

# A Comparison of RN-to-BSN Completion Graduates to Generic BSN Graduates: Is There a Difference?

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## ABSTRACT

This study compares RN-to-BSN completion graduates and generic BSN graduates in frequency of critical nursing activities performed when caring for patients and in degree of commitment to the profession. Results indicate that RN-to-BSN completion graduates perform in a manner similar to generic BSN graduates; however, RN-to-BSN graduates more frequently demonstrated professional commitment such as attending continuing education programs, and furthering their education. These findings support not only the current RN-to-BSN completion education programs but also the value of this cohort to the nursing profession.

## Introduction

Although the largest portion of practicing nurses in the United States do not have a baccalaureate degree, many of these nurses are returning to school to continue their education. In order to accommodate those nurses interested in completing a baccalaureate degree, many schools have developed modified RN-to-BSN completion programs (Creasia, 1989; Green, 1987; Roudonis, 1987). In most instances, RN-to-BSN completion programs are designed to take advantage of past learning experiences. Placement is determined through testing, with nurses often being

required to take only those courses with content which they have not had.

Although the need to provide a way for nurses to advance educationally has been recognized, concerns about the quality of RN-to-BSN completion graduates has been a long-standing issue (Boyar, Senturia, & Palisin, 1989; Lynn, McCain, & Boss, 1989). Are nurses who complete these programs adequately socialized to the profession? Do they function in a similar manner as RNs whose basic nursing education is a baccalaureate degree?

A basic underlying assumption of this study is that differences do exist between baccalaureate-prepared nurses (BSN) and nurses without a baccalaureate degree. A review of the literature indicates that, depending on which variable is being measured, differences may or may not be evident. For instance, in three studies looking at professionalism, two found BSN students more professional than associate degree in nursing (ADN) students (Jones & Jones, 1977; Murray & Morris, 1982; Richards, 1972). In three studies on decision-making, only partial support existed for the premise that the decision-making of BSN nurses is more professional (Gray, Murray, Roy, & Sawyer, 1977; Jacobs, 1980; Johnston, 1982). Before performing the analysis for the current study, data were analyzed to determine if differences did exist in the baccalaureate-prepared nurse in the variables to be considered.

An analysis of the Illinois Department of Professional Regulation's 1990 Biennial Survey of Registered Nurses data set, comparing ADN nurses and diploma nurses with BSN nurses, demonstrated significant differences with the BSN nurse more frequently performing critical nursing activities such as completing psychosocial exams, using nursing diagnosis, etc. The BSN nurse also reported significantly more professional commitment behaviors such as increased incidence of participation in continuing education, enrollment in academic programs, and certification in a specialty area (Chornick, 1990).

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Few studies have compared those nurses who entered nursing with a BSN to those nurses with less education who subsequently completed a BSN. Several studies have reported differences between RN-to-BSN completion student nurses and their generic BSN counterparts. For instance, Thomas (1979) found that RN-to-BSN completion students were less oriented toward traditional views of nursing than other students. Lynn et al. (1989) reported a lack of overall change in the measurement of professional development in RN-to-BSN completion students. King (1986) determined that significant differences existed between RN-to-BSN completion and generic BSN students on the variables of ego development and life stages.

Only two studies differentiated between the two types of baccalaureate-prepared nurse. McCloskey (1983) reported that ADN nurses who completed a BSN were more highly rated in nursing practice than generic BSN nurses or ADN nurses. In the second study, ADN nurses who had completed a BSN were compared with generic BSN and ADN nurses in terms of professionalism. Results indicated that the ADN nurses who completed a BSN were more professional than either the ADN or generic BSN nurses (Lawler & Rose, 1987).

### Purpose of the Study

This study compared the behaviors of RN-to-BSN completion graduates with generic BSN graduates to determine if differences existed between the groups' behaviors performed when caring for patients and in their degree of commitment to the profession. Specific questions that this study attempted to answer were:

1. Do RN-to-BSN completion graduates perform critical nursing activities as frequently as generic BSN graduates when caring for patients?
2. Do RN-to-BSN completion graduates demonstrate a comparable degree of commitment to the nursing profession as generic BSN graduates?

