Moving from ADN to BSN: What Works for Washington RNs?

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Bachelor's-level education for practicing nurses has been the topic of vigorous discussion and debate for several decades. The conversation was opened in 1965 by the American Nurses Association (ANA) when it called for the baccalaureate degree to be the minimum preparation for nursing practice in order to ensure that the profession was in a position to meet nursing practice changes, including “major theoretical formulations, scientific discoveries, technological innovations, and the development of radical new treatments.”

The ANA sought to enact this as a requirement for all practicing nurses by the turn of the 21st century.

By 2001, professional nursing organizations such as the American Association of Colleges of Nursing and the National Advisory Council on Nurse Education and Practice were still making the case for increasing the numbers of baccalaureate-educated nurses – as well as for considering the baccalaureate degree (hereinafter referred to as BSN) as a minimum requirement for professional practice.

Today, the Patient Protection and Affordable Care Act (ACA) is giving added impetus to the nurse academic progression conversation. The ACA is challenging the U.S. health care system to find new, improved ways to provide patient-centered and evidence-based care that is seamless, affordable, accessible, and of high quality. To achieve this transformation various components within the health system will need to be restructured. This includes a re-evaluation of the roles, responsibilities, and relationships within and across many health care professions and practice settings.

Nurses are in a strong position to be leaders in helping this transformation move forward. In its 2011 report, *The Future of Nursing*, the Institute of Medicine (IOM) observed that nurses’ “regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the health care system and its many practice environments.”

The IOM asserts that realizing the nursing profession’s full potential to help improve both the health care system and its outcomes will require transforming the work environment, scope of practice, education, and even number of America’s nurses. This, given that nurses already comprise the largest portion of our nation’s health care workforce. The IOM notes that nurses must be encouraged, trained, and mentored to become leaders within the changing health care system to help bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients, to fulfill their potential as primary care providers to the full extent of their education and training, and to enable the full economic value of their contributions across practice settings to be realized.
A baccalaureate-level degree can help nurses meet the demands of a changing health care system. The IOM observes, for example, that a baccalaureate-level education gives the profession a stronger foundation to advance nursing science, and provides nurses with the tools they need to position themselves “to be effective change agents and to adapt to evolving models of care.”

The proportion of nurses graduating with a BSN has remained steady at about 40 percent for the past 10 years. In its 2008 National Sample Survey of Registered Nurses, the U.S. Health Resources and Services Administration reported that 40.3 percent of nurses graduating between 2005 and 2008 obtained a BSN degree. This proportion was essentially unchanged from the period 2001-2004 (when it was 40.1 percent), but was higher than the rate for nurses who graduated before 2001 (32.7 percent). The National League for Nurses reports a slightly smaller proportion for the years 2005-2008: a steady 37 percent (36.9, 36.6, and 36.5 percent, respectively).

### Suggested Benefits of a Baccalaureate Education for the Individual Nurse

Commonly cited benefits accruing to nurses who receive a baccalaureate degree include:

- **A wider range of nursing competencies.** BSN programs offer nurses additional competency training in caring for patients along with training in health policy, health care financing, systems thinking, leadership, and quality improvement.

- **Advanced training in using technology.** Care environments today rely heavily on advanced technology, including medical devices and procedures as well as complex information management systems. BSN programs offer nurses a higher level of education than was previously necessary to meet these workplace technology demands.

- **Increased opportunities for employment.** The BSN is becoming the preferred degree for registered nurses (RNs). For example, the IOM reports that health care organizations are increasingly requiring BSNs for entry-level positions, especially for new graduates hired into acute-care settings. The IOM also notes that community and public health settings also have for many years preferred the BSN as a minimum requirement for nurses.

- **Positioning for potential new licensure requirements.** Professional nursing organizations and state legislatures are exploring legal policies that require nurses to earn a baccalaureate-level degree in order to practice. For example, in its 2008 Master Plan, the Washington Center for Nursing recommended ensuring that “all RNs newly licensed in Washington State hold or obtain a BSN within 10 years of initial licensure, beginning in 2020.” In 2012 the National Council of State Boards of Nursing reported that discussion or actual initiatives for a “BSN in Ten” are in progress in 25 states. Two states, New York and New Jersey, have legislation pending.

- **Increased opportunities to work in federal employment.** The nation’s largest employer of registered nurses, the Veteran’s Administration, has made the baccalaureate degree the minimum requirement for nurses to be promoted beyond entry-level positions. The U.S. Army, Navy, Air Force, and Public Health Service all require a baccalaureate degree to practice as an active duty RN.

