Baccalaureate Program for Registered Nurses (BPRN) Exit Survey

A Report Prepared by the
Manitoba Centre for Nursing and Health Research (MCNHR) for:

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Background: Projected Life of the Program
The Baccalaureate Program for Registered Nurses (BPRN) at the University of Manitoba was first developed in 1985 in response to the specific learning needs of diploma prepared, practicing Registered Nurses. The program, which was fully implemented in 1987, has undergone two major revisions. The most recent revision, completed in 2002, reduced the required credit hours from 67 to 45. The BPRN is time limited; however, with no decision as of yet on the termination of the Red River College (RRC) diploma program, it is difficult to predict when the Faculty’s post diploma program (BPRN) will be discontinued. With ongoing, although declining intakes and RRC’s continued yearly production of 80-100 diploma graduates, the Faculty anticipates having an applicant pool and BPRN students in its system until at least 2015-2016.

Purpose of the Study
The Faculty of Nursing is interested in knowing more about how it is serving the needs of post RN students. The purpose of this study was to determine how well the program is meeting the learning needs of post diploma students and their level of satisfaction with the program’s curriculum, scheduling, methods of delivery and accessibility.

Methodology
A total of 36 students completed the Baccalaureate Program for Registered Nurses (BPRN) and graduated in February or May 2008. A self-administered mail survey was distributed in July 2008 to all 36 BPRN graduates using elements of the Total Design Method (TDM) to maximize the response rate in implementing a mail survey (Dillman, 1978). Elements of the TDM included a) the formulation of questions based on a pre-test; b) attention to questionnaire design and structure; c) personalizing all communication with the respondent and providing a persuasive letter of the study importance and benefits and d) follow-up contact of non-respondents one week and three weeks after the initial mail-out.

Research Instrument
The research instrument (see Appendix A) is a self-administered questionnaire that was designed in June 2007, specifically for this project based on a pre-test of the questionnaire with 10 BPRN graduates from May 2007. The questionnaire contains closed-ended items related to the students’ previous work experiences prior to enrolling in the BPRN, reasons for enrolling, student satisfaction with skill development and accessibility of the BPRN, as well as their level of agreement on program outcomes and learning expectations. The questionnaire also contains open-ended questions related to the strengths and weaknesses of the BPRN and recommendations for improving the BPRN.

Response Rate
Of the 36 BPRN graduates from February and May 2008, a total of 21 completed and returned the mailed survey for a response rate of (58%).
Profile of Respondents

- All 21 BPRN graduates that completed the survey were female. Respondents ranged in age from 25-59 with a mean age of 46.

- Most graduates attended the BPRN part-time (n=18; 85.7%). Only one graduate attended the BPRN full-time (n=1; 4.8%) and two graduates attended both full-time and part-time (n=2; 9.5%).

- At the time of the survey, all but one of the graduates (4.8%) were employed. Fourteen graduates (66.7%) were employed in a full time position and 6 graduates (28.6%) were employed in a part-time position.

Graduates were asked, “What is your current nursing position?”

- As shown in Chart 1, their nursing positions included staff nurse (n=9; 42.9%), nurse educator (n=3; 14.3%), clinical nurse specialist (n=1; 4.8%), nurse manager (n=4; 19.0%), other nursing positions (n=3; 14.3%).

Chart 1: Current Nursing Position (n=21)
Prior to entering the BPRN, respondents were employed as nurses for an average of 16 years with a range of 2 to 36 years.

As shown in Chart 2, over half of graduates (n=12; 57.6%) were employed as a nurse for 15 years or more prior to enrolling in the BPRN.

Graduates were asked, “How many years were you employed as a nurse prior to enrolling in the BPRN?”

Chart 2: Years Employed as Nurse Prior to Enrolling in BPRN
Graduates where asked, “From what school did you obtain your nursing diploma?”

As shown in Chart 3, graduates completed their nursing diploma in nursing schools in Manitoba.

