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RN-to-BSN Programs: Challenges for Rural Nurse Education

Key Findings:

- About 38.0% of accredited RN-to-BSN programs report targeting rural students when recruiting. However, a subgroup of programs (25.3%) were unable to determine the geographic location of students and applicants.
- Among programs that provided estimates of the proportion of their students from rural areas, the most common estimate was “less than 25%” reported by 58.2% of programs.
- Over half of responding programs (55.7%) did not offer rural-specific content in their curricula. Among the 103 programs noting rural specific content, 70 noted that rural health content is embedded in other courses, 50 reported clinical placements in rural communities, and only 13 programs reported a specific course in rural health.
- Nearly all RN-to-BSN programs are involved in online education as either totally online offerings or in a hybrid format. No school or learner barriers to online education were endorsed by a majority of respondents. Principal school barriers were lack of IT assistance after normal working hours (29.1%) followed by limited faculty IT skills (26.2%). The principal student barrier noted was inadequate information technology skills (46.8%).
- The greatest challenge to both recruitment and retention of RN-to-BSN students was the difficulty balancing school/work/family demands.

INTRODUCTION

In response to shifting demographics and changes in health care environments, the Institute of Medicine (IOM), in the report “The Future of Nursing: Focus on Education,” called for increasing the educational preparation and competencies of registered nurses (RNs).¹ Expanded nursing competencies are especially needed in rural areas where an increasing proportion of the population is aged 65 and older and faces high rates of diabetes, cardiovascular disease, and mental health disorders.²

Nursing education institutions have been responsive to improving the competency of nurses by offering more accessible, seamless transitions to higher levels of preparation. In 2012, more than 600 schools offered RN-to-Baccalaureate Programs, with a projected rapid growth in numbers of both programs and students.³ Some programs explicitly focus on rural nurses and rural nursing,^{e.g.,4, 5} but the number and distribution of these programs have not been studied.

To ascertain the current status of rural-focused nursing education, we surveyed current RN-to-BSN programs. Using a mailing list obtained from the American Association of Colleges of Nursing, surveys were mailed to all schools with reported RN-to-BSN programs (n = 758). Two hundred forty-seven (247) schools responded, but ten indicated that they do not currently offer the RN-to-BSN program, had zero enrollment, or did not finish the survey. This report summarizes responses from the 237 programs (31.3%) with active programs that returned completed surveys.

FINDINGS

Characteristics of Responding Programs

RN-to-BSN programs studied were principally housed within public universities (125, 52.7%) and private colleges (88, 37.1%), with community or technical colleges (12, 5.1%), public medical centers (2, 0.8%), and private medical centers (2, 0.8%) also represented. In addition to the RN-to-BSN program, educational offerings included the BSN alone (74.3%), MSN (65.0%), PhD/DNP (39.2%), ADN (16.5%), and LPN/LVN (6.3%). Twenty-eight respondents (11.8%) indicated other offerings including five with LPN/LVN to BSN programs.

Program size and requirements

The average annual number of program graduates ranged from zero to 1,500 students with a mean of 65 students. Only eight programs (3.4%) reported turning away students due to insufficient capacity. Grant funding for the RN-to-BSN program was reported by 18 schools (7.6%); of these programs, reported grants were from Federal (n=7), state (n=9) and foundation (n=5) sources.

Completion of an RN-to-BSN program generally requires both nursing and non-nursing credit hours. Reported nursing credit hours ranged from 16 to 120 (median = 31 hours). Non-nursing credit requirements ranged from 0 (no non-nursing hours, reported by 18 schools; 7.6%) through 112 hours (median = 42 hours). Credit hours that must be taken at the home institution, versus transferred in, ranged from 0.25 to 180 hours (median = 30 hours).

