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UNIQUE EXPERIENCES OF DIRECT ENTRY BSN/BS-PHD NURSING STUDENTS: A DELPHI STUDY

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Abstract

Background—Given the aging nursing education workforce and the persistent high demand for doctorally-prepared nursing faculty, there is a critical need to increase the number of nurses entering and completing PhD programs. To fill this need, accelerated PhD education pathways, such as the direct entry BSN/BS-PhD education pathway, have become popular.

Objective—The objective of this study was to explore the unique characteristics of the direct entry BSN/BS-PhD student experience. This study defines and details the experiences of current and past direct entry BSN/BS-PhD students.

Design—This was a qualitative, descriptive study.

Setting—Web-based journals and feedback.

Participants—Our sample includes four former and current direct entry BSN/BS-PhD students.

Methods—We used the Delphi method to first analyze participants' journal entries on their lived experiences, and then iteratively summarize and classify the experiences into summative themes.

Results—We found four themes unique to participants' experiences: commitment to science, nursing identity, exploring prospects, and balancing family and student expectations.

Data Statement: Data is not openly available because it may be identifiable due to the small number of direct entry BSN-PhD students in nursing. However, we are open to discussions about data sharing if contacted.

Conclusions—To ensure that BSN/BS-PhD students have a high-quality education, nurse leaders should be aware of the unique perspectives of direct entry BSN/BS-PhD students. Results from this study can be used to evaluate BSN/BS-PhD programs from students' perspectives.

Keywords

education; nursing; doctoral education; student

INTRODUCTION/BACKGROUND

The need for the advancement of nursing science, education, and practice has created an increasing demand for PhD-prepared nurses who will work in all sectors of academia. Unfortunately, the current supply of PhD-prepared nurse faculty members is not adequately meeting the demands of academic nursing.^{1,2} In the 2012–2013 academic year, a total of 5,124 nurses were enrolled in a research-focused nursing doctoral programs in the United States compared to 14,688 students in Doctor of Nursing Practice programs, a doctoral program focused on clinical practice. In 2013, only 628 nurses graduated from a research-focused doctoral program. This number fails to fill current job vacancies for PhD-prepared faculty.^{1,3}

Although nurses have contributed significant scientific advancements through research over the past half-century, a shortage of PhD-prepared nurses impedes progress towards the advancement of nursing science. Attrition among nurse faculty has been identified as a leading culprit for the current shortage. A national survey of nurse faculty, current and past, showed 12% attrition existed among full-time nursing faculty between 2010 and 2011.⁴ Among the 12%, almost 50% left for non-academic nursing jobs and 20% retired at an average age of 64.5 years. Moreover, nurses on average are 45 years old when they receive their doctoral degree, reducing the lifespan of their academic careers.^{4–6} Due to the shortage of PhD-prepared nurse faculty, nursing schools are unable to admit a greater number of prospective students and in turn, cannot provide the labor force needed to hospitals in the midst of increased hospitalizations.^{1,3,7} This shortage threatens the expansion of current knowledge, generation of new knowledge, and evidence base for nursing practice and healthcare delivery.

One of the American Association of Colleges of Nursing's (AACN) strategies is to fast-track graduates of BSN/BS programs into doctoral programs.¹ The BSN/BS-PhD program was created to increase the supply of young PhD-prepared faculty. Students can enter the PhD program immediately after earning a BSN/BS without having had any clinical experience (direct-entry) or gain clinical experience while pursuing the PhD portion. Another option is for post BSN/BS students to work for a range of years upon the passing of the licensure exam, and then enter the PhD program later (AACN, 2010).⁸ While both are viable options, direct-entry programs are often criticized for enrolling students who have not clinically practiced as a registered nurse. Most nursing PhD programs in countries outside of the US only accept Master's prepared students,^{9–12} with few programs accepting BSN students^{13,14} and little is known about the experience of direct entry BSN/BS-PhD students in these programs.