All graduates obtained their nursing diploma from nursing schools in Winnipeg, except for one graduate who obtained her nursing diploma from Brandon General Hospital School of Nursing.
Main Reasons for Enrolling in the BPRN

Graduates were asked, “What were your main reasons for choosing to enroll in the BPRN?”

- Graduates reasons for choosing to enroll in the BPRN were coded into common themes are presented below.

- Twelve graduates identified career advancement and opportunities, 9 graduates identified lifelong learning and continuing education, 6 graduates identified personal goal and self-improvement and 2 graduates identified that the program was a condition of current employment.

- In terms of the theme Career advancement & opportunities (n=12), their responses included:
  
  Employment opportunities as nurse educator or public health...

  I wanted a change and the environment had become very competitive. It was clear that if I wanted to advance in my profession I needed to go back to school.

  ...future advancement in the field of nursing

  More career opportunities.

  ...I also wanted the flexibility if I decided to change career paths.

  ...keep career doors open.

  To further my career choices as a RN.

- In terms of the theme Lifelong learning and continuing education (n=9), their responses included:

  ...enhance my knowledge so that I would be able to participate in conversations with other academics (physician) and disciplines and practice evidence based nursing.

  ...Even though I am in the latter part to my career, continuing education remains an important aspect of my nursing.

  A degree for knowledge... Also a stepping stone for obtaining a Masters degree.

  ...personal desires to obtain higher level of education in nursing.

  I’ve always enjoyed learning. I felt there was more to know relating to community health/teaching...
• In terms of the theme **Personal goal & self improvement** (n=6), their responses included:  

  *Something I always wanted to do.*  

  …orienting younger nurses with degrees, first I needed to be at a university level for personal and professional expectations  

  *After thinking about it for many years, it was time to do it.*  

  *Self improvement*  

  *Personal growth…*  

  *Life long goal to have my degree...*

• In terms of the theme **Condition of current employment** (n=2), their responses included:  

  *My job - I needed it to keep my job.*  

  *Condition upon hiring for current position...*  

• Four graduates spoke of “other” reasons for enrolling in the BPRN. Their responses included:  

  *I was taking the Adult Intensive Care Nursing Program and by enrolling in the BPRN I could use the credits from these courses towards obtaining my degree.*  

  …*Financially able at the time.*  

  *In 2005 I took a course in Law and Ethics conducted by Dr. Dean. I enjoyed this experience and decided to enroll in the BPRN.*  

  *Easy to work and go to school. Courses could be taken on-line, or by independent study.*
Interest in continuing education

Graduates were asked, “Are you interested in continuing your formal education toward a certificate, second degree or graduate degree?”

- As shown in Chart 4, overall, 16 graduates (76.2%) said “yes” they are interested in continuing their formal education.

- When asked to specify what type of education they would pursue:
  - 3 graduates identified a second undergraduate degree
  - 10 graduates identified a graduate degree
  - 2 graduates identified CNA certification
  - 5 graduates identified a certificate program.
  (Note total “n” does not equal 16 as graduates could have identified more than one type of continuing education).

Chart 4: Are you interested in continuing your formal education? (n = 21)
Satisfaction with Skill Development

Graduates were provided with a list of specific skills that may have been developed or enhanced during their enrollment in the BPRN and were asked to indicate how satisfied they are that the BPRN developed or enhanced each skill.

- As shown in Table 1, graduates were most satisfied with literature and information searching skills (n=19; 90.5%), communication skills (n=19; 90.5%) and critical thinking skills (n=17; 81.0%).

- Graduates reported lower levels of satisfaction on the following skills: dealing with conflict (n=9; 45.0%), clinical assessment skills (n=8; 40.0%) and delegation skills (n=8; 40.0%).

