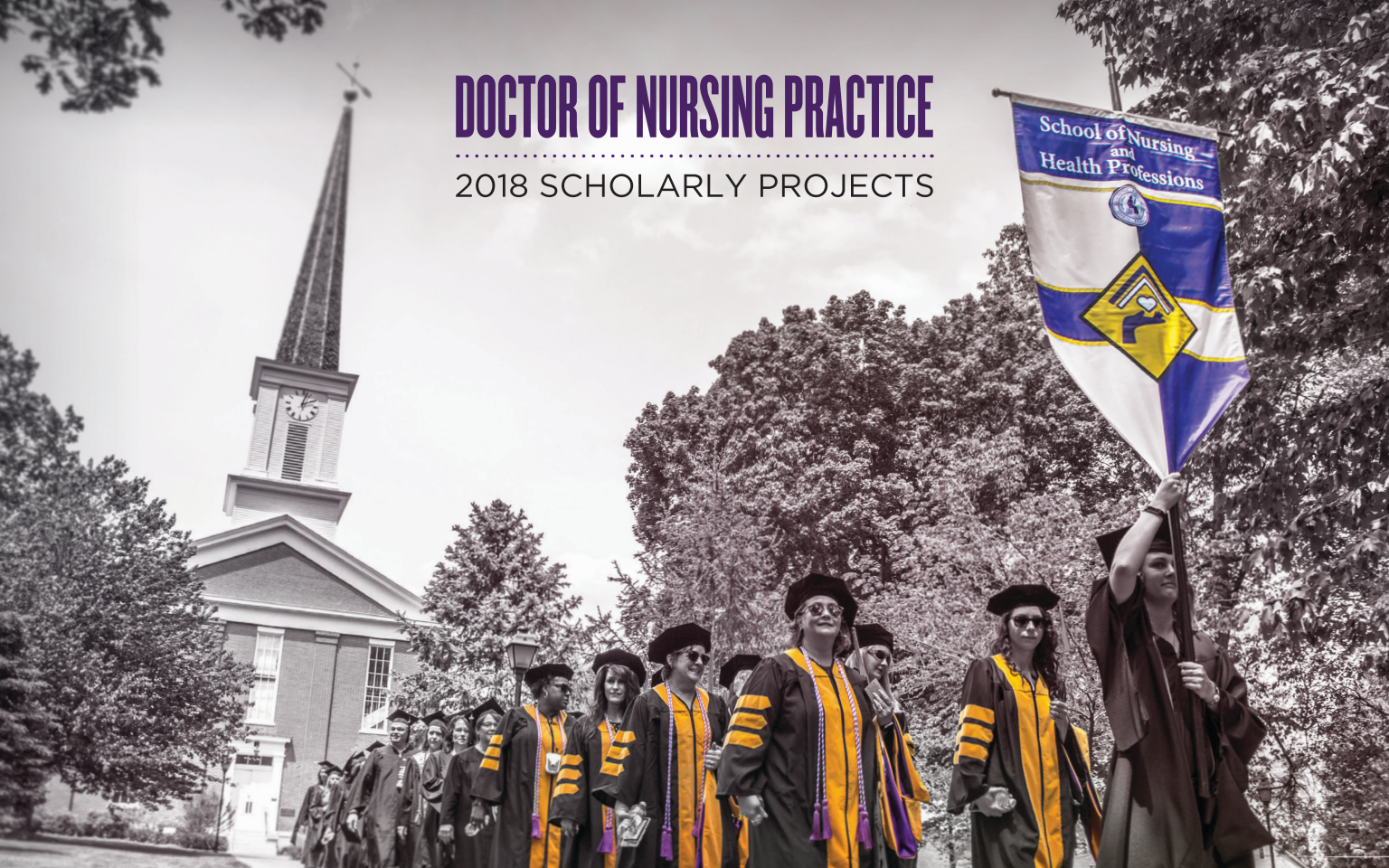


DOCTOR OF NURSING PRACTICE

2018 SCHOLARLY PROJECTS





A Message from The President

.....