### Definitions

The following definitions were used: The basic level of nursing education was that level which initially prepared one to be a nurse, e.g., licensed practical nursing (LPN), diploma, ADN, and BSN. An RN-to-BSN completion graduate is a nurse whose basic level of nursing education was something less than a BSN, i.e., LPN, ADN, or diploma, who had returned to school for a BSN. A generic BSN graduate is a nurse whose basic level of nursing education was a BSN. Critical nursing activities are those essential activities performed by a professional nurse when caring for patients. They are measured by the frequency of obtaining health histories, performing physical examinations, performing psychosocial examinations, developing nursing diagnoses and therapeutic plans, instructing patients in prevention or management of illness and health maintenance, and evaluating patient outcomes.

### Methods

Data were obtained from the 1990 Illinois Nurses Survey. The state of Illinois was selected because the population is representative of the nation in terms of urban/rural distribution and income. In addition, Illinois reports nursing demographics similar to national surveys, such as educational distribution and minority representation. The 1990 Illinois Nurses Survey was mailed along with registration materials to all persons who are licensed as RNs in the state of Illinois. Information was collected on 66,005 nurses from a sample of 117,796 nurses who applied for licensure (56% response rate) and consisted of employment, work functions, and continuing educational activities. To assure anonymity, renewal materials were separated at the state regulatory agency before being forwarded to the investigators. Surveys were electronically scanned and uploaded to an IBM mainframe computer. Data analysis was performed using the SPSS-X Statistical Package to obtain frequencies and cross-tabulations. The acceptable level of significance was set at .05.

### Sample

The sample consisted of those nurses who had obtained a BSN degree and was divided into four groups. Three groups consisted of individuals who had entered nursing at one of the various levels—LPN, ADN, or diploma—and had subsequently returned to school to complete a baccalaureate degree. The fourth group consisted of those who had entered nursing with a BSN degree. A preliminary data analysis indicated that there was an uneven distribution of types of positions held by the four groups. Therefore, in order to compare the four groups more closely, only those nurses who reported spending at least 50% of their usual work week in direct patient care were included in the sample.

### Instrument

The 1990 Illinois Nurses Survey is a four-page, 55-item scannable survey. Included are questions on years and type of employment, work setting, position, functions performed at work, and educational activities, along with demographic information.

Questions pertaining to this study asked how frequently respondents performed critical nursing activities when giving patient care. Critical nursing activities were measured by frequency with responses categorized as: (1) *never*, (2) *for less than 10 of my patients*, (3) *for 10 to 50 of my patients*, and (4) *for over 50 of my patients*. Other comparisons determined degree of commitment to nursing and were measured by enrollment in a formal educational program, certification in a specialty area, and number of continuing education hours earned in the past year. Continuing education hours were determined by four categories ranging from none to more than 40 hours.

### Data analysis

The sample ( $n = 11,884$ ) consisted of four groups of BSN nurses with either an LPN ( $n = 471$ ), ADN ( $n = 1,019$ ),

TABLE 1  
Demographic Variables

	LPN (N=491)	Diploma (N=2,716)	ADN (N=1,037)	Generic BSN (N=8,588)
<b>Gender (%)*</b>				
Male	5.1	3.0	6.6	2.9
Female	89.4	91.6	88.2	91.9
<b>Mean age (SD)</b>	38.30 (8.37)	44.50 (10.19)	38.82 (8.38)	34.64 (9.14)
<b>Race (%)</b>				
Hispanics	1.0	0.5	0.9	1.2
Blacks	15.3	2.4	4.3	3.2
Asian	4.9	6.7	2.6	11.2
White	78.0	89.3	91.9	84.3
American Indian	—	0.2	0.3	0.1
<b>Marital Status (%)</b>				
Married	64.9	68.6	69.7	69.4
Widowed	1.6	3.0	1.9	0.8
Divorced	11.6	11.1	8.9	4.3
Separated	2.0	0.7	2.1	0.8
Never Married	19.3	16.6	17.5	24.7
<b>Mean number of children (SD)</b>	1.15 (1.31)	1.15 (1.25)	1.15 (1.28)	1.16 (1.27)
<b>Gross household income (%)</b>				
<\$21,000	4.7	4.8	4.7	4.2
\$21,000-\$29,999	17.4	11.0	10.8	17.4
\$30,000-\$39,999	23.9	21.3	20.6	20.5
\$40,000-\$49,999	15.1	14.9	16.0	15.1
\$50,000-\$59,999	12.7	16.0	17.2	15.6
\$60,000+	25.2	32.0	30.6	27.2
<b>Mean years worked as RN (SD)</b>	9.06 (5.36)	18.72 (9.43)	11.24 (5.21)	9.64 (6.82)
<b>Principal position (%)</b>				
Staff nurse	68.7	57.4	66.7	73.4
Nurse clinician	2.1	2.6	1.8	2.1
Nurse practitioner	2.1	2.9	2.4	2.2
Clinical nurse specialist	0.8	2.2	1.8	1.5
Certified nurse anesthetist	1.7	3.5	1.8	1.0
Certified nurse midwife	—	0.3	0.4	0.6
Charge nurse	7.3	5.2	5.7	4.5
Head/assistant head nurse	2.5	4.1	4.5	2.4
Inservice educational instructor	0.4	—	0.3	0.2
Administrative nursing service	0.2	0.6	0.2	—
Home care	5.6	4.0	4.2	—
Consultant	0.2	0.4	0.1	2.9
Private nurse	0.8	0.5	0.7	—
Office nurse	2.7	4.3	2.8	4.2
School nurse	4.0	7.1	1.4	1.8
Other	3.7	4.7	5.0	2.6