Table 1: Satisfaction with the BPRN Developed or Enhanced Each Skill (n=21)

<table>
<thead>
<tr>
<th>Specific skills</th>
<th>Very Satisfied &amp; Satisfied</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature and information searching skills</td>
<td></td>
<td>19</td>
<td>90.5</td>
</tr>
<tr>
<td>Communication skills</td>
<td></td>
<td>19</td>
<td>90.5</td>
</tr>
<tr>
<td>Critical thinking skills</td>
<td></td>
<td>17</td>
<td>81.0</td>
</tr>
<tr>
<td>Presentation skills</td>
<td></td>
<td>16</td>
<td>76.2</td>
</tr>
<tr>
<td>Dealing with change</td>
<td></td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Overall Leadership Skills</td>
<td></td>
<td>14</td>
<td>66.7</td>
</tr>
<tr>
<td>Decision-making skills</td>
<td></td>
<td>14</td>
<td>66.7</td>
</tr>
<tr>
<td>Computer literacy skills</td>
<td></td>
<td>13</td>
<td>61.9</td>
</tr>
<tr>
<td>Dealing with conflict</td>
<td></td>
<td>9</td>
<td>45.0</td>
</tr>
<tr>
<td>Clinical assessment skills</td>
<td></td>
<td>8</td>
<td>40.0</td>
</tr>
<tr>
<td>Delegation skills</td>
<td></td>
<td>8</td>
<td>40.0</td>
</tr>
</tbody>
</table>
Accessibility within the BPRN

Graduates were provided a list of items that described an expectation about accessibility in the BPRN and were asked to identify how satisfied they were that the BPRN is meeting each expectation.

- As shown in Table 2, graduates were most satisfied with the program flexibility to pace studies to fit life and work schedules (n=19; 90.5%), ability to access program-related information by phone, e-mail or online (n=18; 85.7%) and ability to choose a course delivery method that fits life circumstances (n=17; 81.0%)

- Fewer graduates were satisfied with access to help needed to develop academic skills (n=15; 71.4%), access to support services (n=14; 66.7%) and the availability of courses offered each term within the program (n=8; 38.1%).

Table 2: Satisfaction with the BPRN Meeting Accessibility (n=21)

<table>
<thead>
<tr>
<th>Specific skills</th>
<th>Very Satisfied &amp; Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>The program flexibility to pace studies to fit life and work schedules</td>
<td>19</td>
</tr>
<tr>
<td>Ability to access program related information by phone, email or online</td>
<td>18</td>
</tr>
<tr>
<td>Ability to choose a course delivery method that fits my life circumstances</td>
<td>17</td>
</tr>
<tr>
<td>Access to help needed to develop academic skills including writing, communication skills, time management, library searching skills</td>
<td>15</td>
</tr>
<tr>
<td>Access to support services</td>
<td>14</td>
</tr>
<tr>
<td>The availability of courses offered each term within the program</td>
<td>8</td>
</tr>
</tbody>
</table>
Expected Program Outcomes

Graduates were provided a list of items that described an outcome expected in the BPRN. For each item, they were asked to identify their level of agreement that the BPRN assisted them in meeting each outcome.

- As shown in Table 3, level of agreement was highest for contribution to the advancement of nursing practice (n=20; 95.2%), continue professional education (n=20; 95.2%) and integrating new and existing knowledge to construct new learning experiences for lifelong learning (n=19; 90.5%)

- Level of agreement was lower for maximize opportunities for optimal health for client, family or community (n=13; 61.9%) and consolidate meaning of caring as the essence of nursing (n=11; 52.4%)

Table 3: Agreement with the BPRN Assisting in Meeting Expected Outcome (n=21)