I wish to extend my special congratulations to you on being the first graduating cohort for our Doctor of Nursing Practice program. You have served as the trailblazers for this program and I know that many will follow. The high standards you have established will serve future students well. Your achievements have been impressive and I know that our faculty are very proud of your academic work and pleased with your professional development. You have made McKendree University very proud with your success as graduate students.

I wish you continued success and thank you for the contributions you have made in helping to establish this important program. I'm extremely proud of your achievements and extend my very best wishes to you.

Sincerely,

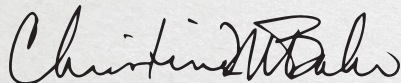
A handwritten signature in black ink that reads "James M. Dennis". The signature is written in a cursive, flowing style.

James M. Dennis
President

A Message from The Provost

Congratulations, Doctor of Nursing Practice graduates! I am proud of you for taking a risk to join our first DNP cohort at McKendree University. You have paved the way for others who will follow in your footsteps for years to come. It is a pleasure to showcase your Advanced Scholarly Projects in this publication. Your projects have undoubtedly had a direct impact on healthcare services in your communities.

As you graduate with your doctoral degree, I hope that you will take pride in having “made your mark” at McKendree University and beyond. Best wishes for continued success as nurse leaders!



Christine M. Bahr, Ph.D.
Provost



A Message from The Program Director

Congratulations! You are the first cohort for McKendree University's Doctor of Nursing Practice in Ethical Leadership! You have accomplished so much in the course of your studies... you have been challenged, you have been successful, and you have capitalized on your strengths to grow in your professional practice as nurse leaders. On behalf of the DNP nursing faculty, we are proud of your accomplishments and celebrate with you on your successful completion of the DNP program.

We wish you all the best in your future nursing leadership practice. Thank you for being a part of McKendree University's and the Division of Nursing's history!

Richelle Rennegarbe, Ph.D., R.N., CENP
Professor of Nursing, DNP Program Director



A Message from The Division Chair

.....

It is with great pride that we introduce the 2018 DNP graduates from the Division of Nursing at McKendree University. The journey has been full of learning opportunities, growing pains, and most importantly, seasons of positive impact within our communities.

You accepted the challenge at the beginning of your program; allow me to further challenge you to acknowledge no finish line; never stop as that catalyst for change in our ever-changing healthcare landscape. Thank you for allowing us to take this journey with you.

Kelli D. Whittington, Ph.D., R.N., CNE
Assistant Professor of Nursing, Nursing Division Chair



2018 DNP Cohort Titles for Advanced Scholarly Projects

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**Teri
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Program Chair
Dr. Kelli D. Whittington

Post-Discharge Telephonic Follow-Up on the Community Living Center Readmissions

Purpose

Readmission to an inpatient unit (acute care and/or rehabilitation facility) following discharge to home within 30 days of discharge can indicate inferior quality of care and unpreparedness for discharge. An extraordinary amount of time and effort is expended during the discharge planning of residents at the Community Living Center (CLC); however, once the veteran is discharged, no contact is made with him/her by the discharging unit, to follow-up and determine if all needs were met upon arriving home. The CLC is a part of the Department of Veterans Affairs (VA); therefore, the facility is still liable and responsible for any needs identified after discharge. This study was conducted to determine if post-discharge telephonic intervention completed by the CLC Case Manager, or designated registered nurse (RN), had an impact on the readmission rate for veterans discharged to home from the CLC. Additionally, this endeavor acknowledged unmet needs experienced by veterans after arriving home. As a result, there is an opportunity to improve the care process for veterans at the CLC to adequately meet the needs of the veterans and fulfill the mission of the VA to provide exceptional health care.

Methodology

The groundwork for this study began with obtaining a baseline review of readmission rates and emergency room usage, as well as common concerns/difficulties that would cause a Veteran to seek care or contact the VA through chart audits. Following the audits, real-time intervention took place with the implementation of the post-discharge telephonic follow-up within 48 hours of discharge, specifically assessing five areas of care: assessment of the patient's health status,

medications, appointments, health services, and plan of action for handling an emergency or complication. Chart audits were also conducted on the intervention group to again evaluate readmission rates, emergency room usage, and common concerns/difficulties.

