An Investigation of the Interests and Reasons of Diploma Nurses Undertake a RN-BSN Bridging Program in United Arab Emirates

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Abstract

The nursing programs across United Arab Emirates are in the process to inform students about RN-BSN bridging program. The study purpose was to determine the interests and reasons of nurses in enrolling to a RN–BSN bridging program. An online survey was conducted among diploma students to explore their interest and perspective regarding pursuing bridging program. One hundreds thirty-five RNs participated. The questionnaire used for survey had seventeen items, which included questions to elicit information or clarification of their perspectives. We performed the data analysis in SPSS by computing descriptive and inferential statistics. The findings showed that a majority of nurses were interested in returning to RN-BSN program. The students’ reasons were both personal and career related, with personal reasons being more dominant. Most of participants held a diploma and midwifery and they had more than 2 years working experience since they completed diploma. There appears to be a need for a RN-BSN bridging program because most of study respondents are potential candidates for this program. This study provides information to nursing schools’ management to provide opportunities and develop curriculums to meet the needs of these nurses. Nurses need to reflect on various strategies for incorporating their new knowledge into clinical practice.

Keywords: Bridging program, interests, nurses, nursing, university, United Arab Emirates.
Introduction

Around the world, RN-to-BSN programs have grown dramatically and many diploma nurses return to school for a BSN program. However, there is a concern among nurse leaders about lack of ideal nursing standardization and skill competencies. In the United States, for example, the Institute of Medicine outline the important of essential components in nursing education to prepare the future nurses (Conner and Thielemann, 2013). It is essential that nursing faculty members ensure that all program graduates are well prepared for practice in health care system and settings. It is also important to consider how to enhance RN-to-BSN programs and to evaluate their congruence with traditional BSN programs (McEwen, 2015). In addition, faculty members need to encourage and promote the success of the RN-to-BSN student (Hewitt 2016). Many research findings indicated that nurses with higher education experience improved patient outcomes, job satisfaction, less errors in medication treatments and low mortality rates in healthcare settings. For example, Aiken, (2014) and American Nurses Credentialing Center (2015) found that there would be better patient outcomes when BSN - prepared nurses are fully responsible for patient care. Their findings provide strong motivation for academic nursing programs at college or university levels to collaborate for creating a more highly educated workforce. For many years, the leaders in the field of nursing have encouraged Diploma, or Associate level nurses to pursue a Bachelor’s of Science in Nursing (BSN) degree. Earning the BSN prepares nurses to offer patients a higher level of knowledge and skills. Within the last few years, the push to hire Bachelor’s educated registered nurses has really gained momentum.

The nursing programs in the United Arab Emirates (UAE) are in the process of trying to inform prospective students about their RN-BSN bridging program. In the near future, the Bachelor’s degree will be minimum level of education requirement for registered nurses (RNs). Other words, it is required by the Ministry of Health and Prevention (MoHaP) is emphasizing on a Bachelor degree as a minimal qualification for nurses to practice in UAE healthcare settings. The rationale is that entry to practice in UAE will be baccalaureate (BSN) degree because RN-BSN programs build on nursing knowledge and skills by providing education on research-based science, leadership and a liberal arts foundation. Becker (2017) indicated that a BSN program provides a stronger foundation in the humanities and sciences education. In addition, one of important factors for motivating nursing education is to increase the number of BSNs is that nurses with bachelor diploma degree are associated with patient outcomes and improvements (Aiken, 2014; Yakusheva, Lindrooth, & Weiss, 2014).

The United Arab Emirates (UAE) is a country located in Western Asia at the northeast end of the Persian Gulf and on the Arabian Peninsula. UAE is a federation of seven emirates of Abu Dhabi, Sharjah, Ajman, Dubai, Fujairah, Ras Al Khaimah (RAK), and Umm Al Quwain. In 2013, UAE’s population was 9.2 million; 1.4 million are Emirati citizens and 7.8 million are expatriates (Malit & Youha, 2013). In UAE, a ruler governs each emirate and these emirates joint form the Federal Supreme Council. In addition, one of these rulers is the President of the UAE. According to data from 2016, 34.5% of adults in the UAE are clinically obese, with a Body mass index (BMI) score of 30 or more (World Health Organization [WHO], 2017). The life expectancy at birth is at 76.96 years. The main cause of death is cardiovascular disease, constituting 28% of total deaths in the UAE.

