

### **Progress on the Institute of Medicine Recommendations: Perspectives on the Evidence, Nursing Education**

March 22, 2016

#### **Introduction**

This 60-minute webinar focused on recent changes in the education level of practicing registered nurses (RNs) and featured researchers, policy experts, and a hospital executive. The goal of the webinar was twofold: to share progress on achieving the recommendation in the Institute of Medicine's (IOM's) 2010 report *The Future of Nursing: Leading Change, Advancing Health* that 80 percent of practicing nurses hold at least a bachelor of science in nursing (BSN) degree by 2020, and to review recent research supporting the "80X20" recommendation.

Researcher Linda Aiken, PhD, RN, FAAN, is the Claire M. Fagin Leadership Professor in Nursing, Professor of Sociology, and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania. She opened the presentation with the news that nurses are going back to school in large numbers to earn BSN degrees. As a result of the rise in the number of RN-to-BSN programs, a historic shift occurred in 2011. For the first time in the United States, the number of BSN graduates exceeded the number of newly minted nurses entering the workforce without a BSN. Aiken emphasized that when looking at the data, it is important to distinguish between the number of nurses holding BSNs and the number of BSN holders who are currently working in clinical settings. Today only 6 percent of hospitals have an 80 percent or greater baccalaureate-prepared nursing workforce delivering direct care to patients.

Next, Aiken reviewed relevant research that has been published since the IOM report's release. This part of the presentation covered the association between improved patient outcomes and clinical settings where higher proportions of nurses hold BSN degrees, and the need for more research that can show causality in order to make the business case for hiring nurses who have a bachelor's degree.

Aiken concluded her presentation by noting that the rate of increase at which nurses are obtaining BSN degrees is not currently high enough to reach the goal of an 80 percent baccalaureate-educated nurse workforce by 2020. She identified the market—specifically employers' preferential hiring practices—as the driving force behind the increase in the number of BSNs in the workforce, yet 70,000 new nurses enter the workforce each year without a BSN. She suggested that policymakers could play a role in supporting academic progression by redirecting federal education dollars to ensure that every nursing student completes his or her education with at least a BSN degree.

The response portion of the webinar included input from a hospital executive, other researchers, and two policy leaders. Patricia A. Polansky, RN, MS, director of program development and implementation at the Center to Champion Nursing in America, moderated the discussion.

For a review of the webinar slides, see the attached PDF: “Final Perspectives on the Evidence, Nursing Education PowerPoint.”

### **Responses moderated by Pat Polansky**

*Linda Aiken asked Jeanette Ives Erickson, RN, DNP, FAAN, to comment on why she thinks the overall market for nurses has moved toward the BSN. Erickson is chief nurse and senior vice president for Patient Care Services at Massachusetts General Hospital, Instructor at Harvard Medical School, and Professor at MGH Institute of Health Professions. She also serves as the chair, Chief Nurse Council, Partners HealthCare System.*

**Jeanette Ives Erickson** described “Operation BSN,” an effort MGH began in 2004 to transition to hiring primarily baccalaureate-prepared nurses. She explained that after a year of planning and a lot of internal and external communication with existing employees, human resources, and community stakeholders such as nearby nursing schools, MGH began requiring all new-graduate hires to have a BSN. Under this policy, the hospital achieved the 80 percent benchmark in 2011, and the percentage of its nurses with BSN degrees has continued to rise.

Erickson explained that one area of relative ease in the process was the smooth adoption of the policy by nurse managers who were quick to see the value added by higher a higher proportion of BSNs on staff. One challenge to the program came from nearby associate degree programs that opposed the change. Ultimately, Erickson noted, MGH decided to end the hospital’s clinical affiliation agreements with associate degree nursing programs because they put associate degree students into a clinical setting in which they had no hope of getting hired. Erickson concluded with the positive outcomes seen at MGH. Since implementing the policy, the hospital has seen cost savings in recruitment, increased nursing staff diversity, and continued high scores for patient safety and satisfaction.

*Polansky asked Suzanne Miyamoto, PhD, RN, FAAN, senior director of government affairs and health policy at the American Association of Colleges of Nursing (AACN), to discuss education trends related to the BSN.*

**Suzanne Miyamoto** summarized the trend toward greater diversity among BSN nursing students. She cited the most recent AACN data showing a 5 percent increase over five years in the number of BSN students who come from underrepresented backgrounds and an even higher increase in the diversity of students in graduate nursing programs. In some states, progress has been much more dramatic. Miyamoto added that the number of men in nursing has increased to 12 percent today from 9.5 percent in 2005. She also pointed to “skyrocketing” numbers of students who progress seamlessly from associate degree to baccalaureate nursing programs. This shows a real commitment by associate and baccalaureate programs to cooperating with one another, she explained. Miyamoto credits much of this progress to Academic Progression in Nursing (APIN), a grant program of the Robert Wood Johnson Foundation.