Results

Forty veterans participated in this project, 20 veterans each in the baseline and intervention groups. The readmission rate was decreased by 50%, from 20% in the baseline group to 10% in the intervention group. The emergency room usage was only slightly impacted, reduced from 30% in the baseline group to 25% in the intervention group. Common themes that caused veteran contact included medications, equipment, and home health services. Future implications include further research into the usage of emergency room services within 30 days of discharge and medication education practices/policies.

Implications for Practice

This project served as a pilot for the implementation of the post-discharge telephonic follow-up by the discharging unit. Specifically, this study found that by implementing the post-discharge telephonic follow-up with veterans who were discharged to home, by the discharging unit, readmission rates were decreased by 50%. On the other hand, there was a minor reduction in the use of emergency room services within 30 days of discharge. Further research should be conducted in the emergency room setting to determine the reason(s) for seeking care and alternate avenues for Veterans to receive needed care. Overall, findings in this study can improve the health and well-being of the veterans serviced by the VA Medical Center and the CLC in the transitional period and thereafter.

Obtaining a BSN: How to Overcome the Barriers and Focus on the Motivators

Purpose

The purpose of this project was to examine the perceived barriers and motivators of returning to school to obtain a higher degree. The specific aims of this project were to determine the barriers that were preventing nurses from returning to school, address the motivators nurses had when deciding to obtain their BSN, and determine how St. Elizabeth's Hospital and McKendree University could partner to focus on these motivators and overcome the barriers.

Methodology

Three hundred ninety-seven surveys were disseminated via Survey Monkey. Information gathered included demographic data, nurses' perceived self-efficacy utilizing the New General Self-Efficacy Scale, and qualitative data. Qualitative data included whether nurses were currently enrolled in a RN to BSN or RN to MSN program, what motivated nurses to return to obtain a higher degree, whether nurses were considering returning to school within six months, and the barriers that were preventing nurses from returning to school.

Results

Eighty-one nurses completed the survey (20.4%). The results demonstrated that St. Elizabeth's Hospital consists of a young workforce. Over 50% of nursing workforce strongly agreed with their perceived self-efficacy that they would be able to return to school and obtain higher education. The top barriers of financial burden, time constraints, and family commitments can be overcome while focusing on the professional and personal motivators. After discussion with the Chief Nursing Officer, Director of Professional Practice and Development, and the Council for Nursing Excellence, innovative methods such as, a blended onsite cohort with a mentorship program were created in response to

the data collected. The mentorship program will consist of one or more nurses employed by St. Elizabeth's Hospital who will be available to provide support, guidance, and encouragement throughout the cohort. A faculty liaison will also be assigned to each cohort. The faculty liaison will provide support and guidance regarding coursework that the nurses will encounter during the program.

Implications for Practice

With more complex patient needs and environments, nurses must possess skills related to leadership, health policy, system improvement, evidence-based practice, and collaboration. Nurses strive to provide the best possible care and must understand to facilitate positive patient outcomes, a BSN is necessary. There is an increased demand for BSN-prepared nurses in the workforce due to the increase in positive patient outcomes and the movement toward Magnet status. Nurse leaders and administration must relay the importance of gaining higher education to their staff and the rationale behind furthering education. Meeting the needs of nurses include providing information regarding tuition reimbursement, advancement opportunities, and recognition. Based on the findings, a blended onsite cohort will be piloted in the fall of 2018 and the feasibility of expanding the program will be evaluated.



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Effect of Patient Handoff Methods on Nurse Self-Efficacy

Purpose

The purpose of this project was to identify which type of patient handoff from the post-anesthesia care unit (PACU) to the surgical floor nurse produced the highest levels of nurses' perception of self-efficacy. Another goal was to determine if a structured handoff tool known as the Five P's impacted self-efficacy levels of nursing staff receiving a patient from the PACU. Determination of which type of handoff that generated the highest self-efficacy levels of nursing staff could significantly impact nurse, patient, and family perceptions of safety, usefulness, and satisfaction with the handoff.