<table>
<thead>
<tr>
<th>Specific skills</th>
<th>Strongly Agree &amp; Agree</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to the advancement of nursing practice in the health care environment</td>
<td></td>
<td>20</td>
<td>95.2</td>
</tr>
<tr>
<td>Continue professional education</td>
<td></td>
<td>20</td>
<td>95.2</td>
</tr>
<tr>
<td>Integrate new and existing knowledge to construct new learning experiences for lifelong learning</td>
<td></td>
<td>19</td>
<td>90.5</td>
</tr>
<tr>
<td>Integrate systematic inquiry and research findings into nursing practice</td>
<td></td>
<td>19</td>
<td>90.5</td>
</tr>
<tr>
<td>Provide culturally sensitive care</td>
<td></td>
<td>17</td>
<td>81.0</td>
</tr>
<tr>
<td>Exhibit ethical and social responsibility in the service to others</td>
<td></td>
<td>17</td>
<td>81.0</td>
</tr>
<tr>
<td>Engage in systems thinking in caring for client, family, or community</td>
<td></td>
<td>16</td>
<td>76.2</td>
</tr>
<tr>
<td>Support the meaning of health as identified by individuals, families, or communities</td>
<td></td>
<td>16</td>
<td>76.2</td>
</tr>
<tr>
<td>Provide holistic care to client, family or community</td>
<td></td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Value the process of self discovery in relationship to self and others</td>
<td></td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Integrate the Primary Health Care Model into Nursing Practice</td>
<td></td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Demonstrate leadership behaviours at an organizational and societal level</td>
<td></td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Maximize opportunities for optimal health for client, family or community</td>
<td></td>
<td>13</td>
<td>61.9</td>
</tr>
<tr>
<td>Consolidate the meaning of caring as the essence of nursing</td>
<td></td>
<td>11</td>
<td>52.4</td>
</tr>
</tbody>
</table>
Adult Learning Expectations

Graduates were provided a list of items that described an adult learning expectation in the BPRN. For each item, they were asked to identify their level of agreement that the BPRN is meeting each learning expectation.

- As shown in Table 4, level of agreement was highest for “the program enables students to pursue individual interests during their course of study” (n=17; 81.0%), “the learning experiences within the program challenge me to reach beyond what I already know” (n=16; 76.2%) and “instructors incorporate my life work experiences in course activities and assignments” (n=16; 76.2%)

- Level of agreement was lower for “instructors acknowledge my cumulative nursing knowledge, values and skills” (n=15; 71.4%), “I am assessed on knowledge and skills needed in nursing practice” (n=14; 66.7%), and “throughout the program opportunities are created to explore challenging and collaborative roles” (n=11; 52.4%).

Table 4: Agreement with the BPRN Meeting Adult Learning Expectations (n=21)

<table>
<thead>
<tr>
<th>Specific skills</th>
<th>Strongly Agree &amp; Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>The program enables students to pursue individual interests during their course</td>
<td>17</td>
</tr>
<tr>
<td>of study</td>
<td></td>
</tr>
<tr>
<td>The learning experiences within the program challenge me to reach beyond what</td>
<td>16</td>
</tr>
<tr>
<td>I already know</td>
<td></td>
</tr>
<tr>
<td>Instructors incorporate my life work experiences in course activities and</td>
<td>16</td>
</tr>
<tr>
<td>assignments</td>
<td></td>
</tr>
<tr>
<td>Most instructors use a variety of teaching methods</td>
<td>16</td>
</tr>
<tr>
<td>The program laid foundation for me to pursue graduate studies in nursing</td>
<td>16</td>
</tr>
<tr>
<td>Instructors acknowledge my cumulative nursing knowledge, values and skills</td>
<td>15</td>
</tr>
<tr>
<td>I am assessed on knowledge and skills needed in nursing practice</td>
<td>14</td>
</tr>
<tr>
<td>Throughout the program opportunities are created to explore challenging and</td>
<td>11</td>
</tr>
<tr>
<td>collaborative roles with emphasis on the application of nursing knowledge and</td>
<td></td>
</tr>
<tr>
<td>skills</td>
<td></td>
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</table>
Influencing of Nursing on their View of the Nursing Profession

Graduates were asked, “How has the program influenced the way you view the nursing profession?”

