In the United States, resources are dwindling compared to the national debt, whereas revenue generation and cost containment are becoming priorities at all levels of government. In this resource depleted environment, higher education spending has come under public scrutiny as one way to contain these costs. In the midst of national fiscal belt-tightening is society’s need for large numbers of workers to retrain for a changing economy and to do more with less to sustain and develop quality education and services. Accreditation is one quality indicator that is coming under review in an attempt to cut costs. In this causal comparative study, the cost and benefit of the professional accreditation process for baccalaureate nursing programs was evaluated by baccalaureate education nursing administrators. The purpose of this study was to investigate administrators’ perceptions and to compare their perceptions and observations about the cost and benefit of the accreditation process.

The population under investigation was the identified leading baccalaureate nursing education administrators in charge of their respective nursing programs in the United States. A mailed survey was sent to gather data. From a total of 693 administrators, 393 (56.7%) responded to the survey. Of those who participated, 97%
came from accredited programs, 2.3% came from non-accredited programs, and the remainder of the participants came from programs that were not accredited by choice.

Data analysis demonstrated no significant difference in perceptions of total cost and benefits between public and private institutions. Significant differences were found in specific cost and benefit factors. Costs were identified in time committed by administrators, faculty, and staff as well as several other factors. Benefits were identified and included internal and external program factors. Recommendations made by administrators for improvement in the accreditation process included but were not limited to having longer time periods between accreditation visits; coordinating approval and all types of accreditation visits; and having clearer, consistent, and simplified expectations in the accreditation process.
COST-BENEFIT ANALYSIS OF PROFESSIONAL ACCREDITATION: A NATIONAL STUDY OF BACCALAUREATE NURSING PROGRAMS

A dissertation submitted to the Kent State University Graduate School of Education, Health and Human Services in partial fulfillment of the requirements for the degree of Doctor of Philosophy

by

Frances Anne Freitas

August 2007
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The study of quality and its determinants has always been interesting to me. Part of this interest lies in the fact that I have been fortunate to be surrounded by those who I consider to be quality people. This includes the teachers and friends I have had throughout the years who have lifted me up and were joyful in my successes. In my doctoral study, I was again fortunate to be surrounded by quality people whom I would like to recognize.

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CHAPTER I
INTRODUCTION

In an era of fiscal stringency and increased consumer demand for accountability in the United States, the academic community is hard-pressed to find resources to maintain quality programming in institutions of higher education (Arnone, 2004a, 2004b; Hebel, 2004; Schmidt, 2004). More politicians, university trustees, and corporate leaders are becoming critical of higher education on points ranging “from alleged wasteful spending to poor institutional responsiveness” (Michael & Schwartz, 1999, p. 165). Fiscal deficits in national and state budgets further limit the resources allocated to the higher education sector to meet constantly changing societal needs and demands. Given these fiscal constraints and concerns for accountability, higher education institutions are examining operation expenses to find new and creative ways to cut costs while continuing to ensure the delivery of quality educational programs. The challenge at hand is to determine how to navigate safely this relatively uncharted territory of cost containment in academia while continuing to ensure quality programming with maximum benefit for the multiple constituencies of higher education.

Historically, resources that flow to higher education have fluctuated based on public support of higher education. Currently, the public has heightened its interest in the cost of attendance and the benefits derived from investments in higher education. As such, the public is also beginning to demand more accountability for its investments in
higher education. Stakeholders are demanding that higher education leaders demonstrate the return on their investments (ROI). To meet these expectations, academia is striving to work harder and smarter to better articulate and demonstrate the contributions of the academy to the improvement and development of society. However, “quantifying” benefits and linking them to costs is not as easily “counted” in higher education and not well publicized (Michael, 2005b).

The need to balance the cost and quality of education is particularly critical in nursing education, because of the increasing cost of health care and malpractice concerns. The cost of nursing programs must be balanced with the need for current and safe health care practitioners and practice. This challenge is presented with a “worldwide shortage of nurses” as recognized by the “Global Advisory Group of the World Health Organization” (Booth, 2002, p. 392). Nursing administrators and educators historically have negotiated political and societal structures and demands to generate programs that meet the public need. One of the earliest champions of educating nurses in health care was Florence Nightingale. Nightingale created what was to become a recognized basic curriculum for nurses with standards and expectations identified in her text *Notes on Nursing* (1859).

Since the time of Nightingale, one of the more publicly known and accepted measures that nursing educators and administrators use to demonstrate efforts and successes in quality nursing education is the process of nursing accreditation. However, in attempts to contain costs, even the hallowed tradition of professional accreditation (in this case nursing accreditation), is being re-examined. Michael (2005b) identified that “there is a worldwide trend toward greater accountability and control of higher
education” (p. 17). “As part of government accountability measures, there is a growing tendency toward performance funding,” such as accreditation (p. 21). This study investigates the costs and benefits of baccalaureate nursing accreditation from the perspective of the people who are identified as coordinating the nursing programs and are administratively responsible for addressing quality and cost issues, the baccalaureate nursing program administrators.

Purpose of the Study

The purpose of this study is to investigate and compare the perceived costs and benefits of the accreditation process from the perspective of baccalaureate nursing program administrators identified as lead administrators by their employers. Accreditation agencies charge a fee for their services. Administrators realize that the cost of the accreditation process is more than the fee itself. Accreditation requires institutional commitment of time and resources to prepare for an accreditation visit and address any issues that may arise. Also, although administrators recognize benefits from the accreditation process, the benefits of accreditation are not as obvious as administrators, stakeholders, and policy makers would like them to be. Given these discrepancies and issues, this study investigates costs, gives a more concrete perspective on the benefits of accreditation, and compares both costs and benefits of accreditation.

Statement of the Research Problem

In 2003, every state in the United States (U.S.) had budgets that were in a deficit, to varying degrees (Pulley, 2003). With a need to cut costs, public higher education was one of the first areas to be considered by state legislatures for either holding expenses
constant or as a means of cutting expenses. Although higher education is still one of the greatest U.S. exports and a stimulus for a struggling economy, it is taking the brunt of fiscal cuts, making the academy less able to respond to the resource crises at hand. Public institutions are not alone in having their resources diminished. Private institutions of higher education also are seeing less fiscal support due to changes in market forces and decreased contributions from constituencies who are struggling under the pressures of a depressed economy.

Private institutions, whose major sources of funding are derived from private contributions and endowments, have had to face a downward spiral in interest rates and decreased giving by donors who themselves are strapped in a fiscally tight environment (June, 2003). These institutions are using strategic planning to prioritize and scrutinize expenditures. Private institutions are less vulnerable to changes in governmental support because their existence is based on the commitment and generosity of their benefactors. However, when times are fiscally tight, disposable income decreases and private institutions are likely to suffer a decrease in giving from constituents. Given these concerns, private institutions therefore also need to consider the cost and benefit of the educational programs they deliver, and any accreditations of them.

In an attempt to provide quality education, public and private colleges and universities have used voluntary and common benchmarks to determine their competitive standings and provide their stakeholders with justification for continued support of higher education. One of the voluntary benchmarks used to identify quality educational programming and which is also recognized by governmental bodies is accreditation.
The U.S. Department of Education does not accredit educational institutions and/or programs. However, the Secretary of Education is required by law to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions or higher education and the higher education programs they accredit. (U.S. Department of Education, 2004, p. 1)

The accrediting bodies reviewed by the U. S. Department of Education include regional accreditation agencies and profession-specific agencies that may be national in scope. Although participation in these accrediting processes is voluntary for higher educational programs, there are fiscal, reputation, and academic penalties for those who do not participate.

Nursing has a long history of program accreditation. For more than 100 years, nursing educators have used quality indicators for nursing programs in an attempt to ensure program quality and public safety. More recently, the United States Department of Education (DOE) has become more active in program accreditation and is requiring evaluation and outcome measurement for all academic programs. To this end, nursing educators are committing more resources to ensure their programs are meeting the expectations of legislative, executive, and judicial bodies.

Nursing education administrators are aware of the needs and expectations of the public regarding the nursing profession. In this study, the position identified as a program nursing education administrator is the lead position coordinating and communicating between nursing faculty and administration. The person(s) in this role also has contact
with constituencies, students, and staff in meeting programmatic, regional, and societal needs. Communication related to accreditation is relayed through the nursing education administrator. If accreditation is unsuccessful, the nursing education administrator’s position is also one of the most vulnerable. In a tight fiscal environment, failure to achieve accreditation may result in the dismissal of the program administrator. The pressures of accreditation are compounded by the shortage of qualified nurses, especially in nursing education.

In the midst of fiscal stringency, the added demands from society’s increased need place greater strain on already dwindling budgets. Accreditation, as a quality indicator, is a familiar benchmark to the public and to the nursing profession. There is a global shortage of nurses, including in the United States. The public is demanding an increased number of nurses, while also demanding that quality be maintained among the graduates the nursing programs produce. Nursing education administrators are struggling to find qualified faculty and students to meet the shortage demands in numbers, while continuing to provide quality education.

The nursing shortage has affected nursing education. This shortage is occurring at a time when we most need dynamic, visionary nurse educators who are graduate prepared. It is happening when entry-level nursing students are older and more diverse, resulting in varied and creative learning environments. Moreover, it is taking place when we are in desperate need of dramatically increasing nursing student enrollment in nursing programs. There are reasons for the shortage including lack of respect, overwork and poor salaries. (Olsen, 2003, p. 31)
The shortage of nurses varies with the region of the United States under investigation. Different regions have different levels of salaries, costs, workload, and, subsequently, the severity of shortage varies in different parts of the country (Olsen, 2003; Riley, Beal, Levi, & McCausland, 2002). As the costs and demands in nursing education rise, the question also arises, what are the costs and benefits of program accreditation?

Research Questions

This causal comparative study investigates the cost and benefit of baccalaureate nursing program accreditation (Hittleman & Simon, 2002, p. 144-145). From the perspective of baccalaureate nursing program administrators, the research questions investigated include:

1. What are the perceived costs associated with baccalaureate nursing program accreditation?

2. What are the perceived benefits associated with baccalaureate nursing program accreditation?

3. What are the perceived differences in costs and benefits related to baccalaureate nursing program accreditation?

4. To what extent are differences in costs and benefits a function of:

   a. institutional size

   b. institutional location

   c. institutional type or sector for baccalaureate nursing programs?
Significance of the Study

The significance of this study is in demonstrating a robust portrait of the costs and benefits associated with accreditation of baccalaureate registered nursing programs as defined from the perspectives of the nursing education program administrators. As part of the accreditation process, administrators need to commit resources to the achievement of accreditation status. Accreditation is more than the fee for the accreditation visit alone. The exact costs of the accreditation process are difficult to quantify. Yet nursing education program administrators do have perspectives on how much of the program’s resources are dedicated to the achievement of earning accreditation status. In the same vein, administrators have ideas about the benefits of accreditation, although the exact benefits of the accreditation process are also difficult to quantify, as inferred by Riley et al. (2002):

In the American University system, research, training and service make up the triangular base of institutional purpose. The significance of each is interpreted, translated, and evaluated depending on organizational history, climate, and mission of specific institutions. Outcomes vary greatly, however, even among schools with similar stated missions. Accountability for outcomes has engendered discussion nationally and internationally about what scholarship means. (p. 386)

At a more local level, a regional assessment identifies cost and benefit differences as well as differences in nursing education personnel needs as a whole. Although the accreditation process is voluntary, there are fiscal and academic penalties for a nursing program lacking accreditation. This study provides a quantifiable, graphic, and concrete
description of both the costs and benefits of the accreditation process for baccalaureate nursing programs. The data provided in this study assist accreditation bodies, nursing educators and administrators and universities in planning for quality initiatives, avoiding pitfalls and preparing for success in quality processes.

Definition of Terms

The focus of this study was a cost and benefit analysis of the accreditation process for baccalaureate nursing programs from the perspective of the lead baccalaureate nursing program administrator. The following terms were defined for the purpose of this study.

**Baccalaureate Nursing Education Program** is the type of nursing program that results in the achievement of a collegiate baccalaureate degree or a professional degree in nursing. It also allows the graduate the ability to take the *National Council Licensure Examination for Registered Nurses (NCLEX-RN)* to become a registered nurse (RN). These baccalaureate nursing education programs are predominantly four years in duration.

**Baccalaureate Nursing Program Administrators** are those persons who are identified by the university or nursing program as being administratively responsible for the Baccalaureate Registered Nursing Program. For the purposes of this study, baccalaureate nursing education program administrators are identified as nursing administrators. In this study, the typical administrator was known as a dean, director, or department chair.
Benefits related to accreditation include but are not limited to resource allocation, opportunities, reimbursement, or remuneration provided as a result of accreditation (Michael, 2005b; Pratt, 1997; Roller, Andrews, & Bovee, 2003; Stefan, Gillies, & Biordi, 1992). The benefits in this study are a result of an investment to achieve professional program accreditation. For the purposes of this study, the level of benefits provided by accreditation is identified by the baccalaureate nursing education administrator. These benefits may include but are not limited to the ability to recruit qualified faculty and students, recognition as a quality program, provision of quality job placement for graduates, graduate access to higher education, being a stimulus for change, the degree that accreditation promotes quality education, opportunity to network with colleagues, leverage for negotiating for program resources, and leverage for negotiating for faculty resources (Michael, 2005b; Pratt, 1997; Roller et al., 2003; Stefan et al., 1992).

Costs for accreditation are the investment of resources to achieve a goal such as professional accreditation of a program. Resources that comprise cost include but are not limited to the commitment of finances, personnel, consultants, physical resources (space, paper, computers, and presentation materials), and time (Michael, 2005b; Pratt, 1997; Roller et al., 2003; Stefan et al., 1992).

For the purposes of this study, cost is identified by the estimated number of nursing administrators, faculty, and staff of the specific baccalaureate program involved in the accreditation process as determined by the baccalaureate nursing education administrator (Michael, 2005b; Pratt, 1997; Roller et al., 2003; Stefan et al., 1992). Cost
is also estimated to include the amount of time devoted to the accreditation process by nursing administrators, faculty, and staff (Michael, 2005b; Pratt, 1997; Roller et al., 2003; Stefan et al., 1992).

**Professional accreditation** is the status of fully accredited, partially accredited, or not accredited conferred upon the professional program of an institution after being reviewed by the professional accrediting body. In the U.S., these professional accrediting bodies are predominantly Commission on Collegiate Nursing Education (CCNE) and National League for Nursing Accreditation Commission (NLNAC) for the nursing profession. Professional accrediting bodies are expected to meet the general quality requirements of the United States Department of Education (DOE) and also must meet state licensure requirements for educating nurses. Frequently program review visits for state approval and professional accreditation visits are scheduled together to cut costs.

**Regions of the United States** are identified as the Middle States Association, New England Association, North Central Association (presently known as the Higher Learning Commission), Northwest Commission, Southern Association, and the Western Association. For the purposes of this study, the terms university and college have been used interchangeably.

Professional accreditation as a quality indicator in nursing has a long history. This study investigates the cost and benefit of baccalaureate nursing accreditation from the perspective of the baccalaureate nursing education administrator. The contribution or lack of contribution accreditation makes to quality education for baccalaureate nursing education is also part of the investigation.
CHAPTER II
REVIEW OF LITERATURE

Introduction

The review of literature gives a historical perspective on education and quality initiatives. Also in this chapter are considerations from the literature on the cost and benefit of education, particularly from the nursing perspective. In analysis of the multiple factors that affect and alter education and quality perspectives, policy models and political, social, economic, and technological factors are investigated. The changing face of education and the factors influencing these changes bring the conflict between varying forces to light.

Over a period of hundreds of years, academicians in higher education have enjoyed the freedom to pursue knowledge with the unquestioning support and generosity of the academy’s benefactors (O’Neill, Bensimon, Diamond, & Moore, 1999, p. 34). Those days of unquestioned support and generosity are gone. Coulter (2003) identified a survey from the State Higher Education Executive Officers Association (SHEEO) that found “state higher education agencies are faced with times of fiscal challenge, cutbacks, and retrenchment” (p. 1). These higher education executive officers “take seriously their responsibility to provide a quality education for a student population increasing in number and diversity” (p. 1). As part of the SHEEO study, there was recognition of “the importance of accountability in higher education” (p. 1). Public and private benefactors
of higher education each are asking, and sometimes demanding, that universities define outcomes or “goals” and then specify “measures” or “benchmarks” by which the academy can measure its success and prove the value of its efforts (O’Neill et al., 1999, p. 34).

Wellman (2001) identified that, “statewide accountability systems have come to higher education” through the “K-12 standards movement” (p. 47). The three basic purposes for public accountability measures in higher education are “to motivate internal improvement, to encourage institutions to address state goals, and to deregulate higher education by strengthening consumer information about institutional performance” (p. 47). These expectations have placed the cost and benefit analysis of higher education and, specifically for professional accreditation processes in the forefront of public review. The dilemma of balancing cost, benefit and quality needs to be addressed by educational administrators and educators themselves as well as those charged with balancing budgets.

Quality in Higher Education

From the time of Socrates and Plato, educators have had to contend with public opinions related to the instruction of students (Kekes, 1995, pp. 32-37). As experts in their fields, educators have free reign as to what is important for their tutelage to learn. In more recent times, the recognition of the educator’s expertise continues to be recognized in the tenet of academic freedom. Conflict arose when public, political, or economic interests conflicted with academic interests.

With the Industrial Revolution in the U.S., the need for a more educated work force became evident to the “captains of industry” (Veblen, 1993, p. xxx). To address the
need for a more educated workforce, methods to educate large numbers of people were
investigated by educators, employers, and eventually, the government. This was a novel
idea as historically education was available predominantly to the privileged members of
society and not to the masses as a whole (Rudolph, 1990, pp. 6-7). “Scientific
management,” initiated by Frederick Winslow Taylor in the United States, resulted in
time studies, education of the masses, and adaptation of the educational system in the
United States to create an educated and responsive work force (Lagemann, 2000, p. 79).
With the proliferation of this concept, political systems responded by the “authoritative
allocation of values” (Easton, 1965, p. 487) and distribution of resources (Easton, 1965,
pp. 355-356). In an attempt to satisfy both the needs of the public and the need of expert
educators for quality education, accreditation bodies were formed.

Accreditation is one of many types of performance indicators that include
“program-planning-budgeting systems (PPBS), performance budgeting, zero based
budgeting,” “block budgets,” “Total Quality Management (TQM),” and various
manifestations of “management by objectives” (Wellman, 2001, p. 48). The objective for
accreditation is to demonstrate quality education. “Accountability systems” are
“indicators of institutional performance” designed to “reach” audiences using
“quantitative and qualitative measures” (Wellman, p. 48). With strikingly similar
qualities to accreditation processes, Kruger (2001) highlighted the 14 points of Deming’s
Total Quality Management (TQM) program:

1. Create constancy of purpose for improvement of product and service
2. Adopt the new philosophy
3. Cease dependence on mass inspection

4. End the practice of awarding business on price tag alone

5. Constantly and forever improve the system of production and service

6. Institute modern methods of training on the job

7. Institute modern methods of supervision

8. Drive out fear

9. Breakdown barriers between staff areas

10. Eliminate numerical goals for the workforce

11. Eliminate work standards and numerical quotas

12. Remove barriers that hinder the hourly worker

13. Institute a vigorous program of education and training

14. Create a structure in top management that will push every day on the above 13 points. (pp. 147-149)

If quality education is a new commitment for a program or institution, accreditation supports a new or changing philosophy. Accreditation looks at multiple variables demonstrating quality education and is a program-specific evaluation. Faculty, staff, and administrative rights and responsibilities are investigated addressing issues that support or hinder quality initiatives. The support for quality initiatives facilitates quality education, inspires confidence in striving toward the objective of quality education and eliminates rigid and less productive barriers to quality education.

Components of Total Quality Management (TQM) are applicable to academia but “must be modified to fit the higher education setting” (Mullen, 1996, pp. 2-3). Anderson
(1995), in applying Total Quality Management principles to student services in education, identified that “when the perceived level of quality improves, relative to expectations, those expectations can eventually increase over time” (pp. 54-55). “The better the quality gets, the better customers expect it to be” (p. 55).

The Growing Criticisms of Higher Education

With the impetus for reform of public K-12 schools in the 1980s, a result of the publication of *A Nation at Risk* (United States. National Commission on Excellence, 1983), higher education experienced the repercussions resulting in “calls for change on public colleges and universities” as well (Burke, Modarresi, & Serban, 1999, p. 18). In the United States, the Department of Education (DOE) and the public charge the professional accrediting agency with determining the quality of programs reviewed. Call them what you may: “benchmarks,” “key performance indicators,” “measures,” or any of the multitude of the latest descriptors, academic quality indicators are the latest public and governmental expectations for academicians to address (Epper, 1999, pp. 24-26; O’Neill et al., 1999, p. 34; Rowley, Lujan, & Dolence, 1997, Chapter 6). In an attempt to ensure objectivity and a balanced program review, accreditation bodies use a variety of evaluation models and data collection methods to support their conclusions.

Quality education requires an awareness of the needs and wants of internal and external constituencies (Rampersad, 2001, p. 341; Rowley et al., 1997, pp. 133-134). Increased productivity in academic institutions needs to refocus in relation to productivity by considering “four dimensions:”

1. “Who is focused on in efforts to increase productivity,”
2. “Which unit of analysis of organizational level is addressed,"

3. “What functions or organizational roles are considered,” and

4. “Whose interests are invoked and served in designing productivity initiatives?” (Rhoades, 2001, p. 619)

Answering these questions as part of professional accreditation processes gives direction to productivity initiatives to meet the growing public demand and still allow for institutional diversity.

Institutional Responses to Criticisms

Wheelahan (2000), in investigating “institutional structures that most effectively deliver cross-sectoral education and training” (pp. 1-2) in Australia, focused on “the structures and mechanisms that are most effective; the advantages and disadvantages of different mechanisms; criteria for identifying cross-sectoral practice; and policy changes that would improve the efficiency and effectiveness of dual-sector provision” (pp. 1-2).

Data were collected from “31 interviews,” “10 case studies,” “a broad literature review,” and “reviews of commissioned reports” on Australia’s vocational education and training (VET) “and technical and further education (TAFE) sectors” (pp. 1-2). Among the recommendations were to:

(1) develop a nationally coherent policy on life long learning; (2) fund tertiary education by one level of government; (3) institute a comparable reporting requirement among the two sectors; and (4) establish a single award for higher education and TAFE teaching staff. (Wheelahan, 2000, pp. 1-2)
The public as well as educators and policymakers in the United States are voicing some of these same issues in regard to funding, lifelong learning, and recommendations for the creation of educational standards (The Secretary of Education’s Commission on the future of Higher Education, 2006, p. 5).

Jackson (1998) acknowledged “an important objective of standards-based quality assurance is to create the environment and conditions where these standards can be made more transparent and open to public scrutiny” (p. 134). In a spirit of inclusion, he further identified the major bodies of regulation being “institutional regulation,” “national regulation,” and “collective regulation” (p. 136). “Collective regulation” addresses the interest groups involved in framing expectations “that will lead to standards that extend beyond the boundaries of an individual” higher education provider (p. 136). This study in the United Kingdom reflects similar influences found in the United States.

The Push for Quality and the Response to the Push in Higher Education

In 2005, U.S. Secretary of Education, Margaret Spellings, appointed a Commission on the Future of Higher Education which recommended that:

America’s colleges and universities embrace a culture of continuous innovation and quality improvement. We urge these institutions to develop new pedagogies, curricula and technologies to improve learning, particularly in the areas of science and mathematics. At the same time, we recommend the development of a national strategy for lifelong learning designed to keep our citizens and our nation at the forefront of the knowledge revolution. (The Secretary of Education’s Commission on the Future of Higher Education, 2006, p. 5)
Secretary Spellings further articulated the position of the Department of Education when she stated that

We expect transparency and accountability for our tax dollars in almost every area of our government . . . but for higher education, we’ve invested tens of billions of taxpayer dollars over the years and basically just hoped for the best. We must ensure that higher education is keeping pace. (The Secretary of Education’s Commission on the Future of Higher Education, 2006, p. 5)

Students and other constituents of the university have a vested interest in the benefits they receive from their investment in education. In the U.S., the Alaska State Commission on Postsecondary Education (1996) identified that potential students research their fields of interest for a host of factors including:

The institution’s accreditation status, national accreditation or state authorization; quality, currency and transferability of courses; retention and/or graduation rate; program length; program cost; comparison of program costs to potential earnings; and availability of a placement service. (Alaska State Commission on Postsecondary Education, 1996, pp. 1-2)

“The college ranking edition of the publication, US News and World Report, is the largest selling single issue of its magazine each year” (Vaughn, 2002, p. 436). Vaughn stated that this interest and investment by parents, students, and significant others reflects an important need for public information so potential students can make wise and appropriate educational decisions and investments (p. 436). Given these and other public
and governmental expectations, colleges and universities are being encouraged and pressured to demonstrate the worth of their efforts in educating the public.

While the dwindling of “public support for higher education” “may be attributed to misinformation, higher education officials have an obligation to cultivate public support by demonstrating an institutional capacity to achieve concrete improvement in resource utilization” (Michael, 1998, p. 402). The major socially acceptable means of proving the worth and achievements of a university or academic program in higher education, to date, are through voluntary program accreditation.

_Accreditation in Higher Education._ Accreditation bodies attempt to reflect both professional and societal values in determining evaluation criteria. In the United States, a societal value is that the “education of my child contributes to your welfare by promoting a stable and democratic society” (Friedman, 1962, p. 86). “There is therefore a significant ‘neighborhood effect’” in achieving an educated society, according to Friedman (p. 86).