The most commonly reported average time to graduation across schools for full time RN-to-BSN students was between 9 and 12 months (43.0% of respondents). Part-time students take longer. The most common estimate of the time needed for students to complete the program is 19 to 24 months (46.8%). Just over half of schools (50.2%) set limits on the maximum time to graduation with 60 months as the most frequently reported time frame (37.8% of programs with time limits). Most programs reported minimum grade point average requirements for both admission (88.2%) and continued enrollment (84.4%). Collaboration with at least one community college was reported by 41.4% of programs with most of these programs reporting one to 3 partners (50.0% of programs with partners).

Geographic awareness among RN-to-BSN programs

Addressing the needs of rural nursing students begins with conceptualizing the program's geographic catchment area. When asked what proportion of RN-to-BSN students were drawn from rural areas, 25.3% of programs responded, "unable to determine" or left the item blank. Programs reporting that they target rural students when recruiting (n=90, 38.0%) were significantly less likely to respond "unable to determine" (8.9%) than were programs that do not target rural students; among the latter, 50 programs (34.7%) were unable to determine students' geographic background.

A related question asked the proportion of RN-to-BSN students who commute from rural communities. A subgroup of schools responded that their programs are completely online (68; 28.7%) and thus the question was not applicable.* Among the remaining programs, 78 (32.9%) reported unable to determine or did not respond to the question. As with student background, programs that reported targeting rural students were less likely than other programs to be unaware of the proportion of students who commute for their studies (16.7% versus 42.4%; $p < 0.001$). Among the 91 programs that did not check “online” in response to this question and that provided estimates of the proportion of students from rural areas, the most common estimate was “less than 25%,” reported by 58.2% of programs, with 15.4% reporting “25% to 50%” and 26.4% reporting “more than 50%.” Further, most RN-to-BSN programs did not appear to track the post-graduation work locations of students. When asked to estimate the proportion of students working in urban, suburban, or rural settings, 62.4% of programs did not provide a valid answer (all responses zero).

Over half of responding programs (55.7%) did not offer rural-specific content in their curricula. Among the 103 programs noting rural specific content, 70 (68.0%) noted that rural health content is embedded in other courses, 50 (48.5%) reported clinical placements in rural communities, and only 13 programs (12.6%) reported a specific course in rural health. In the “other” category, respondents suggested that rural content was covered in community or population health courses (7 programs) or was integrated throughout the entire curriculum (4 programs). One school noted that it was located in a rural community with community assessments addressing surrounding rural counties. Among the 13 schools with a dedicated rural health course, most (8 schools) reported that it was taken by 75% or more of students.

Recruitment and retention issues

Most RN-to-BSN programs followed similar recruitment strategies with nearly all recruiting at healthcare agencies (94.5%) or at schools with other nursing programs (85.2%; See Table 1, at right). A large proportion of schools reported social media as a recruitment platform (72.6%). Recruitment of Veterans Administration employees appears to be underutilized as only 7.2% of respondents noted this venue.

Recruitment Method	n	%
Recruiting at healthcare agencies (e.g, hospitals, long term care facilities)	224	94.5
Recruiting at schools with other nursing programs (e.g, ADN, LPN)	202	85.2
Social media	172	72.6
Open houses [at own institution]	166	70.0
Recruiting at conferences	140	59.1
Formal partnerships with healthcare agencies (e.g, tuition reimbursement, reduced tuition for employees)	135	57.0
Formal partnerships with other agencies	70	29.5
Formal partnerships with the Veterans Administration	17	7.2
Other(s). Please describe.	42	17.7

* This value is lower than the number of schools reporting on-line programs suggesting that some of the online institutions do track applicant geographic origins.

We sought to ascertain whether schools encountered more barriers when recruiting rural than urban students by asking respondents to indicate whether each of a list of 10 potential barriers affected rural students, urban students, or any student applicant. However, geographic distinctions proved difficult for respondents to make as very few respondents checked any rural-specific or urban-specific barriers on the questionnaire. Thus, we report only the barriers noted to be applicable to any RN-to-BSN student (Table 2, at right).

