

Perceptions of Dual Degree Partnership in Nursing (DDPN) Students and Alumni about Their
Education and Practice Experiences

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About the Author

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Abstract

In 2005 LeMoyne College and St. Joseph's College of Nursing established a Dual Degree Partnership in Nursing (DDPN). This project, conducted in March 2014, collected and analyzed data from the current Year IV students and alumni from the DDPN regarding their perceptions about: the value of their education; their practice experiences as newly licensed nurses; and, their satisfaction with the program.

A 2012 article by the founders of the DDPN (Bastable & Markowitz, 2012) documents the first six years of success of this program. At the time of this project, only a minimal amount of literature was available regarding nursing students' and graduates' perspectives of the overall value of the Bachelor of Science (BS) degree in nursing, ease of transition to practice of BS prepared nurses, and seamless academic mobility in nursing education. Data that capture information from current students and recent alumni about the DDPN program would prove useful in determining whether the model was operating effectively and whether any revisions should be made to the DDPN. In addition, data collected from the study would provide evidence relative to benchmarks of the Robert Wood Johnson-funded Academic Progression in Nursing grant awarded to the Foundation of New York State Nurses (Robert Wood Johnson Foundation News Release, 6-20-12). This grant project focused on extending dual degree partnerships in other academic institutions in New York State. Thus, the purpose of this study was to shed light on the perspectives of DDPN students and alumni about the strengths, weaknesses, value and overall integrity of the program. To accomplish this, the current Year IV students and alumni from 2011 to 2013 cohorts were asked, via email, to complete an online survey. Responses reflected positive views of the BS degree, ease of transition to practice and satisfaction with the DDPN.

Introduction

In 2005 the Department of Nursing at LeMoyne College (LMC) and St. Joseph's College of Nursing (SJCON), both located in Syracuse, NY, created a unique articulation model known as the Dual Degree Partnership in Nursing (DDPN). A major purpose for creating this model was to attract a young cohort of high school students who could achieve a BS in nursing in a seamless fashion while benefiting from the strengths of both the Associate Degree (AD) and Bachelor of Science (BS) programs.

This four-year nursing education curriculum was designed in a 1+2+1 sequence (Bastable & Markowitz, 2012). In Year I, students complete foundational liberal arts and science courses at LMC. During Years II and III, students complete pre-licensure course work at SJCON for the AD in nursing, while still taking one liberal arts course per semester at LMC. After graduating from SJCON, students are eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) in the summer prior to beginning their final year of the DDPN. In Year IV, a number of students choose to work as newly licensed Registered Nurses while completing senior-level courses at LMC for the BS degree in nursing (Bastable & Markowitz, 2012). Thus, the DDPN model allows students the opportunity to earn two degrees, AD and BS, in nursing in four years from two highly respected nursing education programs.

The DDPN has been very successful with regards to retention and graduation rates. Table 1 below shows the comparison of 2007-2010 DDPN retention and graduation rates with those reported by the Integrated Postsecondary Education Data System (IPEDS) which stores national graduation and retention statistical data.

Table 1. Retention and Graduation Rates

<u>LMC-SJCON DDPN</u>	<u>IPEDS</u>
Retention, Year 1 to Year 2, 2007-2010 - 75 to 84%	71 to 72%
AD graduation, Year 2007 -2010 – 65 to 76%	32 to 34%
BS graduation, Year 2007-2008 – 62 to 66%	64 to 56%

In addition, DDPN student pass rates on NCLEX exceeded New York State and national pass rates.

Table 2. NCLEX Pass Rates

<u>LMC-SJCON DDPN</u>	<u>NYS</u>	<u>National</u>
AD – 87 to 100 %	AD – 77 to 87%	AD – 81 to 89%
DDPN students only take NCLEX after AD	BS – 80 to 88%	BS – 85 to 92%

Subsequent to the establishment of the LMC-SJCON DDPN, the mandate to require the BS degree as the minimum education for Registered Nurse licensure has gained new momentum as a result of the report by the Institute of Medicine (IOM) entitled *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011). The IOM states, “This report was developed as an “action-oriented blueprint for the future of nursing” (p. 2). The blueprint included four key messages and eight recommendations that would help make changes in public and institutional policy for nursing education and practice at the national, state, and local levels. One of the recommendations is for an “increase in the proportion of nurses with a baccalaureate degree to 80 percent by 2020” (p. 12). Also, key message number two from the report states “... nurses

should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (p. 6). Clearly, since 2005 the DDPN model has supported both of these goals. To achieve the goals put forth by the IOM, a vital need exists to establish more programs like the DDPN.

In 2012, in response to a call from the Robert Wood Johnson Foundation for funding proposals to advance academic progression in nursing, the Foundation of New York State Nurses, on behalf of the New York State Future of Nursing Action Coalition, sought and was granted funding to support the replication of the DDPN model in nursing schools throughout New York state as one means of assisting to reach the IOM goal of increasing the proportion of bachelor’s prepared nurses by 2020.

Purpose of the Study

The purpose of this scholarly project was to conduct a qualitative study to collect data from LMC-SJCON DDPN students currently enrolled in Year IV as well as DDPN alumni who graduated between 2011-2013 about their perceptions of bachelor’s level education and their practice experiences as RNs. The specific aims of this study were to explore the views of these students and alumni on these factors: (1) the value of BS education; (2) the ease of transition to practice; and (3) the level of satisfaction with the program.

It is important to note that DDPN students have the option to enter the RN nursing workforce after completing the AD and passing the NCLEX-RN while completing their BS degree in Year IV or to delay their employment as a new RN until after graduation from LMC. To support those students who choose to practice during Year IV, LMC and St. Joseph’s Hospital Health Center (SJHHC), the location of the SJCON, entered into an agreement which allows Year IV students to work part-time and receive part-time employment benefits from the

hospital while still having the time to attend LMC full time. In this agreement, LMC and SJHHC reduced the definition of part-time from 20 hours per week to 16 hours per week for DDPN students to support them in continuing their education.

Literature Review

An extensive literature search yielded research and non-research based articles that address the competence and readiness of newly licensed Registered Nurses to enter the professional nursing workforce. Since the LMC – SJCON DDPN was the first model of its kind, the only literature found on the DDPN (1+2+1) program at the time of this study was the article published by Bastable and Markowitz (2012). However, in relation to how this model operates, it was important to explore information currently available in the literature about the perceived value of the bachelor's degree by nursing students and recent alumni, the transition process of newly graduated nurses to their work settings, and the level of satisfaction of newly graduated nurses with their degree and program of study. In addition, a literature search of other educational partnerships was conducted to determine useful data on these factors as well as on new graduate nurse retention rates during the first year of employment and on employer support of the BS degree for nursing.

