathophysiology. Other participants appreciated content related to evidence-based practice, community health, and leadership. Some participants thought additional offerings on topics like communication and conflict management would have enhanced their experience, and others felt that a more “hands-on” approach would be appropriate in place of some of the papers and discussions. One of the most prominent negatives voiced by participants was also noted in the Gentry 2021 study. This negative was the pervasive use of discussion boards as a learning activity. Participants in the study seemed to feel that discussion boards did not provide for deep learning, and the Gentry study’s participants echoed this feeling. Information about topics the CEP graduates enjoyed and preferences for learning activities have implications for CEP program educators.

Belonging and Engagement

Under the theme “Belonging and engagement,” study participants reported positive experiences with faculty support in their CEP programs and indicated how important this support was as they navigated their programs. In addition, they reported a sense of camaraderie and belonging with their nursing program peer groups, especially with peers in the same CEP pathway. Participants seemed to lean into these peer relationships and verbalized their importance to the overall CEP experience during study interviews. While the researcher found one similar report on the impact of faculty and peer relationships in the nursing literature regarding CEP programs specifically (Gentry, 2021), and several regarding the impact of these relationships in traditional settings (Labrague et al., 2018; Levett-Jones et al., 2009), future studies about how faculty and peer relationships positively impact student success within the CEP may be needed.

Another important facet of this theme was participant reports about their feelings surrounding online engagement in their BSN coursework. Participants in this study indicated that, in some cases, they felt that the BSN courses were impersonal and that there was a disconnect between faculty, peers, and the student. Some students thought more engagement using synchronous Zoom sessions or another method of

personalizing online learning would bring value. Others did not feel this aspect was necessary for their learning or engagement. The literature specific to this topic in a CEP was limited. However, one report by Masters (2015) also indicated the importance of connection to the online portion of the program, especially in faculty and peer engagement. More studies appear to be needed on this topic to determine how online engagement could be improved in the CEP pathway.

Feelings About the Program

The theme “Feelings about the program” described participants' significant statements about the impact of the BSN degree on employment. In addition, participant’s feelings of pride and satisfaction about the program and whether they would recommend the opportunity to others were explored.

Participants overwhelmingly reported that not only was the CEP pathway critical for them to obtain their BSN degree, which helped them get jobs they desired, but they also felt enormous pride and a sense of accomplishment for completing the rigorous program. In addition, they all reported that they would recommend the program to others. Again, information on these topics was scant in the literature. While articles were found that discussed the value of the BSN degree to help students obtain their desired job (Heglund et al., 2017; Kumm & Laverentz, 2019), the researcher only found one article in the literature that was specific to student feelings of pride or accomplishment or that noted whether graduates would recommend the experience to others. This 2021 study by Gentry reported that participants expressed satisfaction with their CEP experience and noted they would recommend their program to others.

Additional research about these topics may impact CEP student recruitment and program development.

Study Assumptions

The study was based on four assumptions. The first assumption was that multiple realities exist among participants and that their descriptions of these realities allow the researcher to explore them and gain a collective understanding of the phenomena studied. The researcher feels this assumption was upheld. Sixteen participants described their realities in their own words, and these descriptions were used collectively to provide an exhaustive description of this group of participants’ experiences of enrollment in a CEP.

The second study assumption was that the researcher would put aside previous knowledge, judgments, and biases to allow the study participants' perceptions and experiences to emerge. The researcher consciously tried to keep this guiding principle in mind throughout the data collection and study analysis process to record participants' accurate perceptions of their experiences without guidance or influence. The researcher's experience and biases were bracketed throughout the interview process to help achieve the goal of neutrality. Therefore, the researcher feels this study assumption was upheld as well.

The third study assumption was that participants are the true knowers of their experience and will provide the researcher with an honest and transparent view of their perceptions. During the participant interviews, the study participants seemed genuine and willing to share their experiences and did not seem to hold back information. The researcher mentioned to each that there was no affiliation with any of the CEP institutions and spent time chatting with the interviewees to help build trust and comfort. The researcher is hopeful that these actions helped participants feel comfortable sharing their honest thoughts and perceptions during the interview process.

The fourth study assumption was that the data analysis phase would be neutral and inductive, allowing formulated meanings to emerge and cluster into themes. In order to meet the criteria for this assumption, the researcher reread study transcripts multiple times to help formulate an overall understanding of the study findings. Then, each transcript was mined for significant statements, and each tagged with a formulated meaning. The process of grouping formulated meanings into theme clusters was an inductive process in which the researcher allowed patterns among the formulated meanings to emerge. The researcher is confident that the fourth study assumption was also upheld as the analysis method allowed for a neutral and inductive approach for the authentic participant description to emerge from the data.

Philosophical and Theoretical Framework

The philosophical approach for this study was descriptive phenomenology, which is based on Edmund Husserl's work. Descriptive phenomenology is founded in the ontological assumption that reality

lies within the knower and the epistemological assumption that the observer of the phenomenon must separate themselves from the world, becoming unbiased by previous knowledge, to understand the phenomena by the knower's description (Neubauer et al., 2019). As described in the assumptions section of this paper, this research was collected with the premise that the participant was the true knower of their experience and that the researcher's ability to describe that experience through the analysis process depended on the researcher separating themselves from the data and approaching it from a neutral perspective. The researcher feels that the research process was faithful to these principles, and that an accurate description of the study participants' authentic and unique experiences emerged.

This study also used Knowles' adult learning theory as a sensitizing framework for interview question development and study finding interpretation. Knowles' theory centers on improving learning and making education appropriate for adult learners (Knowles et al., 2005). These guiding principles are present in the interview questions, particularly those that asked what participants liked about the CEP pathway and what could have improved their experience. These questions allowed the adult learner to reflect on their experience and describe what events or experiences had meaning for them in their learning. Likewise, the analysis and discussion of findings also had elements relevant to Knowles' theory. Study implications were described in relation to the rewards, challenges, and barriers of participating in a CEP pathway, and the conclusions presented in this chapter reflect practical considerations that have implications for adult learners with life experiences, work, and family demands that impact their school experience.