\*% >100 due to missing data.

diploma ( $n=2,676$ ) or BSN ( $n=7,718$ ) as a basic level of preparation. Many of the descriptive data were similar for all four groups (Table 1). The majority of respondents in each group consisted of married white females with one or two children. More than 50% of each group reported a mean gross household income between \$30,000 and \$60,000. Differences did exist between the groups in terms of age,

years worked as an RN, and types of positions held, with the major differences existing between generic BSNs and remaining groups. The generic BSN tended to be younger (mean age of 34 years), and most frequently reported being a staff nurse (76.8%). The other three groups of nurses reported a wider range of positions, including home care, private duty, and office nursing despite the inclusion criteria

**TABLE 2**  
**Significant Comparisons of Frequency of Performance of Critical Nursing Activities**

Critical Nursing Activity	Frequency of Performance (% of time)				Chi-square	df
	Never N (%)	<10% N (%)	10% to 50% N (%)	>50% N (%)		
<b>Performance of physical examination</b>						
1 to 5 years						
BSN	419 (17.0)	253 (10.3)	357 (14.5)	1429 (58.1)		
Diploma	44 (28.8)	18 (11.8)	20 (13.1)	71 (46.4)		
ADN	21 (17.2)	10 (8.2)	21 (17.2)	70 (57.4)		
LPN	20 (18.7)	9 (8.4)	22 (20.6)	56 (52.3)	19.66	9*
6 to 10 years	NS				8.21	9
11 to 15 years	NS				10.90	9
16 to 20 years	NS				12.27	9
<b>Performance of psychosocial examination</b>						
1 to 5 years						
BSN	472 (19.2)	483 (19.6)	572 (23.3)	932 (37.9)		
Diploma	48 (31.0)	27 (17.4)	28 (18.1)	52 (33.5)		
ADN	25 (20.3)	31 (25.2)	28 (22.8)	39 (31.7)		
LPN	19 (17.1)	21 (18.9)	30 (27.0)	41 (36.9)	17.30	9*
6 to 10 years	NS				6.81	9
11 to 15 years	NS				6.83	9
16 to 20 years						
BSN	211 (30.5)	158 (22.8)	121 (17.5)	202 (29.2)		
Diploma	191 (42.1)	74 (16.3)	77 (17.0)	112 (24.7)		
ADN	43 (30.9)	24 (17.3)	28 (20.1)	44 (31.7)		
LPN	20 (45.5)	2 (4.5)	7 (15.9)	15 (34.1)	28.39	9†
<b>Performance of nursing diagnoses</b>						
1 to 5 years						
BSN	153 (6.1)	154 (6.2)	307 (12.3)	1890 (75.5)		
Diploma	13 (8.4)	13 (8.4)	31 (20.1)	97 (63.0)		
ADN	11 (8.7)	9 (7.1)	14 (11.1)	92 (73.0)		
LPN	5 (4.3)	11 (9.6)	20 (17.4)	79 (68.7)	19.07	9*
6 to 10 years	NS				9.44	9
11 to 15 years						
BSN	100 (7.1)	101 (7.2)	228 (16.3)	972 (69.4)		
Diploma	59 (12.3)	41 (8.6)	61 (12.8)	317 (66.3)		
ADN	30 (10.2)	25 (8.5)	43 (14.6)	196 (66.7)		
LPN	12 (16.0)	7 (9.3)	6 (8.0)	50 (66.7)	23.63	9‡
16 to 20 years	NS				9.43	9
<b>Develop therapeutic plans</b>						
1 to 5 years	NS				10.39	9
11 to 15 years	NS				9.11	9
BSN	212 (8.0)	140 (10.1)	246 (17.7)	894 (64.2)		
Diploma	56 (11.8)	53 (11.2)	71 (15.0)	294 (62.0)		
ADN	41 (13.8)	26 (8.8)	44 (14.8)	186 (62.6)		
LPN	5 (6.5)	12 (15.6)	13 (16.9)	47 (61.0)	18.08	9*
16 to 20 years	NS				10.61	9
<b>Instruct patient in prevention of illness</b>						
1 to 5 years	NS				6.22	9
6 to 10 years	NS				12.25	9
11 to 15 years	NS				3.78	9
16 to 20 years						
BSN	41 (5.4)	120 (15.7)	184 (24.1)	417 (54.7)		
Diploma	29 (6.1)	102 (21.5)	113 (23.8)	231 (48.6)		
ADN	16 (11.0)	19 (13.0)	30 (20.5)	81 (55.5)		
LPN	7 (15.6)	3 (6.7)	8 (17.8)	27 (60.0)	26.18	9†
<b>Instruct patient in management of illness</b>						
1 to 5 years	NS				9.36	9
6 to 10 years	NS				10.07	9
11 to 15 years						
BSN	82 (5.7)	130 (9.1)	324 (22.6)	896 (62.6)		
Diploma	28 (5.8)	48 (10.0)	75 (15.6)	329 (68.5)		
ADN	20 (6.6)	28 (9.2)	66 (21.7)	190 (62.5)		
LPN	3 (4.1)	11 (14.9)	8 (10.8)	52 (70.3)	18.16	9†
16 to 20 years	NS				12.58	9
<b>Evaluate patient outcome</b>						
1 to 5 years	NS				14.29	9
6 to 10 years	NS				6.22	9
11 to 15 years	NS				5.22	9
16 to 20 years	NS				15.53	9
<b>Instruct patients in health maintenance</b>						
1 to 5 years	NS				13.61	9
6 to 10 years	NS				7.27	9
11 to 15 years	NS				5.94	9
16 to 20 years	NS				9.32	9