Therefore, key terms used to conduct the literature search included the words: *students and nursing; job satisfaction and new graduate nurses; education and nursing; nursing students and transition to practice; nursing educational partnerships; and education mobility and nurses*. These terms were used when searching on ScienceDirect, CINAHL, and PubMed.

Over 100 articles were found that related in some way to this research topic. Articles published prior to 2005 were eliminated in order to focus on more recent literature. Articles published after 2005 were retained if the title and the study description in the abstracts seemed

relevant. Also, the reference list for each article was reviewed to identify additional resources related to the topic for this investigation. Fifteen articles were singled out for further reading. These articles were critiqued for information relevant to assessing education and practice variables contributing to the educational satisfaction and ease of transition to practice. Seven articles were chosen and are discussed below.

With respect to the academic value of the BS education for nurses, Darnall, Kishi, and Wiebusch (2011) conducted a cross-sectional study which tracked the academic mobility of four Texas cohorts of RNs who were initially licensed in 1990, 1995, 2000, and 2005 and were still currently licensed and practicing in Texas in 2010. The study examined the highest degrees earned by these cohorts up until 2010 and compared academic progression in relation to entry levels of AD and BS degrees.

The results showed that nurses who entered the field with the basic nursing education degree at the AD level were less likely to pursue a master's or doctoral degree. These authors noted that although the value of advanced degrees has been questioned continuously over the years, the need for nurses with a BS degree in nursing to protect patient safety and reduce morbidity and mortality rates has been documented and validated in study after study. By increasing the proportion of RNs with a BS degree in nursing, the number of nurses who pursue advanced degrees will also rise. "On a national level, baccalaureate prepared nurses are more likely to seek advanced degrees" (p. e49).

To encourage this trend, Darnall et al. suggested promoting a seamless transition between programs for the education of nurses, which is supported by the IOM report and is being encouraged throughout the nation. "Articulation agreements between community colleges and universities may ensure that more nurses move along the pipeline, especially toward earning a

baccalaureate degree” (p. e49). This article adds credence to the value of a BS degree. It confirms its importance as an entry level degree to practice professional nursing and serves as a reminder that the BS degree is just the start of education mobility. The LMC-SJCON DDPN model is a prime example of the type of agreement that will move the nation toward the IOM goal of an 80/20 ratio of BS to AD prepared nurses in the workforce.

Spetz and Bates (2013) analyzed data from the U.S. National Sample Survey of Registered Nurses from 2000, 2004 and 2008 that shed light on the economic worth of a BS degree in nursing versus AD in nursing. The authors found that starting wages for BS prepared nurses were significantly higher than for AD prepared nurses in all three years. These findings run counter to prior historical data that indicated that the BS degree provided no monetary value for RNs. Spetz and Bates also found that RNs prepared at the AD level who obtain the BS degree increase lifetime earnings, with the greatest increase gained when the BS is earned within five years of completion of the AD degree (p.1872).

Spetz and Bates conclude baccalaureate education is likely to confer benefits to patients, RNs and health care facilities and note, “recent reports have indicated that a growing number of hospitals, particularly teaching and specialty hospitals, explicitly favor BS prepared nurses in their hiring practices” (p. 1861). They note increasing numbers of employers require the BS in nursing as a condition of initial or continuing employment tuition assistance and provide tuition reimbursement. They note that in a study conducted for the IOM report, 76% of physicians agreed that BS prepared nurses were more competent than the AD prepared nurses and 70% of physicians agreed that all nurses in the hospital should be BS prepared. They also cite a study in which 76% of the public agreed that nurses should have a BS degree in nursing (p. 1874).

With respect to transition into practice, Lofmark, Smide, and Wikblad (2006) conducted a descriptive study using a questionnaire to gather the opinions of BS prepared nursing students and seasoned nurses about the competence of soon- to- be new graduates. The study used a convenience sample of 106 nursing students from two different baccalaureate programs as well as 136 staff nurses with experience in supervising nursing students. Study results showed that the nursing students rated their competence higher than the experienced nurses rated the students' competence. The researchers stated that, "the transition of nursing preparation into higher education is regarded as positive although it has led to differences in opinion about competence of newly graduated nurses and their readiness to enter the nursing profession" (p. 721). The study's findings indicated that it is important to assess students during clinical education using adequate assessment tools and incorporating student self-assessments. The authors concluded that "university-based nursing education is more focused than previously on encouraging an active learning style and life-long learning, which may help newly-graduated nurses in their transition process" (p. 727).

Phillips, Esterman, Smith, and Kenny (2013) conducted a cross-sectional descriptive survey over a period of four months that identified factors that predicted successful transition of undergraduate students to the role of registered nurses. These authors explored whether transition to practice was made any easier by a pre-registration paid employment experience. The sample population consisted of newly registered nurses who graduated with a BS degree. These researchers found that any type of paid hospital employment as an undergraduate nursing student appeared to be associated with a successful transition of graduates to practice. But they noted the strongest predictors were "institutional factors that graduates experienced in their current role as RNs" (p. 1319). Three key factors had specific effects on graduate nurses' successful transition

to practice: the ability of graduates to meet the care needs of complex patients; the opportunity for them to receive a solid orientation upon hire and throughout the first year of employment; and, the respect they were granted by colleagues indicating that their clinical performance was solid.

Thomson (2011) conducted a descriptive prospective study from 2004 to 2005 that evaluated the effectiveness of a residency program created for BS degree nursing graduates to assist them in transitioning to practice. Although the program was designed specifically for BS graduates, for comparison purposes, AD graduates also were included to evaluate the effectiveness, usefulness, and success of the program for nurses with two different degree levels regarding their ease of transition to practice. The study revealed statistically significant differences between AD graduates and BS graduates in relation to job satisfaction and graduate nurse experiences. Specifically, AD nurses were more satisfied with intrinsic rewards, scheduling, interaction opportunities, professional opportunities, praise and recognition, control and responsibility, support factors, and professional satisfaction. No statistically significant differences were found between AD and BS graduates in relation to feelings about balancing family and work responsibilities, co-worker relations, organizing and prioritizing workload, stress levels at work, and communication and leadership skills. The authors concluded that BS prepared nurses have lower levels of satisfaction in their work environment because they have higher expectations for themselves than their AD prepared colleagues. However, because of their more advanced education, BS prepared nurses are aware that they have more job opportunities than AD prepared nurses. The authors note anecdotal comments from nurse managers and preceptors suggest that, “BS prepared new graduates are perceived as having ‘book knowledge’ but have not mastered technical skills prior to arriving on the job” (p. 270). To help deter this

perception, it was suggested that separate but congruent transition programs be provided for AD graduates and BS graduates. In doing so, BS nurses could have more emphasis placed on those technical skills that they are perceived to be lacking. Placing BS graduates with BS prepared preceptors was also suggested to provide increased satisfaction and ease the transition into practice. The authors concluded it is vital to place BS prepared nurses in a separate transition program to ensure their success in acute care.