Conclusions and Implications

Study Conclusions

This study aimed to explore the lived experience of nursing graduates of concurrent ADN-BSN programs in the southwestern U.S. to identify rewards, complexities, barriers, and challenges associated with obtaining ADN and BSN degrees simultaneously. While the study sample was small (16) and was taken from only one region in the U.S., the sample was drawn from a large CEP partnership comprised of eight individually accredited community colleges and multiple university partners. Given

the larger geographical area the sample was drawn from, the research findings could have implications beyond the study setting and may have relevance to other programs or regions in the U.S. Findings could be used to inform and refine current program policies or the development of future programs.

In addition, as noted in the discussion of the study findings, the outcomes aligned with and validated much of what is currently found in the nursing literature. Furthermore, insights were also gained that can be added to the general knowledge within nursing literature about the student experience. Therefore, this study has direct implications for curriculum and program development for nursing educators and the general nursing profession as efforts are continued to promote academic progression for better patient outcomes. The implications of the study findings are presented in the next section in two parts: implications for the general nursing profession and those specific to nursing education.

Implications for Nursing and Nursing Education

One potential implication for studying the CEP experience relates to general nursing practice and the need to increase diversity in the nursing workforce. Many nursing leaders and professional nursing organizations cite the importance of having a diverse workforce to reduce health disparities and achieve health equity (Salsberg et al., 2021). Study participants emphasized the cost-effectiveness of ADN enrollment with the CEP option, with several noting they would not have been able to attend a more costly traditional BSN program. Because ADN programs are administered at the community college level and are more affordable, these programs are often much more available to a diverse student population, including people of color, first-generation-to-college students, non-traditional students, and students who are in a lower socioeconomic group (Ma & Baum, 2016). Increasing access to CEP pathways and ensuring the success of the programs by using information about student experiences to inform program policies could positively impact the overall diversity in the nursing workforce.

Another potential implication of the study for nursing practice is related to the public and private sector support for BSN-prepared nurses. In a 2023 report, the American Association of Colleges of Nursing noted that the federal government, the military, nurse executives, healthcare foundations, nursing organizations, and various practice settings have acknowledged the BSN-prepared nurse's value to clinical

settings. For example, the report mentions that the BSN degree is preferred in Magnet hospitals and required in military health care settings. In addition, the Veteran's Administration and National Advisory Council on Nurse Education and Practice have also established a strong preference for the baccalaureate-prepared nurse. Given the support for BSN graduates and the established improvement in patient outcomes when cared for by the BSN-prepared nurse (Aiken et al., 2003; Aiken et al., 2008; Blegen et al., 2013; Harrison et al., 2019), the researcher feels that the nursing profession should promote all opportunities for nursing students to achieve the BSN degree. Study participants validated this idea, reporting that the BSN degree was necessary for them to achieve their employment goals. Increasing access to quality CEP pathways is one way the profession can promote academic progression. Information from this study could be used to inform new programs and refine established programs.

There are also study implications that relate to nursing education. The most important implication may be that CEP graduates consider the programs to be valuable, cost-effective, and time-efficient pathways to obtain a BSN degree. While data in the literature supports this position (Close et al., 2015; Hawkins et al., 2018; Johnson & Kumm, 2021), data from this research reinforces that view. In addition, this study uncovered graduate perceptions of rewards, barriers, and challenges associated with the pathway, and this information can be used to inform policies and curriculum so that student experiences can be maximized. Some of the themes that nursing educators should consider to support student experiences include giving students tools to manage multiple demands on their time while in the program, ensuring careful planning for financial aid procedures, and cultivating practices that allow for maximal faculty support, camaraderie with peers, and online course engagement. Most importantly, careful consideration should be given to course scheduling (i.e., short versus long semester courses), the course completion sequence, course alignment between the ADN and BSN programs and course content. These considerations can help ensure students receive a quality learning experience while balancing the time demands of completing two programs simultaneously.

Another important implication relates to participant perceptions of the relevance of the BSN curriculum. One of the most surprising findings from the study for the researcher was the idea that

participants did not necessarily see relevance or value in BSN course content for their nursing practice, even though all participants were practicing nurses at the time of the study. While these findings may not be generalizable to all CEPs, data in the extant literature suggests that this belief is present in some nurses (Abbot & Nininger, 2020; Long, 2017; Sauls, 2018). Therefore, nursing leaders and educators must consider ways to disseminate data about the importance of the BSN for improved patient outcomes and to help meet the needs of expanded practice settings. Some initiatives in the U.S. are doing just that. A great example is the work of the National Education Progression in Nursing collaborative, which champions academic progression at all levels in nursing (2018). However, all nurses and nursing leaders should look for ways to promote academic progression to improve patient outcomes and meet the needs of expanded practice areas. To enhance these efforts, educators working in CEP pathways should critically assess BSN course curricula to ensure that adult learners in CEPs experience alignment and relevance in their course activities, particularly through the employment of pedagogical best practices.

Study Limitations

There were several study limitations identified before data collection began. These include the small study sample size and the use of one large CEP institution in one region of the U.S. Given the qualitative nature of the study and these limitations, the data may not be generalizable to a larger population or to similar programs across the nation. However, the study's goal was to identify rewards, complexities, barriers, and challenges associated with obtaining an ADN and a BSN simultaneously in the study population, and the data did allow for a description of the participant experiences in one geographical region.

Another unexpected limitation of the study uncovered while collecting demographic data was the large number of graduates in the sample that had completed other higher education degrees before enrolling in the CEP studied. Since this characteristic may not be representative of the larger population of CEP enrollees, and would certainly influence the experiences of these graduates, the reader must keep in mind that the experiences described may not be generalizable to other programs or regions.

Recommendations for Further Studies

The literature review for this study identified that there is support for the goal of a highly educated nursing workforce, one that can provide the best patient outcomes and meet the needs of expanding practice settings and roles. Encouraging the support and expansion of multiple pathways to the BSN degree is vital for promoting a highly educated nursing workforce. An innovative method for students to obtain the BSN degree is the CEP pathway. A gap in the nursing literature surrounding student experiences in the relatively new CEP pathway was uncovered. There are calls from nursing professionals for further studies describing the student perspective (Gentry, 2021; Johnson & Kumm, 2021; Overholser, 2023). Therefore, this study aimed to address the gap, and the researcher hoped to gain insight into rewards, complexities, barriers, and challenges associated with obtaining the ADN and BSN degrees simultaneously. While much valuable information was uncovered, additional data could be gathered. For example, since this study only looked at CEP graduates in one large community college consortium offering the pathway, additional studies in other regions or across multiple regions could help validate findings and broaden perspectives about the CEP option.

