



CHARTING NURSING'S FUTURE

REPORTS ON POLICIES THAT CAN TRANSFORM PATIENT CARE

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The Case for Academic Progression: Why Nurses Should Advance Their Education and the Strategies that Make this Feasible

In 2010, the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, issued a call for academic progression with two specific goals for 2020: an 80-percent baccalaureate-prepared nursing workforce and a doubling of doctorates held by nurses. The report's authors reasoned that although associate degree nursing education is less costly and provides important upward mobility for diverse populations, higher degrees in nursing yield significant benefits for patients, employers, and communities.

Achieving these benefits will require a cultural shift, coordinated effort, and significant resources, but recent support by nursing education stakeholder groups is creating unprecedented momentum for academic progression. This brief describes current trends in nursing education and employment and showcases promising strategies for overcoming existing barriers to academic progression. It also examines how states, the federal government, educational institutions, and employers are creating incentives and opportunities for students and working nurses to earn higher degrees.

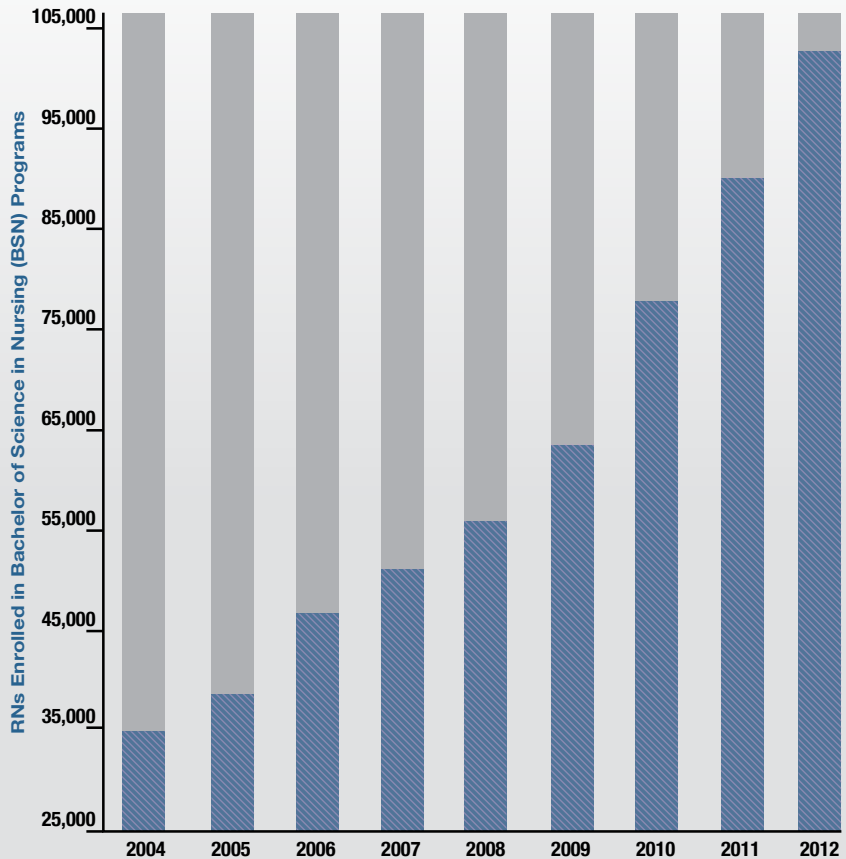


“Associate degree programs are important gateways to the nursing profession, and as such, are vital to the health and well-being of our citizens. Working in partnership with four-year institutions, community colleges are committed to increasing opportunities for our students and practicing nurses to advance their educations.”

—Walter G. Bumphus, PhD

President and CEO, American Association of Community Colleges

Figure 1. More RNs Are Returning to School



Source: American Association of Colleges of Nursing

Why Academic Progression Matters

The 2010 *Future of Nursing* report, jointly released by the Robert Wood Johnson Foundation® (RWJF) and the IOM, set two ambitious goals for nursing education to achieve by 2020: increase the proportion of nurses with baccalaureate degrees from approximately 50 percent today to 80 percent and double the number of nurses with doctoral degrees.

As straightforward as such goals may seem, longstanding barriers discourage academic progression. Students are not eager to forgo income or take on debt to return to school; not all employers offer tuition assistance or flexible schedules; and many nursing schools are already at full capacity. Academic progression can also be cumbersome because nursing's multiple pathways into the profession (see box, at right) are poorly aligned.

