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White Paper

RN-to-BSN Education: Where Are We in 2020?

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Nursing is unique among all health professions because it has multiple educational pathways leading to an entry-level license to practice. The availability of educational pathways to an associate degree or diploma has supported many students from diverse backgrounds who otherwise might not have the opportunity to become a nurse. However, the question of the extent to which each type of education (BSN, ADN, or diploma) prepares the nurse for the current practice environment has been debated by nurses, nursing organizations, academics, and a variety of other stakeholders for more than 50 years. While this discussion has been evolving, competencies necessary to practice, particularly in the areas of population health, community and public health, geriatrics, leadership, health policy, quality, safety, systems improvement and change, research and evidence-based practice, and inter-professional collaboration, have expanded (IOM, 2011).

The focus of the 2011 landmark Institute of Medicine (IOM) study, "The Future of Nursing: Leading Change, Advancing Health" directed the nation's attention to the recommendation that nurses must achieve higher levels of education and training "through an improved education system that promotes seamless academic progression." The rationale for this recommendation comes from the need for educational parity of nurses with other health care professionals with whom they work. Although the report encouraged nurses, regardless of their initial preparation, to continue their education throughout the course of their careers—one of the recommendations of this report was to have **80% of nurses prepared with at least a BSN degree by 2020**. In response, a number of organizations promoted various strategies to increase growth of the BSN population.

The Future of Nursing: Campaign for Action, a joint initiative of AARP and the Robert Wood Johnson Foundation (RWJF), focused on achieving the Institute of Medicine (now the National Academy of Medicine) 2011 recommendations. The Campaign for Action led the way in developing initiatives to achieve the recommendations of the report, including 80% of RNs in the US holding a BSN, and tracking and reporting the results of the actions taken across the country.

So, in 2020, how well has the US nursing education system met the challenge of preparing at least 80% of the RNs at the baccalaureate level? According to the American Association of Colleges of Nursing (AACN), 88 additional entry-level BSN programs have opened since 2011, and the enrollment in RN-to-BSN programs has increased 76%. The AACN also reports that faculty from ADN and BSN programs have been collaborating to design articulation and concurrent enrollment agreements facilitating the transfer of credits for the completion of the BSN degree (AACN, 2019). In addition, a number of community colleges in at least 23 states have begun to offer BSN degrees, despite concerns over competition created with universities and potential to disrupt existing transfer agreements (Smith, 2017; Babbo, et al., 2013).

The current Campaign for Action dashboard, updated in 2020, provides information regarding the progress of all "Future of Nursing: Leading Change, Advancing Health" recommendations. In 2010, the percentage of RNs holding

a baccalaureate or higher was 49%. In 2018, that percentage had risen to 56% (https://campaignforaction.org/issue/transforming-nursing-education/). Secondary data from the Campaign's dashboard demonstrates an increase in the percentage of pre-licensure BSN graduates taking the NCLEX®, as well as an increase in RNs returning to school. For example, in 2010, 39.3% of those taking the NCLEX-RN® were pre-licensure BSN graduates. In 2018, the percentage of BSN graduates taking the NCLEX-RN had increased to 48.5%. The number of RN-to-BSN graduates were also increasing in that time frame. In 2009, 19,606 (29.4%) of the BSN graduates were RNs; in 2018, that number had risen to 66,369 (47.5%) of the BSN graduates (https://campaignforaction.org/resource/dashboard-secondary-indicators/).

Although the 80% recommendation has not been achieved, much work has been done and must continue to increase the number of RNs holding a BSN. The American Nurses Association (ANA) reports the overall new job growth and replacement needs from 2012-2022 demonstrate an increase from 2.86 million to 3.44 million jobs that will need to be filled by RNs. This need is driven by a projected 574,400 new RN jobs and the vacancies as a result of projected retirement of 555,100 RNs. HRSA reports that demands for RNs will grow by 46% from 438,600 full-time positions in 2015 to 638,800 in 2030. States that are projected to have the greatest need for nurses include Colorado, Utah, New Mexico, Arizona, California, and Texas. (http://bhw.hrsa.gov/healthworkforce/index.html). Given this growth in opportunities for nurses, nursing education must produce more BSNs, including those who graduate from RN-to-BSN programs.

