

A COMPARISON OF SECOND-DEGREE BACCALAUREATE AND TRADITIONAL-BACCALAUREATE NEW GRADUATE RNS: IMPLICATIONS FOR THE WORKFORCE

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The purpose of this study was to describe the differences between traditional-baccalaureate graduates (TBGs) who had a baccalaureate degree in nursing and no other academic degree or diploma and second-degree baccalaureate graduates (SDGs) who had both a baccalaureate degree in nursing and a baccalaureate or higher degree in a field other than nursing. Using a sample of 953 newly licensed registered nurses (NLRNs), we compared SDGs and TBGs on demographic and work characteristics, including attitudes toward work, intent to stay in their current job, and whether they are searching for a job. TBGs worked slightly more hours per week and were more likely to provide direct care. SDGs were more likely to plan to stay indefinitely in their first job and were less uncertain of plans to stay. SDGs experienced higher family–work conflict and lower workgroup cohesion. Full-time SDGs earn over \$2,700 more income per year. Potential explanations for the salary difference are the greater human capital that SDGs bring to the job and their older age. Understanding the workforce productivity of these two groups is important for both organizational planning and policy for recruitment and retention. (Index words: New graduates; Second-degree nurses; Newly licensed registered nurses; Turnover; Satisfaction; Orientation; Retention) *J Prof Nurs* 0:1–10, 2008. © 2008 Published by Elsevier Inc.

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Funded by The Robert Wood Johnson Foundation.

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8755-7223/07/\$ - see front matter

MANY NURSING PROGRAMS have implemented second-degree and other postbaccalaureate first-professional degree nursing programs. These programs have grown from the first accelerated second-degree program at St. Louis University about 35 years ago (Ward, Bosco, & Styles, 2003) to 40 programs in 1991 to about 200 today (Curtis, 2006), and more are in the planning stages (American Association of Colleges of Nursing (AACN), 2005).

Programs receiving the most attention are accelerated or fast-track programs, in particular accelerated baccalaureate degree programs. Postbaccalaureate first-professional degree programs include second-baccalaureate, masters, and doctoral degree programs. These programs generally include all of the nursing classes and clinical experiences that are in traditional baccalaureate programs

(AACN, 2005). Many second-degree programs have two tracks. In one track, second-degree students behave as if they were transfer students who were obtaining a second major. These students proceed in their course work similarly to traditional students. Students in the other track, often called “accelerated” or “fast track,” proceed at an accelerated pace, often with a cohort. Accelerated programs have full-time intense instruction with a heavy credit count, generally without any breaks such as summer vacation that traditional students have (AACN, 2005). Accelerated programs sometimes include Web-based instruction, and this delivery method has been found to be effective for students in these programs (Kearns, Shoaf, & Summery, 2004). Finally, students in an accelerated program believed that although clinical experiences were the most overwhelming part of their education, it was also where they learned the best (Pellico, 2004).

Although there is some anecdotal information about second-degree students who are considered to be bright, motivated, involved, older, and hold higher expectations for their education and often plan to get a graduate degree (AACN, 2005), there is little quantitative published data (Curtis, 2006; Ward et al., 2003). There is no research on large, randomly selected, representative samples of practicing second-degree RNs.

Literature Review

Not enough is known about the similarities and differences between traditional undergraduate program graduates (TBGs) and second-degree graduates (SDGs). Some differences as students have been shown. When compared with other students, second-degree students are older and more responsible, had difficulty with students who were satisfied with meeting minimal academic expectations, preferred courses that involved hard sciences, and were eager to earn a living wage (Sheil & Wassem, 1994). It has also been reported that SDGs (Cangelosi, 2007; Ward et al., 2003) and accelerated students are highly motivated and focused on their goals. Several studies have indicated that the length of the program (1–2 years) is an important factor in attracting students (Cangelosi, 2007; Sheil & Wassem, 1994; Wu & Connelly, 1992). Wu and Connelly (1992) described second-degree baccalaureate students from a sample of 10 colleges ($n = 166$) as older than traditional students and as having biology, psychology, languages, and sociology as the most common college majors. Top reasons for the students to enroll in these programs were employment opportunities, financial stability, and upward mobility (Sheil & Wassem, 1994; Wu & Connelly, 1992). Toth, Dobratz, and Boni (1998) found no differences between traditional students and second-degree students in their attitudes about nursing ($N = 388$). Bentley (2006) found no significance in National Council Licensure Examination (NCLEX) pass rates between accelerated and traditional students, with the former having a higher pass rate than the traditional students. In contrast, McDonald (1995) found, in

comparing traditional and accelerated students, that students in accelerated programs scored higher in nursing performance and on the NCLEX. It has also been reported that the second-degree students (Cangelosi, 2007; Ward et al., 2003) and accelerated students (McDonald, 1995) are highly motivated and focused on their goals.

