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Claus, Sachiko Kanegae

IMPLEMENTATION AND EVALUATION OF A FEASIBILITY STUDY FOR A  
PROGRAM LEADING TO A MASTERS OF SCIENCE IN NURSING AT  
SAGINAW VALLEY STATE COLLEGE. (VOLUMES I AND II)

*Michigan State University*

Ph.D. 1986

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**IMPLEMENTATION AND EVALUATION OF A FEASIBILITY  
STUDY FOR A PROGRAM LEADING TO A MASTERS  
OF SCIENCE IN NURSING AT SAGINAW  
VALLEY STATE COLLEGE**

**By**

**Sachiko Kanegae Claus**

**VOLUME I**

**A DISSERTATION**

**Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of**

**Doctor of Philosophy**

**Department of Adult and Continuing Education**

**August, 1986**

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## **ABSTRACT**

### **IMPLEMENTATION AND EVALUATION OF A FEASIBILITY STUDY FOR A PROGRAM LEADING TO A MASTERS OF SCIENCE IN NURSING AT SAGINAW VALLEY STATE COLLEGE**

**By**

**Sachiko Kanegae Claus**

Successful program development in higher education rests upon a comprehensive feasibility study that takes into account a variety of factors related to all constituent groups. A feasibility study provides a basis for decisions as to whether or not a proposed program is needed and whether or not sufficient resources and organizational climate exists to support the program. It is important therefore to insure that the study provide valid and useful information; that it is implemented efficiently; and that it is properly used. The purpose of this study was two-fold. First, to design a model for conducting a comprehensive feasibility study and then apply the model to determine the feasibility of the proposed graduate program at Saginaw Valley State College, and second, to evaluate the process and outcome.

School of Nursing and Allied Health Sciences at Saginaw Valley State College (SVSC) has proposed to establish a graduate program leading to a Masters of Science degree in Nursing (MSN). The study was conducted over the fifty-mile area of SVSC during January-June, 1986. In order to obtain

qualitative as well as quantitative data from all the constituent groups the study applied the model that included three data collection methods: Task Force Group, Survey, and Social Indicators.

Analysis of the results of all three data collection methods revealed that there is sufficient interest, resources, and support among all the constituent groups for the proposed graduate program.

The evaluation of the process and outcome of the feasibility study conducted by a set of standards identified by the Joint Committee on Standards for Educational Evaluation revealed that the majority of the standards were met.

## ACKNOWLEDGEMENTS

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## CHAPTER I: INTRODUCTION

A feasibility study is conducted when an accurate prediction is needed as to whether or not a proposed plan would be successful. In the context of educational program development, a feasibility study or needs assessment provides a basis for decisions as to whether or not a proposed program is needed and whether or not sufficient resources and climate exists to support the program. It is important therefore to insure that the study provide valid and useful information; that it is implemented efficiently; and that it is properly used (Stufflebeam, McCormick, Brinkerhoff, and Nelson, 1985, p. 179).

School of Nursing and Allied Health Sciences at Saginaw Valley State College (SVSC) has proposed to develop a graduate program leading to a Masters of Science in Nursing (MSN). In order to establish a successful program a comprehensive feasibility study was needed. The purpose of this study was to conduct a comprehensive feasibility study for the proposed MSN program with a specific focus on the appraisal of its process and outcome.

Although the literature of adult education advocates the use of needs assessment (Knowles, 1980, p. 82; Pennington, 1980, p. 1; Brockhaus, 1984, p. 233) in developing an educational program, observations indicate that the methodologies used to conduct needs assessment in practice

are often inadequate. Many practitioners resort to a single source of data to conduct needs assessment, while others utilize only one data collection method. Some only assess the learner's needs while ignoring institutional and societal needs. Others only resort to a survey which is often conducted improperly.

Epstein (1978), a specialist on the feasibility study in planning a graduate program in nursing, laments that feasibility studies are often done to conform to the proper process or to meet the needs of the approving body; and a plan for action is developed even before the data is collected; that programs are often initiated based on demonstrable need, but without a clear understanding of the resources necessary for such an undertaking. Because valid and useful information is crucial for making responsive decisions for educational planning, a feasibility study requires a comprehensive design and efficient methodology.

## DESIGNING A COMPREHENSIVE FEASIBILITY STUDY

In order to conduct a successful feasibility study various factors should be taken into account including the following (Witkin, 1984, p. 3; Raines, 1977, p. 31):

1. Involving in the study, all who will be affected by the program (constituent groups).
2. Identifying not only the needs but also the resources to support the program.
3. Identifying a need, both from individual and societal perspectives.

A number of needs assessment models that take into account the above factors have been found in the literature, some of which are particularly relevant to higher education (Witkin, 1984; Misanchuk, 1982; Raines, 1977). These models tend to include more than one data collection method in their designs, providing more valid and useful information.

Three data collection methods commonly used to conduct a needs assessment include the task force group, the survey, and the social indicators (Witkin, 1984, p. 63). The task force group consists of a group of key informants representing each constituent group. During the task force group meetings, the group members share their opinions and ideas regarding the proposed program. The survey method utilizes either an interview or a questionnaire to collect information. The social indicator method uses existing data, e.g., demographic and socioeconomic data, which are pertinent to

the program development. Each model combines one or more of these data collection methods in its design.

In search of an appropriate model to conduct this study three models that are relevant to program development in higher education have been examined. They are a Community College Model (Witkin, 1984, p. 47), a Multicomponent Training Model (Witkin, 1984, pp. 45-47), and a Transactional Model (Raines, 1977). A model proposed in this study incorporated attributes from each of these models in an effort to conduct a comprehensive study.

In conducting this study three data collection methods mentioned above were employed: task force group, survey and social indicators.

Using the Task Force Group Method, four task force groups were formed which represented each major constituent group (i.e., Community, Nursing Alumni, Department of Nursing, and SVSC College-Wide Faculty). Each task force group consisted of 7-10 members, and met 1 or 2 times to identify needs, resources and concerns relative to the proposed program.

The Survey Method included a Registered Nurse, a Nursing Student, and a Potential Employer Survey. Self-administered, 16 to 23 item survey questionnaires were distributed to each population sample.

The Social Indicator Method included the identification of demographic, socioeconomic and health related statistics of the population in the study area. National, state and

local statistics related to the registered nurses with advanced degrees were also identified. The data collected through these methods were then analyzed in order to determine the feasibility.

## **BACKGROUND OF THIS STUDY**

Saginaw Valley State College (SVSC) was founded in 1963 primarily to meet the higher education needs of the residents in east-central Michigan. The college offers a comprehensive array of baccalaureate degrees. Masters' degrees also are granted in fields for which there is substantial regional demands (Saginaw Valley State College, Mission Statement, 1985). The Baccalaureate Nursing Program at SVSC was established in 1976 to meet the community demands for baccalaureate prepared nurses. The program has since been accredited by the National League of Nursing in 1982. Today the Department of Nursing is well established with 120 current students and more than 250 graduates.

In accordance with the mission of the college, the faculty of the Department of Nursing strives toward the preparation of students as competent professional nurses who serve the interest of the society in the areas of health (SVSC Department of Nursing Philosophy, 1985). Accordingly, the Department tries to adapt to meet the changing needs of the society. Five years ago, the Department conducted a needs assessment survey for the development of a MSN program (SVSC Masters in Nursing Training Grant Application, 1981). The impetus for the development of the MSN program at that time came from several factors. These factors included:

1. The major health care trends of the community that demanded a new set of competencies from the professional nurse;

2. Professional standards and expectations that specified the type of educational preparation a professional nurse leader should have;
3. The lack of MSN programs available within commuting distance;
4. The presence of a substantial number of baccalaureate prepared nurses who would be eligible for the proposed MSN program; and
5. The characteristics of the potential students, namely
  - a. employed full-time
  - b. having family responsibilities, and
  - c. unlikely to commute more than 70 miles one way to an existing MSN program.

In the 1981 study, 150 questionnaires were distributed to a potential student pool in the Saginaw area. The study attained a response rate of 88 percent. The results of the survey had revealed a very favorable response from the respondents toward the development of the program (SVSC Master's in Nursing Training Application, 1981 p. 27). Although the needs for the development of a MSN program at SVSC was well substantiated by the survey, the grant was not awarded due to an insufficient number of qualified faculty.

Since the previous needs assessment in 1981, the Department of Nursing has made significant progress in various aspects of the program. Four of the eleven full-time faculty members have been actively pursuing and making significant progress toward the completion of the doctorate. The baccalaureate curriculum has been re-evaluated and

strengthened to improve the quality of the nursing program. The graduates' performance on the State Board examinations has been consistently higher in comparison to graduates of other baccalaureate nursing programs in Michigan (School of Nursing and Allied Health Sciences, 1985). The graduates have been fully employed by a variety of health care agencies (both locally and outside the area). The employers of the graduates have been highly satisfied with the performance of the graduates (Office of Institutional Research and Planning, SVSC, 1986). The development of a traditional academic nursing environment in SVSC campus is evidenced by an establishment of Sigma Theta Tau, a National Honor Society in Nursing in 1985. The College-wide building expansion program, when it is complete in 1987, will enable the Department of Nursing to be housed in the second floor of Wickes Hall, with its own classrooms, laboratories, office space, and research facilities.

The executive officers, the Dean and the faculty of the School of Nursing and Allied Health, feel that the College now has more strength and a better environment for the development of an MSN program than it had five years ago when the previous feasibility study was first conducted. On the other hand, there have been dramatic changes both in the national and local health care system during the past five years. The society as a whole has also experienced a tremendous amount of social and economic change during this period. As the Department of Nursing at SVSC intends to



develop a successful MSN program in the near future, another feasibility study was required because the previous study was limited to a survey of the potential students. The purpose of this study was to update and expand the scope of the feasibility study.

## **EVALUATING THE PROCESS AND OUTCOME OF THE STUDY**

Because the needs assessment provides a basis for crucial decision making regarding the program development, and it consumes valuable resources, it is important to insure that the study was conducted efficiently and appropriately (Stufflebeam, McCormick, Brinkerhoff, and Nelson, 1985, p. 179). To assess the accuracy and efficiency of the study, both its process and outcome have been evaluated. The evaluation was conducted according to the standards established by the Joint Committee of Standards for Educational Evaluation (1981). The feasibility studies conducted for the development of a MSN program by other colleges were also reviewed in order to make comparisons with the methodology used for this study.

Issues to be taken into consideration during the course of the feasibility study were also identified and described. These included:

1. The organizational culture should be understood by the researcher who conducts the needs assessment,
2. A planned change strategy should be utilized in conducting the feasibility study, and
3. Upon determination of the feasibility of the proposed program, the needs of the individual and society must be carefully weighed.

These issues have important implications during the process of the feasibility study and eventually may affect the efficiency of the study as well as accuracy of the information.

## **PURPOSE OF THE STUDY**

The purpose of this study was twofold: first to design and conduct a comprehensive feasibility study for the proposed MSN program at SVSC, and second, to evaluate its process and outcome in the hope of contributing toward the improvement in practice of needs assessment.

Specifically, the objectives of the study are to:

1. Describe the design of a comprehensive feasibility study,
2. Describe the methodologies and their rationale for conducting the study,
3. Describe the methodologies used to evaluate the process and outcome of the study,
4. Identify the needs and resources of each constituent group for the proposed MSN program,
5. Appraise the efficiency and appropriateness of the model used,
6. Identify the usefulness of the information in determining the feasibility of the program development, and
7. Identify issues in conducting a feasibility study.

The dissertation would result not only in identifying the feasibility of the proposed program, but also present an approach and suggestions useful for other adult educators conducting similar feasibility studies.

## **THE RESEARCH QUESTIONS**

The primary research questions for this study are as follows:

- Are there substantial needs and resources for the development of a MSN program at SVSC?
- How well was the study conducted?

The following sets of subsidiary questions were addressed in order to answer each of the primary research questions.

**Are there substantial needs and resources for the development of a MSN Program at SVSC?**

### **I. Potential Students**

- A. How many registered nurses with a BSN as their highest degree are employed in the health care agencies in the 50-mile radius of SVSC?
- B. What proportion of the above population is eligible and interested in enrolling in the SVSC Graduate Nursing Program within the next 2-3 years?
- C. What are the characteristics of potential students who are interested in the proposed MSN program?
- D. What type of MSN program is desired by the potential students?
- E. What are the attitudes and concerns of the potential students toward the proposed program?

### **II. The College**

- A. Will there be a sufficient number of faculty prepared to teach in the proposed program?

- B. Is there a commitment on the part of the administration to provide necessary finances to support the program during planning and implementation?
- C. Are existing clinical resources in nearby communities adequate to provide graduate level experiences?
- D. Is there another MSN program in the area similar to the one proposed by SVSC?
- E. Are there sufficient campus facilities and learning resources to meet the needs of the proposed program?
- F. What is the process of obtaining approval from the college for the development of a new graduate program? What is the procedure of approval at the state level?
- G. How do other faculty in the college feel about the development of a MSN program?
- H. Are the undergraduate nursing faculty committed to the development of a MSN program?

### III. Potential Employers

- A. What is the nature of the job market for MSN graduates in the area?
  - 1. What are the attitudes of the potential employers toward the graduate nursing education?
  - 2. Are there vacancies or unfilled positions that require MSN backgrounds?
  - 3. Would positions requiring a MSN degree be created if there were appropriately prepared candidates to fill them?
  - 4. What functional role(s) would be needed the most: administrator, teacher, or clinical specialist?
  - 5. Which clinical specialty would be in most need of a master prepared nurse?

**IV. Community**

- A. What are the social indicators of the surrounding communities that would show the needs for services by MSN prepared nurses?**
- B. What are the opinions of community representatives regarding the proposed program?**

**How well was the study conducted?**

- I. Was the information reported appropriately?**
- II. Was the study carried out efficiently?**
- III. Were the rights of the persons affected by the study protected?**
- IV. Has the study produced sound information?**
- V. How does this study compare to feasibility studies conducted for other MSN programs?**

## **DEFINITION OF TERMS**

The following definitions are supplied to provide a common understanding of key concepts in this study.

**BSN**--A registered nurse with a license to practice nursing in the State of Michigan and a graduate of a baccalaureate nursing program who has not obtained a higher nursing degree.

**Characteristics of Those Interested in the Proposed Master's Program**--These characteristics include: demographic data (i.e., age, sex, marital status, number and age of dependents, travel distance from home to SVSC, etc.); educational background (i.e., years since completion of BSN, or expected date of BSN completion, type of initial nursing program, etc.); professional background (i.e., current licensure as RN, years of experience in nursing, type of specialty, current position, etc.); and preference related to the proposed master's program (i.e., full- or part-time, when will they begin graduate study, and area of concentration).

**Community Task Force Group**--A group made up of key representatives of college alumni, health care agencies and consumers in the SVSC community area.

**Feasibility Study**--A systematic process of analyzing the need, demand and resources for program development and implementation. A needs assessment study.

**Constituent Groups**--Groups that are relevant to the subject of the feasibility.

**Decision Makers**--People within an organization who have the authority to approve a feasibility study and to make decisions about its use in program planning and resource allocation.

**Faculty Advisory Groups**--A group consisting of SVSC faculty members who will be asked to provide their recommendations for the proposed MSN program (college faculty group and nursing faculty group).

**Generic Nursing Students**--The nursing students who begin initial nursing education at the baccalaureate program.

**Health Care Agencies**--Health care agencies included in the College service area (Appendix A).

**Key Informants**--A representative of each of the constituent groups.

**Medium-Sized Hospitals**--Hospitals with more than 150 beds and less than 500-bed capacity.

**Needs**--The discrepancy between what is and what should be or between status and standards. Needs consist of individual needs, as well as, institutional and societal needs. Needs are not necessarily synonymous with demands.

**Needs Assessment Method**--Means used to assess needs, such as a survey, group method, or analysis of social indicators.

**Needs Assessment Model**--A conceptual framework for a needs assessment.

**Needs Assessor(s)**--An individual or group who are in charge of the needs assessment.

**Nominal Group Process**--A structured meeting which seeks to obtain qualitative information from target groups who are closely associated with a problem area.

**Potential BSN**--A registered nurse with a license to practice nursing in the State of Michigan, currently enrolled in the Bachelors of Nursing Program and intends to complete the degree requirements leading to a bachelor of science degree in nursing.

**RN Students**--The registered nurse enrolled in a baccalaureate nursing program.

**Small-Sized Hospitals**--Hospitals with less than 150-bed capacity.

**Social Indicators**--Demographic, socioeconomic and health related statistics that provide the data base for program planning.



SVSC Service Area--East-Central Health Systems  
Agency (HSA) Area VI plus Eastern Half of the  
Area VII. For this study, within 50 mile range  
from SVSC will apply.

## **ASSUMPTIONS**

This study will be based upon the following assumptions:

- A. The program offered by regional colleges and/or universities should reflect the needs of the population which they serve.
- B. A community's needs for educational programs change with other social changes.
- C. The needs assessment takes place as the beginning steps of program development. The findings of the needs assessment are to be used for program planning.

## **LIMITATIONS OF THE STUDY**

- A. The findings of this study would only apply to the study area because of the descriptive nature of this study.
  - 1. Because of the sampling techniques of the survey, the number of potential students who are interested in the program would be limited to those who are employed by the health care agencies or to those who are current nursing majors at SVSC.
  - 2. Although the members of the task force groups are to be carefully selected according to the type of agency affiliation and background, the non-systematic nature of the sampling method would limit the generalizability of the findings.
- B. The utility of social indicators may be limited by the fact that not all data were current.

## **CHAPTER II: THE REVIEW OF THE LITERATURE**

The review of the literature consists of three major sections. The first section reviews the literature on needs assessment. The primary objectives of this section are to identify: 1) definitions of need; 2) various models of needs assessment used for this study; 3) methods for needs assessment; and 4) methods for evaluating needs assessment.

The second section investigates trends in the U.S. health care system relevant to nursing. This section was included because these trends will affect the development of a MSN program.

The third section reviews the literature on needs assessments relevant for planning graduate programs.

## **I. THE REVIEW OF THE LITERATURE: NEEDS ASSESSMENT**

**A. What is a Need?** The term "need" has been defined differently by the various authors. The clarification of the definition of a need is important because how a need is defined will govern the way the needs are conceptualized and operationalized in the needs assessment process. The review of the literature on the topic of needs assessment revealed the various ways the needs are defined.

A need usually is defined in terms of the discrepancy between the actual and desired state of affairs. It can also be defined as a set of problems perceived by service receivers, service providers, and their observers. Another way of defining a need is to differentiate a need of an individual from that of the society.

Witkin (1984, p. 6) observes that the term need can be used as either a verb or a noun. The term "need" used as a verb means wants or requirements of a person or group. When the term "need" is used as a noun, it denotes a discrepancy or gap between some desired condition or state of affairs and the actual condition or state of affairs (Kaufman, 1972; Witkin, 1977). In the context of needs assessment, the term "need" is used as a noun and is commonly defined as a "gap between What Is and What Should Be" (Kaufman, 1982). Witkin (1984) similarly defines a need as a gap or discrepancy between status and standards. She describes the discrepancy in terms of two levels: primary and secondary. The primary-level needs reside in the individuals who are actual or

potential receivers of educational, economic, or social services. The secondary-level needs are found in the institution, agency or organization. At the individual level, the needs of students or clients or members of a community are assessed. At the organizational level, the needs of the agency or school system or government body and its resources, delivery systems and personnel are assessed (Witkin, 1984, p. 6). These levels of discrepancies are further elaborated by Witkin using an educational setting as an example. At the student level, a need is the discrepancy between a desired level of student performance and an actual or perceived level of performance. At the institutional level, a need is the discrepancy between the resources required to meet student needs and the actual resources available. Institutional needs relate to those of curriculum, facilities, equipment, and personnel. The definition of a need in terms of discrepancy can also be applied to human service settings.

Kamis (1981, pp. 37-38) defines a need as an identified service need coupled with an absence of a program to meet the need, representing a gap, "an unmet need". High need, coupled with insufficient programs, documented low levels of resources, and/or waiting lists, indicate that either additional service or improved efficiency of existing programs are called for.

The definition of need as problem is described by Nguyen, Attkisson, and Bottino (1976) as follows: an unmet

need is a condition in which "a problem in living, a dysfunctional somatic or psychological state, or an undesirable social process is recognized, for which a satisfactory solution requires a major mobilization of additional resources and/or a major reallocation of existing resources."

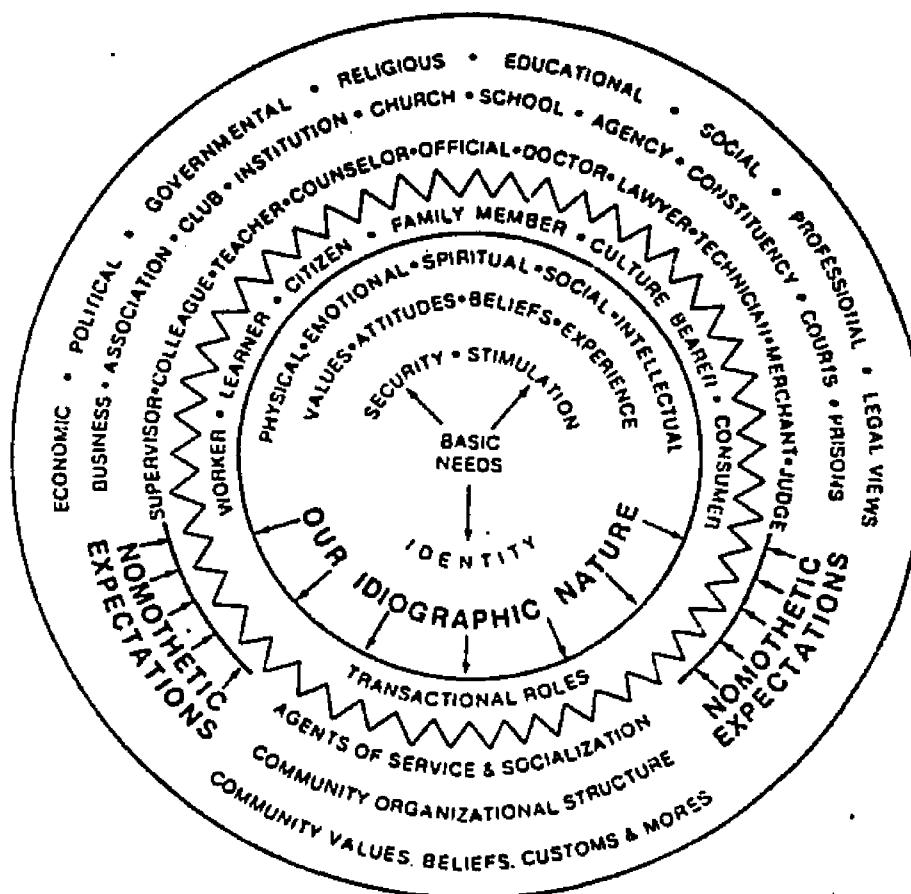
In clarifying the concept of needs for use in an educational context, Raines (1977, p. 9) found it useful to differentiate between the idiographic view and the nomothetic view. The importance of conceptualizing the idiographic and nomothetic dimensions of any social system had been stressed by Getzels and Thelen (1972). Extending their concepts into the arena of needs assessment, Raines explains the conceptual framework as illustrated in Figure 1 on the following page.

The word idiograph means "written in one's own hand." So the idiographic viewpoint is derived from all that makes us individuals: e.g., our needs, values, attitudes, aptitudes, physical nature, interactive style. Therefore, when educational planners assess needs from an idiographic standpoint, they are seeking to look at the world through the eyes of the individual and then derive educational implications (p. 9).

The word nomothetic, according to Raines, denotes law-giving or the science of laws, and since laws govern human interaction, one who has a nomothetic view is looking at life through "societal lenses." This perspective is focused on the human and material resources required to maintain

society, the structure and function of subsystem, the roles and tasks which must be performed to preserve and enhance the social system. Therefore, the term nomothetic denotes established patterns of implicit and explicit expectations within the society. Because we are affected by both idiographic and nomothetic dimensions of the social system, the definition of need used in educational planning should include both of these dimensions.

**Figure 1. A Conceptual Framework for Needs Assessment.**



(Adapted from Raines, 1977. p. 9)



## **B. What is the Definition and Purpose of a Needs**

**Assessment?** Although the literature varies in the way a needs assessment is defined, most authors base their definition on Kaufman's definition of a need as being a gap or discrepancy between what is and what should be in terms of results (1972). According to Kaufman a needs assessment is:

A formal analysis that shows and documents the gaps between current results and desired results (ideally concerned with gaps in OUTCOMES), arranges the gaps (NEEDS) in priority order, selects the NEEDS to be resolved (Kaufman, 1982, p. 75).

He especially emphasizes the importance of results or outcomes rather than the process of whatever program is under assessment. He also explains that needs assessments are tools for constructive and positive change - not change driven solely by controversy, "quick-fixes" and situational crisis, but rational, logical, functional change which meets the needs of the citizens, educators and learners (Kaufman and English, 1979, p. 8). In summarizing the definition, Kaufman makes important philosophical, as well as, practical points:

It (needs assessment) keeps us from running down more blind alleys, from using time, dollars, and people in attempted solutions which do not work. It is a tool for problem identification and justification. It is a humanizing process to help make sure that we are using our time and learner's time in the most effective and efficient manner possible (p. 31).

Kimmel (1977, p. 33) also describes a needs assessment as a change oriented process. However, he expands Kaufman's definition of a needs assessment based on discrepancy and claims that a needs assessment should attempt to define what is required "to insure that a population is able to function at an acceptable level in various domains of living"; ... it provides a measure of demand for services "against which the service goals and objectives should be set"; it "identifies the incidence, prevalence and nature of certain conditions within the community"; it assesses the adequacy of existing services and resources (cited in Witkin, 1984, p. 14).

Stufflebeam, McCormic, Brinkerhoff and Nelson (1984, p. 16) defines a needs assessment as:

The process of determining the things that are necessary or useful for the fulfillment of a defensible purpose.

In more procedural terms, he defines a needs assessment as the process of delineating, obtaining, and applying information to determine the things that are useful or necessary to serve a defensible purpose (p. 16).

Stufflebeam indicates that a needs assessment can serve two functions. First, it assists in determining what needs exist and how these needs should be addressed. Second, it can provide criteria against which a program's merit can be evaluated, that is, the degree to which intended or important human needs are addressed effectively and efficiently.

The above three definitions agree that a needs assessment is a logical, systematic and proactive process designed to enhance efficient and effective program planning, implementation and evaluation. The difference lies in whether or not the definition incorporates the concept of discrepancy.

As there are various definitions of needs, models of needs assessments also vary. Several models are presented in the following section.

C. Models of Needs Assessment. A review of the literature on needs assessment of the past 15 years finds many studies on this topic and a variety of needs assessment models. According to the literature on needs assessment, there is no one model or conceptual framework for a needs assessment that has been universally accepted; moreover, there is little empirical evidence of the superiority of one approach over another (Witkin, 1984, p. 29; Kaufman, 1979, p. 53). The term model is used to describe the framework through which needs assessment is conducted. Each model has been developed for a different purpose and for a different setting.

Kamis (1981, pp. 28-32) describes how a model may use any one or a combination of the following strategies to gather data:

1. Direct needs assessment via survey questionnaire administered on the target population,

2. Tapping the opinions and involvement of key informants in the needs assessment process,
3. Inferring needs from patterns of ongoing service utilization, and
4. Inferring needs from known associations between social area characteristics and the prevalence of social and health problems--social indicators.

Among several models of needs assessment found in the literature, two major points have commonly been emphasized (Witkin, 1977). All of the needs assessment models are concerned with goal clarification. In addition, most of the models involve constituents in varying degrees in the needs assessment process. In educational needs assessments the constituents are educators, students and consumers of the educational product. Witkin (1984, p. 31) describes the constituents as a three-way partnership among service providers, service receivers, and "stake holders".

Among several major models found in the literature, three that are relevant to needs assessment in higher education are examined here. They include: the Community College Model, the Multicomponent Training Model, and the Transactional Model.

A Community College Model developed by Tucker (cited in Witkin, 1984, p. 47) focuses on the relationship of community college curricula to community educational needs. The model is based on the definition of need, not as the discrepancy between what is and what should be, but rather the

gap between what is and what could be. Tucker explains the reason for use of what could be as:

Since the set of educational offerings identified as needed in the future will always be based on some data derived from the present, and since there are many forces acting on the shape of the future, the set of needs identified must represent alternatives for the future direction rather than what ideally should be.

In this model, occupational needs for the service areas of the community colleges are assessed and then matched with curricular offerings. The model calls for a major discrepancy analysis between baseline data on community educational needs, present skill needs, social/cultural needs, special community interests and priority of educational needs (Witkin, 1984, p. 48). The analysis addresses the question of why they differ, where and how much they differ, and what can be done to change things (Witkin, 1984, p. 48).

The Community College Model is an example of how to match the educational needs of students and requirements and opportunities in the external world. This is an important area to consider in a needs assessment conducted by regional universities or colleges, which primarily serve the surrounding community.

A Multicomponent Training Model developed by Misanchuk (1982) is an approach for assessing training needs in the business sector. Two major questions addressed in this model are: What do people do, and what do they value doing?

Three components of needs important in this model are: relevance of the task for the job role, competence of the employee in performing a task or skill, and desire of the employee to undertake education or training. Need can be defined in terms of one to three of these components, depending on the situation. The survey instruments are constructed accordingly with self-reports about relevance and competence in one part and the training component in another.

Because the model takes into account various components of need, it is known to focus on usefulness of knowledge rather than mere preference of the employee (Witkin, 1984, p. 45).

The last model presented here is a Transactional Model. It was described by Raines (1974 and 1977) and its application was reported by Costick (1975). The model was based on the definition of needs as having two dimensions: idio-graphic (personal) and nomothetic (societal). Consequently a comprehensive needs assessment in educational programming must address both individual and societal requirements.

In order to determine individual learning needs accurately, Raines introduced the approach: "The needing process." He uses the term "needing process" to denote the complex interaction of many factors that determine the type of educational experiences required. They include: the person's feelings, values, beliefs and experiences. Interaction of these aspects create "tension states" within

an individual, launching the "needing process." Raines describes four states of the "needing process" as follows: 1) need differentiation, 2) goal visualization, 3) reality simulations, and 4) agenda formulation.

In this model, the constituent group approach is recommended to facilitate the "needing process." Representatives of the constituent group share their concerns, identifying their needs, and set goals and strategies to accomplish each goal. This model is termed as a "trans-active" because it encourages the involvement and interaction of the group members in the process. Through this approach, commonalities of the needs of the constituent group are identified and individual differences are acknowledged.

Through the "needing process" a variety of learning needs will be identified. Raines lists the following as possible learning needs for adults:

1. Personal development needs,
2. Career development needs,
3. Family life needs,
4. Civic development needs,
5. Cultural development needs, and
6. Recreational development needs.

Some of these needs can be met through non-formal educational programs, while others require formal academic programs. Having determined the idiographic needs, another important aspect of transactional approach is to assess the nomothetic expectations and requirements. Because each individual is a member of the organization or the society,

his or her learning needs are affected by organizational and societal expectations. To assess nomothetic expectations and requirements is to learn what the organization, or agency or community desires in terms of resources, structure and commitments (Raines, 1977, p. 31). Those within the organizations and agencies are in a position to provide significant information about their needs as role incumbents, the training needs of others in the organization, the needs of their clients or customers, and the needs of their organization from an operational point of view. However, it is important to keep in mind the differences between the views of the individual and those of the organization. In assessing needs, the idiographic and nomothetic needs must be balanced (Ibid, p. 32).

In order to facilitate the process of need identification, a variety of methods are used. The following sections discuss the various methods of need identification.

**D. Needs Assessment Methods.** Group processes, survey methods, and social indicators are three primary needs assessment methods found in the literature (Witkin, 1984). Although the survey method has been used most frequently (Roth, 1978), the use of input from the constituent groups and analysis of social indicators both have become a common practice in needs assessment today. Each of these methods is used in combination with another or by itself. The use of more than one method probably leads to more accurate assessment of needs.



## THE GROUP METHOD

Group processes provide a qualitative method to supplement quantitative means of needs identification and problem analysis (Witkin, 1984, p. 129). Another critical dimension of the group process is that it involves service receivers, service providers and "stake holders" in the needing process. This sets the stage for the subsequent involvement of all constituent groups in program development. For the purpose of identifying needs, the group process approaches usually employ "key informants" who represent segments of the constituency. The group is kept to a manageable size: no more than 15 members.

Several types of group processes used in needs assessment are found in the literature. Among these, the use of the Nominal Group Process (NGP) is most frequently cited. This method was developed by Van de Ven and Delbecq (1972). They defined it as a "structured meeting which seeks to provide an orderly procedure for obtaining qualitative information from target groups who are most closely associated with a problem area" (1972, p. 338). The following advantages are known to be associated with the use of the Nominal Group Process according to Van de Ven and Delbecq (1972, 1975).

1. NGP allows target groups to single out critical problems in a non-threatening setting.

2. It seeks contributions from all the participants before it asks each member to rank the various proposals.
3. It deliberately sets up (through the silent brainstorming period) a dynamic tension which is seen by the authors as fostering creative thinking.
4. It eliminates semantic barriers by providing for communication and clarification of ideas before the aptness of the ideas is judged.
5. It provides a structure which can control those who would seek to dominate the discussion.
6. It permits a rational examination by group participants of both subject and objective aspects of the problem (Raines, 1977, p. 36 and 38).

Van de Ven and Delbecq advocate careful selection of target group members. The participants must be homogeneous enough to be able to agree on some priorities. The questions posed to the group must be perceived by the participants as clear, relevant and worthy of their time. The research conducted by the originators of NGP found this method useful, but Green (cited in Raines, 1977, p. 38) through his research, did not support the above finding.

In spite of conflicting research data regarding the merit of this model, it is widely applied to assess various types of needs. Its advantages are that it is not suited for the diverse group members, but it is suited to a small group size.

## THE SURVEY METHOD

The second method used for conducting needs assessments is the survey method. In needs assessment, the word "survey" generally refers to the gathering of opinions, preferences, and perceptions of fact by means of written questionnaires or interviews (Witkin, 1984, p. 63). Roth (1978) in her review of the needs assessment literature of the past decade found that it was the most frequently used method found in needs assessment literature. In comprehensive studies it is often combined with other data collection methods such as social indicators and group processes (Witkin, 1984, p. 63).

Raines (1977, p. 43) suggests that a community or constituency survey is best undertaken after a transactional assessment has been made, because neither paper-pencil survey nor interview survey is effective in diagnosing or simulating the actual needing process of constituents. However, surveys are very useful in verifying the extent to which previously diagnosed needs exist within the constituency.

Witkin raises the following points as important areas to consider when the survey method is used for needs assessment:

1. There should be a theoretical framework - a specific needs assessment model.

2. A survey can gather opinions about the two major elements of needs assessment: status and standards - what is and what should be (in terms of results).
3. Both the wording of survey item and the instructions to respondents are all- important in clarifying the distinctions between wants and needs.
4. If the survey is not the sole source of data, the needs assessor must decide when it should be used.

Various types of surveys are described in the literature. The community survey methods can be classified according to the target group such as an omnibus or targeted survey. In the former, the random sample of citizens-at-large is studied; in the latter, a particular group or constituency within the service area is studied.

Another way of classifying survey methods is according to how the data are collected such as through questionnaires or interviews. The questionnaires can be administered in groups or individually, under the direction of the researcher or by the subjects themselves. The questionnaires can be hand-delivered, mailed in or administered by telephone. The choice of methods of distributing and administering written questionnaires is important in order to assure the highest rate of return consistent with time and budget constraints (Witkin, 1984, p. 93). Community-wide citizen surveys for human service needs assessment are usually mailed, with a return rate of from 30 to 60 percent. The return rate can be increased by a variety of methods.

## SOCIAL INDICATORS

Social indicators are demographic and statistical data that identify the size and characteristics of population groups with particular needs, the symptoms of those needs, and the scope of a problem (Witkin, 1984, p. 100). Social indicators are useful when they are combined with data obtained through other methods. When they are combined with goals or standards, they can show evidence of needs. Witkin states that social indicators are most useful as inputs to the "what is" or status component of the needs assessment, whereas surveys are most useful for establishing the "what should be" or standards component. The indicators can usually be obtained from various sources which routinely collect data.

Local government units such as city and county planning departments, state and local health departments, and health systems agencies can provide local social and health indicators. Nationally, the Office of Management and Budget, the National Center for Health Statistics, and the Mental Health Demographic Profile Systems (DPS) of the National Institute of Mental Health are sources useful for needs assessment.

Rossi and Gilmartin (cited in Witkin, 1984, p. 112) describe the merit of the use of the social indicators as follows: "Use of social indicators permit conditional forecasts of key indicators. Such forecasts can serve the needs of educational planners and practitioners in that

they allow for actions to be taken before the problems become severe."

On the other hand, social indicators must be used with caution in needs assessment because of potential unreliability and obsolescence of the data. When using social indicators to study trends it is important to know whether there have been interventions that have affected a time series. There may be abrupt, delayed, or temporary changes in level or direction of indicator values that have occurred because of some interventions (Witkin, 1984, p. 126). This situation can be illustrated by the recent trends in health care in the U.S. Many of 1980 census data may be used to project trends in health care, such as the hospital utilization rates and health manpower needs. On the other hand, the recent governmental interventions in the U.S. health care system have caused many changes, thus making many aspects of 1980 census data obsolete. Efforts should be made to obtain the most current and reliable data for use as social indicators.

## EVALUATION OF NEEDS ASSESSMENT

In order to insure the quality of needs assessment, it should be judged against appropriate and generally agreed upon standards. A national committee called the Joint Committee on Standards for Educational Evaluations (1981) has identified and defined 30 standards for use in assessing evaluation of educational programs, projects, and materials. The standards are grouped according to four attributes of a study - utility, feasibility, propriety, and accuracy. In presenting the standards, "needs assessment" has been substituted for "evaluation" (Stufflebeam, et al., 1985, p. 181).

The utility standards require investigators to acquaint themselves with their audiences, to ascertain the audience's questions, to obtain relevant information, to report it clearly and in a timely manner, and to help the audiences use it. The feasibility standards require that the study is operable in a setting which it is to be applied and that no more materials and personnel time be consumed than necessary. The propriety standards aim to insure that the rights of persons affected by a study will be protected. The accuracy standards require that the obtained information be technically adequate and that conclusions are derived logically from the data.

The standards provide conceptual tools for evaluating needs assessments, but procedural plans are also needed. These include evaluating the plan, the process and the out-

come. The evaluation of the needs assessment plan include adequacy of the design and plans for implementation. The evaluation of the process assesses how well the needs assessment is being implemented. The evaluation of the outcome addresses the question: How good and valuable was the needs assessment. Sample evaluation questions and checklists are also available (Stufflebeam, 1985, p. 197; Sanders and Nafziger, 1975).



## **II. REVIEW OF THE LITERATURE: THE TRENDS IN THE U.S. HEALTH CARE SYSTEM THAT WOULD AFFECT NURSING--IMPLICATIONS IN THE DEVELOPMENT OF A MSN PROGRAM**

The health care systems in the United States have been experiencing dramatic changes in various facets of their operation during the past several years. Andreoli and Musser (1985) list several major health care trends that would have great impact on the field of nursing in the future. These trends include:

1. The "Graying of America",
2. Escalating health care costs,
3. Technology on the rise, and
4. Health promotion and self-care.

In order for an academic nursing program to grow and/or survive, it must take each of these trends into account in its short- and long-range planning.

The "Graying of America" will have a significant influence on the delivery of health care and on the roles of nursing in coming years. Currently Americans age 65 and older make up over 10.5 percent of the overall population (White House Conference on Aging, 1981, p. 33). It is anticipated that this percentage will nearly double by the year 2030 (Andreoli and Musser, 1985, p. 47). Because people suffer more chronic illnesses in their later years, the increase of the older population means that there will be a corresponding increase in the number of people who live with one or more chronic illnesses, thus requiring substantially more health care services than younger population groups (Health Resource Administration, 1981).

Utilization of health care services by this age group are particularly high in the area of acute and long-term care, office and pharmacy services. The elderly now use more than one-half of all acute hospital bed days (National Center for Health Statistics, 1979). Moreover, as use of health care services increases, there is a corresponding decrease in income level--an important interaction between a socioeconomic problem and health status.

The poverty and increased numbers of chronic illness that are observed in the elderly population indicate that individual attention is needed. In order to assist the elderly population to cope with complex health problems, specialized knowledge and skills will be required of an increasing number of professional nurses. Such specialized background in nursing could best be acquired in a master's level study. Thus gerontological clinical nurse specialist program have been created by a number of graduate nursing programs across the United States in the past several years.

Escalating health care costs in the U.S. have profoundly influenced the health care systems in the past several years. The exponential increase in the health care costs during the past decade has been addressed by the government through changes in the method of reimbursement to providers of care for medicare and medicaid subscribers.

The reduced income primarily caused by the prospective reimbursement method for medicare and medicaid subscribers

demands that health care agencies be much more efficient and innovative in their operations, in order for them to survive the competition. Under the prospective reimbursement method, the length of stay for hospital clients has been shortened dramatically, and they are more often discharged with treatments and care still needed at home. Also, the average hospital client is much more acute.

As the health care system strives for cost effectiveness and managerial efficiency, a professional nurse must contribute to achieving these savings while at the same time maintaining the quality of health care services. Although basic leadership skills and knowledge of health care economics should be a part of the baccalaureate nursing curriculum, much more specialized knowledge and skills in leadership and fiscal management are demanded from today's nurse executives. The professional nurse with such responsibilities would best be prepared in a graduate nursing program where theories of nursing are combined with leadership, management and economic curriculum components.

The implementation of prospective reimbursement for medicare and medicaid subscribers in the area hospitals has also resulted in an increased need for home health care. Consequently many proprietary home health agencies have come into existence in the past several years. In spite of many predictions being made about the growth of home health care agencies, the quality of services is seldom controlled nor do these agencies have enough competent nursing

leadership. A professional nurse prepared at the graduate level would provide much needed leadership in home care nursing and would affect the quality of health care provided at these settings.

Health promotion and self-care have been the topics of great emphasis among the consumers in the recent years.

Naisbitt (1982, p. 134) writes:

The new emphasis on the human angle shows up in three major trends behind the move from institutional help (the medical establishment) to self-help (personal responsibility for health):

1. New habits that actualize new-found responsibility for health;
2. Self-care that illustrates our self-reliance in areas not genuinely requiring professional help; and
3. The triumph of the new paradigm of wellness, preventive medicine and holistic care over the old model of illness, drugs, surgery and treating symptoms rather than the whole person.

Traditionally nursing's armamentarium has included helping consumers take responsibility for their own health (Andreoli and Musser, 1985, p. 87). Today the role of a professional nurse in consumer health education has been accentuated as consumers attempt to become more self-reliant in their own health. In particular, at-home health promotion and education programs will flourish among the burgeoning elderly population (Andreoli and Musser, 1985, p. 49). It is assumed that an MSN-prepared nurse with a

background in community health, home health care and gerontology would be able to play a leadership role in developing sound health education programs.

Advanced biomedical technology and computerization of health care already have had a great impact on the delivery of nursing care. The shortened lengths of stay caused by the implementation of the prospective reimbursement methods have led indirectly to increasing acuity levels of hospitalized persons. The famous quote by the leaders of health care systems: "hospitals will soon be huge intensive care units in the near future" would become a reality in the near future (Levine, E., 1980, pp. 18-19; Brown, B., 1985). Professional nurses will be required to have advanced knowledge and skills in highly specialized and technologically advanced health care.

Currently the costs of inservice programs provided to the nurses in the "high tech" area to keep abreast of ever changing technology are phenomenal--costs which must come directly from the charge to the clients. Andreoli and Musser (1985, p. 49) write that expanded technology will continue to require more technological skills among nurses, leading to expanded nursing roles. The graduate nursing program would be an appropriate setting for learning such an expanded nursing role.

An adoption of "high tech" in the health care system has brought on another challenge to nursing practice. Naisbitt (1983, p. 39) writes:

What happens is that whenever new technology is introduced into society, there must be a counter-balancing human response - that is high touch - or the technology is rejected. The more high tech, the more high touch.

With an advancement of "high tech" in health care delivery system, humanistic and ethical considerations have become critical issues among all health care professionals. Professional nurses often face situations where ethical decisions must be made. A professional nurse who is prepared at a master's level would be better able to play a leadership role in dealing with these dilemmas faced by health care professionals.

### **III. NEEDS ASSESSMENT LITERATURE RELEVANT FOR PLANNING GRADUATE PROGRAMS**

A needs assessment is an essential step in planning a graduate program. Selected literature relevant to planning graduate programs is described in this section.

#### **NEEDS ASSESSMENT IN PLANNING A GRADUATE PROGRAM**

In planning a new off-campus graduate degree program leading to the Master of Arts in Liberal Studies, Bock (1980) conducted a needs assessment at the University of Illinois at Urbana-Champaign. The three central issues addressed in the study included:

1. Was a new degree for adults sufficient priority within the mission of the university?
2. Were there sufficient client and faculty interest and support for the program?
3. How should the program be structured to satisfy both the requirements of the institution and the needs and wants of faculty and clientele?