• In terms of how the program influencing the way they view the nursing profession, 10 graduates identified having a broader awareness and understanding of the profession, 3 graduates identified an increased understanding and value of research and evidence-based practice and 2 graduates identified a greater appreciation of education and lifelong learning.

• Graduates responses were coded into common themes and are presented below.

• **Broader awareness and understanding of the profession (n=10)**

  *Greater understanding of community nursing.*

  *Difference between nursing - and what nursing station nurses do - need to expand on delegation of function as opposed to unrealistic expectation that masters prepared RN’s will go to nursing stations.*

  *It has certainly opened many doors and it opened my eyes to new experiences I have a renewed interest in nursing.*

  *Exposed me to many diverse practice environments – Some excellent role models – Made me proud of my nursing peers + profs.*

  *I am becoming more aware of advancements available to those who wish to expand or enhance a nursing career.*

  *Broadened my focus, [increased] awareness.*

  *I view nursing more as a “profession” rather than skills.*

  *Appreciate the diversity of nursing...*  

  *I have seen that nursing has come a long way over the past 30 years with advanced critical thinking skills; utilization of research into practice and increased respect from the public and physicians toward nursing knowledge and scope of practice.*

  *It reinforced the importance of nursing as a promoter of good health*
• **Research & evidence-based practice (n=3)**

   *Helps change attitude about lifelong learning and how research shapes practice.*

   It gives me a broader perspective, I am now more inclined to review literature related to a topic of interest.

   *Yes, the BPRN program has been a positive influence for me. The ability to research and rely of evidence based and best practice information lends credibility to the nursing profession.*

• **Education and lifelong learning (n=2)**

   *Realized that ongoing education is important and there is always something new to learn in the nursing profession.*

   ...strengthened my thirst for education.

• **Other (n=2)**

   *Somewhat in particular I am more aware of how little autonomy and power we hold as a profession in part due to the mandate of CRNM public first.*

   *The BPRN really has not influenced my view of the profession. It has give me the insight to recognize the way health is envisioned by those in management and government as compared to views I hear about from the public and the grass root rural nurses.*
Strengths of the BPRN

Graduates were asked, “Overall, what are the strengths of the BPRN?”

- In terms of the strengths of the BPRN, 12 graduates identified course delivery methods, 4 graduates identified course content/structure, 3 graduates identified acknowledgement of past experience and education, and 2 graduates identified encouraging research and evidence-based practice as a strength of the BPRN.

- Graduates responses are provided below by each of the common themes.

- **Course Delivery Methods (n=12)**

  *The various methods of course delivery (onsite, distance Ed, web CT) I thoroughly enjoyed the combination of BPRN only courses and those taken with core program students.*

  *The variety of delivery systems allow someone working and raising a family to obtain.*

  *Good remote access i.e. Web CT...*

  *Appreciated the opportunity to access courses online.*

  *The ability to take courses that meet my scheduling needs*

  *Variety of course delivery methods...*

  *Flexibility of course scheduling (evening, on-line classes).*

  *Also the ability to do courses by distance ed - wonderful for the rural nurse.*

  *It is available, in part, through distance education and online.*

- **Course Content / Structure (n=4)**

  *Allow/ encourage nurses share ideas – networking.*

  *...time line/ development of leadership/ research skills.*

  *The ability for the RN to tailor the program to their interest i.e. May take mental health or woman’s health.*

  *The core courses are excellent as well as the variety of assignments.*

  *Flexibility in courses.*
• **Acknowledgement of Experience & Education (n=3)**
  
  *Online courses, instructors were very respectful...*

  ...and acknowledgement of my career experience.

  *Courses build on information you already have.*

• **Research & Evidence Based Practice (n=2)**

  *Encouraging research and paper writing*

  *Encourages the RN to think more academically and to seek out knowledge so that they feel comfortable and prepared to engage in conversations with physicians and other disciplines, encourages an evidence based practice.*

• **Other (n=2)**

  *...Some excellent profs.*

  *Rejuvenation of interest in formal academic learning*
Weakness of the BPRN

Graduates were asked, “Overall, what are the weaknesses of the BPRN?”