Barriers endorsed by the highest number of respondents were those pertaining to conflicting demands on the learner's time: family obligations (73.0%) and work obligations (72.2%). Financial factors such as cost of tuition (56.5%), lack of tuition reimbursement (42.2%) and lack of student loan forgiveness (36.3%) were less frequently noted. Distance students must travel was cited by only 12.2% of programs.

Potential Barrier	n	%
Family obligations of prospective students	173	73.0
Work obligations of prospective students	171	72.2
Cost of tuition	134	56.5
Required non-nursing courses	109	46.0
Lack of tuition reimbursement by employers	100	42.2
Lack of student loan forgiveness programs	86	36.3
Length of time to degree completion	53	22.4
Lack of preferential hiring of BSN-prepared nurses	50	21.1
Distance prospective students must travel	29	12.2
Lack of capacity (e.g., shortage of nurse faculty or clinical sites for training)	15	6.3

Schools were asked about factors that might hinder RN-to-BSN students from remaining in the program. Again, respondents did not endorse rural- or urban-specific barriers. Barriers noted for all programs included the difficulty of balancing school with work and family obligations (87.8%), the cost of tuition (45.6%), poor academic preparation (30.4%), commuting distance or time (9.3%), and "other" (6.3%). Reasons suggested under "other" included lack of understanding of the requirements of upper level coursework, personal reasons, and change in work responsibilities.

Clinical placements and other learning experiences

Reported responsibility for finding sites for clinical training was nearly evenly split between the student (52.7%) and the program (53.6%). In comments, fifteen programs (6.3%) clarified that this responsibility is shared while seven programs (3.0%) indicated that clinical training was completed at the student's current employer and/or in their home community. Twelve programs (5.0%) specifically noted that clinical training is not required with one pointing out that the RN-to-BSN track was a post-licensure program.

Most programs agreed that clinical placements were consistently available in rural areas (57.0% of all programs; 71.4% of question respondents). Only a minority of programs endorsed any potential challenges in finding clinical placements for students. Limited capacity of sites was indicated by 16.9% of programs; lack of qualified BSN-prepared preceptors by 12.2%, limited capacity of nursing program to identify sites by 8.9%, difficulty implementing preceptor preparation programs by 6.3%, not enough patients at sites by 5.1%, and distance to clinical sites by 5.1%.

Regarding other educational experiences, a majority of programs, 55.7%, responded positively to: "does your program consistently offer opportunities for nursing students to participate in special projects outside of the classroom or curricular requirements to address rural community needs?"

Distance/Distributed Learning

Nearly all RN-to-BSN programs are involved in online education for at least some materials either as totally online offerings or in a hybrid format (see information in Technical notes). When asked to estimate the proportion of students taking online courses each year, the most commonly checked answer was “100%” (65.8% of respondents), followed by “51 to 99%,” (13.1%). Because of the importance of online education, we asked about barriers to its use from two perspectives: that of the school offering the instruction and that of the learner.

Schools were asked to indicate which, if any, of a series of six potential problems were experienced by faculty or the nursing program in implementing online courses (Table 3, at right). Across all schools, 35.9% (85 schools) did not indicate any problems, leaving 64.1% (152 schools) experiencing at least one of the listed problems. The most commonly endorsed potential challenge from the school’s perspective was lack of IT assistance after normal working hours (29.1%) followed by limited faculty IT skills (26.2%). Poor internet connectivity was reported by only 16.9% of schools; the proportion is similar (18.9%) if responses are restricted only to programs reporting that they target rural students. Student preferences, including both unfamiliarity with the online format and a preference for “at least portions of classes to be face-to-face”, were noted by 9 schools in the “other” response category.