In the United Arab Emirates, the Ministry of Health and Prevention (MoHaP) is emphasizing on a Bachelor degree as a minimal qualification for nurses to practice in UAE. The RN-BSN program is designed pace the change demands of the global health care services and to align with international standards of nursing education. Therefore, this program will provide an opportunity to enhance nursing professional development and prepare future nurses for a broader scope of practice. This program will also provide the graduates to undergo higher education in nursing. The proposed bridge program in Nursing is a 60-credit program for registered nurses who have passed Diploma in Nursing and have a minimum of two years of clinical
experience. In addition, the curriculum of this RN-BSN program will bridge the gap between already acquired knowledge and skills in core nursing courses with the latest trends and advances in healthcare practice to improve the competencies essential for practicing as a professional nurse. A study conducted in the United States indicated that approximately 60 percent of RNs still practice with diploma or an associate’s degree (The Institute of Medicine, 2010). From leading health care institutions and nursing organizations, propose entry to nursing practice should be at BSN degree (McEwen, White, Pullis, & Krawtz, 2012). Some studies indicate that RNs have problems in enrolling to a RN-BSN program. For example, many RNs have difficulty to join in an RN-BSN program related to negotiating multiple roles of work and study (Alonzo, 2009; Megginson, 2008). Understanding RNs’ interest and reasons to join a RN-BSN bridging program will help determine ways to foster positive attitudes toward educational learning among nurses, and allow us to entice nurses to return to school (Altmann, 2011). By providing curriculums that are flexible and cater to the needs of students who are returning to study after a long time. In addition, it may identify steps to ensure the provision of education and quality nursing care. For these reasons, we conducted a survey of prospective RNs students seeking their opinion regarding pursuing a RN-BSN program as their further education.

An intensive literature review indicates that no study had been conducted to know the interests and reasons of diploma RNs undertake a RN-BSN bridging program in United Arab Emirates. The purpose of this study was to examine RNs interests and reasons of choosing a RN-BSN bridging program. More specifically, this study was to determine selected variables that influence the interest and the reasons for a RN-BSN bridging program and identify the most appropriate learning methods and mode for nurses who are interested in attending a RN-BSN bridging program. In addition, leaders in nursing education and service need to work collaboratively to support non-redundant pathways that lead to the baccalaureate nursing degree.

Method

We used a quantitative descriptive design to determine perceptions of interests and reasons of prospective nursing students (RNs) who will be enrolled in a RN-BSN program. The setting for the study was in some hospitals and clinics across UAE. The target population for the study was registered nurses who are working in different hospitals, clinics and community based healthcare in five different areas in the United Arab Emirates. They were from emirates of Ajman, Dubai, Fujairah, Ras Al Khaimah, Sharjah, and Umm Al Quwain.

This study has been approved by the Research Ethics Committee of GMU Ajman before study implementation. We realize that protection of the participants was essential to be maintained throughout the study.

There are several ways of conducting a survey. The questionnaire used for survey had seventeen items, which included questions to elicit information or clarification of their perspectives. In our study, data was collected through web-based or online survey. Online surveys are becoming an essential research tool for a variety of research fields, including social, health, education and other researches. We found that a web-based survey is simpler, faster and cheaper. For data collection, an online survey tool was used to identify interest and reasons for prospective RN-BSN nursing students.