\* $p < .01$ † $p = .01$ ‡ $p < .001$

**TABLE 3**  
**Significant Comparison of Commitment**

Professional Variables	Yes N (%)	No N (%)	Chi-square	df	
<b>Certified in a specialty area</b>					
1 to 5 years					
BSN	294 (11.1)	2358 (88.9)			
Diploma	36 (19.9)	145 (80.1)			
ADN	20 (14.5)	118 (85.5)			
LPN	18 (14.3)	108 (85.7)	14.28	3*	
6 to 10 years					
BSN	315 (21.1)	1179 (78.9)			
Diploma	140 (28.1)	358 (71.9)			
ADN	97 (30.5)	221 (69.5)			
LPN	23 (28.0)	59 (72.0)	19.68	3*	
11 to 15 years					
BSN	315 (21.1)	1179 (78.9)			
Diploma	140 (28.1)	358 (71.9)			
ADN	97 (30.5)	221 (69.5)			
LPN	23 (28.0)	59 (72.0)	19.67	3*	
16 to 20 years					
BSN	177 (22.5)	611 (77.5)			
Diploma	151 (29.6)	359 (70.4)			
ADN	49 (31.6)	106 (68.4)			
LPN	17 (31.5)	37 (68.5)	11.90	3*	
<b>Enrolled in a formal education program</b>					
	<b>Full-time</b>	<b>Part-time</b>	<b>Not enrolled</b>		
1 to 5 years					
BSN	64 (2.4)	239 (8.9)	2393 (88.8)		
Diploma	9 (5.0)	31 (17.1)	141 (77.9)		
ADN	9 (6.5)	28 (20.1)	101 (73.4)		
LPN	3 (2.4)	15 (11.8)	109 (85.8)	44.99	6*
6 to 10 years					
BSN	45 (1.8)	183 (7.3)	2292 (91.0)		
Diploma	29 (7.1)	55 (13.4)	326 (79.5)		
ADN	20 (5.5)	57 (15.6)	288 (78.9)		
LPN	8 (4.2)	19 (10.0)	163 (85.8)	89.13	6*
11 to 15 years					
BSN	26 (1.7)	84 (5.5)	1409 (92.8)		
Diploma	12 (2.4)	60 (11.8)	436 (85.8)		
ADN	11 (3.5)	50 (15.8)	256 (80.8)		
LPN	—	17 (21.3)	63 (78.8)	68.11	6*
16 to 20 years					
BSN	5 (.6)	43 (5.3)	761 (94.1)		
Diploma	13 (2.5)	60 (11.7)	441 (85.8)		
ADN	3 (1.9)	16 (10.3)	137 (87.8)		
LPN	2 (3.7)	6 (11.1)	46 (85.2)	29.67	6*
<b>Participation in continuing education</b>					
	<b>None</b>	<b>&lt;20 hrs</b>	<b>20-40 hrs</b>	<b>&gt;40 hrs</b>	
1 to 5 years	NS				
6 to 10 years					
BSN	397 (16.0)	1257 (50.5)	653 (26.3)	180 (7.2)	
Diploma	61 (15.2)	173 (43.0)	114 (28.4)	54 (13.4)	
ADN	44 (12.1)	159 (43.6)	113 (31.0)	49 (13.4)	
LPN	22 (11.6)	89 (46.8)	51 (26.8)	28 (14.7)	
				46.49	
11 to 15 years					
BSN	191 (12.8)	739 (49.3)	438 (29.2)	130 (8.7)	
Diploma	57 (11.4)	256 (51.4)	129 (25.9)	56 (11.2)	
ADN	35 (11.0)	126 (39.7)	119 (37.5)	37 (11.7)	
LPN	5 (6.1)	33 (40.2)	36 (43.9)	8 (9.8)	
				29.09	
16 to 20 years					
BSN	87 (10.8)	390 (48.4)	251 (31.2)	77 (9.6)	
Diploma	40 (7.8)	241 (47.1)	170 (33.2)	61 (11.9)	
ADN	17 (10.9)	55 (35.3)	67 (42.9)	17 (10.9)	
LPN	5 (9.3)	29 (53.7)	15 (27.8)	5 (9.3)	
				19.39	

\*p&lt;.001

†p&lt;.01