Weathers and Hunt-Raleigh (2013) studied retention rates and performance ratings of registered nurses in the acute care settings of hospitals in Southeast Michigan. The focus of the study was to compare retention and performance of newly licensed RNs (NLRNs) based on their nursing education background after one year of full-time work experience. The sample size was 96 NLRNs: 50 AD prepared; 27 generic BS prepared; and, 19 accelerated BS prepared. For purposes of this study, the accelerated baccalaureate degree nurses were individuals who possessed a BS degree in another field and were pursuing the BS in nursing as a second profession. The researchers found that the 50 AD prepared NLRNs had a 96% one-year retention rate compared to a 67% one-year retention rate for the 46 BS prepared NLRNs. Of the BS prepared nurses, the accelerated 2nd degree NLRNs had 74% retention rate. The authors suggested that a higher retention rate for the AD prepared nurses might be due to having fewer job options and experiencing a “better fit with expectations and career goals than the BS prepared NLRNs did because they have been acculturated to expect a career in direct patient care” (p. 472).

In relation to nursing manager evaluations of nurses’ performance, the researchers found no significant differences between the types of pre-licensure education program from which the nurses graduated. Weather and Hunt-Raleigh concluded that the cost of orienting a new BS

prepared nurse who might leave shortly after being employed would be more than the cost of hiring a new AD prepared nurse who likely will stay to further their education. Thus, in efforts to save on costs, institutions may choose to hire AD graduates with the intent that they will achieve a BSN with the aid of tuition support from their employer.

Wieland, Altmiller, Dorr, and Wolf (2007), using a triangulated review of journal entries, studied the transition experience of senior baccalaureate nursing students during their pre-graduation preceptored practicums. The sample population consisted of students, liaison faculty, and clinical preceptors. The researchers found that “preceptored senior-year practicums can ease the stress of adaption and socialization intrinsic to independent nursing practice and serve as a transition for nursing students to the role of registered nurse” (p 315). The students in the preceptor program were required to choose a unit in which to practice and to spend nine eight-hour shifts with a designated preceptor. The faculty and clinical preceptors noted that at the outset the students were fearful, nervous, and hesitant. As the preceptorship went on, the students became confident, organized, and took initiative. The researchers offered these recommendations regarding the preceptor program: “facilitating connections between students and preceptors; having one preceptor throughout the preceptorship; enhancing the orientation for preceptors and preceptees, clarifying guidelines concerning final student clinical evaluations, and reviewing with students the reality-based expectations of the preceptored experience” (p. 320).

Needs Assessment/Justification

An abundant amount of literature focused on new graduate perceptions of self and their practice experiences as well as the perceptions of seasoned nurses and faculty on the performance of students and/or new graduates. The literature contains many articles that offer suggestions and recommendations for creating an easy transition for new nurses. These

recommendations, which vary depending on the study completed and the program being studied, include changing clinical education practice in nursing schools, developing longer and more structured orientation processes, creating well-established preceptorship programs, and providing practice scenarios based on communication techniques with colleagues and physicians. Because the DDPN was the first model of its kind in the country, at the time of this study there was no literature that examined the perceptions of students and/or new graduates of this model in relation to working as professional RNs while continuing their education full-time. Also, scant literature was available that assessed the value and benefit of a bachelor's level education from the perspective of the nurse and/or student.

Because the DDPN combines the best of both worlds by articulating two levels of nursing education in a 1+2+1 seamless manner, it is vital that data be collected regarding the value of a bachelor's degree, the transition of graduates into the workforce, and the overall program satisfaction as perceived by Year IV students and alumni. Thus, the purpose of this study was to close the gap in available evidence with respect to the perceived benefits of the education received via the DDPN model.

The goal of this project was to use the insights of Year IV students as well as alumni who graduated from 2011 to 2013 to generate information about the outcomes of the DDPN education. If the results were positive, the data will support the DDPN model as a useful paradigm to be replicated by other nursing education institutions throughout the state and the nation. The rationale for carrying out this project was three-fold: (1) to provide the administrators of the two schools (LMC & SJCON) with valuable information to substantiate the DDPN educational model as it currently operates or to recommend revisions to the curriculum, (2) to provide the major employer agency (SJHHC) with data that have the potential, if

necessary, to initiate changes in policies and procedures within the employment setting that will further support the transition of DDPN graduates to the practice environment, and (3) to collect data from student and alumni feedback that can be summarized in the aggregate as evidence for whether or not selected benchmarks outlined in the APIN grant proposal are being achieved.

These benchmarks are:

- Retention, as measured by the number of students enrolled in Year I who enroll in Year II, will meet or exceed 60%;
- Graduation rates will be sustained at a minimum of 50%;
- NCLEX-RN pass rates in the AD program will equal or exceed the state and national means.

Description of Project

To capture the perceptions of students and alumni about the DDPN program, a survey instrument (*available upon request*) consisting of 23 questions was developed. Once approval was granted by the Institutional Review Board of LMC (*available upon request*), All Year IV students and alumni from the DDPN who had graduated in the last three years were sent an email asking for their participation in this research study. To maintain anonymity of the respondents, the Administrative Assistant of the Department of Nursing sent the email out to all of the potential subjects. IP addresses could not be traced and the Survey Monkey account used was the subscription held by the Le Moyne College Department of Nursing. The email provided the students with a link to the Survey Monkey website where they were required to read the terms and conditions for participation in the study and provide informed consent prior to responding to survey questions.

A total of 99 students and alumni were sent an email to invite them to complete the survey. Thirty-six surveys were started and 33 were actually completed, yielding a 36% response rate. Participants had two weeks to complete the survey. After one week a friendly reminder email prompted them to respond if they had not already done so. The purpose of this prompt was to solicit as many participants as possible. The first two items of the survey collected non-identifiable demographic data for the purpose of establishing background information about the respondents. The remaining 21 items gathered factual information about the subjects' pattern of employment as well as their perceptions of their education and practice experiences.

Findings

Table I displays the number and percent of alumni and student responses. Cohorts 2007, 2008 and 2009 were alumni. Cohort 2010 consisted of senior students. Fifty-seven percent of respondents were alumni; 42.4%, senior students.