We next asked responding schools to indicate challenges their students may have encountered in online courses asking for separate checks for rural, urban, and all students. As with prior questions, respondents preferred to indicate challenges faced by all students. After work/family challenges, the student challenges most commonly cited were limited student information technology skills (46.8%) poorer academic preparation (31.2%), and campus IT assistance not available after hours (27.4%).

Table 3. Online course challenges experienced by faculty and/or the nursing program

Potential challenges	n	%
Campus IT assistance not available after hours	69	29.1
Limited faculty information technology (IT) skills	62	26.2
Poor internet connectivity	40	16.9
Other(s). Please specify.	41	17.3
Faculty disinterest in teaching in an online environment	30	12.7
Cost of online course delivery platforms	24	10.1

Table 4. Student challenges in online courses

Potential challenges	n	%
Difficulty balancing school/work/family	163	80.2
Limited student information technology skills	95	46.8
Poorer academic preparation	66	31.2
Campus IT assistance not available after hours	60	27.4
Poor internet connectivity	52	26.2
Lack of internet where students reside	30	15.2
Student disinterest in taking courses offered online	24	10.6
Lack of computer ownership by students	22	11.0
Lack of affordable internet access	20	10.6
Other	8	3.4

CONCLUSIONS

Citing quality concerns, the American Association of Colleges of Nursing (AACN) recently reiterated its call to ensure that all RNs complete a bachelor's-level education recommending increased coordination between two-year and four-year institutions to ensure academic progression.⁶ The question of advancing to the BSN is particularly pertinent for rural nurses as a higher proportion of rural nurses have an associate's degree in nursing (ADN; 53.9%) than is the case among urban nurses (42.1%).⁷ However, rural ADNs may face more difficulty working toward degree progression, and colleges of nursing in general do not appear aware that rural nurses may be a diversity category needing focused attention.



Family and work demands were the most commonly cited barriers to any ADN student seeking to complete a BSN, a finding that parallels earlier research.³ Cost of tuition was the next most common barrier noted by 45.6% of responding educators. Cost of tuition is potentially a larger barrier for rural ADNs for whom salaries average only 92.0% of their urban peers (\$47,232 versus 51,073).⁷ While only small proportions of educators noted travel distance as a barrier to student recruitment (12.2%) or cited lack of internet where students reside as a challenge to online students (15.2%), both of these barriers are more likely to be experienced by rural students.⁸

A substantial subgroup of programs (41.0%) reported at least one collaboration with a community college. This collaboration is encouraging as it puts those institutions in a position to implement AACN recommendations for facilitating degree progression.⁶ It could also be positive for rural communities which are more likely to contain 2-year than 4-year degree institutions. Programs that facilitate academic transition from smaller local institutions to eventual BSN completion may produce new BSNs who are interested in remaining in rural practice.⁹ However, this approach does not address the needs of practicing RNs seeking to advance their qualifications after they are in the workforce when they may have no connection to their original degree-granting institution. For these nurses, RN-to-BSN programs are their principal means of progression.

The summary finding of our survey of RN-to-BSN programs is that, with a few exceptions, schools of nursing do not conceptualize their students or their educational offerings in a geographic context. A sizeable subgroup of programs (25.3%) reported being "unable to determine" the proportion of their students who live in rural areas; among campus-based programs (not exclusively online), 32.9% could not indicate the proportion of students commuting from rural areas. The majority of programs (62.4%) could not describe whether their graduates practice in rural, urban, or suburban locations after graduation. The majority of RN-to-BSN programs do not offer any rural-specific content (55.7%), and only 13 respondents (5.5% of responding schools) offered a dedicated rural health course. Finally, when asked to distinguish between rural and urban students with regard to potential barriers to program completion, virtually all schools chose to use an "all students" response option.