The practice nurse leaders collaborated with researchers identified potential diploma nurses who would be willing to return to school at a RN-BSN program during the recruitment period. During our online information, these nurse leaders help us to pass the information to the participants. In addition, all questionnaires used for survey distributed with potential nurse participants via personal email address. Online surveys were best suited for this study because the respondents were RNs who worked in different hospitals across UAE. An electronic inform consent with a link to the survey emailed to prospective respondents. Two hundred fifty of the surveys were distributed to potential respondents of which 135 questioners were returned.

In this study, we calculate the response rate that is 68 percent. All respondents
were required to have access to an internet connection in their computer. The research questions aligned with the utilization of a descriptive, design to identify their interests and reasons of joining in a RN-BSN bridging program. Online surveys are a reputable, efficient, and cost effective method for reaching participants at different areas or locations (George and Mallery, 2011). However, internet access was a possible limitation for online surveys. Hence inclusion criteria for this study required participants to be working in the hospital, thus the likelihood of limited access to internet was minimized. The RN-BSN interest survey consisted of open and close-ended questions including demographic information, checklists, rating and free response. In this study, our data entry process consisted of coding surveys and data entry and a member was responsible for the data entry and analysis. Once that was completed, this person has forwarded it to the team leaders for the final report and for compilation. One advantage of a web-based survey was the elimination of human coding errors because of automatic data coding by most programs used for online surveys. Quantitative data analysis was not performed in SPSS. We analyze the data manually by using excel sheet computing program. Since the data analysis did not use statistics, we only provide percentage and average in our findings. Microsoft Excel is often used by researchers to collect and analyze data. In addition, data management techniques can be implemented in Excel (Elliott, Hynan, Reisch, & Smith, 2006).

**Results**

One hundred thirty-five (n=135) registered nurses worked in the hospitals and other health care setting across United Arab Emirates consented to participate in this study. This section presents the detailed survey findings from respondents (n=135) that were entered in database. Descriptive findings for each question follow, including bar charts. In our study, missing data are excluded from the graphs. All respondents’ additional suggestions and comments are reported under question 17.

**Respondents’ characteristics**

We found in our respondents’ characteristics survey questions that the majority of nurse respondents identified themselves as female (92 percent) and only (7.40 percent) of respondents identified that they were men. This characteristic is not a surprising statistic because as anticipated, more women enter into the field of nursing profession than do men.

Our survey findings also indicate that the majority of those responding (79.25 percent) identified themselves as being Indian nationality. The other major ethnicity of the respondents declared was Jordan at 4.44 percent; Filipino and Pakistan were at 2.96 percent each; Nigerian nationality were (2.22 percent) and Yemen (1.48 percent). In addition, other nationalities of respondents were Bangladesh, British (UK), Cameroonian, Comoros, Emirati, Somali Sudanese and Syria at (0.74 percent) each. The vast of respondents are Indian group account for (79.25 percent) of all ethnicities.

![Bar Chart: Male vs Female](image.png)
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**The diploma/certificate in nursing**

When study respondents were asked: “name of the diploma/certificate in nursing that they have”, a larger percentage of study participants (72.59 percent) held a Diploma in Nursing + Midwifery. This data is followed by (23.70 percent) who earned a diploma in nursing. In addition, respondents with Diploma in Midwife were (1.48 percent). Others, Dental hygienist was at (0.74 percent) and Lab technician was at (0.74 percent). One respondent (0.74 percent) did not provide any response. From this finding, the majority of RNs respondents (72.59 percent) held a Diploma in Nursing or/and Midwifery. This finding also indicates that it would be easy for them to transition and pursuing RN-BSN bridging program.

**Number of years since completed Diploma and years of experience in nursing profession**

In this number of years since completed diploma and years of experience in nursing section, we divide the number of years since completed diploma in 0–2, >2–5, >5–10, and >10. Our survey indicates that (65.92 percent) respondents have number of years since completed diploma more than 10 years. Respondent >2-5 were at (20.00 percent), >5-10 (9.62 percent), and (3.70 percent) of RN students reporting 0–2 years of years since completed Diploma. One respondent (0.74 percent) did not respond. There appears to be a need for a RN-BSN program as a majority of the RNs respondents would be potential feeders into the BSN bridging program.