The evidence regarding the intent of ADN- or diploma-prepared RNs to return to school is mixed. Sportsman & Allen (2010) reported that a survey of Texas ADN students at the time of their graduation found that most of the respondents hoped to return to school within five years. Rump, (et al. (2014)) asked 250 RNs who did not hold a BSN to rate the likelihood of their returning to school for the BSN. They found that 12% of the respondents were already in school, 29% planned to enroll within the next five years, and 34% did not intend to enroll at all. Twenty-five percent were undecided.

To reach the recommendation set by the IOM report, nurse educators must not only produce more BSN-prepared nurses entering into practice, but also encourage those prepared at the associate degree/diploma level to return to school sooner and in greater numbers than ever before. Several recent studies have identified barriers, such as lack of time for studying, the pressure of family obligations, the unavailability of a seamless transition from one program to another, and few incentives from employers as reasons they do not return to school (Duffy, et al., 2014; Romp, et al., 2014). However, encouraged by the IOM report, employers increasingly provided incentives for ADN/diploma-prepared nurses to return to school, ranging from educational benefits for employees to preferential hiring for new BSN graduates. This support for ongoing education continues. What strategies should nurse educators implement to continue the movement of ADN-prepared nurses into RN-to-BSN programs and beyond?

FACILITATE ARTICULATION AND TRANSFER

There are two components to facilitating the educational transition of RNs into a RN-to-BSN program. The first is to accept nursing credits from entry-level programs and build upon content in which nurses have already demonstrated competence through the NCLEX-RN. Nursing programs may initiate articulation agreements among specific partners, or they may develop a plan where universities accept nursing credits for all registered nurses. This strategy has been used across the country for a number of years and has already incentivized nurses to enroll in RN-to-BSN programs.

The transfer of pre-requisite and general education courses of ADN/diploma nurses earn has been more problematic. Often, each college and university has slightly different graduation requirements. Some of these differences are driven by faculty, some by state legislatures or regulatory bodies. For example, some community colleges may require chemistry for their ADN graduates; others do not. As a result, a practicing RN may be required to take chemistry as a prerequisite in order to earn a BSN, resulting in a barrier to pursuing further education. In an effort to simplify transfer processes, faculty at both the local and state level must consider which required courses are necessary to practice effectively as a BSN. Educators may consider the question, "Does the ADN/diploma nurse who passed the NCLEX-RN have sufficient knowledge of chemical concepts to practice, even if he/she has not formally taken a chemistry course?"

CURRICULUM REVISION

Traditionally, RN-to-BSN programs require students to take nursing courses that emphasize research, theoretical concepts, professional issues, leadership/management, and community health. Depending on the philosophy and requirements of the school, they may also take pathophysiology and/or health assessment. Often, courses offered to upper-level BSN students are repackaged for RN-to-BSN students. The content is the same, although generally RN-to-BSN students attend different classes than pre-licensure students. All of these courses include content that can be applied in specific work settings; unfortunately, content is often presented as if it can only be implemented in specific roles or settings. For example, community health content, which deals with care of aggregates, is often presented in the context of providing care to neighborhoods or communities. Rarely do students have the opportunity in community health to deal with aggregates in areas where they currently work, which is frequently the acute care setting.

Perhaps a broader approach to baccalaureate content, which recognizes its universal applicability, would entice more RNs to return to school. A conceptual approach to curriculum — using concepts identified as important to baccalaureate graduates — is an excellent method of addressing this concern. There are a variety of frameworks that outline baccalaureate competencies, including the American Association of Colleges of Nursing (AACN) Essentials of Baccalaureate Education (2008). States such as Texas may have differentiated the competencies of the baccalaureate graduate compared to other entry-level nurses (Poster, (et al), 2010). The IOM's report additionally highlights competencies related to leadership, cultural competencies/diversity, inter-professional collaboration, and quality and safety, as those required by the nurse of the future. These competencies may also be used as a guideline to developing curriculum.