In order to deal with these questions a small committee was formed, consisting of staff from relevant departments. The study used three information gathering techniques, including telephone surveys, interviews with prospective clientele, and formation of a citizen's advisory committee. The strength of this approach was that the faculty members and administrators who planned the program, had an opportunity to study the idea thoroughly and contribute to the program. The study also provided

information as to what the prospective clientele felt was important to them. The weakness of the study was that the overly "thorough" design of this study took three years to complete.



## **CONDUCTING A FEASIBILITY STUDY FOR A MASTER'S DEGREE PROGRAM IN NURSING**

Developing a master's degree program in nursing is a complex process requiring much advanced planning (Epstein, 1978, p. 1). There are certain preparatory steps in the process of master's program development, first of which is the feasibility study regarding needs and resources: human, physical and financial.

Epstein suggests that the data collected in the feasibility study is crucial for the effective planning and implementation of the master's program. This encompasses the following:

### **External Resources:**

1. Needs and demands of students, community agencies, consumers, and state or regional planning groups (including the legislature).
2. Availability of clinical resources adequate to graduate-level experiences (including acceptance of philosophy, accessibility, and role models).
3. A pool of available faculty prepared to teach at the master's level.

### **Internal Resources:**

1. Human resources (e.g., faculty, support for the programs, supportive cognates and other graduate offerings, compatibility of philosophy, policies and practices of the university, graduate school, and the school of nursing).
2. Adequate finances planned over a five-year period to include faculty, support personnel, library funds, equipment, travel, consultation and supplies.

3. Facilities that are adequate in number, size, location, and flexibility to provide for present and ongoing program needs.

These data need to be collected during the feasibility study to be utilized in decision-making and planning for the proposed program. Epstein's list of items is a valuable source upon which a comprehensive feasibility study can be based.

In order to review the literature of feasibility studies in planning a masters degree program in nursing, several funded grant proposals were reviewed at the Department of Health and Human Services. The proposals reviewed were all from outside metropolitan areas in various states, and resembled the surroundings of SVSC. Each proposal included a feasibility study, although the design and the scope of these studies were different.

The feasibility studies in planning graduate nursing programs from New Hampshire, Minnesota, North Dakota, Washington, and Michigan were reviewed, three of which are presented below.

The study conducted by one college in rural Minnesota consisted of the survey of registered nurses in 21 northern Minnesota counties (Freeman, 1985). Because a sampling frame of baccalaureate prepared RNs was not available the questionnaires were sent to all registered nurses (N=4,478) in that region. A return rate of 29% was attained. Of the 1,316 respondents, 668 indicated interest in participating

in the MSN program. Among those, 440 were eligible as applicants of the proposed program.

In order to determine job demand for Minnesota master-prepared nurses, questionnaires were mailed to 12 schools of nursing and 34 hospitals. Health care facilities other than hospitals were not surveyed. The study also included the assessment of the degree of commitment and support in the college as well as availability of clinical facilities in the area. A private grant of approximately \$6,000 was allocated to conduct this study.

The study in North Dakota consisted of a total of 2,821 questionnaires mailed to the registered nurses over two states (Zinsei, Holly and Carl, 1979). Again difficulty was encountered in identifying a readily obtainable sampling frame of the baccalaureate prepared nurses in one of the states. Among 1,639 eligible persons surveyed, 1,034 persons responded with a response rate of 63.1%. The second part of this study involved the examination of the job market for graduates of a masters degree program in nursing. Several types of health care agencies were surveyed to determine potential employment opportunities and needs for masters prepared nurses. The structured interviews of the directors of nursing were conducted at 37 health care agencies sampled. The study was conducted by three nurses with a Ph.D. under a private grant of \$12,500.

The third feasibility study in nursing presented here was conducted by Northern Michigan University in 1982 (Olson, 1982). The study consisted of the surveying of registered nurses in 15 counties of the Upper Peninsula. This study was an update from the previous study conducted in 1978. A total of 130 questionnaires were mailed with 54% being returned. The survey was conducted to determine the interest/need in the Upper Peninsula and surrounding region for a Master of Science in Nursing Program, with a major in nursing service administration and a minor in adult health. A non-probability (non-randomly selected) sample of registered nurses who had earned BSNs was surveyed. Subjects were obtained from graduate listings of the University's School of Nursing as well as from BSN nurses who filled in questionnaires passed out at health care settings. The survey identifies 50 respondents who were interested, of whom 35 stated they were ready to begin the program as soon as possible. Many of the respondents made comments that they would be interested more in part-time, weekend workshop-type classes because of their current employment situation. The majority (77%) of the respondents had received their BSNs within the previous 5-7 years.

The review of the feasibility studies conducted for planning a masters degree in nursing revealed that many studies were of large scale, sending questionnaires to all the RNs in the region, thus a costly endeavor. Some had

special project staff. The last study presented above did locate the BSNs as respondents, however, it was a non-probability sample.

These studies primarily focused on the surveys of the potential students and the potential employers. None of the nursing studies described above used the group method as an alternative to or a supplemental data collection method for a feasibility study.

## **SUMMARY**

The review of the literature covered three topics - needs assessment, the trends of U.S. health care system relevant to nursing, and the needs assessment in nursing. The definition of a need was clarified, and three models of needs assessment relevant to this study were reviewed. The survey, group, and social indicator methods were discussed as approaches that can be used alone or in combination. A conceptual framework for evaluating the needs assessments were then presented. The literature which describe the U.S. health care trends as they related to the development of a MSN program also were reviewed. The last part of the review of the literature dealt with the needs assessment conducted in planning graduate programs including nursing.

### CHAPTER III: METHODOLOGY

This chapter provides a description of the design, methods and procedures used to conduct the feasibility study, as well as to evaluate the process and outcome of the study. The model applied for this study was based on the combination of the three needs assessment models presented in the previous chapter. The review of the literature on needs assessment (Kamis, 1981, pp. 28-32; Witkin, 1984, p. 31; Raines, 1974) revealed that a "comprehensive" needs assessment addresses needs and resources of all constituent groups. If one intends to develop a successful educational program, needs and resources must be assessed at both individual and organizational levels. An educational program which bases its focus primarily on the learner's interest or preference but ignores the needs and resources at the organizational level may be appealing on the surface to the learners, but it will fall short of long-lasting success because such programs may run into difficulties securing funds or its graduates having difficulty securing employment using their newly acquired educational backgrounds. The three models described above take into account, needs and resources both at the individual and organizational (institutional and societal) levels. Although the use of terminologies in defining the constituent groups are different, all the models involve various types of constituents in the

needs assessment process. In any type of setting, the constituents of the needs assessment would consist of service providers, service receivers and "stakeholders". In the educational setting, the service providers are faculty members and administrators of the educational program. Service receivers are potential students. Stakeholders are consumers, employers and legislators who would have direct or indirect influence on the educational process or product.

The aforementioned models utilize three primary means to collect data: group, survey and social indicator methods. The group method, which key informants from various subgroups of the constituents meet together to define needs, resources and concerns, is one of the most popular methods used to collect qualitative data. The review of the various social indicators is the second method that supplements or substantiates the data obtained through the group method. The third method is the survey. Although it is the most popular, it should be used in conjunction with the other two methods. Raines (1974) explains that the survey method used above is not effective in diagnosing the needs because it lacks transactions between the need assessor and those whose needs are being assessed. However, it is an useful method to validate the types of needs identified through the other two methods.

The needs assessment model used for this feasibility study is a combination of all three models described above.

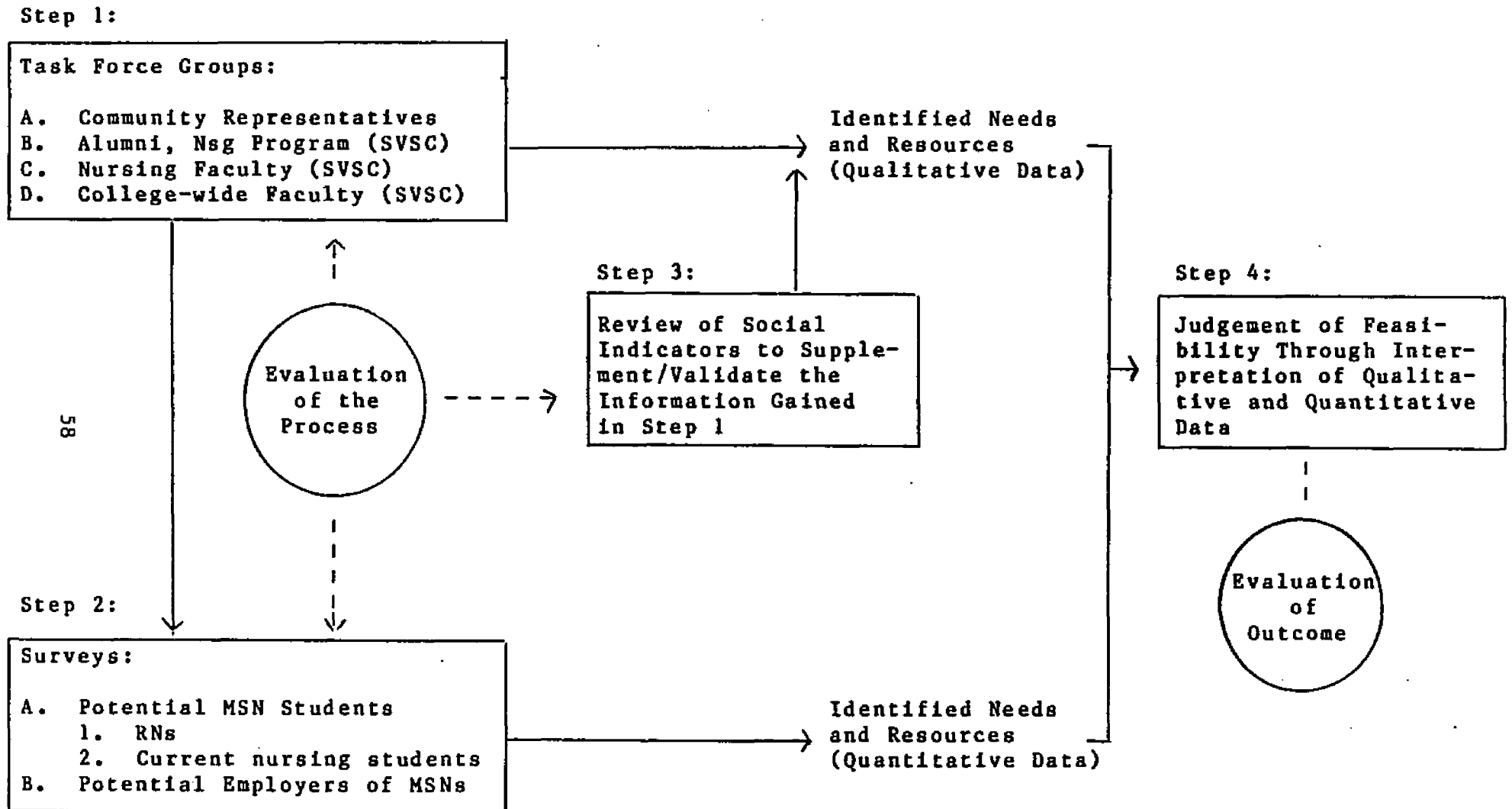


In order for the study to be comprehensive, representatives from all constituent groups were included in the study. This study used a combination of the task force groups, survey, and social indicator methods in order to obtain the answers for the research questions.

In order to assess the appropriateness and efficiency of the approaches used to conduct this study, both formative and summative evaluation have been conducted based on the standards developed by the Joint Committee of Standards for Educational Evaluation (1981).

Figure 2 illustrates the process followed for conducting this study. The chapter is divided into the following major sections: setting, needs assessment methods, procedures, evaluation methods, and summary.

Figure 2. The Process of Needs Assessment in This Study.

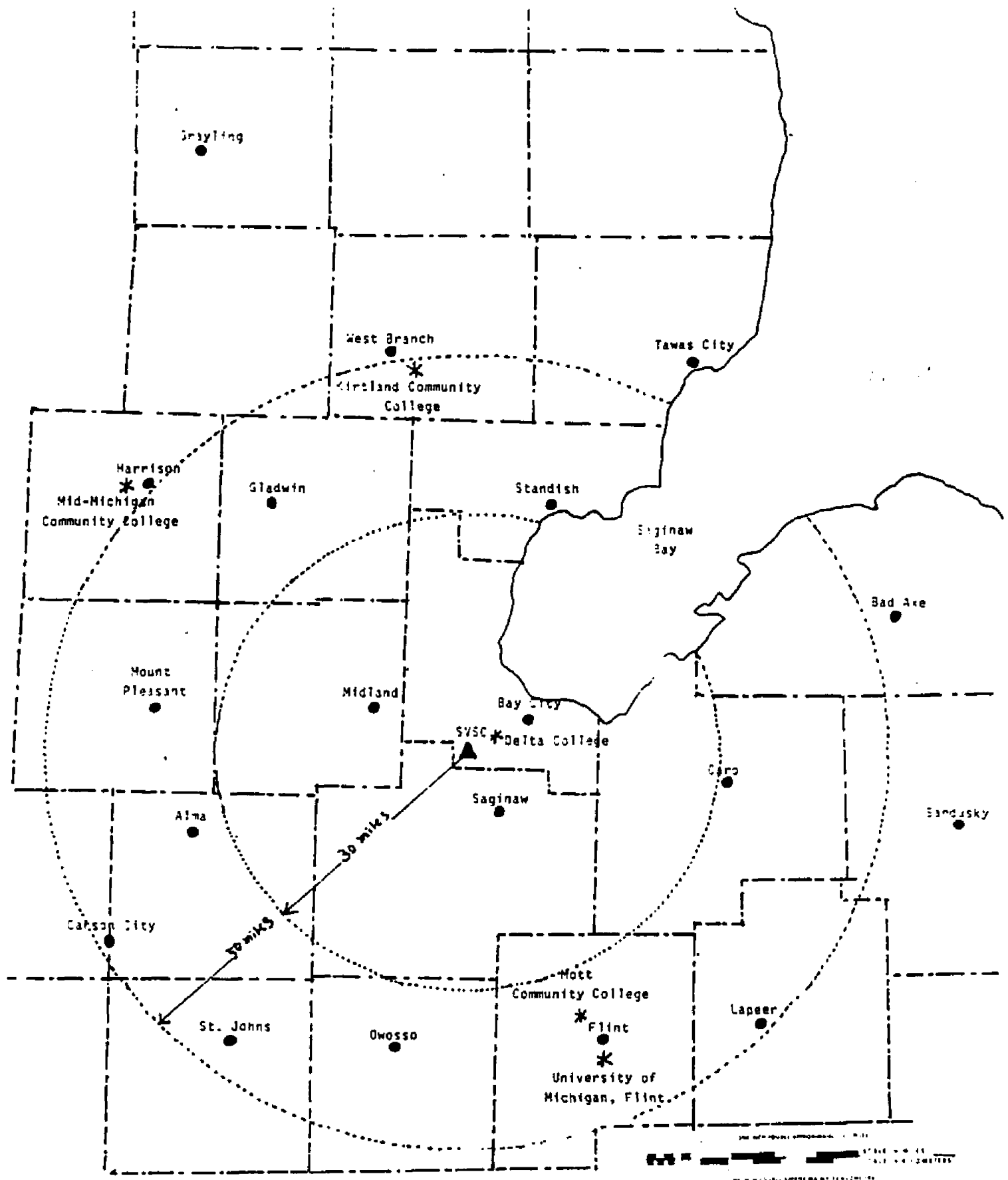


## SETTING

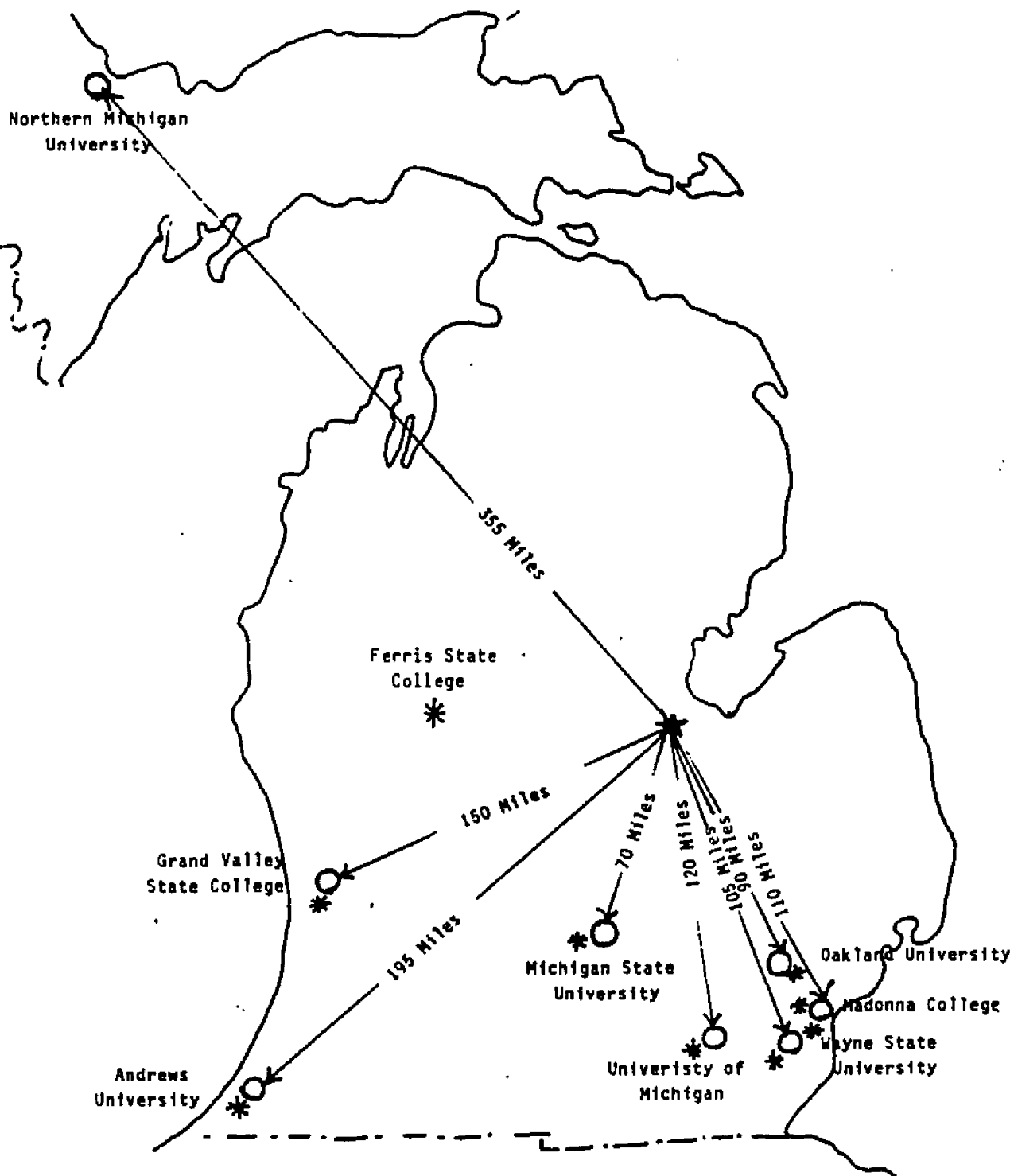
The study was conducted at Saginaw Valley State College University Center, Michigan. The college is surrounded by three cities within a 30 mile radius. These cities include Bay City, Midland, and Saginaw with respective population of 41,593, 37,250, and 77,508 at the time of the 1980 census. The college also serves the surrounding 14 county area which is primarily agricultural. The City of Flint with its population of 159,611 is located approximately 45 miles southeast of the college (Figure 3). The area within a 50 mile radius from the college was identified as the study area.

Saginaw Valley State College currently offers a baccalaureate degree in nursing both for generic and registered nurse candidates. Delta College located within four miles from SVSC offers an associate degree in nursing. Within 50 miles from SVSC, three other associate degree nursing programs and one upper division baccalaureate nursing program exist. The location of these programs in relation to SVSC is shown in Figure 3. The nearest university which offers a MSN degree is located 70 miles southwest of SVSC, at Michigan State University. Other MSN programs are offered at the University of Michigan, Oakland University and Wayne State University, but these universities are located over 80-120 miles away from SVSC (Figure 4).

Figure 3. SVSC and Surrounding 30 Mile and 50 Mile Area.



**Figure 4. Distance Between SVSC and Surrounding BSN and MSN Programs.**



0 10 20 30 40 50 60 70 80 90 100 Miles

○ Masters in Nursing Program

\* Baccalaureate Programs in Nursing

A variety of health care agencies surrounds SVSC. The type and number of these agencies are listed in Table 1. Within 50 miles from SVSC there are 13 medium sized acute care hospitals (bed capacity over 150). These health care agencies provide all types of services including open-heart surgery, burn and oncology services. The same area also has 24 small hospitals (bed capacity under 150). Public health departments/visiting nurse associations number 11 within this 50 mile circle from SVSC. Some 13 home care agencies, 31 nursing homes/long-term care facilities, and four schools of nursing are also within this 50 mile parameter.

**TABLE 1. NUMBER OF HEALTH CARE AGENCIES LISTED BY THE  
MICHIGAN DEPARTMENT OF PUBLIC HEALTH (MDPH) AND  
SCHOOLS OF NURSING WITHIN 30 MILES AND  
GREATER THAN 30 TO 50 MILES OF  
SAGINAW VALLEY STATE COLLEGE  
JANUARY, 1985.**

Major Types of Health Care Agencies	Number of Agencies Within Distance from SVSC	
	Within 30 Miles	Greater Than 30 to 50 Miles
	N	N
Medium size hospitals (bed capacity over 150)	7	6
Small size hospitals (bed capacity under 150)	3	21
Public health depart- ments/visiting nurse associations	5	6
Home care agencies	3	10
Nursing homes/long-term care facilities*	13	18
Schools of nursing**	1	3

\*Only those accredited by medicare and medicaid were  
taken into account.

\*\*Not listed by MDPH.

## **POPULATION**

The population for this study included the various constituent groups that are relevant to the development of a MSN program. The constituent groups included potential students, employers, community representatives and college personnel.



## **NEEDS ASSESSMENT METHODS**

This study used the task force group, the survey, and the social indicator methods to identify the needs and resources for the proposed MSN program. These following three subsections will describe in detail the populations, sampling techniques, and procedures for each.

### **A. The Task Force Group Method**

Neither the paper and pencil survey nor the structured interview provided opportunities for respondents to interact with other respondents while completing the questionnaire or interview (Raines, 1977, p. 35). The task force approach with a representative group of constituents allowed interaction among the members of the groups, and provided opportunities for both respondents and researchers to clarify issues at hand. Consequently, the information collected through this approach tended to yield qualitative data. It was also suggested that this approach could be desirable in building a survey instrument for later use with a larger sample.

The Task Force Group Method (Witkin, 1984, p. 129; Raines, 1977, p. 35) was used to identify the needs and resources for the proposed MSN program from the perspective of each constituent group. Four main task force groups were formed: a community, a nursing faculty, a college-wide faculty, and a nursing alumni group.

The Nominal Group Process was used to conduct all task force meetings to economize time and maximize the productivity of the sessions. This method, developed by Van de Ven and Delbecq (1972, p. 338), is a structured meeting which seeks to provide an orderly procedure for obtaining qualitative information from target groups who are most closely associated with a problem area. Figure 5 presents a schema of the Nominal Group Process (Raines, 1977, p. 37).

**Figure 5. A Schema of the Nominal Group Process.**

<u>Focus</u>	<u>Steps</u>	<u>Procedures</u>	<u>Time</u>
Generating Ideas	Silent Brainstorming	Members write their individual responses to the challenge question	15 min.
	Idea Recording	Round-Robin listing of responses on flip charts without comment	20 min.
	Idea Clarification	Clarification and coordination of Responses without value judgment	20 min.
		COFFEE BREAK	10 min.
Priority Setting	Ranking Ideas	Members use 3 x 5 cards to rank the ten most important ideas individually	15 min.
	Recording Group Judgments	Members post their rankings by their preferred items on flip chart	10 min.
	Discussion	Group discusses and defends relative merits of various responses to the question	30 min.
	Scoring Period	Members individually score top ten items on 10 point scale and turn in scores	10 min.

(Modified from Raines, 1977)

The primary question to be answered by the task force groups was one of the primary research questions:

Are there substantial needs and resources for the development of a Graduate Nursing Program at SVSC?

Each group, then addressed two questions related to the main question. Table 2 lists the questions addressed by each task force group.

**TABLE 2. QUESTIONS ADDRESSED BY EACH  
TASK FORCE GROUP.**

Groups	Questions Addressed
<b>Community Task Force</b>	
Session 1	<ol style="list-style-type: none"> <li>1. What needs exist in the area for MSN prepared nurses?</li> <li>2. What resources are available in your agency or setting?</li> </ol>
Session 2	<ol style="list-style-type: none"> <li>1. What may be the potential barriers to the development of the proposed MSN program?</li> <li>2. What types of planning would be necessary in order to plan successful MSN program?</li> </ol>
<b>Nursing Faculty Task Force</b>	
Session 1	<ol style="list-style-type: none"> <li>1. What academic considerations should be addressed related to the development of a graduate Nursing Program at SVSC?</li> </ol>
Session 2	<ol style="list-style-type: none"> <li>2. What administrative and financial plans do you think we should address?</li> </ol>
<b>College-Wide Faculty Task Force</b>	
	<ol style="list-style-type: none"> <li>1. What kinds of academic concerns do you feel should be addressed upon the development of a Graduate Nursing Program at SVSC?</li> </ol>
	<ol style="list-style-type: none"> <li>2. What administrative and financial concerns do you feel should be addressed?</li> </ol>
<b>SVSC Nursing Alumni Task Force</b>	
	<ol style="list-style-type: none"> <li>1. What would motivate you to enroll in a MSN program if developed at SVSC?</li> </ol>
	<ol style="list-style-type: none"> <li>2. What would be barriers for you to enroll in a MSN program if developed at SVSC?</li> </ol>

The Nominal Group Process began by the group leader introducing the two major questions to be addressed by each group. Each member then silently brainstormed and wrote down concerns and ideas related to the program. Each then took a turn listing an idea or concern on the board. The items were then ranked according to their perceived importance. All the group sessions were tape recorded for the later review.

Explanations for each of the task force groups follows.

1. The Community Task Force Group. The purpose for constituting this group was to obtain their opinions and input relative to the needs assessment. These key community representatives within the organizations and agencies were in a position to provide significant information about their needs as role incumbents, the training needs of others in the organization, the needs of their clients or customers, and the needs of their organization from an operational point of view. The task force group approach permitted members of the group to interact and clarify ideas (Raines, 1977, p. 35).

The members of the Community Group were selected from each of the constituent groups. Non-probability, purposive sampling was used for choosing members. The constituent groups were identified as potential student population, consumer group, potential employers of the different types

of health care agencies, local medical association, district nurses' association, health systems agency and the faculty of existing master's degree programs at SVSC. A director or a representative from each of the constituent groups was asked to participate in the task force. The following is a list of the membership of the Community Task Force Group.

1. Directors of nursing from three major hospitals in tri-county area,
2. A director of nursing from the Visiting Nurses Association (VNA),
3. A director of nursing from a county health department,
4. A director of nursing from a nursing home,
5. A director of nursing from a home health care agency,
6. A representative of the regional Health Systems Agency (HSA),
7. A physician representative from the local medical association,
8. A representative of the District Nurses' Association,
9. Representatives of the existing master's degree faculty members at SVSC:
  - a. Master of Arts in Teaching,
  - b. Master of Arts in Criminal Justice and Political Science, and
  - c. Master of Business Administration (MBA).
10. A consumer representative, and
11. A representative of the nursing alumni group.

The designated members of the Community Group were contacted by phone or in person by either the Dean of the School of Nursing or by the researcher to request their participation. A follow-up letter formalized the appointment and reminded the members about the meetings (see Appendix A). Those who were unable to attend a meeting were asked to send an alternate.

The Community Group met twice, approximately one month apart in December, 1985 and January, 1986. Each meeting took two hours. A comfortable meeting room in the new administration building on campus was used and refreshments were provided.

The first session was used to elicit opinions, concerns and issues related to the development of a MSN program. At the beginning of the meeting, a brief description of the proposed program was presented. This presentation was to provide the members with a reference point and was not intended to be the final form of the program. The discussion focused on the identification of needs and resources.

By the end of the first meeting, the group had prioritized six major issues to be addressed in the second meeting. The members used the time between the two meetings to study and reflect on the issues encountered in the first meeting.

The proceedings of the meetings were tape recorded and later carefully analyzed in order to answer the research



questions related to potential employers and the college representatives. These issues, concerns and opinions raised were used to design the survey questionnaires.

2. Nursing Faculty Task Force Group. All members of the Department of Nursing were asked for their input into the development of the MSN program. A two hour meeting was held twice for this purpose (January 15 and February 12, 1986). A letter informing the faculty about the date, time and agenda was distributed to each member prior to the meetings (Appendix B). At the end of the second meeting, the faculty provided the researcher with a number of ideas and concerns regarding the proposed program. The recommendations of the Nursing Faculty Group were used to answer a set of research questions presented previously.

3. College-Wide Faculty Task Force Group. Twelve faculty members, each of them representing his/her department at SVSC, were asked to attend a two hour meeting for the proposed MSN program. The group met on January 23, 1986 for two hours. Because of the conflict with their teaching assignments seven faculty members were able to attend. At the end of two hours, the group had identified a number of valuable opinions and ideas.

4. SVSC Nursing Alumni Task Force Group. Several representatives from the Alumni Association of the School of Nursing were asked to attend this group meeting. Seven SVSC alumni on this task force were employed by area hospitals and home care agencies attended the meeting on

January 28, 1986. The two hour meeting was conducted using the Nominal Group Process. The members of this group expressed much interest toward the proposed MSN program. The type of program and the areas of concentration desired were the major interests expressed by this group.

The input from each of the Task Force Groups was identified and used for the refinement and the development of the survey questionnaires. The items identified during all the task force meetings were compiled as qualitative data to be analyzed in conjunction with social indicators and survey data.

#### **B. The Social Indicator Method**

Social indicators including demographic, socioeconomic and health related statistics were obtained both locally and nationally. These indicators included several demographic characteristics of the population in the community (e.g., age distribution, mortality and morbidity); socioeconomic characteristics (e.g., poverty rate and racial/ethnic make-up); and certain health related statistics (e.g., amount and types of health care needed by the people in the community). The sources of the data included a recently conducted United Way Needs Assessment (United Way of Saginaw County, Inc., October, 1985), the State Health Plan: 1983-87 (Statewide Health Coordinating Council, 1983), the Institute of Medicine Study (Institute of Medicine, 1983), and the 1980 Census (Bureau of Business Research, School of Business Administration, Wayne State

University, 1983). Data were also drawn from other sources as they were discovered. Efforts were made to draw data from the most currently available sources.

The social indicators from the local area were compared with national indicators. The discrepancies between these indicators, when appropriately interpreted, served as a standard (what should be) as needs were determined. The social indicators were also used to identify needed revisions in the survey questionnaires. The next section deals in-depth with each survey method employed.

### C. The Survey Method

The three surveys conducted for this study were of the following groups: registered nurses, the current SVSC students (these two surveys were compiled later as potential student survey) and potential employers. This section describes the procedures used for each of the three surveys. The procedures required to ensure protection of human subjects were followed for all three surveys according to the rules set by both Saginaw Valley State College (Appendix C) and Michigan State University (Appendix D). A letter of transmittal that accompanied each questionnaire included a statement that indicated the voluntary nature of participation in the survey and an assurance of anonymity.

## **1. Survey of Registered Nurses.**

### **Sampling Design:**

One survey was conducted with the registered nurses as potential students of the proposed MSN program. The population for the RN survey was identified as all baccalaureate-prepared nurses (BSNs) or RNs who are currently pursuing BSN degrees within 50 miles of SVSC. Because such a sampling frame was not available, a cluster sampling method was used in order to identify the subjects. Using a cluster sampling method limited our samples to those who were associated with either a place of employment or being enrolled in the baccalaureate program. However, it was felt that the use of this method was justified because these were the type of RNs who would more likely pursue MSN degrees.

A single stage cluster sampling design was used, designating each health agency as a cluster. In order to sample clusters, a stratified random sampling method was used, designating each type of health care agency as a stratum. This was necessary because the number of BSNs (and those who are pursuing the BSN degrees) differed according to the type of health care agency. The acute care agencies tended to employ more BSNs than those agencies that were more removed from acute care.

### **Determination of Sample Size:**

Determination of an appropriate sample size is one of the essential steps for the efficient survey. A larger

sample does not necessarily increase the degree of precision in estimating the population parameters. In order to determine a sample size that maximized the precision and minimized the bias in estimating the population parameters the following standard formula for determining the sample size for stratified sampling method (Raudenbush, 1985) was used:

$$L = \frac{M_1^2 \cdot \sigma_1^2}{\frac{W_1}{(\sum M_1)^2 (\frac{B^2}{4}) + \sum M_1 \cdot \sigma_1^2}}$$

where:

L = overall sample size (sample # of BSNs)

$M_1$  = size of population in the stratum 1

$\sigma_1$  = population standard deviation in stratum 1

$W_1$  = proportion of population in stratum 1 in comparison to the total population

B = bound of error [To determine the bound of error, let B be 10% of  $\sigma$ . Because I am dealing with dichotomous variable, via worst case planning,  $\sigma = .5$ , therefore  $B = 0.1 \times 0.5 = 0.05$   
C.I.: (.475, .525)]

The procedure for estimating the sample size and determination of the number of clusters (agencies) will be found in Appendix E.

From this formula, the total number of subjects was determined to be 268. The number of clusters (agencies) to be selected were then identified according to the types of health care agencies (strata). Six strata were identified. The number of agencies to be chosen from each stratum was then determined according to the estimated number of BSNs and potential BSNs in each stratum.

The following chart shows the six strata and the number of agencies to be selected from each stratum.

	<u>Number of Agencies Selected</u>
Medium size hospitals	8
Small size hospitals	11
Health departments/visiting nurses associations	7
Home care agencies	6
Nursing homes	13
Schools of nursing	1
Industry	1

A total of 47 agencies were identified as the sites for the Registered Nurse Survey.

#### Subjects:

The respondents of the registered nurse survey were identified as follows:

1. A registered nurse with a BSN degree or who is currently enrolled in the BSN program.
2. Employed in the sample health care agencies within 50 miles from SVSC.

### Instrument:

A twenty-four item, self-administered questionnaire: Nursing Education Survey was developed for the registered nurse survey (Appendix F). The questionnaire consists of the following major sections:

- Professional Nursing Background,
- Educational Background,
- Future Educational Plans, and
- Demographic Background.

In the process of constructing the questionnaire, careful attention was given to include items which would provide information regarding the respondents' interest in the proposed program, the preferred area of concentration in study, and the functional role of nursing that would be preferred to study. Other information included, preferred method of enrollment such as full- or part-time study, the preferred semesters to enroll, which days of the week/how many days a week preferred to attend classes, and the distance to commute to SVSC. The demographic data were included to identify the characteristics of the respondents.

Babbie (1973), and Sudman and Bradburn (1983) were used as guides for constructing and designing the questionnaire. The major guidelines followed were:

1. Do not clutter the questionnaire.
2. State questions clearly.
3. Make it easy for the respondents to read and answer.
4. Precode the items for ease of analysis.
5. Provide areas to write individual comments.

A letter of transmittal written on the SVSC letter-head and signed by the Dean of the School of Nursing and Allied Health explained the intent of the study, when and how to return the questionnaire, the voluntary nature of participation, and assurance of anonymity (Appendix G).

A self-addressed business-return type envelope and a post card were included with the questionnaire (Appendix H). The post cards were provided for the respondents to indicate their interest in the proposed program and to receive correspondence from SVSC.

The instrument was pilot tested by seven members of the SVSC Alumni Task Force group. These individuals were similar in academic and professional background. As pilot respondents to this survey they provided valuable suggestions for revisions and additions to the questionnaire.

#### **Procedure:**

Prior to the distribution of the surveys to each sampled health care agency, telephone contacts were made with the director or vice president of nursing to explain the intent of this study and request approval for the distribution of questionnaires. Each of the sampled agencies agreed to participate initially except for two



agencies. Additional information was sought by these agencies before they agreed to participate (Appendix I).

A set of envelopes which contained a questionnaire, a letter of transmittal and a post card were distributed to each sample agency within a 30 mile radius by SVSC personnel. The envelopes for agencies outside 30 miles were sent by mail. A letter was sent to each sample agency explaining to whom the questionnaires should be distributed and details related to their return (Appendix J).

Each questionnaire was coded with an agency identification number. As the questionnaires were returned through the mail, the patterns of return were observed. This procedure permitted the identification of agencies with low questionnaire return rates. The identified agencies were contacted by telephone and asked to remind the subjects to respond as soon as possible.

#### Questionnaire Retrieval:

A total of 612 questionnaires were sent to the sample agencies. Appendix K shows the number of questionnaires distributed and those completed and returned. Approximately 200 questionnaires were returned within three weeks. Agencies with no questionnaires returned or a low return rate within three weeks were identified by the coding system, and were contacted by phone. A designated individual was asked to remind the subjects to return the questionnaires. An additional 15% increase in the return rate was obtained using this method.

A total of 303 questionnaires were returned two months after their distribution, thus the overall return rate was 49.51%. The questionnaire return rate from the agencies within 30 miles from SVSC was 56.5%, while those between 30-50 miles from SVSC was 38.8%. Table 3 shows the questionnaire return rate according to type of agency.

**TABLE 3. MSN NEEDS ASSESSMENT QUESTIONNAIRE--RETURN  
RATE BY THE TYPE OF HEALTH CARE AGENCIES  
(POTENTIAL STUDENTS - RN'S).**

Type of Health Care Agency	Number Distributed	Number Returned	Percent Returned
MH (Medium Size Hospitals) Bed # over 150	392	185	47.2
SH (Small Size Hospitals) Bed # less than 150	96	37	38.5
HD (Health Dept. VNA)	47	34	72.3
HC (Home Care Agencies)	18	3	16.7
NH (Nursing Homes)	23	9	39.1
Other: RN Students Community College	32	30	93.8

## **2. The Survey of the Currently Enrolled Nursing Students.**

Two subgroups included in the survey at SVSC were, (1) RN students (who are registered nurses), and (2) generic students (who are not registered nurses). All students currently enrolled in the SVSC nursing program were asked to participate in the survey

### **Instrument:**

The Registered Nurse Survey was used for the RN students (see Appendix F). A separate 16-item questionnaire was constructed for the generic students (see Appendix L). Several of the questions included in the Nursing Student Survey contained the same questions asked in the Registered Nurse Survey. The questions unique to generic students related primarily to their plans for future employment and continuing education.

The Nursing Student Survey was pilot-tested on a group of five junior nursing students who volunteered. They reported that the instrument was clear and they had no difficulty understanding the questions. No change was suggested by this group.

### **Procedures:**

Questionnaires accompanied by a letter of transmittal (Appendix M and N), similar to the one accompanied the Registered Nurse Survey, were distributed to the nursing students in class during the first weeks after the spring break (March, 1986). The course instructors were asked to

administer the questionnaire during the first ten minutes of their class time. The questionnaires were collected immediately. The RN students were asked not to participate if they had already completed the questionnaire in their place of employment.

Again, the voluntary nature of their participation was explained. Anonymity was also maintained by asking the students not to identify their questionnaires by name, or by any other identifying mark.

### 3. Survey of the Potential Employers.

The health care agencies within 50 miles of SVSC were identified as potential employers of graduates of the proposed MSN program. All agencies selected as sampling clusters for the Registered Nurse Survey were studied (N=47). The names of the agencies were obtained from the list provided by the Michigan Department of Public Health as health care agencies (Michigan Department of Public Health, 1985). The types of agencies included hospitals, community health agencies, mental health facilities, nursing homes, schools of nursing, and industry.

#### Instrument:

The questionnaire for the potential employers was formulated on the local and national trends in nursing and the health care system, along with issues, concerns and questions raised by the Community Task Force Group. The Potential Employer Survey can be found in Appendix O. The questions addressed in this survey included the following:

1. The number and educational background of the registered nurses employed by the agency,
2. If any of the current positions require or prefer MSN background;
3. If any vacancy exists in the positions listed under #2,
4. If the agency intends to employ the graduates of the proposed MSN program,
5. Area of specialties and functional roles that meet the needs of the agency,
6. Type of information/topic important to the agency,
7. What type of incentives the agency would offer to the students, and
8. What type of resources the agency can provide for the proposed program.

The instrument was tested at the meeting of the area Directors of Nursing held in January, 1986. A number of those who attended wrote comments for each question and suggested revisions for clarity and ease of response. The questionnaires were revised according to the suggestions provided.

**Procedure:**

The questionnaire accompanied by a letter of transmittal (Appendix P), similar to those which accompanied the other two survey questionnaires were mailed to each Director of Nursing in the sampled health care agencies. A business return envelope was enclosed for returning the questionnaire. The agencies were asked to return the questionnaires within 5-7 days.

The questionnaires for this survey were coded to verify their return. The agencies which did not return the instrument after thirty days were sent a second set of questionnaires.

## **METHODOLOGY FOR EVALUATION**

This section describes how the needs assessment process was evaluated. Using the standards defined by the Joint Committee on Standards for Educational Evaluation as a conceptual framework, the evaluation for this study was conducted in the following three phases:

Phase I: Evaluation of the preparation phase

Phase II: Evaluation of the implementation phase

Phase III: Evaluation of the outcome

### **Phase I: Evaluation of the Preparation Phase**

Before conducting a needs assessment, careful preparation must occur. The evaluation of the preparation phase involves examination of the proposal as well as the plans to manage the process of the proposal. The evaluation was conducted by the researcher working closely with the Dean of the School of Nursing and Allied Health. Two individuals with a Ph.D., one with a background in institutional research, and another in social research were consulted before the surveys were conducted. A set of questions titled: Questions for Evaluating A Needs Assessment, prepared by Stufflebeam (1985, p. 197) were used to evaluate this phase of the needs assessment. These include a set of questions listed under each of the following major headings:



1. Conceptualization of needs assessment,
2. Sociopolitical factors,
3. Contractual/legal arrangements,
4. Technical design,
5. Management plan,
6. Moral/ethical/utility questions

## **Phase II: Evaluation of the Implementation Phase**

Periodic checks should be made on how well the needs assessment is being implemented (Stufflebeam, et al., 1985, p. 95). During the course of needs assessment from December to June 1986, the researcher met with the Dean of the School of Nursing and Allied Health weekly, reflecting on the previous week's progress of the study, and discussed the plans for the following week. The key question addressed during these meetings was: How well was the needs assessment being implemented? Notes were kept by both parties on the informal feedbacks received from the prospective students, agency personnel and college staff.

## **Phase III: Evaluation of the Outcome**

The evaluation of the outcome addresses the question: How good and valuable was the needs assessment? In terms of the Joint Committee's standards, was it useful, practical, proper, and valid (Stufflebeam, et al., 1985, p. 195)? Based on the standards, four major questions were posed as follows:

1. Was the information reported appropriately?
2. Was the study carried out appropriately?

3. Were the rights of the persons affected by the study protected?
4. Has the study produced sound information?

Thirty standards and their descriptors prepared by the Joint Committee were used to answer the above questions. In applying the standards, "Standard Criterion Form", provided by Stufflebeam, et al. (1985, p. 190) was used. The Criterion Form was completed by the researcher based on data collected from several sources, including notes from the evaluation of Phase I and II, as well as, the Dean's overall appraisal of the study. A separate evaluation form was created by the researcher for the Dean's evaluation (Appendix Q).

## **SUMMARY OF METHODOLOGY**

This chapter described the design of the study and the methodology used for implementation and evaluation of the needs assessment. The three methods this needs assessment employed were the task force group, social indicator and survey. Three types of surveys used for this study were, the Registered Nurse Survey, the Nursing Student Survey and the Potential Employer Survey. Sampling methodology and procedures for each of the surveys were explained. The methodology for evaluation of the needs assessment was also described. The evaluation was conducted in three phases: preparation, implementation and outcome. The next chapter will describe the results of this study.

## **CHAPTER IV: RESULTS**

This chapter is divided into the following sections: the first section presents the results of the needs assessment including the surveys, task force groups, and social indicators, and the second section presents the results of the evaluation of the needs assessment.

### **SECTION ONE: THE RESULTS OF THE NEEDS ASSESSMENT**

The results of the needs assessment are presented in the following order: surveys, task force groups, and social indicators.

## THE RESULTS OF THE SURVEYS

The summary of the three surveys: The Registered Nurse (RN) Survey, the Nursing Student Survey, and Potential Employer Survey will be presented in this section. Three separate questionnaires were administered to each of the survey groups. Among the questions asked in the Registered Nurse Survey and the Nursing Student Survey, some questions applied only to the RNs, some questions applied only to the nursing students, while several other questions applied to both RNs and nursing students. Therefore, these two surveys will be reported together according to three groupings of questions as follows:

- A. Questions which apply only to the  
RNs,
- B. Questions common to both the RNs and  
nursing students,
- C. Questions which apply only to the  
nursing students.

A total of 291 registered nurses (RNs) responded to the Registered Nurse Survey, and 97 generic nursing students responded to the Nursing Student Survey. The respondents of the Registered Nurse Survey consist of 263 RNs employed in the area health care agencies and 28 RN students who are currently enrolled in the BSN program at SVSC. The former group was sampled from the RNs from the area health care agencies using a cluster sampling. The latter group consisted of all RN students at SVSC. Because different sampling methods were used for the above two groups, data for these groups will be presented separately.