Since the National Academy of Medicine, formerly known as the Institute of Medicine (IOM), is calling for an increase by twofold in the number of doctorally-prepared nurses by 2020, it is imperative that we understand the unique experiences of BSN/BS-PhD students, an important subgroup of PhD nursing students.¹⁵ In 2014, a cross-sectional qualitative survey of US-based BSN/BS-PhD students across varying institutions was conducted in which students described their experiences as a BSN/BS-PhD student.¹⁶ The survey results showed that BSN/BS-PhD students were motivated to enroll in doctoral programs by their strong desire to advance nursing science, the ability to shorten the time to obtain a doctoral degree, and the perception of a plethora of career opportunities that would be made available to them.¹⁶ The program did not come without any challenges. Students identified the need to standardize the quality of the curriculum and improve faculty-student mentorship.¹⁶ Although this survey provides some information on the experiences of BSN/BS-PhD students, it does not isolate the unique experiences of students who enter the PhD program with no clinical experience. To address this gap, the purpose of this study is to explore the experiences of direct-entry BSN/BS-PhD students and provide recommendations for administrators and faculty to help strengthen these programs based on students' experiences.

METHODS

To describe the common experiences unique to individuals within direct-entry BSN/BS-PhD programs, we applied a modified Delphi method. The Delphi method is a systematic approach to build consensus on a specific topic by a group of experts and is widely used as a consensus method.¹⁷ We selected this method because it allowed us to systematically assess and prioritize responses from a group of experts (n=4) with first-hand experiences with these programs.¹⁷ Given the geographic distance and timing constrictions of the expert panel, this method also allowed us to easily solicit and review honest expert opinions online through emails and group discussions via phone conferencing.

We assembled our expert panel by identifying current students and recent graduates of direct-entry BSN/BS-PhD programs from various locations within the U.S. using professional and social networks. Since the panel members were recruited through nursing networks via snowball sampling, some of the panel members had previous professional relationships through national nursing organizations. As there is no consensus on the number of experts required for a Delphi study,^{18,19} we recruited direct-entry BSN/BS-PhD students/recent graduates until we had representation from several different regions and programs in the United States. After we assembled this expert panel, we conducted an iterative Delphi method of progressively assessing and refining core elements of the direct-entry BSN/BS-PhD experience.^{17,20} The study was approved by Purdue University's Institutional Review Board.

Our process had four phases

1st Phase: Describing general BSN/BS-PhD experience—Each expert panel member openly journaled about her experience in the BSN/BS-PhD program. We purposefully did not provide specific topics or instructions, encouraging unstructured responses about individuals' perceptions of their experience in their respective program.

Journals were completed on word-processing software and de-identified by each journal author. The de-identified journals were emailed to one of the authors who compiled the journals before sending them out to the entire expert panel. Then, each expert panel member read all the journal entries, and worked together to identify major topics across the journal entries. Panelists completed a second round of journaling on any major topic that they had not previously included in their open journaling. Similar to the first round of journaling, the journals were de-identified, emailed to an author, compiled, and distributed to all panel members. The second round of journaling allowed us to compare panelists' experiences on common issues experienced across programs.

2nd Phase: Creating a list of codes across journals—Expert panelists individually reviewed all panelists' responses and created an exhaustive list of 19 individual codes summarizing panelists' experiences. The code list was generated from reading the journals broadly and identifying topics that differentiated the BSN/BS-PhD from other PhD student experiences.

3rd Phase: Grouping and Ranking summary codes—Expert panelists were asked to independently rank order the 19 summary codes in order of importance and relevance to BSN/BS-PhD students' experiences. Panelists then suggested how the summary codes could be grouped into higher-order summative themes. Seven individual codes were eliminated because they were not ranked in the top half for at least two of the panelists, could not be grouped with other codes, or were repetitive. The remaining 12 codes were grouped into five summative themes (See Appendix 1).

4th Phase: Ranking five themes—A list of the five themes was distributed and further condensed to four themes by group discussion.

All of the coding was first completed independently, then compiled and summarized by one of the authors. After each iteration of independent coding, compiling, and summarizing, discussions about coding occurred via phone conferencing. We report these themes along with deeper descriptions and quotations gathered during the initial round of data collection to provide depth and richness for each theme.

RESULTS

The expert panel consisted of two early career faculty members, one post-doctoral fellow, and one current BSN/BS-PhD student. All panelists had been/was currently a BSN/BS-PhD student and had not practiced clinically as RNs before starting the PhD program. The panelists' ages when beginning the PhD program ranged from 22 – 31 years, and took 4.5 – 5 years to complete the PhD program. Panelists had completed their PhDs from the Northeast, East, and Midwest. Two panelists were married, and one had children during their graduate programs. Two panelists were Caucasian, one African American, and one Asian.

Four common themes were identified to be unique to the BSN/BS-PhD student experience: (1) commitment to science, (2) nursing identity, (3) exploring prospects, and (4) balancing

family and student expectations. Themes are summarized below with representative quotations.