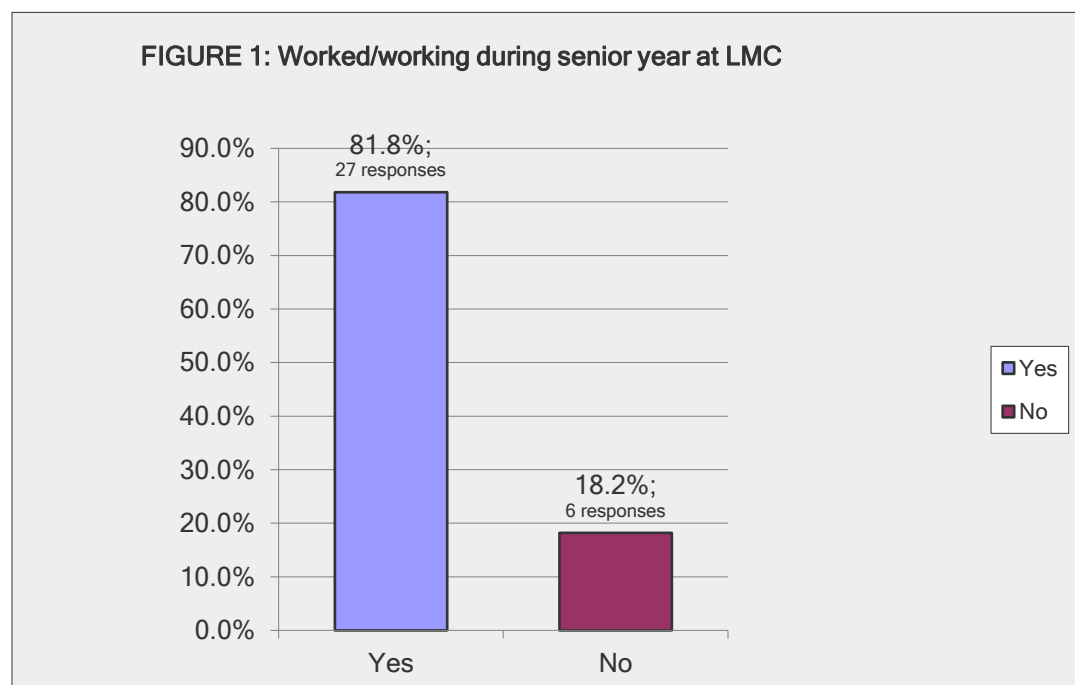
Table I. Cohort Respondents

<u>Cohort</u>	<u>Graduation</u>	<u>Number</u>	<u>Percent of Total</u>
2007	2011	7	21.2
2008	2012	8	24.2
2009	2013	4	12.1
2010	2014	<u>14</u>	<u>42.4</u>
	Total:	33	99.9

Data were collected and analyzed for a specific tally of responses to each item as well as a summary of trends and themes related to the perceptions of DDPN students and alumni about the significance and efficacy of a bachelor's level education, their practice experiences, and their

overall satisfaction with the program. Summaries of these responses to survey items in the order in which they appeared in the data collection instrument are presented below.

The majority (81.82%) of the subjects worked as Registered Nurses during their senior year at LMC.

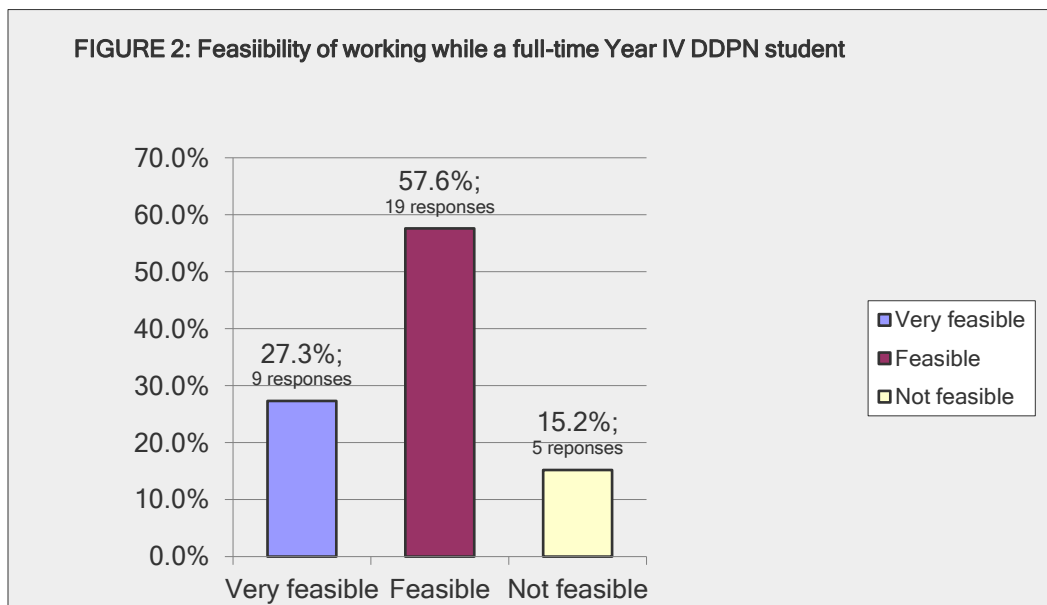


The most frequent reasons for working during the student's senior year at LMC were financial and experiential. Of the 27 who worked, 13 (48.1%) cited the desire to gain experience; 5 (18.5%) cited the need for money; and, the remaining nine (33.3%) cited the need for both experience and money. The most frequent reasons for the five who did not work were the desire to complete their education without any added stress or responsibilities and to enjoy the last year of college.

Of the 27 who worked, six (18.18%) worked 16 hours; six (18.18%) worked 20 hours; 11 (33.33%) worked 24 hours; and, 4 (12.12%) worked 32 hours. Although students who accepted a position at SJHHC during their senior year at LMC were required to work only 16 hours per