However, the summary statistics of all the RN respondents will also be provided for descriptive purposes.

The Survey of the Potential Employers will be reported in the last part of this section.

### THE RESULTS OF THE QUESTIONS THAT ONLY APPLY TO THE REGISTERED NURSES

There were 24 items in the RN survey questionnaire. The first eight questions in this questionnaire applied only to the RNs. These questions dealt with the respondent's professional and educational background. The following section will report the summary of the results for each of these questions responded to by the sample RN group and the RN student group. The statistics for all RN respondents (composite of the above two groups) will also be shown for descriptive purposes.

1. How many years have you been in practice as a registered nurse?

<u>Years of Practice</u>	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
1 year or less	19	( 7.8)	0	( 0.0)	19	( 7.0)
2-4 years	68	( 28.0)	0	( 0.0)	68	( 25.1)
5-10 years	73	( 30.0)	16	( 57.1)	89	( 33.1)
11-15 years	38	( 15.7)	7	( 25.0)	45	( 16.5)
16-25 years	35	( 14.4)	4	( 14.3)	39	( 14.3)
25 years or more	<u>10</u>	( 4.1)	<u>1</u>	( 3.6)	<u>11</u>	( 4.0)
Total Responses	243	(100.0)	28	(100.0)	271	(100.0)

- As shown in the above chart, the years of practice between 5 to 10 years are the modal category for all three respondent groups.
- The next most frequent response category was that of 2-4 years for the RN sample group and the all RN respondent group.
- Among the RN student group, the second most frequent response category was that of 11-15 years.

2. In what type of setting are you currently employed?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
Hospital	200	( 82.0)	24	( 85.7)	224	( 82.3)
Community health agencies	37	( 15.2)	0	( 0.0)	37	( 13.6)
Long-term care agencies	3	( 1.2)	0	( 0.0)	3	( 1.1)
Educational facilities	4	( 1.6)	0	( 0.0)	4	( 1.5)
Not employed	<u>0</u>	( 0.0)	<u>4</u>	( 14.3)	<u>4</u>	( 1.5)
Total Responses	244	(100.0)	28	(100.0)	272	(100.0)



- As shown above over 80% of the respondents are employed by hospitals.
- Those who are employed in long-term care facilities or educational facilities are only a small fraction of the total RN respondents.

3. What is your current position in your employment setting?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
Staff or charge nurse	160	( 65.6)	17	( 60.7)	177	( 65.1)
Head nurse	19	( 7.8)	1	( 3.6)	20	( 7.4)
Pt. care coordinator	30	( 12.3)	3	( 10.7)	33	( 12.1)
Asst. director of nursing	3	( 1.2)	1	( 3.6)	4	( 1.5)
Director of nursing	5	( 2.0)	0	( 0.0)	5	( 1.8)
Educator	19	( 7.8)	2	( 7.1)	21	( 7.7)
Other	8	( 3.3)	0	( 0.0)	8	( 2.9)
Not employed	<u>0</u>	( 0.0)	<u>4</u>	( 14.3)	<u>4</u>	( 1.5)
Total Responses	244	(100.0)	28	(100.0)	272	(100.0)

- By far, the category of staff nurse or charge nurse shows the largest number of responses across all three response groups.
- The patient care coordinator or manager positions which traditionally had been called supervisors is ranked as second most frequent, followed by the head nurse position and the nurse educator.

4. What is your clinical specialty area?

	<u>RN Sample Group</u>	
	#	%
Adult Medical-Surgical	106	( 43.6)
Critical care or emergency room	67	( 27.6)
Parent-child health	33	( 13.6)
Community health	27	( 11.1)
Psychiatric-Mental Health	<u>10</u>	( 4.1)
Total Responses	243	(100.0)

- Adult medical-surgical specialty is the most frequently responded category.
- Critical care and emergency room category was the next category.
- The data from the RN student group and all RN respondent group were omitted. The pattern of clinical specialty area remained similar across all three response groups.

5. (Part 1) What is the type of your initial nursing education?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
Diploma	40	( 16.4)	11	( 39.3)	51	( 18.7)
Assoc. Degree	54	( 22.1)	17	( 60.7)	71	( 26.1)
BSN	141	( 61.1)	0	( 0.0)	149	( 54.8)
LPN	<u>1</u>	( 0.4)	<u>0</u>	( 0.0)	<u>1</u>	( 0.4)
Total Responses	244	(100.0)	28	(100.0)	272	(100.0)

- The RN sample group data revealed that 61.1% of the respondents had a BSN as their initial nursing education.

- The data for the RN student group revealed that 39.3% had a diploma and 60.7% had an associate degree as their initial nursing education.

5. (Part 2) What is the year your initial nursing education was completed?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
1950 thru 1959	12	( 4.9)	1	( 3.6)	13	( 4.8)
1960 thru 1969	34	( 13.9)	3	( 10.7)	37	( 13.6)
1970 thru 1979	80	( 32.8)	19	( 67.8)	99	( 36.4)
1980 thru 1986	<u>118</u>	( 48.4)	<u>5</u>	( 17.9)	<u>123</u>	( 45.2)
Total Responses	244	(100.0)	28	(100.0)	272	(100.0)

- It is evident from the above chart that 48.8% of the RN sample group had completed their initial education between 1980 and 1986. On the other hand, only 17.9% of the RN students responded that between 1980 and 1986 that their initial nursing education had been completed.
- Sixty-seven percent of the RN student group responded that they had completed their initial nursing education between 1970 and 1979.
- For all RN respondents, over 80% responded that they completed their initial nursing education between 1970 and 1986.

6. What is the highest degree you hold?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
Diploma	16	( 6.6)	11	( 39.3)	27	( 10.0)
AD	31	( 12.8)	17	( 60.7)	48	( 17.8)
BSN	185	( 76.5)	0	( 0.0)	185	( 68.5)
BA Human Services	2	( 0.8)	0	( 0.0)	2	( 0.7)
BA Guidance	1	( 0.4)	0	( 0.0)	1	( 0.4)
Other	<u>7</u>	( 2.9)	<u>0</u>	( 0.0)	<u>7</u>	( 2.6)
Total Responses	242	(100.0)	28	(100.0)	270	(100.0)

- The response pattern for the above question was similar to that of question #5 (part 1), except for the RN sample group.
- The RN student group was currently pursuing the BSN degree and do not have a higher degree in other fields.

7. Are you currently enrolled in any of the following educational programs?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
BSN	41	( 63.0)	28	(100.0)	69	( 74.1)
MSN	5	( 7.7)	0	( 0.0)	5	( 5.4)
Master, Health Service Adm.	2	( 3.1)	0	( 0.0)	2	( 2.2)
Master, Health Ed.	5	( 7.7)	0	( 0.0)	5	( 5.4)
MBA	3	( 4.6)	0	( 0.0)	3	( 3.2)
Master, Public Adm.	2	( 3.1)	0	( 0.0)	2	( 2.2)
Master, Non-Specified	2	( 3.1)	0	( 0.0)	2	( 2.2)
Other	<u>5</u>	( 7.7)	<u>0</u>	( 0.0)	<u>5</u>	( 5.4)
Total Responses	65	(100.0)	28	(100.0)	93	(100.1)*

\*Rounding error.

- Note that only 93 of the 291 RN respondents and 65 of the 244 RN sample respondents answered this question.
- Of those who responded, it is evident from the above chart that the BSN program is the most popular educational degree program for all respondent groups.

8. Do you plan to be enrolled in any of the following academic programs within the next three years?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>	
	#	%	#	%	#	%
BSN	15	( 8.3)	5	( 21.7)	20	( 9.9)
BA Business	8	( 4.5)	0	( 0.0)	8	( 3.9)
BS Health Education	4	( 2.2)	0	( 0.0)	4	( 2.0)
MSN	130	( 72.6)	16	( 69.6)	146	( 72.3)
Master, Health Science	1	( 0.6)	0	( 0.0)	1	( 0.5)
Master, Non-Specified	2	( 1.1)	0	( 0.0)	2	( 1.0)
Master, Health Educ.	5	( 2.8)	0	( 0.0)	5	( 2.5)
MBA	6	( 3.4)	2	( 8.7)	8	( 3.9)
Master, Public Adm.	2	( 1.1)	0	( 0.0)	2	( 1.0)
Don't know	1	( 0.6)	0	( 0.0)	1	( 0.5)
Other	<u>5</u>	( 2.8)	<u>0</u>	( 0.0)	<u>5</u>	( 2.5)
Total Responses	179	(100.0)	23	(100.0)	202	(100.0)

- As noted in the above chart, an MSN program is by far the most frequently mentioned category across all three respondent groups.
- Completing the BSN degree requirements is the next highest category, again across all three groups.
- It should be noted that the respondents of the RN sample group have a more diverse choice of masters degree than the RN student group.

## **THE RESPONSES TO QUESTIONS COMMON TO BOTH RNs AND NURSING STUDENTS**

Questions #1 through #8 of the Registered Nurse Survey address their professional and educational backgrounds. The remaining questions (#9 through #22) relate to the respondents' interests toward the proposed MSN program and their demographic backgrounds. The Nursing Student Survey also had the identical items in the questionnaire. The following section reports the results of these questions included in both the RN Survey and the Nursing Student Survey.

Question #9: Do you have all of the qualifications (for the proposed MSN program)? #14 of the Nursing Student Survey

The qualifications for the proposed MSN program are identified in the questionnaire as follows:

- Baccalaureate degree in nursing from a NLN accredited institution
- Undergraduate GPA of 3.0 or higher (on a 4.0 point scale)
- License to practice as a registered nurse in the State of Michigan
- Documented competence in nursing practice through references

The following chart shows the data for the status of meeting the above qualifications by five survey respondent groups, i.e., (1) RN sample group, (2) RN student group, (3) all RN respondent group, (4) nursing student group, and (5) composite of RN and nursing student (SN) respondents.

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Currently meets qualifications	177	( 74.1)	3	( 10.7)	180	( 67.4)	59	( 61.5)	239	( 65.8)
Will meet qualifications in 2-3 yrs	35	( 14.6)	22	( 78.6)	57	( 21.4)	29	( 30.2)	86	( 23.7)
Not ready in 2-3 yrs	<u>27</u>	( 11.3)	<u>3</u>	( 10.7)	<u>30</u>	( 11.2)	<u>8</u>	( 8.3)	<u>38</u>	( 10.5)
Total Responses	239	(100.0)	28	(100.0)	273	(100.0)	96	(100.0)	380	(100.0)

- Approximately 74% of the RN sample respondents reported that they currently meet the qualifications for the proposed MSN program. This percentage is reduced as all response groups are considered.

10. Would you enroll in the masters degree program in nursing if it were available at SVSC within the next 2-3 years?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Yes	180	( 74.4)	21	( 75.0)	201	( 74.4)	67	( 69.1)	268	( 73.0)
No	<u>62</u>	( 25.6)	<u>7</u>	( 25.0)	<u>69</u>	( 25.6)	<u>30</u>	( 30.9)	<u>99</u>	( 27.0)
Total Responses	242	(100.0)	28	(100.0)	270	(100.0)	97	(100.0)	367	(100.0)

- As noted above over 69% of the respondents marked "yes".
- Of 242 respondents of the RN sample group, 74.4% responded that they would be interested in the proposed program.
- Seventy-five percent of the RN students marked "yes", while 69.1% of the generic nursing students did likewise.

The following chart shows the complete breakdown of answers to this question for all the RN respondent group.

YES Definitely	46 ( 16.0)
YES Maybe	168 ( 58.3)
No plan to go on	51 ( 17.7)
Not ready within 2-3 years	12 ( 4.2)
Plans to go elsewhere	2 ( 0.7)
Moving from area	2 ( 0.7)
Has MSN	2 ( 0.7)
Not specified	4 ( 1.4)
Interested if off campus	<u>1</u> ( 0.3)
Total	288 (100.0)



- It should be noted from this sample that 46 of 288 respondents (16.0%) reported they will definitely enroll if the program came into existence. Approximately 58% of them answered "yes, maybe" while the remaining 25.6% reported that they will not be enrolled for one reason or another.

11. What speciality area would you choose to study in the MSN program?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Adult medical-surgical	106	( 58.2)	9	( 40.9)	115	( 56.4)	27	( 39.1)	142	( 52.0)
Parent-child health	34	( 18.7)	5	( 22.7)	39	( 19.1)	26	( 37.7)	65	( 23.8)
Community health	31	( 17.0)	4	( 18.2)	35	( 17.1)	4	( 5.8)	39	( 14.3)
Psych-mental health	9	( 5.0)	2	( 9.1)	11	( 5.4)	5	( 7.3)	16	( 5.9)
Undecided	<u>2</u>	( 1.1)	<u>2</u>	( 9.1)	<u>4</u>	( 2.0)	<u>7</u>	( 10.1)	<u>11</u>	( 4.0)
Total Responses	182	(100.0)	28	(100.0)	204	(100.0)	69	(100.0)	273	(100.0)

- As noted on the chart above, adult medical-surgical nursing is the most preferred specialty across all respondent groups.
- Adult medical-surgical specialty includes gerontology, oncology and nursing administration as specified by some of the respondents.
- Parent-child health nursing is the next highest category of preference across all the respondent groups.
- Note that the order of preference is fairly consistent across all respondent groups.

12. What functional role are you interested in learning in the MSN program?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Clinical Nurse Specialist	92	(51.4)	10	(43.5)	102	(50.5)	36	(51.4)	138	(50.7)
Nurse Administrator	42	(23.5)	5	(21.7)	47	(23.3)	13	(18.6)	60	(22.1)
Nurse Educator	42	(23.5)	5	(21.7)	47	(23.3)	17	(24.3)	64	(23.5)
Nurse Researcher	1	(0.5)	0	(0.0)	1	(0.4)	0	(0.0)	1	(0.4)
Not spec.	<u>2</u>	(1.1)	<u>3</u>	(13.1)	<u>5</u>	(2.5)	<u>4</u>	(5.7)	<u>9</u>	(3.3)
Total Responses	179	(100.0)	23	(100.0)	202	(100.0)	70	(100.0)	285	(100.0)

- As noted in the above chart, the clinical nurse specialist role is the most popular functional role chosen by the respondents across all respondent groups.
- The preference for a nurse administrator and a nurse educator role are similar across the respondent groups except for the nursing student group who chose nurse administrator role as more favorable than nurse educator role.
- Only one respondent chose the nurse researcher role.

13. When you are to be enrolled in the proposed Masters degree in Nursing program, you will enroll full-time or part-time?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Full-time	13	( 7.1)	2	( 9.1)	15	( 7.3)	4	( 5.7)	19	( 6.9)
Part-time	<u>170</u>	( 92.9)	<u>20</u>	( 90.9)	<u>190</u>	( 92.7)	<u>66</u>	( 94.3)	<u>256</u>	( 93.1)
Total Responses	183	(100.0)	22	(100.0)	205	(100.0)	70	(100.0)	275	(100.0)

- By far, the majority (over 90%) of the respondents preferred their graduate studies on a part-time basis.
- The preference for a part-time study is consistent across all the respondent groups.

14. When you are to begin the proposed masters degree program, would you prefer to be enrolled in (semesters):

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Fall/Winter	84	( 46.4)	11	( 47.8)	95	( 46.5)	36	( 52.2)	131	( 48.0)
All four semesters	79	( 43.6)	10	( 43.5)	89	( 43.6)	30	( 43.5)	119	( 43.6)
Fall/Winter/Spring	12	( 6.6)	1	( 4.4)	13	( 6.4)	0	( 0.0)	13	( 4.7)
Fall/Spring	1	( 0.6)	0	( 0.0)	1	( 0.5)	0	( 0.0)	1	( 0.4)
Spring/Summer	1	( 0.6)	1	( 4.4)	2	( 1.0)	0	( 0.0)	2	( 0.7)
Summer	1	( 0.6)	0	( 0.0)	1	( 0.5)	0	( 0.0)	1	( 0.4)
Dont know	<u>3</u>	( 1.6)	<u>0</u>	( 0.0)	<u>3</u>	( 1.5)	<u>3</u>	( 4.3)	<u>6</u>	( 2.2)
Total Responses	181	(100.0)	23	(100.0)	204	(100.0)	69	(100.0)	273	(100.0)

- As noted above, the "Fall and Winter" is the modal category across all respondent groups.

- The next most preferred category is "All Semesters" category.
- The least preferred category is "Summer" or "Summer and Spring".

15. Which of the following days of the week are most convenient for you to commute to SVSC?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Two evenings per week	70	( 38.7)	4	( 18.2)	74	( 36.5)	16	( 23.2)	90	( 33.1)
One day per week, 6 hrs	58	( 32.0)	13	( 59.1)	71	( 35.0)	27	( 39.1)	98	( 36.0)
Two afternoons per week	21	( 11.6)	0	( 0.0)	21	( 10.3)	15	( 21.7)	36	( 13.2)
Every other Friday	20	( 11.0)	4	( 18.2)	24	( 11.8)	2	( 2.9)	26	( 9.6)
Two mornings per week	5	( 2.7)	0	( 0.0)	5	( 2.4)	2	( 2.9)	7	( 2.6)
One evening, 6 hrs	1	( 0.6)	0	( 0.0)	1	( 0.5)	0	( 0.0)	1	( 0.4)
Weekends	1	( 0.6)	0	( 0.0)	1	( 0.5)	0	( 0.0)	1	( 0.4)
No preference	3	( 1.7)	0	( 0.0)	3	( 1.5)	0	( 0.0)	3	( 1.1)
Don't know	<u>2</u>	( 1.1)	<u>1</u>	( 4.5)	<u>3</u>	( 1.5)	<u>7</u>	( 10.1)	<u>10</u>	( 3.6)
Total Responses	181	(100.0)	22	(100.0)	203	(100.0)	69	(100.0)	272	(100.0)

- As shown above two evenings per week seems to be the category most preferred by all the respondent groups.
- One day per week (6 hours) is the next most preferred category.
- Every other Friday and two afternoons per week were also chosen by some of the respondent groups.
- Only 1-2 of the respondents preferred to have class on weekends.

16. From your residence, how far would you need to travel to SVSC?

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
1-20 miles	75	( 40.8)	6	( 26.1)	81	( 39.1)	37	( 51.4)	118	(42.3)
21-30 miles	27	( 14.7)	2	( 8.7)	29	( 14.0)	12	( 16.7)	41	(14.7)
31-40 miles	27	( 14.7)	0	( 0.0)	27	( 13.1)	8	( 11.1)	35	(12.5)
41-50 miles	24	( 13.0)	5	( 21.7)	29	( 14.0)	3	( 4.1)	32	(11.5)
50 miles or more	<u>31</u>	( 16.8)	<u>10</u>	( 43.5)	<u>41</u>	( 19.8)	<u>12</u>	( 16.7)	<u>53</u>	(19.0)
Total Responses	184	(100.0)	23	(100.0)	207	(100.0)	72	(100.0)	279	(100.0)

- Nearly 40-50% of the respondents reported that they live within 20 miles of the commuting distance except for the RN student group.
- Forty percent of the RN student group live beyond 50 miles of the commuting distance.
- The proportions for the 21-30 mile, 31-40 mile and 41-50 mile category are fairly even at 10-14%.

17. Sex of the respondents:

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Male	8	( 3.5)	0	( 0.0)	8	( 3.2)	8	( 8.4)	16	( 4.6)
Female	<u>218</u>	( 96.5)	<u>26</u>	(100.0)	<u>244</u>	( 96.8)	<u>87</u>	( 91.6)	<u>331</u>	( 95.4)
Total Responses	226	(100.0)	26	(100.0)	252	(100.0)	95	(100.0)	347	(100.0)

- It is evident from the above chart that the respondents are predominantly female.
- Note that the RN Nursing Student Survey composite data shows that 17 of 363 respondents are male.

18. Age of the respondents:

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
18-25	39	( 17.3)	1	( 3.9)	40	( 15.9)	76	( 80.0)	116	( 35.6)
26-35	119	( 52.9)	17	( 65.4)	136	( 54.2)	13	( 13.7)	149	( 45.7)
36-45	48	( 21.3)	5	( 19.2)	33	( 21.1)	6	( 6.3)	39	( 12.0)
46-55	18	( 8.0)	3	( 11.5)	21	( 8.4)	0	( 0.0)	21	( 6.4)
Over 55	<u>1</u>	( 0.4)	<u>0</u>	( 0.0)	<u>1</u>	( 0.4)	<u>0</u>	( 0.0)	<u>1</u>	( 0.3)
Total Responses	225	(100.0)	26	(100.0)	231	(100.0)	95	(100.0)	326	(100.0)

- As shown in the above chart, the modal category for each of the response groups is the ages between 26 and 35 except for the generic nursing student group whose modal category is the ages between 18 and 25.

19. Race of the respondents:

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
White	217	(96.9)	26	(100.0)	243	( 97.2)	91	( 96.8)	349	( 96.9)
Black	4	( 1.8)	0	( 0.0)	4	( 1.6)	0	( 0.0)	4	( 1.1)
Spanish	1	( 0.4)	0	( 0.0)	1	( 0.4)	0	( 0.0)	1	( 0.3)
American Indian	1	( 0.4)	0	( 0.0)	1	( 0.4)	3	( 3.2)	4	( 1.1)
Oriental	<u>1</u>	( 0.4)	<u>0</u>	( 0.0)	<u>1</u>	( 0.4)	<u>0</u>	( 0.0)	<u>2</u>	( 0.6)
Total Responses	224	(99.9)*	26	(100.0)	250	(100.0)	94	(100.0)	360	(100.0)

\*Rounding error.

- The above chart shows that the race of the respondents is predominantly white.
- Blacks and American Indians are only 1.1% each of the total respondent population.
- Spanish and Oriental are 0.3% and 0.6% of the total respondent population.

20. Marital status of the respondents:

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
Single	47	( 21.0)	3	( 11.5)	50	( 20.0)	63	(66.3)	113	( 32.8)
Married	161	( 71.9)	22	( 84.6)	183	( 73.2)	30	(31.6)	213	( 61.8)
Divorced	15	( 6.7)	0	( 0.0)	15	( 6.0)	1	( 1.1)	16	( 4.6)
Widowed	1	( 0.4)	0	( 0.0)	1	( 0.4)	1	( 1.1)	2	( 0.5)
Separated	0	( 0.0)	1	( 3.9)	1	( 0.4)	0	( 0.0)	1	( 0.3)
Total Responses	224	(100.0)	26	(100.0)	250	(100.0)	95	(99.9)*	345	(100.0)

\*Rounding error.

- As shown above, the mix of the marital status among the respondent groups are slightly different.
- The RN sample group, 71.9% are married while 84.6% of the RN student group and 31.6% of the generic nursing students are married.

21. Number of dependents of the respondents:

	<u>RN Sample Group</u>		<u>RNs at SVSC</u>		<u>All RNs</u>		<u>Nursing Students</u>		<u>RN SN Survey Composite</u>	
	#	%	#	%	#	%	#	%	#	%
None	111	( 49.8)	9	( 32.2)	120	( 47.8)	78	( 82.1)	198	( 57.2)
One	45	( 20.2)	1	( 3.6)	46	( 18.3)	7	( 7.4)	53	( 15.3)
Two	44	( 19.7)	14	( 50.0)	58	( 23.1)	8	( 8.4)	66	( 19.1)
Three	16	( 7.2)	2	( 7.1)	18	( 7.2)	2	( 2.1)	20	( 5.8)
Four	5	( 2.2)	2	( 7.1)	7	( 2.8)	0	( 0.0)	7	( 2.0)
Five or More	2	( 0.9)	0	( 0.0)	2	( 0.8)	0	( 0.0)	2	( 0.6)
Total Responses	223	(100.0)	28	(100.0)	251	(100.0)	95	(100.0)	346	(100.0)

- As evident from the above chart, nearly 50% of the RN sample group have no dependents. This rate is similar with all RNs surveyed (47.8%) as well as with the RN SN composite group (57.2%).

- The modal categories for the RN student group and nursing student group, however differ greatly. Only 32.2% of the RN student group have no dependents, while 82.1% of the generic nursing students have no dependents.

## 22. Ages of the respondents' dependent:

The mean dependent's age for each of the respondents who have one or more dependents were calculated. The mean dependent's age for all the survey respondents were found to be 7.7 years old with a standard deviation of 5.5. The dependent's age ranged from less than one year old to 19 years old.

The above section described the respondents' interests in the proposed program and the demographic characteristics for both RN respondents and nursing student respondents. The following section deals with questions geared only toward the generic nursing students.



**RESULTS OF THE QUESTIONS THAT ONLY APPLY TO THE GENERIC NURSING STUDENTS**

This section relates to the Nursing Student Survey questions #1 through #3 and #12 through #15. These questions deal with the respondents' plans to continue their education.

1. After you graduate from SVSC, do you plan to continue your education through a formal academic institution?

	<u>Number of Responses</u>
Yes	80 ( 83.3%)
No	14 ( 14.6%)
Maybe	<u>2</u> ( 2.1%)
Total Responses	96 (100.0%)

- As shown above more than 80% of the nursing students intend to continue their education through a formal academic institution.

2. If the answer for #1 is yes, what type of academic program and field of study would you choose?

	<u>Number of Responses</u>
MSN or MS with major in nursing	72 ( 87.9%)
Master's degree with field not specified	4 ( 4.9%)
BS or BA in psychology	2 ( 2.4%)
MBA	1 ( 1.2%)
BS in biology	1 ( 1.2%)
Anesthesia	1 ( 1.2%)
General indirect courses	<u>1</u> ( 1.2%)
	82 (100.0%)

- As shown in the above chart, of the 82 respondents who expressed interest in continuing education through a formal academic program, 87.9% of them responded that they intend to choose a MSN or MS program with a major in nursing.

3. How soon would you like to begin the above educational plan?

	<u>Number of Responses</u>
Immediately after graduation	5 ( 6.0%)
Within 1-2 years	29 ( 34.9%)
Within 2-3 years	21 ( 25.3%)
Within 3-4 years	17 ( 20.5%)
After 5 years or more	<u>11</u> ( 13.3%)
Total Responses	83 (100.0%)

- Of 83 respondents, 29 of them (34.9%) responded that they would begin the above plan within 1-2 years.
- Another 25.3% reported that they would begin within 2-3 years.
- Another 20.5% responded that they would begin within 3-4 years.
- Only 13.3% reported that they would start after 5 years or later.

12. If you answer for #5 is "no, but I plan to enroll in other MSN program," what would be the reason not to choose the SVSC program? (Check all that apply)

The question #5 asked the following question:

#5. If the MSN program is established at SVSC within the next 2-3 years, will you plan to enroll in the program?

- A. Yes, definitely
- B. Yes, maybe
- C. No, but I plan to enroll in another MSN program
- D. No, I do not plan to enroll within next 5 years

	<u>Number of Responses</u>
The proposed program may not be accredited for a while	10 ( 37.1%)
Not sure of the proposed program	9 ( 33.3%)
SVSC will be outside commuting distance	5 ( 18.5%)
Insufficient number of qualified faculty	1 ( 3.7%)
Do not meet qualifications required	1 ( 3.7%)
Not sure	<u>1</u> ( 3.7%)
Total Responses	27 (100.0%)

- Note that 19 of 27 (70.4%) who choose not to go to the proposed program falls into the first two categories deal with the unknown quality of the proposed program.

13. If your answers to #5 is "No, I do not plan to enroll in the next 5 years, "what would be the reason(s) not to do so? (Choose as many as apply)

	<u>Number of Responses</u>
Prefer to delay education till my children grow up	3 ( 14.3%)
No child care facility or person to care for children	0 ( 0.0%)
Prefer to gain at least 3-5 years of experience after graduation	15 ( 71.4%)
Prefer to wait until the proposed program is established	3 ( 14.3%)
Other	<u>0</u> ( 0.0%)
Total Responses	21 (100.0%)

- It is evident in the above chart that 71.4% of the respondents prefer to gain at least 3-5 years experience before they go on for a MSN degree.
- Of the 21 who responded, 3 (14.3%) prefer to wait till the children grow up.

- Another 3 out of 21 (14.3%) prefer to wait until the SVSC program is established.

14. What is your current level in the SVSC BSN program?

	<u>Number of Responses</u>
Sophomore	22 ( 23.2%)
Junior 1	16 ( 16.8%)
Junior 2	22 ( 23.2%)
Senior 1	17 ( 17.9%)
Senior 2	<u>18</u> ( 18.9%)
Total Responses	95 (100.0%)

- The chart above shows the number of respondents for each class level within the SVSC BSN program.
- The difference in the number of responses are due to the varied number of class size due to attrition and also to the student's decision to participate or not to participate in the survey.

15. After graduation, where do you plan to be employed?

	<u>Number of Responses</u>
Agencies within 50 miles of SVSC	60 ( 64.5%)
Agencies beyond 50 miles, but within the State of Michigan	23 ( 24.7%)
Agencies outside the State of Michigan	5 ( 5.4%)
Unsure	4 ( 4.3%)
Unsure, but would stay in the State of Michigan	<u>1</u> ( 1.1%)
Total Responses	93 (100.0%)

- It is evident from the above chart that 64.5% of the respondents would be employed within 50 miles of SVSC.

## **SUMMARY OF THE RESULTS OF THE REGISTERED NURSE AND NURSING STUDENT SURVEYS**

This section has reported the results of the Registered Nurse Survey and the Nursing Student Survey. Because there were some common items between the two surveys, these two surveys were reported together. Items unique to each survey group were reported separately. Each question was answered, taking into account, each subgroup of the surveys, i.e., the registered nurse sample group, SVSC RN student group, and the nursing student group. The composite data for both RN and nursing student surveys were also reported for descriptive purposes. Characteristics of the registered nurse respondents and the nursing student respondents were identified. Their interests in the proposed MSN program, types of clinical specialties, and functional roles were identified. The respondents' intent to complete the MSN requirements, e.g., full- or part-time enrollment, preferred semesters, and days of the week, have also been identified. A number of valuable comments written by the respondents were found on the questionnaires. These are included in Appendix R and S. These data will be analyzed in Chapter V after closely examining the potential employer survey data as well as the data obtained through task force groups, and social indicators.

## THE RESULTS OF THE POTENTIAL EMPLOYER SURVEY

This section reports the results of the Potential Employer Survey. Of the 61 questionnaires sent to the sample health care agencies, 35 (57.4%) were returned. The following chart presents the number of agencies who responded to the survey according to the type of health care agency. (This chart applies to the Potential Employer Survey question #15.)

<u>Type of Agency</u>	<u>Number of Respondents</u>
Acute care hospital (bed capacity less than 150)	10 (28.6%)
Acute care hospital (bed capacity over 150)	7 (20.0%)
Long-term care facility	6 (17.1%)
VNA or community health agency	6 (17.1%)
Psychiatric/mental health facility	2 ( 5.7%)
Home care agency	1 ( 2.9%)
Industry	1 ( 2.9%)
Rehabilitation hospital	1 ( 2.9%)
Community college	<u>1</u> ( 2.9%)
	35 (99.9%)*

\*Rounding error.

Highlights from the above chart, include:

- Seventeen of the 35 (48.6%) who responded were from acute care hospitals.
- Six agencies responded from each of the long-term care facilities and VNA/community health agencies.
- A total of two psychiatric/mental health facilities responded.
- A single organization completed the questionnaire for a home care agency, industry, rehabilitation hospital, and community college.

The following section reports the results of each question in this survey.

1. How many RNs are employed in your agency?

	<u>Number of RNs</u>
A sum of all full-time RNs	1,900
A sum of all part-time RNs	1,250

- Of 35 agencies which returned the questionnaire, all but one agency answered this question.

2. What is the number of RNs having the following educational preparation as their highest?

	<u>Sum of Number Reported for Each Category</u>	<u>Number of Agencies</u>
Diploma	585 ( 33.1%)	31
ADN	776 ( 43.9%)	30
BSN	312 ( 17.6%)	28
Bachelor in other field	33 ( 1.9%)	19
Master in nursing	53 ( 3.0%)	13
Master in other field	10 ( 0.5%)	7
PhD or DNSc	<u>0 ( 0.0%)</u>	5
	1,769 (100.0%)	

- The above chart shows the number of RNs employed in the respondent agencies, categorized by their educational background.
- The number shown on the far right indicates the number of agencies which responded to this question.
- Because a large number of respondents did not answer this question, generalizability of this result must be made with caution.

3. How many of your RNs are currently enrolled in a BSN program?

The number enrolled: 73 in BSN programs

- A sum of 73 RNs from 26 agencies that responded to this question are currently enrolled in BSN programs.
- Again, because 9 out of 35 (25.7%) respondents left this item blank, the number represented should be interpreted with caution.

4. Which of the following positions does your agency require or prefer a MSN background? (Check all that apply)

	Number of Agencies		
	<u>Required</u>	<u>Preferred</u>	<u>Not Preferred or Required</u>
Vice President, Nursing	7	1	0
Director of Nursing	11	9	0
Assistant Director of Nursing	2	6	0
Director of Nursing Education, Hospital Education or Staff Development	4	7	0
Coordinator, Nursing Research	0	1	0
Clinical Nurse Specialist	6	2	0
Coordinator/Manager/Supervisor, Patient Care	3	7	0
Head Nurse	0	4	0
Charge/Primary Nurse	0	2	0
Community College Faculty	0	1	0
MSN not required not preferred for any of the nursing posi- tions	0	0	9

The highlights from the above chart include:

- Of the 35 agencies who returned the questionnaire, all but one agency answered this question.
- Of the eight agencies that have a position of Vice President of Nursing, seven agencies require a MSN degree for the position.



- Eleven agencies require a MSN background for the Director of Nursing position, nine agencies prefer a MSN background.
- Four agencies require a MSN degree for the Director of Nursing education position, seven agencies prefer a MSN prepared nurse.
- Six agencies responded that they require a MSN degree for their clinical nurse specialist position, while two agencies prefer MSN prepared nurses for the position.
- Three agencies responded that they require a MSN prepared nurse for the coordinator position while seven others reported that a MSN background is preferred.
- There was no agency that required a MSN background for the head nurses' position while four agencies reported that they would prefer the background.
- Two agencies reported that a MSN background is preferred for a charge or primary nurse position.
- One community college reported that they would prefer a MSN background for the faculty positions.
- Nine of the 35 agencies reported that they would neither require nor prefer a MSN background for any of the nursing positions.

5. If a MSN is required or preferred for any of the nursing positions, please check whether or not those positions vacant. If vacant, please indicate the number of vacancies.

Vice President, Nursing	No vacancy
Director of Nursing	3 vacancies
Assistant Director of Nursing	No vacancy
Director of Nursing Education, Hospital Education or Staff Development	2 vacancies (one at corporate level in home care agency)
Clinical Nurse Specialist	4 vacancies (one as pediatric nurse practitioner)

Coordinator/Manager/ Supervisor, Patient Care	2 vacancies (as quality assurance coordinator, corporate level home care agency)
Head Nurse	1 vacancy
Charge/Primary Nurse	1 vacancy

- Fifteen of the 35 agencies did not respond to this question.
- Some vacancies are noted across various nursing positions as shown above.

6. If a MSN is not required for any of the current positions, is there any plan to recruit a MSN prepared nurse, provided any vacancy occurs in the near future in the positions listed in question #4. (Check one)

The following chart shows the response patterns of various agencies for this question.

	Number of Agencies Responded as	
	<u>"YES, Will Recruit MSN Prepared Nurse"</u>	<u>"NO, Will Not Recruit MSN Prepared Nurse"</u>
Acute care hospital with bed capacity over 150	3	2
Acute care hospital with bed capacity under 150	1	6
VNA/community health agencies	2	1
Home care agencies	1	2
Psychiatric/mental health facilities	2	0
Rehabilitation hos- pital	1	0
Long-term care facility	1	7
Community college	1	0
Industry	<u>0</u>	<u>1</u>
Total	12	19

The highlights for the above chart include:

- Of 35 respondents, 12 (34.3%) reported that they would recruit a MSN prepared nurse for the positions listed in question #4. Nineteen (54.3%) agencies reported "No".
- Of 35 respondents for this survey, four have been left blank for this question.
- Those agencies which reported that they would recruit a MSN prepared nurse are acute care hospitals with a bed capacity over 150, VNAs (Visiting Nurses' Association) or community health agencies, and psychiatric/mental health facilities.
- Those which reported that they would not employ a MSN prepared nurse were predominantly long-term care facilities and small rural hospitals.

7. Which of the following positions can a BSN with a master's degree in another field (other than nursing) satisfy the qualifications in your agency? (Check as many as apply)

The following chart shows the number of agencies who answered that a BSN with master's degree in another field would satisfy each position listed.

	<u>Number of Agencies</u>
Vice President, Nursing	6
Director of Nursing	14
Assistant Director of Nursing	8
Director of Nursing Education/ Staff Development/Hospital Education	18
Coordinator/Manager/Supervisor, Patient Care	6
Head Nurse	4
Charge Nurse/Primary Nurse	5
Faculty, Community College	1
Blank	11

- Note that six agencies reported that the vice president of nursing position can be filled with BSN with a master's degree in other field.

- Another 14 agencies reported that the director of nursing position can be satisfied by this category.
- Other positions a BSN with master's degree in other field can be satisfied include, a director of nursing education, an assistant director of nursing, a coordinator or manager in nursing, a head nurse, and a charge nurse.
- One community college reported that a BSN with master's degree in other field would satisfy its faculty position.

8. Which clinical specialty for MSNs would meet the needs of your agency? (Check as many as apply)

	<u>Number of Agency Responses</u>
Adult-medical surgical	17
Gerontological	14
Community health/home care	13
Pediatric/child health	11
Psychiatric/mental health	10
Health care for women	5
Administration	3
Industrial/occupational health	1

- As shown above, adult medical-surgical specialty is the area in need the most.
- Gerontological specialty was rated as the second most needed area in this survey.
- The community health nursing including home health care are next in demand.
- Note that parent-child health, psychiatric/mental health and health care of women follow after community health nursing.
- Administration and industrial health are rated as the last two prioritized specialties.

9. If you plan to employ MSN graduates, what functional roles will be needed?

	<u>Number of Respondents</u>
Nursing administrators	18
Clinical nurse specialist	15
Nurse educator	12
Nurse researcher	5
Quality assurance coordinator	1
Program director	1

- As shown above, the nurse administrator role is needed by the agencies the most (18 out of 35 possible responses).
- The clinical nurse specialist role is next in demand (15 out of 35 possible responses).
- The nurse educator is the third role needed by the agencies (12 out of 35 possible responses).
- Note that five agencies are asking for nurse researcher's roles.
- Quality assurance director and program director role each received one response.

10. If the proposed program were to provide a major in nursing administration, which of the following topics are important in your agency? Please rank the following topics according to the importance in your agency. (1 being the most important, 2 being the second most important, etc.)

The following chart shows a mean rank score for each of the ten items and the ranking order of the mean rank scores.

	<u>Mean Rank Scores</u>	<u>Overall Rank</u>
A. Management information systems	4.36	4
B. Health care financing and management	3.86	3
C. Personnel management	2.97	2
D. Legal aspects of health care	4.79	5
E. Nursing leadership	2.17	1
F. Labor relations	6.30	7
G. Marketing	5.81	6
H. Entrepreneurship	7.24	8
I. Long-term care administration	7.27	9
J. Research	8.83	10

- As noted above nursing leadership was rated as the most important item by the respondents.
- Personnel management, health care financing and management are rated as second and third most important items respectively.
- Management information systems, legal aspects of health care and marketing are ranked following the above items.
- Labor relations and entrepreneurship are ranked seventh and eighth.
- Long-term care administration and research are the last in priorities.

11. If your employee decided to go on for a MSN degree, would you be willing to provide any of the following support? (Check as many as apply)

	<u>Number of Responses</u>
Tuition reimbursement	21 ( 30.9%)
Scholarships	1 ( 1.5%)
Accommodate work schedules	24 ( 35.3%)
Leave of absence	21 ( 30.9%)
None	1 ( 1.5%)
Total Responses	68 (100.1%)*

\*Rounding error.

- The above chart shows the types of support provided by the agencies if their employees plan to earn a MSN degree.
- Accommodation of work schedule was the most frequently mentioned support (24 out of 68 responses, 35.3%).
- Other support include tuition reimbursement (30.9%) and leave of absence (30.9%).
- One agency reported that they would offer scholarship assistance.
- One agency responded that no support would be provided.
- It is evident from the above information that nearly two-thirds of the agencies responded would offer some type of support to their employees who plan to pursue master's education.

12. If your employee earns a MSN degree while employed in your agency, what type of incentives would be provided by the agency?

	<u>Number of Responses</u>
Job reassignment to suit educational background	18
Promotion to a higher position	13
Pay raise	9
None	9
Unknown	1

- The above chart shows the type of incentives agencies would provide if an employee earns a MSN degree.
- The category job reassignment to suit the educational background of the employee was the most frequently selected response (18 out of 35 possible responses).
- Promotion to a higher position had 13 out of 35 possible responses.

- Nine of the 35 agencies indicated a pay raise as a means of incentive and nine responded that they will offer no incentive.

13. If SVSC begins a MSN program, what type of resources would be available in your agency to help support such a program? (Check as many as apply)

The following chart lists the types of resources available by the agencies to support the proposed MSN program.

	<u>Number of Responses</u>
Clinical sites	19
Potential students	17
Arena for research activities	15
Future employment opportunities	13
Preceptors	11

- It is evident from the above data that several types of resources are available at the agency level to support the proposed program.
- Clinical sites was by far the most frequently mentioned resources that the agencies would offer.
- The agencies saw their employees as a potential source of MSN students.
- Arena for research activities were also chosen by 15 respondents.
- Thirteen agencies listed future employment opportunities as resources.
- Eleven agencies mentioned preceptor arrangement possibilities.



14. Would your agency be willing to employ the graduates of the proposed MSN program? (Check one)

Number of Responses

Yes	26 ( 74.3%)
No	4 ( 11.4%)
Blank	<u>5</u> ( 14.3%)
	35 (100.0%)

- As noted above 26 of the 35 (74.3%) respondents reported that they would employ the graduates of the proposed MSN program.
- Four (11.4%) reported that they would not employ the graduates of the proposed program.
- Five agencies left the question blank.
- The agencies which reported that they would not employ the graduates from the proposed program were primarily long-term care agencies.

The Appendix T lists the respondents comments added to the questionnaire.

## **SUMMARY OF THE POTENTIAL EMPLOYER SURVEY**

The responses to each question of the Potential Employer Survey were summarized and reported. It was evident that employers of area health care agencies are interested in the proposed MSN program. They are willing to provide support and resources. The areas of specialty and functional role that meet the employer needs were identified. Some of the vacant positions that calls for MSN prepared nurses were identified. This concludes the section of the survey results. The following section describes the social indicator method of collecting data for the feasibility study.

## **RESULTS OF THE TASK FORCE GROUPS:**

This section describes the outcome of each of the Task Force Groups. The Task Force Meetings took place between December 5, 1985 and February 12, 1986.

### **COMMUNITY TASK FORCE GROUP: SESSION I (December 5, 1985)**

In spite of adverse weather conditions, 11 of the 13 members representing various constituent groups were able to attend. In general, the members were favorable towards the proposed MSN program. They contributed a number of concerns and ideas during the session. During the two hour meeting, the following needs and resources were identified by the members of this group through the nominal group process.

#### **The Needs**

During the first half of the meeting, a total of 13 items related to the types of expertise needed in the area health care system were identified. The members then ranked the items in the order of priority (e.g., 1 the most needed item, 10 the least).

The next area shows the various roles and competencies of master prepared nurses identified as needed in the area. These are listed according to the established priorities. The sum of points (each member provided 10 points to the highest rank and 1 point to the lowest) are also shown for each item.

**Needs Identified by the Members:**

<b><u>Rank</u></b>	<b><u>Points</u></b>	
1	65	A. Service coordinator - administration in hospital and community, administration in geriatrics.
2	57	B. Strong business skills included in curriculum <ul style="list-style-type: none"><li>- Joint degree specialist or</li><li>- Minor in business for nursing/health care.</li></ul>
2	57	C. Clinical Specialist <ul style="list-style-type: none"><li>- Cardiovascular</li><li>- Oncology/Hospice</li><li>- Med/Surg</li><li>- Ob/GYN/Peds (in depth)</li><li>- Independent practice</li><li>- Technology experts</li></ul>
4	50	D. Access to MSN programs for working nurses in the area.
5	44	E. Coordination for nursing research <ul style="list-style-type: none"><li>- Hospital</li><li>- Community.</li></ul>
6	40	F. Instructors for ADN & BSN programs.
7	28	G. Coordinator with other disciplines.
8	27	H. Instructors in hospitals.
9	26	I. Health maintenance and wellness programs for elderly.
10	23	J. Entrepreneur - generation of service to meet needs of the community.
11	19	K. Supervisory positions in home care.
12	17	L. Program development/planning.
12	17	M. D.R.G. and insurance expertise.