The general absence of rural awareness in RN-to-BSN programs contrasts with a possible emphasis on rural training found in advanced practice RN (APRN) education. A 2013 survey of U.S. colleges with APRN programs found that more than half of responding programs reported preparing graduates for rural practice was "very important" to their institutions.⁸ Reflecting this importance, 15.6% of APRN programs reported rural-specific coursework versus 5.5% among RN-to-BSN programs.⁸

For nurses living and practicing in rural areas, the leadership expected of BSN-prepared nurses requires that they understand the needs of the populations and institutions they serve. However, the obligation to understand the drivers of rural health extends farther. While most BSN nurses will practice in urban communities, institutions in urban locales serve a large subset of rural patients. An analysis of Medicare hospitalizations, for example, found that 43.3% of rural patients were admitted to urban hospitals.¹⁰ To address population health adequately, all RN-to-BSN students should experience educational content that addresses the social determinants of health within rural populations as well as uniquely rural exposures and risks.

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TECHNICAL NOTES

Data Sources

We conducted a mail survey of Directors of all RN-to-BSN programs using a mailing list supplied by the American Association of Colleges of Nursing (n = 758). We focused on this subset of educational programs because of its relevance to IOM goals while noting that there are multiple other degree programs for expanding or enhancing nursing education. Survey development was initiated by the survey team assisted by a panel of external nurse-educators recruited to review a list of draft questions and provide suggestions and recommendations regarding content. The complete questionnaire is provided as an appendix.

Three mailings of the request letter, survey, and a pre-addressed stamped envelope were conducted. The survey included the option of on-line survey completion with a website and QR code for those who preferred that method of completion. Access codes were used to prevent programs that had already completed the survey from receiving duplicate mailings of the survey.

We received responses from 247 programs (32.6%). Ten respondents with no current program or who did not finish the survey were dropped leaving 237 programs to be studied (237/758 = 31.3%). Qualtrics was used for data entry either by the respondent directly using QR code or website access, or by Center staff transcribing written questionnaires. Data were exported into Excel and subsequently analyzed using Stata.

No specific definitions for “rural” or “urban” were provided; this was left to each respondent’s perception. One respondent did suggest that a uniform definition should have been provided. Most survey items asking schools to characterize students based on their geographic location – rural versus urban students – had very high non-response rates. The lack of response suggests that most programs do not consider geographic targeting as part of their mission.

The questionnaire did not provide definitions for methods of program delivery: classroom only, hybrid, and online only. In retrospect, this may have contributed to respondent confusion particularly with regard to the “hybrid” option (see Table A-1, at right). While the “online-only” category had high agreement between “all courses” and “nursing courses only,” respondents choosing the “hybrid” option for all courses had multiple responses to the delivery method for “nursing courses only.”

All Courses	Nursing Courses Only			Total
	Classroom only	Hybrid	Online only	
Classroom only	4	2	0	6
Hybrid	3	61	43	107
Online-only	1	1	118	120
Total	8	64	161	233