Another recommendation centers around one of the limitations of the study. An unexpected finding in the demographic information of the sample studied was that many of the participants had earned previous higher education degrees, and this attribute likely influenced those participants' experiences, making the study's generalizability less likely. One consideration for future study could be replicating the current study with purposive sampling to include only those students with no previous degrees. This research could generate another layer of information specific to rewards and challenges that face students new to the academic setting. Similarly, for any researcher replicating this study, it could be beneficial to collect data on the percentage of graduates who plan to or who are pursuing graduate-level work in nursing. This question was not a planned part of the current study, but information about this topic was uncovered incidentally in some conversations with participants. Information about the planned pursuit of advanced degrees by CEP graduates could have implications for BSN program content, post-graduate support, and recruitment.

A related area of study that could yield information pertinent to CEP program administrators would be one that gathered information about the attitudes and perceptions of facilities that hire CEP graduates. This data could inform program policies and curricula for schools that offer the CEP. In addition, a study of this type could provide data that may have implications for promotion and recruitment for CEP programs.

An important and unexpected finding from the study was the repeated perception from graduates that while earning the BSN degree was important for them to attain the jobs they wanted or to continue their education with an advanced degree, many did not see the value or relevance of the curricular content to their overall knowledge or performance as a registered nurse. This perception was troubling and incongruent with quantitative studies in the nursing literature supporting the value of BSN degree (Djukic et al., 2019; Harrison et al., 2019). Further study is needed to determine how to mitigate this perception among students and graduates, and how to tailor the CEP BSN curriculum to improve relevance.

Finally, one of the most important considerations for future study would be the continuation of quantitative data collection on the differences in patient outcomes among nurses trained at the associate and baccalaureate levels. Furthermore, only one study (Porat-Dahlerbruch et al., 2022) was found in the literature that showed the improved patient outcomes provided by a BSN-trained workforce were present regardless of the pathway to BSN attainment. As more nurses seek the BSN outside the traditional pathway, continued study will be essential to determine if there are differences among the various pathways.

Summary

This chapter presented study findings and the resulting description of the lived experience of concurrent ADN-BSN program graduates in the Southwestern U.S. According to study participants, enrollment in a CEP pathway was a cost-effective and time-efficient way to earn a BSN degree. Often, factors such as an ADN program's proximity to home, convenient scheduling options like evening and weekend programs, and ADN program reputation were critical to a student's decision to enroll in community college for their nursing degree. There were many challenges in adding the BSN component

to the ADN coursework through a CEP pathway. Students reported needing to carefully manage time and the competing demands of school, work, and family. They often felt stressed and overwhelmed while they managed these demands. Other concerns, such as the high cost of university courses and difficulty navigating financial aid, added strain. BSN program attributes such as program completion times, course sequence, course alignment with ADN content, online course formats, and curricular content influenced the experience, adding positive and negative aspects. Graduates reported positive interactions with faculty and peers during their program and often leaned into relationships with peer groups in a CEP pathway. Overall, the experience allowed study participants to earn the BSN degree necessary for many of their desired jobs, complete a program that filled them with pride and accomplishment, and recommend the experience to others.

Discussion of the study findings and conclusions were also presented in this chapter. Limitations of the study were considered, and implications for nursing education and general nursing practice were discussed. Much of the data from this study and the resulting study conclusions and implications were congruent with known information from the extant literature, and additional findings were uncovered to add to the general body of nursing knowledge. Finally, recommendations for future studies completed the chapter. More research is needed to help nursing educators maximize and enhance the CEP pathway as a valuable option for earning the BSN degree.

REFERENCES

- Abbott, M. R. B., & Nininger, J. (2020). RN to BSN programs: The social media perspective. *Nursing Education Perspectives*, 41(4), 241–243. <https://doi.org/10.1097/01.NEP.0000000000000601>
- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association*, 290(12), 1617-1623. <https://doi.org/10.1001/jama.290.12.1617>
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38(5), 223–229. <https://doi.org/10.1097/01.NNA.0000312773.42352.d7>
- Akers, S. W., & Mauk, K. L. (2023). Nursing education's dynamic history: Challenging, creative, and courageous. *Journal of Christian Nursing*, 40(2), 102–109. <https://doi.org/10.1097/CNJ.0000000000001048>
- American Association of Colleges of Nursing. (2001). The baccalaureate degree in nursing as minimal preparation for professional practice [Position Statement]. *Journal of Professional Nursing*, 17(5), 267–269. <https://doi.org/10.1053/jpnu.2001.26300>
- American Association of Colleges of Nursing. (2019a). *Academic progression in nursing: Moving together toward a highly educated nursing workforce*. [Position Statement]. <https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Academic-Progression-in-Nursing>
- American Association of Colleges of Nursing. (2019b). *Creating a more highly qualified nursing workforce*. <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Workforce>
- American Association of Colleges of Nursing. (2022a). *Degree completion for registered nurses: RN to master's degree and RN to baccalaureate programs*. <https://www.aacnnursing.org/news-data/fact-sheets/degree-completion-programs-for-rns>
- American Association of Colleges of Nursing. (2022b). *Nursing shortage fact sheet*. <https://www.aacnnursing.org/news-data/fact-sheets/nursing-shortage>