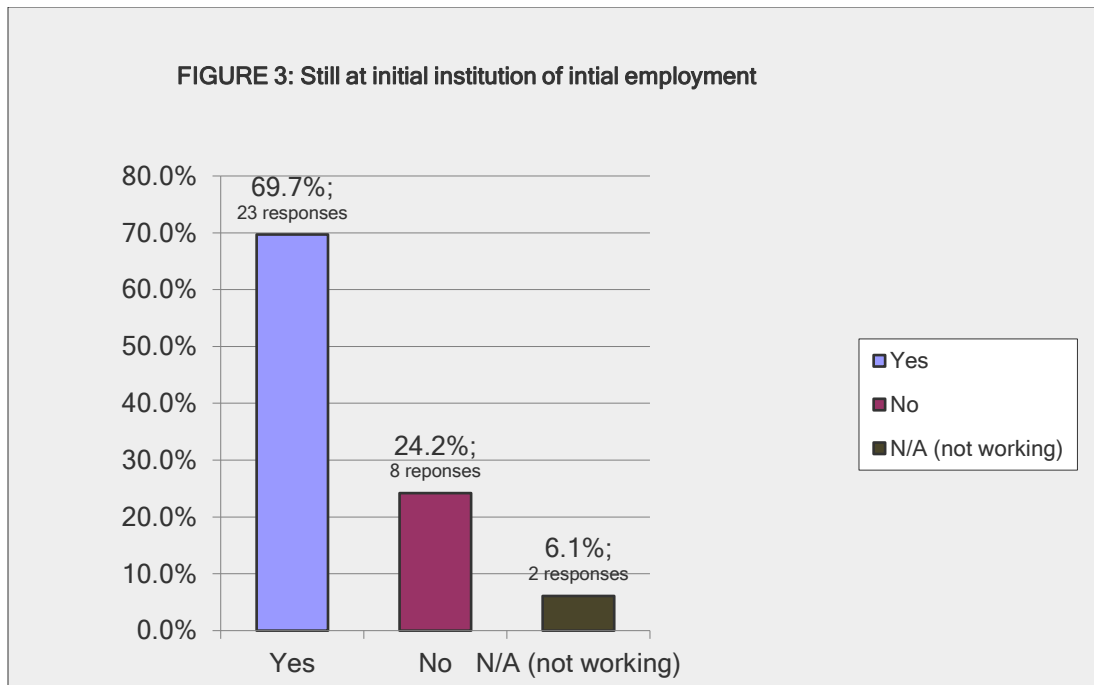
week, 21 (77.7%) chose to work more hours, with 11 of these (40.7 %) choosing to work 24 hours.

Of the 33 respondents who responded to the question of feasibility of working while continuing study, 28 (84%) stated that working while continuing their education was feasible. It is not known how many of these respondents were working or had worked while continuing study.



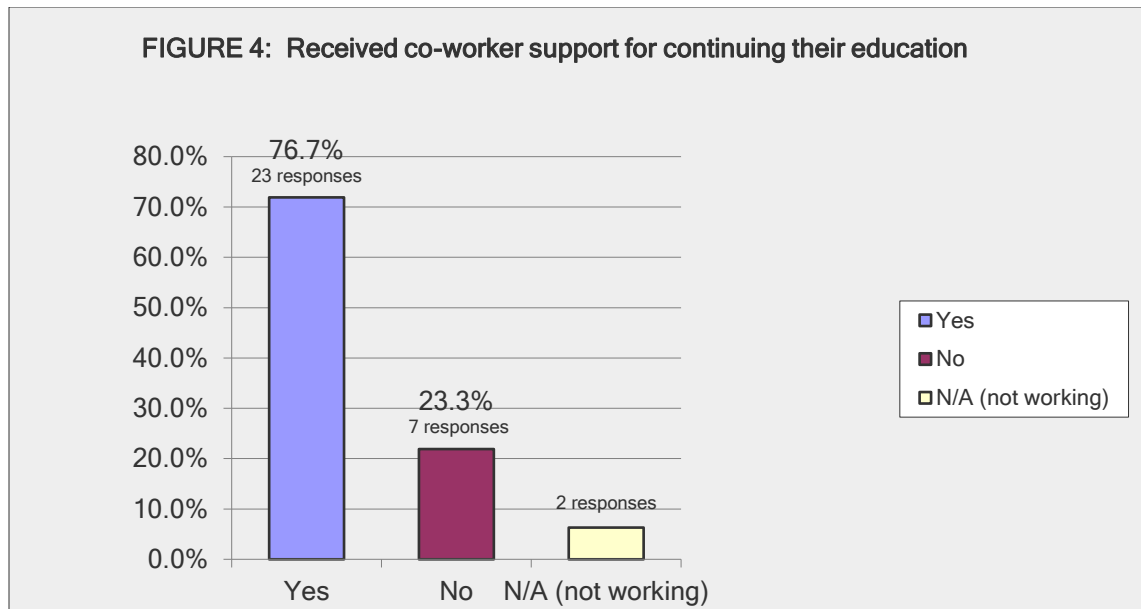
Of the 31 respondents who were employed immediately after graduation from the third year at SJCON, 24 (77.4%) were employed at St. Joseph's Hospital Health Center. Seven (22.6%) were employed at other facilities in the Syracuse area. Reasons for choosing SJHHC as the first employer were scheduling flexibility and familiarity with the hospital.

Data revealed that 69.7% of the respondents are still at the same institution where they began their first RN experience. The majority (63.63%) of these participants were still employed at SJHHC.

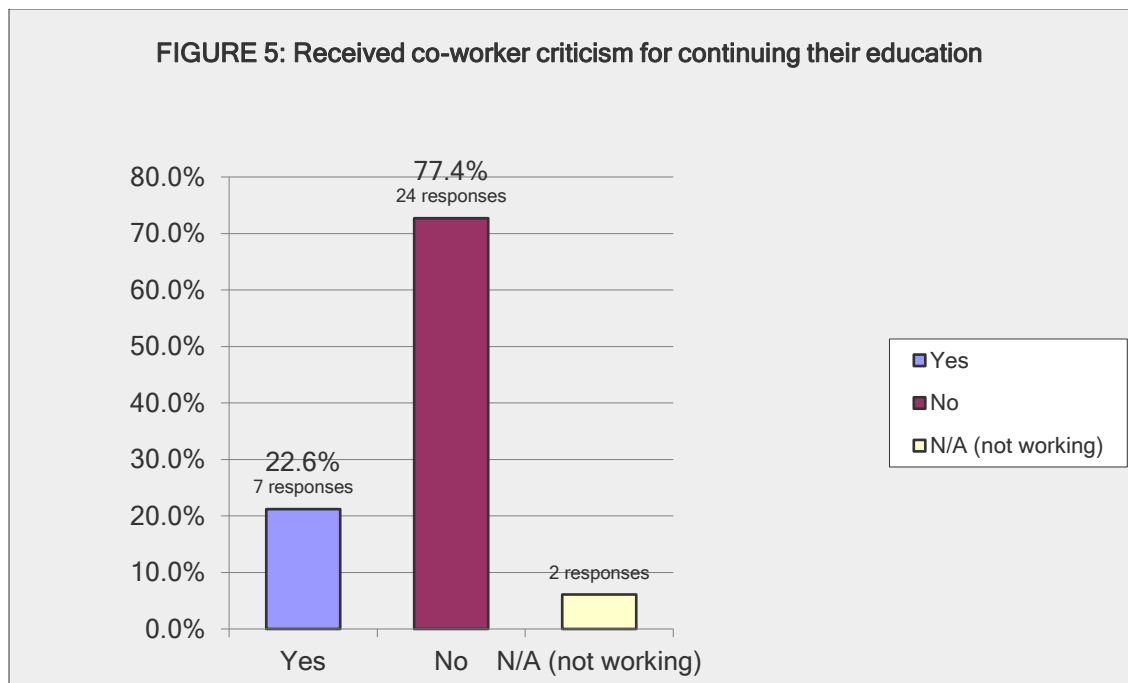


Reasons reported for remaining at the institution of initial employment included: love of the unit, staff, and patients; tuition assistance benefits; gaining experience; ability to grow within the institution; and required contract fulfillment. The two main reasons reported for leaving the first place of employment were a desire to work in a specialty area and relocation to another geographic region.