Methodology

The self-efficacy of nurses receiving face-to-face and telephone patient handoffs from the PACU nurses was measured using the Nursing Care Self-Efficacy Scale developed by Dr. D. Welsh at the University of Louisville before and after the PACU staff received education on the Five P's. A pre-education group (n=25) was surveyed. After initial data collection, PACU staff at a large academic medical center were educated on the Five P's of Handoff. After education was completed, a post-education group (n=14) of nursing staff completed the Nursing Care Self-Efficacy Scale for comparative analysis.

Results

Findings demonstrated lower self-efficacy scores of nurses receiving handoff in the pre-education group (n=25). Following implementation of PACU education on the Five P's of handoff, nurses receiving handoff (n=14) displayed an improvement in nursing self-efficacy scores. Patient handoffs remain a time of extreme patient safety risk. Preliminary findings suggested that using both a systematic tool to relay information such as the Five P's and maximizing communication through face-to-face handoff methods tends to promote the receiving nurses' self-efficacy; thus, theoretically mitigating patient risk. Further research on promoting nurse self-efficacy, analysis of the handoff, nurses' effective use of the Five P's, and examination of additional specific methods and tools to promote effective patient handoff communications is critical to promote positive patient, nurse, as well as organizational outcomes.

Implications for Practice

Face-to-face handoffs between the PACU and surgical floor appear to enhance self-efficacy levels of nurses. A structured handoff method may improve self-efficacy. Increased self-efficacy levels of nursing staff may be related to increased perceptions of safety. Future research is needed to determine additional factors that impact nursing self-efficacy following patient handoff from the PACU.

Does the Utilization of Interactive Learning During TeamSTEPPS® SBAR, CUS, and Debriefing Tool Sessions Increase the Perceptions of Teamwork and Communication in the Hospital Setting?

Purpose

The purpose of this project was to examine how using interactive learning during TeamSTEPPS® sessions impacted the communication and teamwork of the Women and Infant Center (WIC), the Surgery Department, and the Emergency Department at St. Joseph's Hospital Breese (SJB). This research examined the SBAR (Situation, Background, Assessment, and Recommendation/Request), CUS (I'm Concerned, I'm Uncomfortable, and This is a Safety Concern), and Debrief tools and how staff viewed their communication and teamwork both pre-and post-intervention. In order to promote and practice safe, quality patient care, teamwork and communication among staff are essential. Without leaders supporting these continued efforts, both staff satisfaction and patient safety are at risk.

Methodology

The three hospital departments were scheduled to attend two sessions: One for a TeamSTEPPS® overview and the SBAR tool, and the second session included the CUS and Debriefing tools. The Agency for Healthcare Research and Quality's (AHRQ) TeamSTEPPS® Teamwork Attitudes Questionnaire (T-TAQ) was utilized prior to the TeamSTEPPS® sessions, as well as after both sessions were completed. This survey assessed the perceptions of employees in five categories: Team structure, Leadership, Situation Monitoring, Mutual Support, and Communication.

Results

One hundred and five people attended the sessions, with 37 surveys returned pre-sessions and 26 surveys post-sessions. Although the response rate was modest, the answers did reveal staff members were appreciative of the tools provided to strengthen their communication and teamwork skills. Many attendees mentioned these tools were already in use, but not to their fullest capabilities. These sessions helped staff refine their practices using the SBAR, CUS, and Debrief tools in their everyday workflows.

Implications for Practice

This project studied how interactive learning exercises during TeamSTEPPS® sessions would impact team members' communication and teamwork. Reminding staff of the importance of these concepts is ideal for patient safety, as well as staff satisfaction, hospital reimbursements, and continued quality of care. Forward thinking, biannual TeamSTEPPS® sessions would promote staff awareness to these tools, leading to a stronger staff and team leaders.