- American Association of Colleges of Nursing. (2023). *The impact of education on nursing practice*.
<https://www.aacnnursing.org/news-data/fact-sheets/impact-of-education-on-nursing-practice>
- American Nurses Association. (1965). First position on education for nursing. *The American Journal of Nursing*, 65(12), 106–111. <https://doi.org/10.1097/00000446-196512000-00029>
- American Nurses Association. (2000). ANA reaffirms commitment to BSN for entry into practice.
Connecticut Nursing News, 73(2), 24.
- American Nurses Association. (2010, October). *ANA applauds IOM's release of 'Future of Nursing' report* [News Release]. <https://www.nursingworld.org/~4af375/globalassets/docs/ana/ethics/iomreport100510.pdf>
- American Nurses Association. (2015, July). *Organization for Associate Degree in Nursing and American Nurses Association joint position statement on academic progression to meet the needs of the registered nurse, the health care consumer, and the U.S. health care system* [Position Statement].
<https://www.nursingworld.org/~490461/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/academic-progression-ana-and-oadn-joint-position-statement-07-27-2015.pdf>
- Bartholomew, T. T., Joy, E. E., Kang, E., & Brown, J. (2021). A choir or a cacophony? Sample sizes and quality of conveying participants' voices in phenomenological research. *Methodological Innovations*, 14(2), 1–14. <https://doi.org/10.1177/20597991211040063>
- Benefiel, D. B. (2011). The story of nurse licensure. *Nurse Educator*, 36(1), 6–20.
- Blegen, M. A., Goode, C. J., Park, S. H., Vaughn, T., & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration*, 43(2), 89–94.
<https://doi.org/10.1097/NNA.0b013e31827f2028>
- Bopp, A. J., & Einhellig, K. (2017). Dual enrollment nursing partnerships: Steps to successful implementation. *Nursing Education Perspectives*, 38(2), 106–107.
<https://doi.org/10.1097/01.NEP.0000000000000119>

- Center to Champion Nursing in America. (2021). Transforming nursing education. *Campaign for Action*.
<https://campaignforaction.org/issue/transforming-nursing-education/>
- Center to Champion Nursing in America. (2022). Number and percent of U.S.-educated, first-time NCLEX takers with BSN [Fact Sheet]. *Campaign for Action*.
<https://campaignforaction.org/resource/unnumber-percent-u-s-educated-first-time-nclex-takers-bsn/>
- Close, L., Gorski, S., Sroczyński, M., Farmer, P., & Wortock, J. (2015). Shared curriculum model: A promising practice for education transformation. *Journal of Nursing Education*, 54(12), 677-682.
<http://doi.org/10.3928.01484834-20151110-03>
- Close, L., & Orłowski, C. (2015). Advancing associate degree in nursing-to-baccalaureate degree in nursing academic progression: The California collaborative model for nursing education. *The Journal of Nursing Education*, 54(12), 683–688. <https://doi.org/10.3928/01484834-20151110-04>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th Ed.). SAGE Publications.
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89–91. <https://doi.org/10.1188/14.ONF.89-91>
- Djukic, M., Stimpfel, A. W., & Kovner, C. (2019). Bachelor's degree nurse graduates report better quality and safety educational preparedness than associate degree graduates. *Joint Commission Journal on Quality and Patient Safety*, 45(3), 180-186. <https://doi.org/10.1016/j.jcjq.2018.08.008>
- Donley, R., & Flaherty, M. J. (2002). Revisiting the American Nurses Association's first position on education for nurses. *Online Journal of Issues in Nursing*, 7(2), 2–2.
- Duffy, M. T., Friesen, M. A., Speroni, K. G., Swengros, D., Shanks, L. A., Waiter, P. A., & Sheridan, M. J. (2014). BSN completion barriers, challenges, incentives, and strategies. *Journal of Nursing Administration*, 44(4), 232–236. <http://doi.org/10.1097/NNA.0000000000000054>

- Edward, K., & Welch, T. (2011). The extension of Colaizzi's method of phenomenological inquiry. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 39(2), 163-171.
<https://doi.org/10.5172/conu.2011.39.2.163>
- Ervin, S. M. (2021). History of nursing education in the United States. In S. S. DeBoor (Ed.), *Keating's curriculum development and evaluation in nursing education* (5th ed., pp. 1–30). Springer.
<https://doi.org/10.1891/9780826186867.0001>
- Flynn, S. V., & Korcuska, J. S. (2018). Credible phenomenological research: A mixed-method study. *Counselor Education and Supervision*, 57(1), 34-50. <https://doi.org/10.1002/ceas.12092>
- Friese, C. R., Lake, E. T., Aiken, L. H., Silber, J. H., & Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research*, 43(4), 1145–1163. <https://doi.org/10.1111/j.1475-6773.2007.00825.x>
- Gentry, S. (2021). *An exploration of lived experiences of graduates from concurrent enrollment programs in nursing across the southern United States: A retrospective study*. [Doctoral dissertation, University of Alabama]. ProQuest Dissertations Publishing.
- Giddens, J., Keller, T., & Liesveld, J. (2015). Answering the call for a bachelors-prepared nursing workforce: An innovative model for academic progression. *Journal of Professional Nursing*, 31(6), 445–451. <https://doi.org/10.1016/j.profnurs.2015.05.002>
- Giddens, J., & Meyer, D. (2016). Foundational courses for baccalaureate nursing degree: Enhancing efficiency for academic progression. *Journal of Nursing Education*, 55(7), 373–378.
<https://doi.org/10.3928/01484834-20160615-03>
- Goode, C. J., Preheim, G. J., Bonini, S., Case, N. K., VanderMeer, J., & Iannelli, G. (2016). The integrated nursing pathway: An innovative collaborative model to increase the proportion of baccalaureate-prepared nurses. *Nursing Education Perspectives*, 37(2), 110–112.
<https://doi.org/10.5480/13-1253>