Commitment to science

“This is our nursing practice. We are providing patient care through our research. We want to impact hundreds and thousands of people by finding evidence-based care that can be applied throughout an entire population of individuals. This goes hand in hand with giving direct patient care; they complement each other.”

The panelists entered the BSN/BS-PhD program directly from the BSN/BS degree because of a driving passion for contributing to nursing science and dedication to science. This commitment was coupled with an early realization that research careers require intensive training and time to develop/refine a program of research - especially if there was a desire for research to have a strong impact on society. Their drive to focus on research led them to focus on developing scientific careers aimed at improving people's lives and healthcare delivery through evidence-based, innovative care. Panelists described themselves as ambitious, motivated learners eager to complete the PhD program, pursue postdoctoral studies with diverse mentors, and seek out research careers within academia and healthcare. They ranked this theme as most important because it was central to their reason for entering BSN/BS-PhD programs and their central motivation to grow within their career.

Nursing identity

“My professional identity as a nurse is routinely challenged by colleagues across the nursing disciplinary spectrum, both inside and outside academia...the takeaway message always seems to be the same: that I cannot know what older nurses with extensive clinical experience know, and therefore my value to nursing science is very limited.”

While panelists were all licensed RNs (and continue to maintain their licenses even though not practicing clinically), their identity as a nurse was tenuous. This decision to forego clinical experience and continue with education was not always recognized by other nurses, academics, family, or friends as a wise or commendable career decision. Panelists noted experiences of having their credibility and motivations as a nurse questioned by others within the nursing profession because of their lack of clinical experience. While panelists were dedicated to the field of nursing and viewed their science as a contribution to nursing, they were aware that their career path was less common, controversial, and poorly understood. Even if their role within nursing were not uniformly recognized, panelists would define themselves as partners with their clinical peers. They purposely included clinical nurses in their research teams to ensure their research questions, methods, and dissemination were directly relevant to the practicing nurse clinicians. Recognition and affirmation of their decision to pursue a BSN/BS-PhD degree from supportive mentors and colleagues helped the panelists build a supportive community and better cope with the negative reactions they received from others.

Exploring future job prospects

“I feel the pressure to be successful in this discipline: first and foremost, because I want to contribute to science and society, but secondly, because if I am unproductive, my career options are limited, especially in the absence of clinical experience.”

Panelists were keenly aware of the pressure to attain academic positions at research intensive universities at the end of their training. Uncertain/low salaries as PhD students and postdocs coupled with a lack of “fallback” options to work clinically, made panelists eager to pursue jobs that justified the time and financial sacrifices of early PhD education. The perception of a lack of “fallback” options also created intense internal pressures to be extremely productive during the PhD to find a job. While there was an understanding that there would be job opportunities in academia due to the aging nursing academic workforce, there was also concern about being competitive for academic positions and not have job opportunities outside of academia. Some felt the potentially limited job market for PhD-prepared nurses meant they would need to diversify their skillsets and strategically network to increase their marketability. For example, gaining extra skills in a complementary field or even partnering with clinical nurses could help open future opportunities if academic positions were unattainable or unsustainable.

Balancing family & student expectations

“Graduate school is lonely to begin with, but even more so when your situation is so different from the others in your cohort.”

Panelists who entered the BSN/BS-PhD program while having family commitments felt particular pressure with the expectations of an intensive PhD program and having young children. In particular, it was a challenge to balance the financial demands of family responsibilities (i.e., child care expenses) with being productive as a BSN/BS-PhD student. Since BSN/BS-PhD students felt they would most likely work in academia in the future, they put greater pressures and expectations on themselves to be productive. Even panelists who did not have partners and/or children during the program felt the need to manage social expectations and obligations during the program, often having to educate family and friends on the demands of the BSN/BS-PhD program including coursework, graduate student and teaching assistant positions, research training, scholarship, and preparing dissertations. Panelists’ discussed the uniqueness of their situation since they were usually the youngest PhD student within their cohort. Panelists felt that their younger age led to different social experiences in comparison to other PhD students who had other social obligations outside of the PhD program. While experiences with other students were collegial and supportive, panelists frequently felt other nursing PhD students did not understand their situation since there were few direct-entry BSN/BS-PhD students who had not worked as an RN at their university.