of reporting at least 50% of time in direct patient contact. Diploma nurses reported the highest mean total number of years worked as an RN (9.92 years). This result is not unexpected because the declining number of diploma schools decreases the possibility of recent graduation from this type of program. Licensed practical nurses reported a mean of 2.36 years worked as an RN. Due to the wording of the question, the number of years that the LPN worked before becoming a RN was not taken into account.

Table 2 shows the significant results of the question that asks nurses to indicate how frequently they performed critical nursing activities when caring for their patients. Because total years in nursing was a variable determined to affect nurses' behaviors, it was controlled by analyzing the data using five-year cohorts. When years in nursing and time spent in direct patient contact were controlled, few significant differences existed among all groups when viewing critical nursing activities. Frequency of critical nursing activities that were not significant among any of the five-year cohorts were: obtaining a health history, instructing patients in health maintenance, assisting patients in planning health care, instructing patients in prevention of illness, and evaluating patient outcomes.

Significant differences existed in the one- to five-year cohort for performing physical examinations, performance of psychosocial examinations, and developing nursing diagnoses with generic BSN nurses tending to report these behaviors more frequently. No significant differences existed in the 6- to 10-year cohort. In the 11- to 15-year cohort, differences were noted in performing nursing diagnoses, developing therapeutic plans, and instructing patients in management of illness, with generic BSNs more frequently reporting these activities.

Generic BSNs also reported performing more psychosocial examinations and instructing patients in prevention of illness in the 16- to 20-year cohort. The four differences noted in performance of critical nursing activities between the generic BSN group and remaining groups may be due, in part, to the multiple positions held by the RN-to-BSN completion graduates. Several of these critical nursing activities, such as developing nursing diagnoses, could possibly occur more frequently when working in a staff nurse position than in other positions such as office nurse or school nurse.