- Gorski, M. S., Farmer, P. D, Sroczyński, M., Close, L., & Wortock, J. M. (2015). Nursing education transformation: Promising practices in academic progression. *The Journal of Nursing Education*, 54(9), 509–515. <https://doi.org/10.3928/01484834-20150814-05>
- Gorski, M. S., & Polansky, P. (2019). Accelerating progress in seamless academic progression. *Nursing Outlook*, 67(2), 154–160. <https://doi.org/10.1016/j.outlook.2018.11.008>
- Graziano, J. A., Uppman, F., Anderson, K., Johnson, L., Frosch-Erickson, S., Hill, D., Eccles, J., Beasley, L., & Kohler, S. (2017). Minnesota alliance for nursing education (MANE): A unique multi-institutional approach to preparing nurses for the future. *Nursing Education Perspectives*, 38(5), E2–E7. <https://doi.org/10.1097/01.NEP.0000000000000198>
- Harker, M. (2017). History of nursing education evolution Mildred Montag. *Teaching and Learning in Nursing*, 12(4), 295–297. <https://doi.org/10.1016/j.teln.2017.05.006>
- Harrison, J. M., Aiken, L. H., Sloane, D. M., Brooks-Carthon, J. M., Merchant, R. M., Berg, R. A., & McHugh, M. D. (2019). In hospitals with more nurses who have baccalaureate degrees, better outcomes for patients after cardiac arrest. *Health Affairs*, 38(7), 1087–1094. <https://doi.org/10.1377/hlthaff.2018.05064>
- Hawkins, J. E., Chard, R., & Seibert, D. (2018). The experiences of nurse educators in developing and implementing concurrent enrollment associate degree in nursing-bachelor of science in nursing programs. *Teaching and Learning in Nursing*, 13(2), 78–83. <https://doi.org/10.1016/j.teln.2017.12.009>
- Health Resources & Services Administration. (2020). *NCHWA nursing workforce dashboard*. National Center for Health Workforce Analysis. <https://data.hrsa.gov/topics/health-workforce/nursing-workforce-dashboards>
- Heglund, S., Simmons, J., Wink, D., & Leuner, J. D. (2017). Thirteen years and counting: Outcomes of a concurrent ASN/BSN enrollment program. *Journal of Professional Nursing*, 33(6), 441-446. <https://doi.org/10.1016/j.profnurs.2017.02.00>

- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health* [Policy Brief].
<https://www.nap.edu/resource/12956/Future-of-Nursing-2010-Report-Brief.pdf>
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. The National Academies Press. <https://doi.org/10.17226/12956>
- Johnson, M. D., & Kumm, S. (2021). Providing mentorship and support for ADN-BSN students enrolled in partnership model. *Nursing Education Perspectives*, 42(6), E109-E110.
<https://doi.org/10.1097/01.NEP.0000000000000820>
- Jones, D., & Close, L. (2015). California collaborative model for nursing education: Building a higher-educated nursing workforce. *Nursing Economic*, 33(6), 335–341.
- Klainberg, M. (2010). *An historical overview of nursing*. Jones and Bartlett LLC.
- Knowles, M. S., Holton, I. E. F., & Swanson, R. A. (2005). *The adult learner: The definitive classic in adult education and human resource development*. Taylor & Francis Group.
- Krugman, M., & Goode, C. J. (2018). BSN preparation for RNs: The time is now. *The Journal of Nursing Administration*, 48(2), 57–60. <https://doi.org/10.1097/NNA.0000000000000572>
- Kumm, S., Godfrey, N., Martin, D., Tucci, M., Muenks, M., & Spaeth, T. (2014). Baccalaureate outcomes met by associate degree nursing programs. *Nurse Education* 39(5), 216–220.
<https://doi.org/10.1097/NNE.0000000000000060>
- Kumm, S., & Laverentz, D. (2019). A nursing partnership to accelerate academic progression. *Nursing Education Perspectives*, 40(1), 53-54. <http://doi.org/10.1097/01.NEP.0000000000000312>
- Kutney-Lee, A., Sloane, D. M., & Aiken, L. H. (2013). An increase in the number of nurses with baccalaureate degrees is linked to lower rates of post-surgery mortality. *Health Affairs*, 32(3), 579–586. <https://doi.org/10.1377/hlthaff.2012.0504>
- Labrague, L. J., McEnroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., Tsaras, K., Leocadio, M. C., Colet, P., Kleisiaris, C., Fradelos, E., Evangelos, C., Rosales, R. A., Vera Santos-Lucas, K., & Velacaria, P. I. T. (2018). Stress and coping strategies among nursing students: An international

- study. *Journal of Mental Health*, 27(5), 402–408.
<https://doi.org/10.1080/09638237.2017.1417552>
- Landen, J., Evans-Prior, D., Dakin, B., & Liesveld, J. (2017). Innovation in academic progression: Progress of the New Mexico education consortium model. *Nursing Education Perspectives*, 38(5), E26-E29. <https://doi.org/10.1097/01.NEP.0000000000000206>
- Landen, J., & Hernandez, S. (2022). The nursing baccalaureate dual enrollment model. *Nursing Administration Quarterly*, 46(3), 224-233. <https://doi.org/10.1097/NAQ.0000000000000535>
- Levett-Jones, T., Lathlean, J., Higgins, I., & McMillan, M. (2009). Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing*, 65(2), 316–324. <https://doi.org/10.1111/j.1365-2648.2008.04865.x>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Long, P. R. (2017). *Exploration of the impact of BSN education on current nursing practice as perceived by RNs who have returned to school to obtain a BSN*. [Doctoral dissertation, Regent University]. ProQuest Dissertations Publishing.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726–735.
<https://doi.org/10.1177/1049732304263638>
- Ma, J., & Baum, S., (2016, April). *Trends in community colleges: Enrollment, prices, student debt, and completion* [Research Brief]. College Board Research.
<https://research.collegeboard.org/media/pdf/trends-community-colleges-research-brief.pdf>
- Mahaffey, E. (2002). The relevance of associate degree nursing education: Past, present, future. *Online Journal of Issues in Nursing*, 7(2), 3.
- Masters, K. (2015). Implementing a generic baccalaureate concurrent enrollment program: Increasing the percentage of nurses prepared at the baccalaureate level. *Nursing Education Perspectives*, 36(3), 192–193. <https://doi.org/10.5480/13-1124.1>