American colleges and universities vary in quality, but even more so in terms of mission, ranging from institutions with non-selective admissions policies designed to provide effective, value added education to students with widely varying backgrounds and abilities to highly selective institutions admitting only the most able, highly qualified students. Students and their parents make choices based not only on perceived quality, but also on academic and vocational goals, affordability, and a range of other factors such as institutional size and location. (Vaughn, 2002, p. 434)
Accreditation, which addresses success of students and graduates, also focuses on customer or student satisfaction. Phillips Electronics (1994) addressed customer satisfaction with an institution or company by relating that:

What the company thinks its customer wants

*Is not necessarily the same as*

What the company thinks it has to offer

*is not necessarily the same as*

What the company actually has to offer

*is not necessarily the same as*

How the customer experiences this

*is not necessarily the same as*

What the customer really wants. (Rampersad, 2001, p. 341)

Students and graduates may know what they want to have as a profession but may not be fully aware of what needs to be learned to be successful in their chosen profession. To address these concerns, accreditation processes address program success through a number of criteria and strategies, including review of enrollment rates and patterns, attrition rates and patterns, graduation rates, employer satisfaction rates, student interviews, and professional standards. Multiple data points for program analyses and revision give a broader perspective of what constituents want from educational programs and what is in fact being delivered to meet societal needs.

Accreditation is considered a quality criterion that has political origins and ramifications in the United States. In the U.S., the public chooses executive and
legislative leaders in government. These leaders generate public policy and determine leadership in a number of government bodies such as committees and departments including the Department of Education at state and federal levels. The U.S. Department of Education (DOE) determines accreditation criteria that set quality standards for programs of education, including nursing. This federal recognition and support is vital to the credibility of an accrediting agency to the public at large. Accreditation agencies and processes have multiple constituencies and expectations that change over time. Internal and external negotiations take place in application and preparation for success in the accreditation process.

The Accounting Accreditation Committee in 1986 had accreditation review teams consider the following factors in program review: (a) “the success of graduates on professional examinations,” (b) “the ability of the graduates to obtain ‘meaningful’ employment,” (c) “career progress,” and (d) “various qualitative standards relating to the three attributes of faculty members—innovative teaching, quantity and quality of research, and university and community service—and recent accounting experience” (Reinstein & Schroeder, 1986, p. 349). Academic criteria for faculty included having a “terminal” degree in a related or unrelated discipline, the latter being considered on a “case-by-case basis” (p. 349). The question of “cross-fertilization among disciplines” was an issue that theoretically was supported but not further investigated in this article (p. 353). The reality of needing to hire qualified faculty is a frequent challenge for academic administrators to achieve a quality education for students.
The research results in relation to quality indicators and program accreditation are varied. A study by Williams (1998) identified “little difference” among new journalism faculty hires, regardless of “accreditation” or “institutional” type (p. 2). The differentiating factor in the case of graduating from an accredited or non-accredited program may be in the number and quality of employment opportunities available. Carnegie classifications, though differentiating types of higher education institutions, are not specifically identified as quality indicators. It frequently is assumed that the higher the Carnegie classification, which has been based on the types and number of degrees conferred, the better the higher education institution (Lively, 1999, p. A46). This interpretation depends on how “better” is defined. Mullen (1996) found that for public administration, “accredited programs contained more quality improvement elements than unaccredited programs” (p. 2). Quality improvement measures in higher education relate to societal development and progress as well. The Carnegie classifications are presently under revision “to overhaul the entire classification system” to better differentiate collegiate programs providing “niche for institutions that want to emphasize teaching and service as well as research” (Lively, 1999, p. A46).

Demographic shifts in relation to “cultural and ethnic diversity” in the U.S. have brought to bear pressure to address these diversity issues on collegiate campuses (Swanson, 1996, pp. 2-3). The promotion of diversity in colleges was made a component of accreditation processes to further inspire and support diversity initiatives (pp. 2-3). The requirement of diversity initiatives from both regional and professional bodies “became a powerful symbol of external intrusiveness for those in the region who wanted to limit the
role” of the accrediting body to addressing simple compliance issues (p. 1). This is an example of only one initiative promoted by accrediting bodies to meet the public demands of current practice, societal need, and societal development. In support of accreditation, Kadet (2003) identified “accreditations of the school” as one of several factors to consider before enrolling in a private school (p. 72).

“American higher education accreditation is a non-governmental activity managed by the higher education community through non-profit accrediting agencies overseen by, but operating largely independently of colleges and universities” (Vaughn, 2002, p. 434). The recognition and approval of a regional accrediting body by the U.S. Department of Education gives that region’s accrediting body influence at a national level. This is in spite of the fact that the regional accrediting body is a “non-governmental” organization (p. 434).

In July 1999, with the support of “a generous grant from the Pew Charitable Trusts,” The Higher Learning Commission of the North Central Association of Colleges and Schools began the “Academic Quality Improvement Project” also known as “AQIP” (The Higher Learning Commission, 2002, p. 2). This project was initiated “to infuse the benefits of continuous improvement into the culture of colleges and universities” (p. 2). AQIP focused on the concepts of “focus,” “involvement,” “leadership,” “learning,” “people,” “collaboration,” “agility,” “foresight,” “information,” and “integrity” as those that “permeate colleges and universities that have achieved a systematic approach to continuous quality improvement” (pp. 2-4). As a supplement to sustained quality efforts, professional accreditation occurs on a regular basis. Although professional accreditation
bodies expect quality initiatives to be continuous, at present, they are not specifically
required to be continuous as there are years between required reports (Commission on
Collegiate Nursing Education, 2003; National League for Nursing Accrediting
Commission, 2006). To make accreditation processes easier for programs, professional
accrediting bodies are beginning to recommend that program members address a
continuous evaluation process to keep the program viable and current (Commission on
Collegiate Nursing Education, 2003; National League for Nursing Accrediting
Commission, 2006). Academic administrators are in a vital position to affect faculty,
staff, and administration in relation to influencing and assuring quality programming and
accreditation status over time.

Accreditation is a pass/fail type of “academic scorecard” recognized by many
constituencies (O’Neill et al., 1999, pp. 34, 40). Academic scorecard considerations are
related to the “quality of academic programs,” “student-centeredness,” “quality of
faculty,” “value for money,” “alumni satisfaction,” and “employer satisfaction” that are
all integral parts of nursing accreditation criteria (p. 36). Interestingly, enrollment,
retention and attrition data are not included in the criteria for this particular scorecard.
Although an academic scorecard is not mandatory for higher education, it is mandatory in
some states for K-12 education.

Roller et al. (2003) studied “122 deans and chairs of business schools to examine
the costs and benefits of specialized accreditation and the schools’ motivation for seeking
it” (p. 197). The schools were accredited by any of the three professional business
accrediting associations and “non-accredited.” Roller et al. found that those respondents
who appeared to view accreditation as a way to enhance external appeal were rated “highly on enhanced student marketing appeal, enhanced recognition as an elite institution, and faculty recruitment advantages” (p. 201). Resources and benefit support through accreditation were rated “highly on increased leverage for faculty compensation and increased bargaining leverage for university resources” (p. 201). Benefits for program development through accreditation were rated “highly on accountability for program improvement and opportunities to share techniques/successes/challenges with others” (p. 201).

Quality initiatives, including accreditation, are not discipline specific or only academic concerns. A national study of State Higher Education Executive Officers found the following list of priority issues ranked from highest to lowest:

- Teacher quality, preparation and professional development
- Adequacy of state financial support
- Workforce preparation
- Tuition rates and overall student costs
- Economic development initiatives
- Accountability and effectiveness
- Amount and types of student financial aid
- K-16 systems/linkages between K-12 and postsecondary. (Coulter, 2003, p. 7)

Interestingly, these areas are part of the accreditation review process. In support of these observations, Vaughn (2002) identified that the “American system of non-governmental
accreditation effectively serves higher education and society by providing public accountability and self-help academic management advice from within the higher education community” (p. 434).

Though criticisms are growing to make higher education accountable to the public it serves, educators, legislators, and administrators are striving to meet these expectations. Institutions are implementing quality initiatives, including accreditation, to demonstrate to the public that quality expectations are being met. Meeting quality public demands has been historically true in accreditation for nursing education.

The Historical Background of Nursing Education Accreditation

Florence Nightingale, in 1859, published a book called Notes on Nursing: What it is and what it is not. Hers was the first recognized documented text on nursing and care of clients. In the text, she identified the first inference of standards in citing “what nursing ought to do” (Nightingale, 1859, p. 6).

I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all at the least expense of the vital power to the patient. (p. 6)

The rest of Nightingale’s book described her observations and expectations of sanitation, aesthetics, and the above in relation to what she perceived and experienced as the best care for the client or patient. Her efforts were some of the first proactive strategies for nurses related to health care of the public.
In 1893, the “American Society of Superintendents of Training Schools for Nurses,” the precursor to the National League for Nursing (NLN), was founded in the United States for the “purpose of establishing and maintaining a universal standard of training for nurses” (National League for Nursing Accreditation Commission [NLNAC], 2002). In 1917, the National League for Nursing Education published a guide for a standard curriculum with more publications to follow in subsequent years (pp. 26-27). The National League for Nursing Education initiated accreditation of registered nursing programs in 1938 (pp. 26-27). In 1952, the National Nursing Accrediting Service, the National Organization of Public Health Nursing, the National League of Nursing Education, and the Association of Collegiate Schools of Nursing merged to become the National League for Nursing (pp. 26-27). At this time, accreditation of nursing education became the function of the NLN Division of Nursing Education (pp. 26-27). The U.S. Department of Education consistently has recognized the NLN, which then became the National League for Nursing Accreditation Commission (NLNAC) in 1996, as an accrediting agency since its creation in 1952 (pp. 26-27). The federal Nurse Training Act of 1964 gave resources and “public recognition” tied “to national accreditation standards” (pp. 26-27). That same year, federal funding for nursing education also was contingent “on the compliance of schools of nursing with Title VI of the Civil Rights Act of 1964” (pp. 26-27). The Council on Postsecondary Accreditation (COPA) recognized accreditation by NLN in 1977 (NLNAC, 2002).

“Outcome criteria” were “incorporated” into the NLN accreditation process in 1991 (NLNAC, 2002). In 1996, the “NLN Board of Governors approved establishment of
an independent entity within the organization to be known as the National League for Nursing Accreditation Commission (NLNAC)” (2002). In 2002, the U.S. Department of Education renewed NLNAC recognition as a nationally recognized accrediting agency for nursing education. The 2002 NLNAC newsletter identified that “NLNAC continues to achieve its stated benchmark of .90 for internal consistency (reliability) of its accreditation decision making processes” (NLNAC, 2002, p. 3).

In the 1990s, the American Association of Colleges of Nursing supported the creation of the Commission on Collegiate Nursing Education (CCNE), which was formed as “an autonomous accrediting agency contributing to the public’s health” (CCNE, 1998). Until the creation of CCNE, the accrediting body of NLNAC was the only nursing accreditation body available to nursing programs. CCNE was created as a subsidiary of AACN with a mission of promoting and evaluating baccalaureate and higher level nursing programs. The Commission on Collegiate Nursing Education focuses on “the quality and integrity of baccalaureate and graduate education programs preparing effective nurses” (p. 2). CCNE accredits collegiate nursing programs at the baccalaureate and master’s levels. NLNAC includes all levels of nursing practice in the accreditation process from licensed practical or vocational nurses to graduate education programs. As of 2002, both NLNAC and CCNE were recognized by the U.S. Department of Education as national accreditation agencies for nursing education (CCNE, 2002; NLNAC, 2006).

The Types of Accreditation in Nursing

Currently, nursing has two independent avenues from which to choose for accreditation, the Commission on Collegiate Nursing Education (CCNE) and the
National League for Nursing Accreditation Commission (NLNAC). The CCNE accreditation criteria are derived from the AACN recommendations for baccalaureate education. The Commission on Collegiate Nursing Education (CCNE) is a subsidiary of AACN. The American Association of Colleges of Nursing’s (AACN), *The Essentials of Baccalaureate Education for Professional Nursing Practice* (1998) identified “liberal education,” “professional values,” “core competencies,” “core knowledge,” and “role development” as vital to professional nursing education (pp. 6-17). Professional values to be considered in an accreditation review include “altruism,” “autonomy,” “human dignity,” “integrity,” and “social justice” (AACN, pp. 8-9). Considerations for core competency of professional nurses include “critical thinking,” “communication,” “assessment,” and “technical skills” (AACN, pp. 9-12). Core knowledge under review will include “health promotion,” “risk reduction and disease prevention,” “illness and disease management,” “information and health care technologies,” “ethics,” “human diversity,” “global health care,” and “health care systems and policy” (AACN, pp. 12-16). Role development for professional nurses consists of “provider of care,” “designer, manager and coordinator of care,” and “member of the profession” (AACN, pp. 16-17).

The following contrasting observations provide differing views and perspectives from the vantage point of the different accrediting bodies and the various nursing educational programs. Accreditation program reviews should be complete in reporting or concise in reporting, descriptive of the program or an analysis of the program, current in status or with future plans based on current status, with appendices or with a resource room, demonstrating broad involvement in presenting or the program presenting with a
unified voice. The contrasting viewpoints are used to incorporate the idea of finding balance in evaluating the nursing program. Nurse educators and administrators are fully aware that analysis of the program is critical to the success of the self-study process. Continuous quality improvements are considered works in progress. Evidence-gathering is expected to be continuous over time and not sporadic or episodic in nature (Commission on Collegiate Nursing Education, 2003).

A focus that is relatively new is the “community of interest” (CCNE, 1998, p. 14). The community of interest and partnerships need to be defined by the individual unit. Feedback is essential for analysis of an academic program from students, faculty, staff, employers, and other constituents. These relationships with the community are seen as vitally important for the success of the nursing program.

The Standards for Accreditation of Baccalaureate and Nursing Education Programs identified that the accrediting body accredits the educational program, not the university, and has a disclaimer stating that “under no circumstances may the standards and key elements defined in this document supersede federal or state law” (CCNE, 1998, p. 5). Accreditation reviewers and the accrediting bodies are aware that although they can identify issues of concern and make recommendations, these recommendations are subject to the laws of the state and of the federal government. The necessity for recognition and collaboration in the meeting of state and federal requirements makes the accreditation process an even more challenging initiative.
**NLNAC Standards**

For the National League for Nursing Accreditation Commission (NLNAC, 2006), standards are the same for each level of nursing program evaluated. Different levels of standards are related to different levels of programs. Two to five criteria under each standard must be addressed. The standards for NLNAC are: “Standard I: Mission and Governance,” “Standard II: Faculty,” “Standard III: Students,” “Standard IV: Curriculum and Instruction,” “Standard V: Resources,” “Standard VI: Integrity,” and “Standard VII: Educational Effectiveness” (NLNAC, 2006). Supporting documentation should confirm evaluation criteria specified by NLNAC. Included in the NLNAC guidelines are suggested indicators for document adherence and examples or suggestions for tables.

**CCNE Standards**

The CCNE guidelines for writing the self-study report include addressing four required sections or standards. The first three relate to program quality and the final standard relates to program effectiveness (CCNE, 2003, p. 1). Section one is general information about the governing organization and the nursing unit. This standard is identified as “mission and governance” (p. 1). Section two is an introduction and overview describing the contextual environment in which the nursing program is housed. This standard is identified as “institutional commitment and resources” (p. 1). Section three focuses on the standards and criteria for teaching and learning. This standard is “curriculum and teaching-learning practices” (p. 1) Section four relates to “program effectiveness” and requires a systematic plan for program evaluation and assessment of outcomes (p. 1). This standard is identified as “program effectiveness” where the others
are identified as program “quality” elements (p. 1). The major heading under the fourth standard is “student performance and faculty accomplishments” (p. 1). There are six key elements to address for each of the standards under which the nursing program is evaluated (p. 1).

There are similarities in both nursing accreditation processes. Both major professional nursing accrediting bodies have some common expectations such as:

1. Congruence needs to be demonstrated between university and program mission, policies, and procedures;
2. Requiring that the nursing program send multiple copies of documents to the accrediting agency for review;
3. Consideration of the nurse as a “provider of care, manager of care and member of the profession;”
4. Costs for the annual fee, initial accreditation, new applicant fee, new program accreditation review fee, continuing accreditation fee, appealing an adverse decision, and room and board for site visitors are comparable;
5. Ensuring that the educational program is current in its content and practice. This requires publishing criteria and giving programs the time to adjust to changing quality expectations; and

The National Council for Licensing Examination for Registered Nurses (NCLEX-RN®) is a national examination created by nurse experts in education and nursing practice to test
the knowledge, application, and analysis ability of entry-level nurses in relation to client care. The success rates of graduates are reviewed by the professional accreditation bodies and by state boards of nursing for state approval. Graduates are not able to perform as registered nurses until they successfully complete the NCLEX-RN\textsuperscript{R} examination. Both major accrediting bodies are aware of the need for NCLEX-RN\textsuperscript{R} success for employment and review graduate success data over time. Program quality determinants are similar, as are program effectiveness expectations.

Quality programs, particularly in nursing, address knowledge, safety and health of the public. To ensure a program has sufficient academic and practical quality, a number of evaluation models are used. Evaluation models identified by Michael (1998) address “cost,” “quality,” “markets,” “employment,” “politics,” “academics,” “eclectic” models, and a model addressing the “x-factor” (pp. 382-394). “X-factors” are factors that are otherwise unknown or unrecognized by the program being evaluated that can help, hinder, or influence a program’s success (pp. 394-395). The accreditation process for nursing education uses an eclectic model incorporating components of each of the identified models, including avenues to discern the x-factor, to ensure students receive a quality education and the public receives safe health care. Nursing has had quality evaluation processes in place for educational programs for more than a century in an attempt to ensure public safety in health care. The criterion for a quality indicator, at present, is whether a program is accredited or not.

Academic rankings, whether by accreditation bodies, the media, or other professional groups or associations that generates them, are used as marketing points by
many universities (Monks & Ehrenberg, 1999, pp. 43-44). Because “few actually know
what constitutes quality in higher education,” accreditation processes were generated to
address the “difficulty of operationalizing quality” in a consistent and socially approved
manner (Michael, 1998, pp. 385-386). Nursing has a more than 100-year history of
reviewing academic standards and providing quality education with regular professional
accreditation reviews in attempts to ensure public safety. The latest efforts at articulating
quality in nursing programs are the outcome assessments for the program. Kretovics
(1999) stated that “outcome assessment is perhaps the best vehicle available at this time
with great potential for addressing positive change and addressing the issues of
accountability within higher education” (p. 133).

Accreditation is a process used to demonstrate to the public that identified quality
indicators or benchmarks are met. The accreditation process begins when a nursing
education program decides to voluntarily apply to the proper authority. The nursing
program then submits a report to the accrediting body addressing the specified criteria.
Accreditation visitors are educated and trained to review the program using the specified
criteria and are “clarifying, verifying,” and “amplifying” any material lacking or
addressed in the written report (NLNAC, 2002). Recent growing demand from the
government and the public puts increasing pressure on the educational administrator to
achieve more with fewer resources. The global shortage of nurses puts added pressure on
nursing education programs and administrators to produce increasing numbers of
qualified graduates. The external political, financial, and health care demands and
pressures put added stress on nursing education administrators to do more with less and
do it quickly. In the midst of these pressures is the pressure to demonstrate quality programming through accreditation. Although there are similarities in aspects of review for accreditation bodies, there are also differences.

There are philosophical differences in accreditation agencies and their constituents related to the accrediting process and the nature of nursing education. Collegiate, diploma, and the various methods of entry into the nursing profession have generated conflict for decades. Externally based prescriptive program changes versus internally based, program-initiated changes are areas of difference. Historically familiar quality indicators and new and challenging quality indicators have been used for program reviews that are different in approach and expectations for nursing programs. The nursing profession is steeped in a tradition of investigating the quality of nursing education programs. The discomfort that comes with change, even a positive one, is facing the nursing profession as well as a number of professional and independent accrediting bodies. Higher public expectations with a concomitant decrease in public fiscal support make programs struggle to meet standards and quality demands of the public and the profession.

Cost and Benefit Issues in Higher Education

A basic definition of a “cost-benefit analysis is the computation of the ratio of input cost to the benefits derived from the output” (Michael, 1998, p. 383). Michael stated that “cost-benefit analysis is superior to cost comparative analysis because it links benefits associated with production to costs of production” (p. 385). Accreditation processes review budgets, resources, program goals and outcomes. As noted by Michael,
“if the cost associated with production outweighs the benefits, a more convincing rationale must be provided for continuing to produce the product or service” (p. 385). In checking for congruence in data points, accreditation processes perform a basic cost-benefit analysis. In this vein, it is apparent that a cost-benefit analysis of the accreditation process itself would be appropriate as one in a number of methods to determine the necessity and benefit of accreditation processes.

*Cost of Higher Education.*

People over the millennia have bartered for goods and services considering the “cost” of a purchase or a service. Cost relates to an investment of some nature and an expectation of this investment is a return on the investment made. In addressing cost, a host of factors are considered such as time, risk, commitment, status, prestige, expenditure of energy and resources, just to name a few (Michael, 2005b; Whalen, 1991). Education requires a commitment of time and resources whether mandated or voluntary. The idea of government sponsorship of education is a relatively new idea in the history of education. The government investment of resources in education comes, to some degree, with a prescription for educational institutions as to how these institutions are to function.

Nobel prize-winning economist Milton Friedman (1962) identified that “a stable and democratic society is impossible without a minimum degree of literacy and knowledge on the part of most citizens and without widespread acceptance of some common set of values. Education can contribute to both” (p. 86). In Friedman’s recognition of the value of education in contributing to societal stability and democracy, he does not specify cost.
During 2003, every state in the United States faced a budget deficit, and one of the areas considered for cost reduction was higher education. There was a direct relationship between the decrease or freezing of state appropriations and an increase in college tuition (Farrell, 2003, p. A1). With the decrease in state appropriations and the overall fiscal decline, there was a 14% increase in tuition for college students over the previous year (p. A1). In the face of these fiscal realities, students believe that colleges should do more to decrease the cost of education (p. A1). From Friedman’s perspective (1962), “a governmental body could offer to finance or help finance the training of any individual who could meet minimum quality standards” (p. 105). With the government fiscally strapped, working smarter and better in higher education is exemplified by the need for cost containment or revenue-producing strategies.

“Factors of success” for eight medical schools receiving Financial Distress Grants from the Health Resources Administration were actions of “increasing tuition, controlling salaries and positions, conducting internal cost studies, increasing practice plan income, obtaining or increasing state or state-like aid, revising management structure of personnel, and increasing contributions” (Cooperman & others, 1980, pp. 1-2).

“Revenue–producing actions” had more impact than “cost control measures” (pp. 1-2). The greatest impact on financial performance resulted from an “increase in tuition and increase in practice plan income” (pp. 1-2).

Student financial aid is becoming a “high budget item” as one of the “hidden costs to higher education” (Haywood, 1976, pp. 1-2). Professional accrediting bodies review the number of defaults on student loans, as there is a “distinct correlation between the
size of the annual deficit and the institutions’ appropriations for student aid” (pp. 1-2).

Employment for graduates promotes a reduction in defaults on student loans and helps to continue support for higher education.

The Citizens League of Baltimore (1981) identified areas of concern in paying for higher education as:

- Competition among institutions; overlapping course and program offerings among neighboring schools; gaps in offerings among schools in the state in such important areas as agriculture, business management and computer science;
- Inflation; the high cost of dropouts; powers of the State Board of Higher Education; accreditation; state aid in Maryland; private gifts and endowments and cuts in federal aid. (pp. 1-2)

Many states are facing similar fiscal concerns today and accreditation is still an area under investigation. One proposed remedy was a plan where individuals could “set aside funds for educational purposes that will qualify for the same tax relief now accorded individual retirement accounts” (Citizen’s League of Baltimore, 1981, pp. 1-2). This and other cost-saving strategies to support higher education have yet to be achieved on a national level.

Jorge Balan (1993), investigating “governance and finance” for national universities in Argentina, found an administrative shift toward “cost recovery and implications for relationships between schools, state and the market” (p. 45). This is not an isolated Argentinean perspective. The United States is facing the same issues with the same concern about returns on investments.
Another definition of cost for higher education is “the expense a college incurs to deliver instruction to a student” (Harvey, Williams, Kirshstein, O’Malley, & Wellman, 1998, pp. 1-2). In *Straight Talk About College Costs and Prices*, which is a report of the National Commission on the Cost of Higher Education, recommendations emphasized “shared responsibility to (1) strengthen institutional cost control; (2) improve market information and public accountability; (3) deregulate higher education; (4) rethink accreditation; and enhance and simplify federal student aid” (Harvey et al., pp. 1-2). Rethinking accreditation did not necessarily mean eliminating accreditation or quality initiatives, but the costs and redundancies from multiple accrediting bodies, among other factors, could be addressed. Factors identified as affecting the cost of higher education were: “financial aid; changes in the composition of students, faculty and administrators; faculty expansions; increased use of technology in higher education; increased costs of accreditation and compliance with regulations; and changing expectations about quality” (pp. 1-2).

The cost of education can be defined either in a narrow or broad fashion (Whalen, 1991, p. 50). The biggest cost for most institutions relates to personnel, which often comprises approximately 60 to 80% of the institution’s budget (pp. 50-60). “One of the most critical issues facing organizations in the new millennium is the strategic development of human resources into human capital” (National Association of Colleges and University Business Officers, 2000, p. 12-7). A narrow focus in relation to personnel expenses would be to consider salary alone. A broader focus would be to consider all aspects of compensation for employees, including salary. The broader focus tends to give
a more accurate representation of educational costs and provides a more complete vista from which to plan.

Michael (2005a) stated that “nations with first class higher education institutions undertake funding for excellence” (p. 29). He further observed that:

Nations that starve their higher education sectors, therefore, should not be surprised that the leading higher education institutions of the world are located elsewhere and that the best of their minds leave home and are attracted to these institutions – resource allocation is a leading cause of brain-drain. (p. 29)

According to Michael, funding of higher education to sustain excellence should be supported by a “progressive funding mechanism” that “envisages the inflationary nature of the economy and funds the sector at least equal to the level of inflation” (p. 29).