Areas pertaining to commitment that were considered for this study included certification, continuing education, and additional formal education. Table 3 indicates that generic BSNs reported significantly fewer continuing education hours, were not certified in specialty areas as frequently, and were less inclined to continue with their formal education than those nurses who had less than BSN. Only in the one- to five-year cohort for participation in continuing education did no differences exist.

## Conclusion

The results of this study suggest that RN-to-BSN completion graduates not only perform critical nursing

activities as frequently as generic BSN nurses, but demonstrate significantly more behaviors indicating commitment. The fact that RN-to-BSN completion graduates perform critical nursing activities as frequently as generic BSN graduates suggests that the current educational programs offered for these students are adequate. Concerns so frequently expressed regarding the quality of the RN-to-BSN completion graduate appear to be unfounded. Considering the large number of nurses without a BSN and the comparable product produced, increased efforts by educators to recruit this pool of nurses seem worthwhile.

RN-to-BSN completion graduates are more likely than generic BSN graduates to continue with their education, to be certified in a specialty area, and to attend continuing education programs, i.e., behaviors often attributed to professional commitment. Possibly the nurse returning for a BSN differs from the generic BSN nurse in terms of ambition and self-direction. They have chosen to continue to improve their position through education. Also, RN-to-BSN completion graduates are individuals who have worked in the profession and have decided to make an additional investment in their chosen field. A selection process appears to be in progress. By virtue of continuing their education to achieve a BSN, these nurses have already demonstrated a commitment to their profession compared to RNs whose first contact with nursing places them in the role of the BSN nurse. In addition, this commitment appears to continue for the RN-to-BSN completion graduate after the BSN is achieved. The RN-to-BSN graduate appears to be a highly motivated individual and a valuable part of the nursing profession.

## References

- Boyar, D., Senturia, B., & Palisin, H. (1989). Accelerated LPN-RN nursing education: Is role socialization lost along the way? *Journal of Nursing Education*, 28, 361-365.
- Chornick, N. (1990). *A comparison of graduates of BSN, associate degree, and diploma nursing programs*. Unpublished manuscript.
- Creasia, J. (1989). Reducing the barriers to RN educational mobility. *Nurse Educator*, 14(4), 29-33.
- Gray, J., Murray, B., Roy, J., & Sawyer, J. (1977). Do graduates of technical and professional nursing programs differ in practice? *Nursing Research*, 26, 368-373.
- Green, C. (1987). Multiple role women: The real world of the mature RN learning. *Journal of Nursing Education*, 26, 266-271.
- Jacobs, A. (1980). Clinical competencies of baccalaureate, AD and diploma nurses—Are they different? *Issues*, 1, 1-3.
- Johnston, S. (1982). The use of the rines model in differentiating professional and technical nursing practice. *Nursing Health Care*, 2, 374-379.
- Jones, S., & Jones, P. (1977). Nursing student definitions of the real nurse. *Journal of Nursing Education*, 16, 15-21.
- King, J. (1986). A comparative study of adult developmental patterns of RN and generic students in a baccalaureate nursing program. *Journal of Nursing Education*, 25, 366-371.
- Lawler, T., & Rose, M. (1987). Professionalization: A comparison among generic baccalaureate ADN and RN/BSN nurses. *Nurse*

*Educator*, 12(3), 19-22.

Lynn, M., McCain, N., & Boss, B. (1989). Socialization of RN to BSN. *Image: The Journal of Nursing Scholarship*, 24, 232-237.

McCloskey, J. (1983). Nursing education and job effectiveness. *Nursing Research*, 32, 53-58.

Murray, L., & Morris, D. (1982). Professional autonomy among senior nursing students in diploma, associate degree and baccalaureate nursing programs. *Nursing Research*, 31, 311-313.

Richards, M. (1972). A study of differences in psychological

characteristics of students graduating from three types of basis nursing programs. *Nursing Research*, 21, 258-261.

Roudonis, B. (1987). Adult education: Its implications for baccalaureate nursing education. *Journal of Nursing Education*, 26, 164-166.


Thomas, J. (1979). Professional socialization of students in four types of nursing education programs (Doctoral dissertation, University of Florida). *Dissertation Abstracts International*, 39, 5966A.

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