*Pat Polansky asked Mary Lou Brunell, MSN, RN, executive director of the Florida Center for Nursing, to discuss Florida’s response to both the new evidence and the Future of Nursing report’s “80X20” recommendation.*

**Mary Lou Brunell** offered insights from multiple perspectives starting with that of her state’s employers. Brunell reported that 70 percent of surveyed hospitals and 20 percent of other health facilities said they preferentially hire BSN holders. She added that hospitals participating in the

Florida Healthcare Workforce Initiative consistently favor preferential hiring for nurses with BSNs, although this is not as evident in rural areas.

Meanwhile, Brunell explained, academic programs in the state have undergone a major shift. Since Florida enabled community colleges to transition to become state colleges that can offer four-year nursing degrees, the state has seen a 19 percent increase in graduations from both associate and baccalaureate prelicensure nursing programs. Additionally, an increase in RN-to-BSN completion programs has translated into a 58 percent increase in the number of RNs completing their BSN degrees in Florida from 2010 to 2013.

The Florida Action Coalition's Sun Coast Action Team has also been an agent of change in the state, Brunell pointed out. The coalition, based in the Sarasota region, has been working for several years with health industry employers, academic partners, and community partners to increase the education level of nurses in their region. The coalition has hired a "navigator" who works directly with nurses who are interested in advancing their education to the next level, whether it be BSN, MSN, or doctorate. Brunell explained that the navigator is not affiliated with any employer or academic institution so can focus on working with prospective students to help them identify their best available educational opportunities.

Lastly, Brunell offered statistics that demonstrate these efforts are working. Data from the Florida Center for Nursing shows Florida's supply of working RNs with a BSN or higher degree increased from 39.5 percent in 2011 to 45.6 percent in 2015. Florida also saw a 68 percent increase in working RNs with a doctorate between those same years.

*Polansky framed three topics for further discussion: 1) low pay for faculty, 2) the difference between rural and urban baccalaureate preparation, and 3) nursing shortages in long-term care and other community settings. She asked Olga Yakusheva, PhD, associate professor, Department of Systems, Populations and Leadership, School of Nursing at the University of Michigan, for a response.*

**Olga Yakusheva** praised the efforts so far in striving for the 80 percent benchmark but added that progress has not been fast enough to achieve the goal by 2020. If half of hospitals require all new hires to have a BSN, she pointed out, then half do not. Yakusheva suggested that while understanding of the value of BSN-prepared nurses has increased, changes in hiring practices lag. She speculated some employers may be prioritizing short-term goals rather than thinking strategically about future expenses or the disruptions that could occur during a future transition to a BSN-prepared nursing workforce.

*Polansky asked Linda Aiken to respond.*

**Linda Aiken** pointed to limited capacity for educating BSNs as a major stumbling block and called for broader approaches to expanding capacity in generic BSN programs. She suggested creative use of community colleges to increase this capacity and proposed incentivizing community colleges using federal money from the Carl Perkins Act. Aiken cited Florida's move to use its high number of community colleges to address the state's need for more BSN programs as an interesting model.

*Polansky asked about faculty pay as a potential contributor to the inability of BSN programs to keep up with demand. Linda Aiken responded.*

Aiken conceded that, as in all health professions, there is a difference between what universities pay their faculty and what clinicians can make in practice. She suggested a faculty practice model as one possible solution and added that this would not only help to increase salaries; it also would have a positive impact on the quality of education for the student and quality of care for the patient. Aiken mentioned Medicare's graduate nursing education (GNE) pilot as another potential source of funding that could assist nursing schools in hiring more faculty if GNE were to be adopted nationally.

*Polansky pointed to the Center to Champion Nursing in America website as a source for more information then asked if anyone would like to address the need for baccalaureate preparation in rural areas, community settings, or in long-term care.*

**Erin Fraher** responded. (Fraher, RN, PhD, FAAN, professor in the School of Nursing, research fellow in the Cecil G. Sheps Center for Health Services Research, and chair, Division of Health Care Environments at the University of North Carolina, Chapel Hill, is conducting research on workforce planning and will present her findings in May.) Fraher said there is concern that practicing nurses who leave rural areas to complete a BSN degree will never come back, but she added that the fear is unfounded. A recent study showed these nurses were twice as likely as nurses who attended prelicensure BSN programs to practice in rural areas after receiving their BSNs, and they were three times as likely to practice in underserved communities. This information, Fraher said, should be shared to alleviate these concerns.

**Mary Lou Brunell** added that this is one area where advancing the BSN in community colleges can help because community colleges can offer educational opportunities within the rural community itself.