Highlights of the above needs indentified by this group include:

- The item ranked as the highest priority is the need for nursing service coordinators with expertise in administration. This type of expertise is needed at all levels of health care. Strengthening administrative background of those who specialize in geriatrics was also identified as a need.
- The members all agreed that strong business skills are urgently needed by the nurse administrators today. This item was tied as the second in priority. The members recommended that this type of background can best be attained through the MSN program in collaboration with the school of business by way of a minor or a joint degree.
- Clinical nurse specialists is tied as the second priority. This type of expertise is needed in all specialty areas. The members expressed that the area health care system can be benefited by the knowledge and expertise of the master-prepared registered nurse in cardiovascular, oncology, Hospice, adult medical, surgical, and maternal child health specialty areas. MSN prepared "Technology" experts also were identified as needed, in order to be prepared for continually expanding "High Tech" in clinical nursing.
- Better access to MSN programs for working nurses in the area is ranked as third in priority. Easy access to MSN programs is needed in the Saginaw area to have the first 3 types of MSN prepared nurses as identified above.
- Expertise is needed to coordinate nursing research activities in the area health care agencies. This item was prioritized as the fourth item.

- Instructors for both ADN and BSN programs are constantly in demand. This item was prioritized as the fifth item.
- Several other areas of expertise listed include: Coordinators with other disciplines, nursing instructors in hospitals, health maintenance and wellness program experts for the elderly.
- Entrepreneurs for generating nursing service to meet the health needs of the community is rated as the tenth priority. This expertise calls for more creativity within the nursing role and to be innovative in the ways nurses can better serve the community.
- Other kinds of expertise listed by the members but not entered within the top ten ranking include: Home care supervisor, program coordinator, DRG and insurance expertise.

### **Resources**

During the second half of the meeting, the members focused on the identification of resources available in the area health care agencies to support the proposed program. Eleven items were identified. The ranking of the top ten ensued. The following shows the listing of a variety of resources, points assigned by the member (using the same method as above), and the ranking:

**Resources Identified by the Members:**

<b><u>Rank</u></b>	<b><u>Points</u></b>	
1	64	A. Preceptorship in Nursing Administration - VNA - Home care - Hospitals.
2	51	B. Employment in: - Home care - Community health care.
3	50	C. Hands-on clinical experience - assessment at clinics (Saginaw County Health Department).
4	45	D. Arena for research activities and support dollars.
5	44	E. Staff for preceptorship on hospital Staff & MD's offices (Saginaw Cooperative Hospitals Inc.).
6	39	F. Financial Assistance and time for studies (also VA scholarships for MSN students).
7	33	G. Mental Health - geriatric consul- tation (Federal dollars available).
8	31	H. Position available for training geriatric health care team (Area Health Education Center).
9	30	I. Position for Administration in community health.
10	27	J. VA outreach clinic has position for a nurse prepared at MSN level.
11	8	K. Potential students (VNA).

The highlights of the above resources identified by this group include:

- Preceptorship in nursing administration is ranked as the highest of all other resources listed. For example, the preceptorship arrangements will be available at Visiting Nurses Associations, home care agencies, and hospitals.
- Employment opportunities are the resources ranked as the second priority. These positions will be available especially in the home care agencies and the community health agencies.
- Also available are the agencies for clinical placement of the students. For example, opportunities for hands-on experience in the area of assessment are available in clinics at Saginaw County Health Department. This item is ranked as the third priority.
- Availability of an arena for nursing research activities and support dollars is ranked as the fourth priority.
- The next in rank is the availability of staff from Saginaw Cooperative Hospitals, Inc., as preceptors at hospitals and at the physician's offices. (This was mentioned by a physician, whether or not this would be appropriate background as a preceptor for the MSN students is in doubt. However, the researchers interpret this as the opportunities for coordination and collaboration between nursing and medicine within the community).
- Financial Assistance and arrangement of time for graduate studies is ranked as the sixth resource item in priority. Also mentioned are VA scholarships available to MSN students.



- Federal dollars are available to encourage graduate studies in mental health and geriatric specialty, and to increase the number of experts in these specialties.
- The next item mentioned is a position available for MSN graduates for training geriatric health care team. This information was provided by the staff from the Area Health Education Center.
- The next item identified is the immediate and future positions in nursing administration available at community health agencies.
- Another position is available for MSN prepared nurses to work at a VA outreach clinic in the underserved area (tenth in rank).
- The item not included within the top ten resources but considered as a type of resource is the availability of potential students for the proposed MSN program.

**COMMUNITY TASK FORCE GROUP: SESSION II (January 2, 1986)**

Two additional members who were unable to attend the first session attended this session. One member, who is a faculty member of SVSC, indicated it would be more appropriate for her to be a member of the SVSC College-Wide Task Force Group. Therefore, she did not attend the second meeting.

The major questions addressed during this session were:

1. What may be the potential barriers to the development of the proposed MSN program?
2. What types of planning would be necessary in order to plan a successful MSN program?

The ideas, concerns, and opinions expressed relative to the above two questions are listed as follows. These items are not ranked or placed in priority order.

1. Where and how will qualified faculty be recruited?
  - Faculty with Ph.D.
  - Possible use of part-time faculty off season.
2. What is the availability of qualified preceptors in the area?
  - Academic
  - Experiential.
3. What are the funding sources?
  - Grant application from HHS
  - Need supported.
4. Will this be a full or part-time program?
  - Will part-time program be funded?
  - Cost effective?
5. Will a thesis or research project be required for graduation?
6. What will be the areas of specialty?
  - Administration
  - Business.
7. What are the sources of potential students:
  - Include unemployed nurses
  - Industrial nurses.
8. Is it possible to offer a combined BSN and MSN?
9. What are the opportunities for collaborative research with:
  - MBA program
  - Physicians
  - Industry
  - Occupational health group.
10. Are the facilities adequate?
  - SVSC
  - Offices
  - Classrooms
  - Research facilities
  - Library resources.
11. What are the clinical facilities?
  - Non-competitive time and spaces.
12. What are the funds for students?
  - Scholarships
  - Other?

13. Are physicians potential employers or competitors?
14. What are the market needs?
  - Price people out of a job?
15. What are realistic job potentials?
16. What are the sources of encouragement/support to potential MSN students?
17. What are cost effectiveness potentials?
18. Is there a need for upgrading the existing system?
19. How will competencies of MSN be articulated?
20. Is there a need for MSNs in nontraditional settings? - use of forecasting.
21. How do needs change over time?
22. What marketing strategies will be used for the MSN program?
23. What will be the admission criteria?
  - Deficits to be corrected?
24. Will the GRE be required?
25. Are the goals of the faculty in consonance with potential students?
26. In the selection process ask potential students re:
  - future employment
  - future goals.
27. What are the advancement opportunities in an organization?
28. Will advanced preparation impact reimbursement?

The topics of discussion during the session can be classified into four main areas: (1) resources, (2) the manner in which the proposed program is offered, (3) determining market needs, and (4) opportunities for the

graduates. The summary of the discussion of these four areas ensues.

**Resources Needed for the Proposed Program:**

Monetary resources, facilities, faculty and clinical areas were addressed. One of the areas the group was concerned about was the source of funding, e.g., whether or not a grant will be obtained and to what extent the college is committed to provide continued financial support for the continuation of the program, and whether or not the proposed program would be cost effective was another concern raised by this group.

Whether or not the college has appropriate kinds and number of facilities to support the proposed graduate program was another area of concern. The college should provide office spaces, classrooms, research facilities, and library resources for the proposed program.

Where and how the college will recruit qualified, Ph.D.-prepared faculty, was an area of primary concern by the group. Providing competitive salaries and recruiting part-time faculty from other colleges during summer months were some of the ideas generated by this group for recruitment of qualified faculty.

Another area addressed was availability of adequate clinical facilities and qualified preceptors. Although obtaining clinical sites may not be a major problem, recruitment of experienced preceptors who have appropriate academic background may take some effort.

### **The Manner In Which The Program Will Be Offered:**

The group members were curious as to how the program would be provided. Whether the program will accept part-students or limit its admission to full-time students; whether a thesis or field research will be required; and whether GRE is to be taken prior to application. Another area discussed was how the areas of specialty and functional role would be determined. The program also needs to determine what MSN graduates can really do.

### **Determining the Market Needs:**

What are the market needs? How will needs change over time? These were two questions posed for discussion. The program must be geared toward the type of nursing service needed within the next few years, as well as, toward meeting the changing needs of the people in the area. The program also must plan to assess the sources of potential students and their learning needs. Impact of recent changes in economic status of the health care agencies must also be taken into account. Some expressed concern about future employment opportunities and questions as to whether or not MSN degree holders would price themselves out of positions. Sources of funds for students should also be considered. What other type of support is available to the potential students? What will be the incentives for them to go on with graduate studies? What are some of the ways to market the proposed program?

Although the session ended with more questions than answers, this session provided the researchers with a number of areas to be considered with as the feasibility study continued. The group members actively participated in the discussion and concluded the session with the request that they continue to be informed about both the status of the feasibility study and the planning of the program.

This section reported the outcome of the Community Task Force Group. The next section reports the outcomes of the SVSC Nursing Alumni Task Force Group.

### SVSC NURSING ALUMNI TASK FORCE

Seven members of the SVSC Nursing Alumni Association attended the January 28th meeting. As the members were contacted by the researcher by phone, the alumni members expressed much interest in the proposed program. The members who attended this meeting were from a variety of health care agencies and various positions within the agencies. One member was a director of a nursing service in a medium sized hospital, another member was a supervisor of a home care agency. Other members included head nurses and nursing supervisors of acute care hospitals and staff nurses. One member was about to complete a masters degree in Nursing.

Using the Nominal Group Process, the members addressed the following two questions:

- A. What would motivate you to enroll in a MSN program if developed at SVSC?
- B. What would be the barriers for you to enroll in a MSN program if developed at SVSC?

In a relatively brief time the group identified five important items for ranking. The members were asked to assign points to the five most important items, (5 points to the most important, and 1 point to the fifth item in importance).



The following lists the responses of the members for each of the above questions. The responses are listed in the order of priority as identified by the members.

**The Motivators:**

<u>Rank</u>	<u>Points</u>	<u>Motivators</u>
1	23	Type of specialty offered: <ul style="list-style-type: none"> <li>- Medical-Surgical</li> <li>- Parent-Child</li> <li>- Community Health</li> <li>- Psychiatric</li> <li>- Administration.</li> </ul>
2	21	Pursue an advanced role/ Job advancement in Tri-City Area: <ul style="list-style-type: none"> <li>- Administration</li> <li>- Education</li> <li>- Clinical Specialist.</li> </ul>
3	18	Part-time program for working nurses.
4	11	Proximity.
5	9	Number of credit hours required for graduation - 45 vs. 60.
6	6	Tuition lower than others.
7	5	Better employment opportunities <ul style="list-style-type: none"> <li>- Practicum experience as a stimulus to future jobs.</li> </ul>
7	5	Personal commitment to higher education.
8	2	Work experience count as clinical (?).
8	2	Reputation of the BSN program.

Other responses not identified among the top five priorities by the members were:

- a. Financial assistance to be made available to the MSN students,
- b. Employer support/schedule adjustment,
- c. Availability of faculty to students, and
- d. Likely to attain NLN accreditation.

The highlights of the motivators identified by the alumni members were as follows:

- What motivates potential students the most would be if the specialty of choice is offered at SVSC. The areas of specialty the members identified include: medical-surgical, parent-child, community health, psychiatric, and administration.
- Upon earning the MSN degree they could pursue an advanced role within the Tri-City area. These roles were identified as: administrator, educator, and clinical specialist.
- The program would likely be geared toward part-time students in the area health care agencies.
- Proximity is important for those who have family and work responsibilities in the college service area.
- A number of credit hours are not excessive. Forty-five credits are tentatively planned for the proposed program, which appeals to them and would be more attractive than a program which require sixty credits.
- The tuition at SVSC is lower than other graduate programs in Michigan.

- An MSN degree would provide them with better employment opportunities. The practicum experience provided in the MSN program may become a stimulus to the attainment of future jobs.
- The program would appeal to them if their experiential backgrounds were counted as a part of clinical. (This is a desire of the member and was not presented as a part of the proposed program.)
- The BSN program is reputable in the area and the MSN program would likely be accredited.
- Other motivators mentioned but not entered into the top ten ranking of motivators include: financial assistance and employer support by way of work schedule accommodations and other incentives. Availability of the faculty to students was mentioned as another factor that would motivate the student to choose a MSN program.

Among the barriers to a MSN program were the following:

**The Barriers:**

<u>Rank</u>	<u>Points</u>	<u>Barriers</u>
1	30	Demand to take a full load each term - Time factor - Cost factor.
2	19	Conflict with work schedule
3	16	Limited program focus - Major - Emphasis.
4	11	Travel to outside Saginaw area - Resist travel over 40 miles.
5	10	Thesis requirement.
6	7	Pre-requirements - Non-NLN accredited program graduates?

<u>Rank</u>	<u>Points</u>	<u>Barriers</u>
7	6	Practicum experience at competitor agency.
8	1	Conflict with family.
8	1	Transfer credits from MBA?

Other responses identified but, not listed as the top five priorities included:

- a. Nursing research required as partial requirement,
- b. Parking availability, and
- c. Library resource accessibility on weekends.

The highlights of the above barriers as identified by the member of the Alumni Task Force Group included:

- The demand to take a full load each semester would be a barrier to pursuing a MSN degree in terms of both cost and time. It would be impossible to maintain a full-time position as a registered nurse and still engage in full-time graduate studies.
- A limited program focus which did not match with individual preference would be another barrier to choosing the SVSC program. If one chose the SVSC program depends on what type of specialty and functional role the program concentrates.
- Having to travel outside the Tri-City area to commute to school would definitely be a barrier for the choice of the graduate program. Some members stated that they "RESIST" driving over 40 miles (one way)!
- Prerequisite and thesis requirements would be other barriers. The respondent would prefer that an alternative to these requirements be considered.

- Other barriers mentioned by this group include: practicum experience at competitor agency, conflict with family and conflict with family responsibilities.
- One member asked whether or not the credits toward his MBA would count toward the MSN degree.

This section described the outcome of the discussion which took place at the SVSC Alumni Task Force Group. The following section reports the outcome of the SVSC Nursing Faculty Task Force Meetings.

### **SVSC NURSING FACULTY TASK FORCE GROUP**

The Nursing faculty group met twice, (January 15th and February 12th), examining the feasibility of the proposed MSN program. All available faculty members of the department participated in the discussions for approximately two hours each meeting. This group focused its discussions based on the following two questions:

1. What academic considerations should be addressed related to the development of a graduate Nursing Program at SVSC?
2. What administrative and financial plans do you think we should address?

The reports from each of the two sessions follows.

### Session I (January 15th for 1 1/2 hours)

During the Session I, the faculty addressed the first question as stated above. The following items/questions were identified as areas of academic considerations in relation to the development of a graduate nursing program at SVSC. The Nominal Group Process was used to identify the items. They are ordered according to the greatest weight assigned by the faculty.

<u>Rank</u>	<u>Points</u>	<u>Academic Considerations</u>
1	42	Adequate number and preparation of the faculty. <ul style="list-style-type: none"><li>- Will the faculty come from the current 14 positions or from outside?</li><li>- Match of faculty expertise with the focus of the program.</li></ul>
2	37	Maintain accreditation for the BSN program <ul style="list-style-type: none"><li>- Timing of the development of a MSN program?</li><li>- What will happen to the current "RN to BSN" program?</li></ul>
3	32	Organizational plan for the curriculum.
4	31	Possibility of testing academic policies and requirements before implementation <ul style="list-style-type: none"><li>- Thesis vs. other requirements for graduation.</li><li>- Congruency of college and department policies.</li><li>- Admission criteria (prerequisite, BSN or BS/BA from other field?)</li><li>- Size of the program, part-time or full-time offering?</li></ul>

<u>Rank</u>	<u>Points</u>	<u>Academic Considerations</u>
5	30	Potential students. - Characteristics - Needs
6	29	Program focus congruent with college mission. Research vs. teaching focus?
7	21	Appropriate learning resources. - Library - Clinical facilities, and - Preceptors.
8	13	Content area of concentration.
9	12	Market for potential students. - Similar programs exist in the area?
9	12	The presence of a MSN program would increase the number of qualified faculty in both BSN and MSN programs. - Facilitate recruitment
11	11	Sufficient number and quality of cognate courses at SVSC (graduate level).

The highlights of the group's concerns, interests, and questions include:

- The greatest concern the Faculty of the Department of Nursing had regarding the proposed program is to what extent the faculty of the BSN program would become involved with the proposed MSN program. The faculty expressed concerns toward their lack of time and expertise to accommodate a new program at a graduate level. They asked for clarification regarding the organizational structure if a proposed program is to be included in the department. Their question is whether or not new faculty members with a Ph.D. would be recruited. If so, how many?



- Another concern expressed by the faculty members is the timing of the development of a MSN program. The current faculty members felt that maintaining the accreditation status of the BSN program is a priority over the proposed program. They also questioned what would happen to the RN and BSN program when a MSN program begins.
- If a new program is to be developed, a structured plan should take place for the development of the curriculum.
- Academic policies and requirements should be developed and tested prior to more permanent implementation. The areas of special concern included:
  - Whether or not a thesis is required for graduation.
  - How to deal with meeting both departmental and college policies.
  - What are the admission criteria?
  - What is the projected MSN enrollment?
  - Will the program be full- or part-time?
- Another area of concern raised by the faculty is how to identify the characteristics and learning needs of the potential students.
- There is concern for the possibility that the program focus may not be congruent with the college's mission.
- The students of the proposed program should be provided with appropriate learning resources and adequate facilities. This includes: library holdings for graduate level studies, clinical facilities, and qualified preceptors.

- Content areas of concentration should be determined according to the needs of the constituent groups.
- What is the market size of the potential students? Do similar programs exist in the area?
- The presence of a MSN program would attract faculty with Ph.Ds., which in turn would benefit both MSN and BSN programs.
- Availability, quality, and quantity of cognate courses should be identified through collaboration with other graduate programs within SVSC.

**Session II (February 12, 1986 for 1 1/2 hours)**

At the second meeting the group focused the discussions on administratively related areas of concerns for the proposed MSN program. The nominal group process was again used. The following described the result of the meeting.

<u>Rank</u>	<u>Points</u>	<u>Areas of Concern</u>
1	18	Adequate support: <ul style="list-style-type: none"> <li>- Budgetary</li> <li>- Staff</li> <li>- Library</li> <li>- Advising</li> <li>- Computer facility</li> <li>- Student facility</li> </ul>
2	17	Organizational Structure. <ul style="list-style-type: none"> <li>- Structure of the department,</li> <li>- Responsibility of the chairperson, and</li> <li>- Program organization.</li> </ul>
3	17	Administration's commitment to recruitment and retention of faculty.
4	11	Informing other departments about the program as well as receiving their input.

<u>Rank</u>	<u>Points</u>	<u>Areas of Concern</u>
5	7	Research facilities.
6	6	Practicum - availability of clinical facilities and preceptors.
6	6	Teaching at both graduate and undergraduate levels - how teaching load is handled.
8	4	Whether the program is going to be offered full-time or part-time: <ul style="list-style-type: none"> <li>- Would a part-time program be approved or funded?</li> <li>- Are there part-time programs in other graduate schools?</li> </ul>
8	4	Size limitations.
10	3	Admission standard.
10	3	Grant probability and follow-up commitment of the college.

Other items mentioned by the faculty but not entered above included:

- a. Combating with "expensive" image on campus (the Nursing Department is seen by the campus community as an expensive program),
- b. Outreach program offering,
- c. Summer courses,
- d. Graduate assistantships, and
- e. Release time for faculty (the faculty request that the release time be provided for scholarly activities).

It is evident from the above list that some of the items identified were dealt with during the first session. Two meetings that took place one month apart for this group may have caused the faculty to lose track of the items that were already discussed and other items that were to be discussed. Keeping academic concerns and administrative concerns separate for discussions were also difficult. Concerns,

questions, and ideas contributed by the faculty during the second session however, were related more to minor details than those discussed during the first session. Highlights of some of the items discussed are as follows:

- The need for adequate budgetary support is the item of most concern among the faculty members. The discussion included adequate staff, library, advising, computers, and student facilities.
- Again the organizational structure is the second ranked area of concern. The questions such as "What would be the structure of the Department?" and "What would be the responsibilities of the chair?" were raised.
- Administration's commitment to recruitment and retention of the faculty members is the third ranked administrative concern.
- The group recommends that the department should keep other departments informed about the proposed program as well as to receive input from them.
- The group wants to know how the teaching load will be handled if a faculty member was to teach both at the undergraduate and graduate levels.
- The faculty is also curious about the probability of a grant being offered and whether or not the college is willing to make a continued commitment to support the program.
- Another area of concern is how to deal with our "expensive" image across the campus.
- Other areas mentioned include: whether or not the proposed program accounts for "out-reach" offering, plan for the summer courses, provision for graduate assistantships and release time for faculty for research activities.

This section described the concerns, issues, and questions posed by the faculty of the School of Nursing. The major concerns of the faculty are the extent of their involvement in the program and the timing of the development of the proposed program. After the Dean of the School of Nursing clarified many of their questions, the group contributed their ideas more freely relative to the proposed program. The next section reports the results of the SVSC College-Wide Faculty Task Force Group.

### **SVSC COLLEGE-WIDE FACULTY TASK FORCE GROUP**

Seven faculty members across various disciplines attended the January 23rd meeting. The meeting lasted two hours, again using the nominal group process. This group also addressed the same two questions that were dealt with by the Nursing Faculty Group, they were:

1. What academic considerations should be addressed related to the development of a graduate Nursing Program at SVSC?
2. What administrative and financial plans do you think we should address?

In regards to both questions, the following areas of concerns and questions were identified. The items were again ranked from the most important to the least important as follows.

<u>Rank</u>	<u>Points</u>	<u>Areas of Concern</u>
1	18	Cost benefit analysis of needs assessment.
1	18	Flexibility in purpose - respond to needs and trends of the future. Capture the future in the program.
3	14	Faculty availability: <ul style="list-style-type: none"> <li>- Recruit new faculty,</li> <li>- Increase in faculty,</li> <li>- Qualification,</li> <li>- Stability/mobility of faculty,</li> <li>- Recruitment of Ph.D. faculty.</li> </ul>
4	12	Financial and logistic support from administration.
5	9	Quality/standards for admission, retention and graduation: <ul style="list-style-type: none"> <li>- Subjects needed, credit hours,</li> <li>- Establish a core,</li> <li>- Flexibility in number of hours,</li> <li>- Qualified students or interested students.</li> </ul>
6	6	Cost effectiveness: <ul style="list-style-type: none"> <li>- Allocation of resources</li> </ul>
7	1	Placement of graduates in mainstream careers (integrations): <ul style="list-style-type: none"> <li>- Job availability</li> </ul>

Other items identified but not included as high priority items:

- a. Number of students in terms of long-term and short-term,
- b. Adequacy of faculty's administrative and/or clinical skills,
- c. Sufficient community support in the direction identified by educators,
- d. Relationship of MSN degree to Ph.D. (Our MSN qualify for admission in Ph.D. programs elsewhere?),
- e. Identify competition,
- f. Data re: impact of new MSN program on current BSN program, and
- g. Student recruitment
  - proximity of students,
  - non-mobile nature of students,
  - adequate enrollments,
  - identify the unique feature (e.g., part-time), and
  - specialization is a limitation.

This group raised many concerns and questions that other groups had not identified. The group also shared their insights from the experience gained within their own graduate programs or disciplines. The highlights of the meeting are described below.

- The group is interested to know to what extent the feasibility study will be helpful for the future planning and implementation of the program.
- The group felt the program should be built with flexibility in mind to accommodate trends and changes in the future.
- The group is concerned about the availability of qualified faculty. Some of the questions raised include: Will the new faculty be recruited? Will the members of faculty increase beyond the current department level? What qualification would be required of a faculty member? How recruitment and retention of the faculty be dealt with?
- Another concern is to what type of financial and logistic support will be provided by college administration.
- Also raised are the concerns in academic matters such as admission criteria, content area, and graduation requirements.
- Cost effectiveness of the program are another area of concerns identified.
- The final item of concern is whether or not our graduate would have jobs matching their academic background.
- Other items mentioned are similar to those identified by the Nursing Faculty Group.
- Some of the general concerns listed by this group at the end of the session included:



- A new program cannot entirely depend on soft money. Administration's commitment for continued support must be present from the outset.
- How do we deal with a new program when there are staffing problems campus-wide.
- How can the program be developed to minimize the gap with the work world?
- Will there be cognate courses outside nursing that can be used, or will special courses be developed for this purpose?

This section reported the results of the SVSC College-Wide Faculty Task Force meeting. This group meeting was beneficial in that a new set of questions and concerns were raised by this group from a college faculty's perspective.

## **SUMMARY OF THE RESULTS OF THE TASK FORCE GROUP METHOD**

This section described the results of four separate Task Force Groups that represented various constituent groups. The need for a MSN program was identified through the perspectives of both potential students and potential employers. Issues and concerns were also identified by each of the Task Force Groups. Data obtained through this method were used for the development of three different survey questionnaires, as well as, to make a judgement about the feasibility of developing the program.

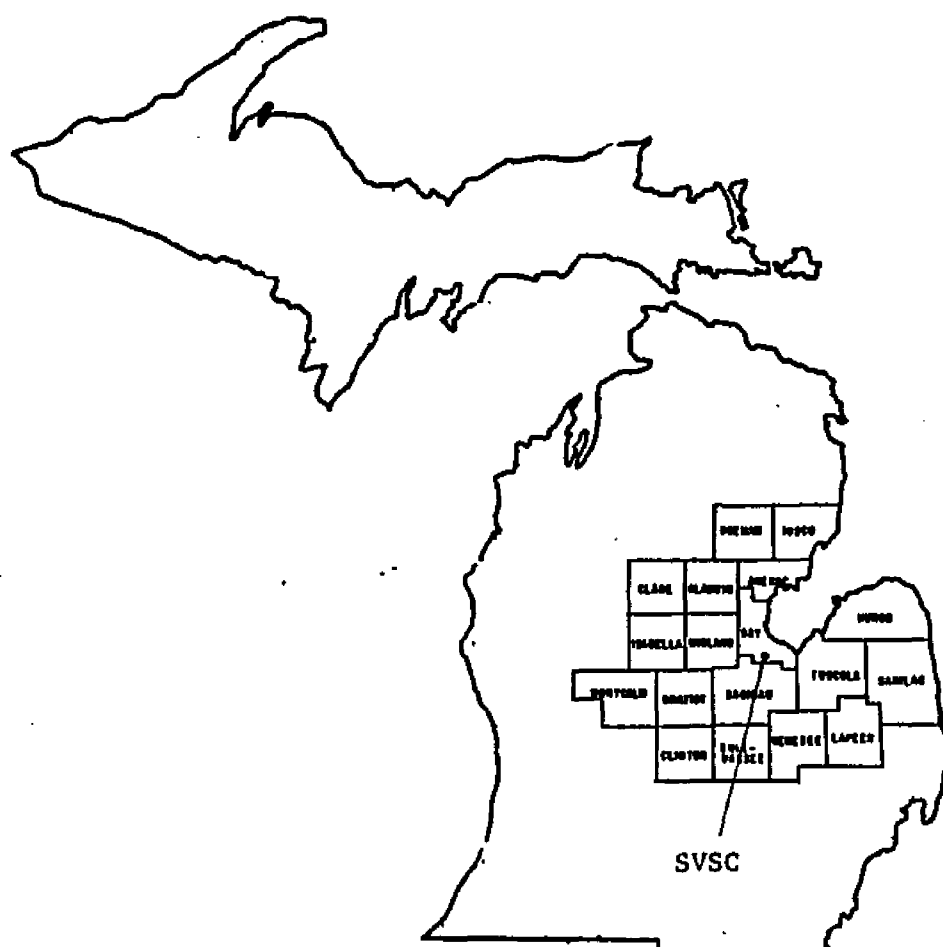
The next section will describe the data obtained through the social indicator method.

## **SOCIAL INDICATORS METHOD**

The purpose for including the social indicators in the feasibility study was to supplement the information obtained through surveys and Task Force Method in an effort to show the types of need and evidence of each in relation to the proposed program. Social indicators were also used for establishing a data base prior to conducting the surveys.

This section describes demographic and statistical data that identify the size and the population characteristics of the area within 50 miles of SVSC. Included in this area are 10 counties and parts of eight other counties as shown in Figure 6.

**Figure 6. SVSC and the Surrounding 18 County Area.**



Data described here include demographic profiles and trends, social and economic characteristics, and health statistics. Data in regards to health care services and nurse manpower projection will also be addressed.

#### Characteristics of the Population in 18 County Area

The total population of the 50 mile area in 1980 was estimated as 1,226,022 (Michigan Statistical Abstract, 1982-83, p. 26-33). This number is projected to increase to 1,256,290 by the year 1990 (Michigan Department of Management and Budget, 1985), a net gain of 30,268 between 1980 and 1990. Between 1970-1980 this area showed a population increase of 11.5% while increase between 1980 and 1990 has been predicted to be minimal.

The racial composition of the entire 18 county area (all demographic data described below have been drawn from the Michigan Statistical Abstract, 1982-83) is as follows:

White	87.4%
Black	8.2%
Spanish origin	2.2%
American Indian	0.5%
Asian	0.3%
Other	1.3%

Sixty-five percent of blacks and 75% of those with Spanish origin live within three counties: Bay, Genesee, and Saginaw.

The percentage distribution of the area population by age in 1970 and 1980 include:

	<u>1970</u>	<u>1980</u>
17 years or younger	38.00%	30.94%
17-65 years	52.27%	57.96%
65 years or older	9.73%	11.10%

Note that the percentage for those with 17 years or younger has decreased while the percentage of those with 65 years or older has increased.

Live birth rates of Michigan in 1970 were 2,584.5/1,000 women while it has decreased to 1,761.5/1,000 women in 1980. Maternal and infant death in Michigan have also decreased as shown below.

	<u>1970</u>	<u>1980</u>
Maternal death	29	16
Fetal death	2,060	1,176
Perinatal death	4,522	2,276
Under 1 year death	3,492	1,851

Life expectancy of the Michigan residents compared to that of the entire U.S. are shown as follows: (Data specific to 18 county area not available.)

		<u>1970</u>	<u>1980</u>
Michigan	Male	70.0	70.2
	Female	76.8	76.9
		<u>1976</u>	
U.S.	Male	69.9	
	Female	77.6	

Number of deaths from six leading causes among Michigan residents in 1970 and 1980 is shown as follows.

	<u>Heart Disease</u>	<u>Cancer All Forms</u>	<u>Cerebral Vascular Disease</u>	<u>Accidents</u> <u>Motor Vehicle</u> <u>All Forms</u>		<u>Diabetes</u>	<u>Pneumonia and Influenza</u>
1970	29,204	13,551	7,691	2,309	4,428	2,180	2,101
1980	29,790	15,828	6,164	1,880	3,627	1,467	1,808

### Socioeconomic Data

Median income of the families of the 18 county area according to the 1980 census is \$18,642 while that of the families throughout Michigan is \$22,108. The percent of the persons living in households with income below the poverty level in the 18 county area is 11.8 compared to that of 10.4 in the State of Michigan.

Unemployment rate of the 18 county area ranges from 17.6% (Genesee and Shiawassee counties) to 8.1% (Isabella County) in 1980. All but three of the 18 counties showed an unemployment rate of over 13%. In 1982, the rate was as high as 20.2% in two counties. Unemployment rate in Michigan in 1982 was 15.5% while that of U.S. was 9.7%. As the economic conditions improved over the past three years, the rate of unemployment decreased slightly compared to the 1980-82 rate.

Over the decade from 1970 to 1980, this area had experienced a great deal of increase in the educational level of the residents. In 1970, the percentage of high school graduates (person 25 years and older) was 50% while a

15% increase in the percentage of high school graduates had been observed by the 1980 census.

The above data briefly scanned the demographic and socioeconomic characteristics of the 18 county area. It was the author's intent to describe health care needs of the entire 18 county area as a part of the feasibility study. However, such extensive data are not readily available. Therefore, the local data available in Saginaw County will be presented here.

During the Fall of 1985 the United Way of Saginaw conducted a community-wide needs assessment for health care and human services in Saginaw County. The highlights of the study will be described in the following section.



## **UNITED WAY NEEDS ASSESSMENT**

The survey was conducted by the United Way of the Saginaw County to assess the scope and intensity of community need for human service programs (United Way of Saginaw County, 1986).

### **Background of the Study**

The following describes the characteristics of Saginaw County as described by the study group:

1. Saginaw County's current population is 220,200. Although there have been steady increases in population between 1941 and 1981, it is not expected to grow in the near future.
2. Minorities will continue to constitute 20% of the county's population. Minorities are expected to grow as a percent of the population with the greatest concentration in the City of Saginaw.
3. Individuals within the 34-54 age range are increasing as a percent of population. The number and percentage of the population 75+ years old will also increase.
4. Rising costs will continue to cause changes to occur in health care delivery systems.
5. A large percentage of women with children under six will remain in the work force.
6. Local unemployment will continue to decline but will remain above the national average.
7. Most of the growth in employment will occur in companies employing 29-99 persons. Manufacturing will continue to provide most area jobs, however, increasing employment will occur in the service and professional categories.

## Survey Findings

In order to conduct this study, three populations were identified: general public, service providers, and key community leaders. Description of the major problems identified by the survey follows.

All groups surveyed agreed that drug, alcohol abuse and child abuse-neglect constitute the largest problem for the community.

Among other health related issues and concerns identified by the general public group included (in the order of weights assigned by the respondents):

1. Lack of supervised community housing and adult foster care for persons unable to care for themselves.
2. Lack of low-cost health care.
3. Lack of birth control counseling for teenagers.
4. Lack of public awareness about mental retardation.
5. Lack of services for teenage mothers.
6. Violence against elderly family members.
7. Lack of financial assistance to cancer patients.
8. Lack of community service for chronic severely mentally ill persons.
9. Lack of rehabilitation programs for persons suffering from crippling disabilities.
10. Lack of community mental health services for needy persons experiencing depression or marriage and family problems or funding for such services.

11. Lack of available assistance to individuals with mental retardation.
12. Lack of information related to health care issues.
13. Lack of housekeeping assistance for ill people.
14. Lack of in-home skilled nursing care.

This study revealed a number of problems that needed collaborative efforts among many disciplines and agencies. The data provided by this study also is very valuable for the nursing profession in the community.

In this section, the results of the United Way Needs Assessment Report was presented. As a part of the social indicators, the next section deals with health care agencies of the 18 county area.

## HEALTH CARE AGENCIES WITHIN 18 COUNTY AREA

The 18 county area surrounding SVSC has all types of health care agencies ranging from facilities capable of open heart surgeries to rehabilitation hospitals and home-care agencies. The chart below lists the type and number of health care agencies as listed by the Michigan Department of Public Health:

Health Care Agencies in the 18 County Area  
(Within 50 Miles from SVSC)

<u>Types of Agencies</u>	<u>Number of Agencies</u>	<u>Total Bed Capacity</u>
Hospitals with bed capacity over 150	13	3,954
Hospitals with bed capacity below 150	21	1,674
Nursing care facilities (long-term care units, medicare and medicaid certified)	31	3,545
Facilities for psychiatric or developmentally disabled persons	2	930
Community health agencies/visiting nurses associations (medicare certified)	10	--
Home health care agencies (medicare certified)	12	--

The above presented the type and number of health care agencies in the 18 county area (within 50 miles from SVSC). The following describes national, state and local statistics related to the nursing profession.

## LOCAL, STATE AND NATIONAL STATISTICS RELATIVE TO REGISTERED NURSES

According to the Institute of Medicine study (1983, p. 65), it was estimated that there were 1,360,000 active RNs in the nation in 1982. Expressed as a population ratio, the supply of RNs per 100,000 population was 572. It has been reported during the 60's and 70's that there were critical shortages of registered nurses. On the contrary, the supply of the registered nurses doubled between 1960 to 1980. The problem of registered nurse supply in the 80's is no longer the shortage of the absolute number of the registered nurses, but a disproportionate number of RNs in each category of educational preparation. As of 1980, of the overall nation-wide supply of approximately 1.27 million employed RNs, 20% had an associate degree as highest level of educational attainment, 51% had a diploma, and 29% had a baccalaureate or higher degree. RNs with an associate degree (ADN) or diploma still occupy many high level nursing positions. As the health care system becomes more complex, nurse managers, specialists and educators will be required to be much more sophisticated in professional as well as managerial competence. As estimated by the intermediate projection model by the Institute of Medicine Study (1983, p. 77), the proportion of baccalaureate or higher degree RNs is expected to increase to 36.3% and ADN to 27% of all practicing RNs by 1990.

The number of nurses with diploma or ADNs who go on to receive baccalaureate degree is also growing steadily. It

is predicted that almost 40% of the addition to the baccalaureate degree graduate in 1990 would come from this population.

Nationally in 1980, 44,700 (3.5% of total active RNs) had masters degrees. The numbers and distribution of masters in nursing programs in the colleges and universities across the nation have increased substantially during the past 20 years--from 43 to 141 (Institute of Medicine, 1983, p. 141). Each year, two percent of the BSN graduates go on to receive MSN degrees. If this continues at the same rate there will be approximately 125,000 MSNs in the U.S. by 1990, which is 7.3% of the total RN supply using the projection model adapted by the Institute of Medicine Study Group (1983, p. 77).

However, this number is much lower than the 256,000 for 1990 projected by the Department of Health and Human Services using the Western Interstate Commission on Higher Education (WICHE) model. The WICHE model is a judgement of criteria model, recommended by a panel of professionals who projected the number of MSNs. The former model adapted by the Institute of Medicine Study Group is a model based on the historical trend of a nurse manpower needs. Obviously, the WICHE model is more a professional standard or in other words a desired state of the profession which will require much more vigorous efforts if it were to be attained.

Addressing the future supply of registered nurses in the nation, the committee of the Institute of Medicine Study

identified problems that cannot be resolved by merely increasing the supply of nurses with basic education, but can be alleviated by increasing the supply of nurses with advanced education. The committee concluded:

Unlike the situation with respect to basic supply of generalist nurses, where we have found the likelihood of a general balance between supply and demand in 1990, there is both a serious current and probably 1990 shortage of nurses educationally prepared for administration, teaching, research, and advanced clinical specialties ... , there is such an obvious gap between the present supply and educational capacity of the system on the one hand even conservative estimates of future advanced positions required on the other, that existing program capacity and sources of student support at the graduate level should be expanded (p. 149).

The nation-wide statistics and problems cited above also are true in Michigan and the Saginaw area. According to Michigan State Health Plan 1983-1987 (1983 p. 59), there were 41,800 registered nurses (full-time equivalent), which provide a supply of 445 RNs per 100,000 population. It is estimated that the number of RNs will increase to 52,000 (526 per 100,000) in 1990. Distribution of RNs by educational background in 1979, and projection for supply and demand for 1990 are as follows:

<u>Educational Preparation</u>	<u>1982 Supplies FTE Per 100,000 Population</u>	<u>1990 Projection</u>	
		<u>Supply FTE Per 100,000 Population</u>	<u>Demand FTE Per 100,000 Population</u>
ADN/Diploma	337 (75.7%)	349 (66.3%)	296 (58.5%)
BSN	91 (20.4%)	145 (27.6%)	170 (33.4%)
MSN	16 ( 3.6%)	30 ( 5.7%)	37 ( 7.3%)
Doctorate	<u>1</u> ( .2%)	<u>2</u> ( .4%)	<u>3</u> ( .6%)
Total	445	526	506

(Adapted from the Michigan State Health Plan, 1983-87, 1983, p. 73.)

As shown above, there will be an excess of ADN/diploma nurses but a significant under-supply of BSN, MSN and doctorate nurses in the State of Michigan by 1990. Thus, if the actual 1990 supply is to match 1990 demand, educational capacity will have to be changed to graduate fewer ADN/diploma nurses and more BSNs or higher degree nurses.

Locally in the 14\* county area surrounding SVSC, distribution of RNs by educational background in 1979 and number projected for 1985 for total supply was as follows:

	<u>1979 (Actual)</u>	<u>1985 (Projected Supply)</u>
ADN/Diploma	2,676 (86.0%)	2,450 (78.2%)
BSN (BS/BA)	358 (11.5%)	578 (18.5%)
MSN	75 ( 2.4%)	102 ( 3.3%)
Doctorate	1 ( 0.0%)	Not Available
Total	3,110	3,130

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\*Eighteen county area data are not available therefore, the 14 county area data will be addressed (East Central Health Systems Agency, Inc., 1981).



As of December, 1985, there were 5,631 registered nurses in the surrounding 14 county area (Michigan Board of Nursing, 1986). According to national statistics three-fourths of the registered nurses are known to be employed (Institute of Medicine, 1983, p. 65). Thus, the approximate number of active RNs as of December 1985 in 14 county area is 4,223. Taking the population of this 14 county area of 835,184 in 1985, the RN supply for this area as of 1985 would have been 506 per 100,000 population. This number is beyond what has been projected for 1985 (485 per 100,000 calculating from 1990 projection of Michigan data described above). However, these data are estimates, and must be carefully interpreted in light of slow population growth or even loss in this area in the past five years.

Current data on distribution of RNs by educational background is not available locally. Extrapolating from 1980 and 1990 data in Michigan, distribution of RNs by educational background is approximately as follows:

	<u>Percent Projected for 1985</u>	<u>Number of 1985 as Estimated</u>
ADN/Diploma	71.0%	2,998
BSN	24.0%	1,013
MSN	4.7%	198
Doctorate	.1%	42

From the researcher's observations of the surrounding 14 county area it is unlikely that such a distribution had been attained as of 1986.

In this section national, state, and local data related to nursing has been presented as they related to the distribution of RNs by educational background. It is evident from above that the shortage of the absolute number of RNs is no longer present according to historical projection model, but the lack of sufficient number of RNs with higher academic preparations is the primary concern.

#### **SUMMARY OF SOCIAL INDICATOR METHOD**

The information obtained through existing data relevant to the planning of the proposed MSN program have been presented above. Included in these information were demographic characteristics and socioeconomic statistics related to the population in the surrounding 18 county area as well as national, state, and local statistics related to the registered nurse population. The data presented above will be taken into account as the survey data and the data collected through the Task Force Group method are to be analyzed in the next chapter.

## **SECTION TWO: THE RESULTS OF THE EVALUATION OF THE NEEDS ASSESSMENT**

This section reports the evaluation of this needs assessment according to three phases: preparation, implementation, and outcome.

### **Phase I: Evaluation of the Preparation Phase of the Needs Assessment**

A set of questions prepared by Stufflebeam (1985, p. 197) was used to evaluate this phase. The following reports whether or not the preparation phase of the needs assessment met the standards.

## Evaluation Results: Preparation Phase of the Needs Assessment

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
<b>Conceptualiza- tion of Needs Assessment:</b>			
Definition	How is needs assess- ment defined?	Yes	
Purpose	What purpose(s) will it serve?	Yes	
Research Ques- tions	What questions will it address?	Yes	
Information	What information is required?	Yes	
Audiences	Who will be served?	Yes	Addresses to decision makers at all levels.
Agents	Who will do it?	Yes, Partially	The relationship of the researcher to the study was not explained in the proposal.
Process	How will they do it?	Yes	
Standards	By what standards will their work be judged?	Yes	These standards were not avail- able when original proposal was prepared, but obtained as the study began.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
<b>Sociopolitical Factors:</b>			
Involvement	Whose sanction and support is required, and how will it be secured?	Yes	
Internal Communication	How will communication be maintained between the needs assessors, the sponsors and the system personnel?	Yes	
Internal Credibility	Will the needs assessment be fair to persons inside the system?	No	Not addressed in the proposal.
External Credibility	Will the needs assessment be free of bias?	Yes, Partially	Indicated in the methodology section (sampling method and procedure). The fact that researcher is an inside agent - a potential source of bias - is not addressed.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Security	What provisions will be made to maintain security of the information?	Yes	Addressed by compliance with a set of guidelines provided by the Committee for the Protection of Human Subjects
Protocol	What communication channels will be used by the needs assessor and system personnel?	Yes	
Public Relation	How will the public be kept informed about the intents and results of the needs assessment?	Yes, Partially	Plans for public dissemination of the results were not addressed completely in the proposal.
Contractual/ Legal Arrangements			
Client/Needs Assessor Relationship	Who is the sponsor, who is the assessor, and how are they related to what is being studied?	Yes, Partially	Relationship of the assessor and the subject being studied were not explained in the proposal.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Needs Assess- ment Products	What are the intended outcomes of the needs assess- ment?	Yes	
Delivery Schedule	What is the schedule of needs assessment activities and pro- ducts?	Yes	
Editing	Who has the author- ity for editing reports?	No	Not addressed in the proposal.
Access to the Data	What existing data may the needs assessors use, and what new data may they obtain?	Yes	
Release of Reports	Who will release the reports and what audiences may receive them?	Yes, Partially	Not explicit in the proposal.
Responsibility and Authority	Is it clear as to who is to do what in the needs assessment?	Yes	

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Finances	Have the necessary resources been determined and is it clear how they will be provided?	Yes, Partially	Budget plan was not included in the proposal, but treated as regular expense item of the School of Nursing.
<b>Technical Design:</b>			
Objectives and Variables	What is the needs assessment designed to achieve, in what terms should it be evaluated?	Yes	
Investigatory Framework	Under what conditions will the information be gathered, for example, case study, survey, site review, etc.?	Yes	
Instrumentation	What information gathering instruments and techniques will be used?	Yes	
Sampling	What samples will be drawn, and how will they be drawn?	Yes	



**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Information Gathering	How will the information gathering plan be implemented, and who will gather the information?	Yes	
Data Storage and Retrieval	What format, procedures, and facilities will be used to store and retrieve information?	Yes	
Data Analysis	How will the information be analyzed?	Yes	
Reporting	What reports and techniques will be used to disseminate the findings?	Yes, Partially	The plans for dissemination were not included in the proposal.
Technical Adequacy	To what degree will the needs assessment information be reliable, valid, and objective?	Yes, Partially	The survey instruments were pilot tested and revised, but not empirically.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
<b>Management Plan:</b>			
<b>Organizational Mechanism</b>	What organizational unit will be used to do the needs assessment (an in-house office of evaluation, a self-evaluation system, a contract with an external agency, a consortium-supported evaluation center, etc.)?	Yes	
<b>Organizational Location</b>	Through what channels could the needs assessment influence policy formulation and administrative decision-making?	Yes, Partially	Not fully explained in the proposal.
<b>Policies and Procedures</b>	What established and/or ad hoc policies and procedures will govern this needs assessment?	Yes, Partially	Complied with the policies of the Committees for Protection of Human Subjects at MSU and SVSC.
<b>Staff</b>	How will the needs assessment be staffed	No	Not included in the proposal.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Facilities	What space, equipment and materials will be available to support the needs assessment?	Yes, Partially	Facilities and equipment needed were specified for the group method, but not others.
Data Gathering Schedule	What instruments will be administered, to what groups, according to what schedule?	Yes	Clearly explained.
Reporting Schedule	What reports will be provided, to what audiences, according to what schedule?	No	Not addressed in the proposal.
Training	What training will be provided to what groups and who will provide it?	Yes	Instructions for the selection of appropriate subjects and the distribution of questionnaires were explained by a letter.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Installation of Needs Assessment	Will this needs assessment be used to aid the system to improve and extend its internal capability to assess needs?	No	Not indicated as such though this study will benefit the future needs assessment of the School of Nursing.
Budget	What is the internal structure of the budget? How will it be monitored?	No	Not included in the proposal. Expense was treated as regular expenses.
<b>Moral/Ethical/ Utility Ques- tions:</b>			
Philosophical Stance	What is the value base for the needs assessment?	Yes	
Service Orientation	What social good, if any, will be served by this needs assess- ment, and whose values will be served?	Yes	

# **Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Assessor's Values	Will the needs assessor's technical standards and his values conflict with the client systems and/or sponsor's values? Will the needs assessor face any conflict of interest problems? What will be done about possible con- flicts?	Yes, Partially	Identified by the researcher as <u>issues</u> to be taken into account as this study was con- ducted, but not made explicit in the proposal.
Judgements	Will the needs assessor identify needs or leave that up to the client? Or will the assessor obtain, analyze, and report the judgements of various reference groups?	Yes	The proposal indicated that the data will be collected from the various reference groups and existing data, but an ultimate judgement will be made by the client.
Objectivity	How will the needs assessor avoid being coopted and maintain his/her objectivity?	Yes	The proposal addresses the objectivity and limitations as study design and methodology were described.