Balancing the cost of sustaining higher education in the face of dwindling resources has become the enigma that governmental and private financial officers in academic domains are facing.

The “largest challenge cited” by state higher education executive officers in meeting educational priorities is “financial” (Coulter, 2003, p. 16). To meet this fiscal concern, “a growing number of states are connecting performance reporting to budgeting” in the educational sector (Wellman, 2001, p. 51). To ensure that higher education can meet the growing public demands for quality, resource generation, and cost containment, academicians need to be proactive in articulating, defending, and promoting the worth of academic endeavors.
Cost of accreditation. “A 1999 Rockefeller Institute survey found that 30 states have either added or are considering adding performance as part of the budgeting process for public colleges and universities” (Burke et al., 1999, p. 17). The new triumvirate themes for higher education became “managing, measuring and rewarding results” (p. 17). The external mandate to “improve quality while simultaneously increasing productivity,” although familiar to business, is anathema to those steeped in the historical and independent traditions of higher education (p. 17).

The cost of determining quality, including accreditation processes, adds to the cost of education. Sponsors of the American Productivity and Quality Center (APQC) found that “consortium benchmarking studies pay between $10,000 and $15,000 each, plus travel and expenses to group meetings and site visits” (Epper, 1999, p. 29). “Corporations don’t blink an eye at this cost since they know that the cost of doing it alone in a full scale benchmarking study can easily run upwards of $75,000” (p. 30).

Colleges and universities traditionally have been “setting institutional budgets” on the basis of “past expenditures, student enrollment and inflationary increases” (Burke et al., 1999, p. 18). The use of these indicators “said nothing about the quantity and quality of an institution’s graduates or the range of benefits of its services to state and society” (p. 18). Balancing budgets, in the present fiscally tight environment, requires creative, revenue-generating, and cost-containment initiatives such as performance based strategies.

Using performance as a budgeting factor for public institutions takes two predominant forms: “performance funding” and “performance budgeting” (Burke et al.,
“Performance funding” is an “automatic” and “formulaic” fashion of allocating dollars using predesignated indicators (p. 18). In comparison, “performance budgeting” gives those who make decisions and allocations in budgets the ability “to ‘consider’ campus performance as one factor in determining the total allocation for an institution” (pp. 18-19). Some allocating bodies choose to use a combination of strategies to allocate resources by having standard formulas and then using challenge grants or subsidies to possibly supplement formula funding (pp. 18-19).

Both “performance funding” and “performance budgeting” contain “program goals” and “performance indicators” as components of resource allocation (Burke et al., 1999, p. 19). Accreditation processes also consider program goals and performance indicators in program analysis. “Performance funding” also considers “funding weights,” “success standards,” and “funding levels” which are also considered in professional accreditation reviews (p. 19).

Paulsen and Smart (2001) identified that:

Recent changes in accreditation standards of both regional and specialized accreditation agencies have resulted in institutions of higher education directing more resources toward compliance efforts to retain their accreditation status. An increasing amount of faculty, staff and financial resources are necessary to develop and update the costly databases and tracking systems that are required to maintain compliance. Other curricular requirements dictate teaching space. (p. 538)
If programs are aware of accreditation expectations, such as increased teaching space, in a timely fashion, added requirements can be addressed fiscally over time. If unexpected, these accreditation requirements may impose additional costs and burdens to an already tight institutional operating budget (p. 538).

Roller et al. (2003) found that business schools with a strong emphasis on “reputation in the business community, excellence in classroom instruction, academic reputation of the program, excellence in advising students, placement of graduates in top jobs, increasing enrollment in the program and program survival” pursued “a growth strategy” that balanced “quality and a teaching orientation with cost effectiveness” (pp. 201-202). Respondents with a “resource-challenged orientation” had results that were “loaded highly on increasing faculty compensation, recruiting quality faculty and program survival” appeared to have difficulty attracting and retaining faculty (p. 202). This difficulty with attraction and retention of faculty demonstrated no significant difference across different business accrediting bodies (p. 202). The recruitment and retention concerns related to qualified faculty are similar for the discipline of nursing as well, particularly in light of the nursing shortage (Bargagliotti, 2003, p. 13).

Pollack (2005) identified “drawbacks” or costs related to accreditation. These drawbacks include:

- The time required to complete the accreditation process; the cost of undergoing the accreditation; staff who are reluctant or have no need to compare themselves with their peers; the implied need to continuously keep pace with rapid change that may or may not make sense for the agency and its clients; and the feeling of
agency administrators and staff that the good service the agency provides speaks for itself and there is no need to get someone else’s seal of approval. (p. 26)

According to Pollack, accreditation is an “intensive, procedurally inclined endeavor” (p. 26). The nursing profession has a long history of having accreditation for its educational programs and the total costs of accreditation are still vague.

Cost of nursing accreditation. Basic standard fees for nursing accreditation vary for initial accreditation, re-accreditation, and contesting an accreditation decision, but fall within a published range (see Appendix A). The fee is adjusted if multiple programs are being accredited at the same time. These fees do not include time devoted to the process by administrators, faculty and staff, and other community members who are interviewed as part of the accreditation process. Neither do the accreditation costs address space, energy, supplies, or room and board for site visitors, among a host of “hidden” or unaccounted for costs.

The frequency of accreditation visits depends on the success of the program in the accreditation process. Full accreditation usually is for seven to eight years. Conditional accreditation requires interim reports and visits depending on the severity of deficiencies. Denial of accreditation would require a repeat process of reports and visits as soon as deficiencies are remedied, if accreditation remained the goal.

There are political costs for submitting a program to the accreditation process or not. Some programs do not desire to have outside influences affecting their curriculum and missions and do not even apply for accreditation (Wirt & Kirst, 2001, pp. 66-67). Accreditation is mandatory in some states and territories and optional in others. The
Colorado Articulation Program, which is being used as a model for program articulation in other states, is one of many state initiatives to ease nursing student transfer or entry into nursing programs across the state. This ease of entry or transfer is considered in nursing accreditation reviews as a part of meeting student, faculty, and curriculum standards, as well as integrity of the program. Nursing programs that are private may not have the same vested interest to participate in mandated state-initiated programs or the resource ability to do so. If this publicly mandated criterion becomes part of accreditation criteria, it may put a program at risk for being unsuccessful in the accreditation process if it is unprepared for the change. Nursing education administrators are aware of hidden costs in accreditation, but few, if any, studies have identified the true cost of accreditation or the true benefit for baccalaureate nursing programs.

The cost of higher education is manifested in a number of areas. Accreditation and meeting the expectations of the accreditation process are two of the multiple factors contributing to the costs of higher education. Now the question arises, what are the benefits of higher education?

Benefit of Higher Education

When people consider cost, they also often consider benefit, frequently by identifying the return on an investment. Benefit is identified as economic profit, social status, prestige, benefits of services to the community or constituents, contributions to society, and a host of other “quantifiable and nonquantifiable” perspectives (Michael, 1998, p. 385). Benefit can be considered a return on an investment. For education, this is reflected in an overall higher lifetime income for college graduates. Also, an increase in
knowledge provides access to more goods and services to promote and sustain health and is expected to remedy a host of societal ills (Dye, 2002, p. 120). According to Friedman (1962), it is also a contribution to a “stable and democratic society” (p. 86). Having a multitude of choices made available by accessing educational opportunities also supports quality of life factors for graduates of higher education. The Inter-University Council of Ohio (2001) cited that

There is, of course, much more to a college education than significantly increased income. Typically, more education leads to:

- more highly-regarded employment;
- greater economic security and stability;
- less dependency on government assistance;
- better access to health care;
- better dietary practices and health practices;
- longer life spans;
- healthier children;
- better academic performance of children;
- less criminal activity and incarceration;
- higher voting rates;
- more volunteer work and charitable donations;
- greater community service and leadership. (p. 6)
Employment opportunities are also more diverse with graduation from higher educational programs.

Benefits to society from higher education include but are not limited to ataxpaying institution with taxpaying employees; creation or sustenance of life-improving processes, jobs, and positions; generation of far-reaching social improvements through the advancement of knowledge; providing opportunities for the “disadvantaged and disenfranchised” to improve themselves; educating members of society to contribute to the improvement and development of society outside of the academy and contributions to the development of the “life-long learner” (Coats, 1999, pp. 1-2). The Governor’s Commission on Higher Education and the Economy (2004) for the State of Ohio cited 2003 national data from “Postsecondary Education OPPORTUNITY” that the higher the level of education, the higher the median earnings by thousands of dollars per level of education (p. 23).

In December 2000, the Texas Comptroller of Public Accounts reported that her state’s institutions of higher education received approximately $4.6 billion annually in state general revenue and local property taxes. She observed: “Every dollar invested in the state’s higher education system returns more than $5 for the Texas economy. This is a remarkable return, even for a high stakes technology startup. But when it comes to the Texas higher education system, the stakes are much higher. For here we are investing in our most important venture—the future of young Texans.” (Governor’s Commission on Higher Education & the Economy, 2004, p. 12)
Many constituents are aware of concrete and prominent contributions. Some less visible contributions are to the progressive advancement of humankind.

Universities have long been the avenues of redress for societal ills or the impetus for fulfillment of dreams and visions for societal improvement. Although some of the creations of academia have resulted in far-reaching consequences, they also have resulted in some of the greatest achievements in history. A prime example is the space race with its resulting impact on health care. The effects of disuse and atrophy on astronauts, discovered in the space program, have been instrumental in treating immobility concerns on Earth. The creation of the atomic bomb, used to save an untold number of lives in World War II, has resulted in the use of atomic power to support societal energy demands on a global level. The creation of computers and technology have saved lives and made the farthest outreaches of our world accessible (Ojala, 2006; Rafiq & Merrill, 2005). These are but a few of the contributions of college-educated researchers to the advancement of society. The benefits, although unknown at the time of the investigative process of research and development, have had long-term societal effects. This exemplifies one of the difficulties in articulating the benefits of higher education. Until the unknown becomes known, one has no idea how pervasive and socially beneficial new knowledge can be.

The degree of responsiveness academia has to societal concerns is sometimes hindered by limitations administrators face in generating funds to create programs to address societal need or expectations (Michael, Holdaway & Young, 1994, p. 54). This “restrictive” environment creates added burdens for educational administrators who are
“criticized for unbusiness-like practices” when they are being asked to do more with less in an academic setting (p. 54). A resource-challenged environment requires “out-of-the-box” thinking from administrators to discover new ways to discover “new” knowledge while meeting societal needs and demands (Epper, 1999, pp. 30-31). In an environment restricted in resources, administrators may not have the latitude to be creative to meet the needs of both the institution and society. The need for creativity in this type of environment lies in discovering new resources or new ways to utilize the resources at hand.

New ways of viewing fiscal realities is an important focus of academic administrators. “Important to state agencies of higher education” are “three basic themes:” “quality education,” “funding/financial issues,” and an “expanded focus” for kindergarten through postsecondary learning linkages and systems (Coulter, 2003, p. 7). Accreditation gives the institution of higher education and its programs a voice to demonstrate the quality and worth of its efforts.

*Benefit of accreditation.* Wirt and Kirst (2001) stated that “efforts to formulate curriculum standards have provoked conflict over the proper bases for deciding what to teach.” In 1983, Keller identified that “American colleges and universities have been superbly adaptive particularly to new sources of funding, but also to new markets, changing values in society and the emerging academic frontiers” (p. 38). According to Michael (1998), the academy’s “institutional dynamism” was a result of “curriculum dynamism” that was dependent on “established procedures for adding, changing, and deleting curricula, course offerings and academic programs” (p. 378). Accreditation
bodies give programs in higher education the impetus and rationale for making programmatic changes to support the dynamic nature of competitive and up-to-date academic programs.

Accreditation practices focus “on process improvement which is the first step toward achieving greater competitive advantage” (Epper, 1999, p. 27). As part of the accreditation processes, program reviewers actually visit the program applying for accreditation in a site visit. Site visits “yield more insight into process improvement than can be gained by any other means of data collection” (p. 28). Accreditation processes also allow for networking, which creates opportunities for collaboration, and sharing of “lessons learned” (pp. 28, 31). By interacting with representatives of other disciplines and institutions, a broader perspective on quality indicators emerges (pp. 28-29). For an evaluation process to be effective, no matter what type of evaluation is chosen, the evaluation process itself needs to be evaluated (Burns, 1999, p. 139; Stufflebeam, 1994, p. 321).

Garavan (1997) identified that “a central conundrum of the learning organization concept is the issue of whether learning can be managed” (p. 18). To specify, Garavan further stated that to:

“Remain a learning organization” could mean that the organization is continually changing and, therefore, in a state of continuous learning or that it is even responsive to learning opportunities when they arise but in the meantime in a state of flux. (p. 19)
Given this fluidity of the learning environment and knowledge, it is even more difficult to fully articulate the benefit of education until the education itself is achieved.

Accreditation is one way to establish and verify the benefits of education. Pollack (2005) identified seven reasons agencies seek accreditation:

1. “accreditation represents quality,”
2. “accreditation demonstrates accountability,”
3. “accreditation is a recruiting tool,”
4. “accreditation impresses funding sources,”
5. “accreditation ensures confidential peer review,”
6. “accreditation demonstrates flexibility,” and
7. “accreditation shows commitment” (p. 26).

Pollack believed accreditation was a “good start and a noble endeavor” (p. 26). Its principal drawback in his estimation is that “it does not focus sufficiently on outcomes” (p. 26). The profession of nursing has been leading the way in outcome measurement and requiring a systematic plan of evaluation for programs undergoing accreditation.

*Benefit of nursing accreditation.* Nursing education program accreditation has a history of more than 100 years of reviewing and updating educational programs for the health and benefit of public safety. Boland and Laidig (2001) identified that:

As nursing education moved from the proprietary relationship with hospitals to a collegiate affiliation with institutions of higher education, there continued to be a commitment to the philosophy that the utility of applicability of knowledge
remains critical to the practice of nursing. Performance expectations are part of nursing’s heritage as well as nursing’s future. (p. 71)

Continuous improvement in the quality of nursing education is the ideal goal of the standards and evaluations directives from public and private constituents (Yearwood, Singleton, Feldman, & Colombraro, 2001, p. 297). Yearwood et al. identified a nursing program that “used a continuous quality improvement process to transform its governance, improve curriculum, and increase stakeholder satisfaction” (p. 297). The program used “an annual ‘report card’” measuring “benchmarks” such “as licensing examination pass rates, certification, graduate employment and satisfaction, and employer satisfaction with graduates’ performance” (p. 297). Interestingly, the criteria used did not address the global shortage of nurses by ignoring enrollment, retention, and graduation rates. The shortage of nurses is the result of a confluence of forces that have developed and grown over a period of time without redress (Bargagliotti, 2003, p. 13).

The current nursing shortage was not created by nurses. This shortage has been compared to a “perfect storm,” the result of “convergence of global demographic changes” that have led to unprecedented demand—“aging within the profession,” “declining enrollments,” and “cost containment efforts” in health care and in education (Bargagliotti, 2003, p. 13).

In the midst of a global nursing shortage, the public needs to continue to be able to rely upon the quality of education that nurses receive and the service and care that they give. One of the best-known and consistently available methods for nursing education to demonstrate quality to the public is through nursing program accreditation. For the
Spring 2003 accreditation cycle for NLNAC, internal consistency of accreditation processes ranged from .89-.95 with an aggregate of .93 (NLNAC, 2003, p. 2). This and a host of other perspectives in relation to nurses make their profession one of the most publicly trusted in the United States. The responsibility of quality education falls predominantly on the program administrator who has to work smarter and better in a demanding fiscal environment.

Educational Administrators in Higher Education

Educational administrators in higher education have a number of responsibilities, one of which is to ensure that quality education is provided to their constituencies. This section addresses some of the responsibilities of educational administrators in higher education from different perspectives. The conclusion of this section addressed some of the major responsibilities specifically of baccalaureate nursing education administrators in regard to quality nursing education.

Administration is a combination of leadership and management, to varying degrees, depending on the needs of the institution of higher education and the constituencies they serve (Hersey, Blanchard, & Johnson, 2001, pp. 8-9, 78-79). Administrators, having the appropriate credentials and experience to lead in a changing academic environment, initially achieve credibility in academia. Once in the position, their ability to lead and manage is evaluated by how they meet the expected mission, goals and outcomes of the institution. “Commitment to service quality starts from the top. Customer service requires a dedication beginning at the management level and flowing through the organization” (Anderson, 1995, p. 55).
Covey (1989) in his paradigm of “principle-centered leadership” identified “quality” and “service” as primary principles on which leaders are to focus (p. 34). Senge (1990) addressed quality in “personal mastery” and “quality circles” (pp. 7-8, 102).

Where quality circles have succeeded, they have been part of a broader change in managerial-employee relationships. In particular, successes have involved genuine efforts to redistribute control, thereby dealing with the union and management concerns over loss of control. Likewise, successful Just in Time systems have taken root as part of “Total Quality” programs that focus on meeting customer needs, stabilizing production rates and sharing benefits with valued suppliers. (Senge, 1990, p. 102)

“Personal mastery” is part of the expert power that academicians exert in relation to their discipline and the academic credentials they bring to their academic and administrative positions (Senge, 1990, pp. 7-8). The expert power of academic administrators supplies credibility in managerial-employee relationships, at least at the onset of employment or negotiations.

Central to implementing evaluation processes and meeting standards or criteria set for higher education are the administrators (Pratt, 1997, pp. 23-24). Pratt observed that Evaluation policies, procedures and criteria tend to (1) emphasize technical rather than substantive aspects of teaching, (2) focus on process rather than outcomes, (3) lack strategic concern for the use of evaluation data within the institution and (4) are devoid of the very substance through which academics derive a sense of identity—their discipline. (p. 23)
In response to this observation and criticism, a relatively recent impetus from the U.S. Department of Education has increased the emphasis on measuring outcomes more than investigating processes for accrediting bodies. Added to these expectations is the pressure that academic administrators are under to achieve an academic benchmark such as accreditation, or lose their jobs (Fiore, 1997, p. A39).

Harrison and Brodeth (1999) observed that “as with all organizations, the quality of leadership may be more crucial in effecting successful change than other important factors, such as adequate resources” (p. 206). They also found that “more often than not, planning for change in higher education has become a euphemism for downsizing” (p. 206). Navigating the treacherous waters of cost containment, whether there is “downsizing” or not, while concurrently attempting to increase productivity, morale, and quality makes an educational administrator’s job that much more challenging.

In the book Good to Great, Jim Collins (2001) conducted a longitudinal study over 15 years that identified six criteria that were determined to constitute great companies. These six criteria are “Level 5 leadership,” “First who then what,” “Confront the brutal facts,” “Hedgehog concept,” “Culture of Discipline,” and “Technology accelerators” (p. 12). The Level 5 leadership consisted of leaders who were “driven,” “humble,” and able to make the hard decisions necessary to improve the company (p. 12). “First who then what” ensures that you have the necessary personnel in place to be successful. “Confronting the brutal facts” addresses having a realistic perspective on the company, constituents, and the environment in which it functions. The “hedgehog concept” relates to focusing on doing what you do and doing it well. The “culture of
discipline” promotes a focused and direct approach to committing to company success through hard work by all. The final component is the “technology accelerators.” This component addresses that technology is used only to achieve the goals of the company, not as an end unto itself. The first three criteria address buildup of the company and an impetus toward a common goal or mission. The second three criteria address consistency of development and commitment to the mission and goals. All of these factors combine over time to result in breakthrough strategies, processes, and results that move a company from being good to great. From Collin’s perspective, “Good is the enemy of great” and this is how great companies achieved superlative results (p. 1). Throughout the book, Collins identified the impact of leadership in ensuring the success of the company. Harrison and Brodeth (1999) supported this observation in regard to higher education identifying the importance of leadership, especially in affecting change (p. 206). Although higher education in the U.S. is still one of the greatest educational systems on the planet, Collins identified that complacency can change that status quickly (pp. 1-12). Academia, in response to increasing public and governmental demands and expectations, has attempted to increase the number of graduates in specific areas. Lomas and Tomlinson (2000) found that senior academics still believe that “more means worse” and are concerned about the “dumbing down” of academic standards (p. 132). “Senior academics are more concerned about falling standards than their senior manager or senior administrator colleagues” especially in “older universities” (p. 131). Although this study was performed in the United Kingdom, the same concerns and attitudes are voiced in academia in the United States (Shulman, 2007, pp. 23-25). A further challenge to
administrators is the need to balance quality and cost factors to retain experienced academicians.

Abbott and Chuse (2001) observed that:

While a variety of curriculum enrichment alternatives are available, their usefulness is completely dependent upon their successful identification and administration. A willingness on the part of faculty is essential coupled with skillful abilities of the program administrator. If outside resources are employed, the role of the core program faculty becomes one of integration of material rather than one of presentation of basic content. The role of the program administrator then becomes one of helping to develop such integrative approaches/skills within participating faculty. Throughout the process, not only does the curriculum become enriched but the actors, too, benefit greatly from the enriched content and experiences. (p. 91)

From this observation, the leadership of the program administrators is clearly essential in the program’s ability to articulate its success or efforts in meeting internally or externally generated outcomes. Access to the program administrator and collaboration are obviously vital to the success of the educational program.

Thomas (1993) identified that “important people in big companies” are “visible but not accessible” (pp. 80-81). People in leadership positions, particularly in public institutions, are “relatively easy to identify” and locate, but “getting access and data” are not as easy to obtain (pp. 82-83). Compared to the general population, these people are identified as “elites” by virtue of their education, position and experience (pp. 81-84).
Those in leadership positions, or the “elites” of companies, including academic institutions, are busy people and their time is valuable (pp. 81-82). A personally addressed letter and questions may be the best way to get the attention of the elite administrator and his or her gatekeeper and obtain a response (pp. 82-84). Being aware of the organizational hierarchy and how to navigate the hierarchical structure is also vital to achieving feedback and perspective of the academic administrator. Academic administrators are skeptical about the ranking of universities, as the criteria used are sometimes dubious and those making the rankings may be biased (Thomas, 1993).

The State of Ohio, in response to fiscal concerns as well as market and public need, identified “sample metrics,” that governmental investors would consider as successes of higher education (Governor’s Commission on Higher Education & the Economy, 2004, p. 23). These include graduation from college, equitable ethnic distribution in comparison to high school graduates, the number of degrees conferred, graduate and employer survey ratings, employment rates, and starting salaries of graduates (p. 23). In the same document, return on investment was determined by “cost per full-time equivalent student,” “cost per achievement unit” (such as work force placement or degree conferred), and “measures of individual and collective benefits of degrees conferred” (p. 23). This could result in ranking of universities related to success of the graduates and return on investment. These criteria do not consider the level and ability of students who attend these universities or the level at which they enter the institution. K-12 educators and administrators are concerned that governmental expectations are being made without additional resources to support achievement for
those students who need special attention, such as in the federal “No Child Left Behind” program (United States. National Commission on Excellence in Education, 1983). In 1965, James Coleman identified that high-risk students need more community and academic support than their traditional counterparts, starting in K-12 and continuing throughout their education as “disparity between white and black test scores increased with years of schooling” and that “schools have not overcome it” (Lagemann, 2000, pp. 195-196). Because of these concerns, educators and administrators in education are hesitant to participate in or support ranking systems of any sort.

“Many higher education administrators abhor” the practice of ranking colleges and universities in the United States (Monks & Ehrenberg, 1999, p. 43). A component of the accreditation process that is an educational administrator’s responsibility is the hiring of appropriately qualified and credentialed faculty (Reinstein & Schroeder, 1986, p. 349). The hiring of qualified faculty is part of accreditation standards and is an integral part of having a successful program and accreditation visit. The change in focus from “input measures” to evaluating how a program supports and meets “value-added measures” or “outcome” measures puts added burdens on administrators and faculty to justify the value of their program (Kretovics & Mc Cambridge, 2002). For nursing administrators, the cutting of costs and hiring of faculty are particularly difficult tasks due to the current and projected shortage of nurses, particularly nurse educators, in comparison to demand (Bargagliotti, 2003, p. 13).

_Baccalaureate nursing education administrators._ According to Kotter (1998), administrators are expected to be a combination of leaders and managers and must
possess skills of both to be effective (p. 37). Baccalaureate nursing education administrators are required by State Boards of Nursing and accrediting bodies to be Registered Nurses. Nursing administrators also have earned academic degrees of predominantly Master’s prepared or higher. This is partially due to accreditation expectations. The responsibilities of administrators are varied, addressing all of the components of the accreditation criteria or standards. Ideally, the accreditation preparation and process is the responsibility of all members of the academic program or unit. The majority of the responsibility for success in accreditation processes falls on the administrator of the program under accreditation review. For accreditation, analysis of the program must occur but not at the expense of the academic program or its constituents. Administrators have lost their positions due to failure to achieve success in accreditation processes (Fiore, 1997, p. A49).

Watts (1995) identified “successful planning systems” in three universities recognized as having a history of planning excellence by the Southern Association of Colleges and Schools and a state planning officer (pp. 1-3).

Major findings of the study included a recognition of the need for active presidential involvement, the identification of the critical role played by first line administrators, a confirmation of the importance of high participation rates among faculty and staff, the recognition of the need for participants to find the process meaningful, and the identification of the high degree to which the systems were integrative for the institutions in which they were found. (Watts, 1995, pp. 1-3)
Changing professional issues and boundaries also demand increased administrator attention to prepare graduates for changing roles (Snelgrove & Hughes, 2000, p. 2). Nurses historically are hesitant to challenge authority but tend to be more assertive when focusing on client advocacy (p. 1). Omdahl and O’Donnell (1999) identified the cost of stress and burnout for nurses and nurse administrators in organizations, particularly in relation to “empathic concern,” “emotional contagion,” “depersonalization,” “communicative responsiveness,” “personal accomplishment,” “emotional exhaustion,” and “occupational commitment” (p. 1355). They found that those nurses who stayed in the profession learned to communicate effectively and be empathetic without incorporating “negative emotional states” (p. 1358). This is particularly true for nursing administrators who predominantly have a wealth of education and experience.

