Increase the proportion of RNs with a BSN or higher to 80% by 2020. This ambitious goal is a major recommendation from the Future of Nursing report. Released in 2010 by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation, the report lays out what the study committee believes is needed for nursing to meet the increased patient care needs created by health care reform and to improve America’s complex health system.

There’s a ways to go. About 50% of the current RN workforce has a 4-year degree or higher. About 20% of nurses who start out with an associate degree go on for another degree.

How can perioperative leaders contribute to the 80% goal? How can you help staff RNs pursue their educations and assist in finding the resources?

There is momentum. The Future of Nursing Initiative is being carried on by the Campaign for Action, a joint effort by the Robert Wood Johnson Foundation and AARP housed at the Center for Championing Nursing in America.

States and individual hospitals and health systems are getting behind the effort.

Need is clear
Leaders say the need for more BSN-prepared RNs is clear (sidebar).

The foremost reason is “the health of the American public,” says Linda Burnes Bolton, DrPH, RN, FAAN, vice chair of the report committee.

“We found solid evidence that institutions with a higher proportion of their nurses with a baccalaureate have better clinical outcomes, including mortality rates,” says Bolton, who is vice president and chief nursing officer for Cedars-Sinai Health System in Los Angeles.

“The market is going to drive this by demanding nurses with higher education,” says Linda Tieman, MN, RN, FACHE, executive director of the Washington Center for Nursing. “We are already seeing employers hire with a preference for the BSN or higher, primarily because of the leadership, research, and community health content that BSN programs have.”

Some organizations require BSN-prepared nurses. Hospitals with Magnet recognition from the American Nurses Credentialing Center favor BSN preparation, as do teaching hospitals and the US military. The Department of Veterans Affairs requires a BSN for promotion beyond the entry level.

AORN passed a resolution at its 2011 Congress supporting the IOM recommendations to reach 80% baccalaureate-prepared nurses and to double the number of nurses with doctorates by 2020.

Barriers are real
The rationale for the BSN may be clear, but the barriers are real:

• a shortage of faculty
• not enough clinical placements
• a need for updated curriculums that enable RNs to continue their educations seamlessly.

Nurses face their own barriers, particularly time and money.
As nurses reach their 40s and 50s, they may wonder about the return on investment (ROI) for a higher degree. Average earnings for staff RNs with BSNs are not much higher than those for ADN or diploma-prepared nurses, according to the IOM report (chart).

**Advancing the effort**

A good place to start supporting the effort is to learn what’s happening at the state level. So far, 15 states have signed on to the Future of Nursing Campaign for Action to help carry out the recommendations: California, Colorado, Florida, Idaho, Illinois, Indiana, Louisiana, Michigan, Mississippi, New Jersey, New Mexico, New York, Utah, Virginia, and Washington. (See Resources.)

**What states are doing**

Examples of what states are doing:

- Conducting inventories to learn what education programs are available, identify best practices, and determine gaps.
  
  In Illinois, one best practice is a collaboration between an ADN program and a neighboring RN-BSN completion program. A counselor from the RN-BSN program personally walks ADN students through the transfer application process. It’s a reason why 30% to 40% of 2-year grads at this college go on to earn a baccalaureate, higher than the national average, according to the Illinois Healthcare Action Coalition.

- Developing models that enable RNs to move seamlessly from an ADN to a BSN.
  
  Oregon is a leader. The state’s 13 ADN and BSN programs share a single curriculum. Students can complete their associate degrees in 3 years and their BSNs in 1 more year through the university without leaving their communities.

  California is working on a similar model. In all, 41 of the state’s 96 public nursing schools have signed on so far, with another 19 interested. The model features an integrated curriculum, elimination of duplicate courses, and shared faculty.

  The model will enable new grads to enroll in a baccalaureate program while still in school and move on seamlessly without ever stopping, obtaining a BSN with 1 more year of full-time study, explains Deloras Jones, MS, RN, president and executive director of the California Institute of Nursing and Healthcare.

  At least 10 other states have similar articulation agreements: Alabama, Arkansas, Connecticut, Florida, Idaho, Iowa, Maryland, Nevada, South Carolina, and Texas.

**What hospitals are doing**

Hospitals and health systems are taking steps to advance the education of nurse managers and staff. Illustrations of how organizations are contributing to the effort were shared by Catholic Health Initiatives (CHI), with 72 hospitals in 19 states; Saratoga Hospital, a community facility in upstate New York (sidebar); and VCU Health System, an academic medical center in Richmond, Virginia.