**Evaluation Results: Preparation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Prospects for Utility	Will the needs assessment meet utility criteria?	Yes, Partially	Utility of information was a primary concern of the researcher, but standards per se were not available before the study was began.
Cost/Effec- tiveness	Compared to its potential payoff, will the needs assessment be imple- mented at a reason- able cost?	Yes, Partially	The study addresses this sub- ject as the survey design was explained, but its relation- ship to the study's payoff was not addressed.

## **Phase II: Evaluation of the Implementation Phase**

Following the format used for the evaluation of the preparation phase, the reports of the evaluation of the implementation phase are described as follows. The questions included in the reports were drawn from Stufflebeam, et al. (1985, p. 195).

## Evaluation Results: Implementation Phase of the Needs Assessment

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Job Perform- ance of the Assessor	Is the needs assessor on board doing the job?	Yes	During the weekly meeting with the Dean of the School of Nursing and Allied Health, researcher's job performance was reviewed.
Proper Imple- mentation	Is the plan carried out appropriately?	Yes	Monitored weekly by the researcher and discussed with the Dean on weekly basis.
Progress of the Study	Is the plan on schedule?	Yes	Monitored on a weekly basis.
Soundness of Instruments	Are the data collec- tion instruments sound?	Yes	The survey instruments were pilot tested, as well as receiving feedback from the Dean and two researchers on campus.
Adequacy of Information	Is an adequate and appropriate amount of information being accumulated?	Yes	Monitored during the weekly meeting with the Dean.
Adequacy of Resources	Are sufficient resources being invested in the needs assessment?	Yes	Discussed with the Dean on weekly basis. Additional resources, e.g., human resources provided as needed.



**Evaluation Results: Implementation Phase of the Needs Assessment (Continued)**

<u>Major Heading/ Topics of Evaluation</u>	<u>Questions Related to the Topics</u>	<u>Whether or Not Questions Were Addressed (Yes/No)</u>	<u>Elaboration</u>
Support by Relevant Authority	Are the relevant authority figures supporting the study appropriately?	Yes	Discussed during the weekly meeting and appropriate support obtained from the college and surrounding health care agen- cies.
Adequate Communication	What communication are being issued, and are the audi- ence finding them of use?	Yes	- Monitored by the researcher improvements made where needed. - Discussed during the weekly meeting.
Revision of Plans	Should the needs assessment plan be revised?	Yes	Discussed with the Dean minimal changes were made except for the time schedule that needed exten- sion.
Issues in Implementing Needs Assess- ment	Are there any issues to be resolved during the implementation?	Yes	Identified by the researcher through feedback from the con- stituent groups. The issues were discussed to seek a solu- tion.

### Phase III: Evaluation of Outcome

The results of the evaluation of the needs assessment outcome will be presented here according to the standards identified by the Joint Committee on Standards for Educational Evaluation (1981). The evaluation was documented using "Standard Criterion Form" prepared by the Joint Committee.

The form lists, in the first column, 30 standards prepared by the Joint Committee, and in the middle column, a space for numbers corresponding to an appropriate category as determined by the evaluation results. The third column provides a space for comments or further elaboration of the evaluation. The standards are classified according to the four major attributes of evaluation: utility, feasibility, propriety, and accuracy.

## Evaluation Results: Outcome of the Needs Assessment

Codes for standards for applicability and compliance:

- 1 = The standard was deemed applicable and to the extent feasible was taken into account.
- 2 = The standard was deemed applicable and was taken into account, but not thoroughly.
- 3 = The standard was deemed applicable, but was not taken into account.
- 4 = The standard was not deemed applicable.
- 5 = Exception was taken to the standards.

<u>Standards</u>	<u>Applicability and Compliance (See Codes)</u>	<u>Comments</u>
<b>A. <u>Utility Standards:</u></b>		
1. Appropriate audiences were identified.	1	
2. The researcher credibility was established.	1	
3. Information scope and selection were appropriate.	1	A large volume of information collected for use in program planning.
4. The rationale and procedures for interpreting the findings are clearly described.	2	Not completely explicit in report.
5. Concise needs assessment report was prepared.	1	A complete report was prepared. More concise report for appropriate audiences needs to be prepared.

<u>Standards</u>	<u>Applicability and Compliance (See Codes)</u>	<u>Comments</u>
6. The report was distributed to the appropriate audiences.	1	To be completed before September, 1986.
7. The report was delivered on time.	1	With the best of ability, attempts were made to be on time.
8. The needs assessment was conducted in ways that encouraged follow through by the members of the audiences.	1	To be evaluated in 6 months and 1 year.
<b>B. <u>Feasibility Standards:</u></b>		
1. The needs assessment procedure was practical so disruption is kept to a minimum.	1	The researcher encountered some difficulty with three agencies for conducting the sureys.
2. The needs assessment should be planned and conducted with anticipation of issues and adversary positions of various constituents.	1	Issues identified and discussed with each constituent group.
3. The needs assessment produced information of sufficient value to justify the resources expended.	1	

<u>Standards</u>	<u>Applicability and Compliance (See Codes)</u>	<u>Comments</u>
<b>C. <u>Propriety Standards:</u></b>		
1. Obligations of the formal parties to needs assessment were agreed to in writing.	2	Formal written contract occurred after the proposal was prepared.
2. Conflict of interest was dealt with openly and honestly.	1	
3. Oral and written needs assessment reports were open, direct, and honest in disclosure of pertinent findings including the limitations of the needs assessment.	1	All the reports whether they are positive or negative were documented as responded.
4. The formal parties to needs assessment insured the public's right to know.	1	
5. The rights and welfare of the human subjects were respected and protected.	1	The committees for protection of human subjects both MSU and SVSC approved the project.
6. The needs assessors respected the human dignity and worth in their interactions with others associated with the study.	1	

<u>Standards</u>	<u>Applicability and Compliance (See Codes)</u>	<u>Comments</u>
7. The needs assessment was complete and fair in its presentation of strengths and weaknesses of the program.	1	
8. The need assessor's allocation and expenditure of resources reflected sound accountability procedures and otherwise prudent and ethically responsible.	2	A budget plan was not included in the proposal. The expenses of the needs assessment were shared between SVSC and the researcher. The Dean of the School of Nursing authorized each major expense.
<b>D. <u>Accuracy Standards:</u></b>		
1. The group whose needs are being assessed were sufficiently examined for clear identification and characterization.	1	The design of the study accommodated for this standard.
2. The context in which the group exists was examined in enough detail.	1	Background of the study and social indicator method provided these information.
3. The purposes and procedures of the needs assessment were described in sufficient detail.	1	

<u>Standards</u>	<u>Applicability and Compliance (See Codes)</u>	<u>Comments</u>
4. The sources of information were described in enough detail.	1	
5. The information gathering instruments and procedures provide valid data.	1	Data input from the Task Force Method gave directions as to what questions to be included in the survey. The content, criterion-related, and construct validities of the survey instruments are evident, though not proven empirically.
6. The information gathering instruments and procedures insured reliable data.	2	The survey instruments were pilot tested for clarity. Reliability was not tested empirically, but sufficiently reliable for intended use.
7. The data collected were reviewed and corrected so that the results are accurate.	1	Reviewed by a specialist in measurement and evaluation.
8. Quantitative information was appropriately and systematically analyzed.	1	SPSS was used with an assistance of the individual with experience in data processing.

<u>Standards</u>	<u>Applicability and Compliance (See Codes)</u>	<u>Comments</u>
9. Qualitative information was appropriately and systematically analyzed to insure supportive interpretation.	1	Criteria were determined for each of the research questions to assure appropriate answers.
10. The conclusions reached in a needs assessment must be based on sound logic and appropriate information.	1	
11. The findings are objectively reported.	1	



## **THE SUMMARY OF THE RESULTS OF THE EVALUATION**

The results of the evaluation in each phase of the study were presented using specific criteria for each phase. The Joint Committee's Standards for Educational Evaluation were used as a conceptual framework for evaluation. The results revealed that the majority of standards were met. There were a few standards which were not met. These items will be discussed along with the strengths and limitations of this needs assessment in the following chapter.

The next chapter will address the primary research questions as well as subsidiary questions presented in chapter one.



**IMPLEMENTATION AND EVALUATION OF A FEASIBILITY  
STUDY FOR A PROGRAM LEADING TO A MASTERS  
OF SCIENCE IN NURSING AT SAGINAW  
VALLEY STATE COLLEGE**

**By**

**Sachiko Kanegae Claus**

**VOLUME II**

**A DISSERTATION**

**Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of**

**Doctor of Philosophy**

**Department of Adult and Continuing Education**

**August, 1986**

## **CHAPTER V: DISCUSSION**

In this chapter, data presented in the previous chapter will be discussed under the heading of each research question. As described in chapter one, a set of subsidiary research questions accompanied each primary research question. The first section of this chapter deals with a set of questions related to the first primary research question, and the second section deals with those related to the second primary research question.

The criteria to judge the results for each subsidiary research question will be identified before the discussion. These criteria were identified based on the following:

1. The guidelines provided by National League of Nursing: Developing a master's program in nursing (Epstein, 1978).
2. Institute of Medicine Study report (Institute of Medicine, 1983).
3. Standards for Evaluations of Educational Programs, Projects and Materials (The Joint Committee on Standards for Educational Evaluation, 1981).
4. The researcher's judgement for needs and resources required to substantiate the proposed master's program at SVSC.

**PART I: PRIMARY RESEARCH QUESTION: ARE THERE SUBSTANTIAL  
NEEDS AND RESOURCES FOR THE DEVELOPMENT OF A MSN  
PROGRAM AT SVSC?**

**I. Potential Students:**

- A. How many registered nurses with a BSN as their highest degree are employed within a 50 mile area?**

**Criterion:** Based on the projection by Michigan State Health Plan (1983) there should be at least 1,000 active BSNs in the 50 mile area (18 county).

Determining the size of the BSN population in this area is important for two reasons. One of the reasons is that the proportion of the BSNs to the ADNs and Diploma Nurses has been known to be very low, and that more BSNs are needed in this area. The other reason is that there must be an adequate number and continuing supply of BSN graduates to provide a potential student pool for the proposed MSN program.

Current data on the exact size of BSN population in the eighteen county area is not available except for estimation. In 1979, there were 358 baccalaureate degree RNs in the fourteen county area as estimated by East Central Health Systems Agency, Inc. (1981). The agency projected that the number of BSNs would have been 578 by 1985.

The Potential Employer Survey of 61 agencies in the eighteen county area revealed that there were 312 BSNs in the 28 agencies which responded to this question. In the RN Survey, the total number of BSNs (and those who are enrolled in the BSN programs), currently employed by the sample

agencies were estimated to be approximately 600. The number of BSNs and the potential BSNs (RNs who are currently enrolled in the BSN program) within 50-mile area were estimated to be approximately 1,100. This number was derived from the Registered Nurse Survey. The procedures followed to arrive at this number will be described in Appendix U.

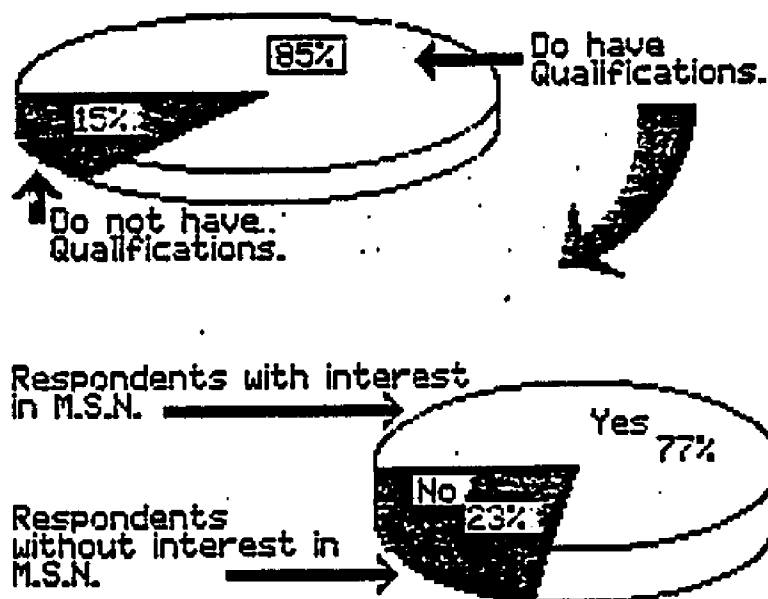
As for determining the continuing supply of potential students for the proposed MSN program, the graduates of the Generic and RN Baccalaureate Program at SVSC, and the Baccalaureate Program for RNs at the University of Michigan, Flint would add to the number of BSN population in this area each year.

As described above, there exists approximately 1,100 BSNs currently, as well as a continuing source of potential student pool within fifty miles.

**B. What proportion of the above population is eligible and interested in being enrolled in the SVSC Graduate Nursing Program within the next two to three years?**

**Criterion: At least 50% of the BSN and potential BSN population will be eligible and interested in the SVSC graduate program.**

Of 291 R.N. respondents in the Registered Nurse Survey, 252 (88%) reported that they would meet the qualifications as applicants of the program. Among those, 192 respondents (76%) meets the qualifications currently and the remaining 60 respondents (24%) reported that they would be able to meet in two to three years. Among the 252 R.N.s who meets the qualifications, 195 (77%) responded that they are interested in the proposed MSN program. Figure 7 illustrates these statistics described above.

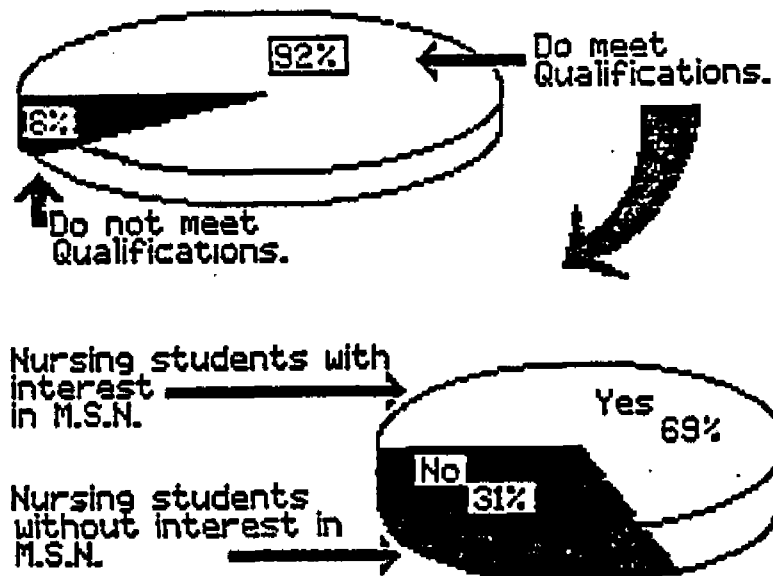


**Figure 7. RN Survey (N=291) Interest in the Proposed MSN Program Among Those Qualified Currently or Within Two to Three Years.**

Disaggregation of the category "Interested" revealed that of those, 40 (20%) responded that they were "definitely" interested in being enrolled if the program is available within two to three years. The remaining 155 (80%) responded that they may be enrolled if the program becomes available. These values are slightly different from the value found in Chapter IV. In Chapter IV, the frequency for those who are definitely interested in being enrolled was shown as 46. The discrepancy of 6 respondents not included above is because there were six respondents among the 46 who reported not meeting the qualifications.

As illustrated in Figure 8, in the Nursing Student Survey (N = 97), 89 respondents (92%) reported that they would meet the qualifications within two to three years. Of the 89 respondents, 61 (69%) reported that they are interested in the proposed program.





**Figure 8. Student Nurse Survey (N=97) Interest in the Proposed MSN Program Among Those Who Meet Qualifications.**

As shown above approximately 70% to 75% of each respondent group studied expressed interest in the proposed program, indicating a sizable pool of potential applicants who meet the qualifications and show interest toward the proposed program.

**C. What are the characteristics of the potential students who are interested in the proposed MSN program?**

**Criterion:** Data will include the following sample characteristics: age, gender, marital status, the number of dependents, place of residence, whether or not currently enrolled in the academic institutions, type of institutions employed, clinical specialty areas, and their positions held in the employment setting.

Typical demographic characteristics of the R.N. respondents who expressed interest toward the proposed MSN program include: within the ages between 26 to 35 years old, female, caucasian, married, with either no dependent or one to two dependents, and reside within twenty miles from SVSC.

Of the 191 R.N. respondents who are interested in the program 55% are 26 to 35 years old, 19% are 36 to 45 years old, and another 18% are 18 to 25 years old. Although the majority of the respondents are female (96%), there are seven male who are interested in the proposed MSN program. The racial compositions of the respondents who showed interest in the program consist of 96% caucasian, 2% black, 1% oriental, and 1% Mexican and American Indian. Seventy-three percent of those who showed interest in the program are married, and another 21% are single. Fifty percent of the 191 respondents showing interest in the program have no dependent, with another 40% having one to two dependents. The mean age of the dependents among those who have dependents was found to be 7 years old. There was no significant relationship between the number of dependents or the mean age of the dependents and

their plans to pursue MSN degrees. Forty percent of the group live within 20 miles from SVSC, another 38% live between 21 to 50 miles, and the remaining 12% live beyond 50 miles from the college.

The typical demographic characteristics of the nursing student group who showed interest in the MSN program include the ages between 18 to 25 years old, female, and Caucasian. Typically, they are single and have no dependent and reside within 20 miles from the college.

Common characteristics of the R.N. respondent's professional background include: being employed full or part-time in the acute care hospital, being a staff nurse or a charge nurse, and working in an adult medical-surgical unit. Most of them have a baccalaureate degree in nursing, and graduated within the past ten years. The hospital is where most of the respondents are employed (81% of those who are interested in the program). Sixteen percent are employed by the community health agencies. Only one percent is employed by the long-term care agencies. Of the 191 respondents, 81% have a baccalaureate degree, 11% have an associate degree, 5% have a diploma as their highest degrees.

Forty-one of the 191 respondents in the R.N. Survey who are interested in the proposed program are currently enrolled in the academic institution. Of those, 29 (70%) are enrolled in a BSN program, and others in a variety of academic programs. Adult medical-surgical nursing was listed as their clinical specialty by 42% of this group. Another 30% of them listed

critical care or emergency nursing as their specialty. Parent-child health and community health nursing are claimed by 13% of the respondents. Four percent of the respondents listed psychiatric nursing as their specialty area.

Of the R.N. respondents who are interested in the program, 69% are staff or charge nurses, 11% are patient care coordinators or clinical managers, and another 7% are nurse educators.

The demographic and professional background of the respondents who have shown interest toward the proposed MSN program have been described above.

**D. What type of MSN program is desired by the potential students?**

**Criterion:** Data will include potential students' preference for clinical specialty area, functional role, full-/part-time study, semesters preferred, and preferred class time each week of potential students.

The R.N. Survey revealed that medical-surgical nursing and parent-child health nursing are two specialty areas preferred by the respondents. The functional role most preferred are a clinical nurse specialist, followed by a nurse administrator and nurse educator. The choice of clinical specialties and functional roles preferred by this group are similar to those identified by the Nursing Alumni Task Force. The R.N. respondents plan to pursue their graduate studies on a part-time basis, preferably during the fall and winter semesters, attending classes one to two evenings per week.

The Nursing Student Survey revealed that their choice of clinical specialty areas are also adult medical-surgical nursing and parent-child nursing. Their most preferred functional role is a clinical nurse specialist. The nurse educator role was selected as the next most preferred as opposed to the R.N. group who preferred nursing administration as the second most preferred.

There was consensus among the data from the surveys and the Task Force groups that the potential students plan to pursue their graduate studies on a part-time basis. They prefer to do so during the fall and winter semesters and one to two days per week on week days.

It is evident from above that the potential students prefer a MSN program that would accommodate the needs of the students who are currently in the nursing profession.

**E. What are the attitudes and concerns of the potential students toward the proposed program?**

- Criterion:**
- Data will include attitudes: whether the majority feel positive or negative.
  - Data will include concerns expressed by this group.

Major concerns of the potential students (both R.N.s and nursing students) relate to the demand of the program in terms of time and cost, and the quality of the proposed program. The greatest concern expressed by this group was whether or not the program offerings match their choice of specialties and functional roles. The demands which the program would put upon the potential students in terms of time and costs were identified as another major area of concern. The manner the program will be offered (part-time vs. full-time), requirements for graduation (thesis, research, or others), and availability of financial assistance were identified by both survey respondents and Alumni Task Force.

The accreditation status of the program also was identified as an important area of concern by this group. However, this item was mentioned more frequently by those who are not interested in the proposed program than those who are interested. According to the comments made in the survey questionnaires, the group who are interested in the proposed program reported that the reputation of the BSN

program at SVSC lead them to be optimistic about the probability of the MSN program obtaining an accreditation.

The major concern expressed by the current SVSC nursing students was whether or not the current faculty members could accommodate another new program. The researcher realized that more information should have been provided to this group regarding the new program and the plans for active recruitment of qualified faculty members.

As described above, the overall attitude of the potential students are positive toward the proposed program, and their concerns primarily relate to whether or not the proposed program matches their specialties and preferences. By providing more information toward the development of the new program, the nursing students may have had fewer concerns.



## **II. THE COLLEGE:**

- A. Will there be a sufficient number of faculty prepared to teach in the proposed program?**

**Criterion:** At least two full-time faculty members with a Ph.D. will be assigned to the graduate program and the faculty from the undergraduate program will indicate a willingness to participate in teaching part-time at the graduate level.

Obtaining the sufficient number of qualified faculty to teach at the graduate level was identified as a top priority item of concern among both nursing faculty and college-wide faculty. Qualified faculty members must be recruited to direct the program as well as to teach graduate level nursing courses. A faculty member with a Ph.D. has already been recruited with another department faculty member completing doctoral studies in August, 1986. Another five faculty members have begun their doctoral studies and are at various stages. The proposal for the MSN program calls for the recruitment of additional doctorally prepared faculty members to teach at the graduate level. The fields of current faculty members' doctoral studies are diverse. Three members are in education, two others are in nursing and another two are in human ecology. The fact that this college plans to develop a MSN program may attract additional qualified faculty into the department within the near future.

**B. Is there a commitment on the part of the administration to provide necessary finances to support the program during planning and implementation?**

**Criterion: The president and vice-president will agree to financially support the program.**

As shown in Appendices V and W, the administrators of SVSC have been in full support of the development of a MSN program from the outset. The college plans to support the program financially to supplement a grant from the Department of Health and Human Services each year for the first three project years. The college also plans to continue support of the program after the first three years.

**C. Are existing clinical resources in nearby communities adequate to provide graduate level experiences?**

**Criterion: The data will include the number of clinical agencies that will accommodate MSN students for clinical activities, qualified preceptors, and arena for nursing research.**

The Potential Employer Survey and Community Task ForceGroup discussions revealed that there are a sufficient number of clinical resources available to support the proposed program.

The resources available include: an arena for clinicaland/or research activities, and preceptors in various specialty areas on all levels of care. The Potential Employer Survey revealed, of 36 agencies responding, 19 indicated that they would provide the clinical sites, 15 agencies would have arenas for reserach activities and 11 agencies would have preceptors. A number of letters of support have been sent by the area health care agencies in support of the proposed program. Also, there has been a growing interest among area hospitals in nursing research.

A variety of potential clinical sites such as schools, industries, long-term health care agencies have not yet been tapped by the existing nursing programs.

Some concerns, however, have been identified regarding the clinical practicum.

One of the concerns identified during the Community and Alumni Task Force Group discussions regarding the clinical

resources included: potential difficulties in identifying the preceptors with appropriate qualifications. Careful selection of preceptors is essential for the quality of practicum experience of the graduate students.

Another concern expressed by a member of the Alumni Task Force was that there may be a conflict of interests among the competing agencies when a student from one agency has graduate practicum at another. Competition among area health care agencies is a new phenomena being experienced among competitive markets in the health care industry today.

With increased efforts of the College to maintain good rapport with area health care agencies, we anticipate that a wealth of resources and opportunities will be made available to our students for their practicum.

**D. Is there another MSN program in the area similar to the one proposed by SVSC?**

**Criterion: Indicate MSN programs located within the commuting distance from SVSC and offer similar MSN program.**

As shown in Figure 4 in Chapter One, there are other graduate nursing programs within the state of Michigan, however, none of which is located within 60 miles from SVSC. The program closest to Saginaw is 70 miles away at Michigan State University which focuses on primary care and gerontology clinical nurse specialist roles. Other colleges or universities which offer graduate degree in Nursing, e.g., the University of Michigan and Wayne State University are located outside of the commuting distance for the R.N.s employed in the SVSC area.

E. Are there sufficient campus facilities and learning resources to meet the needs of the proposed program?

Criterion: Indicate additional facilities/resources needed for a class of 15-20 graduate students/year: e.g., one classroom, microcomputers/research room, lounge area, two faculty offices, library books/journal for graduate studies.

Saginaw Valley State College is currently conducting a building program which will result in the completion of a new library, instructional facilities, and office spaces in August, 1986. The college also plans to renovate Wicks Hall which will provide classrooms, laboratory and research facilities for the Department of Nursing. The renovation is expected to be completed by August, 1987.

The Department of Nursing will acquire a newly designed learning laboratory of approximately 16,230 square feet, containing simulated clinical laboratory, audiovisual learning laboratory, and additional space to conduct nursing research.

The proposed program will be housed within the Department of Nursing, where graduate students will have access to microcomputers and an interactive video system. The students will also have access to main frame computers for their data analysis. The space reserved for the research area will include a one-way observation mirror for use in nursing research activities.

The newly completed library will contain 66,766 square

feet of floor space, seat 826 students, and accommodate 240,000 volumes. Currently, there are 624 periodical holdings including 46 nursing periodicals. The library also holds 111,000 volumes including 3,027 health related volumes. These numbers of holdings are expected to increase as the new library opens in September, 1986. Interlibrary loan and on-line data base search are also available. Students also have access to Saginaw Cooperative Health Science Library which is centrally located to the five hospitals within the City of Saginaw. Students also have access to libraries in hospitals where they have practicum experience.

As described above, the College will be able to accommodate the proposed program in terms of space and learning resources. Plans for obtaining additional library holdings to meet the needs of graduate nursing students will be included in the program proposal.

**F. What is the process of obtaining approval from the college for the development of a new graduate program? What is the procedure of approval at the state level?**

**Criterion:**

- Indicate the curriculum approval process at SVSC.
- Describe steps for a formal, state-level approval mechanism.

**Steps for Approval of a New Graduate Program at SVSC:**

The curriculum proposal for the new program must first be approved by the Department of Nursing. The proposal will then be sent to the Graduate Council. The Graduate Council consists of two Academic Deans who have graduate programs, and seven faculty members representing each school, one graduate student, and the Vice President for Academic Affairs who serves as a chairperson. The council's responsibilities include: approval of all graduate curriculum and program matters, reviewing and adopting policies and procedures relating to the graduate programs in the College, and granting approval for faculty to teach graduate courses.

After the approval of the curriculum proposal is granted by the Graduate Council, the proposal will then be submitted to the faculty for ratification. The proposal will then be submitted to the Board of Control for final approval.

**Steps for Approval of a New Graduate Program at State Level:**

The proposal will first be presented to the Council of Academic Deans at the State level. The formal approval will then be granted by the Michigan State Board of Education.



**G. How do other faculty in the college feel about the development of a MSN program?**

**Criterion:**

- More than 50% of the faculty representing each of five schools of SVSC will support the proposed program.
- List major recommendations/concerns regarding the proposed program.

As described in Chapter Four, the Campus-Wide Faculty Task Force selected from each school on campus were generally in favor of the proposed MSN program. Among major concerns expressed by the members during the task force meeting were availability of continued financial support, cost effectiveness of the program, recruitment of qualified faculty members, and availability of cognate courses.

The group stressed that the administration's commitment to the continued support during and after the three-year grant project period must be present. The Administration has been in support of the development of a MSN program since the first project application was submitted in 1981. Their support and commitment to the proposal are evident in the letters of support from the President as well as the Vice-President of Academic Affairs which was addressed to the Dean of the School of Nursing and Allied Health Sciences.

The group's concern toward cost-effectiveness is a legitimate one in that it has a great implication for program planning, especially because the majority of the potential students are desiring part-time studies. Relatively smaller enrollments usually can be expected in a part-time graduate program.

The recruitment of qualified faculty members also has been a concern among other Task Force groups in this study. However, as the existing faculty members are making significant progress in their doctoral programs and a new faculty with Ph.Ds. is to be on board as of September, 1986, the School of Nursing is much more optimistic toward this matter.

The program proposal for the MSN program submitted to the Department of Health and Human Services included a list of graduate level cognate courses identified in existing graduate programs across the campus from the School of Education, School of Business, and School of Arts and Behavioral Sciences. There are sufficient number of cognate courses that can be made available to the MSN students without creating new courses.

Described above are summary of the Task Force Group represented in the faculty members at SVSC. The purposive sampling procedure of the members of this Task Force does limit the generalizability of the opinions beyond this group. However, the group was in general, supportive toward the development of a MSN program.

**H. Are the undergraduate nursing faculty committed to the development of a MSN program?**

**Criterion:**

- All undergraduate faculty members in the Department of Nursing will provide endorsement toward the proposed program in terms of letters of support.
- Describe commitment in terms of interest in teaching in the program.
- List major concerns/suggestions provided by the group.

The faculty of the Department of Nursing is generally in support of the proposed program, as evidenced by the letters recently sent to the Dean of the School.

One of the faculty members, who is a doctoral candidate made an active commitment toward the proposed program by conducting this feasibility study. The newly hired doctoral faculty expressed a strong interest in teaching and coordinating the proposed program. Other members of the faculty, who are at various stages of their doctoral studies, expressed a willingness to teach in the proposed program as they pursue their doctoral degrees.

The Faculty Task Force meeting was held twice during winter semester, 1986. During these meetings, the members of the Department of Nursing were asked to share their concerns and ideas for the proposed program.

Among the concerns expressed by the members included an adequate number and qualification of the faculty for the MSN program and the extent of their involvement in the proposed program during the planning stage. These two meetings provided the faculty members opportunities to share their concerns and ideas. The Dean's presence at these meetings

clarified some of their questions regarding the proposed MSN program.

### **III. POTENTIAL EMPLOYERS:**

#### **A. What are the attitudes of the potential employers toward the graduate nursing education?**

- Criterion:**
- At least 50% of sample of the Potential Employer Survey will respond that they would employ the graduates from the proposed program.
  - List the type of support the employer will provide toward the program (e.g., clinical sites, arenas for research, preceptors and employment opportunities).
  - List the type of incentives/support they will provide to the employees who would go on to a MSN program (e.g., tuition reimbursement, promotion, and pay raises).

As evident in the results of the Potential Employer Surveys and Community Task Force the health care agencies in the surrounding communities are interested in the graduate nursing education. They support the SVSC's efforts to develop a MSN program.

Of the thirty-five agencies that participated in the Potential Employer Survey, 74% of them responded that they would employ the graduates of the proposed MSN program. More than 50% of them responded that they would support their employee's effort to pursue their graduate education by way of tuition reimbursement, leave of absences or accommodating work schedules.

The potential employers are also willing to provide support toward the proposed program. Examples of such support include: clinical sites, arenas for research activities, future employment opportunities and preceptors.

The agencies are also willing to provide incentives to their employees for pursuing a MSN degree by way of job reassignment to better suit the employee's background, promotion and/or pay raises.

It should also be noted, however, that there are some agencies, though they are in the minority, who are not willing to employ or not interested in MSN graduates. These attitudes must be examined according to the characteristics and needs of each agency.

**B. Are there vacancies or unfilled positions that require MSN background?**

**Criterion: There will be at least 15 vacant positions requiring MSN degrees.**

The Community Task Force Group identified that there were vacancies in a gerontological clinical nurse specialist position, and supervisory positions in the Community Health agencies, as of January, 1986.

The potential survey in March, 1986 revealed that there were three vacancies for the director of nursing positions, two vacancies for the nurse educator positions, and four vacancies for clinical nurse specialist positions within the 20 agencies responding. One home care corporation reported that there are two vacancies at the corporate-level for MSN prepared nurses.

Described above are examples of positions vacant as of Winter-Spring, 1986. These positions may be left vacant until they can find appropriate individuals or they may be filled sometimes with persons with less qualifications.

It is evident from above that the employers are searching for MSN prepared candidates for selected positions.

**C. Would positions requiring a MSN degree be created if there were appropriately prepared candidates to fill them?**

**Criterion: At least 50% of the potential employers will indicate their willingness to employ MSN graduates in the administrative and clinical specialty positions.**

The Community Task Force Group reported that clinical nurse specialists are needed in various specialties even though there are only a few such positions in the area. In the Potential Employer Survey, twelve out of thirty-five (34.3%) agencies responded that they are willing to recruit master prepared registered nurses to a number of administrative and clinical specialty positions.

Among those agencies willing to employ MSN prepared nurses are primarily medium sized acute care hospitals, Visiting Nurses Association and Psychiatric Mental Health agencies. The low positive rate of response for this question is probably due to the relative inexperience of the agencies in utilizing MSN prepared nurses and this may have lead them not to commit themselves at this time. Small rural health care agencies may hesitate to answer a question such as this due to uncertain economic outlook.



**D. What functional role would be needed the most:  
administrator, teacher or clinical specialist?**

**Criterion: The functional role most in demand will  
be nurse administrator role.**

The Community Task Force and Potential Employer Survey revealed that the administrator role would be most in demand. The need for a nurse administrator with strong background in business and administration were emphasized during the Task Force meetings.

The contrast is seen in the choice of functional roles between the Potential Employer Survey and the Registered Nurse Survey. In Registered Nurse Survey, the respondents' most preferred functional role was a clinical nurse specialist role. Whether or not the proposed program would concentrate on one functional role over another must be dealt with extreme caution. The definition of the "need" should be examined from the individual students perspective as well as the societal perspective. This is an important issue in program implementation.

**E. Which clinical specialty is in most need of a master prepared nurse?**

**Criterion:** The clinical specialty area most in demand will be medical-surgical nursing, and secondly, gerontological specialty.

The Potential Employer Survey revealed that Medical-Surgical and Gerontological nursing were identified as two specialty areas that are needed the most. The Community Task Force Group identified administration and clinical specialties in medical-surgical nursing and maternal-child health nursing are in demand.

The Registered Nurse Survey revealed that their choice of specialty is also medical-surgical nursing followed by parent-child health. The Nursing Student Survey revealed that they had almost equal preference to both medical-surgical and parent-child health nursing. Gerontology, on the contrary to the employer survey, was not among the most preferred area of specialties among both potential student groups. There are obvious differences of opinion between the potential employer and the potential students regarding the choice of specialty, especially gerontological nursing. Again this has important implications in program planning.

#### **IV. COMMUNITY:**

- A. What are the social indicators of the surrounding community that would show the needs for services for MSN prepared nurses?**

**Criterion:**

- Data will include demographic characteristics of the population, socioeconomic and health related statistics relevant to the development of a MSN program.**
- Data will include the types of health problems that can be helped by the MSN prepared nurses.**

In Chapter IV, selected local, state and national social indicators as related to the needs for MSN prepared nurses have been reviewed. The forecasting for the nurse manpower revealed a need for the registered nurses with more advanced academic preparations i.e., BSNs and the registered nurses prepared at masters and doctoral levels.

The description of social indicators, particularly at local level, e.g., demographic characteristics, shed some light to the type of health care services needed by the people of the surrounding communities. The County-Wide Community Needs Assessment conducted by the United Way Agency of Saginaw County in Fall, 1985 provided data extremely relevant to this feasibility study.

The study described the demographic and socioeconomic characteristics and trends of Saginaw County and delineated health related issues or concerns of various segments of the community.

The following characteristics of the community are of particular relevance to the domain of nursing:

1. Increasing percentage of older citizens.
2. Higher number of unemployment compared to other parts of the State and households with income below the poverty level.
3. Minority constituting 20% of the county population.

Major health problems and concerns identified in the study that can be helped by the registered nurse at a masters level include:

1. Drug abuse, alcohol abuse and child abuse - neglect constituting the largest problem in the community.
2. Violence against elderly family members are increasing.
3. There is a lack of health care services outside the acute care hospital as follows:
  - In-home skilled nursing care
  - Rehabilitation for crippling diseases
  - Health information
  - Low cost health care
  - Birth control counseling for teenagers
  - Service for teenage mothers
  - Health supervision of the mentally retarded persons and disabled persons in the home setting

It is obvious from these reports that many of the hospital health care needs of the citizens have not been met and are in great demand in this community. Especially the types of health problems listed above, since they take

special knowledge and skills of advanced health professionals such as counseling and teaching of clients, consumers and health care personnel. Much interdisciplinary coordination and collaboration are needed to deal with the above problems. Resources and expertise of nursing are not utilized in this community to the extent that the well trained professional can provide. Definitely, there is a place for MSN prepared nurses in this community to help solve these major health problems and to promote health and well-being of the citizens.

**B. What are the opinions of the community representatives regarding the proposed program?**

**Criterion: More than 50% of the community representatives will agree that the proposed program would benefit the surrounding community.**

The Community Task Force that represented the various segments of the community provided much input and support for this study. Included in the Task Force were: a representative of consumers, a director of an Area Health Education Center, a hospital administrator, directors of nursing from acute care hospitals as well as from community health agencies, representatives from the local medical association and nurses' association.

These people agreed that this community can be benefited by the services that master prepared registered nurses can provide. They have listed examples of employment opportunities that can be filled by the graduates of the MSN program. Among the concerns listed by this group included: the recruitment of qualified faculty and the manner the program would be offered.

Above all, the opinions of this group were positive toward the proposed program. More thorough discussions of the opinions of the community representatives have been described in Chapter IV (pp. 131-143).

**THE PRIMARY RESEARCH QUESTION: Are there Substantial Needs and Resources for the Development of a MSN program at SVSC?**

**Criterion:** Answers to all the subsidiary questions, 1) demonstrates a need for the development of a MSN program, and 2) insure availability of sufficient amount of fiscal and moral support.

As is evident in the preceding discussions a substantial amount of needs and resources do exist as identified by each of the constituent groups. Overall needs as well as the feasibility for the development of the proposed program, however, must be determined after careful examination of the needs and resources identified by all of these groups. The definition of the needs, whether they are the wants or actual needs; whether they are individual needs or institutional or societal needs, should also be considered. It should also be kept in mind that the respondent's interests and decision to be enrolled in the MSN program may change over time.

Although there are some concerns and issues to be considered, the results of three data collection methods used in this study revealed that there are substantial needs for a MSN program in the area. There is a sufficient pool of BSNs for continued enrollment, as well as community and college resources to support the program.

**PART II: PRIMARY RESEARCH QUESTION**

**How well was the study conducted?**

The following subsidiary questions will be addressed in terms of the degree to which the needs assessment met the criteria of evaluation prepared by the Joint Committee on Standards for Educational Evaluation. The areas of deviation from the standards will be discussed. The issues for conducting the needs assessment will also be included.



**I. Was the information reported appropriately?**

**Criterion:** Discuss appropriateness of the report in terms of eight utility standards as follows:

- A. Audience identification**
- B. Evaluator credibility**
- C. Information scope and selection**
- D. Valuational interpretation**
- E. Report clarity**
- F. Report dissemination**
- G. Report - timeliness**
- H. Evaluation impact**

The utility standards are intended to insure that an evaluation will serve the practical information needs of the given audiences. The discussion of the evaluation of each standard follows.

- A. Audience Identification:** Audiences involved in or affected by the needs assessment should be identified so that their needs can be addressed.

The audiences for the needs assessment include those persons who will use the needs assessment to make decisions. The audience for this needs assessment include: the Dean of the School of Nursing and Allied Health Sciences, faculty and Administrator of the College, legislators, potential students and their employers. These audiences were addressed as constituent groups in this needs assessment. The model used to conduct this study lent itself to the identification of all these groups as audiences of this study. Particularly, the use of the Task Force Method which called for the identification of as many alternative audiences as possible, addressed this standard.

- B. Evaluator Credibility: Those conducting the needs assessment should be trustworthy and competent to perform the needs assessment, so that their findings achieve maximum credibility and acceptance.

The researcher is a faculty member of the Department of Nursing who has been on staff for the past five years. She has recently been granted tenure. During the past five years, she has conducted three research studies. She has no previous experience in conducting a needs assessment. However, she completed course work at the doctoral-level in Adult and Continuing Education, which included three doctoral-level research courses one of which covered survey methodology. She conducted an extensive review of the literature on needs assessment. The researcher is a registered nurse with 17 years of clinical experience and a Masters of Science in Nursing.

Because of her credibility as described above, the Dean of the School of Nursing and Allied Health Sciences entrusted this researcher to conduct this study.

One of the limitations of this study, however, was that the study was entirely entrusted to one researcher. A team of faculty members conducting the study may have increased the credibility of the study. However, such an endeavor would have increased the complexity and expense of the study.

- C. Information Scope and Selection: Information collected should be of such scope and selected in such ways as to address pertinent questions about the object of the needs assessment and be responsive to the needs and interests of specified audiences.

To have the appropriate scope of information, the needs assessment must be relevant to decision-makers objectives, important to significant audiences, and sufficiently comprehensive to support a judgement of worth (The Joint Committee on Standards for Educational Evaluation, 1981). Most information of the needs assessment are of concern to multiple audiences. Each audience can be expected to raise a number of different issues concerning the development of a MSN program.

The use of the Nominal Group Process in the task force group meetings provided a wide scope of information, and served as a basis for the development of the survey questionnaires. Therefore, the information collected in this study was intended to be comprehensive, producing a large amount of data. Some of the data collected are not needed immediately, but will be helpful for further planning of the program.

Because the study produced a large amount of data, the appropriate elements must be organized and selected for reporting to appropriate audiences.

- D. Valuational Interpretation: The perspectives, procedures, and rationale used to interpret the findings should be clearly described, so that the bases for value judgements are clear.

Judgement as to whether or not it is feasible to develop a MSN program depends on how information is gathered and interpreted. The interpretation should be based on rationale that are understandable to everyone concerned. The primary issue in interpreting the needs assessment information is to define what is meant by "needs".

The determination of needs must be based on both individual and societal needs. The model applied to conduct this study took this into account. The need for the proposed program were viewed from both potential students and employers perspectives. Whether or not such a program is needed was also examined through the perspective of the surrounding community. Several areas of this report address this issue.

- E. Report Clarity: The needs assessment report should describe the group whose needs are being evaluated and its location, and the purposes, procedures, and findings of the needs assessment, so that the audiences will readily understand what was done, why it was done, what information was obtained, what conclusions were drawn, and what recommendations were made.