- Matthias, A. D. (2010). The intersection of the history of associate degree nursing and “BSN in 10”:
Three visible paths. *Teaching and Learning in Nursing*, 5(1), 39–43.
<https://doi.org/10.1016/j.teln.2009.08.006>
- McHugh, M. D., Kelly, L. A., Smith, H. L., Wu, E. S., Vanak, J. M., & Aiken, L. H. (2013). Lower
mortality in magnet hospitals. *Medical Care*, 51(5), 382–388.
<https://doi.org/10.1097/MLR.0b013e3182726cc5>
- Merriam, S. B., & Bierema, L. L. (2014). *Adult learning: Linking theory and practice*. Jossey-Bass.
- Mohammed, S. A., Guenther, G. A., Frogner, B. K., & Skillman, S. S. (2021). Examining the racial and
ethnic diversity of associate degree in nursing programs by type of institution in the US, 2012–
2018. *Nursing Outlook*, 69(4), 598–608. <https://doi.org/10.1016/j.outlook.2021.01.009>
- Montag, M. L. (1963). Technical education in nursing? *The American Journal of Nursing*, 63(5), 100.
<https://doi.org/10.2307/3452697>
- Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi’s descriptive phenomenological method. *The
Psychologist*, 28(8), 643–644. <https://eprints.hud.ac.uk/id/eprint/26984/1/>
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020- 2030:
Charting a path to achieve health equity*. The National Academies Press.
<https://doi.org/10.17226/25982>
- National Council of State Boards of Nursing. (2023). *2023 NCLEX® examination candidate bulletin*.
https://www.nclex.com/files/2023_NCLEX_Candidate_Bulletin.pdf
- National Education Progression in Nursing. (2018). *NEPIN brochure* [Infographic].
https://nepincollaborative.org/wp-content/uploads/2018/07/NEPIN_brochure_072018.pdf
- National Education Progression in Nursing. (2019). *Dual admission, dual enrollment or partnership
model*. <https://nepincollaborative.org/programs/models/dual-or-partnership-models/>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the
experiences of others. *Perspectives on Medical Education*, 8(2), 90-97.
<https://doi.org/10.1007/S40037-019-0509-2>

- Organization for Associate Degree Nursing. (2015). *Statement of ANA and OADN joint position: Academic progression to meet the needs of the registered nurse, the health care consumer, and the U.S. health care system*. <https://oadn.org/resource/statement%e2%80%84of%e2%80%84ana%e2%80%84and%e2%80%84oadn%e2%80%84joint%e2%80%84position-academic-progression-to-meet-the-needs-of-the-registered-nurse-the-health-care-consumer-and-the-u-s-health/>
- Organization for Associate Degree Nursing. (2022). *National report underscores the importance of associate degree nursing programs*. <https://oadn.org/news/national-report-underscores-the-importance-of-associate-degree-nursing-programs/>
- Overholser, C. D. (2023). Seamless academic progression in nursing education: A qualitative descriptive study. *Nursing Education Perspectives, Publish Ahead of Print*.
<https://doi.org/10.1097/01.NEP.0000000000001109>
- Petges, N., & Sabio, C. (2020). Examining the barriers to BSN prelicensure education among ADN students: A quantitative follow-up. *Teaching and Learning in Nursing, 15*(4), 262–267.
<https://doi.org/10.1016/j.teln.2020.06.011>
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th Ed.). Lippincott, Williams & Wilkins.
- Porat-Dahlerbruch, J., Aiken, L. H., Lasater, K. B., Sloane, D. M., & McHugh, M. D. (2022). Variations in nursing baccalaureate education and 30-day inpatient surgical mortality. *Nursing Outlook, 70*(2), 300-308. <https://doi.org/10.1016/j.outlook.2021.09.009>
- Potera, C. (2018). The AACN drafts proposal for BSN as the entry level for RNs, gets pushback. *American Journal of Nursing, 118*(9), 14. <https://doi.org/10.1097.01.NAJ.0000544962.13238.c8>
- Reeder, H. P. (2009). *Theory and practice of Husserl's phenomenology*. Zeta Books.
<https://ebookcentral.proquest.com/lib/texaswu/detail.action?docID=3421651>.

- Sabio, C. (2019). Associate degree nursing students' perceived barriers to baccalaureate nursing education and intentions to enroll in a baccalaureate-only nursing environment. *Teaching and Learning in Nursing, 14*(1), 9–14. <https://doi.org/10.1016/j.teln.2018.08.004>
- Sabio, C., & Petges, N. (2020). Understanding the barriers to BSN education among ADN students: A qualitative study. *Teaching and Learning in Nursing, 15*(1), 45–52. <https://doi.org/10.1016/j.teln.2019.08.007>
- Salsberg, E., Richwine, C., Westergaard, S., Portela Martinez, M., Oyeyemi, T., Vichare, A., & Chen, C. P. (2021). Estimation and comparison of current and future racial/ethnic representation in the US health care workforce. *JAMA Network Open, 4*(3), e213789. <https://doi.org/10.1001/jamanetworkopen.2021.3789>
- Sauls, J. (2018). *Perceptions of the BSN: What nurses think and the factors that influence those perceptions*. [Doctoral dissertation, University of Alabama]. ProQuest Dissertations Publishing.
- Schmidt, L. A., & Bleich, M. R. (2019). A professional development educator primer on dual admission academic progression. *The Journal of Continuing Education in Nursing, 50*(1), 9–11. <https://doi.org/10.3928/00220124-20190102-03>
- Sharpnack, P. A., Drennen, C., Bowles, W., Koffel, C., Salvador, D., & Didion, J. (2017). Pathways to BSN education: Teamwork in Ohio. *Nursing Education Perspectives, 38*(5), 243–249. <https://doi.org/10.1097/01.NEP.0000000000000205>
- Shorey, S., & Ng, E. D. (2022). Examining characteristics of descriptive phenomenological nursing studies: A scoping review. *Journal of Advanced Nursing, 78*(7), 1968–1979. <https://doi.org/10.1111/jan.15244>
- Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K., Letourneau, R., Zhong, E., Kaminski-Ozturk, N., & Alexander, M. (2023). The 2022 national nursing workforce survey. *Journal of Nursing Regulation, 14*(1), S1-S90. [https://doi.org/10.1016/S2155-8256\(23\)00047-9](https://doi.org/10.1016/S2155-8256(23)00047-9)