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A Professional Development Intervention for Teachers to Promote a Positive Learning Environment for Students with Autism Spectrum Disorders in Urban and Suburban Communities in Southern Illinois

Purpose

The purpose of this study was to increase general education teachers' knowledge of autism spectrum disorder (ASD) and increase positive attitude toward inclusion of students with ASD in the general education classroom. The objective of this work was promotion of a healthy environment where the ASD student's psychological health, emotional safety, and ability to develop social relationships was encouraged and fostered. Diagnostic criteria for ASD include persistent deficits in communication and social interaction, restricted interests, and repetitive behaviors. Children with ASD often experience hyperactivity, inattentiveness, anxiety, or aggression. Anxiety is sometimes expressed through physical outbursts. These behaviors are often misinterpreted as oppositional, but are manifestations of intense anxiety. The general education environment can be challenging for a child with ASD; awkward social interactions and excessive stimuli can make the general education setting an anxiety-inducing environment. Educators who do not understand potential prompts of increased anxiety for the ASD child may inadvertently precipitate or intensify the child's response resulting in escalated behaviors. General education teachers must possess knowledge and awareness of ASD characteristics and behavior manifestations to provide a safe environment conducive to learning for all students, an environment that promotes the physical and mental well-being of the ASD child.

Methodology

This study used a quasi-experimental one-group within-subjects study design with a non-randomized convenience sample of teachers in a school district in Southern Illinois. The intervention phase of the project included a professional development offering with information presented to establish the foundation for participants' successful inclusion of children with ASD in the general education classroom. Data collection was accomplished by pre- and post-intervention surveys to determine teacher knowledge of ASD and attitudes concerning the inclusion of students with ASD in the general education classroom.

Results

Twenty-two general education teachers from two elementary schools of one school district in Southern Illinois comprised the final sample participants for this study. Change measurement analysis was completed for knowledge scores and attitude scores. Knowledge scores increased between pretest ($M = 49.3945$, $SD = 12.91503$) and posttest ($M = 62.3795$, $SD = 13.394$) that was statistically significant ($t(21) = 4.561$, $p < 0.0005$, $d = 0.97$). Attitude scores increased as from pretest ($M = 69.0909$, $SD = 17.97064$) to posttest ($M = 76.3636$, $SD = 13.98824$). Attitude score increase was also statistically significant ($t(21) = 2.347$, $p = 0.029$, $d = 0.50$).

Implications for Practice

Posttest scores indicated the professional development intervention was an effective method of increasing knowledge and attitude concerning ASD. These findings are congruent with prior findings. Future research is needed to measure sustainability of knowledge following educational interventions at intervals extending beyond this study's one-month follow-up. The effectiveness of educational interventions should be measured qualitatively to determine teachers' perceptions and changes implemented following an educational intervention.

Ensuring Retention of Nurses During a Hospital Move Using Transformational Leadership Behaviors

Purpose

The purpose of this project was to ascertain whether the demonstration of Transformational Leadership (TL) behaviors by nursing leaders impacts retention of staff nurses during a monumental change encompassing a hospital move.

Methodology

Four months prior to the scheduled hospital move, the nursing leaders completed a self-assessment of leadership behaviors using the Multifactor Leadership Questionnaire (MLQ). Using the same questionnaire, the leaders' staff nurses indicated their perception of TL behaviors for their leaders. A gap analysis of the two questionnaires was completed. Based on the findings of the gap analysis, an evidence-based education series focused on TL behaviors and practices was provided to the leaders three months prior to the hospital move. Nursing leaders implemented the TL techniques. Two months after the hospital move, staff nurses completed the MLQ survey for a second time to assess their perception of TL behaviors in their leaders. The pre- and post-move questionnaires were compared. In addition, the nursing turnover metric was measured prior to the educational intervention, after the intervention, and after the hospital move.