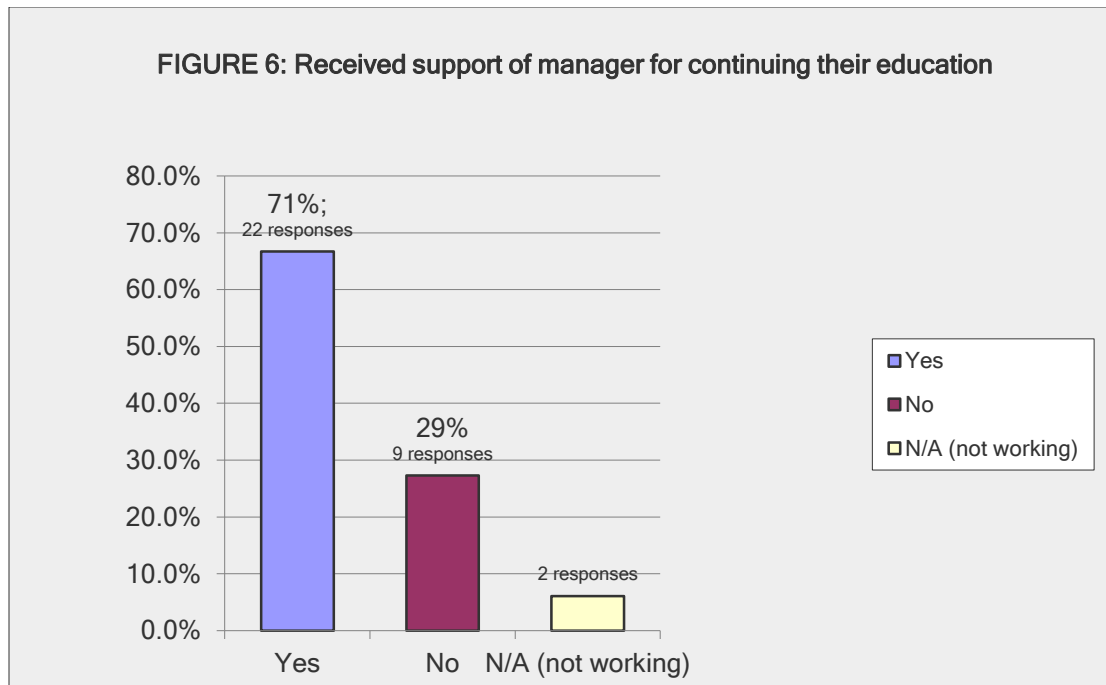
The vast majority of respondents reported receiving co-worker support of continuing their education.



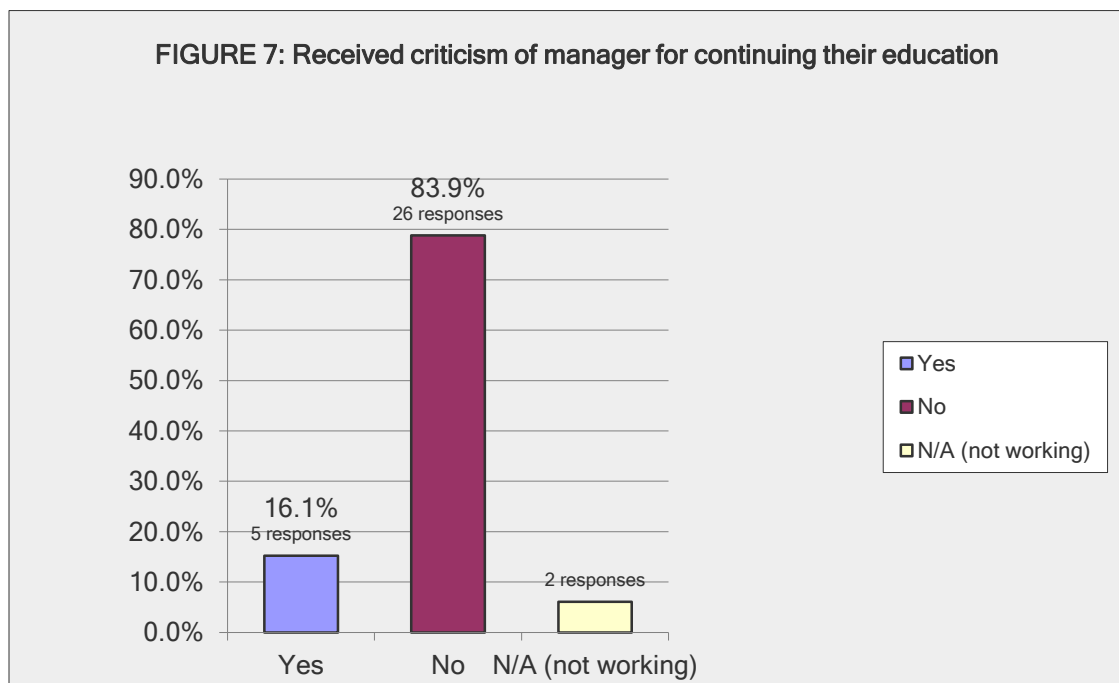
These responses were consistent with those regarding co-worker criticism of continuing their education.



Responses regarding managers' support and criticism of continuing their education are depicted in figures below.