We have not found any studies of differences between second-degree RNs and traditional degree RNs as new practicing RNs, although there is a considerable amount of literature on new graduates. Hayes and Graf (2006) reviewed the literature on new graduate RNs and described clinical preferences for maternal child and medical and surgical units, as well as unrealistic expectations and frustration with inability to deliver holistic care as well as incomplete socialization. Eventual development of coping strategies and role mastery develops. However, some new RNs have inevitably left either their employers or the profession in frustration before they have developed adequate coping skills and role mastery. Winter-Collins and McDaniel (2000) emphasized the need for extra mentoring and nurturing needed by the new graduate RN to confidently experience the work setting. New graduate RNs feel uncomfortable and unconfident after being hired and find deficiency in skills and knowledge to be their primary difficulties during role transition (Casey, Fink, Krugman, & Propst, 2004) and may be required to take on the demands of leadership roles too early in their careers resulting in lowered self-concept (Cowin & Hengstberger-Sims, 2006). The demands of early required leadership and skill development may lead to new RNs experiencing “multiple discursive dissonance,” which means conflict between these demands (as codified in the “discourses” or written standards and documents used to judge new graduates) and their ability to grow and respond (Hamilton, 2005). New RNs' understanding of leadership expectations, ability to get work accomplished, and ability to manage the demands of the job increases with time; this adjustment period can take between 18 months and 1 year (Halfer & Graf, 2006; Hayes et al., 2006; Jones & Johnston, 1997).

New RNs with significant work experience in other areas may react like other new graduates or conversely rise more easily to a challenge. One benefit second-degree students may have is their greater maturity and experience in the workforce. This could give them some coping advantages in the period immediately after graduation. However, Oermann and Garvin (2002), in a small study of 46 new graduate RNs in three hospitals, 20 of whom were new bachelor of science in nursing graduates, did not find any differences based on the type of nursing program that graduates had completed on the amount of stress they experienced in their first year of work. The study also did not find any significant relationships between the degree of stress and the graduate's age, months of experience as a new graduate, and years of past work

t1.2 **Table I.** Personal Attitudes of NLRNs (*n* = 953)

t1.3	Scale	Definition and Example	Possible Range	α	SDG		TBG		<i>t</i> (<i>df</i>) = value	<i>P</i>
					<i>n</i> = 309	<i>M</i> (<i>SD</i>)	<i>n</i> = 691	<i>M</i> (<i>SD</i>)		
t1.5	Work–family conflict (Frone, Yardley, & Markel, 1997)	Degree to which an employee's job interferes with his or her family life, e.g., "How often does (did) your job interfere with your responsibilities at home, such as yard work, cooking, cleaning, repairs, shopping, paying the bills, or child care?"	1 = never to 5 = five or more days per week	.896	271	3.27 (1.27)	678	3.23 (1.19)	<i>t</i> (947) = 0.47	.64
t1.6	Family–work conflict (Frone et al., 1997)	Degree to which an employee's family life interferes with his or her job, e.g., "How often does (did) your homelife interfere with your responsibilities at work, such as getting to work on time, accomplishing daily tasks, or working overtime?"	1 = never to 5 = five or more days per week	.835	271	1.63 (0.78)	677	1.51 (0.66)	<i>t</i> (946) = 2.21	.02
t1.7	Positive affectivity (Watson & Tellegen, 1985)	Degree of the individual's affirmative mood, e.g., "I live a very interesting life."	1 = strongly disagree to 5 = strongly agree	.848	271	3.69 (0.64)	679	3.55 (0.70)	<i>t</i> (948) = 2.85	.01
t1.8	Negative affectivity (Watson & Tellegen, 1985)	Degree of the individual's negative mood, e.g., "Often I get irritated at minor annoyances."	1 = strongly disagree to 5 = strongly agree	.850	271	2.62 (0.88)	679	2.76 (0.86)	<i>t</i> (948) = -2.25	.02
t1.9	Work motivation (Gurney, 1990)	Degree to which work is central to an employee's life, e.g., "The most important things that happen in life involve work."*	1 = strongly disagree to 5 = strongly agree	.782	269	2.01 (0.71)	680	2.10 (0.72)	<i>t</i> (947) = -1.63	.10

t1.10 * Scale item "Life is worth living only when people get absorbed in work" dropped.

163 experience. Parker, Plank, and Hegney (2003), in a
 164 large Australian study of RNs (*N* = 1,477), found that
 165 RNs with more experience generally thought that the
 166 adequacy of support for new RNs was better than new
 167 graduates did.

168 Understanding the differences between second-degree
 169 and baccalaureate RNs is useful because of the potential
 170 policy implications. A second-degree RN can be educated
 171 in much less time than a generic RN, but because the
 172 SDGs are older, they do not have as long of a potential
 173 work career. Understanding which group is more
 174 productive in the workforce will help design service
 175 payback requirements and financial support.