The report should be written with clarity and written appropriately in scope for the intended audiences. Clarity in this context refers to explicit and unencumbered

narrative, illustrations, and descriptions. It is also characterized by conciseness, logical development, well defined technical terms, tabular or graphic representation and relevant examples.

In preparation of this report, clarity of the content and organization were reviewed by individuals having experience in writing technical reports. Tables were used as little as possible and the data were incorporated within the text. The figures were used in some areas to illustrate the points further. However, this report falls short of conciseness because of the extent of the data generated. A more concise report explaining the essence of the results will be prepared to disseminate to the appropriate audiences.

- F. Report Dissemination:** Needs assessment findings should be disseminated to clients and other right-to-know audiences, so that they can access and use the findings.

Dissemination here refers to the actions - such as written, oral, and audio-visual reporting - of the study findings to all right-to-know audiences (The Joint Committee on Standards for Educational Evaluation, 1981). A right-to-know audience is the one that is entitled to be informed about the results of the needs assessment, e.g., subjects of the surveys, task force members, college community and health care agencies of the area studied. A concise report is now being planned to be disseminated to these audiences. In the proposal the dissemination of the

report was being provided for by asking the respondents to separately send a card with their name and address for continued communication for those who wished. The research design lacks, however, a precise plan for the dissemination of the report to each of the intended audiences.

- G. Report Timeliness: Release of reports should be timely, so that audiences can best use the reported information.

The reports are timely when they are delivered to each audience at a time when they can best use the report information (The Joint Committee on Standards for Educational Evaluation, 1981). The timely report will be made when the time table is built into the initial proposal. It is also important to check the progress at intermediate points to inform the clients about possible delays that may cause the reports to be late.

In preparation of the grant proposal for SVSC, the information from this study was needed by the Dean of the School of Nursing and Allied Health Sciences at the beginning of June. The time needed for data analysis was underestimated, therefore, the complete information was made available to the Dean a week to ten days late. The Dean was still able to prepare the grant proposal with the findings from the needs assessment. However, a more realistic timeline and spending less time analyzing the data may have resulted in a more timely report.

- H. Impact of Needs Assessment: The needs assessment should be planned and conducted in ways that encourage follow through by members of the audiences.

The impact of an evaluation refers to the influence it has on the decisions and actions of members of the audience (The Joint Committee on Standards for Educational Evaluation, 1981). The thrust of this standard is that the researcher should assist the decision-makers and program planners to use the needs assessment findings in developing the program that is viable and cost effective.

At this time, it is premature to evaluate this standard. However, the plan to follow through such steps should be developed if the project continues. A large amount of information regarding the characteristics and preferences of the potential students and employers was collected. Concerns and suggestions have been identified by each of the constituent groups. This data should be taken into account when program decisions are made.

## **II. Was the study carried out effectively?**

**Criterion:** Discuss appropriateness of the study in terms of three feasibility standards as follows:

- A. Practical procedure**
- B. Political viability**
- C. Cost effectiveness**

The feasibility standards are intended to insure that a needs assessment conducted is realistic, prudent, diplomatic and frugal. A discussion of the needs assessment based on each of the three feasibility standards follows.

- A. Practical Procedures:** The needs assessment procedures should be practical so as to ensure that associated disruption is kept to a minimum, and that the findings can be obtained (The Joint Committee on Standards for Educational Evaluation, 1981).

The important points of this standard are that the researcher choose and implement procedures that minimize disruption to the lives of individuals or agencies being studied, while keeping these procedures feasible and realistic to obtain the needed data.

The data collection methods used in this study were not found to be disrupting to the normal life of the participants to a great extent. In the Registered Nurse Survey, the most demanding requests were from sample agencies when they were asked to have their director of nursing identify the number of BSNs, or those who are currently enrolled in the BSN programs. Not all the directors contacted had this statistic at their finger tips, especially when an agency



employs a large number of registered nurses. Therefore, this request was perceived by some directors as disruptive, and resulted in withholding the distribution of the questionnaires for two to three weeks.

One large hospital requested that the researcher contact the chairperson of the committee for the protection of human subjects of that hospital and asked the committee's approval for distribution of the questionnaire.

In conducting the Task Force Method the participants in the group, in general, were willing to participate in a 1 1/2 to 2 hour meeting. They did not report the meeting being too demanding or disrupting to their normal duties.

The procedures used in this study were, in general, simplistic, and were not too intrusive to their normal operation.

- B. Political Viability: Needs assessment should be planned and conducted with anticipation of the different positions of various interest groups so that their cooperation may be obtained and also to avert or counteract possible attempts by any of these groups to curtail needs assessment operations or to bias or misapply the results.

An interest group is any group of individuals that seeks to influence policy in favor of some shared goal or concern (The Joint Committee on Standards for Educational Evaluation, 1981). Needs assessment has political implications to the extent that it leads to decisions concerning reallocation of resources and influence.

Perhaps one of the most difficult issues that was experienced during the process of this needs assessment was to deal with the peers who were not in favor of developing a plan for a MSN program. The researcher was aware that there was controversy over this subject among peers in the department even before the study had begun. Therefore, resisting forces were anticipated within the department when the study began. It was recognized that the needs assessment, which might eventually lead to the development of a MSN program, could affect the undergraduate faculty members in the department by substantially changing their environment. Therefore, the situation was explored further in order to understand its dynamics and to continue with the needs assessment. The following describes the interpretation and analysis of the situation.

The impetus for this further exploration arose when the Dean of the School of Nursing and Allied Health Sciences announced the school's intent to submit a grant proposal for a MSN program and to conduct a needs assessment. It was the second grant application. The last application, as stated at the beginning of Chapter I, was submitted in 1981, which was not funded due to lack of qualified faculty in the Department of Nursing. The faculty members of the Department of Nursing were asked to attend the task force meetings to provide their input toward its planning. The faculty members met twice for this purpose. However, during the meetings, faculty voiced a considerable amount of concern

toward this plan. Some members showed indifference toward this plan, while others expressed opposition.

The faculty felt that the idea of a MSN program at SVSC is a favorable one, although its timing in relation to the climate or condition of the department was not appropriate. They voiced that they were already given too much work responsibilities, therefore, they would not be able to accommodate additional responsibilities beyond their current assignments. They also questioned whether or not the school would be able to recruit faculty members prepared at the Ph.D. level for the graduate program. The members also stated that the department is currently undergoing major curriculum changes and that maintaining and strengthening the undergraduate program would be more of a priority to them than beginning a new one. Their conservative attitudes toward conducting the needs assessment were reflected in their covert behavior.

Some of the faculty's concerns are well founded. They are realistic concerns that should be taken into account when future planning and development activities commence. On the other hand, their behaviors would be understood if it were viewed within the context of an organization which is undergoing change.

The development of a new graduate program within the School of Nursing will in fact have a major impact on the undergraduate program. The plan to propose a graduate program would definitely change the department. The

literature on change recognizes the tendencies of individuals groups, and organizations to act so as to ward off change (Klein, 1976). The resistance to change is usually expressed either as an attempt to maintain integrity of the system to real threat, or opposition to the agents of change themselves. The situation presented above reflects both of these types of resistance. Both types of resistance are illustrated as follows.

The first example is a reflection of the faculty's effort to maintain the integrity of current program. The faculty's primary concern was regarding the extent to which they would be involved with the planning and implementation of the graduate program. They emphasized that maintaining the integrity of the current program is their primary concern. They asked what would happen to the department structure and faculty responsibilities if they were to teach in both programs. Lack of faculty's involvement in decision-making toward the development of the new program was another major concern.

Because the researcher had recognized that one of the reasons for the faculty's resistance toward this subject was insufficient communication among the Dean and the faculty members on this matter, the researcher asked the Dean to clarify the faculty's concerns as they relate to the proposed program. The Dean was invited to one of the departmental meetings and explained the proposal and approximate time table for its implementation. This eased some of the faculty's fear and concern.

The researcher still felt that the use of planned change strategies from the beginning of the planning by soliciting their involvement may have lessened the amount of resistance. As the needs assessment began, the researcher felt that her responsibility was to clarify to the faculty, her purpose and role in the project. The researcher also made an effort to keep them informed of the study's progress periodically during regular faculty meetings.

The second type of resistance was the resistance directed toward the change agents. Both the Dean and the researcher can be considered as the change agents in this situation. The resistance toward the Dean can be expected as a phenomenon in change. More faculty involvement in planning and decision-making would have lessened the resistance.

Understanding the resistance toward the researcher is more complicated because the researcher is a member of the faculty group who is "expected" to have similar values and assumptions as the rest of the faculty members. Instead, she took on the assignment to conduct the study. As an agent who conducted the needs assessment, the researcher felt that it was important to maintain objectivity. The researcher explained her primary motive to take on the assignment was to engage in the study for a doctoral dissertation.

Going back to the standards, this standard was met by anticipating adversary positions and having a strategy to deal with them.

- C. Cost Effectiveness: The needs assessment should produce information of sufficient value to justify the resources expended.

A needs assessment is cost effective if its benefits equal or exceed its costs. Costs refer to the value of all of the resources used in the evaluation including the time of participants, subjects, and volunteer workers; and the services contributed to the needs assessment by any other agencies. Benefits denote the value of all the results derived from the needs assessment: These include the value of correctly identifying the needs and resources for the proposed MSN program and accurately determining its feasibility.

Cost effectiveness analysis is not easily adaptable to this situation because outcome variables are numerous and intangible, and they cannot be easily translated into numbers. However, the necessity to be frugal in carrying out the study so as not incur undue expenses to Saginaw Valley State College was a conscious concern related to the design of the study. Initially, the Dean of the School of Nursing and Allied Health Sciences agreed to mutually contribute toward the expense of the study since the study benefited both the researcher and the school.. In order to keep costs to a minimum the following methods were employed:

1. Design the study so as to maximize the amount of information at a fixed cost without jeopardizing the quality of information collected.

This was attained by using more than one data collection method to maximize information. Also each method was designed so as to decrease the number of subjects without sacrificing the amount or quality of information obtained. In the surveys, the cluster sampling method was used to identify the BSNs who met the criteria for selection as subjects because a sampling frame of BSNs was not available. All reviewed feasibility studies for MSN programs, sent 2,000-4,000 questionnaires (to all registered nurses) in order to "catch" the subjects who met the criteria. Two of the schools were funded with \$4,500 and \$12,600 to conduct their studies. Subjects who qualified were identified at their place of employment through a cluster sampling of agencies. The minimum number of subjects needed for the findings to be significant were also determined through a standard formula.

2. Use of the Task Force Method enabled the researcher to sample key informants from each constituent group to receive input from them. With seven to ten members in each group, and meetings of one to two times for 1 1/2 - 2 hours, each group was able to generate a large amount of information similar to those obtained by RN survey. The Nominal Group Process (NGP) was used to facilitate the process. Everyone who participated in the NGP were favorable toward the process. They felt that the process used was interesting as well as effective in generating ideas. The study conducted by Van de Ven and Delbecq (1974, p. 605) showed that the use of NGP clearly were more effective than the conventional discussion groups on the quantity of ideas generated. The Dean of the School of Nursing, upon summary evaluation of this feasibility study, stated that the Task Force Method using the NGP was very effective in collecting information and that it was one of the strengths of this study. She stated that perhaps this method provided more information than through the survey method.

**III. Were the rights of the persons affected by the study protected?**

**Criterion:** Discuss appropriateness of the report in terms of seven propriety standards as follows:

- A. Formal obligation**
- B. Conflict of interest**
- C. Full and frank disclosure**
- D. Public's right to know**
- E. Rights of human subjects**
- F. Balanced reporting**
- G. Fiscal responsibility**

The propriety standards require that a needs assessment be conducted legally, ethically, and with due regard for the welfare of those involved in the study as well as those affected by the results (Stufflebeam, et al., 1985). The discussion of the evaluation of each standard follows:

- A. Formal Obligation:** Obligations of the formal parties to a needs assessment (what is to be done, how, by whom, when) should be agreed to in writing, so that these parties are obligated to adhere to all conditions of the agreement or formally to renegotiate it.

An agreement for the researcher to conduct this needs assessment was made between the researcher and the the Dean of the School of Nursing and Allied Health Sciences in June, 1985. The school intended to apply for an Advanced Nurse Training Grant by July 1, 1986, therefore, the feasibility study was needed. The researcher agreed to take on this assignment and also took an opportunity to conduct a study as a partial fulfillment of a doctoral degree.



- B. Conflict of Interest: Conflict of interest, frequently unavoidable, should be dealt with openly and honestly, so that it does not compromise the needs assessment processes and results.

Conflict of interest exists in a needs assessment when the researcher's private interests might benefit from their research activities, causing needs assessment to produce biased findings. The researcher recognized that there was a potential for conflict of interest in this study because the researcher was an in-house agent, who most likely would be associated with the proposed program. Therefore, the researcher made an effort to conduct the study objectively and to evaluate it comprehensively using an established set of standards..

- C. Full and Frank Disclosure: The researcher's oral and written reports should be open, direct, and honest in their disclosure of pertinent findings, including the limitations of the study.

Full and frank disclosure means telling what one thinks and believes, and telling it all based on one's best informed judgement (The Joint Committee on Standards for Educational Evaluation, 1981). This research report reflects disclosure of all results, whether positive or negative. The researcher's analysis and interpretations of the results are also described in full. The survey respondents' comments are also included in the appendix.

- D. Public's Right to Know: The formal parties to a needs assessment should respect and insure the public's right to know, within the limits of other related principles and statutes, such as those dealing with public safety and the right to privacy.

A "right to know" audience is one that is entitled ethically and legally to be informed about the intents, operations and outcome of a needs assessment. These include all the constituents that would be affected by the proposed MSN program. Such public disclosure has not been made at this time, however, the researcher plans to recommend such plans for public disclosure.

- E. Rights of Human Subjects: Needs assessment should be designed and conducted so that the rights and welfare of the human subjects are respected and protected.

Researchers, for both moral and pragmatic reasons, should be knowledgeable about and adhere to both legal and other human rights requirements of research methodology. The procedures the researcher has taken to protect the rights of human subjects were described in Chapter III, and were strictly adhered to. Both SVSC and MSU guidelines for protection of human subjects in conducting research were followed. One agency asked the researcher to receive formal approval from their own committee for protection of human subjects which the researcher sought and approval was provided.

- F. Balanced Reporting: The needs assessment should be complete and fair in its presentation of strengths and weaknesses of the program or groups being studied so that its strengths can be built upon and its problem areas addressed.

Report balance means being complete and fair in reporting both negative and positive aspects of findings in the needs assessment. The researcher not only reported positive findings that indicate the needs and available resources for the proposed MSN program, but also reported those responses which were negative toward the proposed program, including concerns and issues to be dealt with when the decision for feasibility and further planning is made.

- G. Fiscal Responsibility: The researcher's allocation and expenditure of resources should reflect sound accountability procedures and otherwise be prudent and ethically responsible.

Funds and resources were used frugally in this needs assessment by selecting a research design, sampling method and sample size that were inexpensive without compromising the quality of the findings.

Because the expenditure for this study was regarded as a part of the regular expenses of the school, the expenditures were reported to the Dean openly and frankly on a regular basis. The costs for the needs assessment were shared between the researcher and Saginaw Valley State College as the study also served as the topic of a doctoral dissertation.

**IV. Has the study produced sound information?**

**Criterion:** Discuss appropriateness of the study in terms of eleven accuracy standards as follows:

- A. Object identification**
- B. Context analysis**
- C. Described purpose and procedures**
- D. Defensible information sources**
- E. Valid measurement**
- F. Reliable measurement**
- G. Systematic data control**
- H. Analysis of quantitative information**
- I. Analysis of qualitative information**
- J. Justified conclusion**
- K. Objective reporting**

Accuracy standards require that the obtained information be technically adequate and that conclusions are derived logically from the data. The discussions of the evaluation of each standard follows.

- A. Object Identification:** The groups whose needs and resources are being assessed should be sufficiently examined in order to determine the feasibility of the proposed program.

The study was designed so that the information about the group being studied (each of the major constituent groups) was obtained from different sources, thus enabling a full description of their characteristics.

The potential students were identified by their demographic characteristics, professional background and their preferences toward their graduate studies. The potential employers were also described by the type of institution,

and their needs and resources related to the MSN program. The characteristics and the type of resources the college can provide were also presented as a part of the feasibility study.

- B. Context Analysis:** The context in which the group exists should be examined in detail so that its likely influences on the group can be identified.

The context in which the group exists is the combination of the conditions surrounding the object that may influence its functioning. These conditions include geographic location of the group, its political and social climate in the region at that time, relevant health care agencies in the surrounding communities, and pertinent economic conditions.

This information were included initially under the "setting", and under "social indicators" in Chapter IV. A fairly extensive description of the surrounding community was provided in these sections.

- C. Described Purposes and Procedures:** The purposes and procedures of the needs assessment should be monitored and described in enough detail so that they can be identified and assessed.

The purpose of the study should be clearly identified and communicated to all the audiences from the outset. The purpose of this study was to collect sufficient information so that the feasibility of the proposed program can be

determined. The study indicated at the beginning that needs and resources be identified from the variety of constituent groups. The procedures used to collect information were described in sufficient detail in Chapter III.

- D. Defensible Information Sources: The sources of information should be described in enough detail that the adequacy of the information can be assessed.

The researcher should document and report their information sources, the criteria and methods used to select them, the means used to derive information from them, how they were selected as samples of some larger population of interest, and any unique and biasing features of the obtained information (The Joint Committee for Standards of Educational Evaluation, 1981).

Information sources for each needs assessment method used in this study were explained in Chapter III. The sampling procedures used for each type of survey and the extent of their generalizability was also indicated.

- E. Valid Measurement: The information gathering instruments and procedures should be chosen or developed and then implemented in ways that will insure that the interpretation arrived at is valid for the given use.

Validity is the most fundamental concern in the use of any measurement process. Measurement validity concerns the soundness of the inferences that are made from the results of data gathering process (The Joint Committee on Standards for Educational Evaluation, 1981).

The model applied in this study strengthened the validity of measurement in two ways. First, the validity of the survey instruments was strengthened by conducting a series of group meetings for exploring each constituent group before the survey instruments were prepared. Before the quantitative measurement instruments are developed for data collection, a qualitative understanding of the major parameters of the problem area as perceived by the target reference groups must be understood (Van de Ven and Delbecq, 1972). The Task Force Group methods used in this study provided questions to investigate. The second, the validity of the data obtained in this study was strengthened by using more than one data collection method. The group task force and social indicator methods were used to insure a wide variety of data needed in assessing feasibility. Also by using more than one data collection method, the findings in one method can be compared with another method to validate the accuracy of data.

The survey instruments were also pilot tested using samples similar to each type of subject. The researcher has also received feedback and improvements from qualified professionals (two institutional/social researchers, one educational administrator and two measurement specialists).

As described above the validity of the measurement in this study was inherent in the model applied to conduct this study.

- F. Reliable Measurement: The information-gathering instruments and procedures should be chosen or developed and then implemented in ways that will insure that the information obtained is sufficiently reliable for the intended use.

A reliable measure is one that provides consistent indications of the characteristics being investigated. Some questions which assess the reliability of an instrument are:

1. Are the data that are collected precise?
2. Would two independent observers observing the same phenomena record comparable data?
3. Would identical responses to the same factual questionnaire be obtained if given to the same subject at short-spaced intervals?
4. Would the subjects respond to the same test on a scale consistently on a retest? (Kovacs, 1985)

The survey instruments for this study are amenable for testing under the condition, 3 and 4, however, reliability testings were not performed.

- G. Systematic Data Control: The data collected, processed, and reported in a needs assessment should be reviewed and corrected, so that the results of the needs assessment will not be flawed.

There are many possibilities for error in collecting, scoring, recording, coding, filing, collating, analyzing and reporting data. In order to insure accuracy of the data processing, another individual assisted in coding and tabulating. Two people were also involved in computer data analysis. After the survey results were analyzed and



sorted, another individual with background in measurement checked the presentation for accuracy. Thus, every step of the data processing was checked by least one other individual with experience in data processing or measurement.

**H. Analysis of Quantitative Information:**  
Quantitative information in a needs assessment should be appropriately and systematically analyzed to insure supportable interpretations.

The survey method incorporated in the needs assessment generated a considerable amount of quantitative information. The original research proposal for this needs assessment was first prepared while the researcher was enrolled in CEP 907: Survey Research. In the proposal, the sampling as well as data analysis plans were included. The appropriateness of the data analysis plan for the Registered Nurse Survey was validated by the professor of that course. The data were analyzed through SPSS-9 (Statistical Package for the Social Sciences, 6000 version 9.0). The references used included SPSS (Nie, Hull, Jenkins, Steinbrenner, and Bent, 1975), and its Update Manual (Hull and Nie, 1981). The statistical analysis procedures used included frequency distributions, cross tabulation, and descriptive statistics for continuous data. As described above data were systematically and appropriately processed.

**I. Analysis of Qualitative Information:**  
Qualitative information in a needs assessment should be appropriately and systematically analyzed to insure supportable interpretations.

Qualitative information has been appropriately analyzed when: a necessary and sufficient set of categories has been compiled; reliable and valid information on these categories has been presented; and the meaningfulness of the derived conclusions and recommendations have been demonstrated (Joint Committee on Standards for Educational Evaluation, 1981).

In this study, qualitative information was obtained through task force groups and social indicator methods. The information obtained through the Task Force Group method was relatively well organized because the method included sorting and ranking of group members' ideas. The researcher's task was to analyze data from each group and compare these data with those from other data collection methods. The qualitative information was also obtained through the review of the existing statistical data (social indicators) relevant to the needs assessment.

In order to test the consistency of findings through the qualitative data collection methods, two individuals (Ph.D. prepared and having had experiences in educational research) reviewed the researcher's analysis and finally, the researcher made conclusions and recommendations, recognizing that qualitative and quantitative data are complementary.

**J. Justified Conclusions:** The conclusions reached in a needs assessment should be explicitly justified, so that the audiences can access them.

The conclusions of a needs assessment, which represent final judgements and recommendations must be based on sound logic and appropriate information. To be sufficiently defended, the conclusions must be reported along with an account of the needs assessment procedures, information, and underlying assumptions, and with a discussion of possible alternative explanations of the findings and reasons for rejecting them.

Analysis and conclusions of the needs assessment began with discussions of each subsidiary research question, which substantiated and provided justifications for the answers to the primary research questions. The conclusions then dealt with recommendations to the audiences about the feasibility of planning a MSN program at SVSC, as well as conclusion of the evaluation of the needs assessment methodology. The review of the summary statement revealed that this study did comply with this standard by including the above factors.

- K. Objective Reporting: The needs assessment procedures should provide safeguards to protect the needs assessment findings and reports against distortion by the personal feelings and biases of any party to the needs assessment.

Reports are objective to the extent they are based on impartial factual accounts and are not slanted to promote biased positions. Probably no report could meet these conditions completely, since human judgements clearly enter into the selection of evaluative criteria and instruments,

the choice of procedures for collecting and analyzing data, and the formulation of conclusions (The Joint Committee on Standards for Educational Evaluation, 1981). The point of this standard is to develop and report in such a way that they will be as unbiased as possible and reveal any suspected biases to the audience.

The researcher was aware that the potential bias exists because she could be a potential faculty member of the proposed program. The report of this study was submitted to the doctorally prepared individual in SVSC with extensive social research background for his review.

**PRIMARY RESEARCH QUESTION: How well was the study conducted?**

This question was addressed in the preceding section by exploring four subsidiary questions relating to the evaluation of this study. Each of the four questions were related to several sets of evaluation standards that are used to evaluate the needs assessment. The analysis of the evaluation of the needs assessment revealed that this study met a majority of the standards (26 of 29 or 89.7%) described above.

The researcher also asked the Dean of the School of Nursing and Allied Health Sciences to appraise the study. A separate instrument for this evaluation was prepared for this purpose. The Dean's appraisal can be found in Appendix X. In general, her appraisal of the study was positive. She commented that the strength of this study was the use of the Task Force Method. She stated that the method was found to be very efficient so that it can be applied to collect information in a number of situations. She found that the survey method did not prove to be as efficient as the NGP considering the amount of time it took to code and analyze the data.

Another analysis attempted to compare this study with other similar studies. In the review of the literature, three similar studies were described. Compared to those studies, the strengths of this study were the use of more comprehensive methods using a model and the sampling method

that decreased the number of questionnaires sent out to the subjects without jeopardizing the amount and quality of information.

In view of above evaluation results the researcher has identified the following as strengths and weaknesses of this study.

The strengths of the study were its application of a model that included a unique combination of three data collection methods. This research design enabled the collection of both qualitative and quantitative information and increased the validity of the findings. The study was also conducted frugally with an appropriate sampling method and sample size.

One of the general weaknesses of this study was that it did not include: a plan for budgeting nor for disseminating information. All in all, the study did collect useful information not just for judging the feasibility but for the development of a successful MSN program.

## **SUMMARY**

In this chapter, the data were examined and analyzed under each subsidiary research question. In part one, the overall determination of the need for the proposed program as well as feasibility for the program development were addressed. In part two, the evaluation of the needs assessment was discussed using standards from the Joint Committee on Standards for Educational Evaluation, and evaluation of the Dean of the School of Nursing and Allied Health. The study was also compared with similar studies conducted by three other nursing programs.

## CHAPTER VI: CONCLUSIONS

The purpose of this study was twofold: first to design and conduct a comprehensive feasibility study for the proposed Master's of Science degree program in Nursing at Saginaw Valley State College, and second, to evaluate its outcome. The previous chapter addressed specifically these two purposes: 1) Whether or not there were needs and resources to substantiate the proposal, and 2) How well the study was conducted. The following conclusions are intended to summarize the researcher's reflection upon the design, process and outcome of this study.

In order to conduct a comprehensive needs assessment, this study applied a model that included three data collection methods. The model that shows each step of the process was described in Chapter III (Figure 2, p. 58). The advantage of this model was that it allowed a wide variety of constituent groups to be represented. They included all who would be directly or indirectly affected by the proposed program, e.g., potential students, potential employers of the area health care agencies, community representatives and college (SVSC) personnel. Another advantage of this model was that it used three data collection methods, yielding more information in quantity and quality. A large amount of useful information was collected for judging feasibility as well as for program planning. Using more than one data collection method in the specific sequence also strengthened the



effectiveness of the other methods. For example, the information obtained via the Task Force Method was used to construct the questions for the Survey Method. Including the evaluation process for each phase of the study, also provided a credibility to the overall findings of this study.

During the course of this study, however, it became obvious to the researcher that some of the important elements for the needs assessment were not explicit in the model, even though they were addressed by the researcher during the study. In attempting to conduct a "comprehensive" feasibility study, a number of important elements should be addressed. Among these are the assessment of perceived needs and resources as reported by the constituents, an assessment of the readiness of the educational institution for the proposed program and an analysis of resources (Raines, 1986). As shown in Figure 2 (p. 58), elements included in the model were primarily perceived needs and resources as reported by the constituents while the assessment of readiness of the educational institution for the proposed program as well as the resource analysis were not made explicit by the model. The researcher did, however, address these elements fairly extensively under other headings (pp. 215-218; pp. 246-251). Inclusion of all these elements explicitly in the model would have provided a more comprehensive model for future use.

The methodology used for this study included several unique features that are worthy of mention. Among three data collection methods, i.e., Task Force, Survey, and Social Indicators, the researcher perceived that the Task Force Method was the most efficient of the three methods in terms of the quality and quantity of information produced. In a relatively short period of time, each task force group produced a large amount of relevant data. Although the Survey Method lacked opportunities for the researcher to "transact" with the respondents, the Task Force Method allowed the researcher to interact and validate information during the group meetings. Careful selection of the membership is crucial for generalizability of information collected through this method. Membership for each task force group was carefully chosen by the researcher and the Dean of the School of Nursing and Allied Health Sciences making sure each constituent group as well as each subgroup was adequately represented. Another advantage of the Task Force Method was that it took less time and resources as compared to the Survey Method. With careful planning and coordination of meetings, enthusiasm and interest among the participants of the task force groups was developed.

The Survey Method was useful for collecting empirical data to generalize to a larger population. The Survey Method consisted of three surveys: Registered Nurse Survey, Current Nursing Student Survey and Employer Survey.

In conducting the Registered Nurse Survey (RN Survey) the study was carefully planned so as to maximize the information obtained at the least expense possible. A sampling plan was carefully chosen to obtain the above effect. Because the sampling frame for those who meet the qualifications for this survey (BSNs and Potential BSNs) was not readily available, a cluster sampling was used in which each health care agency was considered a cluster. This sampling method enabled the researcher to identify the subjects through the health care agencies without having to survey all registered nurses in the 18 county area (some 4,000 registered nurses). For the results to be reliable the minimum number of subjects necessary for the RN Survey was determined in order to reduce the costs of mailing and the data analysis. The questionnaires were carefully prepared so that they were clear and easy for the subjects. In order to maximize the return rate of the survey questionnaires, each agency was contacted by phone to help elicit their cooperation. In both the RN Survey and Employer Survey, an approximate 50% and 57% return rate, was obtained. The agencies with a low return rate were contacted and encouraged to return the questionnaires.

The Social Indicator Method provided the data that indicated the standards as to how many registered nurses with masters degrees are needed in the area, as well as identifying the type of health care services required by the community. Demographic and economic trends of the society

are major forces that would have profound impact on program planning. One of the problems the researcher had encountered when collecting data through this method was that most current data were not readily available. Recent changes in health related policies by the government altered the environment of the health care profoundly so that the linear projection of manpower needs of the 1980 census data became less reliable.

The three data collection procedures used in this study, in spite of some problems and flaws in each, were useful for the overall purpose of this study. The researcher was most impressed with the Task Force Method.

As the researcher reflected on the outcome of this study, one of the most striking findings was the size of the potential student pool within a 50-mile radius of SVSC. It was estimated that there are more than 600 BSNs within a 50-mile radius of SVSC. The Registered Nurse (RN) sample group (N=291) revealed that 80% of the respondents (252 RNs) reported that they would meet the qualifications for the proposed program. Of the 252 RNs, 77% (195 RNs) indicated interest in the proposed MSN program. The disaggregation of those who were interested however revealed that 20% (40 RNs) reported that they were definitely interested and the remaining respondents reported that they "may be enrolled," within 2-3 years. The fact that only 20% of the RN respondents who were qualified had indicated definite interest toward the proposed MSN program (approximately 40

RNs) perplexed the researcher. However, it is understandable that one would not readily show "definite" interest when the program is still at a proposal stage.

In the Nursing Student Survey (N=97), 92% (89 students) reported that they would meet the qualifications and 69% of them (67 students) indicated interest in the proposed program. The major reasons for the relatively low percentage of interest shown toward the MSN program by this group were: 1) a desire to gain more experience in nursing, 2) the probability of moving out of the tri-county area, and 3) an uncertainty about the proposed program.

Among other findings that "surprised" the researcher were the discrepancies in the choice of specialty and functional roles preferred by the potential student groups and potential employer groups. Both the Community Task Force Group and the Potential Employer Survey revealed that medical-surgical and gerontological nursing were identified as specialty areas most needed in the community. Advanced education in nursing administration, especially the development of expertise in business and administration, was emphasized as the functional role by these two groups. On the other hand, the Alumni Task Force Group and Potential Student Surveys (both RN and current student groups) revealed that their choice of specialties were medical-surgical and maternal child health areas. Their first functional role of choice was the clinical specialist role, followed by the nurse educator role. The nurse

administrator role was the least preferred role among the potential students. It is obvious from the above that there are definite discrepancies between the agency administrators and potential students in the choice of program they prefer.

In Chapter II (p. 41) and Chapter IV (p. 169) the characteristics of the population and the trends in health care have been described. It revealed that the population of the study area as well as the nation is growing older. This means that more health care services will be needed for older adults than for younger people. Rising health care costs will continue to influence how health care agencies will operate. More knowledge and skills in administration and leadership will be required from the registered nurses in the future for them to respond to the changing needs of health care delivery systems. Thus, according to the social indicators, there will be more demand for the nurse administrator role than the clinical nurse specialist role.

Also evident in the above are the discrepancies between the findings from the social indicators and the preference of the potential students in terms of the choice of specialties and functional roles for the proposed MSN program. According to the transactional model of needs assessment, the educational program should take into account both individual needs and societal expectations. Favoring only one aspect of these needs could lead to an unsuccessful program. Thus it would be the role of the needs assessor to indicate these discrepancies to the decision makers.

Clarification of the term "needs" as not just an individual's wants or preferences, but as the interaction of individual preferences and societal/institutional expectations would assist the decision makers in planning the appropriate curriculum. The model applied in this study took into account both of these aspects.

Along with the assessment of perceived needs of the constituents, the resources and the readiness of the college toward the proposed program were also addressed in the study. As described in Chapter V, the recruitment of qualified faculty was the area that concerned the constituents the most. The Dean of the School of Nursing and Allied Health Sciences, having secured two faculty members with the Ph.D. and having other faculty members proceeding with their doctoral studies, is more optimistic than the faculty regarding this matter.

Assessment of the readiness of the organization toward the proposed program is also another major area to be considered in the feasibility study. This is the area with which the researcher was most concerned because of some conflicting feelings and attitudes of the faculty of the Department of Nursing. The organizational readiness or climate was examined as described in Chapter IV under Nursing Faculty Task Force Group and SVSC College-Wide Faculty Task Force Group (pp. 150-162), and summarized in Chapter V under "College" (p. 215-225). This subject was examined through two questions:

- Are the undergraduate nursing faculty members committed to the development of a MSN program?
- How do other faculty members in the college feel about the development of a MSN program?

Although the Nursing Faculty Group provided formal endorsement of the grant application for the proposed program, individual faculty members still have concerns regarding the "readiness" of the department. In-depth analysis of the climate was discussed in Chapter V (p. 246-251). The faculty of the college (SVSC) was positive toward the proposed program as shown in the results of SVSC College-Wide Task Force Group (Chapter V, p. 223).

The review of the elements of the feasibility study (i.e., perceived needs and resources of the constituents, resource analysis and assessment of the readiness of SVSC for the proposed MSN program) left the researcher with the view that SVSC should proceed with planning for the proposed program. On the other hand, careful attention should be paid to all the concerns and recommendations provided by the constituent groups during the course of this study.

Having reviewed the design, methodology and outcome of this study, the following strengths and weaknesses of this study were identified. The strengths included:

- Application of a model for conducting a feasibility study that involved a wide variety of constituent groups.



- Combination of three data collection methods which complemented each other.
- The Task Force Method which was found to be the single most useful data collection procedure.
- Systematic evaluation of the process and outcome of feasibility study which enhanced the credibility of the findings.

The weaknesses included:

- The model applied in this study was not explicit in showing either a resource analysis or an assessment of organizational readiness.
- The plan for the dissemination of findings was not addressed.

The experience of conducting this research as well as working with the dissertation committee was both challenging and rewarding. The research process employed has provided a number of opportunities to learn more about research methodology. These research related experiences include:

- Conducting a feasibility study that can be applied to many situations.
- Implementing a formal research study within an institutional setting.
- Applying organizational change theory within a feasibility study context.
- Instituting a systematic program evaluation.
- Relating and working with people in various positions within and outside the college.

In summary, this chapter described primarily the researcher's insights and conclusions relative to the completed study. This study was reviewed in terms of design, process and outcome. The strengths and weaknesses of the study were also identified. Finally, the researcher has identified what has been learned as the result of the entire process of this endeavor.

## **APPENDICES**

**APPENDIX A:**

**LETTER TO THE MEMBERS OF THE COMMUNITY  
TASK FORCE**



# Saginaw Valley State College

November 20, 1985

Dear :

Saginaw Valley State College School of Nursing is preparing to undertake a needs assessment to determine the current need for a program leading to the Master of Science in Nursing (M.S.N.) Degree. You have been identified as a key person in the community with the knowledge and expertise to assist us in this process. You will be a major asset to the task force which will identify and study key issues and recommend approaches to the needs assessment.

The task force will hold two meetings of two hours each. The first meeting will be held on Thursday, December 5, 1985, from 4:00 p.m. to 6:00 p.m. in the Large Conference Room in the Administration Building (see enclosed map). You can plan to park in Parking Lot "A" (by Pierce Road). The second meeting will be held on January 2, 1986, from 4:00 p.m. to 6:00 p.m. We trust you will be able to participate in both of these important sessions. We look forward to seeing you for the first session.

**THURSDAY, DECEMBER 5, 1985**

**4:00-6:00 P.M.**

**LARGE CONFERENCE ROOM**

**ADMINISTRATION BUILDING**

(Please note the location on the enclosed map)

Sincerely yours,

*Crystal M. Lange*

Crystal M. Lange, R.N., F.A.A.N., Ph.D.  
Dean, School of Nursing and  
Allied Health Sciences

CML:reg

Enclosure

**APPENDIX B:**  
**MEMO TO NURSING FACULTY**



APPENDIX B

# Saginaw Valley State College

## MEMO

TO: Nursing Faculty  
FROM: Sachiko Claus *S. Claus*  
DATE: January 13, 1986  
RE: Department of Nursing Meeting

I would like to remind you of the Department of Nursing meeting on Wednesday, January 15, 1986, from 1:00-3:00 p.m. in the Pioneer Board Room. The topic of the meeting will be MSN Needs Assessment.

nkr

**APPENDIX C:**

**DOCUMENTS RELATED TO REQUESTING APPROVAL FROM  
INSTITUTIONAL REVIEW BOARD - SAGINAW  
VALLEY STATE COLLEGE**





# Saginaw Valley State College

## MEMORANDUM

TO: Sachiko K. Claus  
Crystal M. Lange

FROM: Janet K. Robinson, Chairperson *JKR/lka*  
Institutional Review Board For Protection of Human Subjects

DATE: March 3, 1986

RE: Approval of Your Proposal

The board approved your proposal as it was submitted at its February 26 meeting. I have attached the cover sheet indicating that approval.

If you have further comments or questions, please do not hesitate to contact me.

JKR:lka

Enclosure

SAGINAW VALLEY STATE COLLEGE  
INSTITUTIONAL REVIEW BOARD - PROTECTION OF HUMAN SUBJECTS  
REQUEST FOR PROJECT APPROVAL

Request Number (to be assigned by the committee): 27

Project Title:

Analysis and Evaluation for a Master's Degree in Nursing Program at Saginaw Valley State College

Investigators:

Sachiko K. Claus  
Crystal M. Lange

Inclusive Dates of Project:

February 20, 1986  
April 30, 1986

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COMMITTEE ACTION (Note: Approval by the Committee does not constitute any acceptance of responsibility for the conduct of the investigation. Responsibility for the conduct of the investigation must remain with the investigator(s). The Committee reserves the option of reviewing its approval at any time.) All approvals incorporate the general "Approval Conditions" cited in the policies.

☒ Approved as submitted  
☐ Approved as submitted  
☐ Approved with conditions  
☐ Not approved

Date: 2/26/86

Signature: James K. Robinson

Approval Expires: \_\_\_\_\_

Comments:

1. State the purpose of this study, and describe the data collection procedure. Attach a copy of ALL instruments. If the instrument is not available at the time of submission, please so advise.

The purpose of this study is to conduct a survey of potential students and employers in order to assess the needs for a Master's Degree in Nursing Program at Saginaw Valley State College. (Please see Exhibit A and B)

Exhibit A: Abstract

Exhibit B: Survey questionnaires and cover letters for potential students and employers (to be type set as a final product)

1. A letter and questionnaire for registered nurses
2. A letter and questionnaire for SVSC nursing students
3. A letter and questionnaire for potential employers

2. From what source(s) will subjects be obtained?

A. Potential Employers:

Health care agencies in East Central Michigan listed by Michigan Department of Public Health (MDPH)

B. Potential Students:

1. The registered nurses who are employed by the Health Care Agencies in East Central Michigan
2. SVSC nursing students

3. List the criteria for selection of subjects for this study.

A. The criteria for selection of potential employers:

1. The health care agencies listed by MDPH which employ the registered nurses
2. Stratified random sample of the agencies using the types of agencies as strata.

B. The criteria for selection of potential students:

1. All registered nurses who:
  - a. are currently employed by the agencies selected as samples of potential employers, having the Bachelor of Science degree in Nursing (BSN) or
  - b. are currently enrolled in a BSN program
  - c. agrees to participate in this survey

Institutional Review Board  
Protection of Human Subjects  
Page 2 (Continued)

2. All generic nursing students currently enrolled in the nursing courses in Winter Semester 1986, who agree to participate in this survey.
4. What are the approximate age ranges for your subjects?

Potential students age range twenty to fifty years old.

5. Informed Consent - Describe how and where consent will be obtained and attach form. (See special instructions.)

Informed consent will be obtained from the subjects at the time of distribution of the questionnaire to the subjects. The cover letter explaining the purpose of the study will accompany the questionnaire. The subjects will be told that the participation in the survey is voluntary and that the decision not to participate will not in any way affect their relationship with the college.

6. Describe the specific setting for data collection (e.g., classroom laboratory, conference room, homes, etc.).

A. The institutional and registered nurse surveys:

The agency survey questionnaires will be mailed to the subject agency along with the registered nurses' questionnaire. The investigator will explain, either by phone or in person about the purpose and nature of the study to the directors of nursing education. They will be asked to distribute and retrieve the questionnaires to/from the registered nurses who meet the criteria. Director of Nursing or his/her designee will be asked to complete the institutional questionnaire.

B. The generic nursing student survey:

During the second week of March the currently enrolled generic nursing students will receive a questionnaire from their course instructor. They will be asked to take approximately five minutes at the beginning of the class to complete the questionnaires. The questionnaire would take each subject approximately five minutes to complete. The course instructor will be asked to collect the questionnaires immediately after students complete the questionnaire.

7. Describe provision for the confidentiality of records and anonymity of the subjects.

The subjects will be asked not to identify themselves on the questionnaire. The subjects will be assured that the questionnaires will not be identified with the particular agencies where the subjects are employed.

8. Describe the nature and degree possible risks to the subject in participating in the investigation. Risk refers to all risks--physical, psychological, social, legal, etc. Include an assessment of the likelihood and seriousness of such risks.

No risk is anticipated to the subjects in the study.

The agencies will be assured that their participation or non-participation in the survey will not affect their relationship between the agency and college.

The registered nurses will be assured that their participation or non-participation in the survey will not affect their relationship with the inservice director nor their performance evaluation.

The nursing students also will be assured that their participation or refusal to participate will not in any way affect in their grading procedures.

9. What precautions are planned to minimize risks in order to protect the rights and welfare of the individuals?

The voluntary nature of the survey and the procedure used to maintain subjects' anonymity will present minimal risk to the participating agency or subjects.

10. What are the potential benefits of this investigation? Benefits refer to those gained by the individual subject as well as those which may accrue to society in general as a result of the project.

This needs assessment study would provide the college administrators with realistic information for decision-making and eventually for the development of a successful program.

The establishment of a successful MSN program at SVSC would provide the area registered nurses with opportunity to study nursing at graduate level closer to their home and work place.

The development of high quality graduate nursing program would in turn elevate the scholarship of the existing BSN program.

11. Briefly outline the qualifications of the responsible investigator(s).

Sachiko K. Claus

Received a master's degree in nursing from the University of Michigan in 1979. Conducted a research project in cardiac nursing as a partial fulfillment for the master's degree. Recently, has completed all the course work at the doctoral level in education. The courses completed include; advanced research methods in education and advanced statistical methods in educational research. This study is part of her doctoral dissertation.

Crystal M. Lange

B.S.N., M.S.N., Ph.D. has conducted several research projects involving nursing students and the teaching-learning process.

Name and Signature of Investigator(s) with Date Signed (students must have advisor's signature)

Sachiko K. Claus

Crystal M. Lange

Date: 2-10-86

Date: \_\_\_\_\_

Date: 2-10-86

Attachments (please list):

## EXHIBIT A

### ABSTRACT

#### AN ANALYSIS OF THE PROCESS OF CONDUCTING A NEEDS ASSESSMENT FOR A MSN PROGRAM AT SVSC

Successful program development in higher education should rest upon both an assessment of need and careful planning. A review of the literature revealed that a comprehensive needs assessment addresses not only the demands of the potential students, but also a variety of factors related to all the constituent groups. This study describes and analyzes an application of a comprehensive model for conducting a needs assessment.

The School of Nursing and Allied Health Sciences at Saginaw Valley State College (SVSC) has proposed to establish a graduate program leading to a Masters of Science in Nursing (MSN) degree. In order to develop a successful graduate program that is appropriate for the community, a comprehensive needs assessment is being undertaken.

The study will begin with a series of advisory meetings, i.e., community representatives, potential employers and faculty. The information obtained through these meetings will be used to formulate both a questionnaire for potential students and another for potential employers.

The sample of potential students will include currently enrolled nursing students at SVSC, employed BSNs, and employed potential BSNs in the study area. The sample of health care agencies will have proportional representation according to type and size classifications as they occur in the general agency population.



The need for a MSN program at SVSC will then be determined based on an analysis of questionnaire results, as well as social indicators from other sources (e.g., age distribution, health indices, and employment trends). In addition, the process of the needs assessment will be analyzed according to a set of specified criteria in the hopes of providing recommendations to improve the methodology of conducting future needs assessments.

EXHIBIT B  
A LETTER TO NURSING STUDENTS

Dear Nursing Students:

The School of Nursing and Allied Health Sciences is proposing a Masters of Science Degree Program. The school intends to submit a grant application to the Department of Health and Human Services prior to July 1, 1986. We anticipate the earliest possible date for the program implementation to be in the Fall, 1987 or Winter, 1988. The type of program will depend greatly upon the identified community needs.