- In terms of weaknesses of the BPRN, 6 graduates identified course content/structure, 6 graduates identified course scheduling, 4 course delivery and 4 graduates identified the limited acknowledgement of experience and education as a weakness.

- **Course Content / Structure (n=6)**
  
  *Limited ideas at time to WRHA concepts. Nursing does occur outside of city. Many nurses are challenged in rural communities with limited resources. U of M needs to assist/understand these.*

  *Too many papers not enough practical application.*

  *I was only dissatisfied with one course. I hoped to explore different cultures in a more meaningful way.*

  *I would have preferred to take courses in lecture format and this was not always possible.*

  *Some classes were more geared toward student nurses.*

  *Still trying to determine the benefits of the statistic’s course, unless continuing into masters or research. Didn’t find it helpful and irrelevant to my nursing practice.*

- **Course Scheduling (n=6)**
  
  *Summer-limited choices…*  

  *…a lot of courses available only during the day.*

  *Trying to take courses that you want in a timely manner…*  

  *Although I recognize the BPRN program is geared towards nurses already in the work force it would be nice to see a few more courses offered during the day. Evenings don’t work for all…*  

  *Poor selection of courses in summer session*  

  *Not much support to those enrolled in the program working Monday-Friday…*  

- **Course Delivery Methods (n=4)**
  
  *…No online or no variety of choices.*
Not all courses available online.

Lack of student education in how to Maneuver WebCT.

The flip side of the distance ed/web CT is the feeling of isolation. Know a person’s name/ job site, no picture or verbal interaction - same with instructors.

- **Limited Acknowledgement of Experience & Education (n=4)**

  Recognition should be given for other forms of further education. Ex; ICU courses are worth credit, so should NICU, Nephrology, etc. (should be worth something!).

  ...redundant material for an experienced nurse. Felt like I was just jumping through hoops sometimes. 2 credit courses to develop skills was a waste of time, the prof was inflexible.

  There is limited acknowledgement of previous education and experience in nursing; i.e. the development of critical thinking skills has been part of every educational program I have been involved in. Also, I took a one year course in Pediatric and Neonatal intensive care, was initially given some credit although not as much as for an adult ICU course and then had credits taken away when the program was last revised.

  As a graduate of RRC DNA there was an overlapping of skills/ knowledge obtained in the diploma program. Various aspects of some courses were redundant.

- **Other (n=3)**

  ...A lot of my colleagues graduating this year were not aware of many of the activities i.e. pinning or pictures.

  Some very poor profs...

  Not all professors are easily accessible
Changes to the BPRN

Graduates were asked, “If there was one change you could make to the BPRN, what would it be?”

- In terms of changes to the BPRN, 9 graduates suggested changes to program structure and content changes, 4 graduates suggested removing statistics as a requirement, 3 graduates suggested acknowledging prior education and experience and 2 graduates suggested increasing support.

- **Program structure and content (n=9)**
  
  *Explore different cultures in a more meaningful way.*

  *To develop a course dedicated to the policies of nursing.*

  *Delete the non-nursing elective courses. Although I chose courses that were relevant to nursing I feel that for nurses who have been in the workforce for many years, extra courses were probably unnecessary – I felt these non-nursing electives are appropriate for new students to provide a more diverse educational experience. Although I enjoyed the courses I chose, it was extra money and time I feel I didn’t really need to spend.*

  *The increase in technology is huge- how about a course on informatics-electronic health records.*

  *More variety of nursing electives.*

  *Group work is problematic for those of us working full-time shift work, could there be less focus on this. I am capable of working with a group but scheduling can be a serious problem for group driven assignments.*

  *Offer the program as a continuation from the DNA program to improve objectives without repeating information. Build on the skills developed in DNA program more effectively.*