176 Understanding how SDGs compare with TBGs will
 177 help organizations design recruitment and retention
 178 programs for each group. For example, Buerhaus,
 179 Donelan, Ulrich, Norman, and Dittus (2006) found that
 180 the recruitment strategy that most new RNs perceived to
 181 be the most effective was providing tuition benefits.
 182 However, it is unclear if second-degree RNs, who have
 183 probably been in school for about 5 to 8 years, are equally
 184 interested. Good orientation is important in retention,
 185 but tailoring these programs to the SDG may be
 186 important in retention (Almada, Carafoli, Flattery,
 187 French, & McNamara, 2004; Altier & Krsek, 2006;
 188 Orsini, 2005).

189 The purpose of this study was to compare TBGs with
 190 SDGs, including information about their work settings,
 191 how these new RNs feel about their jobs, and their

intention to stay in their current job. Our analysis uses
 data from the first wave of a large panel study of all
 new graduates.

Methods

We used a cross-sectional design with a mailed survey
 from a larger longitudinal panel design study for
 this analysis.

Sample

The sample included newly licensed registered nurses
 (NLRNs) from 60 geographic regions in 35 states
 (Alabama, Kentucky, Maryland, Michigan, North Car-
 olina, New Jersey, Nevada, New York, Oklahoma, Oregon,
 Pennsylvania, South Carolina, Tennessee, Texas, West
 Virginia, Arkansas, Arizona, California, Colorado, Con-
 necticut, Florida, Georgia, Illinois, Indiana, Louisiana,
 Massachusetts, Maine, Minnesota, Missouri, Ohio, Utah,
 Virginia, Washington, Wisconsin) and Washington, DC.
 The NLRNs had been licensed from 5 to 18 months
 prior to responding to the survey. The sampling frames
 were obtained from each state's board of nursing in these
 states and Washington, DC. Initially eligible respondents
 (*n* = 3,391) returned completed surveys for a response rate
 of 58% using the American Association of Public Opinion
 Research (AAPOR) standard response rate #3; AAPOR,
 2004). For this analysis, we were able to add additional
 138 cases resulting in the response rate of 58% (*n* = 3,391)
 rather than the 56% reported earlier for the original study

t2.2 **Table 2.** Work Attitudes of NLRNs (n = 953; Continuous Variables)

t2.3	Scale	Definition and Example	Possible Range	α	SDG		TBG		t(df) = value	P
					n = 309	M (SD)	n = 691	M (SD)		
t2.5	Job satisfaction (adapted from Quinn & Staines, 1979)	Employee's general affective reaction to the job without reference to any specific job facet, e.g., "How satisfied would you say you are with the job you now have?"	1 = Very dissatisfied 7 = Very satisfied	.844	272	4.90 (1.65)	679	5.28 (1.54)	t(949) = -1.62	.11
t2.6	Variety (Gurney, Mueller, & Price, 1997)	Degree to which job performance is repetitive, e.g., "How much variety is there in your job?"*	1 = none at all to 5 = a great deal	.672	272	3.42 (0.72)	679	3.412 (0.68)	t(949) = 0.15	.88
t2.7	Autonomy (Gurney et al., 1997)	Degree to which employees control their job performance,† e.g., "To what extent are you able to act independently of your immediate supervisor in performing your job?"‡	1 = none at all to 5 = a great deal	.732	272	3.75 (0.70)	679	3.76 (0.73)	t(949) = -0.18	.86
t2.8	Supervisory support (Gurney et al., 1997)	Degree to which supervisor supports and encourages employee, e.g., "Pays attention to what I am saying"	1 = not at all to 5 = to a very great extent	.940	271	3.48 (0.99)	678	3.62 (0.96)	t(947) = -1.01	.31
t2.9	Workgroup cohesion (Gurney et al., 1997)	Degree to which employees have friends in their immediate work environment, e.g., "Are individuals in your workgroup friendly?"§	1 = not at all to 5 = to a very great extent	.882	272	3.96 (0.83)	679	4.17 (0.73)	t(949) = -3.85	.0001
t2.10	Distributive justice (Gurney et al., 1997)	Degree to which the an employee's rewards are related to his or her performance inputs into the organization, e.g., "To what extent are you fairly rewarded considering the responsibilities that you have?"	1 = not at all to 5 = to a very great extent	.916	270	2.79 (0.87)	677	2.83 (0.85)	t(945) = -0.57	.57
t2.11	Promotional opportunities (Gurney et al., 1997)	Degree to which career structures within an organization are available to its employees, e.g., "Promotions are regular"	1 = strongly disagree to 5 = strongly agree	.791	269	3.30 (0.85)	677	3.38 (0.79)	t(944) = -1.37	.17
t2.12	Procedural justice (Fields, 2002)	Degree to which rights are applied universally to all employees, e.g., "People involved in implementing decisions have a say in making the decisions"	1 = strongly disagree to 5 = strongly agree	.806	271	3.26 (0.79)	679	3.29 (0.75)	t(948) = -1.55	.12
t2.13	Organizational commitment (Price, 2001)	Loyalty of employees to their employers, e.g., "I think that my present employer is a great organization to work for"	1 = strongly disagree to 5 = strongly agree	.853	271	3.77 (0.80)	680	3.86 (0.75)	t(949) = -1.64	.10
t2.14	Organizational constraints (Spector & Jex, 1998)	Degree to which situations or things interfere employees' job performance, e.g., "How often do you find it difficult or impossible to do your job because of organizational rules and procedures?"¶	1 = never to 6 = 5 or more days per week	.869	269	2.54 (0.89)	680	2.44 (0.86)	t(947) = 1.53	.13
t2.15	Quantitative workload (Spector & Jex, 1998)	Amount of performance required in a job, e.g., "Does your job require you to work very fast?"#	1 = never to 6 = 5 or more days per week	.856	271	4.23 (1.10)	680	4.12 (0.97)	t(949) = 1.50	.13