Another question in this survey addressed years of the nurses had been practicing as a registered nurse in UAE. This section was also divided in 0–2, >2–5, >5–10, and >10 of number of years of experience in nursing. Survey findings indicate that (71.85 percent) respondents have number of years of experience in nursing more than 10 years, followed by respondent with >5–10 were at (20.00 percent), >2-5 at (2.22 percent). From total respondents, 4.44 percent of respondents have 0–2 years nursing experience. One respondent (0.74 percent) did not provide response. There appears to be a need for a RN-BSN program as a majority of the respondents would be potential candidates into the RN-BSN bridging program.
Nursing License and Working Place in the UAE

Our survey also asked about nursing license and working place in the United Arab Emirates. The survey finding shows that the majority of the respondents (87.40 percent) are currently pursuing Ministry of Health (MOH) RN license and only 5.18 of the participants hold DHA license. One respondent (0.74 percent) has both Ministry of Health (MOH) and Dubai Health Authority (DHA) licenses, and 6.67 percent respondents are without RN license. One respondent (0.74 percent) did not provide response. Finding indicates that the majority of respondents (93.32 percent) are eligible in pursuing a RN-BSN program.

When study participants were asked about their working place in health settings currently, survey finding shows that (57.78 percent) of these nurse practicing with Ministry of Health care settings. Those who identified themselves work in private facilities were (39.25 percent). Another four (2.96 percent) did not respond the survey question. Between respondents who are working with Ministry of Health and private health care facilities are almost equal. Other words, percentages of both health settings are comparable.
Interest in joining a bridging program in nursing

When participants were asked if they would be interested in pursuing or joining a RN-BSN bridging program, almost all or majority (99.26 percent) respondents said yes, they would be interested in joining a bridge RN-BSN. Only 0.74 percent respondents said no. From the surveys, majority of nurses stated they had interested in a RN-BSN bridging program.

Survey also asked the level of interest in enrolling for the bridge program in nursing. Of the responses from RN participants, (69.62 percent) indicated have very high interest in joining the bridge program in nursing. 28.14 percent respondents said have high interest and (2.22 percent) said considerable in their level of interest. No respondent indicated that they had no or low interest in joining the program. This finding indicates that respondents have high to very high interest to transition in pursuing RN-BSN bridging program.

The reason for nurses to join RN-BSN bridge program

When we asked the reason to join RN-BSN bridge program: “Why do you wish to join the bridge program? 53.33 percent respondents said that BSN degree is becoming mandatory to work as RN. Respondents who said that they interest in learning were 34.07 percent. In addition, other respondents 12.59 percent said that BSN degree is required for their promotion.
Plan regarding in attending the BSN-RN program
When in survey we asked “What is your plan regarding attending the program?” The majority of respondents (97.03 percent) stated they plan to attend work and study. Only (2.96 percent) respondents will take a leave from work to study RN-BSN bridging program.

Time preference for attending classes
When participants were asked to rank of time preference or how they would like to attend RN-BSN, findings indicate that respondents preferred daytime (20.00 percent), in evening (34.07 percent), and in weekend (45.92 percent) to attend the program. The three percentages of time preferred are almost equal (daytime, evening, and weekends).
In addition, 46.67 percent respondents are interested in a combination of 8.30 am to 4.30 pm on weekends and 3.30pm to 9.30 pm on weekdays to attend. It was followed by 30.37 percent of respondents who like to attend classes between 3.30 pm to 9.30 pm on weekdays. Only (19.25 percent) preferred their attendance between 8.30 am to 4.30 pm on weekdays. There were (3.70 percent) respondents did not respond. Time slot for attending the classes are almost equal to take their RN-BSN program the classes.

Tuition fees payment
When come to question, “Who will pay your fees? The majority of respondents (92.59 percent) said that they would pay their tuition fees themselves. Only (7.40 percent) of respondents said that their family will pay their tuition fees at RN-BSN program.