Results

A clinically significant increase in the perception of TL was recognized by staff nurses based on the MLQ survey results following the evidence-based TL educational intervention was provided to the leaders. Furthermore, a substantial decrease in nursing turnover rates for the facility was realized. The baseline nursing turnover rate was 24.56% six months prior to the hospital move. The turnover rate dropped to 17% one month prior to the move and following the TL educational intervention. Subsequently, nursing turnover rates decreased to 15.41% three months after the hospital move.

Implications for Practice

This project demonstrated how nurse leaders who implement TL behaviors impact their staff nurses during the experience of monumental change. Nursing turnover continues to be a significant issue impacting patient care and outcomes, healthcare costs, the financial viability of organizations, and nursing shortages. Based on this advanced scholarly nursing project, empowering nurse leaders with TL acumen promotes leadership behaviors supporting nurse retention. Further studies to determine if TL interventions will trigger similar results in organizations with varying magnitudes of change and diverse organizational settings and size is warranted.



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Early Assessment and Resource Provision for the Pregnant Substance Abuser

Purpose

The purpose of this project was to identify pregnant substance abusers early in their pregnancy through a validated screening tool and provide resource information and education to those who screened positive. Early identification of women at risk is essential to a good outcome; yet, difficult due to poor attention to prenatal care. An opportunity existed to reach women at risk with their first entry point in prenatal care, often the emergency department or labor and delivery. This project captured pregnant women who entered Labor & Delivery or the Emergency Department at two campuses of a Midwestern acute care facility with limited or no prenatal care. Patients of the affiliated Obstetrics and Gynecology office were also screened on their first in-office prenatal visit.

Methodology

Patients were administered the 4 P's Plus screening test that addresses four categories of risk for substance abuse: parents, partner, past, and pregnancy. The 4 P's Plus tool includes questions regarding mental health, domestic violence, and substance abuse. Women who screened positive with a response of "yes" to alcohol or illicit drug use since knowledge of the pregnancy, were provided a resource list including: local support groups, local drug rehab inpatient and outpatient programs, Naranon/Narcotics Anonymous information, and women's shelters. They were also provided education on substance abuse and its effect on the fetus, the consequences to the infant and mother with continued drug use, and education regarding good prenatal habits. Face-to-face clinic or telephonic follow-up with the patient one month after initial contact was completed to evaluate resource utilization and the outcome.

Results

A total of 56 screens were completed among five collection sites over a period of three months. The medical office contributed 73% of the screens, and 27%

of the screens came from the hospital emergency and obstetrics departments. There was a noted difference in screening results between the physician's office and the hospital. Overall, there was a 61% positive screening rate and a 39% negative screening rate in the study population. The majority of those who screened positive in the medical office smoked cigarettes only (44%) compared to women who screened positive for cigarette smoking only in the hospital setting (17%). Most of the women who screened positive in the hospital setting admitted to polysubstance abuse such as smoking along with marijuana or "other", including cocaine, heroin, and crystal meth. None of the women in the medical office setting admitted to illicit substance use, and only 10% of positive screens admitted to marijuana use. All patients who screened positive in the hospital accepted the resource information and education, while only one patient in the physician's office accepted the materials.

Implications for Practice

While the data demonstrated the benefits of early screening and resource provision for pregnant substance abusers, it did not address neonatal outcomes. The study could be expanded to include both maternal and newborn outcomes, including neonatal abstinence syndrome scores. The results of the project stimulated a greater awareness of the impact of substance abuse in the community and a desire to continue the efforts put forth in the project. An opportunity exists to present the results and recommendations from this project and encourage utilization of the resources in the community for expanded support and promotion of healthy pregnancies. The resource pamphlets and educational brochures utilized in the project were made available to the departments that participated in data collection and will be made available to obstetric providers in the community. A greater understanding of the impact of substance abuse and the resources to help those affected is the first step in tackling this epidemic.

Patient Satisfaction Related to Surgery Wait Times

Purpose

The impact of patient satisfaction related to surgery wait times was analyzed. The purpose of the project was to identify the surgery patient's perception of wait times and to improve patient satisfaction and outcomes for surgery patients in Same-Day-Surgery (SDS) at Herrin Hospital in Herrin, Illinois.