  *As above (1. Although I recognize the BPRN program is geared towards nurses already in the workforce it would be nice to see a few more courses offered during the day. Evenings don’t work for all. 2. Lack of student education in how to Maneuver WebCT).*

  *Additional summer session courses available*

- **Statistics (n=4)**
  
  *Take out Stats.*

  *...Of course, I am likely not alone in wishing that stat’s was optional.*
Remove intro to statistics from required courses. Substitute statistics course with one more relevant to the average nurse that would provide beneficial in day to day care (i.e. something to do with medications maybe).

- **Acknowledge prior education and experience (n=3)**
  That prior learning assessments be offered and credits given if applicable.

  As above [Question 15: Recognition should be given for other forms of further education. Ex; ICU courses are worth credit, so should NICU, Nephrology, etc. (should be worth something!)].

  As above, teaching/learning is not really relevant to the long time RN.

- **Increasing Support (n=2)**
  Better support for the BPRN students. Possibly have 1 day a year for socializing. When you take 1 course you have no idea who else in your hospital is also enrolled unless they are in your course. This would help build some peer support.

  [Increase] accessibility to student advisors.

- **Other (n=3)**
  I felt at times I was at the mercy of APA format writing rules as opposed to content. It depended on the prof. Inconsistent marking re APA. (diff b/t B+ and A).

  Don’t know

  Closure.
Recommendations for Improvement

Graduates were asked, “Do you have any other recommendations for improvements to the program?”

- In terms of other recommendations for improvements to the program, 7 graduates recommended changes to program structure and content, 3 graduates recommended acknowledging further past experience and education, and 2 graduates recommended increasing support.

- **Changes to program structure and content (n=7)**
  
  The courses need to (increase) awareness of other RHA’s in the province & incorporate them into curriculum.

  Promoting health of communities - Reading package was outdated. Concerned re being politically correct at times.

  A clinical component in the community health or public health would be very interesting but likely quite a challenge to set up.

  ...Attention to the number of required texts - $450 for a 3 credit course!

  Encourage more nurses (especially recent grads) to obtain their degree by revamping the course outline/ expectations to better suit their learning needs. Then, promote the new program extensively/ positively.

  Remove group projects from required courses - ridiculous requirement for many of us with full time jobs, families and community responsibilities.

  Better WebCT instruction

- **Acknowledge past experience and education (n=3)**

  While most instructors acknowledged the RN’s career experience some courses do not.

  More ethics, more attention to relevance to the experienced nurse...

  It would be better for all courses to be specifically geared toward BPRN as some courses were clearly taught for student nurses without taking into account my previous nursing career experience.
• **Increasing Support (n=2)**

  *I don’t remember having a faculty member assigned as an advisor - I mean over and above Karen Nickerson- probably not feasible to do that.*

  *Integration of studies with mentors in specialties or networking opportunities.*

• **Other (n=2)**

  *I would like to continue taking courses of interest but am unable unless I register in master’s program. I am not sure that I want to dedicate another 5 years to complete my masters at this point.*

  *Offer a formal or informal scheduled meeting time for “think tanks” to discuss current nursing issues.*
BPRN Met Expectations

Graduates were asked, “Overall, would you say that the BPRN meets all, most, some, few or none of your personal expectations for the program?”

Chart 5: Did the BPRN Meet Your Expectations? (n=21)

- As shown in Chart 5, the majority of graduates reported that the BPRN met all (n=4; 19.0%) or most (n=12; 57.1%) of their expectations.
- Only one graduate reported that the BPRN met a few of their expectations.
- No graduates reported that the BPRN met none of their expectations.
Satisfaction with BPRN

Graduates were asked, “Overall, how satisfied are you with the BPRN?”

- As shown in Chart 6, the majority of graduates were very satisfied (n=5; 23.8%) or satisfied (n=15; 71.4%).