Time preferences to join RN-BSN bridging program
Survey question asked three aspects of joining time: as early as possible, next academic year, at any time. The majority of respondents (77.03 percent) said that they would join the RN-BSN program as early as possible. Both who responded next academic year and at any time were equal: next academic year (11.11 percent) and at any time (11.85 percent). This finding indicates that they will join RN-BSN program as early as possible.

The reason of choosing university for your further studies
Respondents were asked the reason of choosing or joining University, and nearly half (36.29 percent) stated that about nearness to place of work/home. A similar percentage was accounted for university hospitals/health care units (34.07 percent) and university reputation (29.62 percent). Three of these percentages are comparable. Respondents not only live close to the university from work/home but they also have the reason because of university hospitals/health care units and the reputation of the university.
Discussion

Registered Nurses (RNs) wishing to return to school would be valuable for professional nursing education (Sarver, Cichra, & Kline, 2015). Much has been reported regarding the need for a nursing education transition program in nursing profession (American Association of Colleges of Nursing, 2013); from a diploma nursing to the BSN program (Kumm et al., 2014; Pittman, Kurtzman, & Johnson, 2014). RN-BSN educational programs build upon foundational skills obtained in a diploma or an associate degree in nursing because both program aptly cover the provider of care role of the registered nurse. The RN who returns to school (BSN) has unique characteristics that need be considered if the educational experience is to be positive. Allen and Armstrong (2013) highlight that the main values of the RN-BSN program reveal a nursing faculty member who is concerned to development of education to transition the diploma or associate degree graduate to professional nursing practice without repetition of content and learning activities. In the united states, the proportion of RNs with a BSN increase to 80 percent by 2020 (The Institute of Medicine, 2011) and registered nurses (RNs) with an associate’s degree or diploma are among the fastest growing groups of Bachelor of Science in nursing (BSN) students (Leonard, 2003). However, a current study indicated that RN-BSN programs hold the second lowest average graduation rate of US nursing programs (Perfetto, 2019). Sarver, Cichra, and Kline (2015) indicated that the opportunity for Registered Nurses to identify challenges, benefits, and motivators to return to a school is an example of nurse leaders advocating for RNs who seek a higher educational nursing program.

Responding to a current healthcare demand, the nursing profession is actively seeking to increase the number of prepared nurses with BSN holders. Our study findings indicate that the majority of respondents identified themselves as women and only few of respondents are men. This is not a surprising finding because more female nurses are working in the field of nursing than
do males in healthcare settings in the United Arab Emirates. More women enter into the field of nursing than men. The vast majority of respondents are Indian, followed by Jordan, Filipino, and Pakistani. Other nationalities included Nigeria, Yemen, Bangladesh, British (UK), Cameroonian, Comoros, United Arab Emirates, Somali Sudanese, and Syria. In addition, the majority of respondents or a larger percentage of participants held a Diploma in Nursing plus Midwifery. Respondents who earned a diploma in nursing alone followed this trend. Our findings indicate that there is a need for an RN-BSN bridging program as a majority of respondents would be potential candidates into this RN-BSN program. Survey findings also indicate that more than half percentage of total respondents have more than 10 years since they completed diploma. This finding indicates also that it would be easy for them to transition and pursue RN-BSN bridging programs. Majority of RNs as survey respondents have more than two years of experience in nursing. From them, also the majority of them have more than 10 years working as nurses that respondents are eligible in pursuing a RN-BSN program. Also, the majority of the respondents are currently pursuing MOH RN license. It is followed by some participants hold DHA license and one respondent has both MOH and DHA licenses. Half of survey respondents were practicing or working with ministry health care settings and half those who identified themselves work in private facilities. Between respondents who are working with ministry and private health care facilities are almost equal or both percentages are comparable. According to the Institute of Medicine (2010), the willingness of RNs to increase their education will be an important component of successfully increasing the percentage of BSN degree. According to Cipher, Mancini, and Shrestha (2017), younger students who received financial aid and had a previous BSN degree reflected the demographic profile associated with the highest likelihood of graduating and graduating sooner.