t2.17 **Table 2.** (Continued)

t2.18	Scale	Definition and Example	Possible Range	α	SDG		TBG		t(df) = value	P
					n = 309	M (SD)	n = 691	M (SD)		
t2.20	Mentor support (Gurney et al., 1997)	Degree of adequacy of access to an appropriate experienced professional to sponsorship, protectorship, and professional benefactorship, e.g., "How often does someone at your workplace show you how to work successfully within the organization?"**	1 = never to 5 = very often	.864	271	3.03 (0.84)	679	3.14 (0.81)	t(948) = -1.75	.08
t2.21	Collegial RN–MD relations (Lake, 2002)	Relationship between nurses and physicians, e.g., "Physicians and nurses have good working relationships"	1 = strongly disagree to 4 = strongly agree	.888	270	2.87 (0.63)	677	2.86 (0.62)	t(945) = 0.42	.67

t2.22 * Scale item "How similar are the tasks you perform in a typical working day?" dropped.
 t2.23 † Scale item "How much are you left on your own to do your work" dropped.
 t2.24 ‡ Scale item "Easy to approach" dropped.
 t2.25 § Scale item "Do you trust individuals in your workgroup?" dropped.
 t2.26 || Scale item "There is an opportunity for advancement" dropped.
 ¶ Scale items "poor equipment or supplies," "other employees," and "inadequate training" dropped. Response item edited for logical consistency.
 t2.27 # Scale item "How often is there a great deal to be done?" dropped. Response item edited for logical consistency.
 t2.28 ** Scale item "Listens to your ideas" dropped.

219 (Kovner et al., in press). From this sample, 89.7% of the
 220 SDGs worked in hospitals, and 94% of the TBGs worked in
 221 hospitals and were selected for this study.

222 For the study reported here, we selected two groups:
 223 TBGs who had a baccalaureate degree in nursing and no
 224 other academic degree or diploma and SDGs who had
 225 both a baccalaureate degree in nursing and a baccalaureate
 226 or higher degree in a field other than nursing.

227 From the sample of 3,391 valid NLRN respondents, we
 228 removed 521 (including 94 missing) who did not work in
 229 hospitals, 1,694 who were not baccalaureate prepared
 230 (diploma = 98 and associate = 1,596), 6 TBGs who had
 231 Master's or doctorates in nursing, and 184 with missing
 232 data on part-time (PT)/full-time (FT) status or education
 233 resulting in a final sample of 953. Although it is possible
 234 that a TBG respondent graduated from a nonnursing
 235 undergraduate or graduate program after earning a
 236 baccalaureate in nursing, that is very unlikely because
 237 all respondents were licensed within the 18 months prior
 238 to completing the survey.

239 **Variables of Interest**

240 The study is based on a model of turnover (Price, 2001).
 241 Price has developed and tested a model of turnover in
 242 which work attitudes (Tables 1 and 2) are hypothesized
 243 to predict satisfaction, organizational commitment, intent
 244 to leave, and ultimately, turnover. His model also includes
 245 job opportunities. We collected data on work setting
 246 characteristics to provide descriptive data about a
 247 national representative sample of NLRN.

248 Based on this model, we asked NLRNs questions about
 249 four areas: (a) RN characteristics (e.g., gender, marital
 250 status, and positive affectivity); (b) work setting (e.g.,
 251 unit and setting); (c) attitudes about work (intent to stay,

search behavior, satisfaction, organizational commit- 252
 ment, variety, supervisory support, workgroup cohesion, 253
 distributive justice, promotional opportunities, proce- 254
 dural justice, organizational constraints, quantitative 255
 workload, mentor support, RN–physician relations, 256
 family–work and work–family conflict, work motivation, 257
 and autonomy); and (d) perceived local and nonlocal job 258
 opportunities. If respondents were not working, we asked 259
 about their reasons for not working. 260

In this study, all scales had Cronbach alpha scores of 261
 .80 or greater (with the exception of promotional 262
 opportunities, autonomy, and variety, which had alphas 263
 between .67 and .79) indicating adequate to excellent 264
 reliability. Principal components analysis showed that all 265
 scales loaded on the appropriate factors (Tables 1–3). 266