Academia cannot afford to waste the human or fiscal resources at their disposal, especially in a climate of dwindling resources. For the nursing profession in this time of global personnel shortages, the perceptions, observations, and strategies of nursing education administrators are vital perspectives to consider when investigating accreditation processes. In regard to accreditation, the baccalaureate nursing education administrator is identified as the contact person and is primarily administratively responsible for accreditation processes at the program level (CCNE, 1998, p. 14; NLNAC 2002, p. 25). The position of the nursing administrator affords contact and influence with upper and lower division academic constituencies to negotiate for the best interest of the nursing program and education for graduate entry into the nursing profession and public service.
Conceptual Framework

“Academic standards and the way they are expressed are the result of complex interactions between the value systems and aspirations of key interest groups” as well as their needs (Jackson, 1998, p. 134). Although these observations originated in the United Kingdom, they apply also to the standards movement in education in the United States as well. Accreditation does not occur in a vacuum. It is the result of a myriad of interactions, collaborations, and decision-making on a number of levels. In addressing the complexities of accreditation decision-making, educational policy models and political, economic, social, and technological (PEST) factors are applied.

Policy Models

In the United States, Dye (2002) identified educational policy models that exemplify how educational policies are made. According to Dye, the major “influential groups in higher education” are the executive and legislative representatives of government, “trustees,” “presidents,” “faculty,” “unions,” and “students” (pp. 136-138). In addressing how these groups interact and negotiate policy, Dye identified eight models for policy generation and analysis: the “institutional,” “process,” “rational,” “incremental,” “group,” “elite,” “public choice,” and “game theory” models (pp. 11-12). Each of these models addresses some type or form of social exchange and subsequently negotiated order for the creation of public educational policy.

In the institutional model, policy is a result of governmental or “institutional output” (Dye, 2002, p. 12). “First, government lends legitimacy to policies. Second, government policies involve universality. Finally, government monopolizes coercion in
society” (pp. 12-13). With accreditation, external policies and procedures are determined that address national and public demands, and the institutions applying for accreditation must meet the external expectations or risk being refused accreditation. The expectations of accreditation are a moving benchmark to address the ever-changing definition of quality. This is particularly evident in the health care arena where technological and medical advancements occur almost daily.

The process model works within established institutional frameworks. In the process model, policy is a “political activity” (Dye, 2002, p. 14). The “policy processes” generally follow the pattern of “problem identification,” “agenda setting,” “policy formation,” “policy legitimation,” “policy implementation” and “policy evaluation” (pp. 14-15). Once the process is understood, both formally and informally, influence can be exerted to create change or eliminate policy. The content and social impact of policy is addressed in rationalism.

Rational policy development is based on the concept of policy as “maximum social gain” (Dye, 2002, p. 16). “First, no policy should be adopted if its costs exceed its benefits. Second, among policy alternatives, decision makers should choose the policy that produces the greatest benefit over cost” (pp. 16-17). According to Dror (1968), in this model,

Policymakers must (1) know all the society’s value preferences and their relative weights, (2) know all the policy alternatives available, (3) know all the consequences of each policy alternative, (4) calculate the ratio of benefits to costs
for each policy alternative, and (5) select the most efficient policy alternative.  

(Dye, 2002, p. 17)

Part of the decision-making process relates to the experience of policymakers. This is addressed in the incremental model.

“Policy as variations on the past” is the theme for the incremental model (Dye, 2002, p. 19). For this model, “policymakers generally accept the legitimacy of established programs and tacitly agree to continue previous policies” (p. 19). Policy makers do this because they:

1. “do not have the time, information or money to investigate all the alternatives to existing policy,”
2. “accept the legitimacy of previous policies because of the uncertainty about the consequences of completely new or different policies,”
3. “there may be heavy investments in existing programs,”
4. “incrementalism is politically expedient,” and
5. “in the absence of any agreed–on societal goals or values, it is easier for the government of a pluralist society to continue existing programs rather than to engage in overall policy planning toward specific societal goals” (pp. 19-21).

In incrementally proposing changes, the policymakers also decrease the risk of alienating established groups.

Truman (1951) stated that group theory has as its premise that “interaction among groups is the central fact of politics” (as cited in Dye, 2002, p. 21).
The task of the political system is to manage group conflict by (1) establishing rules of the game in the group struggle, (2) arranging compromises and balancing interests, (3) enacting compromises in the form of public policy, and (4) enforcing these compromises. (Dye, 2002, p. 21)

Equilibrium is the result of checks and balances “from group competition” (p. 23). One of the groups under consideration is the “elites” (p. 23).

The elite policy model is viewed as promotion of “preferences and values of the governing elite” (Dye, 2002, p. 23). There is an assumption with this model that the masses are “apathetic and ill informed about public policy, that elites actually shape mass opinion on policy questions more than masses shape elite opinion” (Dye, 2002, p. 23). Movement to “elite positions” must be “slow to and continuous to maintain stability and avoid revolution” (p. 23). Change is “incremental,” as elite membership requires acceptance of the “basic elite consensus” (p. 23). The “responsibility for mass welfare” under this model “rests on the shoulders of the elites, not the masses” (p. 25).

The policy of public choice considers policy as “collective decision making by self-interested individuals” (Dye, 2002, p. 25). Organizations and government itself arise “from a social contract among individuals who agree for their mutual benefit to obey laws and support the government in exchange of their own lives, liberties and property” (p. 26). The public, as well as other political actors, “pursue their self interest in the political marketplace” through influence, donations and interest groups (p. 27). This motivates policymakers to consider “rational choices” in their decision making.
Game theory, from a different perspective, considers policy as a “rational choice in competitive situations” (Dye, 2002, p. 27). “The idea of ‘game’ is that decision makers are involved in choices that are interdependent. ‘Players’ must adjust their conduct to reflect not only their own desires and abilities but also their expectations about what others will do.” It’s an “abstract and deductive model” that considers “how people would actually make decisions” if they were “completely rational” (p. 28). All of these models are reflected in the accreditation process in one form or another. Accreditation is a negotiated, voluntary, and timely process that is to support the public good and approve quality programs.

Strauss (1990) identified that a distinct “sense of mission” is a “characteristic of the growth of specialties” which “carve out” and “proclaim unique missions” (p. 247). This observation supports the creation of the CCNE in the wake of the long-standing presence and reputation of NLNAC. Some collegiate nurse educators and administrators identified what they found to be their unique sense of mission that, they believe, was not being addressed by NLNAC. Values and mission are also reflected in public policies that affect the health care and education professions. Implicit in the values and mission of an institution, and at times explicitly, are the political, environmental, sociological, and technological factors the institution addresses.

**PEST Factors**

Addressing or ignoring the political, environmental, sociological, and technological factors (PEST) facing an institution or a program can have major ramifications for its success or failure (Rowley et al., 1997, pp. 114-115). The public
policy models addressed above also have, as integral components of their structure, these same political, environmental, sociological, and technological factors. The impact of these PEST factors are found at local, state or provincial, national, international and universal levels, going from the bottom up and from the top down. For all of these levels to influence the others, social exchange and public policy decisions occur (Appendix D). The Decision Making Model (Appendix D) is based on factors influencing accreditation processes. This model graphically demonstrates the impact of policy models and PEST factors at all levels of decision making from the program up through local, state / provincial, national, international and universal levels (Dye, 2002; Rowley et al., 1997). According to this model, the direction of influences and decision making are multidirectional, going up as well as down and horizontal as well as vertical.

Each of the public policy models presented by Dye (2002) requires social exchange to some degree. Social exchange is the philosophical basis for the creation of the survey for this study (Dillman, 2000, p. 152). From this author’s perspective, social exchange is an integral part of the political models, and both social exchange and political models are part of the accreditation process. Due to the interaction both vertically and horizontally across the levels of political, social, environmental, and technological factors and decision-making processes, accreditation becomes an ever changing benchmark to address quality needs or concerns in all levels of government and society.
Conclusion

Quality initiatives in education are being mandated for education on a global level. Educators need to be proactive in determining what quality means and how to achieve it or it will be decided for them. Accreditation, as a quality methodology, has historical and public credibility for nursing education. There are a number of factors that affect accreditation and the decision whether to seek accreditation. This study investigates some of the cost and benefits of accreditation from the perspective of the baccalaureate nursing education administrator and gives data to support or refute accreditation in nursing.
CHAPTER III

METHODOLOGY

This chapter discusses the research design, the study population, and the method for determining the study’s subjects. The procedures for data collection as well as the types of analysis performed are discussed. This study was implemented using a written survey to gather data from the baccalaureate nursing education administrators.

Baccalaureate nursing education administrators are leaders in their programs and in the field of nursing. Baccalaureate nursing education administrators are elite educational representatives as a result of their academic credentials, positions and experience; therefore, their time is valuable and scarce (Thomas, 1993, pp. 81-82). Access to these administrators is limited (pp. 81-82). To facilitate the return of results from these nursing administrators, a survey methodology was chosen to gather data. The survey method facilitated the ease and timely completion of the survey for the administrators involved.

Research Design

The research design chosen for this study was a causal comparative design. Accreditation, by its nature, is voluntary and not imposed or manipulated. The research questions on which this study is based are focused on differences in perceptions. The survey approach elicited responses from subjects related to the accreditation process. The survey was a 44-question survey with Likert scale, open-ended, and multiple option
questions (Appendix C). The subjective, open-ended question component of the survey was included to elicit perspectives from the baccalaureate nursing education administrators. The Likert scale questions resulted in quantitative perception responses that lent themselves to a comparative approach when group differences were investigated.

**Strengths of the Design**

This design resulted in data from subjects reflecting how they experience accreditation in their institutions. Surveying the entire population was intended to provide a complete view of accreditation to United States baccalaureate nursing education administrators.

A survey was the form of data collection for this study. The survey format allowed administrators the ease of completing the survey and, for the researcher, the opportunity to compare results on a national basis of those administrators who responded.

**Population**

The population was the baccalaureate nursing education administrators in the United States. At the time of the study, there were 693 identified baccalaureate nursing education programs in the United States and its territories and the responsible nursing academic administrators identified by these programs were the subjects (Quick, 2003, pp. 987-993).

Ideally, there would be a 100% return rate of the survey and data would reflect an identified population. According to the literature, return rates on surveys range from 30-80% (Dillman, 2000, pp. 14, 15, 154). The author received a return rate on the survey of 56.7% (393 responses) from the identified population of 693 subjects. No one was
excluded from the study, although subjects may not have responded for a variety of reasons including morbidity, mortality, or other factors reflective of the population.

*Population characteristics.* Known demographics of baccalaureate nursing education administrators are that they are all licensed RNs in the state where they are employed. Gender was predominantly female due to the number of graduates from RN programs who have passed their NCLEX-RN being predominantly, but not exclusively, female (Health Resources and Services Administration [HRSA], 2000, p. 39). Diversity in nursing is improving, although the majority of nurses are female and Caucasian. Educational background required for nursing education administrators in accredited nursing programs is a minimum of a master’s degree. The average age for registered nurses is “45.2” years of age and those in education having an average age of “49.4” (HRSA, 2000).

Participants for this study were identified baccalaureate nursing education administrators in the United States. An expectation of administrators of baccalaureate nursing education programs was that they be registered nurses (RN). Nationally, registered nurses were predominantly female (94.6%) with 5.4% being male (HRSA, 2000). Registered nurses as a group had an average age of 45.2 and those in education had an average age of 49.4 (HRSA, 2000). Race and ethnicity of registered nurses, as a whole, are still predominantly Caucasian (88%) with 12% from “racial and ethnic minority backgrounds” (HRSA, 2000).

Of those registered nurses surveyed nationally by the Health Resources Administration, 72% worked full time (HRSA, 2000). Registered nurses employed full
time had “average annual earnings” of $46,782 U.S. for all educational levels across the nation (HRSA, 2000). Average annual earnings for master’s prepared nurses were $61,262 U.S. and earnings of $63,522 U.S. per year for doctoral prepared registered nurses. The nursing administrators in this study were educationally prepared predominantly at the master’s and doctoral level.

Credentials of participants were identified from a list of colleges and their identified baccalaureate nursing education administrators as well as return addresses from participants. In this research study, educational preparation varied with the majority of baccalaureate nursing education administrators having a doctoral degree (397 subjects or 57.3% with a doctorate of philosophy and 123 subjects or 17.7% with doctorates in education). Of those administrators who answered the survey, the majority of respondents had a doctorate of philosophy (see Figure 1).

The baccalaureate nursing education administrator subjects, surveyed nationally in this study, had varying levels of administrative positions. The largest representation of positions included Deans ($n = 294, 42.4$%), Chairpersons ($n = 234, 33.8$%), and Directors ($n = 114, 16.5$%; see Figure 2). Respondents to the mailed survey also had the highest representation of Deans, Chairpersons, and Directors, in that order.
Figure 1. Highest degree earned for participating baccalaureate nursing education

Figure 2. Titles of national baccalaureate nursing education administrators


Sample

Returns on the survey were not 100% and were predominantly from institutions that were accredited. Some demographics determined on the survey were the type of institution (public or private), the region of the country the program was located, and the size of the program the administrator led. For this study, alpha was determined a priori to be .05 and effect size was .50. Given these conditions, the minimum sample size would be at least 45 subjects for credible results in a randomly selected sample (Hinkle, Weirsma, & Jurs, 1998, p. 652). This survey resulted in a maximum of 393 subject responses from the population.

Instrument Development

The instrument was developed after a review of the literature to address issues related to both the cost and benefit of accreditation, regardless of the program’s accreditation status (AACN, 1998, CCNE, 1998; Coulter, 2003; Dye, 2002; Hersey et al., 2001; The Higher Learning Commission, 2002; Kotler & Fox, 1985; Michael, 1998, 2005a, 2005b; Michael et al., 1994; Michael et al., 2001; National Association of Colleges and University Business Officers, 2000; NLNAC, 2002; Nightingale, 1859; Paulsen & Smart, 2001; Roller et al., 2003; Rowley et al., 1997; Senge, 1990; Shibley & Volkwein, 2002; Swanson, 1996; Vaughn, 2002; Whalen, 1991; Whitmore, 2004; Wirt & Kirst, 2001; Yeager et al., 2001; Yearwood et al., 2001). Nursing academic programs have a long history of accreditation experience and discipline-specific issues that have arisen over time. Questions were generated to address issues of cost and benefit from the literature related to accreditation.
The introductory letter for the survey was created to address “cost,” “rewards,” and “trust” aspects for participants (Dillman, 2000, pp. 15, 21; Appendix D). The letter provided a reason for the survey, phone numbers and e-mail addresses for questions, and demonstrated appreciation for the subject’s participation (pp. 15-17).

Rewards as motivators for participants were supplied by asking the participant to share his or her expertise and support values of nurses. The researcher provided a reward as motivation by providing a pencil for ease of survey completion, and expressing thanks for the subject’s participation (Dillman, 2000, p. 27). To minimize the social cost of time committed to answering the survey, the survey was created to be relatively short and to be completed with ease (p. 27). Questions in the survey were asked as complete sentences to provide clarity in presenting concepts (p. 54). “Cognitive design techniques” such as recall during a “period of time” and reconstructing “important events” were incorporated in the survey to promote “accuracy” of responses (pp. 67-69). Referents were assigned addressing whole units of measure (pp. 67-70). Average American respondents take about “12 minutes” to complete a survey (Dillman, 2000, p. 247). This survey was short and was predicted to take academic professionals about 7 minutes to complete. Subjects were given the option of receiving a summary of results at the completion of the study as a motivator to participate.

According to Dillman, the first question in the survey was to apply to all participants and was “easy” and “interesting” (2000, pp. 86-90). The survey in this study was created in this fashion. Dillman also identified that the two languages for survey content were “written words” and “graphic symbols and arrangements” (pp. 108-110).
“Consistent headings” and “format” were used in the survey for this study to facilitate the subject’s processing of information (pp. 105-106). Instructions were “in a box” to attract attention to them (p. 117). The “largest” and “brightest symbols” were used to identify a “starting point” and were used sparingly thereafter (pp. 114-115). Questions were simple and concise (p. 129). The beginning of each question and question formats were “consistent” (p. 115). Special instructions were “included inside of questions” for clarity (p. 118). “Dark print” was used for questions and “light print” was used for answer options (p. 118). Answers to questions were “vertically arranged in a single column” for reader ease in answering questions (pp. 121, 126). Coding was facilitated with the subject “circling” the correct answer or “putting an X in a box” (p. 124). Scales were “consistently displayed” for ease in attention (pp. 127-128). The survey was “short” and was predicted to take an initial time frame of 7 minutes for academic professionals to complete, as the time of professional education administrators is valuable. Dillman recommended that “summary items” were asked at the “conclusion” of the survey to give a more balanced and positive response (pp. 86-90). The survey for this study followed Dillman’s recommendation.

The 44 question survey began with instructions for completion and access information for the respondents to contact the researcher as necessary. Content then addressed accreditation status and accrediting body, benefit and cost factors as well as data and resource questions. The survey ended asking about student enrollment, graduation rates, type of institution, and an option for interested participants to receive a summary of results (Survey, see Appendix C).
Once the survey was generated and completed, Kent State University Institutional Review Board approval was sought and received. The survey was piloted using 13 identified nursing education administrators (Dillman, 2000, pp. 140-141). Questions recommended by Dillman that the author used for review in assessing the pilot testing of professional responses were:

1. “Are all of the words understood?”

2. “Are all of the questions interpreted similarly by all respondents?”

3. “Do all of the questions have an answer that can be marked by every respondent?”

4. “Is each respondent likely to read and answer each question?”

5. “Does the mailing package (envelope, cover letter, and questionnaire) create a positive impression?” (2000, pp. 140-143).

The purpose of the pilot study was to identify “commonly shared vocabulary of the study population” and any confusing or unclear components of the survey (Dillman, 2000, p. 53). Piloting was used to “identify items that might have been objectionable to subjects” and to support content validity (p. 88). Questions to which subjects might have objected were placed at the “end of the survey” (p. 58).

The pilot study was completed using a structured interview format, and the results generally supported survey content. Most questions were easily answered by participants. Pilot participants, all female, came from public and private backgrounds, accredited and not accredited programs, and a wide range of academic ranks. A question about the cost of recommendations resulted in the repeated observation that it depends on the level and
number of recommendations. Nursing does not have an elite level of accreditation; therefore, “quality” education was the preferred term in regard to recognition. Eliciting specific program and numeric data took more time, so the time frame was changed from an anticipated 7 to 15 minutes. A concern was voiced about administrator job security if accreditation was not achieved. This concern was supported by the literature. Therefore, this question was added in place of the recommendation question that was considered by pilot subjects as more arbitrary. Revisions were made at the suggestion of the pilot participants. Content validity was supported in that all terms and content were familiar to pilot participants and supported by the literature. Checks for “verbal” and “numerical congruence” were also completed throughout the survey in the final check (Dillman, 2000, p. 148).

Validity and Reliability

According to “Campbell and Stanley (1963), ‘external validity pertains to the generalizability of the treatment effect to other populations, settings, treatment variables, or measurement variables’” (Ferguson, 2004, p. 17). For this study, external validity pertains to the entire nursing education administration population under study in the United States. Campbell and Stanley also identified interaction effects of testing, interaction effects of selection bias, reactive effects of experimental processes, and multiple treatment interference as factors that effect external validity. For this study, there was no threat of selection bias as all members of the population were included. Though educators may have a different perspective than administrators in regard to accreditation, no intentional population bias was evident. A short mailed survey was used to acquire
individual subject data, thereby minimizing interaction effects of testing. In this study, there was no manipulated treatment to create reactive effects in the data obtained. Also, there was a single focus of observation and no attempt to interfere with the accreditation process.

Ferguson (2004) identified construct validity as “the relationship of the operational definitions of variables to their conceptualizations” (p. 18). “Construct validity indicates that the operations that are meant to represent particular variables are in fact representative and exclusive” (p. 18). Construct validity was supported in this study through using discipline-based and literature-based terms in the survey and pilot testing to analyze the cost and benefit of accreditation. The results of the pilot study supported construct validity, as did the survey creation sources and the definition of terms.

“Reliability is an assessment of the degree of consistency between multiple measurements of a variable” (Hair, Anderson, Tatham, & Black, 1998, p. 117). For this study, the pilot test was used to determine support for the reliability of measurements of cost and benefit for accreditation. The reliability coefficient, Cronbach alpha, was used to “assess the consistency of the entire scale” (p. 117). Using the pilot data, the Cronbach alpha coefficient for this survey was .46 for the cost section and .73 for the benefit section, with 13 subjects having taken the survey before revisions suggested by these same participants. There was no demonstrated variability in relation to comparing gender and the type of program accreditation as all participants in the pilot study were female and 12 of the 13 responses came from currently accredited programs. Non-accredited programs were represented by one respondent.
Revisions were made as suggested by the pilot group and from data analysis and review. The Cronbach alpha coefficient for the survey that was distributed nationally was .703 for the cost section and .804 for the benefit section. Reliability coefficients demonstrate “consistency” in measuring the “same underlying characteristic” (Huck, 2000, pp. 86-87). A reliability coefficient of zero would indicate that consistency was “totally absent” and a reliability coefficient of +1 would indicate that consistency was “totally present” (Huck, 2000, pp. 86-87). For this study, Cronbach alpha coefficient values of .703 for cost and .804 for benefit indicate strong consistency in measuring these variables. The nationally distributed survey had 348 responses (50.2% of all possible subjects) for these sections of the survey.

Data Collection

Implementation of survey processes is a vital component to achieving sufficient survey response rates (Dillman, 2000, p. 149). The survey was designed to be “respondent friendly” (p. 150). There were to be multiple contacts with the survey recipients, if necessary (p. 150). A rainbow colored pencil was included with the survey to encourage completion and demonstrate appreciation for participation (p. 153, 169).

Data collection occurred through mailing the survey to all baccalaureate nursing education administrators in the United States. The survey was returned to the researcher by the administrator using a self-addressed, stamped envelope that was enclosed. The U.S. Postal Service was used for survey delivery, as it is a federal offense to tamper with the United States mail. This was designed to give recourse to administrator respondents if anyone should tamper with their responses.
Due to the subjects being elites, compared to the public at-large, their time was valuable and limited and access can be difficult at times (Dillman, 2000; Thomas, 1993). Contacts for participants were limited to a total of between two to four (Dillman, 2000, pp. 178-180). For those from whom no response was received after four weeks from the initial contact, a second letter and a replacement questionnaire were sent (pp. 178-180). Any questions or concerns voiced by participants via e-mail or other communication were addressed.

Limitations of the Design

Limitations of this design were that the environment was not controlled. Also, the independent variable, accreditation, was not being manipulated or controlled. The reasons for non-accredited programs not being accredited or accredited programs choosing to participate in accreditation were not assigned, but were determined by the universities in which these programs reside. The results for this study were only generalizable to baccalaureate nursing education administrators in the United States. Perceptions of others, such as faculty or university presidents, may present a different perspective on accreditation.
CHAPTER IV

RESULTS

Results from the survey are presented in this chapter. Participant data and participation in accreditation and institution demographics are presented first. Benefits of accreditation are then addressed. Cost factors follow with recommendations for changes in accreditation at the end.

Data were analyzed using statistics for a sample (Hinkle et al., 1998, p. 52; Huck, 2000, p. 323), and, due to a small representation of the non-accredited baccalaureate nursing education programs, limited statistical manipulations were possible. Central tendency was analyzed using mode, median, and mean values (Hinkle et al., 1998, p. 52). Ranges were used as indicators of variability (p. 52). ANOVA was used for comparing differences among multiple groups. Data were analyzed in aggregate, not individually. Power, for this study a priori was .80 with an alpha of .05 (Hinkle et al., 1998, pp. 312, 327-329).

Research Study

Survey Demographics

The return rate on the survey distributed to the baccalaureate nursing education administrators was 393 (56.7%) from a total of 693 surveys sent to subjects (see Table 1). Of these responses, 382 had experience with accreditation, 9 did not have experience with accreditation, and 2 were absent or the administrators’ program had closed. One
Table 1

Nursing Program Participation in Accreditation

<table>
<thead>
<tr>
<th>Participation</th>
<th>Frequency of responses</th>
<th>Percent of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>382</td>
<td>97.2</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>2.3</td>
</tr>
<tr>
<td>Absent or Closed</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Total Responses</td>
<td>393</td>
<td>100.0</td>
</tr>
</tbody>
</table>

respondent identified the reason that his or her school chose not to be accredited as that the “cost outweighed the benefits.”

The chief baccalaureate nursing education administrators also were surveyed to determine their experience with accreditation. Of the 376 who responded to this question, 76 (20.2%) had no experience with accreditation, 210 (55.9%) had participated in 1 to 2 accreditation visits, 73 (19.4%) had participated in 3 to 4 visits, and 17 (4.6%) had participated in 3 or more accreditation visits (see Table 2). As seen in Table 2, the majority of respondents had participated in at least one to two accreditation visits whereas another quarter had participated in three or more visits.

The baccalaureate nursing education administrators were asked to identify the most recent year of their program’s accreditation. Of the 372 responses, 1 did not have accreditation and 2 did not have accreditation to date but were in the accreditation process. Twenty-four (6.5%) of the respondents reported having accreditation on or before 1998. In 1999, 30 (8.1%) were most recently accredited. In 2000, 62 (16.8%) were
Table 2

*Participation in Accreditation Visits as the Chief Nursing Education Administrator*

<table>
<thead>
<tr>
<th>Number of visits</th>
<th>Frequency of responses</th>
<th>Percent of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>76</td>
<td>20.2</td>
</tr>
<tr>
<td>1</td>
<td>130</td>
<td>34.6</td>
</tr>
<tr>
<td>2</td>
<td>80</td>
<td>21.3</td>
</tr>
<tr>
<td>3</td>
<td>48</td>
<td>12.8</td>
</tr>
<tr>
<td>4</td>
<td>25</td>
<td>6.6</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>1.9</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>.5</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>.3</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>.3</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td><strong>376</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

most recently accredited. In 2001, 37 (10%) programs were most recently accredited. In 2002, 56 (15.1%) were most recently accredited. In 2003, 57 (15.4%) were recently accredited. In 2004, 56 (15.1%) were most recently accredited. In 2005, 48 (13%) were most recently accredited (see Table 3).