Most of respondents had planned to attend work and study. Very less of respondents will take a leave from work to study RN-BSN bridging program. This indicates that RNs will stay working during attending RN-BSN bridging program. If it is related to preferred time for attending classes, the three percentages of time preferred (daytime, evening, and weekends) are almost equal to. Respondents like attend RN-BSN bridging program at daytime, evening, and in weekend were almost the same percentage. Percentage of convenient time slot for attending the classes are almost equal among three time slots to attend RN-BSN program as early as possible. This indicates that RNs prospective students wanted to join RN-BSN program as early as possible. This indicates that RNs prospective students wanted to join RN-BSN program as early as possible if programs are available to them. Primary RN-BSN completion barriers and challenges were work-life balance and economic issues (Duffy et al., 2014). According to Anbari (2015), illustrating what the RN-BSN transition looks like is important as organizations move forward to increase the number of employed BSNs and schools of nursing move to improve their RN-BSN programs.

The majority of nurses in this survey stated they had interested in a RN-BSN bridging program. They would be interested in pursuing or joining a RN-BSN bridging...
program, almost all of respondents agreed that they would be interested in joining a bridge RN-BSN. The level of interest in enrolling for the bridge program in nursing is between very high and high. The majority of respondents indicated that they have very high and high interest in joining the bridge program in nursing. It indicates that respondents have high to very high interest to transition in pursuing RN-BSN bridging program. Some reasons for RNs to join the RN-BSN bridge program. Almost half of them indicated that BSN degree is becoming mandatory to work as registered nurse. Similarly, they have interest in learning and other respondents said that BSN degree is required for their promotion in the hospitals. RN–BSN students described their pursuit of a BSN as a journey of being and becoming a professional. In addition, the reason of choosing or joining University, nearly half stated that about nearness to place of work or home. A similar percentage was accounted for university hospitals or health care units and university reputation. Three of these percentages are comparable and RNs respondents not only live close to the university from work/home but they also have the reason because of university hospitals/health care units and the reputation of the University.

Our findings indicated that nursing profession remains a career of choice for young RNs entering university in the UAE. The study findings could help university recruiters and deans, or head of nursing department to keep the nursing viable and creative that it will be implemented and evaluated in recruitment process. We need to focus on this issue as we develop a BSN program with a current generation where multiple changes appear inevitable during their career. Nursing program in universities must focus on this as they develop programs for a generation where multiple changes of career appear inevitable during their lifetime. The nursing profession needs to look at career pathways after graduation that provides these challenges within nursing profession. Some nursing scholars have recommended important ways and methods regarding RN-BSN bridging program. As prospective diploma students return to school to obtain a BSN degree, innovative ways need to be found to support them. According to Davidson, Metzger, and Lindgren (2011), with input from nursing leaders and nurses in the community, data showed that support related to program, technology, and social from other peers encouraged the RNs to ‘stay the course,’ and completed the requirements to graduate. With United Arab Emirates emphasis on increasing BSN nurses, the role of administrative staff and nurse educator is essential of promoting lifelong learning. Therefore, it is an ideal to provide a way for advising and mentoring nurses to return to BSN programs (Romp et al., 2014). According to Gillespie and Langston (2014), Bachelor Science in nursing progression is closely related to a relationship among several factors such as personal, work, and educational issue. Therefore, determining the best ways to inspire RNs to pursue a Bachelor Science in Nursing (BSN) is the challenge for nursing educational programs.