Methodology

One month of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) was evaluated for the question "information provided about delays." Current Standard Operating Procedure (SOP) was utilized as a resource via a binder that was labeled "Why is hourly rounding with purpose best practice?" Supporting the SOP was research from professional literature that supported and explained why the SOP was best practice. One month of Purposeful Hourly Rounding was implemented by the SDS nurses. A comparison of one month of HCAHPS was evaluated for "information provided about delays" following implementation of Hourly Rounding with Purpose.

Results

An evaluation of the effectiveness of Hourly Rounding with Purpose for surgery patients in SDS at Herrin Hospital in Herrin, Illinois was performed. The evaluation process focused on the Hourly Rounding with Purpose and its effectiveness to increase the overall patient experience. The one month of HCAHPS was evaluated for the question "information provided about delays" with a score of 84.9%. The comparison of one month of HCAHPS that was evaluated for "information provided about delays" following implementation of Purposeful Hourly Rounding resulted in a score of 87.4%.

Implications for Practice

This project improved the overall perception of patient wait times, improved patient satisfaction, and provided a greater understanding of the patient's perception. This best practice of Hourly Rounding with Purpose demonstrated sustainability that could be incorporated into the routine SDS care process and could impact new employee on-boarding. This SDS process could be included as routine orientation in the unit. The consistent use of this process would support the SDS nurses, as well as increase job satisfaction and decrease nurse turnover rate.



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Examining Self-Efficacy and Nurses' Decision to Pursue a Bachelor of Science in Nursing

Purpose

The purpose of this quantitative project was to determine if a relationship existed between a high self-efficacy score on the New General Self-Efficacy Scale (NGSES) and the decision of registered nurses (RNs) to return to school to advance their level of education. Additionally, the project aimed to determine the reasons why registered nurses at a midwestern regional hospital did not pursue higher degrees by seeking barriers and facilitators to pursuing further education.

Methodology

A non-probability, convenience sample of nurses who were actively employed at the healthcare facility was conducted utilizing the NGSES. Two qualitative questions were asked to determine if the nurses planned on returning to school in the next three years. Additionally, the questions were intended to determine barriers preventing the registered nurses from advancing their level of education. The information gathered from this scholarly project aimed to assist nurse executives in developing thoughtful, focused, and planned strategies to augment the number of BSN prepared registered nurses providing direct patient care.

Results

All of the registered nurses rated their self-efficacy as high as measured by the NGSES scale. Greater than 50% of the nurses stated that they strongly agreed that they believed that they could achieve most of the goals and obtain outcomes that were important to them. However, a significant number of the respondents, 48% reported that they probably would not or would not be returning to school in the next three years to pursue a BSN degree. The results indicated that the nurses who responded with high self-efficacy showed no relationship to the nurses' decision to return to school.

Nurses who stated that they had an associate degree in nursing (ADN) rated themselves similar to nurses who stated that they had a BSN or higher degree. Forty-five percent of the respondents indicated that they definitely would or that they were likely to return to school in the next three years. For those desiring to return to school for a BSN, a resource tool linking them to local programs to advance their education, as well as a brochure about the institution's tuition reimbursement policy was designed for information to assist the registered nurse with accomplishing the goal of returning to school when ready.

Implications for Practice

Many factors contribute to a registered nurses' decision to advance their level of education. The goal for BSN-prepared nurses as the minimum education requirement has been explored since 1965. The increasing complexity of healthcare and rapidly changing medical technology requires a higher educated workforce. It is essential that registered nurses be provided with resources for appropriate decision making about student-centered programs to advance their professional skills and credentials. The objective of this project was to inform employees of available resources and encouraged enrollment of ADN nurses into RN to BSN programs. Nursing leadership needs to recognize barriers to continuing education and create alternative routes for nurses to complete their degrees. Ethical leaders should consider nonacademic factors, as well as academic factors when implementing policy. This project provided registered nurses with two resources containing information regarding a central, one-stop location encompassing all the information necessary to begin the educational journey, and resources to assist nurses currently enrolled in school.

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