The next question on the survey addressed the accreditation body used for professional accreditation. Of the 381 responses to this question, 111 (29.1%) programs were accredited by the National League for Nursing Accreditation Commission and 243
Table 3  

**Most Recent Year of Program Accreditation**

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency of responses</th>
<th>Percent of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Accreditation</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>1988</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>1991</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>1992</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>1993</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>1997</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>1998</td>
<td>16</td>
<td>4.3</td>
</tr>
<tr>
<td>1999</td>
<td>30</td>
<td>8.1</td>
</tr>
<tr>
<td>2000</td>
<td>62</td>
<td>16.8</td>
</tr>
<tr>
<td>2001</td>
<td>37</td>
<td>10.0</td>
</tr>
<tr>
<td>2002</td>
<td>56</td>
<td>15.1</td>
</tr>
<tr>
<td>2003</td>
<td>57</td>
<td>15.4</td>
</tr>
<tr>
<td>2004</td>
<td>56</td>
<td>15.1</td>
</tr>
<tr>
<td>2005</td>
<td>48</td>
<td>13.0</td>
</tr>
<tr>
<td>Not yet accredited</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td><strong>372</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

(63.8%) were accredited by the Commission on Collegiate Nursing Education. Programs using both accrediting bodies, therefore having both NLNAC and CCNE accreditation, accounted for 18 (4.7%) of the responses. Other accreditation bodies with or without either NLNAC or CCNE were identified by 9 (2.4%) of the subjects (see Table 4).
Table 4

Professional Accrediting Agencies

<table>
<thead>
<tr>
<th>Agency</th>
<th>Frequency of responses</th>
<th>Percent of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCNE</td>
<td>243</td>
<td>63.8</td>
</tr>
<tr>
<td>NLNAC</td>
<td>111</td>
<td>29.1</td>
</tr>
<tr>
<td>NLNAC and CCNE</td>
<td>18</td>
<td>4.7</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>CCNE and Other</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>NLNAC and Other</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Total Responses</td>
<td>381</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Thus 368 (96.8%) of the programs represented were fully accredited. One (0.3%) was in the process of accreditation and one (0.3%) was waiting for a decision for accreditation. Those conditionally accredited were three (0.8%) and those not accredited were seven (1.8%; see Table 5).

The reasons for choosing an accreditation body varied and, often, multiple reasons were chosen. The most frequent choice was due to regional or professional trends (241 responses). The second choice was that an accrediting body was outcome-oriented (201 responses). The third most frequent response was in regard to the historical reputation of the accrediting body (162 responses). The fourth most frequent response was that the accrediting body was process-oriented (82 responses). The fifth response was that the accrediting body would generate an anticipated cost savings (23 responses).
Table 5

Current Accreditation Status

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Frequency of responses</th>
<th>Percent of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Accredited</td>
<td>368</td>
<td>96.8</td>
</tr>
<tr>
<td>Not Accredited</td>
<td>7</td>
<td>1.8</td>
</tr>
<tr>
<td>Conditionally Accredited</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Waiting for a Decision</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>In Process</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Total Responses</td>
<td>380</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Other independent responses included having a similar philosophy as the accrediting body (35 responses), having a history with the accrediting body (23 responses) and that the accrediting body accredits all levels of nursing programs (22 responses; see Table 6).

Institution Size Factors

Institutions were categorized into small, medium, and large based on their graduation rates for the previous academic year. Size identification of small, medium and large institutions is identified in the Carnegie classifications (The Carnegie Foundation for the Advancement of Teaching, 2007a). For the purposes of this study, participant identified graduation rates were used to determine the size of the nursing program. Small institutions were determined to have graduation ranges of one to 34 graduates. Medium-sized institutions were determined to have graduation ranges of 35 to 85 graduates. Large institutions were determined to have graduation ranges of 86 or more graduates.
Table 6

Administrative Reasons for Choice of Accrediting Agency

<table>
<thead>
<tr>
<th>Agency Choice Options</th>
<th>Frequency of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent with regional or professional trends (1)</td>
<td>241</td>
</tr>
<tr>
<td>Outcome oriented (2)</td>
<td>201</td>
</tr>
<tr>
<td>Historical reputation of the accrediting body (3)</td>
<td>162</td>
</tr>
<tr>
<td>Process oriented (4)</td>
<td>82</td>
</tr>
<tr>
<td>Anticipated cost savings (5)</td>
<td>29</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Similar philosophy (6)</td>
<td>35</td>
</tr>
<tr>
<td>History with the accrediting body (7)</td>
<td>23</td>
</tr>
<tr>
<td>Accredits all levels of nursing programs (8)</td>
<td>22</td>
</tr>
</tbody>
</table>

Note. Numbers in parentheses denote ranks based on frequency of responses

Institutions sizes of small, medium, or large were determined based on the identified number of graduates being divided into three equal groups. The number of students enrolled in baccalaureate programs ranged from 6 to 12,000 students ($n = 380$). The mean number of students enrolled was 299.4 with a median value of 221 and a mode of 400 (see Table 7).

The range for the number of graduates in the most recent academic year was from zero for new programs to 599. The mean graduation rate for the previous academic year was 73.14 with a median value of 52 and a mode of 100 (see Table 8).
Table 7

Number of Students Currently Enrolled in Baccalaureate Nursing Programs in the Study

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Standard Deviation</th>
<th>Response Range</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students Enrolled</td>
<td>299.44</td>
<td>221</td>
<td>400</td>
<td>637.6</td>
<td>6-12,000</td>
</tr>
</tbody>
</table>

Table 8

Number of Students Graduated in the Last Academic Year

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Standard Deviation</th>
<th>Response Range</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Number</td>
<td>73.14</td>
<td>52</td>
<td>100</td>
<td>70.9</td>
<td>0-599</td>
</tr>
</tbody>
</table>

Respondents came from a variety of institutions across the nation (see Table 9). Participating in the study were 192 public institutions (49.7%) and 191 private institutions (46.5%). Combined institutions, not identified as specifically public or private, represent 0.8% of the response rate with three responses (The Carnegie Foundation for the Advancement of Teaching, 2007).
Table 9

Type of Institution

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Frequency of responses</th>
<th>Percent of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>192</td>
<td>49.7</td>
</tr>
<tr>
<td>Private</td>
<td>191</td>
<td>46.5</td>
</tr>
<tr>
<td>Combined</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Total Responses</td>
<td>386</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Benefits and Costs of Accreditation

Benefits of Accreditation

Benefits for small, medium, and large institutions. To discern any differences in accreditation benefit, institutions were categorized into small-, medium-, and large-sized programs based on graduation rates. Benefits for all categories ranged from moderate to high with recognition as a quality program being the highest benefit for small ($M = 4.65$), medium ($M = 4.75$), and large ($M = 4.6$) institutions. The lowest level of benefit was identified as the opportunity to network with colleagues. The opportunity to network with colleagues, although the lowest overall value still had a moderate to high benefit for small ($M = 3.49$), medium ($M = 3.495$), and large ($M = 3.26$) institutions.

For the medium- and large-sized institutions, significant differences in benefits identified were in leverage for negotiating for program resources ($p = .020$) and leverage for negotiating faculty resources ($p = .007$). The Tukey post hoc test identified significant differences between medium-sized programs ($M = 4.03, 3.98$) and large programs ($M = \ldots$)
3.63, 3.52) in leverage for negotiating program and faculty resources. All other benefits of accreditation identified demonstrated no significant difference, including the total benefit of accreditation (see Table 10).

Table 10

Benefits of Accreditation. Benefit Differences According to Institution Size

<table>
<thead>
<tr>
<th></th>
<th>Small n = 120</th>
<th>Medium n = 122</th>
<th>Large n = 123</th>
<th>Total n = 365</th>
<th>F-ratio</th>
<th>Sig.</th>
<th>Interpret</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition as a quality program (1)</td>
<td>4.65 ± 0.62</td>
<td>4.75 ± 0.50</td>
<td>4.60 ± 0.73</td>
<td>4.67 ± 0.63</td>
<td>1.90</td>
<td>.151</td>
<td>NS</td>
</tr>
<tr>
<td>Graduate access to higher education (2)</td>
<td>4.45 ± 0.77</td>
<td>4.53 ± 0.67</td>
<td>4.50 ± 0.80</td>
<td>4.50 ± 0.75</td>
<td>0.34</td>
<td>.710</td>
<td>NS</td>
</tr>
<tr>
<td>Promotes quality education (3)</td>
<td>4.14 ± 0.87</td>
<td>4.30 ± 0.79</td>
<td>4.20 ± 0.79</td>
<td>4.21 ± 0.82</td>
<td>1.22</td>
<td>.296</td>
<td>NS</td>
</tr>
<tr>
<td>Stimulus for program change (4)</td>
<td>3.72 ± 1.07</td>
<td>4.03 ± 1.05</td>
<td>3.88 ± 1.02</td>
<td>3.88 ± 1.05</td>
<td>2.64</td>
<td>.073</td>
<td>NS</td>
</tr>
<tr>
<td>Quality job placement for graduates (5)</td>
<td>3.74 ± 1.16</td>
<td>3.92 ± 1.02</td>
<td>3.95 ± 1.02</td>
<td>3.87 ± 1.07</td>
<td>1.38</td>
<td>.253</td>
<td>NS</td>
</tr>
<tr>
<td>Leverage for negotiating program resources (6)</td>
<td>3.81 ± 1.12</td>
<td>4.03 ± 1.05</td>
<td>3.63 ± 1.10</td>
<td>3.82 ± 1.10</td>
<td>3.94</td>
<td>.020*</td>
<td>S</td>
</tr>
<tr>
<td>Ability to recruit quality faculty (7)</td>
<td>3.69 ± 1.15</td>
<td>3.78 ± 1.11</td>
<td>3.89 ± 1.16</td>
<td>3.79 ± 1.14</td>
<td>0.93</td>
<td>.397</td>
<td>NS</td>
</tr>
<tr>
<td>Leverage for negotiating faculty resources (8)</td>
<td>3.76 ± 1.11</td>
<td>3.98 ± 1.14</td>
<td>3.52 ± 1.33</td>
<td>3.75 ± 1.14</td>
<td>4.96</td>
<td>.007*</td>
<td>S</td>
</tr>
<tr>
<td>Opportunity to network with colleagues (9)</td>
<td>3.49 ± 1.12</td>
<td>3.50 ± 1.22</td>
<td>3.26 ± 1.11</td>
<td>3.42 ± 1.15</td>
<td>1.69</td>
<td>.187</td>
<td>NS</td>
</tr>
<tr>
<td>Total Benefit</td>
<td>4.17 ± 0.83</td>
<td>4.25 ± 0.86</td>
<td>4.33 ± 0.687</td>
<td>4.25 ± 0.80</td>
<td>1.15</td>
<td>.318</td>
<td>NS</td>
</tr>
</tbody>
</table>

Note. Numbers in ( ) denote ranks based on total means. Survey results are interpreted as follows: 5 = Very high, 4 = High, 3 = Moderate, 2 = Little, 1 = Very little, 0 = None. S = significance less than or equal to .05
the Marshall Islands,” the last of which were not included in this study (U.S. Department of Education, 2006). These regions are larger than, but similar to, the Centers for Disease Control (CDC) identified regions of the country used for health-care initiatives and trend analysis.

Respondents identified moderate to high values for all benefit factors with the highest level being recognition as a quality program for all regions of the country. The Southern Association \( (M = 4.78) \) identified recognition as a quality program with the highest benefit value as did the Western Association \( (M = 4.74) \), North Central Association \( (M = 4.67) \), Northwest Commission \( (M = 4.61) \), Middle States Association \( (M = 4.59) \), and New England Association \( (M = 4.3) \), in descending order. Ranked second and tied as benefits of accreditation were graduate access to higher education and promoting quality education. Ranked third and tied as benefits for accreditation were quality job placement for graduates and a stimulus for program change. The regional total benefit means were lower than the institution size total benefit means but were of at least a moderate benefit. The opportunity to network with colleagues was again the lowest benefit for all options across all regions. Although it was the lowest value, the opportunity to network with colleagues still had, at a minimum, a moderate benefit for respondents from the New England Association \( (M = 3) \).

The regional accreditation sections demonstrated differences in benefits in three areas, the ability to recruit quality faculty \( (p = .009) \), recognition as a quality program \( (p = .034) \) and graduate access to higher education \( (p = .000) \). Using the Tukey post hoc test, differences were specifically identified between the Middles States Association \( (M = \)
3.83) and the New England Association ($M = 3$) for ability to recruit quality faculty. Differences were also noted between the Southern Association ($M = 4.78$) and the New England Association ($M = 4.3$) for recognition as a quality program. The Tukey test also demonstrated a significant difference between the North Central Association ($M = 4.63$), Southern Association ($M = 4.56$), and the Northwest Commission ($M = 4.85$) compared to the New England Association ($M = 4.04$), the Middle States Association ($M = 4.21$), and the Western Association ($M = 4.39$) on graduate access to higher education. No other benefits demonstrated a significant difference regionally (see Table 11).

Benefits of accreditation by institution type. Benefits of accreditation were identified by the different types of institutions: public, private, and combined (public, private, proprietary and/or other). When benefits were categorized by the type of institution, the highest benefit was the recognition as a quality program for public ($M = 4.61$), private ($M = 4.64$), and combined ($M = 4.67$) institutions. All identified benefits had moderate to high values, according to participants. The lowest benefit was the opportunity to network with colleagues, with the combined group having the lowest value ($M = 3$).

A difference was noted in the quality of job placements for graduates ($p = .016$). The Tukey post hoc test was used and significant differences were found with public institutions identifying a benefit for quality job placement for graduates with public ($M = 4.02$) being higher than private ($M = 3.72$). No other significant differences were identified (see Table 12).
Table 11

Benefits of Accreditation. Benefit Differences in Sections of the United States (Regional Accreditation Differences)

<table>
<thead>
<tr>
<th></th>
<th>Middle States</th>
<th>New England</th>
<th>North Central</th>
<th>North west</th>
<th>Southern</th>
<th>Western</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Recognition as a quality program (1)</td>
<td>4.59</td>
<td>0.74</td>
<td>4.30</td>
<td>1.19</td>
<td>4.67</td>
<td>0.57</td>
<td>4.61</td>
</tr>
<tr>
<td>Graduate access to higher education (2)</td>
<td>4.21</td>
<td>0.78</td>
<td>4.04</td>
<td>1.43</td>
<td>4.63</td>
<td>0.61</td>
<td>4.85</td>
</tr>
<tr>
<td>Promotes quality education (2)</td>
<td>4.02</td>
<td>0.91</td>
<td>4.22</td>
<td>0.85</td>
<td>4.16</td>
<td>0.79</td>
<td>4.42</td>
</tr>
<tr>
<td>Quality job placement for graduates (3)</td>
<td>3.69</td>
<td>0.95</td>
<td>3.39</td>
<td>1.53</td>
<td>3.88</td>
<td>1.03</td>
<td>4.00</td>
</tr>
<tr>
<td>Stimulus for program change (3)</td>
<td>3.79</td>
<td>1.07</td>
<td>3.96</td>
<td>0.71</td>
<td>3.8</td>
<td>1.11</td>
<td>3.77</td>
</tr>
<tr>
<td>Leverage for negotiating program resources (4)</td>
<td>3.82</td>
<td>1.22</td>
<td>3.65</td>
<td>0.93</td>
<td>3.89</td>
<td>1.04</td>
<td>3.85</td>
</tr>
<tr>
<td>Ability to recruit quality faculty (5)</td>
<td>3.83</td>
<td>1.02</td>
<td>3.00</td>
<td>1.62</td>
<td>3.85</td>
<td>1.08</td>
<td>3.76</td>
</tr>
</tbody>
</table>

*(table continues)*
Table 11 (continued)

Benefits of Accreditation. Benefit Differences in Sections of the United States (Regional Accreditation Differences)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Middle States</th>
<th>New England</th>
<th>North Central</th>
<th>North West</th>
<th>Southern</th>
<th>Western</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td></td>
</tr>
<tr>
<td>Leverage for negotiating faculty resources (6)</td>
<td>3.75  1.27</td>
<td>3.65  1.02</td>
<td>3.82  1.06</td>
<td>3.84  1.21</td>
<td>3.66  1.17</td>
<td>3.78  1.09</td>
<td>3.76  1.06</td>
</tr>
<tr>
<td>Opportunity to network with colleagues (7)</td>
<td>3.51  1.24</td>
<td>3.00  1.45</td>
<td>3.45  1.06</td>
<td>3.15  1.46</td>
<td>3.51  1.07</td>
<td>3.09  1.23</td>
<td>3.42  1.15</td>
</tr>
<tr>
<td>Total Benefit</td>
<td>4.15  .85</td>
<td>4.09  0.92</td>
<td>4.28  0.74</td>
<td>4.25  1.48</td>
<td>4.33  0.81</td>
<td>4.05  0.79</td>
<td>4.24  0.82</td>
</tr>
</tbody>
</table>

Note. S = significance less than or equal to .05
Middle States = Middle States Association (DE, D.C., MD, NJ, NY, PA, PR, VI)
New England = New England Association (CT, ME, MA, NH, RI, VT)
North Central = North Central Association (AZ, AR, CO, IL, IN, IA, KS, MI, MN, MO, NE, NM, ND, OH, OK, SD, WV, WI, WY and the Navajo Nation)
Northwest = Northwest Commission (AK, ID, MT, NV, OR, UT, WA)
Southern = Southern Association (AL, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA)
Western = Western Association (CA, HI, GU)
Numbers in (     ) denote ranks based on total means. Survey results are interpreted as follows: 5 = Very high, 4 = High, 3 = Moderate, 2 = Little, 1 = Very little, 0 = None. S = significance less than or equal to .05
Table 12

*Benefit Differences in Types of Institutions*

<table>
<thead>
<tr>
<th></th>
<th>Public $n = 188$</th>
<th>Private $n = 187$</th>
<th>Combined $n = 3$</th>
<th>Total n $n = 378$</th>
<th>F-ratio</th>
<th>Sig.</th>
<th>Interpret</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition as a quality program (1)</td>
<td>4.61 0.62</td>
<td>4.64 0.67</td>
<td>4.67 0.58</td>
<td>4.66 0.64</td>
<td>0.159</td>
<td>.853</td>
<td>NS</td>
</tr>
<tr>
<td>Graduate access to higher education (2)</td>
<td>4.52 0.70</td>
<td>4.46 0.80</td>
<td>4.33 1.16</td>
<td>4.49 0.75</td>
<td>0.491</td>
<td>.612</td>
<td>NS</td>
</tr>
<tr>
<td>Promotes quality education (3)</td>
<td>4.27 0.79</td>
<td>4.16 0.84</td>
<td>4.0 1.0</td>
<td>4.21 0.82</td>
<td>0.919</td>
<td>.400</td>
<td>NS</td>
</tr>
<tr>
<td>Quality job placement for graduates (4)</td>
<td>4.02 0.95</td>
<td>3.72 1.15</td>
<td>3.33 1.15</td>
<td>3.86 1.06</td>
<td>4.173</td>
<td>.016*</td>
<td>S</td>
</tr>
<tr>
<td>Stimulus for program change (4)</td>
<td>3.87 1.09</td>
<td>3.86 1.06</td>
<td>3.67 1.53</td>
<td>3.86 1.07</td>
<td>0.061</td>
<td>.941</td>
<td>NS</td>
</tr>
<tr>
<td>Leverage for negotiating program resources (5)</td>
<td>3.81 1.08</td>
<td>3.82 1.12</td>
<td>4.33 0.58</td>
<td>3.82 1.10</td>
<td>0.340</td>
<td>.712</td>
<td>NS</td>
</tr>
<tr>
<td>Ability to recruit quality faculty (6)</td>
<td>3.86 1.11</td>
<td>3.72 1.17</td>
<td>3.33 2.08</td>
<td>3.78 1.14</td>
<td>0.973</td>
<td>.379</td>
<td>NS</td>
</tr>
<tr>
<td>Leverage for negotiating faculty resources (7)</td>
<td>3.74 1.14</td>
<td>3.75 1.14</td>
<td>4.33 0.58</td>
<td>3.75 1.34</td>
<td>0.399</td>
<td>.671</td>
<td>NS</td>
</tr>
<tr>
<td>Opportunity to network with colleagues (8)</td>
<td>3.40 1.12</td>
<td>3.44 1.16</td>
<td>3.0 2.65</td>
<td>3.42 1.15</td>
<td>0.257</td>
<td>.774</td>
<td>NS</td>
</tr>
<tr>
<td>Total Benefit</td>
<td>4.34 0.78</td>
<td>4.15 0.86</td>
<td>4.0 3.00</td>
<td>4.24 0.83</td>
<td>2.292</td>
<td>.103</td>
<td>NS</td>
</tr>
</tbody>
</table>

*Note.* S = significance less than or equal to .05. Numbers in (     ) denote ranks based on total means. Survey results are interpreted as follows: 5 = Very high, 4 = High, 3 = Moderate, 2 = Little, 1 = Very little, 0 = None. S = significance less than or equal to .05
Additional benefits of accreditation identified by the baccalaureate nursing education administrators were “professional affiliation and access to their resources,” the “ability to attract qualified students,” “coherence and congruity in curriculum,” and it “brings faculty together” and “encourages teamwork.” Other benefits included the fact that it “forces programs to collect and analyze outcome data systematically” and assists the program to achieve “quality programming” and “meeting a national benchmark.” For students and graduates, being eligible for federal assistance programs such as military commission and financial aid were also mentioned. Benefits, both inside and outside the program of study, included accreditation being used as part of the funding formula at university and the state levels as well as “recognition of quality inside and outside the profession.” One respondent stated, “The negative of not being accredited is powerful” (Table 13). Ranked benefits of accreditation included:

1. affirmation and recognition of program quality \( (n = 188) \),
2. leverage for resources \( (n = 91) \), and
3. graduate access to jobs, opportunities, and higher education \( (n = 80; \) Table 14).

Administrators ranked the benefits from one to three, one being the highest value and three being the lowest value of the ranking. Table 14 is a summary of the highest number of administrator responses for each ranking.

**Cost of Accreditation**

*Cost factors of accreditation.* Cost factors included the commitment of time, resources, personnel, and other factors identified by respondents. The cost of accreditation in time and personnel was the most difficult for respondents to address,
Table 13

*Additional Benefits of Accreditation*

Additional benefits:

1. Professional affiliation and access to their resources
2. Ability to attract qualified students
3. Coherence and congruity in the curriculum
4. Brings faculty together; encourages teamwork
5. Forces programs to collect and analyze outcome data systematically
6. Achieving quality programming and meeting a national benchmark
7. Students and graduates are eligible for federal assistance programs (military commission, financial aid . . .)
8. The negative of not being accredited is powerful
9. Used as part of the university funding formula
10. Recognition of quality inside and outside the profession (builds credibility in the university)

Table 14

*Ranked Benefits of Accreditation*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Benefit</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Affirmation and recognition of program quality</td>
<td>188</td>
</tr>
<tr>
<td>#2</td>
<td>Leverage for resources</td>
<td>91</td>
</tr>
<tr>
<td>#3</td>
<td>Graduate access to jobs, opportunities, and higher education</td>
<td>80</td>
</tr>
</tbody>
</table>
according to multiple comments, such as “I don’t know,” and response rates. Response rates ranged from 310 to 365 respondents for these questions in the survey. The identified number of faculty committed to the accreditation process ranged from 1 to 100 with a mean of 15.63, and mode and median values of 10 faculty. The number of hours faculty committed to the accreditation process ranged from 2 to 2240 hours with a mean of 90.61, a median value of 40, and a mode of 20. Some comments addressed “100%” of the faculty participated but did not specify the number of faculty and were, therefore, not used for the frequency analysis.

The identified time commitment for administrators was much higher. The number of administrators involved in the process of accreditation ranged from 1 to 50 hours with a mean of 2.59, a median of 2, and a mode of 1. The number of hours administrators committed to accreditation ranged from 4 to 3640 hours. The mean hour commitment from administrators averaged 271.16 with a median of 120 and a mode of 100 hours.

Staff numbers committed to the accreditation process ranged from 1 to 400 staff members. The average number of staff members committed to the accreditation process was 6.396 with a median value of 2 and a mode of 1 staff member. The number of hours staff committed to the accreditation process ranged from 1 to 1875 hours. The mean number of hours staff committed to the accreditation process was 136.1 hours with a median value of 60 and a mode of 100 hours.

The number of faculty outside the nursing program who contributed to the accreditation process ranged from 0 to 60 with an average of 4, a median value of 3, and a mode of 0. The number of administrators outside the nursing program who contributed
to the accreditation process ranged from 0 to 30 with an average of 4.06, a median value of 3, and a mode of 2. The number of outside representatives contributing to the accreditation process ranged from 0 to 100 with an average of 9.63, a median value of 8, and a mode of 10 (see Table 15). The diversity in ranges reflect administrator responses from new or small nursing programs with few or limited resources as well as responses from administrators from very large programs with comparably enormous resources.