267 **Data Collection**

Data were collected using a 16-page survey that was pro- 268
 fessionally printed in 8.5 × 11-in. booklet format. Survey 269
 questions focused on where the RNs worked or work now. 270
 We used the Dillman Tailored Design method (Dillman, 271
 2000), which included multiple mailings to nonrespon- 272
 ders. There was an alert letter, a survey that included a 273
 \$5 incentive, a reminder postcard, an additional survey, 274
 and finally a survey via U.S. Postal Service next day mail. 275

276 **Results**

Some respondents did not provide answers to all 277
 questions; thus, the sample size varied across variables. 278

279 **RN Characteristics**

SDGs were more likely to be male, non-White (with twice 280
 as many Asian RNs), married, and have children living at 281
 home as compared with TBGs (Table 4). Married SDGs 282

t3.2 **Table 3.** Work Plans of Working NLRNs (*n* = 953)

t3.3	Scale	Definition and Example	Possible Range	α	SDG		TBG		<i>t</i> (<i>df</i>) = value	<i>P</i>
					<i>n</i> = 309	<i>M</i> (<i>SD</i>)	<i>n</i> = 691	<i>M</i> (<i>SD</i>)		
t3.5	Intent to stay (Price, 2001)	Degree of positive affect that an individual has toward the idea of voluntarily leaving the employ of an organization, e.g., "I would like to leave my present employer"	1 = strongly disagree to 5 = strongly agree	.887	270	3.24 (1.01)	679	3.31 (0.97)	<i>t</i> (947) = -0.94	.35
t3.6	Local job opportunity (Price, 2001)	Likelihood of obtaining jobs in local area as good, worse, or better than current job, * e.g., "How easy or difficult would it be for you to find a job with another employer in the local job market in which you work on live that is as good as the one you have now?"	1 = very difficult to 6 = very easy	.923	268	3.28 (1.23)	677	3.30 (1.23)	<i>t</i> (943) = -0.26	.80
t3.7	Nonlocal job opportunity (Price, 2001)	Likelihood of obtaining jobs in nonlocal area as good, worse, or better than current job, * e.g., "How easy or difficult would it be for you to find a job with another employer outside the local job market in which you work on live that is as good as the one you have now?"	1 = very difficult to 6 = very easy	.950	264	3.61 (1.31)	675	3.58 (1.32)	<i>t</i> (937) = 0.36	.72
t3.8	Search behavior (Price, 2001)	Degree to which employees are looking for other jobs	1 = strongly disagree to 5 = strongly agree	.773	269	2.83 (0.41)	679	2.84 (0.43)	<i>t</i> (946) = -0.36	.72
t3.9	* Altered response scale from "not easy at all" to "very difficult," "not very easy" to "quite difficult," and added "somewhat difficult."									

283 were more likely to have higher spousal income and were
 284 about 8 years older on average (Table 5). SDGs were less
 285 likely to have had an extern experience or speak English
 286 as a first language. There was no difference in their health
 287 status. SDGs reported higher positive affectivity and
 288 lower negative affectivity. There was no difference in the
 289 number of times each group took the NCLEX.

290 Work Setting

291 SDGs were more likely to have prior work experience
 292 outside health care and less likely to have work experience
 293 in health care when compared with TBG (Table 4). TBGs
 294 were more likely to work full time and have a job that
 295 required an RN license than as compared with SDGs. There
 296 was a small significant difference in the number of hours
 297 more that TBGs actually worked. There was no difference
 298 in the months worked, the number of jobs they had had
 299 since graduating, overtime worked, work setting, type of
 300 unit, type of shift, schedule, whether the hospital was a
 301 magnet hospital or unionized, benefits or paid time off
 302 (Tables 5 and 6). TBGs were also somewhat more likely to
 303 provide direct care than SDGs: SDGs were more often in
 304 management or other positions. SDGs were more likely to
 305 indicate that they planned to stay indefinitely and were less
 306 uncertain of how long they planned to stay than TBGs.

307 Of the traditional graduates, 628 (92%) worked full
 308 time, and 53 (8%) worked part-time; whereas in the
 309 second-degree group, 246 (90%) worked full time, and 26

(10%) worked part-time. TBGs earned about \$1,600 less
 than SDGs in mean income and \$4,500 if the median
 income is reported (\$50,000 for SDGs vs. \$45,500 for
 TBGs). The SDG–TBG mean income difference widens to
 \$2,731 when PT graduates are removed. All comparisons
 were significantly different except for FT TBGs and
 PT TBGs.

Attitudes and Job Opportunities

317 There were few differences between the SDGs and TBGs
 318 in their work attitudes (Tables 2 and 3). SDGs reported
 319 slightly higher family–work conflict and lower work-
 320 group cohesion. There were no differences in their intent
 321 to stay at their current job, search behavior to look for a
 322 new position, their perceptions of promotional opportu-
 323 nity, their work motivation, or perceptions of local and
 324 nonlocal job opportunities.