CHI’s chief nursing officer, Kathy Sanford, DBA, RN, FACHE, sees a moral and ethical imperative as well as a financial one to advance nursing education. Under Medicare’s value-based purchasing program and similar initiatives, part of hospitals’ future reimbursement will be tied to patient outcomes, she notes.

Because CHI is an evidence-based organization, its nurse executive council has considered the evidence, which is showing a link between BSN-prepared nurses and patient outcomes. A gap analysis for RNs with BSNs is underway. Based on the results, the nursing council will consider a goal for the entire system.

“The gap analysis will help us see how far we have to go in each place,” Sanford...
says. Currently, she says, the percentage of RNs with BSNs “is all over the board.” Some smaller hospitals are already at 85% BSN, while some are around 50%, and some are lower.

Among strategies CHI hospitals are using to advance nursing education:
• Tuition reimbursement for online BSN completion programs. Like many hospitals, CHI facilities assist nurses in paying for coursework.
• Relationships with local universities. For example, TriHealth, a Cincinnati-area system, offers an RN-to-BSN program on site at its 2 hospitals, partnering with the College of Mount St Joseph. Nurses receive full pay to attend classes for 18 months, tuition paid, in return for agreeing to stay with TriHealth for 5 years.
• Clinical ladder incentives. At St Elizabeth Regional Medical Center in Lincoln, Nebraska, RNs must have a BSN to progress to ladder Level 4.

BSNs for periop nurses
VCU Health System, as a facility with Magnet Recognition for nursing excellence, seeks out new hires with BSNs and encourages current staff to continue their educations, says Shirley Gibson, MSHA, RN, FACHE, associate vice president for nursing. That includes perioperative nurses.

VCU’s approach starts with the research, suggesting a link between RNs with BSN and better outcomes, says Deb Zimmermann, DNP, RN, NEA-BC, chief nursing officer and vice president for patient care services.

“We start with the patient at the center. We also recognize going back to school is not easy. We have discussions about what that means and how leaders and nurses can work together to achieve an 80% BSN workforce.”

About 65% of VCU’s current staff have BSNs, compared with the state’s average of 50%. The perioperative staff is about 40% BSN prepared.

That’s increasing. About 99% of new hires for the OR have BSNs, with many from VCU’s school of nursing, notes Debbie Bolling, MS, RN, nursing director, perioperative services. VCU has had a periop internship program for 10 years.

“If they’re not BSN prepared, we encourage them to go back to school,” Bolling says.

Among incentives for nurses to further their education:
• A tuition waiver. Instead of nurses paying up front for tuition and being reimbursed, after 1 year of service, VCU pays the tuition up front to the educational institution. “This is a seamless process that is a tremendous help to the nurse,” says Gibson.
• Online programs. Many of Virginia’s 30 BSN programs have online programs, and hundreds of others are available nationally.

Encouraging periop staff
Like many organizations, Saratoga Hospital, a 243-bed community hospital in Saratoga Springs, New York, actively encourages perioperative staff to further their educations.

“Our leadership team tries to make it as easy as possible for nurses to get additional education,” says Marianne Brennan, BS, RN, CNOR, administrative director of perioperative services.

Advancing nurses’ education is part of the strategic plan. These are ways Saratoga Hospital supports nurses in pursuing their educational goals:
• Offers an on-site BSN completion program in collaboration with Maria College in Albany, New York. “We actually built a classroom for the program,” Brennan says.
• Serves as a clinical site for 2 BSN programs.
• Offers tuition reimbursement, including books, in exchange for a nurse’s agreement to work for the hospital for a certain term.
• Supports RNs becoming first assistants. One nurse is pursuing a bachelor’s so he can become an RNFA. To be certified as an RN first assistant, an RN must have a bachelor’s and be a CNOR or advanced registered nurse practitioner, among other requirements.
• Pays up front for nurses to take the certification exam plus a $500 bonus on their certification anniversary date.
• Pays for a certification review course.

The hospital is discussing what type of incentive to provide for RNs who earn their BSNs.

Education for nurses is supported in part by a bequest from a physician who left funds for that purpose.
Why complete a baccalaureate degree?

Why should a veteran RN complete a higher degree? Here are some arguments suggested by nursing leaders:

**For patients’ sake**
“With an aging population and the growing complexity of the patients we serve, the research is clear that we need to advance the education of the workforce,” says Deb Zimmermann, DNP, RN, NEA-BC, chief nursing officer and vice president for patient care services for the VCU Health System in Richmond, Virginia.

“It really is for our patients’ sake that we are in a profession that is committed to learning, and that includes formal learning.”