DISCUSSION

We described the PhD program experiences of former and current BSN/BS-PhD students who did not have experience working clinically as RNs. We found four major overarching

themes that were unique to the BSN/BS-PhD student experience. These themes highlight that BSN/BS-PhD students without RN experience may have different underlying motivations for PhD education and experience different stressors when compared with other nursing PhD students. Based on our findings, we present recommendations to better support future BSN/BS-PhD nursing doctoral students.

A key finding of this study is students' concern over identity and qualifications as a nurse. Participants indicated that in the absence of clinical experience, their professional identities as nurses were challenged by family members and nursing colleagues (i.e., faculty, clinicians, and other doctoral students). Studies among students across all degree nursing programs have found that this concern is prevalent among nurses who are not providing direct patient care, and is fueled by a perception that nurses must practice clinically to be considered nurses.^{16,21} To attract and successfully graduate BSN/BS-PhD students, the nursing profession needs to build a healthy culture of acceptance and respect. As a start for developing an inclusive environment, nursing education organizations (e.g., AACN and NLN) should consider releasing education materials that help nurses understand the value of the BSN/BS-PhD program.

Recruiting PhD students is often a challenge in nursing because nurses have the option to work clinically for salaries that are typically higher than PhD student stipends.^{22,23} Nurses who have had clinical experience before doctoral studies are often able to offset this challenge by working limited hours during their studies. Unfortunately, the option to work clinically during PhD studies is not possible for direct entry BSN/BS-PhD students. Working as a nurse usually requires a commitment to full-time residency programs or many months of full-time work before working on a part-time basis.²⁴ Most direct entry BSN/BS-PhD programs are not designed to allow brand new RNs to practice clinically. Schools of Nursing must find sustainable models of financial support to retain and graduate BSN/BS-PhD students. The creation of 1- to 2-year clinical residency programs could help direct entry BSN/BS-PhD students develop important clinical insight as well as provide the training necessary to work part-time in the clinical setting. Not only would direct entry students experience greater financial stability in the short term, but they would also gain clinical exposure, which would help foster clinically-driven research questions and support the teaching of clinical coursework to undergraduate and master's level nursing students. Several nursing programs have already incorporated clinical residency programs into their PhD programs.²⁵ Current clinical-research integration programs that incorporate graduate coursework in the BSN/BS portion of the BSN/BS-PhD program and a clinical nurse fellowship post-licensure in the PhD portion of the program, enable students to gain clinical experience while working on developing robust clinically relevant ideas for the dissertation.²⁵ Expansion of programs similar to this one can address challenges unique to direct-entry BSN/BS-PhD students.

Due to the BSN/BS-PhD student's lack of opportunity to work clinically, their future job opportunities are limited. PhD program directors and faculty mentors should be sensitive to these student's limited job opportunities and devise strategic plans to prepare students for the competitive job market. For example, creating opportunities for BSN/BS-PhD students to teach, network, and identify postdoctoral fellowships earlier in their graduate training than

usual would provide important preparation for enhancing students' skillsets and marketability. Special considerations and attention should be provided for students who are interested in non-academic tracks.

Limitations and strengths

Participants in this study obtained their nursing PhDs predominantly from nursing schools in Academic Medical Centers on the East coast. Findings may not be fully representative or transferable to other BSN/BS-PhD students in different settings. Results should be interpreted with caution. Our sample consisted of only four females who are likely to have different experiences than male students and a broader sample. However, the sample was diverse with three different ethnicities (Caucasian, African American, Asian) represented and three different family situations (single, married without children, married with children) represented. Nursing schools who are interested in increasing the diversity of their PhD student body may find the perspectives from this study particularly important. Finally, this study could inform the development of other joint PhD initiatives such as the DNP/PhD program.

CONCLUSION

PhD program directors, nursing administrators, PhD student mentors should be aware of the different challenges BSN/BS-PhD nursing students may face. To encourage more BSN/BS-PhD students to enter and graduate from PhD nursing programs, nurses should adopt a culture that is more inclusive and respectful of different nursing backgrounds. As one of our participants stated, nurses should recognize that no singular path in nursing is the best and each comes with challenges and advantages:

“No one path or direction is better than the other, and they each come with their own challenges and sacrifices. The bottom line is, it is a choice. I think, if we can just be respectful of each other's unique experiences – it would afford smoother professional interactions and opportunities for moving our mutual interests in science forward. The grass isn't necessarily greener on the other side: just a different shade of green.”

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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