In December, the school began a feasibility study for the proposed program as part of the study, we would like to survey the SVSC nursing students for your input. Your participation in the survey is very crucial to the kind of program we will provide.

Please answer the attached questionnaire and return it to the course instructor before the lecture begins. Your participation is voluntary. Your decision not to participate will neither affect your grade nor your relationship with the college.

Sincerely,

Crystal M. Lange, PhD, FAAN  
Dean, School of Nursing and  
Allied Health Sciences  
Saginaw Valley State College

CML/tlf

Attachment

EXHIBIT B

A LETTER TO AGENCIES



# Saginaw Valley State College

Dear

The School of Nursing and Allied Health Sciences at S.V.S.C. is proposing a Masters of Science Degree in Nursing Program. The school intends to submit a grant application to the Department of Health and Human Services prior to July 1, 1986. We anticipate the earliest possible date for the program implementation to be in Fall, 1987 or Winter, 1988. The type of program we will offer depends greatly on the identified community needs.

In December, 1985, the school began a feasibility study for the proposed program. As a part of the needs assessment we would like to survey the area institutions for your input. Your participation in the needs assessment process is very crucial to the kind of program we will provide.

Please answer the attached questionnaire and mail it to the address below by March , 1986.

Sincerely yours,

Crystal M. Lange, Ph.D., FAAN  
Dean, School of Nursing and  
Allied Health Sciences  
Saginaw Valley State College  
2250 Pierce Road  
University Center, MI 48710



# Saginaw Valley State College

Dear Registered Nurse:

The School of Nursing and Allied Health Sciences, Saginaw Valley State College, is preparing an application to Health and Human Services. The purpose is to procure funding in order to plan, develop and operate a high quality graduate nursing program at SVSC. The graduates will earn the Master of Science in Nursing degree and will be prepared for leadership roles in nursing practice and nursing education settings.

As a part of the application for federal funding, we must identify the potential students for the proposed program. Please complete the attached questionnaire, enclose it in the attached envelope, and return it to your supervisor within the next 5 to 7 days. Please write your name and address on a separate card found with this questionnaire, if you wish to be kept informed of any progress in getting the M.S.N. program started.

Thank you for your time and interest.

Sincerely yours,

Crystal M. Lange, R.N., Ph.D., F.A.A.N.  
Dean for the School of Nursing and  
Allied Health Sciences

CML/tlf

Attachments

**APPENDIX D:**

**DOCUMENTS CONCERNING PROTECTION OF HUMAN  
SUBJECTS - MICHIGAN STATE UNIVERSITY**

MICHIGAN STATE UNIVERSITY

UNIVERSITY COMMITTEE ON RESEARCH INVOLVING  
HUMAN SUBJECTS (UCRIHS)  
238 ADMINISTRATION BUILDING  
(517) 355-2186

EAST LANSING • MICHIGAN • 48824-1046

February 21, 1986

Ms. Sachiko K. Claus  
3207 Curtis Road  
Birch Run, Michigan 48415

Dear Ms. Claus:

Subject: Proposal Entitled, "An Analysis of the Process of  
Conducting a Needs Assessment for a MSN Program at  
SVSC"

I am pleased to advise that I concur with your evaluation that this project is exempt from full UCRIHS review, and approval is herewith granted for conduct of the project.

You are reminded that UCRIHS approval is valid for one calendar year. If you plan to continue this project beyond one year, please make provisions for obtaining appropriate UCRIHS approval prior to February 21, 1987.

Any changes in procedures involving human subjects must be reviewed by the UCRIHS prior to initiation of the change. UCRIHS must also be notified promptly of any problems (unexpected side effects, complaints, etc.) involving human subjects during the course of the work.

Thank you for bringing this project to my attention. If I can be of any future help, please do not hesitate to let me know.

Sincerely,



Henry E. Bredeck  
Chairman, UCRIHS

HEB/jms

cc: Dr. James E. Snoddy

3207 Curtis Road  
Birch Run, MI 48415  
February 19, 1986

Dr. Henry Bredeek  
Administration Building  
Room 234  
Michigan State University  
East Lansing, MI 48824

Dear Dr. Bredeek:

I am enclosing three letters that are to accompany the questionnaires. Your suggestions have been incorporated in these letters. I appreciate your suggestions.

Sincerely,

Sachiko K. Claus  
Doctoral Student

SKG/tlf

Enclosure

C  
O  
P  
Y

TO:

FROM: Sachiko K. Claus, Doctoral Student  
Department of Administration and Curriculum  
Adult and Continuing Education  
Michigan State University

Home Address: 3207 Curtis Road  
Birch Run, MI 48415

RE: Review of Projects Involving Human Subjects: A Request for Exemption from  
Full Committee Review

DATE: February 11, 1986

I am requesting the committee to review my doctoral dissertation project which involves human subjects. The attached document includes the information specified by the review committee. I believe that the project meets the criteria for the category of 1-C and E under "Exemption from Full Committee Review."

Therefore, I am requesting that the status of "Exemption from Full Committee Review" be applied to my project. The following describes title and the rationale for meeting the criteria for the exemption:

Title: An Analysis of the Process of Conducting a Needs Assessment for a MSN Program at SVSC

Rationale: A. The project involves two types of surveys: The survey of potential employers and the survey of potential students.

1. The questionnaires are designed and administered so that the potential students and potential employers cannot be identified either directly or indirectly via identifiers.

2. Risks involving the subjects are considered minimal.

B. The project also is planned to use the existing data which are publicly available, e.g., demographic data, health indices, employment trends.



## A REQUEST FOR THE REVIEW OF PROJECTS INVOLVING HUMAN SUBJECTS

1. Abstract: Please see Exhibit A.
2. The requirements for a subject population and the rationale for using the particular population group.

### A. The survey of the potential students

1. The survey of the potential students would be essential for successful program development. In this study, those who meet the criteria for the proposed MSN program are the registered nurses who have a Bachelor's Degree in Nursing (BSN) or who anticipate a BSN degree in the near future. Currently no such listing of the BSN population in the study area is available.
2. The potential students (BSNs and potential BSNs) can be identified relatively easily through their employment.
3. In order to identify the subjects in the sample institution, the Director of Nursing will be asked to provide the number of BSNs and potential BSNs in the agency.
4. The currently enrolled nursing students will also be asked to participate in the survey since this population could benefit from the proposed MSN program.

### B. Survey of the potential employers

The potential employers will be identified from the list of health care agencies provided by the Michigan Department of Public Health. This sampling frame was used for sampling the potential employers since the proposed program intends to meet the needs of the immediate surrounding area.

## 3. An analysis of the risk/benefit ratio.

### A. Potential risks:

The voluntary nature of the survey and the procedure used to maintain subjects' anonymity will present minimal risk to the participating agency or subjects.

### B. Procedures:

#### 1. The institutional and registered nurse surveys:

The agency survey questionnaires will be mailed to the subject agency along with the registered nurses' questionnaire. The investigator will explain, either by phone or in person about the purpose and nature of the study to the directors of nursing education. They will be asked to distribute and retrieve the

questionnaires to/from the registered nurses who meet the criteria. The subjects will be asked to place their questionnaires in a sealed envelope before they are submitted to the inservice director. The Director of Nursing or his/her designee will be asked to complete the Institutional Questionnaire and to return by mail.

2. The generic nursing student survey:

During the second week of March the currently enrolled generic nursing students will receive a questionnaire from their course instructor. They will be asked to take approximately ten minutes at the beginning of the class to complete the questionnaire. The course instructor will be asked to collect the questionnaires immediately after their completion.

3. The subjects will be asked not to identify themselves on the questionnaire. The subjects will be assured that the questionnaires will not be identified with the particular agencies where the subjects are employed.

C. Potential benefits:

This needs assessment study would provide the college administrators with realistic information for decision-making and eventually for the development of a MSN program.

The establishment of a successful MSN program at SVSC would provide the area registered nurses with an opportunity to undertake graduate level nursing studies closer to their home and work place.

The development of high quality graduate nursing program would in turn elevate the scholarship of the SVSC School of Nursing and Allied Health Sciences.

4. Consent procedure.

Informed consent will be obtained from the subjects at the time of distribution of the questionnaires. The cover letter explains the purpose of the study will accompany the questionnaire. The subjects will be told that their participation in the survey is voluntary and that the decision not to participate will not in any way affect their relationship with the college.

The agencies will be assured that their participation or non-participation in the survey will not affect their relationship between the agency and SVSC.

The registered nurses will be assured that their participation or non-participation in the survey will not affect their relationship with the inservice director or their performance evaluation.

The nursing students also will be assured that their participation or refusal to participate will not in any way affect their grades.

5. Copies of consent forms.

A cover letter that accompanies each questionnaire explains the voluntary nature of the survey as well as the procedure for ensuring anonymity. (Appendix B)

6. Copies of gathering instruments.

Please see Appendix B. Three types of survey questionnaires will be formed.

7. Signed statement from the student's major professor. (Appendix C)

8. Graduate students to submit a "method" chapter of the dissertation. Please see Appendix D. This request particularly pertains to pages 46-49.

9. The date the responses are requested: March 1, 1986.

The date the survey will begin: March 2, 1986.

**APPENDIX E:**  
**STEPS FOR ESTIMATING SAMPLE SIZE FOR THE**  
**REGISTERED NURSE SURVEY**

## APPENDIX E

### To Estimate Appropriate Sample Size:

Table E.1 below shows the steps to estimate the overall sample size  $N$  and the number of clusters to be sampled for each type of health care agency.

TABLE E.1. STEPS FOR DERIVING NUMBER OF CLUSTERS IN EACH STRATUM.

Steps	STRATUM					
	Health Dept./ Visiting Nurses Assoc. (HD/VNA)	Home Care (HC)	Medium- Size Hospital (MH)	Small- Size Hospital (SH)	Nursing Homes (NH)	Schools of Nursing
Step 1 $n_i$ # agencies	11(5*,6)	3(10)	7(6)	2(21)	13(18)	2(3)
Step 2 $\bar{m}_i$ local avg	9	.5	40	5	.1	14.6
Step 3 $M_i = n_i \bar{m}_i$ $\Sigma M_i = 816.5$	11 x 9 = 99	6.5	520	115	3	73
Step 4 $W_i = \frac{M_i}{\Sigma M_i}$	.12	.01	.64	.14	.004	.09
Step 5 Overall formula for L	Insert values into overall formula as described in the narrative below.					
Step 6, 7 & 8 $\frac{M_i \cdot W_i}{.6}$	$\frac{268 \times 12}{.6}$ = 6(3*,3)	$\frac{268 \times .01}{.6}$ = 9(2*,7)	$\frac{268 \times .64}{.6}$ = 7(4,3*)	$\frac{268 \times .14}{.6}$ = 12*(1,11)	$\frac{268 \times .004}{.6}$ = 17(7,10)	$\frac{268 \times .09}{.6}$ = 3(1,2)

\*30 Mile Radius, 30-50 Mile Radius

A verbal explanation of the steps used in estimating sample size as defined in Table E.1 follows:

- Step 1. The total number of agencies for each type of health care agency was identified by referring to the list provided by the Michigan Department of Public Health as of January, 1985.
- Step 2. By telephoning a sample of health care agencies in the area, the average number of BSNs employed by each type of health care agency was determined,  $\overline{m}_1$ .
- Step 3. The total number of BSNs in each type of health care agency  $M_1$  derived by multiplying  $\overline{m}_1$  and  $\overline{m}_1$ .
- Step 4.  $W_1$ , a probability of proportion to size for each type of health care agency was determined by:

$$W_1 = \frac{M_1}{\sum M_1}$$

- Step 5. The sample size L, then can be calculated as follows:

$$\begin{aligned} \frac{\sum M_1 \cdot \delta_1^2}{W_1} &= \frac{(99)^2 (.25)}{.12} + \frac{(6.5)^2 (.25)}{.01} + \frac{(520)^2 (.25)}{.64} \\ &\quad + \frac{(115)^2 (.25)}{.14} + \frac{(3)^2 (.25)}{.004} + \frac{(73)^2 (.25)}{.09} \\ &= 20418.75 + 1056 + 105625 \\ &\quad + 23616.07 + 562.5 + 14802.78 \\ &= 166081.35 \\ (\sum M_1)^2 \left(\frac{B}{4}\right)^2 + \sum M_1 \cdot \delta_1^2 &= (816.5)^2 \frac{(.05)^2}{4} + 99(.25) + 6.5(.25) + \\ &\quad 520(.25) + 115(.25) + 3(.25) + 73(.25) \\ &= 416.67 + 24.75 + 1.63 + 130 + 28.75 + .75 + \\ &\quad 18.25 \end{aligned}$$

$$= 620.8$$

$$\frac{166081.35}{620.8} = 267.52$$

$$= \underline{\underline{268}}$$

By this formula, the minimum number of the respondents needed for this survey was determined as 268.

- Step 6. The number of clusters to be sampled from each type of health care agency were derived by multiplying L and  $W_1$ .
- Step 7. The questionnaire return rate for this survey was estimated as 60%. To ensure the minimum number of respondents (268), the number of clusters was divided by .6 to arrive at the final value (Table E.1).
- Step 8. The clusters chosen among the agencies within 30 miles and 50 miles are proportionate to the actual number present.



**APPENDIX F:**  
**NURSING EDUCATION SURVEY**

**APPENDIX F**

**NURSING EDUCATION SURVEY**  
**for a**  
**Proposed Masters Degree Program in Nursing**  
**(For Potential Students)**



**Saginaw Valley State College**

**School of Nursing and Allied Health Sciences**

**March 1986**

**NURSING EDUCATION SURVEY**  
**for a**  
**Proposed Masters Degree Program in Nursing**  
**(For Potential Students)**  
**SAGINAW VALLEY STATE COLLEGE**

Please check the appropriate blanks unless otherwise instructed.

**Professional Nursing Background:**

1. How many years have you been in practice as a registered nurse?
  - ☐ A. Less than 1 year
  - ☐ B. 2-4 years
  - ☐ C. 5-10 years
  - ☐ D. 11-15 years
  - ☐ E. 16-25 years
  - ☐ F. more than 25 years
2. In what type of setting are you currently employed?
  - ☐ A. Hospital
  - ☐ B. Community Health Agency
  - ☐ C. Home Care Agency
  - ☐ D. Long-term Care Agency
  - ☐ E. Industry
  - ☐ F. H.M.O.
  - ☐ G. Other: Please specify \_\_\_\_\_
3. What is your current position in your employment setting?
  - ☐ A. Staff/charge nurse
  - ☐ B. Head Nurse
  - ☐ C. Patient care coordinator/manager/supervisor
  - ☐ D. Assistant Director of Nursing
  - ☐ E. Director of Nursing
  - ☐ F. Nurse Educator (Inservice, Hospital Education)
  - ☐ G. Other: Please specify \_\_\_\_\_
4. What is your clinical specialty area?
  - ☐ A. Adult Medical-surgical
  - ☐ B. Critical care/O.R./Emergency
  - ☐ C. Parent-child Health
  - ☐ D. Community Health
  - ☐ E. Psych/mental Health
  - ☐ F. Gerontology
  - ☐ G. Occupational Health
  - ☐ H. Other: Please specify \_\_\_\_\_

### **Educational Background**

5. What is the type and year of your initial nursing Education?

\_\_\_\_\_ Year Earned

- ☐ A. Diploma
- ☐ B. Associate Degree
- ☐ C. Bachelors Degree in nursing

6. What is the highest degree you hold?

- ☐ A. Diploma
- ☐ B. Associate Degree
- ☐ C. B.S. in Nursing
- ☐ D. Bachelors degree in other field (specify \_\_\_\_\_)
- ☐ E. M.S. in Nursing
- ☐ F. Masters degree in other field (specify \_\_\_\_\_)
- ☐ G. Ph.D. in Nursing or DNsc
- ☐ H. Ph.D. in other field (specify \_\_\_\_\_)
- ☐ I. Other: Please specify \_\_\_\_\_

7. Are you currently enrolled in any of the following educational programs?

- ☐ A. B.S.N. program
- ☐ B. Bachelors in other field (specify field \_\_\_\_\_)
- ☐ C. M.S.N. program
- ☐ D. Masters in other field (specify field \_\_\_\_\_)
- ☐ E. Ph.D. in Nursing or DNsc
- ☐ F. Ph.D. in other field (specify field \_\_\_\_\_)

### **Future Educational Plans**

8. Do you plan to be enrolled in any of the following academic programs within the next three years?

- ☐ A. B.S.N. program
- ☐ B. Bachelors in other field (specify field \_\_\_\_\_)
- ☐ C. M.S.N. program
- ☐ D. Masters in other field (specify field \_\_\_\_\_)
- ☐ E. Ph.D. in Nursing or DNsc
- ☐ F. Ph.D. in other field (specify field \_\_\_\_\_)
- ☐ G. Other (specify \_\_\_\_\_)

### **Proposed MSN program at SVSC:**

When a Masters degree in nursing program is developed at SVSC, the program will be 40-46 credits to complete. The major qualifications for admission to the program are projected as follows:

- Baccalaureate degree in nursing from a N.L.N. accredited insitution
- Undergraduate G.P.A. of 3.0 or higher (on a 4.0 point scale)
- Licese to practice as a registered nurse in the State of Michigan
- Documented competence in nursing practice through references

9. Do you have all of above qualifications?

- ☐ A. Yes, currently
- ☐ B. Not yet, but expect to have within next 2-3 years
- ☐ C. No, not within next 2-3 years

10. Would you enroll in the masters degree program in nursing if it were available at SVSC within the next 2-3 years?

- ☐ A. Yes, definitely
- ☐ B. Yes, maybe
- ☐ C. No, I plan to be enrolled in a M.S.N. program elsewhere
- ☐ D. No, I do not plan to go on to a M.S.N. program
- ☐ E. Other (please describe \_\_\_\_\_)

If you answered "Yes, definitely," or "Yes, Maybe" in the above question (#10), please answer questions #11 through #22

If you answered "No", answer #17 through #22

11. What specialty area would you choose to study in the MSN program?

- ☐ A. Community Health
- ☐ B. Psych-mental Health
- ☐ C. Parent-child Health
- ☐ D. Gerontology
- ☐ E. Adult Med/surg
- ☐ F. Other: please specify \_\_\_\_\_

12. What functional role are you interested in learning in the MSN program?

- ☐ A. Nursing administrator role
- ☐ B. Nurse Educator role
- ☐ C. Clinical Nurse Specialist role
- ☐ D. Nurse researcher role
- ☐ E. Other: please specify \_\_\_\_\_

13. When you are to be enrolled in the proposed Masters degree in Nursing program, you will enroll:

- ☐ A. Full-time
- ☐ B. Part-time

14. When you are to begin the proposed masters degree program, would you prefer to be enrolled in:

- ☐ A. Fall and Winter semesters only
- ☐ B. Fall, Winter, Spring and Summer semesters
- ☐ C. Other: please specify \_\_\_\_\_

15. Which of the following days of the week are most convenient for you to commute to SVSC?

- ☐ A. Two afternoons per week (week days, each 3 hours)
- ☐ B. Two evenings per week (week days, each 3 hours)
- ☐ C. One day a week (week day, each 6 hours)
- ☐ D. Every other Friday and Saturday (12 hours Bi-weekly)
- ☐ E. Other: please specify \_\_\_\_\_

16. From your residence, how far would you need to travel to SVSC?

- ☐ A. up to 20 miles
- ☐ B. 21 - 30 miles
- ☐ C. 31 - 40 miles
- ☐ D. 41 - 50 miles
- ☐ E. more than 50 miles

**Demographic Background**

17. Sex

- ☐ A. Male
- ☐ B. Female

18. Age:

- ☐ A. 18 - 25
- ☐ B. 26 - 35
- ☐ C. 36 - 45
- ☐ D. 46 - 55
- ☐ E. over 55

19. Race:

- ☐ A. White
- ☐ B. Black
- ☐ C. Spanish
- ☐ D. American Indian
- ☐ E. Oriental
- ☐ F. Other (specify \_\_\_\_\_)

20. Marital Status:

- ☐ A. Single
- ☐ B. Married
- ☐ C. Divorced
- ☐ D. Separated
- ☐ E. Widowed

**21. Number of Dependents:**

- ☐ A. None
- ☐ B. 1
- ☐ C. 2
- ☐ D. 3
- ☐ E. 4
- ☐ F. 5 or more

**22. Ages of Your Dependents:**

- ☐ A. \_\_\_\_\_ years old
- ☐ B. \_\_\_\_\_ years old
- ☐ C. \_\_\_\_\_ years old
- ☐ D. \_\_\_\_\_ years old
- ☐ E. \_\_\_\_\_ years old

**23. What would be your objective for enrolling in the proposed M.S.N. program?**

**24. Please write questions and comments about the proposed program.**

**For further inquiry about the proposed masters degree program, or for this survey please contact:**

**School of Nursing and Allied Health Sciences  
Saginaw Valley State College  
2250 Pierce Road  
University Center, MI 48710-0001  
Telephone: 517-790-4145**

**\*\*Thank you!\*\***



**APPENDIX G:**

**LETTER OF TRANSMITTAL TO REGISTERED NURSES**



# Saginaw Valley State College

Dear Registered Nurse:

The School of Nursing and Allied Health Sciences, Saginaw Valley State College, is preparing an application to Health and Human Services. The purpose is to procure funding in order to plan, develop and operate a high quality graduate nursing program at SVSC. The graduates will earn the Master of Science in Nursing degree and will be prepared for leadership roles in nursing practice and nursing education settings.

As a part of the application for federal funding, we must identify the potential students for the proposed program. Please complete the attached questionnaire, enclose it in the attached envelope, and return it to your supervisor within the next 5 to 7 days. We ask that you do not put your name on either the questionnaire or on the envelope. Your participation in the survey is voluntary, you may discontinue your participation at any time. Your participation or non-participation in the survey will not in any way affect your performance evaluation, your relationship with the person distributing the questionnaires, nor your relation with Saginaw Valley State College.

If you wish to be kept informed of any progress in getting the M.S.N. program started, please write your name and address on a separate card found with this questionnaire.

Thank you for your time and interest.

Sincerely yours,

A handwritten signature in cursive script that reads 'Crystal M. Lange'.

Crystal M. Lange, RN, PhD, FAAN  
Dean for the School of Nursing and  
Allied Health Sciences

CML/tlf

Attachments

**APPENDIX H:**

**RETURN ENVELOPE AND POST CARD FOR SURVEYS**

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS

PERMIT NO. 931

SAGINAW, MI

POSTAGE WILL BE PAID BY ADDRESSEE

Saginaw Valley State College  
School of Nursing  
Dr. Crystal M. Lange  
P.O. Box 2087  
Saginaw, Michigan 48605-5593



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

First Class Permit No. 931, Saginaw, MI

Postage will be paid by Addressee

**SAGINAW VALLEY STATE COLLEGE**  
School of Nursing  
Dr. Crystal M. Lange  
P.O. Box 2087  
Saginaw, MI 48605-9953

NAME

INSTITUTION

ADDRESS

STATE

ZIP

PHONE

I would like to be informed of progress in implementing an M.S.N. program at Saginaw Valley State College.

YES \_\_\_\_\_

NO \_\_\_\_\_

Please list any questions you have regarding the proposed M.S.N. program.

**APPENDIX I:**  
**COMMUNICATION WITH PARTICIPATING AGENCY**



# Saginaw Valley State College

March 11, 1986

Dr. Harland Verrill  
Department of Pathology  
Hurley Medical Center,  
1 Hurley Plaza,  
Flint, Michigan, 48502

Dear Dr. Verrill:

I am writing in regards to the questionnaires which we would like to distribute to the registered nurses in Hurley Medical Center. The questionnaire is directed to the Baccalaureate Prepared nurses. It is a part of the needs assessment study for the proposed Masters Degree Program in Nursing at Saginaw Valley State College.

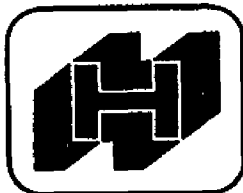
I am requesting an exemption from a formal review by the Institutional Review Boards of Hurley Medical Center because of the following reasons:

1. The subjects for this study are not the patients of Hurley Medical Center.
2. The subjects (the registered nurses) will not be identified by their name or with any other coding system.
3. Participation with this survey is voluntary.

I am enclosing a copy of the request for the Institutional Review Board of Saginaw Valley State College with its approval. This document includes the procedure of the survey as well as the sampling procedure. Also included are an abstract of the entire needs assessment of which this survey is a part. The registered nurse questionnaire and a cover letter will also be found.

Thank you for your consideration to examine this document.

Sincerely,  
*Sachiko K. Claus*  
Sachiko K. Claus R.N. M.S.  
Assistant Professor  
Department of Nursing



March 28, 1986

Ms. Sachiko K. Claus, R.N., M.S.  
Assistant Professor  
Department of Nursing  
Saginaw Valley State College  
University Center, MI 48710

Dear Ms. Claus:

I have reviewed your questionnaire involving the study of RN's who have BSN.

Since this does not involve invasive or psychological manipulation, human risks are non-existent. I exercise my authority as chairman of the Institutional Review Board to exempt this study from review.

This decision will be reviewed at the next meeting of the Hurley Medical Center Institutional Review Board.

Thank you for consulting the Institutional Review Board with this project.

Sincerely,

A handwritten signature in cursive script that reads "Harland Verrill".

Harland Verrill, Ph.D.  
Chairman  
Institutional Review Board

HB:ntb:500

**APPENDIX J:**

**LETTERS TO DIRECTORS OF NURSING EXPLAINING THE  
PROCEDURES FOR THE REGISTERED  
NURSE SURVEY**





# Saginaw Valley State College

Dear Director of Nursing:

As a part of our needs assessment for a proposed master's in nursing (MSN) program at SVSC we are asking BSN prepared nurses and those who are currently enrolled in the courses toward the BSN degree to respond to a questionnaire. The questionnaire and the letter explaining the procedure for returning the questionnaire are included in this packet.

Please ask each of your unit supervisors to identify the registered nurses who meet the criteria for this survey. The criteria are:

- (1) BSN, or
- (2) R.N. who is currently enrolled in the courses toward BSN degree

Please ask the supervisor to distribute the questionnaires to those who meet the above criteria and then collect the questionnaires within the next 7-10 days. After the questionnaires are collected, please deposit them in the mail.

We greatly appreciate your assistance with our needs assessment. Should you have any questions regarding the questionnaire administration, please contact:

Crystal M. Lange (517) 790-4145

or

Sachiko K. Claus (517) 790-4129 (office)  
(517) 777-2584 (home)

Sincerely,

A handwritten signature in cursive script that reads 'Crystal M. Lange'.

Crystal M. Lange, R.N., F.A.A.N., Ph.D.  
Dean, School of Nursing and Allied Health Sciences

nkr  
Enclosures

**APPENDIX K:**  
**NUMBER OF QUESTIONNAIRES DISTRIBUTED/  
RETURNED (RN SURVEY)**

SVSC MSN Needs Assessment  
Number of Questionnaires Distributed/Returned  
(Potential Students - R.N.'s)

Agency Code	# Sent	# Returned	# Not Valid
SH50-1	6	2	0
SH50-2	10	7	0
SH50-3	8	1	0
SH50-4	7	7	0
SH50-5	8	1	0
SH50-6	20	10	0
SH50-7	4	1	1
SH50-8	7	2	0
SH50-9	5	1	0
SH50-10	11	4	0
SH30-11	10	1	0
MH30-12	9	6	1
MH30-16	83	56	0
MH30-17	47	12	0
MH30-18	58	23	0
MH30-19	60	44	1
MH50-20	90	24	0
MH50-21	25	11	0
MH30-22	20	9	0
HD30-1	14	8	1
HD30-2	8	8	1
HD30-3	2	0	0
HD50-4	10	5	0
HD50-5	5	5	0
HD50-6	5	5	0
HD50-7	3	3	1
HC30-7	3	0	0
HC50-10	3	0	0
HC50-12	3	1	0
HC30-13	5	2	0
HC50-14	3	0	0
HC30-15	1	0	0
NH30-1	2	2	2
NH30-2	2	2	2
NH50-3	1	0	0

Agency Code	# Sent	# Returned	# Not Valid
NH50-4	1	1	0
NH50-5	1	0	0
NH30-6	3	0	0
NH30-7	1	1	0
NH30-8	2	1	0
NH30-9	2	0	0
NH30-10	2	0	0
NH30-11	2	0	0
NH50-12	2	1	0
NH50-13	1	1	1
SV30-1	5	5	0
BSN 30	29	29	0
CC 50	3	1	0
TOTAL	612	303	11

**APPENDIX L:**  
**NURSING STUDENT SURVEY**

**NURSING STUDENT SURVEY**  
for a  
**Proposed Masters Degree Program In Nursing**



**Saginaw Valley State College**

**School of Nursing and Allied Health Sciences**

**March 1986**

**NURSING STUDENT SURVEY**  
**for a**  
**Proposed Masters Degree Program In Nursing**  
**SAGINAW VALLEY STATE COLLEGE**

1. After you graduate from SVSC, do you plan to continue your education through a formal academic institution?  
☐ A. Yes  
☐ B. No
2. If the answer for #1 is yes, what type of academic program and field of study would you choose?  
☐ A. MSN or MS with major in nursing  
☐ B. Masters degree in other field (specify field) \_\_\_\_\_  
☐ C. BS or BA in other field (specify field) \_\_\_\_\_  
☐ D. Other (specify) \_\_\_\_\_
3. How soon would you like to begin the above educational plan?  
☐ A. Immediately after graduation  
☐ B. Within 1-2 years after graduation  
☐ C. Within 2-3 years after graduation  
☐ D. Within 3-4 years after graduation  
☐ E. 5 years or more

When a Masters Degree Program is developed at SVSC, the Program would most likely be part-time and approximately 40-46 credits to complete.

The major qualifications for admission to the Program are projected as follows:

A BSN from a NLN accredited program  
Undergraduate GPA of 3.0 or higher (on a 4.0 point scale)  
R.N. Licensure  
Documented competence in nursing practice through references

4. Will you be able to meet all of the above qualifications?  
☐ A. Yes, within the next 1-2 years.  
☐ B. Not yet, but expect to meet within the next 2-3 years.  
☐ C. No, I do not meet above qualification.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If the MSN Program is established at SVSC within the next 2-3 years, will you plan to enroll in the program?

- ☐ A. Yes, definitely
- ☐ B. Yes, maybe
- ☐ C. No, but I plan to enroll in another MSN program
- ☐ D. No, I do not plan to enroll within next 5 years.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your answer is "Yes, definitely" or "Yes, maybe" in #5, please answer #6 through #16. If your answer is "No", skip #6 through #11 and complete #12 through #16.

6. What specialty area are you interested in studying in the MSN program?

- ☐ A. Community Health Nursing
- ☐ B. Psychiatric-Mental Health Nursing
- ☐ C. Adult Medical-Surgical Nursing
- ☐ D. Parent-Child Health Nursing
- ☐ E. Gerontological Nursing
- ☐ F. Other (please specify) \_\_\_\_\_

7. What functional area of a MSN program would you choose?

- ☐ A. Nursing Administrator Role
- ☐ B. Nurse Educator Role
- ☐ C. Clinical Nurse Specialist Role
- ☐ D. Other (please specify) \_\_\_\_\_

8. Which would you prefer part-time or full-time study to earn your MSN degree?

- ☐ A. Full-time study
- ☐ B. Part-time study

9. Which semesters would you be enrolled for your MSN study?

- ☐ A. Fall and Winter semesters only
- ☐ B. Spring and Summer semesters only
- ☐ C. All four semesters
- ☐ D. Other (please specify) \_\_\_\_\_

10. Which of the following days of the week are most convenient for you to commute to SVSC?

- ☐ A. Two afternoons per week (week days, each 3 hours)
- ☐ B. Two Evenings per week (week days each 3 hours)
- ☐ C. One day a week (week day, each 6 hours)
- ☐ D. Every other Friday and Saturday (each 12 hours biweekly)
- ☐ E. Other, please describe \_\_\_\_\_

11. From your residence, how far would you need to travel to SVSC (one way)?
- ☐ A. up to 20 miles
  - ☐ B. 21-30 miles
  - ☐ C. 31-40 miles
  - ☐ D. 41-50 miles
  - ☐ E. more than 50 miles
12. If your answer for # 5 is "no, but I plan to enroll in other MSN program," what would be the reason not to choose the SVSC program? (check all that apply)
- ☐ A. To avoid getting degrees from the same institution
  - ☐ B. SVSC program would be outside my commuting distance
  - ☐ C. Not sure of the accreditation status of the SVSC program
  - ☐ D. SVSC program may not offer the type of program I need
  - ☐ E. Other (please describe) \_\_\_\_\_
- 
13. If your answer to #5 is "No, I do not plan to enroll in the next 5 years," what would be the reason(s) not to do so? (choose as many as apply)
- ☐ A. Prefer to delay my education until my children grow up
  - ☐ B. No child care facility or person to care for children
  - ☐ C. Prefer to gain at least 3 - 5 years of experience after graduation
  - ☐ D. Prefer to wait until the SVSC program is established
  - ☐ E. Other (please describe) \_\_\_\_\_
- 
14. What is your current level in the SVSC BSN program?
- ☐ A. Sophomore I
  - ☐ B. Junior I
  - ☐ C. Junior II
  - ☐ D. Senior I
  - ☐ E. Senior II
15. After Graduation, where do you plan to be employed?
- ☐ A. Agencies within 50 miles from Saginaw area
  - ☐ B. Agencies within the State of Michigan, but more than 50 miles from Saginaw
  - ☐ C. Agencies outside the State of Michigan
  - ☐ D. Other (please specify) \_\_\_\_\_



**16. Demographic background:**

**Sex**

- ☐ A. Male  
☐ B. Female

**Race**

- ☐ A. Caucasian  
☐ B. Black  
☐ C. American Indian  
☐ D. Oriental  
☐ E. Spanish  
☐ F. Other (specify) \_\_\_\_\_

**Age**

- ☐ A. 18 - 25  
☐ B. 26 - 35  
☐ C. 36 - 45  
☐ D. over 46

**Marital Status**

- ☐ A. Single  
☐ B. Married  
☐ C. Divorced  
☐ D. Separated  
☐ E. Widowed

**Number of Dependents** \_\_\_\_\_

\_\_\_\_\_ years old  
\_\_\_\_\_ years old  
\_\_\_\_\_ years old  
\_\_\_\_\_ years old  
\_\_\_\_\_ years old  
\_\_\_\_\_ years old

Please write down any questions or comments regarding the proposed MSN program.

*Continued on next page*

**Questions and/or comments** .

**If you have specific questions, please direct them to Sachiko Claus P126, Telephone: 790-4129 or drop a note to her.**

.....  
**Thank you for completing the questionnaire.**

**The results of this survey will be made available to the SVSC Nursing Students as soon as the study is completed.**

**APPENDIX M:**  
**LETTER OF TRANSMITTAL TO RN STUDENTS**



# Saginaw Valley State College

Dear R.N. Student:

The School of Nursing and Allied Health Sciences is proposing a Masters of Science Degree Program. The school intends to submit a grant application to the Department of Health and Human Services prior to July 1, 1986. We anticipate the earliest possible date for the program implementation to be in the Fall, 1987 or Winter, 1988. The type of program will depend greatly upon the identified community needs.

In December, the school began a feasibility study for the proposed program as part of the study, we would like to survey the SVSC nursing students for your input. Your participation in the survey is very crucial to the kind of program we will provide.

Please answer the attached questionnaire, seal it in the provided envelope, and mail it to S.V.S.C. by 3-31-'86. Please do not write your name either on the questionnaire or on the envelope.

Participation in the survey, however, is voluntary. You may discontinue your participation at any time. Your participation or non-participation will not in any way affect your grade nor will you receive any penalty.

Sincerely,

*Crystal M. Lange*

Crystal M. Lange, PhD, FAAN  
Dean, School of Nursing and  
Allied Health Sciences  
Saginaw Valley State College

CML/clf

Attachment

**APPENDIX N:**  
**LETTER OF TRANSMITTAL TO NURSING STUDENTS**



# Saginaw Valley State College

Dear Nursing Students:

The School of Nursing and Allied Health Sciences is proposing a Masters of Science Degree Program. The school intends to submit a grant application to the Department of Health and Human Services prior to July 1, 1986. We anticipate the earliest possible date for the program implementation to be in the Fall, 1987 or Winter, 1988. The type of program will depend greatly upon the identified community needs.

In December, the school began a feasibility study for the proposed program as part of the study, we would like to survey the SVSC nursing students for your input. Your participation in the survey is very crucial to the kind of program we will provide.

Please answer the attached questionnaire, seal it in the provided envelope, and hand it to the course instructor. Please do not write your name either on the questionnaire or on the envelope.

Participation in the survey, however, is voluntary. You may discontinue your participation at any time. Your participation or non-participation will not in any way affect your grade nor will you receive any penalty.

Sincerely,

*Crystal M. Lange*

Crystal M. Lange, PhD, FAAN  
Dean, School of Nursing and  
Allied Health Sciences  
Saginaw Valley State College

CML/clf

Attachment

**APPENDIX O:**  
**INSTITUTIONAL SURVEY**

**INSTITUTIONAL SURVEY**  
for a  
**Proposed Masters of Science in Nursing Program**



**Saginaw Valley State College**

**School of Nursing and Allied Health Sciences**

**March 1986**



# MSN NEEDS ASSESSMENT INSTITUTIONAL SURVEY SAGINAW VALLEY STATE COLLEGE

Please answer the following questions as they pertain to your agency:

1. How many RNS are employed in your agency?

# of RNS

\_\_\_\_\_ A. Full-Time

\_\_\_\_\_ B. Part-Time

2. What is the number of RNs having the following educational preparation as their highest?

# of RNs

Type of Education

\_\_\_\_\_ A. Diploma

\_\_\_\_\_ B. A.D.N.

\_\_\_\_\_ C. B.S.N.

\_\_\_\_\_ D. Bachelor's in Other Field

\_\_\_\_\_ E. M.S.N. or M.S. with Major in Nursing

\_\_\_\_\_ F. Master's in Other Field

\_\_\_\_\_ G. DNsc or PhD

3. How many of your RNs are currently enrolled in a BSN program?

\_\_\_\_\_ RNs

4. Which of the following positions does your agency require or prefer a MSN background? (Check all that apply)

Required

Preferred

Position

☐
☐

A. Vice President, Nursing

☐
☐

B. Director of Nursing

☐
☐

C. Assistant Director of Nursing

☐
☐

D. Director of Nursing Education, Hospital Education or Staff Development

☐
☐

E. Coordinator, Nursing Research

☐
☐

F. Clinical Nurse Specialist

☐
☐

G. Coordinator/Manager/Supervisor, Patient Care

☐
☐

H. Head Nurse

☐
☐

I. Charge/Primary Nurse

☐
☐

J. Other (please specify) \_\_\_\_\_

☐
☐

K. Other (please specify) \_\_\_\_\_

☐
☐

L. Other (please specify) \_\_\_\_\_

*Continued on next page*

☐

M. MSN not required nor preferred for any of the nursing positions

Comments:

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5. If a MSN is required or preferred for any of the nursing positions, please check ☐ whether or not those positions are vacant. If vacant, please indicate the number of vacancies beside the appropriate position below:

Vacant	Filled	# Vacant	Position
<input type="checkbox"/>	<input type="checkbox"/>	_____	A. Vice President, Nursing
<input type="checkbox"/>	<input type="checkbox"/>	_____	B. Director of Nursing
<input type="checkbox"/>	<input type="checkbox"/>	_____	C. Assistant Director of Nursing
<input type="checkbox"/>	<input type="checkbox"/>	_____	D. Director of Nursing Education, Hospital Education or Staff Development
<input type="checkbox"/>	<input type="checkbox"/>	_____	E. Coordinator, Nurse Specialist
<input type="checkbox"/>	<input type="checkbox"/>	_____	F. Clinical Nurse Specialist
<input type="checkbox"/>	<input type="checkbox"/>	_____	G. Coordinator/Manager/Supervisor, Patient Care
<input type="checkbox"/>	<input type="checkbox"/>	_____	H. Head Nurse
<input type="checkbox"/>	<input type="checkbox"/>	_____	I. Charge/Primary Nurse
<input type="checkbox"/>	<input type="checkbox"/>	_____	J. Other (please specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	K. Other (please specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	L. Other (please specify) _____

6. If a MSN is not required for any of the current positions, is there any plan to recruit a MSN prepared nurse, provided any vacancy occurs in the near future in the positions listed in question #4. (Check one)

- ☐ A. Yes  
☐ B. No

7. Which of the following positions can a BSN with a master's degree in another field (other than nursing) satisfy the qualifications in your agency? (Check as many as apply)

- ☐ A. Vice President, Nursing  
☐ B. Director of Nursing  
☐ C. Assistant Director of Nursing  
☐ D. Director of Nursing Education/Staff Development  
☐ E. Director of Hospital Education  
☐ F. Coordinator/Manager/Supervisor, Patient Care

*Continued on next page*

- ☐ G. Head Nurse
- ☐ H. Charge Nurse/Primary Nurse
- ☐ I. Other (please specify) \_\_\_\_\_
- ☐ J. Other (please specify) \_\_\_\_\_
- ☐ K. Other (please specify) \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Which clinical specialty for MSNs would meet the needs of your agency? (Check as many as apply)

- ☐ A. Adult-Medical Surgical
- ☐ B. Health Care for Women
- ☐ C. Pediatric/Child Health
- ☐ D. Community Health/Home Care
- ☐ E. Psychiatric/Mental Health
- ☐ F. Industrial/Occupational Health
- ☐ G. Gerontological
- ☐ H. Other (please specify) \_\_\_\_\_
- ☐ I. Other (please specify) \_\_\_\_\_
- ☐ J. Other (please specify) \_\_\_\_\_

9. If you plan to employ MSN graduates, what functional roles will be needed?(Check as many as apply)

- ☐ A. Nursing Administrators
- ☐ B. Nurse Educator
- ☐ C. Clinical Nurse Specialist
- ☐ D. Nurse Researcher
- ☐ E. Other (please specify) \_\_\_\_\_
- ☐ F. Other (please specify) \_\_\_\_\_
- ☐ G. Other (please specify) \_\_\_\_\_

10. If the proposed program were to provide a major in nursing administration, which of the following topics are important in your agency? Please rank the following topics according to the importance in your agency. (1 being the most important, 2 being the second most important, etc.)

Rank

- A. Management Information Systems
- B. Health Care Financing and Management
- C. Personnel Management
- D. Legal and Ethical Aspects of Health Care
- E. Nursing Leadership
- F. Labor Relations
- G. Marketing

*Continued on next page*

H. Entrepreneurship (Health Care Related)

I. Long-Term Care Administration

J. Research

K. Other (please specify) \_\_\_\_\_

11. If your employee decided to go on for a MSN degree, would you be willing to provide any of the following support? (Check as many as apply)

- ☐ A. Tuition Reimbursement: Maximum Amount of \$ /year
- ☐ B. Scholarships: Maximum Amount of \$
- ☐ C. Accommodate Work Schedules
- ☐ D. Leave of Absence
- ☐ E. Other
- ☐ F. None

12. If your employee earns a MSN degree while employed in your agency, what type of incentives would be provided by the agency? (Check as many as apply)

- ☐ A. Pay Raise
- ☐ B. Promotion to a Higher Position
- ☐ C. Job Reassignment to Better Suit the Employee's Educational Background
- ☐ D. Other (please specify) \_\_\_\_\_
- ☐ E. None

13. If SVSC begins a MSN program, what type of resources would be available in your agency to help support such a program? (Check as many as apply)

- ☐ A. Clinical Sites
- ☐ B. Arena for Research Activities
- ☐ C. Potential Students
- ☐ D. Future Employment Opportunities
- ☐ E. Preceptors
- ☐ F. Other (please specify) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Would your agency be willing to employ the graduates of the proposed MSN program? (Check one)

- ☐ A. Yes
- ☐ B. No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. In which of the following categories would your agency be classified? (Check as many as apply)

- ☐ A. Industry
- ☐ B. Long-Term Care Facility
- ☐ C. Home Care Agency
- ☐ D. VNA or Community Health Agency
- ☐ E. Acute Care Hospital (bed capacity over 150)
- ☐ F. Acute Care Hospital (bed capacity less than 150)
- ☐ G. Rehabilitation Hospital
- ☐ H. Other (please specify) \_\_\_\_\_

16. What comments or questions, if any, regarding the proposed program do you have? (If you would like us to respond to your questions please write them down on the attached post card.)

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Thank you for your participation. Please return this questionnaire along with the registered nurse survey and mail them to:

The School of Nursing and Allied Health Sciences  
Saginaw Valley State College  
2250 Pierce Road  
University Center, MI 48710

In order to maintain your agency's anonymity, please do not identify your agency name.

If you wish to be informed of the results of the survey as well as the status of our proposed MSN program, please complete the attached post card and mail separately to the above address.

**APPENDIX P:**  
**LETTER OF TRANSMITTAL TO DIRECTOR**  
**OF NURSING**



# Saginaw Valley State College

Dear Director of Nursing:

The School of Nursing and Allied Health Sciences at SVSC is proposing a Masters of Science Degree in Nursing Program. The school intends to submit a grant application to the Department of Health and Human Services prior to July 1, 1986. We anticipate the earliest possible date for the program implementation to be in Fall, 1987 or Winter, 1988. The type of program we will offer depends greatly on the identified community needs.