- **Higher job satisfaction.** Several studies conducted in the mid-1990s and early...
2000s suggest that higher education for nurses can lead to higher retention rates and job satisfaction. For example, a study by Rambur et al. in 2005 found that baccalaureate-level nurses were more likely to report higher job satisfaction specifically related to opportunities for autonomy and growth, and that they were more likely to remain in practice longer than other nurses.8

Benefits of a Baccalaureate-Educated Nurse Staff for Patient Outcomes

The IOM observes that a “causal relationship between the academic degree obtained by RNs and patient outcomes is not conclusive in the research literature.”2 Some evidence is emerging that suggests a baccalaureate-level education can contribute to improved patient outcomes. In 2003, a study by Linda H. Aiken, et al., out of the University of Pennsylvania School of Nursing, found that a higher ratio of BSN-educated nurses in hospitals in Pennsylvania corresponded to a lowered mortality rate for surgical patients.9

A second study conducted in 2005 by Carole A. Estabrooks, et al., out of the University of Alberta (Canada) replicated these findings, showing that patients in hospitals in Alberta staffed with higher proportions of BSNs had a lower 30-day mortality rate.10 The IOM and other experts agree that more research is needed to assess the nature and strength of any relationship between nurse educational attainment and patient outcomes.2

Barriers to Increasing the Number of BSN-Educated Nurses

Barriers to achieving a BSN degree arise at both the health system and individual level.

System-Level Barriers

• Patient outcomes. A stronger evidence base for a causal relationship between a BSN-level of nurse education and patient outcomes would help support the professional argument – made to potential nursing students, practicing nurses who do not have a baccalaureate-level education, current and potential employers, and health system colleagues – for attaining this education level.2

• Capacity. The current capacity of nursing schools cannot meet existing demand. The American Nurses Association reports that almost 60,000 qualified nursing school applicants were turned away in 2009.11 The IOM reports that a deficit in the supply of qualified faculty contributes to this capacity issue.2

• Geography. The location of BSN programs can be difficult to access for some potential students. For working nurses, an inability to access a nursing program near where they work or live can be a significant barrier to pursuing an advanced degree. The majority of BSN programs in the U.S. are located in highly populated urban areas. In Washington State, for example, the nursing education system is concentrated in the Puget Sound region.5 The IOM reports that fewer nurses who practice in geographic areas distant from nursing programs hold BSN degrees. Research indicates that the distribution of BSNs is much lower in rural and medically underserved areas than in urban areas.2

Individual-Level Barriers

• Value. Nurses’ perceptions of the value of a BSN-degree are mixed. Various studies have found that while some nurses are highly motivated to achieve a BSN, others are not. A 2011 meta-analysis of 28 published studies on nursing attitudes toward returning to school for a BSN identified common personal and professional motivators among RNs who valued a BSN education. Improved self-esteem, for example,
was a personal motivation for nurses to return to school. At a professional level, improved clinical judgment and career mobility motivated RNs to return to school. The study author also identified significant personal and professional disincentives for obtaining a BSN education. These included a belief that a BSN degree would not enhance clinical skills or would not benefit RNs in terms of salary increases or different treatment at work.

In her meta-analysis, the author notes that she agrees with the observations of other researchers on this topic that more rigorous research is needed to measure the attitudes and perceptions of registered nurses on returning to school for a BSN degree. 12

• Compensation. Salaries among nurses with BSNs are not always higher than those of their nursing colleagues with an Associate Degree in Nursing (ADN) or a nursing diploma, even though a BSN-level education requires more schooling and incurs more costs to the student. 2 A 2006 study that examined several questions regarding cost and value of BSN-level education found that although earnings may be slightly higher among BSNs as compared to their ADN counterparts, overall the “costs of the BSN degree are greater than the cumulative increased earnings over the course of the nurse’s subsequent work life.” 13

• Cost. The cost of a BSN education can be prohibitive. The IOM points out that costs that potential students must consider include both the costs for the educational program itself and the fiscal effects on the individual’s living expenses. Costs for educational programs differ depending on the type of program; for example, an LPN (licensed practical nurse) degree is the least expensive to attain, followed by ADN, then the BSN-accelerated program, traditional BSN track, Masters of Science in Nursing, and PhD/doctor of nursing practice. 2

• Time. For nurses currently in practice, work schedule and a need to maintain employment can hamper their ability to enter a traditional university-based BSN program. Complicating factors for their work schedule include shift work, taking on extra shifts, and working overtime hours. Shiftwork, by its nature, can prevent a nurse from attending class on any given day or week. 14,15

Ways to Increase BSNs in the Workforce

In addition to providing increased educational pathways, there are several other approaches for facilitating

“I do not feel it’s worth it. I have a management level job and feel I have a strong knowledge base.” 19
nurses advancement from an ADN or LPN to a BSN or higher. They include transforming existing educational programs by reducing the barriers of educational cost, enrollment capacity, teaching pool, and geographic location.