Table 15

Cost of Accreditation in Number of Personnel and Time Committed

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
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<th>Range of Response</th>
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<td>20*</td>
<td>201.80</td>
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<td>120</td>
<td>100</td>
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<td>4-3640</td>
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<td>100</td>
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<td>Number of Outside Representatives</td>
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<td>8</td>
<td>10</td>
<td>9.95</td>
<td>0-100</td>
<td>353</td>
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</table>

\*Multiple modes exist. The smallest value is shown.
Cost of accreditation for small, medium and large institutions. Differences in cost were identified according to institutional size. Institutions were identified as small, medium and large according to the number of graduates identified by respondents. Cost-item responses ranged from high to little cost. The highest cost value identified by all respondents was for administrative time with small ($M = 4.5$), medium ($M = 4.42$), and large ($M = 4.22$) institutions identifying this area as the highest cost. High to moderate costs were identified for administrative, faculty, and staff time; amount of resources committed to the process; total time committed; and the cost of tracking data across all sizes of institutions. The lowest level of cost depended on the institution’s size. For small institutions, the lowest level of cost was for difficulty with data collection ($M = 2.69$). For medium-sized institutions, the lowest level of cost was also for data collection but at a higher level ($M = 2.745$). For large institutions, the lowest level of cost was for risk of unemployment ($M = 2.37$).

Significant differences were noted in administrative time committed ($p = .013$), total time committed ($p = .005$), risk of unemployment ($p = .004$), and total cost ($p = .001$). The Tukey post hoc test was used to identify where differences occurred. Administrative time committed was significantly higher for small institutions ($M = 4.5$) compared to large institutions ($M = 4.22$). Faculty time committed was significantly higher for medium institutions ($M = 3.67$) compared to large institutions ($M = 3.38$). Total time committed was significantly higher for small ($M = 4.29$) and medium institutions ($M = 4.22$) compared to large institutions ($M = 3.99$). Risk of unemployment was significantly higher for small ($M = 2.93$) and medium institutions ($M = 3.02$).
compared to large institutions ($M = 2.37$). Total cost was significantly higher for small institutions ($M = 3.996$) compared to large institutions ($M = 3.66$). No significant difference in costs was noted for other factors. Perception of total cost ranged from a mean of 3.66 for large institutions to a mean of 4 for small institutions (Table 16).

*Cost of accreditation by region.* Costs of accreditation identified by different regions of the United States were categorized by using regional accrediting bodies as identifiers. The highest level of cost was administrative time committed to the accreditation process where all regions identified the cost as high toward very high with the range of means being 4.24 to 4.73. Cost was identified as moderate to high for administrative, faculty and staff time, amount of resources committed to the process, total time committed, and the cost of tracking data across all regions. The lowest level of cost depended upon the region. The risk of unemployment had the lowest level of cost for those in the Middles States ($M = 2.52$), New England ($M = 2.71$), and Western ($M = 2.43$) regions. Difficulty with data collection had the lowest level of cost for those in the North Central ($M = 2.64$), Northwest ($M = 2$), and Southern ($M = 2.77$) regions.

The only significant difference demonstrated was in the cost of tracking data ($p = .049$). Data-tracking costs were higher for the Middle States Association ($M = 3.87$) when compared to the North Central ($M = 3.54$) and Southern Associations ($M = 3.53$). Perception of total cost ranged from a mean of 3.73 for Northwest Commission institutions to a mean of 4.14 for New England Association institutions. No other significant differences were demonstrated (see Table 17).
### Table 16

**Cost of Accreditation: Differences in Cost for Institutional Size**

<table>
<thead>
<tr>
<th></th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
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<th>F-ratio</th>
<th>Sig</th>
<th>Interpret</th>
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</table>

*Note. S = Significance at less than or equal to .05. Numbers in ( ) denote ranks based on total means. Survey results are interpreted as follows: 5 = Very high, 4 = High, 3 = Moderate, 2 = Little, 1 = Very little, 0 = None. S = significance less than or equal to .05*
Table 17

*Difference in Cost for Section of the United States*

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*(table continues)*
Table 17 (continued)

*Difference in Cost for Section of the United States*

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</table>

*Note.* S = Significance of less than or equal to .05

Middle States = Middle States Association (DE, D.C., MD, NJ, NY, PA, PR, VI)

New England = New England Association (CT, ME, MA, NH, RI, VT)

North Central = North Central Association (AZ, AR, CO, IL, IN, IA, KS, MI, MN, MO, NE, NM, ND, OH, OK, SD, WV, WI, WY and the Navajo Nation)

Northwest = Northwest Commission (AK, ID, MT, NV, OR, UT, WA)

Southern = Southern Association (AL, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA)

Western = Western Association (CA, HI, GU)

Numbers in ( ) denote ranks based on total means. Survey results are interpreted as follows: 5 = Very high, 4 = High, 3 = Moderate, 2 = Little, 1 = Very little, 0 = None. S = significance less than or equal to .05
The costs of accreditation were also identified by the different types of institutions: public, private, and combined; public, private, proprietary and/or other (The Carnegie Foundation for the Advancement of Teaching, 2007b). For all three major types of institutions, administrative time committed was the predominant factor and was identified at a high level of cost. Moderate to high levels of cost were also identified by all three groups for administrative, faculty and staff time, amount of resources committed to the process, total time committed and the cost of tracking data. The lowest level of cost was in difficulty of data collection for public institutions ($M = 2.69$). The lowest level of cost was risk of unemployment for private ($M = 2.7$) and combined ($M = 2.67$) institutions. The only significant difference in cost for these groups was identified in administrative time committed ($p = .028$). Administrative time committed was significantly higher in private institutions ($M = 4.48$) compared to public institutions ($M = 4.27$), according to the Tukey post hoc test. Perception of total cost ranged from a mean of 3.77 for public institutions to a mean of 4.33 for combined institutions. No other significant differences were demonstrated (see Table 18).

Other cost factors. Data-collection concerns were articulated from respondents ($n = 250$). The priority concern was “difficulty with data collection” and “organizing the data” ($n = 149$). This included a lack of organized and systematic data collection. The second major concern was difficulty with “aggregation” and “data analysis” ($n = 37$). The third concern in regard to data collection was a “lack of communication” and “coordination between departments” and technological systems ($n = 29$). Other data-collection concerns identified by respondents were “changes in expectations” from
### Table 18

*Difference in Cost for Type of Institution*

<table>
<thead>
<tr>
<th></th>
<th>Public</th>
<th>Private</th>
<th>Combined</th>
<th>Total n</th>
<th>F-ratio</th>
<th>Sig</th>
<th>Interpret</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 186</td>
<td>n = 181</td>
<td>n = 3</td>
<td>n = 370</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Administrative Time</td>
<td>4.27</td>
<td>0.75</td>
<td>4.48</td>
<td>0.72</td>
<td>4.33</td>
<td>1.15</td>
<td>4.38</td>
</tr>
<tr>
<td>Committed (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Time</td>
<td>4.07</td>
<td>0.77</td>
<td>4.25</td>
<td>0.72</td>
<td>4.00</td>
<td>1.00</td>
<td>4.16</td>
</tr>
<tr>
<td>Committed (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of Resources</td>
<td>3.81</td>
<td>0.81</td>
<td>3.9</td>
<td>0.82</td>
<td>3.33</td>
<td>1.53</td>
<td>3.85</td>
</tr>
<tr>
<td>Committed (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of Tracking Data</td>
<td>3.61</td>
<td>0.95</td>
<td>3.66</td>
<td>0.96</td>
<td>4.00</td>
<td>1.73</td>
<td>3.64</td>
</tr>
<tr>
<td>Committed (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Time</td>
<td>3.53</td>
<td>0.86</td>
<td>3.54</td>
<td>0.86</td>
<td>3.33</td>
<td>0.58</td>
<td>3.54</td>
</tr>
<tr>
<td>Committed (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Time</td>
<td>3.32</td>
<td>1.01</td>
<td>3.51</td>
<td>1.11</td>
<td>3.33</td>
<td>1.15</td>
<td>3.41</td>
</tr>
<tr>
<td>Committed (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of Unemployment</td>
<td>2.82</td>
<td>1.74</td>
<td>2.7</td>
<td>1.57</td>
<td>2.67</td>
<td>0.58</td>
<td>2.76</td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty with Data</td>
<td>2.69</td>
<td>1.04</td>
<td>2.74</td>
<td>1.02</td>
<td>3.00</td>
<td>1.00</td>
<td>2.72</td>
</tr>
<tr>
<td>Collection (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost</td>
<td>3.77</td>
<td>0.74</td>
<td>3.91</td>
<td>0.67</td>
<td>4.33</td>
<td>1.15</td>
<td>3.85</td>
</tr>
</tbody>
</table>

*Note.* S = Significance of less than or equal to .05. Numbers in (   ) denote ranks based on total means. Survey results are interpreted as follows: 5 = Very high, 4 = High, 3 = Moderate, 2 = Little, 1 = Very little, 0 = None. S = significance less than or equal to .05.
accrediting and governmental bodies, poor return rates from all sources (graduates, employers, and faculty at times), general data-tracking difficulties (would not track data, could not track data due to administrative, technology, or program changes, a lack of articulation), changes in expectations from accrediting and governmental bodies, and a lack of support (see Table 19).

Additional costs of accreditation identified by baccalaureate nursing education administrators included a host of factors \( (n = 171) \). Responses from open-ended question were analyzed for common themes or concepts and then counted to determine frequency of responses. The most often cited additional cost was in regard to document management systems including “printing,” “duplication,” “computer access,” audio and visual applications \( (n = 70) \). The second added cost was “hospitality” including “travel,” “lodging,” “meals,” “catering,” and “receptions” \( (n = 45) \). The third additional cost was time, including the time of faculty, staff, and administration above and beyond preparation for the visit as well as “overtime” for involved personnel \( (n = 42) \). Other factors were less in number \( (n = 14; \) see Table 20).

Cost and benefit comparison. Cost and benefit comparison demonstrated a correlation coefficient of -.152 which was significant at a .01 level. This relationship was very weak, although significant statistically. When the operational budgets were compared to the total cost and total benefit, no significant relationship was identified (see Table 21).
Table 19

*Reasons for Difficulty With Data Collection*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Data Collection Difficulty</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Difficulty with “data collection” and “organizing the data”</td>
<td>149</td>
</tr>
<tr>
<td></td>
<td>a. Lack of “organized” and “articulated” “data collecting systems”</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Difficulties with “aggregation of data” and “data analysis”</td>
<td>37</td>
</tr>
<tr>
<td>3</td>
<td>“Lack of communication” and “coordination between departments” and technological systems</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Other Some are combined responses</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Poor data return from all sources—“graduates,” “employees,” “faculty at times”</td>
<td>17</td>
</tr>
<tr>
<td>5</td>
<td>Data tracking difficulties—would not track data, could not track data due to system, administrative, technology or program changes</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>“Changes” in expectations from “accrediting” and governmental bodies</td>
<td>12</td>
</tr>
<tr>
<td>7</td>
<td>“Lack of support” (department, college, university, other)</td>
<td>5</td>
</tr>
</tbody>
</table>

Total number of respondents = 250
Table 20

*Additional Costs of Accreditation*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Data Collection Difficulty</th>
<th>Number of Respondents</th>
</tr>
</thead>
</table>
| 1    | Document management systems  
a. “Printing”  
b.” Duplication”  
c. “Computer Access”                      | 70                    |
| 2    | “Hospitality”  
a. “Travel”  
b. “Lodging”  
c. “Meals”  
d. “Catering”  
e. “Receptions”                  | 45                    |
| 3    | Time – above and beyond preparation for the accreditation visit  
a. “Faculty time”  
b. “Staff time”  
c. “Administration time”  
d. “Overtime”                 | 42                    |
| 4    | Others                                                                                   | 14                    |
|      | Total                                                                                     | 171                   |
**Table 21**

*Cost and Benefit Comparison*

<table>
<thead>
<tr>
<th></th>
<th>Total Benefit</th>
<th>Total Cost</th>
<th>Operational Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.152**</td>
<td>-.037</td>
</tr>
<tr>
<td>Significance</td>
<td>.005</td>
<td>.588</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>358</td>
<td>347</td>
<td>216</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.152**</td>
<td>1</td>
<td>-.040</td>
</tr>
<tr>
<td>Significance</td>
<td>.005</td>
<td>.556</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>347</td>
<td>370</td>
<td>223</td>
</tr>
<tr>
<td><strong>Operational Budget</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.037</td>
<td>-.040</td>
<td>1</td>
</tr>
<tr>
<td>Significance</td>
<td>.588</td>
<td>.556</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>216</td>
<td>223</td>
<td>231</td>
</tr>
</tbody>
</table>

**Correlation is significant at the .01 level (2 tailed)**

**Funding factors.** Operational budgets were difficult for respondents to articulate, with a number of administrators answering that “I do not know” the operational budget (n = 81). Ranges of operational budgets, for those who were able to identify the operational budget, were from $9,000 to $24,000,000 (n = 231). The average operational budget was $2,146,719 with a median value of $800,000 and a mode of 1,000,000 (see Table 22).

Sources of funding for accreditation were identified by the baccalaureate nursing education administrators with the largest response being a planned item for that year’s budget (n = 239). The second-largest source of funding was a central administration one
Table 22

**Operational Budgets for Baccalaureate Nursing Education Programs**

<table>
<thead>
<tr>
<th></th>
<th>Operational Budget (in US dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2,146,719</td>
</tr>
<tr>
<td>Median</td>
<td>800,000</td>
</tr>
<tr>
<td>Mode</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>3,697,648</td>
</tr>
<tr>
<td>Minimum</td>
<td>9,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>24,000,000</td>
</tr>
<tr>
<td>Number of Responses</td>
<td>231</td>
</tr>
<tr>
<td>I don't know</td>
<td>81</td>
</tr>
</tbody>
</table>

I don’t know (n = 81). The third-largest response was from savings throughout the years from the nursing budget (n = 26). The fourth-highest source of funding was from sponsored funds such as endowments and benefactors (n = 16). The fifth-highest source of funding was from no identified source (n = 8). Other budgetary sources were from the higher administrative level (n = 4) and membership fees being included in the budget (n = 2; see Table 23).

*Administrator recommendations for change.* The most often cited recommended change to the accreditation process or visit was a longer time between accreditation visits or reports, especially for those programs historically in good standing. The second most frequently cited recommendation was clearer simplified expectations. The third most
Table 23

Sources of Funding for Accreditation

<table>
<thead>
<tr>
<th>Sources of Accreditation Funding</th>
<th>Frequency of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned item for that year’s budget (1)</td>
<td>239</td>
</tr>
<tr>
<td>Central Administration on time bequest (2)</td>
<td>181</td>
</tr>
<tr>
<td>Savings throughout years from the nursing budget (3)</td>
<td>26</td>
</tr>
<tr>
<td>Sponsored funds (endowment, benefactor, etc.) (4)</td>
<td>16</td>
</tr>
<tr>
<td>No defined source (5)</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Budget from higher administrative level (6)</td>
<td>4</td>
</tr>
<tr>
<td>Membership fees are included in the budget (7)</td>
<td>2</td>
</tr>
</tbody>
</table>

Note. Numbers in (     ) denote ranks based on frequency of responses.

frequently cited recommendation was to have site visitors be consistent in their expectations and constructive in their approach. The fourth most frequently cited recommendation was to use technology to decrease costs. The fifth most frequently cited recommendation was to coordinate visits with all programs and other accrediting and approval bodies (state boards of nursing) to decrease costs (see Table 24).

Is the cost worth the benefit? When comparing the cost of accreditation to the benefit of accreditation, there were 235 total responses. Of those responses, 116 identified the cost as equaling the benefit or “worth it.” Those identifying the “cost as greater than the benefit” were 34 responses. Respondents identifying the “benefit as
Table 24

Recommended Changes in the Accreditation Process or Visit

<table>
<thead>
<tr>
<th>Rank</th>
<th>Recommended Changes in the Accreditation Process</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Longer time between visits / reports</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>Clearer simplified expectations</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Site visitors need to be consistent in expectations and constructive in approach</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Use technology to decrease costs</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Coordinate visits with all programs and other accrediting and approval bodies to decrease costs</td>
<td>3</td>
</tr>
</tbody>
</table>

greater than the cost” were 32. Those identifying accreditation as “necessary” or the “cost of doing business” were 27 responses. The potential of accreditation to “negatively impact small budgets” was identified by 2 respondents (see Table 25).

Summary

The results of data analysis identified in this chapter have demonstrated significant differences in accreditation experiences for baccalaureate nursing education administrators in certain sectors of the country, different types of institutions, and different sizes of institutions. Although most administrators identified moderate to very high benefit to the accreditation process, there were factors in the process that administrators recommended should be improved. The total cost of accreditation was difficult for respondents to address. Gratefully, many respondents found the accreditation...
Table 25

*Administrator Perspective on the Cost and Benefit of Accreditation*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Administrator Perspective</th>
<th>Frequency of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cost equals benefit (“worth it”)</td>
<td>116</td>
</tr>
<tr>
<td>2</td>
<td>“Cost greater than benefit”</td>
<td>34</td>
</tr>
<tr>
<td>3</td>
<td>“Benefit greater than cost”</td>
<td>32</td>
</tr>
<tr>
<td>4</td>
<td>“Necessary” (“cost of doing business”)</td>
<td>27</td>
</tr>
<tr>
<td>5</td>
<td>Potential to “negatively impact small budgets”</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total number of responses</td>
<td>235</td>
</tr>
</tbody>
</table>

process and its components important enough to try to articulate those cost concerns. Factors in accreditation processes that make it beneficial, costly, and difficult are further addressed in the following chapter.
CHAPTER V
SUMMARY, DISCUSSION, AND CONCLUSIONS

Introduction

The escalating costs of education and the ability of institutions to provide quality education were the impetus for this study. This chapter further supports, discusses, and applies the findings in Chapter 4 in regard to the cost and benefit of baccalaureate nursing education accreditation from the perspective of nursing administrators. The purpose of this study was to determine the costs and benefits of baccalaureate nursing education accreditation. To this end, the research questions focused on the perceived costs, the perceived benefits, and the perceived differences in costs and benefits related to baccalaureate nursing program accreditation according to the nursing administrators. The study also examined the extent to which differences in accreditation costs and benefits are a function of institutional size, institutional location, and institutional type or sector.

Summary of Findings

The summary of findings articulates the results of this study according to the research questions. The content for this section is organized according to the perceived benefits of accreditation, costs of accreditation, and differences in cost and benefit of accreditation. The general findings from this study are presented in this section and further observations are found in the Discussion section.
Research Question 1: Costs of Accreditation.

The first research question asked: What are the costs of accreditation? Costs of accreditation were perceived by nursing administrators as moderate to high as a whole. In all groupings of subjects, the highest identified cost was in administrative time. Total time committed to the accreditation process was identified as second in all respondent groupings.

Significant differences were found in the level of administrative time committed to accreditation, total time committed, level of job security (risk of unemployment), and the total cost of accreditation for different-sized institutions. The level of administrative time committed to accreditation was significantly higher for smaller institutions compared to large institutions. The level of faculty time committed to accreditation was significantly higher for medium-sized institutions compared to large institutions. The total time committed to the accreditation process and the risk of administrator unemployment was significantly higher for both small- and medium-sized institutions compared to large institutions. The total cost of accreditation was significantly higher for small institutions compared to large institutions.

A significant difference was demonstrated regionally in the cost of tracking data. Costs for tracking data were significantly higher for the Middle States Association compared to the North Central and Southern Associations. No other significant difference was found and the ranking of costs beyond administrative time and total time committed to accreditation varied by region.
For public, private, and combined institutions, a significant difference was found in administrative time committed to the accreditation process. The respondents from private institutions perceived administrative time committed to accreditation to be significantly higher than public institution respondents. Participants identified additional costs in document management systems, “hospitality,” and extra “time” above the initial commitment of time for accreditation preparation.

*Research Question 2: Benefits of Accreditation*

The second research question asked: What are the benefits of accreditation? Generally, benefits of accreditation were perceived by nursing administrators as high to very high. In all groupings, recognition as a quality program was the most important benefit. There were significant differences in nursing administrator perceptions for faculty and program resources. Medium-sized institutions had higher levels of benefit for both program and faculty resources than either the small or large institutions.

Significant regional differences in benefit were perceived by nursing administrators in ability to recruit quality faculty, recognition of the nursing program as a quality program, and graduate access to higher education. The Middle States Association had a significantly higher benefit in recruiting quality faculty than the New England Association. For recognition as a quality program, the Southern Association had a significantly higher benefit compared to the New England Association. Interestingly, the New England Association, the Middle States Association, and the Western Association had a higher benefit in graduate access to higher education than the North Central Association, the Southern Association, and the Northwest Commission.
For public, private, and combined institutions, a significant difference was identified in quality job placements for graduates. The public institutions had a higher benefit in quality of job placement for graduates compared to private and combined institutions. Of the additional benefits identified by nursing administrators, “professional affiliation and access to their resources” and the “ability to attract quality students” were the top two benefits.

Research Questions 3 and 4: Differences in Cost and Benefit.

The third and fourth research questions asked about the perceived differences in costs and benefits related to accreditation. The differences in cost and benefit according to institutional size, institutional location, and institutional type are addressed above. There was a significant negative relationship between total cost and total benefit. Although this relationship was significant, it was very weak. The majority of respondents perceived the cost of accreditation as equal to the benefit of accreditation. For those programs in states where accreditation is mandatory, accreditation is truly “the cost of doing business” as articulated by participants. Those programs do not have a choice in accreditation for the program to exist. For programs located in states where accreditation is voluntary for a nursing program to exist, accreditation can be the cost of competing at a local, state, or national level. Meeting national standards or benchmarks was identified as a major benefit of accreditation by respondents.

Discussion

The literature supports many of the observations and perceptions of the nursing administrators in regard to accreditation. In the United Kingdom, the higher education
councils were charged with “securing value from public investment,” “encouraging improvements in the quality of education,” and “providing, through the publication of reports, effective and accessible public information on the quality of education” (Marshall, 2002, p. 141). These recommendations presuppose that there is a common agreement on what is a “quality education.” Higher education in the United States is in the same quandary; identifying quality indicators that apply to the most diverse of disciplines and that also meet public need and demands. The nursing administrators in this study are aware of the need for quality indicators and, through their responses, it is clear that those who responded to the survey value professional accreditation. The concerns voiced about accreditation related predominantly to the amount of time and resources committed to the process that, at times, are perceived as being diverted from the institution’s mission to educate its constituencies. The redistribution of resources from meeting program and student needs to addressing accreditation expectations is not specific to the profession of nursing but a concern for any program or university under the auspices of accreditation.

Discussion of Costs of Accreditation

Demographic information and cost. All sections of the United States were represented in this study. The baccalaureate nursing education administrators who responded had at least a master’s level of education. Respondents were predominantly female, which is consistent with the national data on nurses in the United States. The largest group of participants by degree was the administrators with a doctorate of philosophy (Ph.D.). “The average age of nurse educators holding Ph.D.s is almost fifty
four” and many administrators were or are also faculty members (La Rocco, 2006, p. 39).
In this study, the majority of baccalaureate nursing education administrator respondents
held doctoral degrees, either PhDs or EdDs. Those participants who were identified as
full professors were 3.5% of the sample, whereas there were only 0.4% of associate
professors and 0.3% of assistant professors represented. According to the 2005 American
Association of University Professors’ “survey of faculty compensation,” the “average
salary of a full professor at a baccalaureate institution was $74,408; the average salary of
an associate professor was $57,468;” “for assistant professors, it was $47,834 ” (La
Rocco, 2006, pp. 39-40). The majority of respondents had a terminal degree and
experience in education but did not hold a faculty rank.

The majority of positions held by respondents were deans, chairpersons, and
directors, which articulates their positions as postsecondary education administrators.
According to national estimates from the U.S. Department of Labor (2006),
postsecondary education administrators make a “mean annual wage” of “$77,580” and a
median annual wage of “$69,400,” with a “mean hourly wage” of “$37.30” and a median
hourly wage of “$33.36.” The postsecondary “instructors and teachers” serving under
these administrators make a “mean annual wage” of “$56,300” and a median annual
wage of “$52,720” (U.S. Department of Labor, 2006, p. 1). Dividing these numbers by
the standard 2,080 hours per year for a full-time employee provides a mean hourly wage
of $27.07 and a median hourly wage of $25.35 for faculty. For executive secretaries and
administrative assistants working with academic administrators, their “mean annual
wage” is $37,350 and “median annual wage” is “$35,550” with a “mean hourly wage” of
“$17.96” and a median hourly wage of “$17.09” (p. 1). These data are important due to the number of hours these people commit to the accreditation process.

According to the data from respondents, a median number of two administrators committed 120 hours to the accreditation process. At a minimum, using the data above, is a resulting investment of $4,003.20 of administrator time for full-time administrators in the accreditation process resulting in a total median cost of $8,006.40. Faculty committed to the accreditation process a median of 40 hours per faculty member with a median number of 10 faculty participating. Using the median cost of full-time faculty nationally, this would result in a faculty investment of $1,014 per faculty member with a total median cost for faculty time of $10,140. Staff hours committed to the accreditation process had a median value of two staff persons with a median time of 60 hours for each staff member. Using the median cost of full-time staff nationally, this would result in an investment of $1,025.40 per staff member with a total median cost for staff time of $2,050.80. The final result would be a total median investment of $20,197.20 in time committed to the accreditation process by administrators, faculty, and staff in the program.

The time committed to accreditation by faculty, staff, and administrators outside the nursing program was also articulated by participants. Although titles and positions of those involved were not requested, the number of those who participated in the accreditation process was articulated. The number of participating faculty outside the program was a mean number of 4 faculty, a median of 3 faculty, and a mode value of zero faculty members. The number of participating administrators outside the program
was a mean of 4.06 administrators, a median of 2 administrators, and a mode of 2
administrators. Other participating representatives outside the program were identified as
a mean of 9.63 representatives, a median of 8 representatives, and a mode of 10
representatives. The cost of faculty, staff, administrator, and representative time as well
as the cost of hospitality, travel, and document management systems are fees above and
beyond the standard fees charged by professional accreditation bodies.

Another demographic observation was the different sizes of groups analyzed.
Mode, median, and mean values were compared to identify central tendency in
administrator perceptions. Responses were also ranked based on the total average
response for Likert scale questions. Range was used to identify variability in responses.
Ranges were wide due to the diverse types, sizes and resources of programs. Analysis of
variance (ANOVA) was used to determine if there were any significant differences in
perceptions between groups of administrators. Some differences in costs and benefits
were identified.

