Nursing Collaborative 2015
of the
Ohio Nurses Association, the Ohio League for Nursing,
The Ohio Organization of Nurse Executives and the Ohio Hospital Association

Yellow Team Research
on
The Urgency for More Bachelor of Science in Nursing (BSN) Prepared Nurses in Ohio and The Accessibility of BSN Completion Programs for Registered Nurses (RN’s) Licensed in Ohio
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Executive Summary

The Nursing 2015 Collaborative, established in 2005, is composed of four Ohio health-related organizations. Work of the Collaborative is accomplished by representatives of the Ohio Hospital Association (OHA), the Ohio Organizations of Nurse Executives (OONE), the Ohio Nurses Association (ONA) and the Ohio League for Nursing (OLN). The Collaborative seeks to improve health care delivery in Ohio through support for initiatives that strengthen nursing. For example, due to the Collaborative’s efforts in 2008, HB 346 on safe staffing was passed and is now implemented in hospitals throughout the state.

Evidence is now mounting that nursing staffs with higher proportions of Bachelor of Science in Nursing (BSN) degrees and graduate degrees demonstrate higher productivity and better patient outcomes. Care delivery systems daily come under increasing pressure to improve outcomes to secure reimbursement. Concurrently, a looming nursing shortage is complicated by a paucity of faculty with graduate degrees to prepare new nurses. Health care reform simultaneously means that more graduate degree nurse practitioners will be required for primary health care delivery.

A closer examination of workforce dynamics reveals that insufficient numbers of associate degree (AD) and diploma educated registered nurses (RNs) are completing the BSN completion programs that are prerequisite for graduate studies. The Institute of Medicine (IOM) issued findings in October 2010 from an intensive two year study that includes a recommendation that nurses achieve higher levels of education through a seamless academic mobility environment.

Ohio nursing educators have developed such a system of educational mobility for nurses from LPN to PhD preparation. Significant educational innovations in nursing mean that an AD or diploma educated RN can attain the BSN degree in 12-18 months. The BSN is accessible in Ohio; BSN completion programs serve every region of the state in public, private and for profit institutions of higher learning; online programs are rapidly proliferating as well.

The Nursing 2015 Collaborative is considering a proposal that would legislatively require the newly licensed AD or diploma nurse to earn the BSN within ten years of initial licensure (BSN in Ten). Representative members of the Collaborative believe that currently practicing RNs should be exempt from this new requirement (“grandfathering” is not the correct technical term). Eighteen states are seeking BSN in Ten legislation. The case for such legislation is advanced in the report that follows. Parallels are in place in other disciplines. Among teachers K-12, to illustrate, the new teacher must earn a master’s degree within five years of licensure. Graduate degrees are required for practice in related health fields like pharmacy and physical therapy.

It must be emphasized that all pre-licensure programs (LPN, AD, diploma and BSN) must continue current levels of enrollment in order to provide sufficient numbers of new graduates for the workforce. The focus of this report is on the urgency of securing more BSN graduates for both practice and to form the pool for graduate education for the future in an increasingly complex health care delivery system. Nursing is an exemplar for career mobility while maintaining the respect of the public. The contributions of all current nurses and the nurses of the future will continue to be valued and essential.
In order for the current and future nursing workforce in Ohio to address the health care needs of the public, it is widely recognized that measures must be taken now to ensure that both adequate numbers of Registered Nurses (RNs) are prepared and that their educational preparation is appropriate to ever more complex practice in many settings. These dimensions interact in significant ways.

Specifically, there is urgency evident for an overall increase in the numbers of BSN credentialed nurses practicing in Ohio as well as for the preparation of adequate numbers of nurses. BSN prepared nurses are needed to complete graduate programs in addition to providing bedside care. It will be demonstrated in this report that BSN completion education is a significant part of solutions to the multiple challenges facing health care delivery.

Licensed Practical Nurses (LPN), associate degree (AD) and diploma credentialed new nurses have long been integral to the provision of bedside care throughout the state along with Bachelor of Science (BSN) prepared new graduates. Evidence of an emerging shortage of nurses in direct care, advanced practice in primary care, mid and executive levels of nursing administration, and nursing education concern many. Health care reform, promising greater access to care, means that need for nurses in all care delivery settings will increase beyond current levels. Policy makers must consider that:

- Research has established correlations between educational preparation of nurses and outcomes of care. Nursing staffs with higher proportions of BSN and MSN prepared nurses demonstrate increased productivity and better patient outcomes. (Aiken et al, 2003, 2008, and 2009; Estabrooks, et al, 2005; Friese, et al, 2008; Tourangesu, et al, 2007) At a time when care delivery systems must improve care outcomes to assure reimbursement, it is evident that the educational preparation of nurses be considered in light of this research.