- Taylor, J. (2020). An exploration of rural nurses in decision making of academic progression. *Online Journal of Rural Nursing and Health Care*, 20(1), 121–141.
<https://doi.org/10.14574/ojrnhc.v20i1.60>
- Tri-Council for Nursing. (2010, October). *Tri-Council for Nursing calls for collaborative action in support of the IOM's Future of Nursing report*. <https://img1.wsimg.com/blobby/go/3d8c2b58-0c32-4b54-adbd-efe8f931b2df/downloads/10-2010-Call-for-Action-Support-IOM.pdf?ver=1581353641936>
- Wederski, L. E., & Doshier, S. (2020). Associate degree nursing faculty perceptions of a concurrent associate–baccalaureate nursing partnership. *Teaching and Learning in Nursing*, 15(2), 134–136.
<https://doi.org/10.1016/j.teln.2020.01.007>
- Willis, D. G., Sullivan-Bolyai, S., Knafel, K., & Cohen, M. Z. (2016). Distinguishing features and similarities between descriptive phenomenological and qualitative description research. *Western Journal of Nursing Research*, 38(9), 1185–1204. <https://doi.org/10.1177/0193945916645499>
- Wilson, V. L., Lockhart, E. R., & Carter, K. F. (2020). A statewide survey of barriers and supports for RN-BSN program enrollment. *Virginia Nurses Today*, 28(4), 14–16.
- Wirihana, L., Welch, A., Williamson, M., Christensen, M., Bakon, S., & Craft, J. (2018). Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Researcher*, 25(4), 30–34. <https://doi.10.7748/nr.2018.e1516>
- Wiseman, R., Trocky, N. M., Travis, P. T., & Kirschling, J. M. (2017). Maryland action coalition: Academic progression takes several pathways. *Nursing Education Perspectives*, 38(5), E13-E17.
<https://doi.org/10.1097/01.nep.0000000000000204>
- Yakusheva, O., Lindrooth, R., & Weiss, M. (2014). Economic evaluation of the 80% baccalaureate nurse workforce recommendation: A patient-level analysis. *Medical Care*, 52(10), 864–869.
<https://doi.org/10.1097/MLR.0000000000000189>

APPENDIX A

RECRUITMENT EMAIL SCRIPT

Dear Concurrent ADN-BSN Program Graduate,

Congratulations on the completion of your ADN and BSN degrees! This is a truly outstanding accomplishment that will reap many rewards. If you are interested in helping future students of concurrent enrollment ADN-BSN programs, please consider responding to the following request for research study participation about your experiences in your program. This information may help inform policy and procedure for nursing programs in the region and across the nation.

If chosen for the study, you will receive a \$50 Amazon gift card at the completion of the study as a thank you. The total time commitment will be between 1 -3 hours, divided over two interviews. The interviews will take place within the next 3-6 months.

The study is open to graduates 18 years or older who completed their nursing program within the last 5 years in the southwestern U.S. In addition, you must have completed your BSN program within one semester of graduation from your ADN program.

Interviews will be conducted via a virtual Zoom session, and recordings of the interview will be stored in a secure location for your privacy. In addition, results will be reported without personal identifiers to further protect your privacy.

If you are interested in assisting with this study, please take the following Qualtrics survey. The survey will only take a moment of your time.

Qualtrics Survey Link

Thank you for your consideration!

Sincerely,
J. Michelle Nelson, MSN, RN, CNE
Doctoral Student
Texas Women's University

APPENDIX B

ELIGIBILITY SCREENING (QUALTRICS SURVEY)

Block 1:

Congratulations on your recent graduation from a concurrent enrollment ADN-BSN program! You have joined a growing number of nurses who accomplished this challenging task. To better understand the experiences of this special group of registered nursing graduates, we are recruiting participants who are willing to share their experiences for the purposes of a research study. We are seeking nurses who have graduated within the last 5 years. If you are willing to help, please answer this short survey. Your responses will be kept confidential.

Block 2:

Did you graduate from a concurrent ADN-BSN program in the southwestern United States, and if so, what was your graduation month and year from your ADN program? What was your graduation month and year from your BSN program?

Block 3:

Are you willing to spend 1-3 hours (split up into two sessions) over the next 3-6 months answering research questions about your experiences in your program of study? (These interviews will be recorded via Zoom and maintained in a secure environment)

Block 4:

Please list your preferred email address so that the researcher can contact you with more information:

Block 5:

Are you at least 18 years of age or older?

Block 6:

Thank you for your time! If you qualify for the study, we will be reaching out with more information in the next few weeks.

APPENDIX C

INFORMED CONSENT

TEXAS WOMAN'S UNIVERSITY (TWU)
CONSENT TO PARTICIPATE IN RESEARCH

Title: A Phenomenological Exploration of the Lived Experience of Concurrent ADN-BSN Program Graduates in the Southwestern U.S.

Principal Investigator: J. Michelle Nelson jnelson21@twu.edu 281/433-0382
Faculty Advisor: Brenda Moore, Ph.D. bmoore5@twu.edu

Summary and Key Information about the Study

You are being asked to participate in a research study by Ms. Michelle Nelson, a Texas Woman's University student, as part of her dissertation. This research aims to explore and describe the experiences of graduates who completed a concurrent Associate Degree in Nursing (ADN) and Baccalaureate of Science in Nursing (BSN) program of study in the Southwestern United States within the last 5 years. You have been invited to participate in this study because you graduated from a concurrent ADN-BSN program in the Southwest within the last 5 years, are 18 years or older, and graduated from both your ADN and BSN program within a one-semester timeframe.

The study interview will be recorded via Zoom session, and we will use a code name (or pseudonym) to protect your confidentiality. The total time commitment for this study will be between 1-3 hours (which will be broken up into two sessions). After completing the study, you will receive a \$50 gift card for your participation. The most significant risks of this study include loss of time, the potential for loss of confidentiality, and the potential for emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is entirely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

Description of Procedures

As a participant in this study, you will be asked to spend about one hour of your time for the initial interview with the researcher in a virtual Zoom session. An additional hour or so will be needed for a second virtual Zoom session to verify information and ask follow-up questions. During these interviews, the researcher will ask you about your experiences while enrolled in your concurrent ADN-BSN nursing program. You and the researcher will decide together when the interview will happen. You and the researcher will decide on a code name for you to use during the interview. The interview will be recorded in both audio and visual form through the use of Zoom and then written down in a transcript so the researcher can be accurate when studying what you said.

Potential Risks

The researcher will ask you about your experiences in your concurrent ADN-BSN program. A possible risk in this study is discomfort with these questions you are asked. If you become tired or upset, you may take breaks as needed. You may also stop answering questions at any time and end the interview. If you feel you need to talk to a professional about your discomfort, the researcher will provide you with a list of resources. Another risk in



Initials
Page 1 of 2

this study is the loss of time. The researcher values your time and will ensure that the interview process stays within the estimated timeframe of 1-3 hours, broken up into two sessions. The gesture of providing a \$50 gift card for your participation (given at the completion of the study) will help mitigate the loss of time for participating in the study.