The response rate to the survey was surprisingly high (56.7%). There was a
concern that this is a politically sensitive topic and that administrators might be
uncomfortable answering questions about accreditation. The participants, by definition,
are elite, decisive, and busy people. The fact that participants took the time to complete
the survey, often with detailed responses, says a great deal about the importance of the
topic to them. Unfortunately, those programs without accreditation, which the author
thought would benefit most from this survey and its results, were not well-represented
(only 1.8% of the total participants). Additionally, 75% of participants requested a
summary of results to be sent to them at the conclusion of the study. This also speaks to the integrity of the subjects, most of whom are registered nurses. Nurses have been perceived by the public as one of the most trustworthy groups of people (65%) by the American populous compared to a number of other professions (Hughes, 2004). The data supporting the integrity of registered nurses, especially when a registered nurse administrator is required criteria for accreditation, may also support the high return rate on this survey.

Experience with the accreditation process was evident in respondents as 70.8% of respondents had participated in one or more accreditation visits. Within the past seven years, 93.5% of the programs whose administrators responded to the survey had been accredited. Administrators who responded to the question about the level of accreditation also had a 96.8% rate of having full accreditation.

Discussion of Benefits of Accreditation

Of those who responded, the majority were accredited by the Commission on Collegiate Nursing Education (CCNE). According to the nursing administrators, the most important reason that programs chose the accrediting body they did was that the accrediting body was consistent with regional or professional trends. The rationale most often identified was in support of baccalaureate nursing as entry level into the profession. The controversy over educational preparation for entry into the nursing profession has a long history in nursing. CCNE only accredits baccalaureate or higher level nursing programs lending support for baccalaureate level of entry into the nursing profession. NLNAC accredits all levels of nursing programs. Therefore, NLNAC gives all types of
nursing programs, diploma, associate degree, and licensed vocational nursing programs the opportunity to demonstrate that they meet quality standards. For nursing programs affiliated with multiple entry levels into nursing, NLNAC may be considered more cost effective, especially for programs with limited resources. This was one of the rationales for choosing NLNAC, as documented by a number of respondents.

The types of nursing programs represented in this study were varied. There were new programs, as well as those programs with long standing histories in higher education. Universities were represented by small, medium, and large universities with graduation rates ranging from zero for new programs to 599 graduates per academic year. Public and private universities represented the majority of respondents with only 3 combined programs represented. All regions of the country were represented.

When addressing benefits of accreditation according to program size, there was no significant difference for most of the criteria. The two factors that demonstrated significant differences were related to negotiating for resources. Medium-sized programs had a significantly higher benefit in negotiating for faculty and program resources than the larger or smaller programs. This may be a function of the availability of resources. Smaller programs may not have as many resources with which to negotiate and larger programs may not need to negotiate as much because more resources are available. The exact reason for these differences was not addressed in this study.

_Discussion of Identified Benefits_

Regional differences in benefits were reflective of a variety of contributing factors, even though the benefits of accreditation were identified by respondents, on
average, as moderate to just above high. Middle States Association respondents identified a significantly higher benefit for faculty recruitment than the New England Association respondents. Middle States Association programs have a smaller shortage of nurses compared to the New England Association and, therefore, more competition and opportunity to hire nursing faculty (Health Resources and Services Administration, 2002). The shortage of nurses that is projected to spread to almost all sections of the country is a function of “demand,” “recruitment,” “retirement,” and “retention” issues, not just one factor (Unruh & Fottler, 2005).

A significant difference was noted in accreditation demonstrating the nursing program as a quality program, with the Southern Association identifying a significantly higher benefit in recognition as a quality program than the New England Association programs. More of the New England Association states may have an expectation that accreditation is mandatory for a nursing program to exist in those states due to New England having a long-standing history of collegiate programs in the United States and a public expectation of quality programs. The Southern Association, where not as many states may mandate programs to be accredited for existence or where the historical collegiate perspective is more recent, may have more informal latitude in the choice of accreditation, and, therefore, accreditation may carry more weight to be recognized as a quality program in the Southern Association. The exact reason for these differences was not addressed in this study.

Graduate access to higher education also demonstrated significant differences in regions. The North Central Association, the Southern Association, and the Northwest
Commission identified a significantly higher benefit than other regions of the country for graduate access to higher education. In general, for respondents, these areas of the country have comparatively larger numbers of graduate programs or larger numbers of students in these graduate nursing programs and therefore competition would be higher for graduate school students in these regions (Nursing Graduate School Directory, 2006). In a more competitive environment, accreditation of the undergraduate program would be one more factor for a graduate program to consider in ranking applicants.

For public, private, and combined institutions, there was one significant difference noted by participants. Public institutions identified a significantly greater benefit in quality job placements for graduates than private institutions in regard to accreditation. This may be a result of public perception about public versus private programs and the constituencies that support them. Historically, private schools were considered better schools than public schools and, therefore, were perceived to produce higher quality graduates (Economist, 2004; Scardino, 2000). Accreditation of a graduate’s baccalaureate nursing program may give a public school graduate a competitive edge that might not be as necessary for a private school graduate. Hospitals or health-care systems may have a private affiliation that supports and hires “their own” private school graduates. The majority of health care institutions are privately owned, although most obtain state or federal funding for their clients (Hawkins, Rudy, & Nicolich, 2005, pp. B2-B3).

First among the recognized additional benefits was professional affiliation and access to resources. Professional accrediting bodies provide support, guidance, and
information on a national level to assist programs and professionals to define and measure quality parameters. Both CCNE and NLNAC have mentoring processes for new programs seeking accreditation to promote the program’s success in accreditation.

Second, the ability to attract qualified students is a major factor in a competitive environment. The need for coherence and congruity in the nursing program curriculum was voiced by participants. The accreditation process was perceived as encouraging teamwork among faculty and greater collaboration with each other. Communication and cooperation among faculty, administrators, and disciplines are vital to have a fluid and articulated curriculum in a challenging fiscal environment (Woods, Phan, & Jones, 2006, pp. 57-60). Other benefits, identified as systematically collecting and analyzing outcome data and meeting a national benchmark, are related to each other as the nursing program needs outcome or process data to support and defend the program’s ability to earn accreditation status.

The most important benefit of accreditation according to respondents is the affirmation and recognition of program quality. Second in importance was leverage for resources. Last of the ranked benefits was graduate access to jobs, opportunities, and higher education. These benefits were all rated as moderate to very high benefits in the survey.

Discussion of Identified Costs

For baccalaureate nursing education programs of varying sizes, significant differences were noted in administrative time committed, total time committed, risk of unemployment, and total cost. Administrative time was identified as significantly higher
for smaller institutions compared to large institutions. Faculty time was identified as significantly higher for medium-sized institutions compared to larger institutions. Therefore, when looking at total time committed to the accreditation process, administrators from small- and medium-sized institutions perceived that they committed a significantly larger amount of time to the accreditation process than administrators from large institutions. This difference may be a function of access, or lack of access, to personnel resources, with larger institutions having more personnel at their disposal to dedicate to the accreditation process. The exact reason for these differences was not addressed in this study.

Given this disparity in perceived personnel time committed to accreditation, administrators from small and medium-sized institutions invest a larger amount of time to accreditation than those administrators from large institutions. The identified risk of unemployment for administrators from small- and medium-sized institutions also being significantly higher than for those from large institutions is a factor that is a real concern for administrators. This factor, although demonstrating a mean value of little to moderate cost in relation to accreditation, has potential to be a major motivator or detriment for an administrator whose job is at risk if accreditation is not achieved. Although total cost was significantly higher for small institutions compared to large institutions, the mean values were between moderate to high for both types of institutions. Smaller institutions may have fewer resources at hand to address accreditation expectations and therefore the perception may be that the cost is higher compared to the resources at hand. The exact reason for these differences was not addressed in this study.
For regional cost differences, there were between low and moderate costs for data collection to high costs for administrative time. The only significant difference was demonstrated between the Middle States Association and the North Central and Southern Associations. The Middle States Association had a higher cost for data tracking than the North Central and Southern Associations. This may be due to regional accreditation bodies and state boards of nursing having different expectations for outcome or process data for accreditation and approval. The exact reason for these differences was not addressed in this study. The concern about different expectations from governing and accrediting bodies was voiced as a recommendation for improvement by participants.

Another contributing factor may be a lack of compatible or appropriate technology to ensure ease and consistency of data collection, analysis, and transfers to the appropriate personnel (Hawkins et al., 2005). In a national study to determine collegiate use and support of technology, Hawkins et al. found that support for technology and use in the collegiate educational setting had increased over the previous year. In reviewing the technology functions that report to the top instructional technology administrator, only 23.5% of the 890 reporting colleges identified research computing as a component of their technology initiatives (Hawkins et al., p. 4). These data support the baccalaureate nursing education administrator observations that there are concerns about data collection, aggregation of data, and data analysis for accreditation. In this regard, there is a relatively small commitment of technology for research and data collection, trending, and analysis compared to the multiplicity of functions in which technology is used in the collegiate setting.
In the open-ended question about data collection, concerns also were voiced with
difficulty in data collection and organizing the data as the primary concern. Specific to
this concern were the subsequent problems with aggregation of data and data analysis.
Once the data were gathered and analyzed, the focus was on communication concerns
about the data. These concerns begin with a lack of communication and coordination
between departments and technology then progress to communication concerns with
changes in expectations from accrediting and governmental bodies. These difficulties
were also voiced in a constructive manner as recommendations for change in the
accreditation process. Interpersonal concerns were voiced in poor return rates on surveys
for data collection from “graduates,” “employees,” and “faculty at times.” A lack of
willingness of certain personnel or institutions to track data due to system, technological,
or articulation concerns was also voiced. This speaks to the need for cohesive,
compatible, and user-friendly systems and technology instruction for ease in data
collection, analysis, and reporting to meet accreditation expectations and to support
program outcomes and initiatives. Michael et al. (1994) stated that university
administrators identified “institutional research efforts” as an indicator of “institutional
responsiveness” (p. 59). The highest identified “area of research” was for “opportunities
for programme development that are open to your institution” (p. 59). The lowest area of
research was a factor relating to student retention and attrition, which is reviewed by
nursing accrediting bodies, “characteristics of students who enrolled but withdraw to
attend other institutions” (p. 59). Interestingly, the nursing administrators in this study
still identified as a concern the lack of research data, analysis, or coordination between data collection and analysis systems to support accreditation expectations.

For the last group of institutions, public, private, and combined, the highest cost was again identified as administrative time committed to the accreditation process. The only significant difference identified by participants was an increased time committed to the accreditation process by those administrators in private institutions compared to public and combined institutions. This may again be a function of decreased personnel and other resources available in private institutions compared to public institutions.

Participants identified additional accreditation costs that included document management systems, “hospitality,” and “time” above and beyond preparation for the accreditation visit. These costs would vary dramatically depending on the number of people involved and the location of the country in which the accreditation visit takes place. According to participants, in spite of the cost of accreditation, the operational budget of the program was not significantly related to either the cost or benefit of accreditation. The most frequent means of funding accreditation visits was a planned item for that year’s budget. The second was a central administration one-time allocation. Interestingly, 81 respondents (11.7%) did not know their operational budgets. This could be a function of how financial resources are dispensed in the institutions from administrator respondents. Some programs submit budgets and then additional requests as necessary to a higher-ranking administrator. Others are given budgets in which they need to meet programmatic needs.
To address the recommendation that accreditation be a continuous process, a yearly budgetary commitment or investment to the program might facilitate this process. Although cost was identified as moderate to high, benefit was identified as high to very high. These results were consistent in spite of differences in institutional region, size, or type. “Postsecondary institutions have found that creative revenue-generating initiatives are not cheap. For example, activities such as fundraising and sales of intellectual properties which are supposedly fund-generating require a subsidised initial investment” (Michael et al., 1994, p. 60). This belies the fact that funds are not readily available for postsecondary education and emphasizes the fact that the benefit being perceived by respondents as higher than the cost makes accreditation a viable option to articulate program quality.

Roller et al. (2003) identified “costs, benefits and motivations” for “specialized accreditation of business schools” (p. 197). Their assumption was that “the perceived benefits” of “specialized accreditation” “exceed the perceived costs” (p. 197). In doing so, they surveyed 122 deans and chairs of business schools by random sampling, achieving a 29.6% response rate on the survey. Findings for the Roller et al. study “indicated that professional accreditation was very important for ensuring program competitiveness” “across the accrediting associations” (p. 199). The business discipline had accrediting criteria that subjects identified as determining “excellence in classroom instruction” and “excellence in advising students” and recognition as an ”elite institution” (p. 203). For this study, the baccalaureate nursing education administrators who responded to the survey identified the major benefit of accreditation as identification and
“recognition as a quality program” on a national and local level. When asked whether the nursing accreditation criteria identified “elite institutions,” the baccalaureate nursing administrators in the pilot study stated that nursing accreditation identified “quality programs.” This observation was supported in the results of the study.

The Roller et al. study (2003) did not identify specific cost factors in resource commitment and were limited in respondents from one “accredited portion of the sample” under investigation (p. 202). A limitation of this study on nursing accreditation was a lack of representation from baccalaureate nursing administrators whose programs were not accredited or were conditionally accredited (43.6% of surveys were not returned). A second limitation of the nursing administrator study on nursing education accreditation may be that the administrators “of accredited schools hold highly homogeneous views” as in the business discipline (p. 202). Although many aspects were similar, this study found some interesting differences among those baccalaureate nursing administrator respondents whose programs were accredited.

In this study, few respondents had no accreditation or conditional accreditation. Roller et al. found that certain programs were “not seeking business accreditation” (2003, p. 203).

These institutions saw business accreditation as less important for ensuring the quality of student learning than did accredited institutions. In addition, these institutions rated every benefit of accreditation lower than the accredited institutions did. Yet, we found few differences in program goals. This finding indicates that the decision to seek accreditation is not caused by differences in
program goals but rather the institution’s perception that accreditation will help its business school attain those goals. (p. 203)

Although these results were found for business programs, they may give some insight into those nursing programs that did not respond to this survey. Mandatory accreditation is not a factor for business programs as it is for some state nursing programs. This could also be an influencing factor.

“A variety of individual reasons were given for” business programs “not seeking accreditation” (Roller et al., 2003, p. 203). Respondents to the business school study identified the following factors as reasons “for not seeking accreditation:”

1. “the expense and effort involved in seeking and/or maintaining accreditation,”
2. “no pressure from stakeholders to become accredited, either from prospective students or the institution’s administration,”
3. “they would not be able to meet the standards either in terms of curriculum or faculty qualifications,”
4. “curriculum initiatives, program restructuring, and turnover, were consuming their attention and left little time for business accreditation planning,” and
5. “one respondent quite honestly reported that he or she was too overwhelmed by his or her current workload” (Roller et al., 2003, p. 203).

All of these factors were also addressed by those respondents in nursing programs during this study as well, either positively or negatively. The expense and effort committed to the accreditation process was identified as moderate to high. Stakeholders’ perceptions were identified as a benefit, both in the institution and outside the institution.
For those not achieving this reward, accreditation might not be as attractive. If accreditation aided in meeting curricular expectations and recruitment of faculty as a benefit, there also might be more interest in accreditation. If not, it may provide an impetus to abstain from the process. Program change, whether in turnover of personnel, restructuring, or curriculum, may provide challenges that pre-empt participating in accreditation processes. With the challenge of a global nursing shortage, this may become more of a reality for a number of nursing programs. In this study, administrators were the persons who consistently committed the most time to the accreditation process. For those administrators in particular who believe they may be faced with unemployment for a failed accreditation attempt, the process of accreditation might not be an attractive option. If the previously mentioned factors were addressed, accreditation might be a more attractive option for some programs.

Michael (2005a) found consistent and significant relationships between peer assessment and quality variables. He also identified that “peer assessment makes a good sense in determining institutional quality. After all, these are academic experts with good knowledge of research, publications, and to some extent, teaching taking place in one another’s institutions” (Michael, 2005a, p. 380). The respondents of this study value accreditation that is peer evaluation by definition, further supporting Michael’s findings.

Additional hours committed to the accreditation process were evident from the findings for administrators, faculty, and staff. Michael (2005b) identified that:

It is not uncommon for institutions to require additional staff to collect and collate data to satisfy government demand for information. Yet, institutions have no
choice, especially where funding is contingent upon a satisfactory fulfillment of accountability requirements. (p. 16)

Respondent results in this study supported Michael’s conclusions relating to staffing issues and also to the fact that administrators, at times, felt they had no option other than to comply with accreditation expectations.

The value of accreditation was identified from moderate to high by respondents. This is supported by Michael’s (2005b) observation that:

As part of government accountability measures, there is a growing tendency toward performance funding. In the minds of public policy makers who favor this measure, associating funds with performance provides a guarantee for better performance. After all, “you get what you pay for.” (p. 21)

Administrators also must be aware of the political ramifications of their decisions and how these decisions affect their universities, their programs, and the constituents.

McGoey (2005) found that constituents within the university rated university “presidential effectiveness” from moderately important to highly important on all of the following factors:

1. “Knowledge of education,”
2. “Knowledge of politics in the institution,”
3. “Knowledge of differences between higher education institutions and other organizations,”
4. “Level of influence in the public,”
5. “Level of influence within the institution,”
6. “Level of influence with politicians,”
7. “Level of visibility in the institution,”
8. “Level of resources attracted to the institution,”
9. “Relationship with the board of trustees,”
10. “Relationship with the board chair,”
11. “Relationship with students,”
12. “Relationship with faculty,”
13. “Level of academic leadership,”
14. “Concern for long-range planning,”
15. “Attention to budget details,” and
16. “Overall institutional management” (pp. 82-83).

Supported by a previous study of trustee indicators of presidential effectiveness by Michael, Schwartz, and Balraj (2001, pp. 338-344), McGoey was able to give a broader perspective to constituent expectations of university presidents. This study also addressed some of the same issues from the perspective of baccalaureate nursing education administrators and quality processes, in this case, accreditation.

Interestingly, the baccalaureate nursing education administrators in this study identified many of the same factors that McGoey and Michael et al. identified for presidential effectiveness as a benefit of accreditation. Applying and succeeding in the accreditation process belies knowledge of higher education, knowledge of politics both inside and outside the university and between other organizations. Participants identified that influence and visibility are supported and promoted by accreditation processes and
positive results. Being able to negotiate for resources both inside and outside the department and university was identified by participants as a benefit of accreditation. Relationships with all constituencies, both inside and outside the university, are supported by navigating the accreditation process and having a constructive outcome. The level of academic leadership by the university president and others is supported by accreditation review of mission and governance and the nursing program’s place in the university. Participants in this study voiced concerns about long-term planning, and many believe that accreditation should be an ongoing process, not a sporadic initiative. This requires planning and attention to budget details, some of which this study provides, in relation to the accreditation process and its cost. Overall institutional management is supported by what participants identified as a self-review of the program where accreditation assures “coherence and congruity in the curriculum” and “teamwork” in the department.

Policy models and PEST factors were also supported by McGoey’s (2005) observations and the multiple factors and negotiations that affect university presidents and the process of accreditation. The Decision Making Model for accreditation in Appendix E also exemplifies the multiple factors with which a university president and an academic administrator are faced. One of the challenges a university president faces is to articulate the value of programs in the university. Michael et al. (1994) found it “interesting to note that the administrators in” this “study were perceived to be more responsive to the general public than to their own students, and the faculty were perceived to be more responsive to students than their administrators” (p. 60).
Accreditation, when earned, gives university presidents leverage to further support such programs, and this study provides the basis for a university president or academic administrator to articulate budgetary details and rationale for investments to constituents.

According to respondents, accreditation is a valuable and expensive commitment an institution makes to ensure current and quality programming. Accreditation also demonstrates to the community, at a local, state, national, and global level the quality of programs delivered. The ability to demonstrate the quality of programming assists universities and their presidents to continue “healthy relationships with key constituents” (Michael et al., 2001).

Pollack (2005) questioned whether or not accreditation leads to best practice (p. 23). Respondents of this study identified that accreditation “represents quality” programming, “demonstrates accountability,” is used as a recruitment tool, “impresses funding sources,” ensures a “peer review,” demonstrates program flexibility, and shows commitment to quality education and public service (Pollack, 2005, p. 23). As a whole, participants in this survey identified recognition as a quality program as the most important benefit of accreditation. Respondents in this study also articulated that, for nursing, outcomes are addressed as part of the evaluation process.

Generally, respondents were positive about accreditation, identifying it as the “cost of doing business.” Some respondents felt they truly had no choice about accreditation, as the “negative of not being accredited is powerful.” Mandates for being accredited as a nursing program were dependent on the state in which the program was located. Not all states require accreditation for a nursing program to exist in the state.
This fact made accreditation voluntary but, to be competitive, necessary in many circumstances.

Resource allocation to the accreditation process was identified as moderate to high by respondents. Michael (2005a, p. 108) identified that “institutional wealth cannot and should not be discussed in absence of student population size.” All sizes of institutions, small, medium, and large, were addressed in the study. All sizes of institutions identified commitment of resources as a moderate to high cost of accreditation. The major source of funding for accreditation was a central administration one-time allocation.

The highest cost for all categories of institutions was administrative time. Administrative time was largest for the small institutions. Faculty time was largest for the medium-size institutions. Total time was committed most for the small- and medium-size institutions compared to the large institutions. Total cost was greatest for the smaller institutions. This could be a function of resources available to the different sizes of institutions and their decisions as to how to best maximize the use of these resources to meet accreditation expectations.

Richards (2004) stated that programs “under less pressure to change had more positive perceptions of readiness to change” (p. 1). For this study, accreditation as a stimulus for change had a moderate to high value, according to respondents. Although the pressure of accreditation is high, administrators still valued the impetus for change when change is needed to address societal needs and public demands. This data support performance expectations of constituents. Interestingly, there was a very weak negative
relationship between operational budgets and total cost and total benefit. For this component of the survey, the very weak relationships were attributable to the limited response from administrators whose programs are conditionally accredited or not accredited. In spite of this limitation, the data support the idea that the total cost and benefit of accreditation is not solely based on financial factors.

Miller (2004) identified “conditions of performance” as a function of direction, measures, feedback, infrastructure, knowledge, skills, attributes (KSA), rewards and effort (“P=[(Direction+Measures+Feedback+Infrastructure+KSA)X Rewards]Effort”). Respondents in this study identified the same factors at work in their accreditation efforts. The nursing profession’s responsibility to serve the communities in which they live is evident in the benefit of keeping current in practice and valuing accreditation as a stimulus for change. This factor gives direction. Respondents identified outcome expectations for accreditation as methods of measure. Respondents also identified feedback for the program coming from the accrediting body as well as a number of internal and external sources as a function of the accreditation process and its criteria. Infrastructure was addressed in the multiple types of resources identified in contributing to the success of the accreditation process and investigated as part of the accreditation process. Knowledge, skill, and attributes are supported by student, faculty, and resource sections of professional accreditation processes. The acquisition of personnel and opportunities was voiced as a benefit of accreditation. Rewards were identified by respondents as both internal and external to the program and institution. Effort was addressed by respondents in relation to the cost identified by the commitment of time and
resource allocation to the accreditation process. This study supported all components of Miller’s conditions of performance in regard to accreditation and efforts to a successful process.

In 2003, the Practice, Regulation and Education committee of the National Council of State Boards of Nursing “developed essential criteria” “for those boards that deem approval to nursing programs that are nationally accredited by NLN-AC or CCNE” (National Council of State Boards of Nursing, 2004, p. 9). The resulting criteria were generated by respondents from 98% of the boards of nursing as well as CCNE and NLNAC responses to a survey (National Council of State Boards of Nursing, 2004, p. 10). The resulting criteria are:

“1. Initial approval of nursing education programs, including:

   a. Review proposed curriculum
   b. Review educational facilities and resources
   c. Review clinical teaching facilities & methodologies
      • Clinical ratios should consider: acuity of patients, objectives of the learning experience, geographic placement of the students, requirements established by the clinical agency, and agency resources
   d. Assessment of organization of nursing education programs
   e. Review of qualifications of program administrators
   f. Review responsibilities of program administrators
   g. Review qualifications of program faculty
h. Review responsibilities of program faculty

2. Continuing approval of nursing education programs including:
   a. Review/evaluate curriculum
   b. Review / evaluate educational facilities & resources
      • Clinical ratios should consider: acuity of patients, objectives of the learning experience, geographic placement of the students, requirements established by the clinical agency, and agency resources
   c. Review qualifications of program administrators
   d. Review qualifications of program faculty

3. Monitor and sanction nursing education programs that put the public at risk
   • Make emergency visits for complaints
   • Suggested areas of concern may include: decreasing NCLEX results, sudden high student attrition rates, national accreditation changes, significant faculty attrition” (National Council of State Boards of Nursing, 2004, p. 10).

These jointly generated essential criteria are a step toward the recommendations of baccalaureate nursing education administrators in this study asking for more collaborative and congruent criteria or standards between accrediting bodies and regulatory or approval bodies to minimize cost and maximize quality programming (National Council of State Boards of Nursing, 2004, p. 10). Negotiation between these bodies for the benefit of the populous and the nursing profession are continuing, and part of the controversy is the

One of the expectations baccalaureate nursing education administrators have of accreditation is that it has clearly specified criteria for measurement or “key performance indicators” (Rowley et al., 1997). By definition, key performance indicators are measures “of an essential outcome of a particular organizational performance activity, or an important indicator of a precise health condition of an organization” (p. 108). Examples of key performance indicators in nursing are graduation rates of students, retention rates of students, NCLEX\textsuperscript{R} pass rates and other measurable outcome criteria. Other more subjective criteria may not be as overt or measurable as the outcomes mentioned above. This subjective component provides a point of frustration on the parts of both the site reviewers and the program participants when recommendations are made to programs as part of the accreditation processes. Administrators voiced a need for consistency in accreditation expectations and a collegial atmosphere to make the process more constructive and a developmental tool. For programs with a history of positive accreditation visits, administrators recommend interim reports and longer times between full accreditation reports and site visits.