Conclusion

To conclude, there appears to be a need for a RN-BSN program as a majority of the RNs respondents would be potential feeders into the BSN. Based on our research findings, prospective students of RN–BSN program are encouraged to assess their interest and reasons as well as their motivation to return to nursing school. They also need to be aware of the importance of the right program, the right time and the right place to attend a BSN program. Nursing institutions and academicians need to evaluate their nursing programs to address the possible barriers faced by these students to make this nursing educational transition more success. Describing what it looks like RN’s transition to BSN is important as the organization moves forward to increase the number of BSNs workers and the School of nursing movements to improve RN’s to BSN programs. These studies can provide an implementation of institutional strategies, such as curriculum improvement, academic collaboration as well as tuition reimbursement.

It is essential that nursing schools, deans, head, recruiters, and entire faculties need to provide opportunities for RNs students
to develop skills in problem solving and their therapeutic communication. One of the limitations of this study is that situational and busy working days of prospective RNs who will be potential students attend a RN to BSN program is limited. Another limitation is that samples of this study is only limited. Therefore, a study with larger samples from several and multiple working areas of the RNs would increase the reliability and validity of the results.

In addition, BSN programs and faculty members are encouraged to evaluate their programs annually to address the barriers and facilitators experienced by students during their studies. This regular program evaluation will also make their BSN education transitions more successful and meaningful. Further studies are needed to explore RNs barriers or challenges and facilitators for RN-BSN bridging program completion. In addition, qualitative research of the future that can define factors that support and restrict the retention of RN-BSN students is required. Opinions and perceptions of students can be explored through interviews and conversations and it may provide more results that are comprehensive.

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References

Aiken, L.H. (2014). Baccalaureate nurses and hospital outcomes: More evidence. *Medical Care, 52*(10). doi: 10.1097/MMLR.0000000000000222.

Allen, P.E., & Armstrong, M.L. (2013). RN-BSN curricula: Designed for transition, not repetition. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 29*(6), e37-42. doi: 10.1016/j.profnurs.2013.06.001.

Alonzo, A. (2009). *Motivational factors in registered nurses completing a baccalaureate completion program* (Doctoral dissertation). University of Kansas, Lawrence. http://hdl.handle.net/1808/5945.

Altmann, T.K. (2011). Registered nurses returning to school for a bachelor’s degree in nursing: Issues emerging from a meta-analysis of the research. *Contemporary Nurse, 39*(2), 256–272. doi: 10.5172/conu.2011.256.

American Nurses Credentialing Center (ANCC). (2015). *Magnet program overview [Fact sheet]*. http://www.nursecredentialing.org/Magnet/ProgramOverview.

Anbari, A.B. (2015). The RN-BSN transition: A qualitative systematic review. *Global Qualitative Nursing Research, 2*, 1–11. doi: 10.1177/2333393615614306.

Becker, A.L. (2017). Personal transformation in RNs who recently graduated from an RN to BSN program. *Journal of Transformative Education, 15*(4), 315–333. doi: 10.1177/1541344617696971.

Cipher, D.J., Mancini, M.E., & Shrestha, S. (2017). Predictors of persistence and success in an accelerated online RN-to-BSN program. *Journal of Nursing Education, 56*(9), 522–526. doi: 10.3928/01484834-20170817-02.

Conner, N.E., & Thielemann, P.A. (2013). RN-BSN completion programs: Equipping nurses for the future. *Nurs Outlook, 61*(6), 458–65. doi: 10.1016/j.outlook.2013.03.003.

Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd Ed.). Thousand Oaks, CA: Sage.

Davidhizar, R., Gigen, J.N., & Reed, C. (1993). RN to BSN: avoiding the pitfalls. *Health Care Supervisor. 12*(1), 48–56. doi:10.1097/00126450-199309000-00009.

Davidson, S.C., Metzger, R., & Lindgren, K.S. (2011). A hybrid classroom-online curriculum format for RN-BSN students: Cohort support and curriculum structure improve graduation rates. *Journal of Continuing Education in Nursing, 42*(5), 223–232. doi: 10.3928/00220124-20110103-02.

Duffy, M.T., Friesen, M.A., Speroni,
K.G., Swengros, D., Shanks, L.A., Walter, P.A., & Sheridan, M.J. (2014). BSN completion barriers, challenges, incentives, and strategies. *Journal of Nursing Administration, 44*(4), 232–6. doi:10.1097/NNA.0000000000000054.