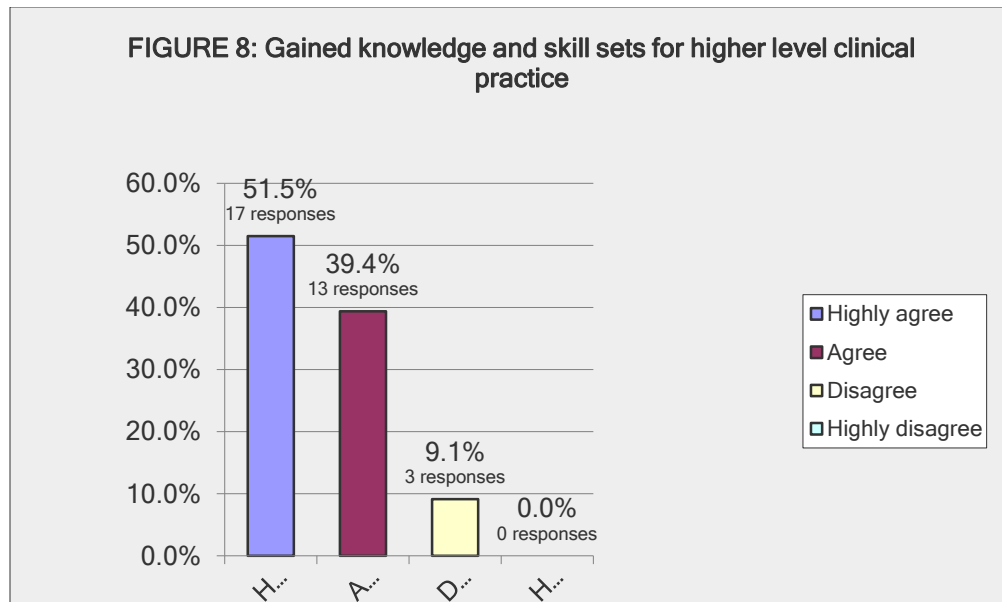


Respondents described types of support received from managers as encouraging them to continue their education, providing flexible work schedules, giving assistance with assignments and writing letters of recommendation.



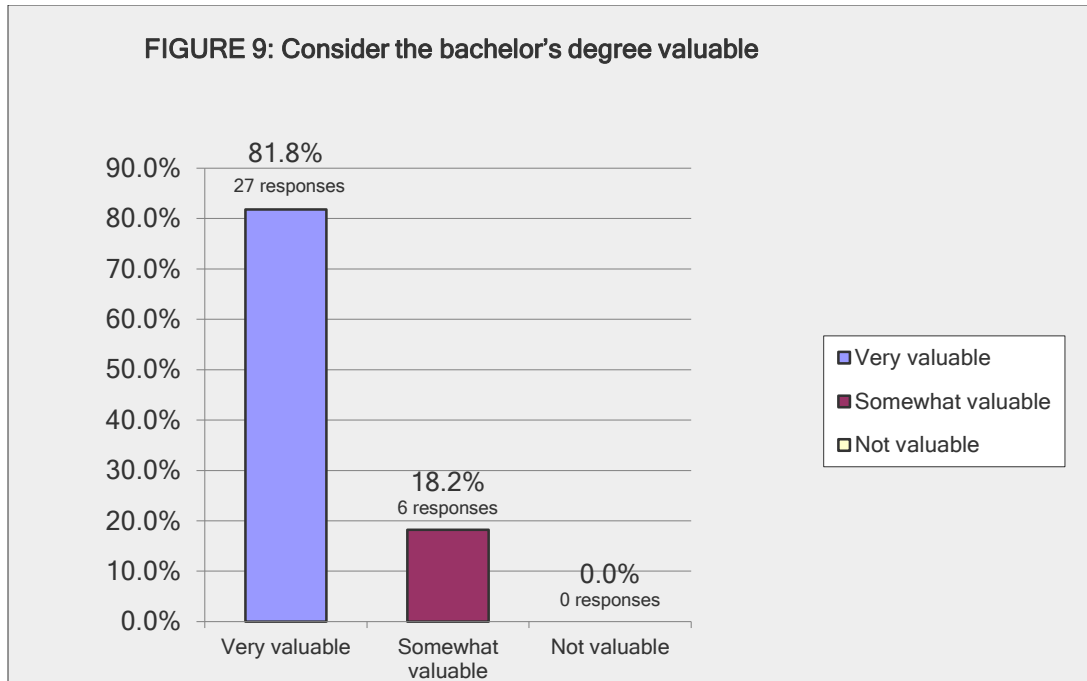
Respondents described the nature of criticism from managers as questioning the value of the BS degree and restriction of hours worked.

The overwhelming majority of respondents agreed with the statement, “I gained additional knowledge and skill sets for higher level clinical practice”. A total of 51.52% highly agreed, 39.39% of participants agreed, and 9.09% of participants disagreed with this statement.

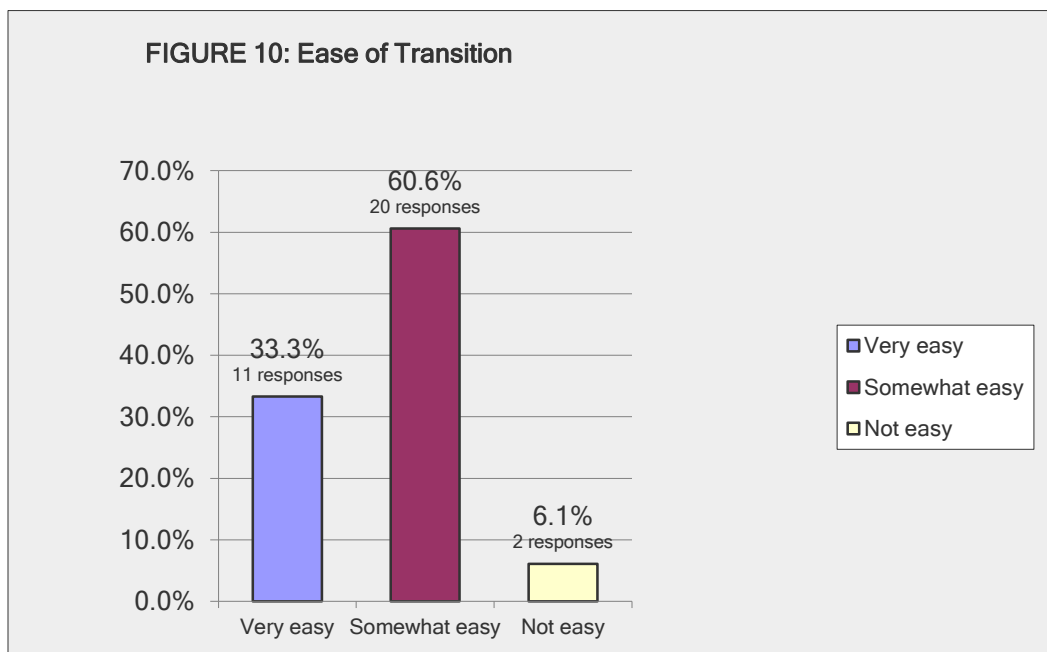


Benefits reported from obtaining a BS in nursing included: a well-rounded education, increased knowledge base and a higher level of professionalism; better understanding of patient care and the scope of the profession’s services and management and leadership skills; preparation for graduate school; and increased employment and compensation opportunities. These benefits are consistent with the American Association of Colleges of Nursing (AACN) report that BS prepared nurses have more job offers for a longer length of time than AD prepared nurses (AACN, 2014).