Recommendations

A recommendation was made by respondents for accrediting or approval bodies to schedule visits together, such as the regional accrediting body visit, the state board of nursing visit, and the professional program accreditation visit. Scheduling accrediting or approval body visits together would decrease program costs for these resource-
encompassing visits and decrease the time expended for visits by all concerned. This would subsequently decrease costs for the university and the program. Baron (2002) proposed that “social development actually leads people to become increasingly interdependent with age; that is, people increasingly need to engage in joint activities in order to improve their outcome potential” (p. 53). The same need for interdependence could be said of institutional development. For programs to develop and improve their outcome potential, they need to become more interdependent. Standardizing outcomes for professional programs in institutions would address interdependence and institutional development, decrease duplication of effort, and possibly decrease costs of accreditation visits. Participants in this study identified the fact that national recognition for meeting a common benchmark through accreditation was beneficial for the program and its members at many levels and across disciplines.

On an international level, the International Council of Nurses identified potential benefits of “good approval systems”, of which accreditation is one (National Council of State Boards of Nursing, 2004, p. 5). These potential benefits of approval systems for nursing programs include:

1. “There is a direct relationship between poor nursing care and the quality of nursing programs,”

2. “An approval system communicates to the nursing profession, policy makers, employers and citizens that the profession has established standards, with continuous review, monitoring and enforcement, guaranteeing that the graduates of these programs have met certain criteria,”
3. “A well-developed approval system is current and abreast of progress in the nursing field, as well as health sciences and education,”

4. “Approval systems can be a source of development for the nursing faculty and the institution,”

5. “A good approval system in a country can assist with promoting greater uniformity in educational outcomes across the country,” and


These ideas were articulated and addressed by participants in this study in support of accreditation as a benefit to the discipline of nursing. Respondent perceptions were that consistently applied standards would assure quality of client care from graduates and assure that the nursing program meets the needs of the public it serves. Although the International Council of Nursing was particularly focusing on state boards of nursing as approval bodies, accreditation bodies also have some of the same benefits and problems.

Members of the International Council of Nursing, while identifying benefits of approval systems, also identified potential problems of approval systems (National Council of State Boards of Nursing, 2004, p. 5). Potential problems are:

1. “There are changing expenses for the educational system and the authority charged with approval,”

2. “They may create a heavy burden on the schools of nursing,”
3. “New or changing approval systems may leave faculty feeling threatened and vulnerable, particularly those faculty members who have insufficient knowledge of the approval system,”

4. “External or multidisciplinary review bodies may have insufficient appreciation of the discipline and practice of nursing,” and

5. “Inconsistent application of standards may undermine the existing system” (National Council of State Boards of Nursing, 2004, p. 5).

In an effort to make these problems less prevalent, this study addresses these concerns by articulating costs and making recommendations to improve the accreditation process. The recommendations in particular address the concerns of participants in regard to possible inconsistent application of standards and factors that put programs in a “threatened and vulnerable” state (National Council of State Boards of Nursing, 2004, p. 5).

The International Council of Nursing also identified seven “essential elements of approval systems, regardless of jurisdiction,” which are: a “statement of purpose,” the “focus of approval,” “regulatory mechanisms,” “regulatory authority,” “agents of approval,” “standards to be achieved,” and “methods and instruments of approval” (National Council of State Boards of Nursing, 2004, pp. 5-6). Although “these guidelines are very similar to the structures in place in the U.S. Boards of Nursing,” they are also embued in the professional accreditation guidelines of CCNE and NLNAC (p. 6). This supports the recommendation of baccalaureate nursing education administrators to combine visits of accreditation and Board of Nursing approval to decrease the costs and stress on a program and its participants.
Michael et al. (1994) studied “institutional responsiveness” from the perspective of university administrators because “events in the environment of postsecondary educational institutions have provided a strong impetus for world-wide reformation of post-secondary administration” (p. 54). The motivating events for change according to the administrators in this study were “enrolment problems, financial constraints, increasing demand for accountability and increasing pressure to restructure postsecondary education to meet real and speculative changes of a global economy” (p. 54). These factors are also facing nursing administrators in this study. Enrollment problems are further affected by the documented insufficient number of nurses for the public demand, both in the health care system and in the university (U.S. Department of Health and Human Services, 2002; Unruh & Fottler, 2005). Financial constraints are evident in an increasingly competitive market and a decrease in available resources for higher education programs (Rosseter, 2005; U.S. Department of Health and Human Services, 2002; Unruh & Fottler, 2005). The increasing demand for accountability is demonstrated in governmental and other funding bodies demanding rationale and support for resources invested in the university and its programs (Madigan & Goodfellow, 2005; Selingo, 2005). For nursing, in particular, restructuring of current nursing programs to meet an increasing public need for nursing care is an ever-present pressure to do more with fewer resources (Rosseter, 2005; U.S. Department of Health and Human Services, 2002; Unruh & Fottler, 2005).
Michael et al. (1994) identified that “one of the problems associated with the implementation of market forces in higher education has to do with institutional responsiveness” (p. 54). Institutional responsiveness, according to Michael et al., is defined as the ability of an institution to sense and serve the changing needs of its relevant environment. It includes the institutional efforts to respond and adapt to changes within the environment, while at the same time providing the necessary leadership and direction for society. (p. 54)

An ever-changing market does not provide a sufficient benchmark for ensuring the continuous meeting of public need by educators (p. 55). Educators, particularly nursing educators, also need to address the cultural, societal and needs pressures of constituents as well (p. 55). Nursing, as a profession, addresses ethical, moral, cultural, life and death decisions every day. These issues are not demarcated or delineated with confined social or market boundaries and also carry much emotion and meaning to those whom nurses serve. That is not to say that nurses are not mandated to address public need; they are expected to serve the public.

Kotler and Fox (1985) suggested that “institutional responsiveness” is a “positive development.”

However, disagreement often exists as to how this can be achieved. While some see the need for more governmental control and a greater centralised government or more consolidated educational system, others advocate a greater devolution, privatisation, and marketisation of the system. (Michael et al., 1994, p. 56)
These are the same dilemmas and pressure forces faced by baccalaureate nursing education administrators in addressing quality standards of the profession and public demands for more nurses to meet the community need. In this study, respondents support the fact that accreditation gives feedback and direction to nursing programs and their constituents in an attempt to balance and mitigate these sometimes opposing forces.

The pressures on universities and programs to continually change and address societal demands are sometimes daunting.

Many of the current restructuring efforts in post-secondary institutions are externally driven. In essence, society wants higher education to spend less and do more, to become more sensitive, responsive, and adaptive to the changes in the environment, while at the same time, providing the necessary leadership expected by society. While some of these expectations are ambiguous and conflicting, the pressure on higher education is real and urgent, and only a few institutions can afford the luxury of passivity. (Michael et al., 1994, p. 57)

Accreditation, in this study, was found to have both cost and benefit to programs and constituents. Committing resources to the process of accreditation was articulated by some respondents as a concern, as it sometimes results in a need to redistribute resources, therefore, taking resources away from students, faculty or other community-based projects to meet accreditation expectations.

Michael et al. (1994) also identified factors that limit institutional responsiveness (p. 58). These factors, in a prioritized listing, are: “financial constraints,” “government policy,” and “opinions of administrators,” “faculty” and “society” (p. 58). These factors
were also addressed in this study by the baccalaureate nursing education administrators as considerations that influenced accreditation decisions.

The “Tuning Project” of the European Union is an example of a methodology “designed to increase understanding of different nursing curricula and to make them comparable among countries” (Zabalegui et al., 2006, p. 114). The “nurse-specific competencies” identified for an undergraduate degree are “professional values and nursing roles,” “nursing practice and clinical decision-making,” “nursing skills, interventions and activities,” “knowledge and cognitive competencies,” “communication and interpersonal relationships,” “leadership, management, and team abilities” (Zabalegui et al.). “The name ‘tuning’ was chosen for the project to reflect the idea that universities do not look for uniformity of their degree programs or any sort of prescribed or standardized European curricula” (Zabalegui et al., p. 114). This project was designed to increase consistencies among programs across borders and to improve understanding among the multiple constituencies aiming for “points of reference, convergence and common understanding” (Zabalegui et al.). The same type of perspective could be applied in the United States across disciplines, state borders and within the country as a whole. The national expectations of professional accreditation provide common benchmarks and standards across state boundaries and within the states themselves, as well as across the nation.

Technology was an option that was recommended to decrease costs and possibly increase articulation of programs and sharing of data between bodies or institutions. Articulating systems for data collection and reporting would decrease the time and
confusion associated, at times, with data collection. Interim reports and virtual visits could be held at identified intervals to assure continuity of quality programming and communication between the program and the accrediting body. Assuring articulation of technology programs would be a cost that would initially have to be borne by the program, the accrediting body, or another funding source. A “web portfolio” for the institution may be an option to consider to decrease redundancy and increase continuous development of the university for the benefit of its constituents (Knight, Hakel, & Gromko, 2006).

Another recommendation from baccalaureate nursing education administrators was that accreditation criteria be addressed by programs on an ongoing basis. This supports the premise of AQIP, which focuses on the principles of “focus,” “involvement,” “leadership,” “learning,” “people,” “collaboration,” “agility,” “foresight,” “information,” and “integrity” as those principles that “permeate colleges and universities that have achieved a systematic approach to continuous quality improvement” (The Higher Learning Commission, 2002, pp. 2-4). Respondents to this study support this “systematic approach to quality improvement” and identify it as a means of curtailing the cost of accreditation through continuous quality improvement.

Inconsistent expectations of accreditation visitors were voiced as a concern by some respondents. Although accreditation programs require site visitors to participate in workshops to articulate the expectations of the accrediting body clearly, these expectations are subject to site-visitor interpretation. Encouraging site visitors to utilize
and access accrediting body resources and personnel before, during, and after a visit to a
nursing program may provide more consistent interpretation of findings.

Another issue voiced in relation to accreditation expectations was that approval
and accrediting bodies had different expectations using the same types of criteria. A
consistent expectation and articulation of quality parameters across boards of nursing,
disciplines, and regional accreditation bodies would decrease redundancy and time
universities commit to the processes. Administrators also identified an expectation of
continuous commitment to quality and accreditation over time as opposed to sporadic
investments of time and resources to meet accreditation criteria. Implementation of these
recommendations could result in the possibility of interim reports, use of technology,
continuity of expectations, and decreased cost of accreditation.

The added cost of an accreditation visit in time and commitment of resources was
clearly voiced in the results of this study. All costs were calculated in 2007 using U.S.
dollars. A minimum median cost of 20,197.20 should be committed to the accrediting
process for administrator, faculty, and staff time dedicated to achieving accreditation.
This does not include the $4,000 to $6,000 accreditation fees charged by the accrediting
body itself. Adding this to the calculated time costs would result in a minimum
investment of $24,197.20 for professional accreditation that should be available for
program planning on applying for accreditation. Further, this investment does not include
time from outside participants, “hospitality,” document management systems, “travel,” or
other incidental costs. Including minimal contributions from incidental cost areas brings
the total cost of accreditation closer to a minimum investment of $30,000 for each
accreditation visit. Additionally, costs should include the time faculty members contribute to preparing the data and the accreditation report.

Administrators were clear that programs of long-standing quality, demonstrated through continued success in accreditation processes, should be given a longer time between detailed reports and site visits. This recommendation would cut costs and could also be meeting the quality needs of a changing health-care environment by requiring a shorter interim report to be submitted addressing progress made toward changing quality expectations or outcomes. Use of technology could also cut costs and increase communication between programs and accrediting bodies. Interim reports via technology would also facilitate continuous quality processes.

University presidents or provosts might want to decrease the cost and number of accreditation visits. Determining common evaluation criteria and coordinating state board visits with accreditation visits would aid in decreasing costs in resources, time and redundancy in the generation of data and reporting processes. Having accreditation visits with state board visits would also decrease the cost of a site visit by consolidating time committed to the process by personnel at the university.

For further research, determining the perspectives of baccalaureate nursing educators in regard to accreditation is recommended. One of the administrators interviewed in the pilot study articulated that her perspective was different on accreditation when she was an educator. A qualitative research design is recommended to determine perspectives of faculty and administrators using a different lens and to achieve a more in-depth perspective. A quantitative research design using faculty perspective
would give a more thorough view of accreditation. A comparison of perspectives about accreditation across disciplines would also contribute to a more global view of accreditation.

Conclusion

The results of this study indicate that professional accreditation is highly beneficial though costly according to the perspectives of baccalaureate nursing education administrators. Collins (2001), in his longitudinal qualitative 15-year study of “good to great” companies, found that those that moved from good to great had a firm belief in what the author called the “Stockdale paradox” (pp. 1, 13). The “Stockdale paradox” is the “unwaivering faith that you can and will prevail” while simultaneously being disciplined enough “to confront the most brutal facts of your current reality,” whatever it might be (p. 13). In the United States, a majority of baccalaureate nursing education administrators has accepted the challenge and expectation of accreditation as the “cost of doing business” and has committed the time and resources to making that expectation a reality. In recent times, the brutal facts for higher education are the fiscal realities and accountability demands that educators and administrators face. To surpass and survive the “brutal facts,” academia needs to be willing to face the needs of the public and use the vast creativity, knowledge, and expertise of the academy to discover new and viable resources while maintaining quality programs. In an era of limited, competitive, or shrinking resources, quality may even be exemplified by doing the best you can with what you have. In supporting the need for quality services in nursing to meet the health-care demands of the public, nursing has and does support quality initiatives to ensure that
the services rendered are indeed meeting the benchmarks of quality standards. This study further exemplifies nursing’s commitment to quality initiatives, in this case, baccalaureate nursing education accreditation.

“A situation whereby the academic system is forced to operate like a business enterprise would be unfortunate for both the academic system and the society as a whole” (Michael et al., 1994, p. 61) To “fix” education costs, as in health care, educators may need to take “tips from the factory floor” and the global market (Wysocki, 2004). The total quality premise of W. Edwards Deming and other quality initiatives may be adapted to education, as it has been to improve cost-containment for health care, while preserving the humanitarian, explorative, and quality aspects of education. This research supports the strengths of quality efforts and articulates the costs and benefits of baccalaureate nursing education accreditation to increase awareness and provide guidance for educators, administrators, and their programs as they navigate the accreditation and quality processes in the nursing profession and academia.
APPENDICES
APPENDIX A

ACCREDITATION FEES
<table>
<thead>
<tr>
<th>Accreditation Fees</th>
<th>NLNAC NLN non-member&lt;sup&gt;1&lt;/sup&gt;</th>
<th>NLNAC NLN member&lt;sup&gt;1&lt;/sup&gt;</th>
<th>CCNE AACN member or not&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for first nursing program</td>
<td>$2810</td>
<td>$1560</td>
<td>$1700</td>
</tr>
<tr>
<td></td>
<td>$2610</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2410</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee for additional programs</td>
<td>$560 each</td>
<td>$560 each</td>
<td>$400 (Baccalaureate and Master’s)</td>
</tr>
<tr>
<td>Initial process / application fee per program</td>
<td>$1000</td>
<td>$1000</td>
<td>$3500 for one</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$5000 for two</td>
</tr>
<tr>
<td>Continuing process / application fee per program</td>
<td>$1000</td>
<td>$1000</td>
<td>$1700 for a single program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$2100 for both</td>
</tr>
<tr>
<td>Site visit fee (per evaluator)</td>
<td>$835 (includes travel)</td>
<td>$835 (includes travel)</td>
<td>$1400 (includes travel lodging and other expenses)</td>
</tr>
<tr>
<td>Reprocessing fee</td>
<td>$500</td>
<td>$500</td>
<td>Included in appeal fee</td>
</tr>
<tr>
<td>Notice of intent to appeal fee</td>
<td>$500</td>
<td>$500</td>
<td>Included in appeal fee</td>
</tr>
<tr>
<td>Appeal process fee</td>
<td>$5000</td>
<td>$5000</td>
<td>$5000</td>
</tr>
<tr>
<td>Focused visit fee</td>
<td>$500</td>
<td>$500</td>
<td>Not addressed</td>
</tr>
<tr>
<td>Hotel stay for evaluators</td>
<td>Variable cost</td>
<td>Variable cost</td>
<td>Included in site visit fee</td>
</tr>
<tr>
<td>Cost to generate the accreditation report</td>
<td>Variable cost</td>
<td>Variable cost</td>
<td>Variable cost</td>
</tr>
</tbody>
</table>


APPENDIX B

COVER LETTER FOR THE SURVEY
July 11, 2005 (and also sent August 15, 2005)

Cost-Benefit Analysis of Professional Accreditation: 
A National Study of Baccalaureate Nursing Programs

Dear _______,

I am a doctoral student in higher education administration and this research is on the cost and benefit of program accreditation. This topic is timely due to the rising costs of education and the dwindling resources at the disposal of educational administrators. Related to the costs of education are the quality and benefit factors of education and accreditation that need to be articulated. If you decide to participate, I would like you to complete the enclosed survey regarding the costs and benefits of program accreditation. When completed, please return the survey in the self addressed stamped envelope provided. Responses will be analyzed in aggregate.

If you take part in this project, you will help to better articulate the costs and benefits of program accreditation on a national level. Participating in this project is entirely up to you. No one will hold it against you if you decide not to participate. If you do take part, you may stop at any time. If you do choose to participate, your participation is greatly appreciated.

If you want to know more about this research project, please call me at 330-609-8034 or e-mail: ffreitas@kent.edu. This project has been approved by the Kent State University Institutional Review Board. If you have any questions or concerns, please contact my doctoral adviser, Dr. Steve Michael at smichael@kent.edu or myself.

Completion of this survey indicates your consent to participate. It also maintains your confidentiality. Please consider this letter as your copy of your consent to participate. Thank you for your time and consideration.

Sincerely,

Frances Anne Freitas MSN, RNC
Kent State University – Doctoral student
Assistant Professor
4351 Harvard Dr. SE
Warren, OH 44484
APPENDIX C

SURVEY
QUESTIONNAIRE REGARDING COST BENEFIT ANALYSIS OF PROFESSIONAL NURSING ACCREDITATION

This instrument assesses the costs and benefits of professional nursing accreditation. Your responses are critical to the success of this study. The response time for this survey is estimated at less than 15 minutes. The survey can be partially answered at different times throughout a day if that would help you complete the survey. Please return the completed survey in the enclosed self addressed and stamped envelope by July 31 to:
Frances Anne Freitas MSN RNC
4351 Harvard Dr. SE
Warren, Ohio 44484, ffreitas@kent.edu, H-330-609-8034, W-440-964-4272 Thank you for your participation!

Please answer the following questions using your baccalaureate program as the basis for the answers. Baccalaureate programs may include any or all of the following areas: generic baccalaureate, RN and/or LPN to the baccalaureate, second degree baccalaureate, distance or on-site learning. The accreditation process for this survey refers only to the program being accredited regardless of the number of campuses or sites within a system. If any questions require a longer answer, please specify the question number and answer on the back of the page. If you have any questions please contact Ms. Freitas.

Choice of Participation in an Accreditation Visit: please check one of the following:
I.____ Check here if you have participated in or plan to participate in an accreditation of your baccalaureate program, please continue with this survey beginning with Section A.
II.____ Check here if you have not participated or are not planning to participate in an accreditation for your program. State reasons for your answer and then proceed to items numbered #40-44. Please return this survey in the enclosed envelope.

************************************************************************

SECTION A. EXPERIENCE WITH ACCREDITATION VISITS FOR BACCALAUREATE EDUCATION

1. How many baccalaureate program accreditation visits have you participated in as the chief nursing education administrator? (State number – not as a site visitor)__________

2. When was your current program’s most recent accreditation? (Year) _________ (Continue next page =>)
3. Which accrediting agency (agencies) did you use at your most recent baccalaureate program accreditation (check those that apply)?
   ___ NLNAC ___ CCNE ___ Other (specify)_____

4. State your current accreditation status. (Check one)
   _____ Fully Accredited _____ Conditionally Accredited  _____ Not Accredited

5. Which of the following were the reason(s) for your choice of accrediting agency? (check any that apply)
   __________ Process oriented
   __________ Outcome oriented
   __________ Anticipated cost savings
   __________ Historical reputation of the accrediting body
   __________ Consistent with regional or professional trends
   __________ Other: (please specify)_____________________________________

SECTION B: BENEFITS OF ACCREDITATION
Benefits of accreditation identified by nursing educators/administrators are cited below. In relation to your program only, how would you rate the following as benefits of your accreditation? (circle your answer for each question)

<table>
<thead>
<tr>
<th></th>
<th>Very High</th>
<th>High</th>
<th>Moderate</th>
<th>Little</th>
<th>Very Little</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. The ability to recruit quality faculty.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. Recognition as a quality program.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8. The ability for quality job placement for graduates.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9. Graduate access to higher education.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10. A stimulus for program change.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11. The degree that accreditation promotes quality education.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

(Continue next page =>)
12. Opportunities to network with colleagues.  

13. Leverage for negotiating for program resources.  

14. Leverage for negotiating for faculty resources.  

15. Are there other benefits regarding accreditation that you also identify? If so, please list them here.  

16. With regard to your program’s most recent accreditation, which three benefits did you consider most important? Please rank them, with 1 being most important.  
   1. Most important ________________  
   2 ______________________  
   3________________________  

17. Accreditation is sometimes viewed differently by faculty and administrators. Overall, as an administrator, what would you say was the level of benefit for your most recent accreditation? (circle one)  

<table>
<thead>
<tr>
<th>Total Benefit</th>
<th>Very Highly Beneficial</th>
<th>Highly Beneficial</th>
<th>Moderately Beneficial</th>
<th>Slightly Beneficial</th>
<th>Not Beneficial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

SECTION C: COSTS  

In every accreditation visit, there are direct and indirect costs. This survey is seeking your help in identifying both for your program’s most recent accreditation.  

In your most recent accreditation, please estimate the following:  
18. _______ Identify the number of nursing faculty who participated in any way in planning, data gathering, executing, or evaluating the accreditation visit or process.  

19. _______ In your estimation, approximately how many hours would you say the typical nursing faculty participant (full or part time employee) gave to this process.  

20. _______ Identify the number of nursing administrators who participated in any way in planning, data gathering, executing, or evaluating the accreditation visit or process.  

(Continue next page =>)
21. _______ In your estimation, approximately how many hours would you say the typical nursing administrator (full or part time employee) participant gave to this process.

22. _______ Identify the number of nursing staff (secretaries, clerical personnel, AV personnel, etc) who participated in any way in planning, data gathering, executing, or evaluating the accreditation visit or process.

23. _______ In your estimation, approximately how many hours would you say the typical nursing staff participant (full or part time employee) gave to this process.

24. Please give your best estimate of the number of other personnel, outside of your nursing unit, you can identify who were directly related to your accreditation visit.

   Number of Faculty ____________
   Number of Administrators ____________
   Number of Community agency representatives ____________

SECTION D: DATA

Because data are so critical to your report, we would like you to identify the ease or difficulty in collecting data for your report.

25. How difficult was it for your program to identify, track, analyze, and present the data needed for your accreditation report?

   Extremely Difficult  Very Difficult  Moderately Difficult  Slight Difficult  Not Difficult
   Data Collection  5  4  3  2  1

26. If you perceived data collection as difficult, what made it difficult? (please specify)

Please rate the following in relation to the cost of accreditation for your program: (circle your answer for each question)

27. The amount of time nursing administrators commit.

   Very High  High  Moderate  Little  Very Little  None
   5  4  3  2  1  0

28. The amount of time nursing faculty commit.

   5  4  3  2  1  0

(Continue next page =>)
29. The amount of time nursing staff commit.

30. The total amount of time committed.

31. The amount of resources committed.

32. Costs of tracking data over time.

33. The risk of unemployment related to not achieving accreditation.

34. Overall, as an administrator, what would you say was the level of total cost for your most recent accreditation? (circle one)

<table>
<thead>
<tr>
<th></th>
<th>Very High Cost</th>
<th>High Cost</th>
<th>Moderate Cost</th>
<th>Slight Cost</th>
<th>No Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

35. In the space provided below, please identify additional costs, other than the standard fees, that are part of accreditation.

36. In comparing the costs and benefits of accreditation for your program, are the benefits worth the costs? (circle the number that best addresses your observation)

<table>
<thead>
<tr>
<th>Very much Worth the cost</th>
<th>Mostly worth the cost</th>
<th>Worth the cost</th>
<th>Mostly not worth the cost</th>
<th>Very much not worth the cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

37. What is your program’s operational budget (in dollars)? ________________

(Check if appropriate) ______ I don’t know

38. From what source does your program obtain the funds to pay for your program’s accreditation? (check those that apply)

a. _____central administration one time bequest
b. _____savings throughout years from nursing budget
c. _____planned item for that year’s operational budget
d. _____no defined source
e. _____sponsored funds, as in endowment, benefactor, etc.
f. _____other : please specify _______________________

(Continue next page =>)
39. What changes, if any, would you make to the accreditation process or visit? (check one)
   _____ No changes
   _____ Changes: If changes are desired, please state your recommendations:

40. In the space provided below, please describe your opinion of the cost and benefit of accreditation.

41. ______ Please give the total number of students currently enrolled in your baccalaureate program(s).

42. ______ Please give the total number of baccalaureate graduates from your program in the last academic year.

43. Please check if your institution is:
   _______ public,
   _______ private,
   Or _______ a combination of public and private

44. Please check below if you are interested in having a summary of results mailed to you:
   (check one) _____ YES _____ NO

Thank you very much for your support and help in this survey.
APPENDIX D

DECISION-MAKING MODEL BASED ON FACTORS INFLUENCING ACCREDITATION PROCESSES
Adapted from:

REFERENCES


http://www.aacn.nche.edu


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