Elliott, A.C., Hynan, L.S., Reisch, J.S., Smith, J.P. (2006). Preparing data for analysis using microsoft excel. *Journal of Investigative Medicine, 54*(6), 334–341. doi. org/10.2310/6650.2006.05038.

George, D., & Mallery, P. (2011). *SPSS for Windows step by step: A simple guide and reference, 18.0 update* (11th Ed.). Boston, MA: Allyn & Bacon.

Gillespie, A.B., & Langston, N. (2014). Inspiration of aspirations: Virginia nurse insights about BSN progression. *Journal of Professional Nursing, 30*(5), 418–25. doi: 10.1016/j.profnurs.2014.01.001.

Hewitt, P. (2016). The call for 80% BSNs by 2020: Where are we now?. *Nurse Educator, 41*(1), 29–32. doi: 10.1097/NNE.0000000000000184.

Kumm, S., Godfrey, N., Martin, D., Tucci, M., Muenks, M., & Spaeth, T. (2014). Baccalaureate outcomes met by associate degree nursing programs. *Nurse Educator, 39*(5), 216–220. doi: 10.1097/NNE.0000000000000660.

Leonard, T. (2003). RN-BSN--advice on returning to school. *AORN Journal, 77*(3), 598–608. doi: 10.1016/s0001-2092(06)61254-4.

Malit Jr., F.T., & Youha, A.A. (2013). *Labor Migration in the United Arab Emirates: Challenges and responses*. Migration Policy Institute. https://www.migrationpolicy.org/article/labor-migration-united-arab-emirates-challenges-and-responses.

McEwen, M. (2015). Promoting differentiated competencies among RN-to-Bachelor of Science in nursing program graduates. *The Journal of Nursing Education, 54*(11), 615–23. doi: 10.3928/01484834-20151016-02.

McEwen, M., White, M.J., Pullis, B.R., & Krawitz, S. (2014). Essential content in RN-BSN programs. *Journal of Professional Nursing, 30*(4), 333–40. doi: 10.1016/j.profnurs.2013.10.003.

Megginson, A. (2008). RN-BSN education: 21st century barriers and incentives. *Journal of Nursing Management, 16*(1), 47–55. doi: 10.1111/j.1365-2934.2007.00784.x.

Perfetto, L.M. (2019). Preparing the nurse of the future: Emergent Themes in Online RN-BSN Education. *Nursing Education Perspectives, 40*(1), 18–24. doi: 10.1097/01.NEP.0000000000000378.

Pittman, P.M., Kurtzman, E.T., & Johnson, J.E. (2014). Academic progression models in nursing: Design decisions faced by administrators in four case studies. *Journal of Nursing Education, 53*(6), 329–35. doi: 10.3928/01484834-20140520-03.

Romp, C.R., Kiehl, E.M., Bickett, A., Bledsoe, S.F., Brown, D.S., Eitel, S.B., & Wall, M.P. (2014). Motivators and barriers to returning to school: RN-BSN. *Journal for Nurses in Professional Development, 30*(2), 83–86. doi: 10.1097/NND.0000000000000846.

Sarver, W., Cichra, N., & Kline, M. (2015). Perceived benefits, motivators, and barriers to advancing nurse education: Removing barriers to improve success. *Nursing Education Perspective, 36*, 153–156. doi: 10.5480/14-1407.

The Institute of Medicine (2010). *The future of nursing: Leading change. Advancing Health—Institute of Medicine*. http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx /.

The Institute of Medicine (2011). *The future of nursing: Leading change. Advancing Health—Institute of Medicine*. http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx /

World Health Organization (2017).
Yakusheva, O., Lindrooth R., & Weiss M. (2014). Nurse value-added and patient outcomes in acute care. *Health Services Research, 49*, 1767–1768. doi:10.1111/1475-6773.1223.