**Nurses are trusted**
Nursing has rated number 1 as the most honest and ethical position in Gallup’s annual survey for 11 years. “The public puts trust in us. I think we would be remiss if we did not take the evidence [regarding education and patient outcomes] and make changes based on that evidence,” says Shirley Gibson, MSHA, RN, FACHE, associate vice president of nursing at VCU Health System.

**Leadership of self**
Adds Linda Burnes Bolton, DrPH, RN, FAAN, vice chair of the Future of Nursing report committee, “Human caring work is not limited to what you learned in nursing school when you graduated in 1969 or 1970. Nursing means you are continually acquiring knowledge—broad knowledge, not just skill knowledge.”

**Staying competitive**
Technology and care models are changing. “Realize you cannot count on current models and current jobs,” says Kathy Sanford, DBA, RN, FACHE, chief nursing officer for Denver-based Catholic Health Initiatives. “You’ll be more competitive when you combine more education with your experience.”

An example of a new role: “Virtual nursing.” Nurses monitor patients remotely at home by phone and other technology.

Entry-level BSN and master’s graduates are more likely to receive job offers at graduation or soon after than graduates from other fields.

In all, 65% of new BSN grads had offers at graduation, compared with 24% for other professions, in a survey by the American Association of Colleges of Nursing.

**Being part of a profession**
“We define ourselves as professionals, not just clinicians. Part of that is completion of higher learning,” says Burnes Bolton.

**Becoming a teacher**
Nurses with bachelor’s and higher degrees can consider becoming clinical faculty and help address the faculty shortage.

“That’s the scalable way to increase educational capacity,” says Deloras Jones, MS, RN. Supplementing programs with clinical faculty allows for increased enrollment.

Jones is president and executive director of the California Institute for Nursing & Health Care.

**Personal and professional growth**
“Education and growth are forever,” Sanford says. “It not only benefits you financially, but it also benefits your brain. It benefits you professionally, and that is something that will hopefully benefit patients, which is why we are all here.”

• Professional advancement program. Similar to a clinical ladder, the program provides a 6% increase in pay for each step. Advancing to Level 4 requires a BSN.
• Pay increase. RNs who earn their BSNs or MSNs advance on the compensation matrix, with a pay increase of 3% to 4%
• Scholarships. The human resources department helps nurses identify scholarship opportunities.
• Weekend scheduling. Nurses can work shifts during the weekend so they can go to school during the week.

**Recruiting BSN students for periop nursing**
VCU’s periop externship program, which Gibson thinks is unique, gives BSN students a chance to complete a periop clinical rotation as part of the BSN curriculum and earn 1 to 2 credits.

“Every semester, we go to the school of nursing to introduce perioperative nurs-
ing to the students” and recruit them for the externship, says Bolling.

The program accepts 7 students and typically has 35 to 50 applicants.

“The staff function as mentors and preceptors,” she notes, with students in return sharing their expertise in new technology.

Forty years after the American Nurses Association first called for a baccalaureate degree as the entry level for nursing practice, there’s renewed momentum behind the effort to have RNs complete their 4-year degrees.

“I think the IOM report has galvanized nursing nationally,” says Zimmermann. “It’s the first time I have seen across the country a galvanized workforce working toward common goals.”

❖

—Pat Patterson

Pathways to the BSN

• Traditional RN-to-BSN programs.
• Joint arrangements between local universities and colleges to offer onsite courses. Hospitals often provide stipends as an incentive.
• Online education programs.
• Community colleges offer 4-year baccalaureates in some states.
• Educational collaboratives in some states between universities and community colleges allow for seamless RN-to-BSN transition. Schools share curriculum, simulation facilities, and faculty. Example: Oregon Consortium for Nursing Education.
• Proprietary, for-profit schools are entering the market. Potential students should evaluate them for their ability to meet nursing accreditation standards, including clinical experiences.
• LPN-to-BSN and ADN-to-MSN programs. Some grants and scholarships are available.


Fast facts: Nursing education

Nursing graduates in 2006-2007:
• ADN: 60%
• BSN: 36%
• Diploma: 3%

Current workforce:
• BSN or higher: 50% (includes ADN- and diploma-educated nurses who have gone on to attain higher degrees)

—Source: Health Resources & Services Administration, 2010

Resources

Campaign for Action

Center for Championing Nursing in America
http://championnursing.org/

Directory: RN-to-BSN programs
www.aacn.nche.edu/IDS/pdf/RNBSN.pdf

Future of Nursing report
http://thefutureofnursing.org/IOM-Report

State Action Coalitions
http://thefutureofnursing.org/RAC-Contact