- The BSN is prerequisite for entry to graduate programs that prepare advanced practice nurses, administrators, faculty members and researchers. The vital pool of nurses with graduate degrees is greatly affected by the numbers of AD and diploma educated nurses who do or do not move through BSN Completion Programs.

In 2008, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. The IOM report, released in October of 2010 titled The Future of Nursing contains 4 substantive recommendations:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.
The second IOM recommendation regarding education affirms the work of the Nursing 2015 Collaborative already well underway at the time of the report’s release.

Thus, the Nursing 2015 Collaborative’s goal toward increasing the numbers of BSN and higher degreed nurses practicing in Ohio is validated and it is further demonstrated in this report that a seamless system of academic preparation is in place in Ohio. Collaborative representatives advocate that by 2015 at least 50 percent of the RN workforce should hold the BSN degree or higher. Concurrently, the Collaborative is discussing the creation of legislative standards by which new AD and diploma graduates shall complete the BSN within ten years of passing NCLEX, the RN licensing exam. It is proposed that currently practicing RNs would not need to meet this standard (by exemption, “grandfathering” is not the correct technical term) but career minded nurses realize that completion of the BSN is essential to personal career goals for specialty certification, advanced practice, administration, teaching and research positions.

The Nursing 2015 Collaborative

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OHA currently represents approximately 170 hospitals and 40 health systems throughout Ohio. OHA also has more than 1,900 personal members of 11 affiliated societies, one of which is OONE, a professional organization for nurse executives and managers. ONA is a membership organization that represents over 8,500 registered nurses and has been promoting and protecting nurses, the nursing profession and those who receive nursing care for over 100 years. (Retrieved July 31, 2010 from http://www.ohnurses.org//AM/Template.cfm?Section=Home)

The mission of the OLN is to advance excellence in nursing education and to prepare a strong and diverse nursing workforce. OLN addresses issues facing all nursing education programs through advocacy and leadership. OLN membership (individual and agency) brings together nurses representative of all types of preparation, nursing education programs and agency members who share an interest in the provision of nursing care. (Retrieved September 16, 2010 from http://www.ohioleaguefornursing.org/displaycommon.cfm?an=1&subarticlenbr=2)

Background

The Ohio Board of Nursing (OBN) website (May 2010) listed 66 LPN, six diploma, 46 AD and 31 BSN programs that prepare new graduates to sit for NCLEX-LPN and NCLEX-RN, the licensure exams. Diploma and AD graduates comprise a significant part of the RN workforce and nursing is an exemplar for career mobility. With multiple entry points, nurses can advance academically, as time and resources permit, from licensed practice nurse (LPN) to the doctorate in nursing. However, for these pre-licensure programs to continue to graduate new nurses at the same or higher rates, the numbers of MSN and PhD nurses qualified for faculty positions must also increase. But, in fact, the opposite trend is occurring. Unfortunately, nursing faculty retirement rates will increase just as the nursing shortage deepens in the next few years.
The American Association of Colleges of Nursing (AACN) reports a current faculty vacancy rate of 6.9 percent for 2010 among U.S. nursing schools, up from 2009. AACN President Dr. Kathleen Potempa states that, “With the faculty shortage expected to balloon over the next ten years and the demand for expert nurses increasing in response to healthcare reform, policymakers and other stakeholders must take decisive action now to maximize enrollment in graduate nursing programs.” (Retrieved September 22, 2010 from http://www.aacn.nche.edu/Media/NewsReleases/2010/facshortage.html) More nurses attaining the BSN is obviously key to addressing this concern as well as for the other previously identified needs for more output from graduate education programs.

The profile of new nurses entering the Ohio workforce in 2008 was 4741 LPN, 264 diploma, 4303 AD, 2543 BSN, and 82 through direct entry MSN/PHD programs (Retrieved September 21, 2010 from http://www.nursing.ohio.gov/education.htm). Of the 7110 new nurses licensed in 2008, the 64% who earned the diploma or AD must first complete a BSN before they can enroll in graduate education.

Aiken et al (2009) examined data from the 2004 National Sample Survey of Registered Nurses on the nearly 1.4 million RNs who obtained either the AD or BSN between 1970 and 1994. They learned that, of the 59 percent whose initial RN preparation was the AD, only six percent had earned the MSN or PhD by 2004 while nearly 20 percent of initially prepared BSN nurses had done so. The authors noted that, “just under 159,000 nurses obtained graduate education in a quarter of a century and thus were eligible to teach in nursing schools or to become NPs.” (Retrieved August 16, 2009 from http://www.rwjf.org/pr/product.jsp?id=44228) Knowledge of these demographics confirm the sense of urgency expressed in this report that policy makers address the low numbers of nurses who move through BSN Completion Programs and thus to eligibility for graduate studies.