*Shaded cells indicate possibly contradictory answers

REFERENCES

- ¹ IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- ² Rural Health Information Hub, "Rural Health Disparities." Available at <https://www.ruralhealthinfo.org/topics/rural-health-disparities>.
- ³ McEwen M, Pullis BR, White MJ, Krawtz S. Eighty percent by 2020: the present and future of RN-to-BSN education. *J Nurs Educ*. 2013 Oct;52(10):549-57.
- ⁴ Southwest Minnesota State University. RN to BSN Emphasis of Program. Available at <http://www.smsu.edu/academics/programs/rntobsn/index.html>.
- ⁵ Hawkins, J.E., Wiles, L.L., Karlowicz, K., & Tufts K.A. Educational model to increase the number and diversity of RN to BSN graduates from a resource-limited rural community. *Nurse Educator*. 2018 Jul/Aug;43(4):206-209.
- ⁶ American Association of Colleges of Nursing Academic Progression in nursing: Moving together toward a highly educated nursing workforce. Available at https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Academic-Progression-in-Nursing?utm_source=MagnetMail&utm_medium=email&utm_term=jandrews@mailbox.sc.edu&utm_content=U.S.%20Nursing%20Schools%20Call%20for%20Collaborative%20Action&utm_campaign=U.S.%20Nursing%20Schools%20Call%20for%20Collaborative%20Action%20to%20Raise%20Education%20Level.
- ⁷ Probst JC, Hunt-McKinney S, Odahowski C. Rural registered nurses: Educational preparation, workplace and salary. Rural and Minority Health Research Center Findings Brief. In Press.
- ⁸ Skillman SM, Kaplan L, Andrilla CHA, Ostergard S, Patterson DG. Support for Rural Recruitment and Practice among U.S. Nurse Practitioners Education Programs. WWAMI Rural Health Research Center Brief #147, May, 2014.
- ⁹ Todd B. Can new nursing program help rural needs? *PostBulletin* January 23, 2018. Available at https://www.postbulletin.com/news/local/can-new-nursing-program-help-rural-needs/article_3c268c75-f1e6-5d33-af87-54b957e888d7.html.
- ¹⁰ Bennett KJ, Probst JC, Bullard JC, Crouch E. The Importance of Rural Hospitals: Transfers and 30-day Readmissions Among Rural Residents and Patients Presenting at Rural Hospitals. *Popul Health Manag*. 2019 Apr;22(2):120-126.

APPENDIX

RN-to-BSN PROGRAM CHARACTERISTICS SURVEY

Thank you for participating in our survey! Your responses contribute meaningfully to nursing research which, in turn, helps to improve nurse education programs. All responses will be kept confidential.

If you prefer, you may complete this survey online by visiting <http://bit.ly/2wxvfft>. To complete the survey on your mobile device, you may scan the QR code below. If you have any questions about the online survey, please contact Ms. Eboni Haynes at ebonie@email.sc.edu or (803) 576-6054.



Your Access Code

Access Code: _____ (located on the envelope your survey materials came in)

General Program Information

Please indicate the option that best describes your institution type:

- | | |
|--|---|
| <input type="checkbox"/> Public university | <input type="checkbox"/> Community or technical college |
| <input type="checkbox"/> Private university | <input type="checkbox"/> Public medical center |
| <input type="checkbox"/> Other. Please specify:
_____ | <input type="checkbox"/> Private medical center |

Please indicate which of the following nursing education programs are offered by your institution: (Check all that apply.)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> LPN/LVN | <input type="checkbox"/> BSN |
| <input type="checkbox"/> ADN | <input type="checkbox"/> MSN |
| <input type="checkbox"/> RN-to-BSN | <input type="checkbox"/> PhD/DNP |
| <input type="checkbox"/> Other Program. Please specify:
_____ | |

If your program does not offer an RN-to-BSN program, please skip to the last page of this survey booklet and review the "Thank you for completing this survey!" section for more information.

Please return your survey even if you do not offer the RN-to-BSN, so that we have an accurate count for our records.

The RN-to-BSN Program at Your Institution

Program Size

How many students are currently enrolled in your RN-to-BSN program? _____ students

Over the past five years, on average, about how many students are accepted into the RN-to-BSN program each year? _____ students

Do you have to turn down applicants due to capacity?

No Yes

If yes, about what percent of qualified applicants were not admitted due to lack of capacity? _____ %

About how many students graduate from the RN-to-BSN program each year? _____ students

Does your RN-to-BSN program receive grant funding?

No Yes

If yes, please identify the types of grant funding the program has received:

Federal grants Foundation grants
 State grants Other. Please specify: _____

Program Requirements

How many non-nursing credit hours are required in the RN-to-BSN program? _____ credit hours

How many nursing credit hours are required in the RN-to-BSN program? _____ credit hours

How many credit hours toward the BSN are required to be taken at the institution granting the degree? _____ credit hours

How long does it take an average full-time student to complete the RN-to-BSN program?

Less than 9 months 19 to 24 months
 9 to 12 months 25 to 60 months
 13 to 18 months More than 60 months

How long does it take an average part-time student to complete the RN-to-BSN program?