In December, 1985, the school began a feasibility study for the proposed program. As a part of the needs assessment we would like to survey the area institutions for your input. Your participation in the needs assessment process is very crucial to the kind of program we will provide.

Please answer the questionnaire, enclose it in the self-addressed envelope, and mail it to the address indicated. Please do not identify the agency name, nor the name of the person completing the questionnaire.

Participation in the survey is voluntary. Your agency's participation or non-participation in the survey will not in any way affect your relationship with Saginaw Valley State College.

If you would like to be kept informed of the progress in regards to the MSN program, please fill out the separate post card. Also please write down any questions regarding the proposed program on the post card.

Sincerely yours,

*Crystal M. Lange*

Crystal M. Lange, PhD, FAAN  
Dean, School of Nursing and  
Allied Health Sciences  
Saginaw Valley State College  
2250 Pierce Road  
University Center, MI 48710

**APPENDIX Q:**  
**EVALUATION FORM FOR THE DEAN**



EvaluationProcess and Outcome of the Feasibility StudyForMasters Degree Program in Nursing

5 Strongly agree  
 4 agree  
 3 neutral  
 2 disagree  
 1 strongly disagree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Has the study met the objective of the decision makers ?   | 5 | 4 | 3 | 2 | 1 |
| a. The amount and quality of information adequate ?   | 5 | 4 | 3 | 2 | 1 |
| b. The results of the study communicated in writing clearly ?   | 5 | 4 | 3 | 2 | 1 |
| c. Was report timely for use by the decision maker ?  | 5 | 4 | 3 | 2 | 1 |
| 2. Were the methodologies efficient for obtaining needed information ?                                      | 5 | 4 | 3 | 2 | 1 |
| a. the design of the study accomodated for involvement of a wide variety of constituent groups ?            | 5 | 4 | 3 | 2 | 1 |
| b. the method used facilitated the collection of a large amount of data within the limited amount of time ? | 5 | 4 | 3 | 2 | 1 |
| c. a complete proposal prepared prior to the beginning of the study ?                                       | 5 | 4 | 3 | 2 | 1 |
| d. cost effective ?   | 5 | 4 | 3 | 2 | 1 |
| e. Appropriate statistical method ?   |   |   |   |   |   |
| Sampling:   | 5 | 4 | 3 | 2 | 1 |
| Data Analysis:  | 5 | 4 | 3 | 2 | 1 |
| f. kept the decision maker informed of the progress ?   | 5 | 4 | 3 | 2 | 1 |
| g. Sought opinions of others for improvement of the approach ?  | 5 | 4 | 3 | 2 | 1 |
| h. Sought assistance of needed expertise at appropriate time ?  | 5 | 4 | 3 | 2 | 1 |

Evaluation: Process and Outcome of the feasibility Study cont:

3. Has <sup>we</sup> the issues and concerns toward the implementation of the study/identified <sup>seen</sup> by the researcher ? 5 4 3 2 1
- a. Has the concerns and issues handled appropriately by the researcher ? 5 4 3 2 1
- b. Was organizational climate assessed ? 5 4 3 2 1
- c. Was planned change strategies used during the implementation of the study ? 5 4 3 2 1
4. What were the strengths of the approaches used to conduct this study ?
5. If the similar type of study were to be conducted in the School of Nursing and Allied Health Sciences, what improvements would you like to suggest ?

**APPENDIX R:**  
**RN SURVEY: RESPONDENT COMMENTS**

APPENDIX R

Nursing Ed. Survey  
for Potential Students  
(RNs)

Respon- dent #	Question #23	Question #24
1		I think the BSN program should be re-evaluated for the full-time employed RN.  I find it difficult to get counseling/ classes ect. on my current schedule.
2	None	I am transferring to UofM Flint for completion of B.S.N.  I am no longer interested in pursueing <u>any</u> health related field at S.V.S.C.
3	To obtain degree & practice as clinical nurse specialist.	
4		
5	To Keep abreast in the rapid changes in nurses & be prepared to help myself & others meet these challenges.	
6	Better educated RN. Consequently, better able to perform my job. But eventually teach or administrate.	
7		Call me when your MSN program becomes accredited.
8		
9	To broadne my job security & opportunities & job enjoyment & fulfillment.	
10	to further my education & allow me a greater opportunity to advance my career.	
11	To be qualified for a better position.	
12		
13		
14		
15	Preparation for administrative position.	
16		

Respondent #	Question #23	Question #24
17	Further edue.	
18	Become a Clinical Specialist in Neurological/Neurosurgical Nursing.	How long (total) semesters to complete the program? Proposed curriculum?
19		
20		
21		
22		Would like to see more done with the BSN program for RN's. More creditability given for years worked as a RN.  I feel having an MSN program is very important in this area, but there are alot of RN's still working on their BSN——
23	Continuing Education for further advancement as well as personal achievement.	
24	Self-fulfillment	Would be interested provided adequate credit is given for (1) other graduate degrees (2) work experience (3) opportunities for CLEP exams.
25	My objective would be not only to better my job position, but also for personal goals.	If SVSC began a program I would definatly apply, if it fit in with my job schedule. I work in the OR and that as a related field is what I would specialize in I had previously inquired at Wayne State, but I cannot afford to take two days aweek off work plus 1½ yrs off for clinical application.
26		
27	to enhance education & position in working	
28		I think the Master Program would be a good idea if initeated at S.V.S.C. It would provide more of an opportunity for those in the Saginaw Valley area to enroll in a Masters Program if they plan to further their education.
29.		This area would benefit greatly from an M.S.N. program. Currently one must travel quite a distance to be involved in an M.S.N. program. As more & more nurses obtain B.S.N.s the area demand for an M.S.N. program will increase as nurses decide to become clinical specialists, administrators, practioners... Terrific idea ——hope all goes well in the planning, funding and execution of the program.

Respon-  
dent #

Question #23

Question #24

30	To better myself & to allow for advancement in my career.	I feel it would be a benefit to the tri-cities. There is, no other such program available in this area. This is the direction nursing is heading.
31		
32	Clinical Nurse Specialist	
33	To get a master's degree	
34		
35		
36		
37	My objectives are really to increase knowledge in my field to perform my <u>current</u> job more effectively. I would <u>not</u> pursue higher or administrative positions, I love staff nursing on a part time basis 3-4 days a week. I also need time to keep up my hospice and cancer volunteer work.	
38		
39	I would like to further my nursing career in the field of health promotion by good pre hospital and post hospital care of ICU CCU clients.	Due to family obligations I would only be able to attend part time. I am hoping the programs will be geared for this type of attendance. Right now I would either involve my self in pre/post cardiac care or switch to Maternal child health promotion. Central currently is the closest masters program available but I would like to see MSU have a MSN instead of health care administration.
40	to obtain MSN in a field that I could obtain a position in the Saginaw Valley Area.	
41		
42	Specialty Degree	
43		
44		
45	Specialize. Administrative Role in Nsg.	

Respondent #	Question #23	Question #24
46	My objective is to obtain a master's to be more versital in job opportunities, and for personal growth goals.	My concern about your program is accepting prior credits (transferring credits) The reason I din't enroll in your BSN, is due to the poor acceptance of my prior credits. I also feel insulted to have to clep out of all nursing areas. I could see it if I hadn't been in school for a long time. I don't have the time or money for cleps, with my busy schedule and financial commitments.
47		
48		
49		
50	further advancement in field	
51	To further my education, increase my nursing knowledge & to change my role in nursing.	How soon would the program by accredited? Please hurry & complete this program - Mid-Michigan needs it!
52		
53	To obtain my masters to be able to teach in a nursing program.	
54	Advancement in Field	
55	Timing of classes, how long it would take to complete.	I would hope the MSN would have flexible class hours for full time working students.
56	degree as clinical nurse specialist	
57	to become a clinical nurse specialist in either cardiovascular surgery or pediatric & to teach part-time @ the college level	
58		
59		
60		
61		
62	✓ Close Proximity	
63		
64	Preparing myself for a leadership role. Unsure as to which direction I want to pursue - ie specialist educator or administration	GRE Requirements?

65

66

My objective would be to further my knowledge and understanding of nursing and possibly to further my career on the upward ladder.

67

To enhance my education & career development

68

To obtain a MSN in critical care clinical specialist.

69

To increase my knowledge of nursing

How much money would ea cr cost?

Does the Saginaw Bay Midland area have a demand/need for MSN prepared RNs?

Any credit awarded for life experiences?

70

brain stimulation

71

1) increased employment opportunities  
2) more money

72

Obtain objectives/criteria to pursue Clinical Nurse Specialist Role in critical care setting.

Would program be accredited at start, or after several years?

Extra Clinical courses/objectives available to specialize in Critical Care.

G.R.E. not a requirement?

Possibility of double major?

Master's thesis or competency based exam?

This area definitely needs a master's program! Too bad I'm moving! Good Luck!!

73

74

75

76

Prepare myself for administration Role

77

To be able to teach Nsg.

78

79

80



Respon- dent #	Question #23	Question #24
81		
82		
83	Incorporate nursing theories of management & organizational behavior into those acquired through the MBA program, thus developing a broader base of understanding to draw from. Also to increase marketability	
84	If I did enroll at some time it would be to make me eligible for a desired position	
85	Expand my knowledge and advancement in nursing profession.	
86	Achieving a personal goal, job advancement, increased earning power, job security.	<p>Do you anticipate enrollment requirements to be very competitive at the outset.</p> <p>In What areas of nursing are you likely to offer the MSN?</p> <p>Will the GRE be part of your entrance requirements?</p>
87	To further my education so I can teach nursing	
88		
89		
90		
91	To become a critical care instructor in a clinical setting.	--Would any consideration be given to SVSC grad's who finished before NLN accreditation was granted?
92		
93		
94	Obtain a degree that would allow me more flexibility in choosing a career.	<p>- Would courses from other institutions transfer in to the MSN?</p> <p>- Is there such a thing as entering with 'advanced standing'?</p>
95	To further my education in order to take a more involved role in the nursing profession.	
96		

Respondent #	Question #23	Question #24
97	<p>These are not in order of priority!</p> <p>Increased earning potential</p> <p>Increased marketability</p> <p>Increased autonomy</p> <p>Increased knowledge</p> <p>Personal + professional goal.</p> <p>Increased ability to contribute to society</p>	<p>Number of PhD prepared faculty.</p> <p>Proposed starting date</p>
98	Possible administrative or clinical specialist	Great idea!
99		
100	Meet career objectives self satisfaction & achievement	
101	Enter Nursing Administration	
102		
103	I enjoy my current position, but would prefer employment outside of the regime set by a hospital - ie shift work. I enjoy Pediatric clients & their families, & would like to further myself in that area - even perhaps in teaching Pediatrics on a collegiate level.	
104		
105	Advance my career, continue & further my education in a more formal & aggressive way.	
106	Future objective to become nursing VP in hospital setting.	<p>cost per credit hour.</p> <p>number of students per class</p> <p>number of classes per year.</p> <p>projected start date of SVSC MSN program.</p>
107	My objective would be to improve and enhance my professional growth as an RN	<p>How soon is the proposed program to be in effect.</p> <p>Program sounds well thought out - very interested in program.</p> <p>Like the close proximity to home.</p> <p>Would there be any exceptions to admission as I am very interested in a MSN program @ SVSC although my GPA is not @ admission criteria. I know I would be successful regardless of my previous GPA &amp; feel GPA is <u>not</u> the only measure of success - clinical application and personal &amp; professional goals are also important.</p>

Respondent #	Question #23	Question #24
108	To further my education & knowledge base .	
109	To earn a masters of science in nursing in the area of adult med/surg, in order to function as a nurse educator or nurse researcher.	
110	I would like to further my knowledge in the care & treatment of adults in a critical care setting; their disease processes, emotional status, etc.	I would definitely be interested in a local MSN program that offers a variety of specialty areas, not just focusing the program on that of a Nurse administrator.
111	Long Term Goal - to open a pediatric well-child clinic with focus on preventive health care (ie - immunizations, school physicals, health Tx, referrals from physicians when appropriate. This clinic would be staffed by RNs, with MD backup prn. To carry out my plan will require a MSN degree	Good idea! Send me more info please when proposed plans more definite.  I am also interested in the cost of this program, & the availability (if any) of scholarships, grants, loans, etc.
112	To advance positionally in the field of Nursing	I would like to know if any classes in other masters programs at SVSC would be transferable to the MSN. I wanted to return to school this fall.
113	To achieve a personal goal  To further my education to enable myself to advance in the nursing profession	Is this affiliation (program) with one of the Universities - Wayne?-U of M?-
114		
115	To open up more opportunities for employment for myself	
116		
117		I do not feel a need to continue on for a higher nursing degree. There isn't much call in this area for a MSN in areas I am interested in.  I would be more likely to try for a degree in a related field that would blend with nursing so that when I've had enough of the "rat race" I won't have to leave it entirely behind.  As yet there are not enough job opportunities or respect in this area to make all the extra work worthwhile to me.

Respon- dent #	Question #23	Question #24
118		
119	I want to set up a Diabetic Clinic with teaching, counseling & exercise programs specifically for the Diabetic Client.	What classes if any should we take if we would like to begin before the MSN program starts?
120	I would like to become a community nurse educator within 5-8 years.	
121	to expand my knowledge base increase my desirability in the job market	
122		
123		
124		
125	To Further my skills through educational background.	
126		Until more MSN positions earn over \$35,000/yr it is not economically wise to spend the extra money attaining the MSN Education. The burnout factor from working as an R.N. & attending school has killed too many good nurses.
127	My objective would be to earn my Master degree to further my professional and personal growth.	
128	Location	
129	Expand knowledge therefore work opportunities as well as salary.	
130		
131		
132		
133		
134	To further my education and secure a good job position.	
135	To further my education and better prepare myself for an advanced career in a larger University Center.	

Respon- dent #	Question #23	Question #24
136	To be a Clinical Nurse Specialist in Med/Surg.	
137	To further my Knowledge in the field of nursing & leadership	
138	Further my education Career advancement	I hope it is offered over a longer period of time than the BSN program was. As a part-time student, nine months was not long enough to finish my BSN
139	To obtain further studies that would be of benefit towards an administra- tive position	I am currently in Ferris State College's BSN program. It's a satellite program that is held at Gratiot Community Hospital in Alma. Our class number is 20 students from a 50 mile radius. We've all found that the program is geared towards the working nurse and find it very nice to have the classes held close to our place of residence. I think that a MSN Sat- ellite program held at Alma would attract num- erous applicants for those of us who must con- tinue to work it would be less stressful than having to drive so far away. I am 40 miles south-west of Alma. Driving to Saginaw would be a strain emotionally and physically. How- ever a satellite program would be very attract- ive to me. I am sure that you would attract numerous applicants if you considered a sat- ellite program.
140	To improve my knowledge base in my field and to increase my chances of being marketable in the future.	
141	To better prepare myself for a posi- tion in nursing administration.	1. Would schedules and program be individual- ized? 2. Would there be clinical experience involved? 3. What would the cost Be? Approx?
142	I don't want to be the minimum entry level of anything. I have a short term goal of getting as much educa- tion and clinical skills that are required to be an <u>excellent</u> Nurse and Leader. I would like to stay in the critical care area and not get too far away from clinical nurs- ing. I have a long term goal of be- ing an educator hopefully in the clinical setting.	
143	Higher education in the field of Critical Care Nursing.	
144		
145		

Respondent #	Question #23	Question #24
146	Better job prospects -	(?) financial Help -
147	To further my education as a nurse manager	Question - What are the alternatives if your GPA is not 3.0. My GPA was 2.5
148		
149	Acquire more knowledge and broaden myself as an individual	It has been my experience that continuing my education in nursing is a very frustrating endeavor. Nursing as a profession needs to be more realistic and flexible in this area. We need quality programs that also give you some credit for competencies you have obtained. I would seriously consider an MSN program if the courses were such that would inspire and teach rather than frustrate and be a repetition of information and skills covered in undergrad work. Is this asking too much of our profession???
150	possibly to become nursing administrator or a nursing Instructor	
151	Advanced preparation for Nursing Administration from an accredited MSN Program	
152		
153	My goal is to teach maternal-Child Health Nursing.	
154	Future education for future jobs - promotions	I would be <u>very</u> excited at the proposed program. I am concerned about what the clinical aspect would consist of. I feel after the clinical in ADN & BSN programs its plenty. I would be very interested in further information
155	Continue Education & further professional development	
156	to continue in	I <u>strongly</u> suggest allowing nurses with a Bachelor's in another area, other than nursing to also enroll in MSN program. I have started Wayne States program (Masters) By testing out (NLN's) even though I have a B.S. in Psych. and a Diploma in Nursing. Many major grad schools are doing this now & in Norther Michigan It is difficult to find flexible BSN program for working RN's.  <u>Also</u> I would hope you gear program to those that must work full time
157	Further education. Further my work role.	

Respon- dent #	Question #23	Question #24
158	Advancement in nsg career	
159	I want to comply with the criteria required to be a full time faculty member and teach at a near by college---dept. of nursing.	<p>I am sending for my undergraduate transcript. I am fairly certain that I did not have a 3.0 GPA. Would this definitely disqualify me from your proposed M.S.N. program?</p> <p>I graduated from the B.S.N. program in 1966. Since it has been 20 years, would I have to do any additional classes prior to or in preparation for entering your proposed M.S.N. program?</p>
160		
161	To prepose for clinical nurse specialist role in community or Psych-mental health field or administra-tion same field.	<p>I feel it should be designed to meet the needs of the working nurse. Possibly allowing for independent study in chosen field.</p> <p>Thought should be given to the credits required U of M are lowering some of theirs.</p>
162	At Present I'm undecided as to whether I would Pursue an Admin-istrative role or Clinical Nurse Spec. role My objective would be to gain Knowledge to better pro-vide Services to Psychiatric Pts. in whichever Role I chose.	
163		
164	Further Knowledge base and prepared to teach	
165	Be better prepared for the changes occurring in the role of nurses in changing health care scene.	
166		
167		
168	Improve spills Provides Service	Would like to see master's prepared degree in specialty fields
169	Increase clinical competence + Knowledge in community health area	
170	Expand my knowledge and improve my chance for promotion	
171	To gain more knowledge in the area previously stated, due to the fact that gaining new knowledge is an on-going process in nursing	
173		

Respon- dent #	Question #23	Question #24
175	To complete the program as indepen- dently as possible with flexibility of scheduling.	
176		
177	Broaden knowledge base & improve my administrative & leadership duties	
178		Much Needed in this Area. Would encourage and support MSN Candidates
179	Broaden base of knowledge, obtain higher degree and higher level of clinical competency.	Definitely needed in this area!
180	To obtain a MSN in community health. Some aspect of it, either to teach or do research	I am very interested in this program. It would have to be flexible so I could work full time
181		
182	Improve knowledge & skill Increase job mobility & salary	
183	to progress personally in nursing to be involved in progressing the scope of nursing	
184	Increase my skills/abilities in working/teaching my clients in parent/child health.	I was initially enrolled in MSN program through Wayne State University in Traverse City location but dropped out before 1st semester completed as there were only 3 students in the Community Health section - and our classes were being cancelled due to lack of sufficient numbers. I really feel a program needs to be sensitive to the needs of full-time nurses.
185	To become qualified to teach at a accerdeter Nursing school	
186		
187		
188	Further growth and development	I feel that some type of office or off campus work credit would be very helpful in completing my masters. The travel distance makes all the class at SVSC impossible for me.
189	Opening up Other Management Posi- tions or increased ed. background in present position.	Would rather see programs that included many hours at me date to make travel time to the area worthwhile.



Respon- dent#	Question # 23	Question #24
190	Update of knowledge & career advancement	
191	To gain expertise in a specific field of nursing	<p>How long part-time could the course be taken?</p> <p>What would be the approximate cost per hour?</p> <p>What locations might be possibilities for practicum work?</p> <p>What possibilities might there be for employment areas/agencies following completion of the M.S.N. in any particular and specific field chosen?</p>
192	Access teaching opportunities increase income	
193	To update skills in my present field To provide myself with more qualif. & abilities to improve my position in my field.	
194	To Further My Education - & Job Opportunities	
195	To further my knowledge base, skills and leadership qualities.	
196	to further my education in nursing, to provide better care to my patients.	
198	To further my education & better myself	
199	Become a Clinical Nurse Specialist	
200	To become either a Nurse Administrator, Educator, <u>or</u> Clinical <u>Specialist</u>	Will the Community Health program include Home Health care?
205		
206	Provide more comprehensive, efficient, effective care to groups of the elderly	
207		
208	Gerontology	

Respondent #	Question #23	Question #24
210		
211	The specific area of nursing that was offered	
212	Increase information Increase wages	
213		
214		I wish the program was already available. I would certainly attend. but I startend working on my masters in the fall of 1985.
215	Increase my knowledge in nursing Quality for advancement in the nursing profession	
216	Job promotion	
217		
218	I am interested in gerontology, possibly administration or specialist.	What programs would be offered in a masters program? i.e., I'm not clear on what master's of science in nursing would achieve, or would you offer med-surg, gerontology, etc.
219	My objective is to gain more knowledge in pediatrics so that I may grow personally and share my knowledge with others.	
220	Clinical Nurse Specialist in Critical Care	
221		
222		
223	greater employment opportunities.	
224		
225		Would you be strict about graduating from an NL accredited BSN program. The program was 10 years ago & in the process of being accredited I do not know if the accreditation I now has is retroactive.
226	A clinical specialist or teaching position	
227		Would you have a time limit on when to finish the program?

Respon- dent #	Question #23	Question #24
228	Better myself to expand opportni- ties  Further my education & qualifica- tions	
229	To build knowledge base in a par- ticular area and develop expertise to function in nursing roles in the future	
230		
231	Advancement from current position, as well as, clinical expertise	Would like to enroll in a program that com- bined adult med/surg with nursing administra- tion
232	Clinical specialty in critical care areas with emphasis on teaching & hands on nsg-care	
233		
234	Become a clinical specielstist in OB/GYN or community parent child education	
235	Gerontology Nurse Clinicion  Expand on knowledge base/skills in Med-Surg Nursing to utilize in Institution role.	
236	To further my education towards a specific area of nursing	
237	Further my employment possibilities	
238	Widen my knowledge base in the area of expertise. Improve my job oppor- tunities & job satisfaction	Cost  Time to complete the masters program  NLN approved  Job opportunities in the area of masters degree
239	To increase my level of Nursing ex- pertise in the administrative or ed- ucational role.	Excited about proposed program. Looking forwar to being in your first class.
240	Professional growth	
241	To complete the program, and pursue employment as a nursing instructor.	The proposed program is an excellent idea. I wish to be kept abreast of progress, as I would like to be one of your first applicants and graduate of the program. This part of our State needs an M.S.N. program.
242		

Respon- dent #	Question #23	Question #24
243	Broaden and further my education to expand my qualifications and market-ability in the job market - develop managerial and educational techniques further.	
244		
245	Expand knowledge & understanding of professional role Maximize potential (selfactualization) Increase opportunity in job market	
246	To further my education to: improve my capabilities as a manager; possibly teach part time in the future @ BSN level in a leadership course as a practicing manager.	I will not be working toward a MSN for 5 years. At that time, I'd like to concentrate on Nsg administration with electives in business + computers/finance. I would only attend school part time, taking one class per semester and only in the fall & winter semesters.
247	Nursing Education, enhance job opportunities, and personal satisfaction	Grade point lower because of the pace we went with working full time (except during N315 & N 412 - I cut back to 4 days a week)
248	close to home, easy acces offens program and hours suited to me	
249		
250	Upward mobility.	I would like a career day in which specialist or educators in the individual areas could explain more about their speciality and also discuss the job market + availability for their speciality.
251	OB-Gyn Nurse Practitioner	
252	To further my education to work in a clinical specialist capacity.	
253	Further education and career opportunities.	
254	Increase my job options.	
256	Better job potential	How much money per credit hour?
257	To make sure that SVSC has clear, concise able obtainable objectives for a working professional	
258	Broaden my scope of job opportunities	
259		

Respon- dent #	Question #23	Question #24
260	Possible change in type of nursing I have been doing.	
261	Increased job security - greater choice	
262	If I did it would be to further my education in nursing & help me develop my own expertise in this field	
263	To increase my knowledge and for better job opportunities	I think having a MSN problem would be a great asset to the Saginaw area, since most colleges that offer MSN problems are quite a distance away.
264	More job opportunities	
265	Teaching opportunity	Need a program with more specific structure for full time & part time students.
266		
267	To obtain MSN for clinician to obtain better job role.	I would be interested in a clinical specialist role probably in Peds or Crit Care. Is this a possibility? or do you offer/or administrator, educator, or specialist roles?
268		
269	Oncology specialization	
270	I would like a master's program that is convient in distance and hours	Interested in more information
271	to become a CNS	
272		
273	Autonomy in nursing as an end result	Cost/cr. hour..
274	To obtain MSN to further my nursing career	

Respon- dent #	Question #23	Question #24
301		
302		
303	To advance career	
304	To further education & working opportunities.	
305		I would not have chosen an MSN over MBA, had it been available, nor would I have selected any masters related to nursing.
306	Complete a prgm in research	

**APPENDIX S:**  
**COMMENTS BY THE RESPONDENTS OF THE**  
**NURSING STUDENT SURVEY**

# APPENDIX S

## COMMENTS BY THE RESPONDENTS OF THE NURSING STUDENT SURVEY

<u>Question #</u>	<u>Comments</u>
4	My GPA is 2.96.
4	My cumulative GPA is 2.99 currently.
4	The undergraduate GPA should only be 2.5 since the BSN program is already on an elevated scale.
4	Graduating in December, 1986.
4	The 3.0 GPA would exclude me, would there be any exception made for students graduating from SVSC nursing programs?
4	My only problem would be the grade point of 3.0.
4	So far.
4	Grade point may not be 3.0.
4	I still have 1 1/2 years to complete and I would like at least one year experience in nursing.
4	The grade point of 3.0 I would be able to meet at this time, but possibly not after this semester. Upon graduation?
4	I plan to work for 3 or so years (after graduation) and then go onto higher education.
4	GPA should be lower 2.75 or above.
5	The availability of MSN program will influence my decision. I would be more likely to enroll in the program because of its close proximity.
5	I will not live in the area.
5	I don't know at this time.
5	I am considering entering a masters program in nursing, but only after gain clinical experience and starting a family.
5	Depends on if I am in the area.
5	I was told that it is not advisable to obtain your Masters from the same institution as you have received your bachelors. Saginaw Valley is close to home and must be considered.



Question #

Comments

- 5      The BSN program still needs work. I don't feel SVSC is prepared with appropriate staffing and facilities to handle an MSN program in 2-3 years.
- 5      Plan to continue part-time at U of M possibly will be able to transfer credits.
- 5      I am unsure of future plans. If I do continue my education in 3-5 years I would certainly consider SVSC.
- 5      No - I would definitely not apply here. I feel your BSN program is good but I don't believe such stress is needed. I'd hate to think what you'd do to us with a MSN program.
- 5      I may attend U of M, if I can get a job at that hospital.
- 5      Depend on program offered.
- 5      It doesn't make a lot of sense to go to an unaccredited program.
- 5      I think it would be wonderful to have the program here.
- 5      I have been in college six years and am very tired of school at this point. I think a MSN program in this area is a good idea.
- 5      If I'm still in the area I would attend SVSC for the MSN program, but if not I will attend another school.
- 5      It depend on the specific field of study that is offered.
- 5      My long range goal is to complete my MSN as soon as possible and be involved in some type of teaching program.
- 5      Depends on where my career leads me.

Questions/Comments

Would tuition for post-graduate study increase. If so how much as cost would be a factor toward completion.

How soon would these staff members be oriented to the SVSC school of nursing?

I question the need for an MSN in this area. The area is not prepared for masters prepared nurses. What will area hospitals do with MSN's in terms of pay difference, job descriptions, etc.

At the current time I feel that it would be better to concentrate on developing the undergraduate program. I feel that the nursing instructor staff is stretched to the limit right now in terms of class load and their own educational pursuits. Is the staff prepared for a graduate program too?

I think its a wonderful idea and a great opportunity. I just hope staffing is adequate.

I'm pleased that SVSC is considering a MSN program, sincerely hope they are able to receive the grant approval needed.

I am pleased SVSC is considering a Master's Program and I do hope to attend the program in the future if I am living in or around the area.

Question coming to SVSC with new program due to its lack of past experience with curriculum. It would be nice to attend SVSC to maintain consistency in training. However, I will probably not attend due to its newness!

I would like to see it established at SVSC with the same high accreditation of the BSN program.

I think a MSN program in this area is a good idea.

I would question if there was adequate staff to teach a MSN program at SVSC.

At this point, we don't have enough faculty to teaching the BSN program. I would also question the credibility of a new masters program and its effect on the learning aspect of the post-graduate student. Lastly, I would be concerned if we had the clinical resources to start a MSN. The area hospitals are already over crowded with LPN, ADN, and BSN nursing students.

At this point in my life, I do not feel that I am ready to pursue an MSN program.

I think it's great!

It would be great to be able to complete my graduate work at this same school!

I feel there is a definite need for this type of program in this area. Competent professionals are minimal in a lot of the nursing disciplines and I feel that by pursuing my degree I will have no difficulty in finding work in this area.

I think this is a very good idea for people who want to continue with schooling.

Too early to submit questions. I must receive BSN degree first.

**APPENDIX T:**  
**COMMENTS BY THE RESPONDENTS OF THE**  
**POTENTIAL EMPLOYER SURVEY**

## APPENDIX T

### COMMENTS BY THE RESPONDENTS OF THE POTENTIAL EMPLOYER SURVEY

<u>Question #</u>	<u>Comments</u>
4	BSN/MSNs are regional/Division Home Health Agency Administrators/Managers
4	Do not fully agree with educational states equating with performance ability. Education is very important but not the ultimate need in performance.
4	Not required nor preferred by Hospital Administrator. We have one RN Clinical Nurse Specialist who has almost completed her MSN.
4	MSN is preferred however due to the inavailability of masters prepared and in fact BSN prepared nurses, many diplomas and ADN graduates are functioning in these capacities.
4	One wage is paid RNs depending on job not on education.
7	Would need a strong public health work experience.
7	Would depend on job description and experience (primarily staff experience) of the person being sought.
7	Management is a key need in all areas.
13	Research would have to be cleared through corporate.
13	Preplanning must occur!
13	None.
13	Educational materials, copy (Xerox) facilities, access to records, meeting space.
14	Depending on availability of job and salary desired. (Ours are low!)
14	Would consider and interview.
14	Since the company only employs one at corporate office.

Question #

Comments

- |    |   |
|----|---|
| 14 | There would be only the DON position of interest to MSN.  |
| 14 | It would depend on the organizations needs at any given time.   |
| 14 | Probably not able to afford.  |
| 16 | As there has been a lack of BSN programs and their availability, I would like to see you consider nurses with BS degrees in other fields. I feel you will limit your program otherwise and exclude some very knowledgeable nurses who have much to offer nursing. |
| 16 | Clinical background, at the present time required.  |
| 16 | Sorry I could not be more helpful.  |
| 16 | Great need in the area. Many good nurses in our locality who need advanced education.   |

**APPENDIX U:**

**THE STEPS FOR DERIVING THE TOTAL NUMBER OF THE  
BSNs AND POTENTIAL BSNs IN SAGINAW'S  
SURROUNDING EIGHTEEN COUNTY AREA**

## APPENDIX U

### THE STEPS FOR DERIVING THE TOTAL NUMBER OF THE BSNs AND POTENTIAL BSNs IN THE EIGHTEEN COUNTY AREA

#### Step 1:

The number of agencies classified by the type of health care agencies were obtained from Table 1 in Chapter III.

#### Step 2:

The number of agencies sampled from each type of health care agency were obtained from Appendix K 220) and percent of agencies sample were obtained.

#### Step 3:

The sum of the number of BSNs and the potential BSNs for each type of health care agency were obtained by calling each agency by phone.

#### Step 4:

The estimated number of BSNs and the potential BSNs were derived for each type of health care agency.

#### Step 5:

The total population of BSNs and potential BSNs were then calculated from step 4.

Table U.1 shows the actual figure for each step.



**TABLE U.1. STEPS FOR ESTIMATING THE TOTAL POPULATION  
OF BSNs AND POTENTIAL BSNs.**

STEP	Medium- Size Hospital	Small Size Hospital	Community Health Agency	Home Care Agencies	Nursing Homes	School of Nursing
STEP 1: Number of Agencies Exist in 18 County Area	13	24	11	13	31	4
STEP 2: Number of Agencies Sampled (Percent Sampled)	8 (61.5%)	12 (50.0%)	7 (63.6%)	6 (46.0%)	13 (41.0%)	1 (25.0%)
STEP 3 and 4: Number of BSNs and Potential BSNs in Sample Agencies	392	96	47	18	18	56
STEP 5 Number of BSNs and Potential BSNs in All Existing Agen- cies	728	190	74	39	43	56

The total number of BSNs and potential BSNs in the 18 county area, N = 1,130.

**APPENDIX V:**

**LETTER OF SUPPORT FROM VICE PRESIDENT FOR ACADEMIC  
AFFAIRS - SAGINAW VALLEY STATE COLLEGE**



# Saginaw Valley State College

## MEMO

**TO:** Dr. Crystal M. Lange, Dean  
School of Nursing & Allied Health Sciences

**FROM:** Dr. Robert S.P. Yien  
Vice President for Academic Affairs

**DATE:** May 14, 1986

**RE:** Master of Science in Nursing

It has been my personal belief that Saginaw Valley State College provides a quality undergraduate program in Nursing for the people in the East Central region of Michigan. Our B.S.N. program has been accredited, it seems only logical to think one step beyond what we have now accomplished.

SVSC is centrally located to the industrial and business communities of this region. We have an obligation to provide advanced educational opportunities for people in our service area. A graduate program in Nursing would be a timely response to the need for an advanced degree which is currently unavailable to residents of Michigan, north of Wayne County.

I pledge my full support to implementing a Master of Science in Nursing Program on our campus.

RSPY/cm

**APPENDIX W:**

**LETTER OF SUPPORT FROM THE PRESIDENT OF  
SAGINAW VALLEY STATE COLLEGE**



Saginaw Valley State College  
2250 PIERCE ROAD  
UNIVERSITY CENTER, MICHIGAN 48710

OFFICE OF THE PRESIDENT

June 5, 1986

Dr. Crystal M. Lange, R.N., Ph.D.  
Dean, School of Nursing and  
Allied Health Sciences  
Saginaw Valley State College  
University Center, Michigan 48710

Dear Dr. Lange:

The efforts of the faculty in the School of Nursing to establish a Master of Science in Nursing Program at Saginaw Valley State College are in keeping with the long range goals and objectives of the College. This letter is to confirm the institutional commitment to support the development and continuation of the Master's in Nursing Program.

We look forward to a high quality program which will greatly contribute to meeting the health care needs of the citizens of Michigan, and which would build upon the notable success of our undergraduate program. Our faculty has been working very hard to complete terminal degrees in preparation for graduate instruction.

Sincerely yours,

  
Jack M. Ryder  
President

JMR:nes  
mnp.ltr

**APPENDIX X:**  
**EVALUATION FORM COMPLETED BY THE DEAN**

*Com Large*EvaluationProcess and Outcome of the Feasibility StudyForMasters Degree Program in Nursing

5 Strongly agree  
 4 agree  
 3 neutral  
 2 disagree  
 1 strongly disagree

1. Has the study met the objective of the decision makers ? (5) 4 3 2 1
  - a. The amount and quality of information adequate ? (5) 4 3 2 1
  - b. The results of the study communicated in writing clearly ? (5) 4 3 2 1
  - c. Was report timely for use by the decision maker ? 5 (4) 3 2 1
2. Were the methodologies efficient for obtaining needed information ? (5) 4 3 2 1
  - a. the design of the study accomodated for involvement of a wide variety of constituent groups ? (5) 4 3 2 1
  - b. the method used facilitated the collection of a large amount of data within the limited amount of time ? (5) 4 3 2 1
  - c. a complete proposal prepared prior to the beginning of the study ? 5 (4) 3 2 1
  - d. cost effective ? 5 (4) 3 2 1
  - e. Appropriate statistical method ?
 

Sampling:	5	(4)	3	2	1
Data Analysis:	5	(4)	3	2	1
  - f. kept the decision maker informed of the progress ? (5) 4 3 2 1
  - g. Sought opinions of others for improvement of the approach ? (5) 4 3 2 1
  - h. Sought assistance of needed expertise at appropriate time ? (5) 4 3 2 1

Evaluation: Process and Outcome of the feasibility Study cont:

3. <sup>Have</sup> ~~Has~~ the issues and concerns toward the implementation of the study identified by the researcher? <sup>Ken</sup> (5) 4 3 2 1
- a. Has the concerns and issues handled appropriately by the researcher? (5) 4 3 2 1
- b. Was organizational climate assessed? (5) 4 3 2 1
- c. Was planned change strategies used during the implementation of the study? 5 (4) 3 2 1
4. What were the strengths of the approaches used to conduct this study?
5. If the similar type of study were to be conducted in the School of Nursing and Allied Health Sciences, what improvements would you like to suggest?



## **LIST OF REFERENCES**

## REFERENCES

- Andreoli, K. G. (1985). Trends that may affect nursing's future. Nursing and Health Care, 6, 47-51.
- Bock, L. K. (1980). Needs assessment in planning graduate degree programs. New Direction for Continuing Education, 7, 37-42.
- Brockhaus, B. (1984). Needs Assessment in Adult Education: It's Problems and Prospects. Adult Education Forum, 34(4), 233-239.
- Brown, B. (1985). Visions of the Future: Planning for Nursing as a Vital Force in Health Care. A paper presented at the Annual Convention of Michigan Nurses' Association, November 7.
- Bureau of Business Research, School of Business Administration, Wayne State University, Detroit, Michigan (1983). Michigan Statistical Abstract. (Seventeenth Edition 1982-83).
- Bureau of Health Facilities, Michigan Department of Public Health (1985). Directory of Hospitals, Nursing Care Facilities, Homes for the Aged, Mental Health Facilities, Health Care Services. Lansing, Michigan.
- East Central Michigan Health Systems Agency, Inc. (1981). East Central Michigan Health Manpower Project: Final Report. Saginaw, Michigan.
- Epstein, R. B. (1978). Use of feasibility study in program planning. Developing a Masters Program in Nursing. New York: National League of Nursing, 1-9.
- Freeman, N. (1985). Feasibility Study Overview, unpublished document. College of St. Scholastica, Duluth, Minnesota.
- Health Resources Administration, Department of Health and Human Services, Office of Public Health Service (1981). The Health Professions Requirement Model: Structure and Application. Hyattsville, MD, Division of Health Professions and Analysis (ERIC Document Reproduction Service, No. ED 242 267).
- Hull, C. H., Nie, N. H. (1981). SPSS UPDATE 7-9: New Procedures and Facilities for Releases 7-9. New York: McGraw-Hill.

- The Joint Committee on Standards for Educational Evaluation (1981). Standards for Evaluations of Educational Programs, Projects, and Materials. New York: McGraw-Hill.
- Institute of Medicine (1983). Nursing and Nursing Education: Public Policies and Private Actions. Washington, D.C.: National Academy Press.
- Kamis, E. (1981). Sound, targeted compassion: assessing the needs of and planning services for deinstitutionalized clients in I. D. Rutman (Ed.), Planning for Deinstitutionalization: A Review of Principles, Methods, and Applications. Human Services Monograph Series, No. 28. Washington, DC: Project SHARE, Department of Health and Human Services.
- Kaufman, R. (1972). Educational System Planning. Englewood Cliffs, NJ: Prentice-Hall.
- Kaufman, R. (1983). Planning and organizational improvement terms. Performance and Instruction Journal, 22(8), 12-15.
- Kaufman, R. (1982). Identifying and Solving Problems: A Systematic Approach (Third Edition). San Diego, CA: University Associates.
- Kaufman, R. and English, F. W. (1979). Needs Assessment: Concept and Application. Englewood Cliffs, NJ: Educational Technology Publications.
- Kimmel, W. A. (1977). Needs Assessment: A Critical Perspective. Washington, DC: Office of Program Systems, Office of Assistant Secretary for Planning and Evaluation, U. S. Department of Health, Education, and Welfare.
- Klein, D. (1976). Some notes on the dynamics of resistance to change: the defender role, in The Planning of Change (Third Edition). Warren G. Bennis, Kenneth D. Benne, Robert Chin, and Kenneth E. Corey editor. New York: Holt, Rinehart and Winston, 117-124.
- Knowles, M. S. (1980). The Modern Practice of Adult Education: From Pedagogy to Andragogy, (Revised and Updated). New York: Cambridge, The Adult Education Company, p. 82.
- Kovacs, A. R. (1985). The Research Process: Essentials of Skill Development. Philadelphia: F. A. Davis Company, p. 94.
- Levine, E. (1980). Hospital Headlines, Hospitals, 54, 18-19.

- Mattimore-Knudson, R. (1983). The concept of needs: its hedonistic and logical nature. Adult Education, 33(2), 117-124.
- Misanchuk, E. R. (1980). A methodological note on quantitative approaches to educational needs assessment. Canadian Journal of University Continuing Education, 7(1), 31-33.
- Naisbitt, J. (1982). Megatrends. New York: Warner Books.
- National Center for Health Statistics (1979). Inpatient Utilization of Short Stay Hospitals by Diagnosis, U.S.A. Hyattsville, MD: U. S. Government Printing Office, VSH 14-20.
- Nie, N. H., Hull, C. H., Jenkins, J. G., Steinbrenner, K., and Bent, D. H. (1975). Statistical Package for the Social Sciences (Second Edition). New York: McGraw-Hill.
- Nguyen, T. D., Attkisson, C. C., and Bottino, M. J. (1976). Definition and identification of human service need in a community context. Paper presented at National Conference on Needs Assessment in Health and Human Services, University of Louisville, Louisville, KY.
- Office of Institutional Research and Planning, Saginaw Valley State College (1986). Better Days: 1983-84 and 1984-85 Baccalaureate Graduates Report Their Occupations, Further Study and Recollections of Their SVSC Education.
- Olson, M. (1982). Feasibility Study Overview, unpublished document. Northern Michigan University.
- Pennington, F. C. (1980). Needs Assessment: Concepts, Models, and Characteristics. New Direction for Continuing Education, Assessing Educational Needs of Adults, 7, 1-13.
- Raines, M. R. (1969). An Appraisal of the New York State Guidance Center for Women. Albany: State University of New York.
- Raines, M. R. (1977). Developing Constituency Programs in Community Colleges. Horizons Issues Monograph Series. American Association of Community and Junior Colleges, One Dupont Circle, N.W., Washington, DC 20036.
- Raines, M. R. (1986). Personal communication. September 8.
- Raudenbush, S. (1985). Class content presented in CEP 907-A: Advanced Research Methods in Education.

- Roth, J. E. (1978). Theories and Practice of Needs Assessment with Special Application to Institutions of Higher Learning. Unpublished Doctoral Dissertation, Department of Education, University of California, Berkeley.
- Saginaw Valley State College, Department of Nursing (1985). Philosophy.
- Saginaw Valley State College Masters in Nursing Training Application (1981). Author, University Center, MI 48710.
- Saginaw Valley State College (1985). Mission statement. Author, University Center, MI 48710.
- Sanders, J. and Nafziger, D. H. (1978). A basis for determining the adequacy of evaluation designs. The Evaluation Center Occasional Paper Series. Western Michigan University, Paper No. 4.
- School of Nursing and Allied Health Sciences, Dean's Office (1985). Achievement of State Board Examinations 1979 through 1984. Unpublished document.
- Statewide Health Coordinating Council, State of Michigan (1983). Michigan State Health Plan 1983-1987, Volume III. Health Personnel Resources. Lansing, Michigan.
- Stufflebeam, D. L., McCormick, C. H., Brinkerhoff, R. O. and Nelson, C. O. (1985). Conducting Educational Needs Assessment. Boston: Kluwer Nijhoff Publishing.
- United Way of Saginaw County (1986). Community-Wide Needs Assessment: Problem Profile. Saginaw, Michigan.
- United Way of Saginaw County (1986). Community-Wide Needs Assessment: Survey Results. Study conducted by Center for Governmental Research, Central Michigan University.
- Van de Ven, A. H. and Delbecq, A. L. (1972). The nominal group process as a research instrument for exploratory health studies, American Journal of Public Health, 62, 337-342.
- Van de Ven, A. H. and Delbecq, A. L. (1974). The Effectiveness of Nominal, Delphi, and Interacting Group Decision-Making Processes, Academy of Management Journal, 17(4), 605-621.
- Van de Ven, A. H. and Delbecq, A. L. (1975). The effectiveness of Nominal, Delphi, and Interactive Group Decision Making Process. Academy of Management Journal, 18(1), 55-73.

- White House Conference on Aging (1981). Final Report, A National Policy on Aging (Volume 1), 33.
- Witkin, B. R. (1984). Assessing Needs in Educational and Social Programs. San Francisco: Jossey-Bass.
- Witkin, B. R. (1977). Needs assessment kits, models, and tools. Educational Technology, 17(11), 5-18.
- Zinsei, E., Holly, M., and Carl, D. (1979). Feasibility Study Overview, unpublished document. University of North Dakota.