Discussion

327 A variety of motivations induce people to enter nursing
 328 after earning a nonnursing baccalaureate degree. Educa-
 329 tors often comment on how different these RNs seem

¹We tested whether FT and PT incomes were different: FT SDGs = \$49,823 (*SD* = \$10,291), FT TBGs = \$47,092 (*SD* = \$10,006), PT SDGs = \$34,366 (*SD* = \$15,039), and PT TBGs = \$44,243 (*SD* = \$13,786). The PT incomes had small samples (SDGs, *n* = 24; TBGs, *n* = 51) and large *SD*, thus should be interpreted with caution.

t4.2 **Table 4.** Demographic Characteristics of NLRNs (n = 953); Categorical Variables

t4.3	Variable	Response Options	SDG (n = 309)	TBG (n = 691)	Chi-square (df, t ratio) = P
t4.4	Sex	Male	12.13	4.85	(1, 16.01) < .0001
t4.5		Female	87.87	95.15	
t4.6	Ethnic background	White non-Hispanic	77.99	83.46	(4, 9.91) = .04
t4.7		White Hispanic	1.87	1.48	
t4.8		Black non-Hispanic	0	0	
t4.9		Black Hispanic	5.97	5.91	
t4.10		Asian	9.70	4.43	
t4.11		Other	4.48	4.73	
t4.12	English first language	No	13.24	7.81	(1, 6.75) = .01
t4.13		Yes	86.76	92.19	
t4.14	Current marital status	Married	55.15	35.94	(2, 56.08) <.0001
t4.15		Widowed, divorced, separated	7.72	2.06	
t4.16		Never married	37.13	62.00	
t4.17	Children living at home	No children/none living at home	68.52	83.51	(3, 28.32) <.0001
t4.18		All less than 6 years old	12.22	7.66	
t4.19		All 6 years or older	15.19	6.48	
t4.20		Some less than and some 6 or older	4.07	2.36	
t4.21	Health status	Poor	0.00	0.29	(4, 1.79) = .78
t4.22		Fair	3.69	4.55	
t4.23		Good	25.09	24.96	
t4.24		Very good	42.07	43.76	
t4.25		Excellent	29.15	26.43	
t4.26	Nonnursing degrees	None	0.00	100.00	(2, 697.00) <.0001
t4.27		Baccalaureate	88.24	0.00	
t4.28		Masters or doctoral	11.76	0.00	
t4.29	Previous work experience: summer, occasional part time	No	65.44	41.85	(1, 43.30) <.0001
t4.30		Yes	34.56	58.15	
t4.31	Previous work experience (job not in health care)	No	46.32	81.79	(1, 120.42) <.0001
t4.32		Yes	53.68	18.21	
t4.33	Previous work experience (job in health care)	No	44.12	29.66	(1, 18.15) <.0001
t4.34		Yes	55.88	70.34	
t4.35	Extern	No	74.26	54.63	(1, 31.30) <.0001
t4.36		Yes	25.74	45.37	
t4.37	Length of time planning to stay in first job	Less than 1 year	2.22	3.54	(5, 13.00) = .02
t4.38		1 year but less than 2 years	24.07	22.27	
t4.39		2 years but less than 3 years	25.56	21.53	
t4.40		3 years or more	20.37	19.03	
t4.41		Indefinitely	16.67	13.57	
t4.42		Do not know	11.11	20.06	

t5.2 **Table 5.** Demographic and Work-Related Characteristics of NLRNs (n = 953); Continuous Variables

t5.3	Variable	SDG*		TBG†		t(df) = value	P
		n = 609	M (SD)	n = 309	M (SD)		
t5.5	Demographic						
t5.6	Age	267	33.31 (7.75)	672	25.71 (4.34)	t(937) = 19.02	<.0001
t5.7	Yearly income	268	\$48,439 (\$11,638)	674	\$46,807 (\$10,769)	t(940) = 2.05	.04
t5.8	Work related						
t5.9	Spousal income	157	\$55,690 (\$43,264)	289	\$37,185 (\$22,071)	t(444) = 5.98	<.0001
t5.10	Income from other sources	224	\$1,475 (\$8,472)	591	\$710 (\$5203)	t(813) = 1.55	.12
t5.11	Months worked since passing NCLEX	272	10.64 (4.57)	680	9.50 (4.40)	t(950) = 1.88	.06
t5.12	Number of RN jobs since graduating	260	1.177 (0.43)	658	1.14 (0.40)	t(916) = 1.34	.18
t5.13	Hours actually worked	272	38.38 (6.60)	681	39.63 (6.94)	t(951) = -2.55	.01
t5.14	Hours of mandatory overtime worked	272	0.65 (2.63)	676	0.68 (2.63)	t(946) = -0.21	.84
t5.15	Hours of voluntary overtime worked	271	3.32 (4.83)	673	3.53 (4.69)	t(942) = -0.60	.55
t5.16	Patient load	271	5.15 (3.90)	676	4.74 (3.72)	t(945) = 1.51	.13

t5.17 * Second-degree baccalaureates.

t5.18 † Traditional baccalaureates.