Since 2011, health care has continued to evolve, and with that evolution new ideas and approaches have become important to emphasize in a nursing curriculum. Birk and Sportsman (2020) suggest that concepts also important in today's curriculum include health care reimbursement, transition across multiple levels of care, informatics, social determinants of health, and telemedicine. In addition, the impact of COVID-19 has emphasized the need for nurses to be competent in preventing and managing epidemics (WHO, 2018).

ADDRESSING THE NEEDS OF THE STUDENTS

Cipher, et al. (2017) emphasized the importance of addressing the needs of RNs who are returning to school, including the non-academic challenges they face. These authors described the primary reason for leaving the program at some point in the course of study as lack of time for study due to family and work responsibilities. However, other reasons that

influenced the decision to drop out of the program included financial issues and a lack of family support. Poor stress management skills and low self-esteem also played a role.

Revising the RN-to-BSN curriculum to address some of these concerns will certainly encourage nurses to return to school. Many RN-to-BSN programs have changed the delivery approach to accommodate work and family schedules. Cipher, et al. (2017) described a large online RN-to-BSN program designed to maximize flexibility and accommodate the professional and personal demands on working RNs. The program offers ten start-dates per year. Courses are delivered in five-week blocks, allowing students to complete the required nursing courses in approximately one year. Although the cohorts were large, small groups (25 to 30 students) were assigned to a master's or doctoral prepared academic counselor. These counselors provided additional social presence in the online course, helping students to stay on time and task. The authors report a graduation rate of 80% in this program, consistent with published graduation rate of other RN-to-BSN programs (Cipher, et al., 2017). Although this approach is certainly a departure from the traditional academic schedule, it provides options designed to meet the needs of a large number of RN students. All RN-to-BSN programs may not be able to offer such a radically different schedule; however, all programs can consider ways to adjust their schedules to accommodate the working nurse.

Many RNs are motivated to return to school by a desire to change roles (e.g., become a nurse practitioner or nurse educator) or because of job demands that can only be met through an MSN. Another example of flexibility in the structure of programs to meet the needs of the nurse with a specific goal is programs which allow a streamlined movement from an ADN to a MSN degree through advanced credits or other approaches.

As the work environment continues to encourage higher educational achievement and students' transition more quickly from the ADN/diploma to BSN programs, students will be at different places in their progression toward competence (Benner, 1984) than those with significant nursing experience. Nurse educators must be able to address the disparate educational needs of these students. The use of simulation and other technologies may be particularly helpful in supporting and validating the competence of a nurse who has not been practicing for a long period of time.

SUPPORT FOR CLINICAL EXPERIENCE FOR THE RN-TO-BSN STUDENT

In 2012, the Commission on Collegiate Nursing Education (CCNE) clarified that practice experiences are required in all BSN programs, including RN-to-BSN programs (https://www.aacnnursing.org/CCNE-Accreditation/Resources/FAQs/Clinical-Practice). Developing proficiency in performing psychomotor skills, applying communication strategies to client and interpersonal interaction, and acquiring a professional identity are specifically mentioned as important skills gained from clinical assignments. Since RN-to-BSN programs are often largely delivered online, some may see this requirement as a stumbling block to facilitating RN-to-BSN education. However, the effective use of preceptors and the wise use of simulation, unfolding case studies, and student-driven electronic health records (EHR) can offer clinical experiences for RN-to-BSN students to ensure their development, without raising unnecessary barriers to returning to school.

The educational transition necessary to increase the number of RNs holding a BSN degree or higher will be a great challenge for nurse educators in this country. This white paper provides some suggestions for re-thinking the educational process for these nurses. The list of resources below may also provide some additional suggestions, as nurse educators across the country develop innovative ways to meet the ongoing educational need of registered nurses.

FURTHER RESOURCES REGARDING RN-TO-BSN EDUCATION

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