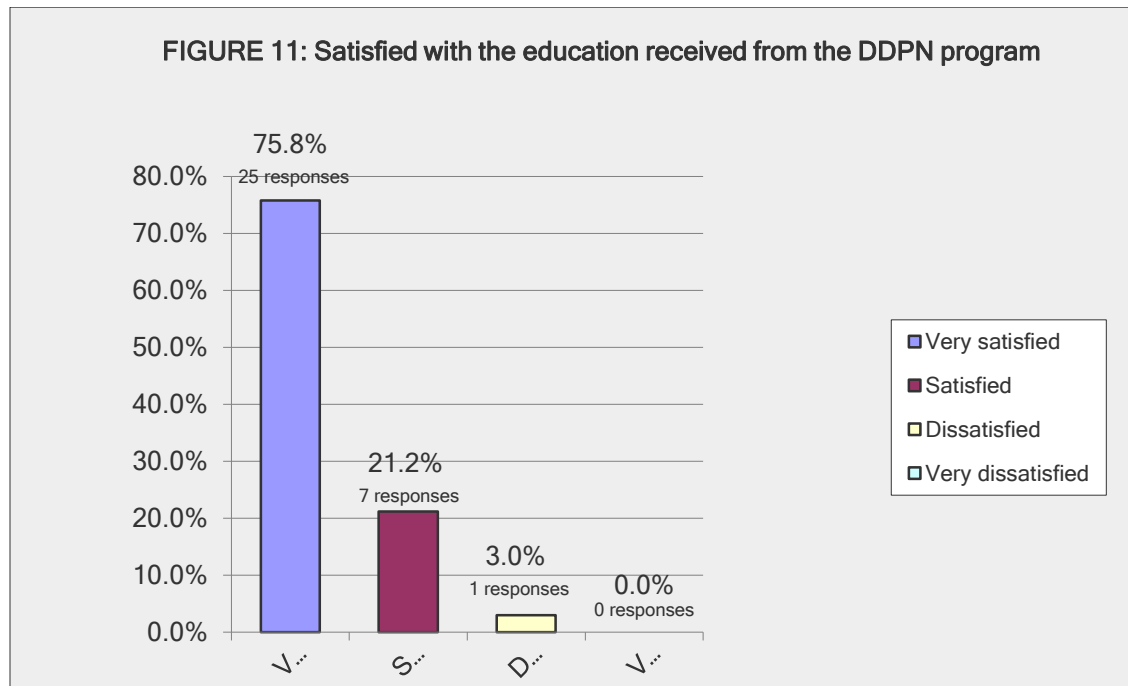
The majority (81.8%) of study participants considered the BS degree very valuable.



Respondents overwhelmingly rated the transition to practice as easy. Specifically, 60.6% of the subjects rated the transition to practice as somewhat easy and 33.3% rated the transition as very easy.



A total of 96.97 % reported satisfaction with the program with 75.76% reporting very satisfied and 21.21% reporting being satisfied.



When asked to provide any comments or suggestions about the DDPN program only 12 respondents replied. Responses expressed a true appreciation for the program style and curriculum. One survey participant shared that the program blended clinical and classroom theory like no other program in the area. Another expressed having shared their experiences with other nurses from different programs and concluded that the DDPN program was superior. Another subject stated that he/she was able to receive two degrees and live a normal college life on campus. A comment was made about how attending a hospital-based school was extremely beneficial for clinical experiences.

A suggestion was to offer BS-level nursing courses during the summer, which was not the case at the inception of the DDPN or at the time of this project. (Note: three upper-division courses have now been offered beginning in summer 2014).

Conclusions

Overall, the results of this survey attest to the success and strengths of the LMC-SJCON DDPN program and support the continuation of such an innovative curriculum. Specifically:

- 81.8% of respondents affirmed the value of BS education in nursing;
- 93.9% of respondents rated the transition to practice as easy;
- 96.7% of respondents rated overall program as satisfactory.

With respect to meeting or exceeding APIN benchmarks, DDPN student performance exceeded all benchmarks:

- Retention Yr. I to Yr. II – APIN benchmark, 60%; DDPN rate, 75 to 80%;
- Graduation rate – APIN benchmark, 50%; DDPN rate, 87 to 100%
- NCLEX RN pass rate – APIN benchmark, AD rate will equal or exceed state and national means; DDPN, 87 to 100%; NYS, 77 to 67%; USA, 81 to 89%.

The data suggest the DDPN model supports IOM recommendations for increasing the proportion of BS prepared nurses through an improved educational system that promotes seamless academic progression. The American Association of Colleges of Nursing has reported that “43.7% of hospitals and other healthcare settings are requiring new hires to have a bachelor’s degree in nursing, while 78.6% of employers are expressing a strong preference for employing BS prepared graduates” (AACN, 2014, p.3) The DDPN model is responsive to these employment trends.

Bastable and Markowitz have noted that that a key impetus for creating the model was that the amount of money and time needed to do so was negligible (Bastable and Markowitz, 2012). The model’s sustainability is reflected in the LMC-SJCON DDPN admission, enrollment and graduation rates. The number of applications received annually increased from 171 in 2006

to 470 in 2011 and in 2014 600 students applied for the Fall academic year. In 2014 over 200 students were enrolled in the program and approximately 200 graduates had completed the DDPN since its inception in 2005 (statistics provided by LMC Department of Nursing records).

Clearly, replicating and extending the DDPN model statewide and nationwide would be in the healthcare system's and the public's best interests. Based on the findings of this study, it is evident that the DDPN model is a nursing education pathway that is highly successful. It is effective and efficient in its operation, attractive to prospective applicants, well received by current students and alumni alike, and timely in meeting the IOM goal of a BS degree as the minimum preparation for RNs. "All indicators lead to the conclusion that this model can and should be replicated by other nursing programs nationwide" (Bastable & Markowitz, 2012, p. 555). In a recent article, Bastable and Markowitz report that admission, enrollment, graduation rates and NCLEX-RN pass rates continue to be outstanding (Bastable and Markowitz, 2017).

Limitations of the Study/ Future Study

In retrospect, changes in survey distribution protocols would have potentially increased the response rate. Because alumni probably no longer used their academic email addresses, surveys should have been sent to current email addresses. Increased response time would also have been helpful because both students and alumni have busy schedules and it is likely some could not respond within the two-week time limit. In addition, separate analysis of student and alumni responses would have been useful because perceptions of those in the midst of study may differ from those who have completed the program.

Replication, with appropriate refinement of methodology, would provide significant data for continuing evaluation of the strengths, weaknesses and sustainability of the DDPN model. Replication by all collaborating institutions in the RWJ-funded APIN grant project would

provide very useful data in evaluating the strengths, weaknesses and sustainability in institutions other than the founders, LMC and SJCON.

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