t6.2 **Table 6.** Work Setting Characteristics of NLRNs ($n = 953$); Categorical Variables

t6.3	Variable	Response Options	SDG ($n = 309$)	TBG ($n = 691$)	Chi-square (df, t ratio) = P
t6.4	Type of work setting	Academic or medical center	38.15	32.49	(3, 5.98) = .11
t6.5		Community teaching hospital	38.15	36.51	
t6.6		Nonteaching hospital	19.63	26.83	
t6.7		Other	4.07	4.17	
t6.8	Orientation: supervised with patients	No	23.11	15.59	(1, 6.98) = .008
t6.9		Yes	76.89	84.41	
t6.10	Orientation: organizational policies and procedures	No	19.12	12.44	(1, 6.54) = .01
t6.11		Yes	80.88	87.56	
t6.12	Unit spent most of the working time	Intensive care bed unit	22.14	27.29	(10, 8.88) = .54
t6.13		Step-down transitional bed unit	11.07	11.36	
t6.14		General/Special unit	43.17	37.76	
t6.15		Operating room	2.21	1.18	
t6.16		Postanesthesia recovery unit	0.37	0.15	
t6.17		Labor/Delivery room	5.17	6.19	
t6.18		Emergency department	6.27	5.75	
t6.19		Physician's office	0.00	0.15	
t6.20		Outpatient department	0.74	0.15	
t6.21		Nonclinical nurse setting	0.00	0.15	
t6.22	Job title	Other	8.86	9.88	(2, 10.09) = .007
t6.23		Position: manager	1.12	0.44	
t6.24		Position: direct care	96.28	99.12	
t6.25	Magnet group	Position: other	2.60	0.44	(1, 0.41) = .52
t6.26		Nonmagnet zip code	85.59	87.28	
t6.27	Belong to a union	Magnet zip code	14.41	12.72	(1, 1.42) = .23
t6.28		Yes	68.15	72.05	
t6.29	Type of shift	No	31.85	27.95	(4, 3.38) = .50
t6.30		8-Hour shifts	11.03	13.97	
t6.31		10-Hour shifts	1.84	1.47	
t6.32		12-Hour shifts	78.68	78.53	
t6.33		Flexible schedule	6.62	4.41	
t6.34	Work schedule	Other	1.84	1.62	(3, 3.56) = .31
t6.35		Day	31.11	28.30	
t6.36		Evening	9.63	8.15	
t6.37		Night	39.26	45.93	
t6.38	Importance of benefits	Rotating	20.00	17.63	(3, 8.07) = .04
t6.39		Not important at all	6.99	3.09	
t6.40		Not very important	8.82	8.39	
t6.41		Somewhat important	34.19	33.28	
t6.42	RN benefit: paid time off	Very important	50.00	55.23	(1, 0.69) = .40
t6.43		No	3.31	2.35	
t6.44		Yes	96.69	97.65	
t6.45	RN benefit: medical insurance	No	1.88	1.04	(1, 1.07) = .30
t6.46		Yes	98.12	98.96	

330 (AACN, 2005). However, are these differences real? In
 331 addition, will any difference that exist translate into
 332 either RNs who will stay in their jobs longer, be more
 333 satisfied, or contribute to patient care or the nursing
 334 profession in ways that are significantly different from
 335 conventionally educated baccalaureate RNs? Like Bentley
 336 (2006), we found no difference in the number of times it
 337 took them to pass the NCLEX, but in other ways, the SDG
 338 and TBG are somewhat different. Demographically, our
 339 findings support those of Wu and Connelly (1992; SDGs,
 340 $n = 234$) and Vinal and Whitman (1994; SDGs, $n = 17$).
 341 The SDGs are older, which may also explain why a higher
 342 proportion are married and have children. The SDGs' age
 343 may also explain the higher income of their spouses,

although it is possible that one of the reasons they were
 368 able to pursue the second-baccalaureate degree is that
 376 they have a relatively high spousal income. What is quite
 377 striking is that the proportion of SDG Asian RNs is more
 378 than double the proportion for TBGs, and the proportion
 379 of male RNs is almost triple. Others have also found that
 380 accelerated RNs were more diverse than TBGs in race,
 381 culture, and gender (Cangelosi & Whitt, 2005). Sheil and
 382 Wasseem (1994) reported that salaries and employment
 383 were major motivations in career choice for SDG RNs. If
 384 men and Asians hold cultural values that value steady
 385 employment and money, this may explain the higher
 386 proportion from these two groups; work motivation
 387 per se is not different between the SDG and TBG
 388

389 groups, although it could vary within these gender and
390 ethnic subgroups.