Another risk in this study is the loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held via a private Zoom session that includes you and the interviewer at a time you agree on. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name.

The video/audio Zoom recording and the written interview will be stored in a password-protected computer in the researcher's office. Only the researcher and her faculty advisor will hear or see the video/audio recording or read the written interview. The video/audio recording and the written interview will be destroyed within three years after the study is finished. The signed consent form will be stored separately from all collected information and destroyed three years after the study is closed. The study results may be reported in scientific magazines or journals, but your name or other identifying information will not be included. All efforts will be made to preserve your confidentiality, but there is a potential risk of losing confidentiality in any email, downloading, electronic meeting, and/or internet transaction.

Your video/audio recording and/or any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g. your name, date of birth, contact information).

The researchers will try to prevent any problems that could happen because of this research. Therefore, you should immediately inform the researchers if there is a problem, and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are participating in this research.

Participation and Benefits

Your involvement in this study is completely voluntary, and you may withdraw from the study at any time. After completing the study, you will receive a \$50 gift card for your participation. If you would like to know the results of this study, we will email them to you upon request.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form. If you have any questions about the research study, you should ask the researcher (Ms. Nelson); her contact information is at the top of this form. In addition, if you have questions about your rights as a participant in this research or how this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via email at IRB@twu.edu.

Signature of Participant

Date

*If you would like to know the results of this study, tell us where you want them to be sent:

Email: _____



APPENDIX D

DEMOGRAPHIC SURVEY

Demographic Questions obtained through a Qualtrics Survey:

1. Please list a “Code” name or pseudonym that you prefer to use for our interactions (this practice helps maintain your privacy).
2. Please list your current age
3. What racial and ethnic group(s) do you consider yourself part of?
 1. Choose one Ethnic Identity:
 - Hispanic/Latino
 - Not Hispanic/Latino
 2. Choose one or more Racial Identities (regardless of ethnicity):
 - White
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - American Indian or Alaska Native
 - Other
4. What gender do you identify with (male, female, nonbinary, prefer not to answer?)
5. What ADN program and campus did you graduate from? What was the graduation date (month and year)?
6. What BSN program did you graduate from, and what was your graduation date (month and year)?
7. Did you obtain any other degree prior to your ADN-BSN enrollment?
8. List your preferred email address

APPENDIX E

INTERVIEW QUESTIONS

Interview Questions for Initial Interview (to be recorded and transcribed via Zoom)

1. Tell me about your experience as a concurrent ADN/BSN student. For example, what went well? What could have been improved?
2. What do you wish you had known before you started the program?
 - a. Probe: How would that have affected your experience in the program (if you had known x)?
3. Were there any specific barriers that you encountered?
 - a. Probe: Tell me more about that.
4. What was it like managing your time between two different programs?
5. Did you feel like the curriculum of your ADN and BSN programs aligned well?
 - a. Probe: Tell me more about that.
6. Were you well prepared with your pre-requisites and lower division work for the rigors of doing two programs at once?
 - a. Probe: Tell me more about that.
7. Going back to what went well, can you tell me specifically what you liked about the program?
 - a. Probe: Tell me more about that.
 - b. How did that situation add to your experience?
8. What would have improved your experience?
 - a. Probe: Tell me more about that.
9. Did you feel welcomed and accepted by both your ADN and BSN programs?
 - a. Probe: Tell me more about that.
10. What were the attitudes of your peers, family, or friends as you went through the program?
 - a. Probe: How did those attitudes influence your performance or how you felt about your program progression?
11. What kind of reception have you received from nursing colleagues or leaders about your dual degrees as you move into the workplace?
 - a. Probe: is there acceptance? Have you encountered anything negative?
12. Is there anything else you would like to share before we wrap up today?
13. Thank you for your time today. I'd like to set up a follow-up meeting in 2-3 weeks to check in again after this initial interview. This follow-up will help me formulate any follow-up questions and give you time to consider anything else you may want to share. So, can we set that meeting up now?

Interview Questions for the Follow-Up Interview (recorded and transcribed via Zoom)

1. Hello again! I just wanted to follow up about our last interview. Have you thought of anything more you would like to share with me to elaborate on the questions we discussed last time?
2. As a follow-up to our last conversation, I wondered if you would tell me what you would say if a friend asked you about this program. What would you tell them?
3. What would you do differently if you could start the program again knowing what you know now?
 - a. Probe: Tell me more about that.
4. Do you have any questions for me?
5. This concludes our interview. Thank you for all the valuable information you have given me. Is there anything else you'd like to add before we end?

APPENDIX F

ILLUSTRATION OF THEMATIC DEVELOPMENT

Significant Statements	Formulated Meanings	Theme Clusters	Themes
<p><i>“facility was close to my house. That was a big deal” (Ruby)</i></p> <p><i>“Community college is so much less expensive than the university level ... \$400 a credit versus ... like \$89 a credit at the Community college” (Rainbow32)</i></p> <p><i>“At the time that I had applied, they were the only ones offering the evening program. And that's why I specifically went...” (Baba)</i></p> <p><i>“I did like being able to get them both at the same time, because I really feel like after nursing school, to go back and try to get more schooling, or my BSN ... It didn't feel like it would ever get done” (3Bulls)</i></p>	<p>Close to home</p> <p>Inexpensive overall</p> <p>Evening and weekend options offered</p> <p>Done with both at once</p>	<p>Location and amenities</p> <p>Cost efficiency</p> <p>Schedule convenience</p> <p>Efficiency to obtain BSN with ADN</p>	<p>Choosing the CEP Option</p>
<p><i>“I think for a lot of students, including myself, time management was an issue. Most of my class ... had jobs and lives and things going on outside of nursing” (Rainbow32)</i></p> <p><i>“Since it was online it was a little bit more flexible ... of my time” (Baba)</i></p> <p><i>“Time management is always an animal” (1287)</i></p> <p><i>“was rough and just trying to, you know, swim and not sink” (1287)</i></p>	<p>Manage school, work and family</p> <p>Online component</p> <p>Hard to manage time</p> <p>Overload</p>	<p>Managing time within the program</p> <p>Feeling Stressed and overwhelmed</p>	<p>Managing Time</p>