Nursing education programs throughout Ohio, with the participation of nursing administration leaders, collaborated in the late 1990s to adopt the Ohio Nursing Articulation Model (ONAM) that provides for an efficient progression from Licensed Practical Nurse (LPN) to Registered Nurse (RN) and RN to the baccalaureate degree. (Retrieved July 31, 2010 from http://www.ohioleaguefornursing.org/) Institutional barriers to educational mobility that once included limited transferability of lower division course work and credits have been eliminated. Principles of adult education are now widely used, BSN Completion Program curriculums have been modified, and the availability of online courses and degrees enhance nurses’ access to higher degrees well beyond entry. Now, as never before, the completion of a BSN is accessible to the LPN, diploma and AD graduate.

BSN Completion Programs

BSN Completion Programs are available in public, private and for profit colleges and universities in every region of Ohio. Online courses and degrees further reach into every community to bring completion degree studies to the individual nurse. The BSN completion curriculum has evolved in important ways so that knowledge gained through the AD or diploma experience is extended, not repeated. The BSN completion curriculum is designed to enhance current practice of the nurse with new knowledge and skills while laying the foundation for graduate school. Characteristics of today’s BSN completion curriculum typically include:

- Transfer credit for prior academic credits including pre-licensure nursing courses. Ohio’s BSN Completion Programs have entered articulation agreements with neighboring community college and diploma programs to map out how coursework will transfer.
- Course offerings at times convenient to employed RNs on part time and full time schedules. Some BSN Completion Programs offer courses at the work site.
Use of technology to enhance learning so that the RN becomes skilled in accessing and evaluating the literature from which evidence-based practice is derived.

Coursework in nursing theory, research methods and statistics that also aid in evidence-based practice decision making and prepare the nurse for graduate studies.

Coursework in health and physical assessment knowledge and skills that go beyond pre-licensure preparation so that the nurse’s current practice is strengthened and groundwork is laid for advanced practice.

Coursework and activities designed to strengthen leadership and management skills.

Independent practicums that incorporate opportunities to gain knowledge about population and community-based care delivery, leadership and management while simultaneously building skills in project development, management and evaluation.

The Nursing 2015 Yellow Team reviewed the accessibility of BSN Completion Programs across the state in 2009. Twelve BSN Completion Programs are located in public universities and 22 private universities offer BSN Completion Programs. Three multi-state universities, two of these for-profit, have sites in Ohio. At the time of the survey, 21 online/distance learning programs located across the country allow RNs to study entirely from home in Ohio. No doubt the numbers of online options for BSN Completion will increase over time.

In recent years an increasing number of small private Ohio colleges and universities have established BSN Completion Programs in response to community need- realizing that fewer resources (faculty, space and equipment) are required when compared to pre-licensure nursing education. Many private colleges and universities are located in remote and rural areas of the state thus extending access. Examples are Muskingum, Ohio Northern, and Urbana Universities. The opportunity to attend in-person classes that are often offered through the institution’s adult degree completion divisions are attractive to many RNs who have been out of formal education programs for some time.

In addition, many BSN Completion Programs, recognizing the need for RN’s to subsequently enroll in graduate programs, have also implemented “fast track” BSN to MSN/PhD options. BSN completion graduates very often indicate that their motivation for enrolling in BSN completion studies is to be able to pursue the master’s and doctoral degrees that open new career horizons.

Access to community practicum sites for the study of population-based care and management is widely available. RN Completion students are welcome as licensed colleagues whose academic work can be simultaneously designed to address needs and goals of the affiliating agencies. Faculty, especially seasoned faculty, seek out positions in BSN Completion Programs as stimulating and feasible opportunities to support the advancement of future leaders, advanced practitioners, educators and researchers for the profession.

The Economics of BSN Completion Education

Tuition is lowest in state universities due to public subsidies; in-state tuition ranges from $219 to $360 per credit hour among Ohio’s twelve public BSN Completion Programs. In private colleges and universities, the range is $255 to $448 per credit hour; tuition at the FPB School of Nursing at Case Western University is an outlier at $1496 per credit hour. Tuition at Ohio for-profit programs ranges from $485 to $575 per credit hour.
The number of credits required by a particular college or university for the BSN, as well as fees, books, and equipment, figure in the total cost of the degree. It is possible to make estimates for the prospective RN-BSN completion student at the time of transcript evaluation and degree program planning with an adviser in the BSN Completion Program. In general, RN-BSN completion students transfer in half to two thirds of the credits needed for the BSN when they begin completion studies.