Less than 9 months 19 to 24 months
 9 to 12 months 25 to 60 months
 13 to 18 months More than 60 months

Does your institution require that students complete the program within a certain time frame?

No Yes

If yes, within what time frame? _____ months

Does your program have minimum GPA requirements for entrance into the RN-to-BSN program?

No Yes

Are students required to maintain a minimum GPA requirement to stay enrolled in the program?
 No Yes

If your program has satellite campuses, are the GPA requirements for admission into the program the same at all locations?
 N/A. We do not have any satellite campuses.
 Yes. The requirements are the same.
 No. The requirements are different. Please explain the differences.

Does your program collaborate with any community colleges to offer courses to your students?
 No Yes
If yes, how many community colleges does your institution collaborate with? _____ community colleges

About Your Program and Rural Learners

Does your program specifically target rural RNs in its recruiting efforts?
 No Yes

About what percent of enrolled RN-to-BSN students are from rural communities?
 Less than 25% More than 50%
 25% to 50% Unable to determine

About what percent of qualified applicants from rural communities were not admitted due to lack of capacity?
 Admitted all rural applicants Did not admit _____ % of rural applicants
 Unable to determine

About what percent of enrolled RN-to-BSN students commute from rural communities?
 Less than 25% More than 50%
 25% to 50% Unable to determine

On average, about what percent of graduates accept positions in the following locations?
Urban _____% Suburban _____% Rural _____% Unable to determine

Rural Health Content/Courses

Does your institution offer content that specifically prepares nurses for rural health practice?
 No Yes
If your institution offers rural practice content, how is this content offered? (Check all that apply.)
 Rural health content is included in other courses
 Clinical placements in rural communities
 Full course on rural health
 Other. Please describe:

If you indicated that your institution offers a course on rural health, about what proportion of students take a rural health course each year?
 Less than 25% 25% to 49% 50% to 74% 75% to 100%

How are rural health courses delivered?
 Classroom only Online only Classroom and online

Student Recruitment for the RN-to-BSN Program

Which of the following methods does your program use to recruit RN-to-BSN students?

(Check all that apply.)

- Recruiting at healthcare agencies (e.g., hospitals, long term care facilities)
- Formal partnerships with healthcare agencies (e.g., tuition reimbursement, reduced tuition for employees, loan payment assistance)
- Formal partnerships with other agencies/employers
- Sponsoring open houses at the university/college/community college
- Recruiting at schools with other nursing programs (e.g., ADN, diploma-RN, LPN)
- Formal partnerships with the Veterans Administration (VA)
- Social media
- Recruiting at conferences
- Other(s). Please describe: _____

Which of the following barriers, if any, does your program experience in recruiting RNs into the RN-to-BSN program?

<i>Check any that apply. If a barrier equally affects rural and urban students, mark responses in the "All Students" column.</i>	<i>Rural Students</i>	<i>Urban Students</i>	<i>All students</i>
<i>If your program <u>does not</u> track recruits by location, please check here and use the "all students" column for your ideas.</i>		<input type="checkbox"/>	
Required non-nursing courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance prospective students must travel from their home to the campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of preferential hiring of BSN-prepared nurses by local healthcare agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of tuition reimbursement by employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of student loan forgiveness programs for nurses in the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of tuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time to degree completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of capacity (e.g., shortage of nurse faculty, shortage of available clinical sites for training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family obligations of prospective students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work obligations of prospective students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s). Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Learning Experiences

Do you perceive that RN-to-BSN students have difficulty remaining in the program for any of the following reasons?