- Only one graduate responded “neutral” and no graduates reported being dissatisfied with the BPRN.

Chart 6: Satisfaction with the BPRN program (n=21)
• When asked if they could choose again, \( n = 20 \); 95.2\% said they would still choose to complete the BPRN.

• Graduates were asked if they would recommend the Baccalaureate Program for Registered Nurses at the University of Manitoba and while two graduates did not provide a response, all the remaining graduates (\( n = 19 \)) responded “yes.”
Summary
The purpose of this study was to determine how well the Baccalaureate Program for Registered Nurses (BPRN) at the University of Manitoba is meeting the learning needs of post diploma students and their level of satisfaction with the program’s curriculum, scheduling, methods of delivery and accessibility.

In July 2008, a survey was sent by mail to all 36 February and May BPRN graduates. A total of 21 graduates completed and returned the mail survey (58% response rate). These respondents were all female and ranged in age from 25-59. Graduates that completed the survey were experienced nursing professionals averaging 16 years experience as a nurse before enrolling in the BPRN and all had earned their RN diploma from a Manitoba School of Nursing. More than half of respondents (57%) entered the BPRN program to advance their career while still continuing to work and attended the program part time. Most graduates (76%) were interested in furthering their formal education.

In terms of the which skills that may have been developed or enhanced during their enrollment in the BPRN, the graduates identified literature and information searching skills (91%), communication skills (91%) and critical thinking skills (81%) as those skills that were best developed or enhanced in the BPRN program.

Graduates reported high levels of satisfaction with most expectations about accessibility within the BPRN including program flexibility to pace studies to fit life and work schedules (91%), ability to access program-related information by phone, e-mail or online (86%) and ability to choose a course delivery method that fits life circumstances (81%). Fewer graduates were satisfied (38%) with the availability of courses offered each term within the program.

The level of agreement of the graduates that expected program outcomes were met was highest with regard to the program’s contribution to the advancement of nursing practice (95%), continuing professional education (95%) and integrating new and existing knowledge to construct new learning experiences for lifelong learning (91%).

When asked about their agreement with whether certain program outcomes were met, the graduate’s level of agreement was highest for “the program enables students to pursue individual interests during their course of study” (n=17; 81.0%), “the learning experiences within the program challenge me to reach beyond what I already know” (n=16; 76.2%) and “instructors incorporate my life work experiences in course activities and assignments” (n=16; 76.2%)

The graduates were most agreeable that the following adult learning expectations were met: The program enables students to pursue individual interests during their course of study (n=17; 81.0%); the learning experiences within the program challenge me to reach beyond what I already know (n=16; 76.2%); instructors incorporate my life work experiences in course activities and assignments (n=16; 76.2%); most instructors use a variety of teaching methods (n=16; 76.2%); the program laid foundation for me to pursue graduate studies in nursing (n=16; 76.2%).
Many of the graduates felt that the program broadened their awareness of the profession (n=10; 47.6%) and the variety of course delivery methods offered was one of the most commonly cited strengths (n=12; 57.1%). Shortfalls related to course content and structure, scheduling of classes, course delivery methods and limited acknowledgment of past experience and education were the most commonly identified weaknesses with the program.

When suggesting changes that would improve the program, graduates suggested modifications to the program structure and content. For example, removing statistics as a requirement, increasing the variety of nursing electives and proposing a number new course topics were all suggestions to improve the program. Another recommendation was to ensure that students past experience and education was acknowledged by instructors and that courses were relevant to an experience nurse. Finally, another recommendation was to increase support which included both student support services as well as peer and mentor support by providing networking and social opportunities.

Most graduates felt the BPRN program was very valuable and met most, if not all, of their expectations (76%). When asked if they would chose again, 95% they would still choose to complete the BPRN and almost all would recommend the BPRN at the University of Manitoba. Finally, the majority of graduates (95%) were very satisfied or satisfied with the BPRN.
Reference