391 SDGs report more family–work conflict than TBGs,
392 which fits with their family circumstances. Possibly, these
393 older SDGs are intent on developing their careers and
394 may have more difficulty balancing their personal and
395 professional lives in the early stages of their careers,
396 particularly the 12-hour shifts, evening, and rotating
397 shifts commonly worked by the NLRNs. However,
398 differences in shifts were not significant between the
399 two groups. A striking difference between these two
400 groups is the basic difference in affectivity. SDG NLRNs
401 are a more optimistically inclined group. This difference
402 may be the source of some of the intrinsic differences
403 perceived by faculty during school (AACN, 2005). In
404 addition, although there was no difference in the intent to
405 leave their current job or their reported search for new
406 jobs, SDGs were less likely to plan to leave in a year and
407 more likely to plan to stay longer in their first job than
408 were TBGs, resulting in almost half as many SDGs being
409 indefinite about their plans to stay in their first job. The
410 SDGs' plan is consistent with a more mature life phase
411 with its attendant economic realities (Table 4).

412 As noted, FT SDGs earned over \$2,700 more income.
413 Although these SDGs are somewhat older, age alone
414 should not explain why SDGs have higher incomes than
415 TBGs, as they are all starting as new RNs. SDGs actually
416 worked a slightly smaller number of hours, and there was
417 no difference in overtime hours or type of shifts worked.
418 These wage differences may reflect where each group
419 works. SDGs are more likely to work in academic medical
420 centers, which may pay higher wages. SDGs may be more
421 common in urban areas where these programs are
422 available, so higher urban wages may also explain the
423 higher wages for SDGs. On the other hand, TBGs are
424 more likely to work in higher paying intensive care units
425 but still do not make as much as SDGs do.

426 Newschwander (1988) found that employers rated
427 accelerated degree students ($n = 137$) significantly higher
428 in planning, evaluation, interpersonal relations, and
429 communication. We suggest that these SDGs bring
430 human capital in the form of other types of education
431 and work experience. The human capital explanation
432 may also explain why these nurses are attracted to more
433 management and other positions so early in their careers.
434 Organizations may more quickly promote them into
435 positions that pay higher wages. On the other hand,
436 alternative possible explanations for higher incomes are
437 that SDGs worked in unionized or magnet hospitals, but
438 our data show no difference.

439 Rising wages under shortage conditions attract stu-
440 dents into nursing programs as the wage available
441 becomes very competitive with other career choices
442 (Ehrenberg & Smith, 2002). Other benefits may also
443 be important.

444 Only workgroup cohesion was significant and lower
445 among SDGs. New graduates are typically looking for
446 support in the period after graduation, consistent with
447 their need to have strong clinical undergraduate prepara-

tion with minimal “fluff” or busy work and high 448
expectations of faculty (Cangelosi, 2007). SDGs, who 449
often have job experience and are older, may have social 450
support systems already established and find workgroup 451
cohesion to be less necessary. Thus, we do not know if 452
SDGs experience less workgroup cohesion because they 453
do not need it and do not seek it out, or because, in fact, 454
their work settings are less cohesive. 455

456 Although we reported significant differences based on 456
the conventional .05 significance level, it may be that 457
significance at the .10 level should be considered. For 458
example, by these criteria SDGs have a lower organiza- 459
tional commitment and lower mentor support. Lower 460
mentor support is consistent with the lower proportion of 461
SDGs who experienced orientation that included super- 462
vised patient care and orientation on policies and 463
procedures. However, this may also be age related, as 464
SDGs who are older and have more work experience may 465
be less likely to seek out a mentor, although given the 466
skill development expected of NLRNs, this seems 467
unlikely. If anything, some work experience might give 468
SDGs an appreciation of the value of a mentor. An SDG's 469
work motivation is also marginally significant and lower. 470

471 Thus, we have found that many of the demographic 471
differences between SDGs and TBGs are consistent with 472
the few quantitative studies that exist (Cangelosi & 473
Whitt, 2005; Vinal & Whitman, 1994; Wu & Connelly, 474
1992). In addition, this study is the first to examine 475
attitudinal differences, including a difference in the 476
planned length of stay in first job. Fears that the high 477
expectations of these graduates result in greater reality 478
shock when they start work and turnover have not been 479
tested. So far, there is no evidence to think this will 480
happen, but in the second wave of our data, we will be 481
able to test this hypothesis. 482

483 Limitations

484 Response bias is a concern with mailed surveys. Although 484
58% response rate is very good for a mailed survey, it is 485
possible that responders were systematically different 486
from nonresponders. Because we did not have data about 487
whether SDGs attended an accelerated program, it is not 488
clear how much of the differences are a reflection of 489
accelerated programs and how much are a reflection of 490
second-degree graduates in general. Respondent-admi- 491
nistered surveys raise the question of the validity of 492
the responses. Although there is no reason to believe 493
that participants were not truthful in their responses is 494
a possibility. 495

496 Conclusions

497 SDGs are an interesting group for the nursing workforce. 497
They seem to have high potential for contributing to the 498
profession and patient care if the conventional wisdom is 499
believed. This is the first indication that in fact there are 500
some significant differences between SDGs and TBGs. 501
Future research includes examining the implications of 502
the cultural diversity of second-degree nursing students 503
versus traditional counterparts and whether SDGs remain 504

505 in nursing or transition to yet another career (Cangelosi
506 & Whitt, 2005). Future research will contribute to
507 understanding what impact these RNs will have on the
508 workforce and profession.

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