<i>Check any that apply. If a problem equally affects rural and urban students, mark responses in the "All Students" column.</i>	<i>Rural Students</i>	<i>Urban Students</i>	<i>All Students</i>
<i>If your program <u>does not track students by location</u>, please check here and use the "All Students" column for your ideas</i>		<input type="checkbox"/>	
Difficulty balancing school/work/family obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commuting distance/time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of tuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poorer academic preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s). Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who is responsible for securing clinical sites for clinical training? (Check all that apply.)

- The student
 The nursing program
 Other. Please specify: _____

Do nursing students and/or your RN-to-BSN program have difficulty finding clinical placements?

- No Yes (If yes, please identify possible difficulties:)

<i>If you reported problems with clinical placements, please check any that apply.</i>	<i>Rural Students</i>	<i>Urban Students</i>	<i>All Students</i>
<i>If your program <u>does not track students by location</u>, please check here and use the "all students" column for your ideas</i>		<input type="checkbox"/>	
Lack of qualified preceptors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty implementing preceptor preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited capacity of nursing program to identify sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited capacity of sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough patients at clinical sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance to clinical sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s). Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are clinical placements in rural communities consistently available?

- No Yes

Special Projects & Interprofessional Education

Does your program consistently offer opportunities for nursing students to participate in special projects outside of the classroom or curricular requirements to address rural community needs?

No

Yes

If yes, what types of projects are offered?

Policy/Advocacy

Community Service

Other. Please describe.

Does the nursing program have formal interprofessional education opportunities?

(Interprofessional education is defined as the collaboration of two or more professions that learn together to stimulate effective teamwork and improve patient safety.)

No

Yes

If yes, please list the professions that collaborate.

Distance/Distributed Learning

Considering all courses required for RN-to-BSN degree completion, how is the program delivered? (Select only one.)

Classroom only (Courses are only offered in a classroom environment)

Hybrid program (Some courses (or course components) are offered in a classroom environment, while others are offered in an online/web-based environment)

Online only (Courses are only offered in an online/web-based environment)

Considering only the nursing courses required for RN-to-BSN degree completion, how are the nursing courses delivered? (Select only one.)

Classroom only (Courses are only offered in a classroom environment)

Hybrid program (Some courses (or course components) are offered in a classroom environment, while others are offered in an online/web-based environment)

Online only (Courses are only offered in an online/web-based environment)

If you answered "Classroom only," please skip to the "Advice/Comments" section of the survey.

On average, what percent of students take online courses each year?

Less than 25%

25% to 49%

50%

51% to 99%

100%

What challenges have faculty and/or the nursing program experienced in implementing online courses? (Check all that apply.)

Poor internet connectivity

Limited faculty information technology (IT) skills

Faculty disinterest in teaching in an online environment

Campus IT assistance not available after hours

Cost of online course delivery platforms

Other(s). Please specify. _____

What challenges have your students experienced in participating in online courses?

<i>Check any that apply. If a challenge equally affects rural and urban students, mark responses in the "All Students" column.</i>	<i>Rural Students</i>	<i>Urban Students</i>	<i>All students</i>
<i>If your program <u>does not track students by location</u>, please check here and use the "all students" column for your ideas.</i>		<input type="checkbox"/>	
Difficulty balancing school/work/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor academic preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of affordable internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of internet in communities where students reside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor internet connectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of computer ownership by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited student information technology (IT) skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student disinterest in taking courses offered online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus IT assistance not available after hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s). Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADVICE/COMMENTS

Any advice or comments? _____

Do you believe your institution has a potential model program for helping rural RNs advance to the BSN? Do you want to share it with others? If so, please contact one of us: Dr. Jan Probst, at (803) 251-6317 or jprobst@mailbox.sc.edu, or Dr. Tena Hunt McKinney at hunts@mailbox.sc.edu.

THANK YOU FOR COMPLETING THIS SURVEY!

If you're interested in receiving a copy of any reports generated by the study, please complete and return the enclosed postcard. If you have any questions about this survey, please contact Ms. Eboni Haynes at ebonie@email.sc.edu or (803) 576-6054.