- **Expand distance-learning programs.** Distance learning is a common approach across many disciplines for increasing access to higher education. Distance learning has been viewed as an especially valuable tool for nursing education, to increase accessibility particularly for the ADN and diploma-prepared RNs. This educational approach also is an important option for individuals seeking a BSN in rural and underserved areas. Two examples illustrate this strategy:

  **Washington State University (WSU)** offers multiple study options for RNs to continue working while completing the requirements for a BSN degree from their location of residence. The program, which is offered at all five WSU College of Nursing locations, combines online and in-person instruction and allows part-time, full-time, or individual plans of study to complete program requirements.

  **New Mexico** instituted distance learning for BSN programs in order to offer increased accessibility for nurses in remote locations and to increase the overall level of BSN-prepared nurses in the state. The distance-learning partnership program uses interactive television, Internet-based web courses, classes offered one day each week, the ability to complete nursing courses within nurses’ home communities, and the ability to accommodate working nurses’ schedules with advanced planning. The program successfully graduated over 100 nurses in its first three years.

- **Expand BSN programs offered at the workplace.** Offering BSN-level nursing programs or classes on site can reduce the barrier of distance to nursing programs. Evidence suggests that classes provided at hospitals supports participation of working adults who can continue to work part time. Two examples illustrate this strategy:

  **Carondolet Health Network in Tucson** created an onsite BSN program that subsidized its students in exchange for a two-year work commitment. The Network anticipated an initial enrollment of 20 students and instead admitted 104.

  **Project Advancing Nurses’ Wisdom** is a partnership between a university, hospital,
and nurses association in Minnesota who united to offer an on-site baccalaureate completion program for RN employees. The program offers classes during weekday evenings on site, and the majority of program costs are kept low through cost sharing by the university and the hospital, a collective bargaining unit-negotiated tuition reimbursement program, and hospital-offered interest free loans.18

- **Collaborate across educational settings.** Community colleges play an important role in offering educational opportunities to students who may not have access to traditional university baccalaureate programs. They are the predominant educational institutions in rural and medically underserved areas.2 The IOM suggests that community colleges can help ensure pathways to the BSN degree in three key ways: 1) join collaboratives across educational settings, 2) develop innovative and easily accessible programs that link students to schools offering a BSN degree, and 3) develop their own BSN programs.2

- **Provide incentives for nurses to become faculty.** In order to expand faculty pools for teaching and turning out more BSNs, nurses with credentials to teach need incentives to do so. Salaries for advanced nurses in clinical settings far exceed their contemporaries in teaching positions. Hence, the IOM suggests offering a monetary incentive to educate and become educated appropriately in order to teach.2

**Conclusion**

BSN-prepared nurses can offer a significant contribution in knowledge and leadership to our rapidly evolving health system. Achieving a BSN also can benefit nurses, in that the degree offers increased competencies and employment opportunities, and can position nurses for new licensure requirements. Barriers to achieving a BSN, though numerous, are amenable to change. Creative ideas already are reducing their size and extent. And the small but intriguing evidence base suggests that expanding the pool of BSN-support strategies, as well as their reach, could catalyze real growth in BSN-prepared nurses.

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**Eye on Washington State**

**Pathways from the ADN to the BSN**

To increase the overall number of BSNs in the workforce, RNs with an ADN or diploma need to be able to access educational pathways. Existing options for ADNs in Washington State include:

- **Dual Enrollment.** Dual enrollment in ADN and BSN programs allows for a seamless transition from the ADN to the BSN. Students are admitted to the ADN program and complete and take the NCLEX-RN exam. They simultaneously have admission to BSN program so they can move directly into that program.5

- **Fused Model.** Washington State University, Columbia Basin College, and Walla Walla Community College allow for BSN attainment in four years: students complete their ADN then transition directly to the BSN. The programs develop their curriculum together so that classes are not duplicated. This also reduces competition for educators.5 University of Washington Bothell and Everett Community College are offering the 1+2+1 program, which allows the student to complete one year of pre-requisites at UW Bothell, complete the prelicensure RN program at Everett Community College, in two years, and return to UW Bothell to complete the BSN degree.

- **Community Colleges Offering BSNs.** As of April 2013, one approved community college-based program exists in Washington State as a joint creation of the University of Washington, Tacoma, and Olympic College.20 Programs at Bellevue and Wenatchee Valley Colleges are under development, and additional community colleges have expressed interest in creating programs at other locations.

- **LPN to BSN programs.** Pacific Lutheran University in Seattle is the only educational institution in the state, thus far, to offer an LPN to BSN program, but these programs are not uncommon in other states.5
References for material cited in this briefing paper


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