A variety of financial options assist the RN complete the BSN:

- **Grants, aid and scholarships from the college or university.** Many private colleges and universities discount tuition so the published cost per credit hour is only the starting point. BSN completion tuition may be less than for pre-licensure students—especially when the BSN completion degree is affiliated with the university’s adult education program. Scholarships that are directed toward nursing vary from institution to institution. Once the Free Application for Federal Financial Aid (FASFA) form is completed, it is used to determine aid by Financial Aid Offices in both public and private institutions. Individual circumstances and eligibility vary.

- **Employer tuition assistance.** Hospitals are the most likely to offer employee tuition assistance. Certain larger nurse employers like hospitals are contracting with nearby colleges and universities for group tuition discounts. Less tuition assistance is available in work settings like public health, schools, and long term care. But, as nursing shortages worsen, the marketplace may offer more incentives like tuition assistance to attract and retain well prepared nurses.

- **Federal aid.** Various financial aid incentives and student loan forgiveness programs have been offered and more are likely as effects of health care reform and a growing shortage of nurses in all sectors is experienced.

- **Student loans.** Low interest federal loans may be available depending on individual circumstances. Commercial loans may also be obtained. Financial aid offices in colleges and universities can assist prospective students with loan information. A cost/benefit analysis can illuminate the value of a loan in relation to long-term career advancement for the nurse.

- **Military services incentives.** While military recruitment initiatives now target BSN and higher degree nurses, incentives may be adjusted to meet need.

- **Emerging innovative joint ventures and partnerships.** Two examples include (1) the ONA/Ohio University initiative that offers half tuition to ONA members at the BSN Completion program at Ohio University and (2) the BSN completion tuition assistance program at Ohio Health operated with education partners who offer the BSN.

The length of time necessary to finish a BSN completion degree varies with the credits needed and whether full-time or part-time study is feasible. Often a combination of the two is most efficient. BSN Completion Programs organized in association with adult degree completion divisions are often able to facilitate a timelier meeting of the general education component of a degree as well. A committed BSN Completion student can graduate in 12 to 24 months. For part-time study, four years is a reasonable estimate. With matriculation in a BSN Completion Program, some nurses even find that previously unavailable positions are within reach on the expectation of degree completion. The ONA has published a guide to aid the RN in selection of a BSN Completion Program.

Many RNs provide much or all of the financial resources for their families. LPN, AD or Diploma, or education allows them to enter the profession but some may be unable to go further without financial aid.
themselves. Now is a good time for provisions of healthcare reform to assist since appropriately prepared nurses in greater numbers at all levels are required to deliver care.

Ohri (2010) has offered a guide to aid the RN in selection of a BSN Completion Program in the July-August issue of the Ohio Nurses Review. The OLN publishes an annual listing of nursing programs in Ohio that can be viewed at http://www.ohioleaguefornursing.org/index.cfm.

During the spring hiring season of 2010 it was newsworthy, for example, that Philadelphia hospitals were only hiring BSN graduates. North Shore Hospitals in New York are adopting the expectation of the BSN for employment. Here in Ohio, Christ Hospital in Cincinnati has announced that it is moving to an all BSN nursing staff. At the Cincinnati Children’s Hospital Medical Center the BSN is expected for new graduate hires and for advancement. The picture is similar in Columbus and Dayton. The marketplace is speaking.

In closing, members of the Nursing 2015 Collaborative Yellow Team emphasize that:

1. Full operation of all pre-licensure programs is necessary to provide bedside care in the many settings in which nursing is needed. LPN, Diploma and AD programs are important first rungs in the nursing career ladder.

2. Evidence that correlates the educational preparation of nursing staffs with better patient outcomes and higher productivity requires that significantly more AD and Diploma RNs move through BSN Completion programs to both provide direct care and to form the pool for higher enrollments in graduate programs.

3. Health care delivery systems must demonstrate improvements in outcomes to assure reimbursement now and in the future. Nurses’ contributions to safe effective care are key.

4. BSN Completion Programs are accessible throughout Ohio and offer a variety of options suited to diverse student needs. It is feasible that Diploma and AD prepared RNs can earn the BSN within ten years of initial licensure. Exemption to the statue for currently practicing AD and Diploma educated nurses ensures that ample lead time is provided for those who enroll in AD and Diploma programs in the future.

5. Funding for BSN Completion Program students who lack resources must concurrently be addressed by legislative bodies, foundations, scholarships, traineeships, and sought from other sources in order to meet the workforce goal.

6. The BSN is required for individual career advancement and it is essential for career opportunities that require a graduate degree. Earning power correlates with advanced degrees with the exception that most faculty positions remain underpaid.

7. The preparation of adequate numbers of nursing faculty, nurse practitioners, administrators and researchers is dependent on higher numbers of nurses finishing BSN Completion Programs.

The nursing profession, as with other professions, has an obligation to establish and update educational standards when evidence requires it. Policymakers and diverse stakeholders have roles to play as well. This report is intended to encourage dialogue and problem solving among multiple constituencies.
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