In September 2012, five nursing education stakeholder groups issued a joint statement supporting academic progression for nurses (see excerpt, at right). This position reflects both a growing national consensus and global trends that favor uniform nursing preparation, typically at the baccalaureate level. The United States has been slow to join this movement, but the need for thousands of highly educated nurses to fulfill the promise of health reform is driving nurses, their employers, and schools of nursing to consider the benefits of preparing more nurses at the baccalaureate level.

Health Care Delivery Is Changing

In addition to possessing a fundamental knowledge of patients' health needs and the skills and abilities required for entry-level nursing practice, today's nurses are called upon to take part in and lead interprofessional initiatives aimed at improving the quality, safety, and efficiency of care delivery. Nurses are also in the forefront of care coordination and prevention now that more care is being delivered in the home, the community, and remotely. Baccalaureate degrees, with their inclusion of public and community health content, help equip nurses to meet these challenges.

Primary Care Providers Are in Short Supply

As an estimated 32 million Americans gain insurance under the Affordable Care Act (ACA), the current shortage of primary care providers (PCPs) will worsen, but nurses trained at the graduate level will help fill the gap. Nurse practitioners (NPs), who must earn a master of science in nursing (MSN) or a doctorate of nursing practice (DNP) degree, are the fastest-growing group of PCPs. By 2025 they are projected to double their numbers and near or top 200,000. Certified nurse midwives will also contribute by providing primary care services to women of childbearing age.

Faculty Are Needed to Educate the Next Generation of Nurses

Recent estimates suggest that U.S. nursing schools turned away tens of thousands of qualified applicants from bachelor of science in nursing (BSN) and graduate nursing programs in 2011 due, in large part, to an insufficient number of nurses with graduate degrees who could serve as faculty. This problem will be exacerbated as baby boomers retire from the faculty ranks. Since BSN-prepared nurses are more likely than nurses with associate degrees in nursing (ADNs) to eventually attain graduate degrees, an expanded pipeline of BSNs will contribute to solving the nurse faculty shortage.

FAQ

Q: Won't drawing nurses back to school contribute to the nursing shortage?

A: Data on nurses licensed in the mid 2000s showed that most BSN- and ADN-prepared nurses were still working in direct care six years later. This suggests that most RNs who obtain BSNs will remain at the bedside where their education will enhance patient care. Nurses prepared for greater professional autonomy through baccalaureate education are also needed in community settings where more and more care is being delivered.

"Community college presidents, boards, and program administrators are aligned with the nation's nursing association leaders in the belief that every nursing student and nurse deserves the opportunity to pursue academic career growth and development ... Our common goal is a well educated, diverse nursing workforce to advance the nation's health."

Joint Statement on Academic Progression for Nursing Students and Graduates

Endorsed by the American Association of Colleges of Nursing, the American Association of Community Colleges, the Association of Community College Trustees, the National League for Nursing, and the National Organization for Associate Degree Nursing.

Pathways into Registered Nursing Practice

Each state board of nursing requires nurses to earn one of the following pre-licensure credentials and pass a national standardized licensing exam (NCLEX®).

Nursing diploma. Awarded by three-year, hospital-based nursing programs. Once the norm, diploma programs now educate only 4 percent of new RNs.

Associate degree (ADN or ASN). Awarded by community college programs that combine at least two years of coursework in science and nursing with clinical experience. These programs currently educate 53 percent of new RNs.

Baccalaureate degree (BSN). Awarded by four-year, university-based programs that require liberal arts, science, and nursing courses along with clinical experience. They now educate 43 percent of new RNs.

Second degree BSN or pre-licensure master's degree (MSN). Programs that award academic credit to college graduates with degrees in other fields in as little as 11 to 36 months.

How Patients and Families Benefit

Along with extending insurance to millions more Americans, the ACA creates incentives for health care providers to offer more of the preventive, primary care, and care coordination services that have been shown to improve patient outcomes and reduce the number and length of hospital stays. In response, health systems are deploying nurses in emerging roles to meet these objectives.

RNs are designing and implementing care plans for highly complex patients who are chronically ill or transitioning between care settings. RNs are assuming on-site leadership roles in the redesign of care systems. Demand is also growing for advanced practice RNs whose post-graduate work prepares them for licensed independent practice and for advanced clinical roles delivering both primary and acute care to patients of all ages. As the IOM *Future of Nursing* report states, “A more educated nursing workforce would be better equipped to meet these demands.”

By emphasizing leadership, population health, and the translation of research into practice, baccalaureate and graduate education prepare nurses to function well in today’s evolving health care environment. Newly licensed nurses with BSN degrees report feeling better prepared than their ADN counterparts in areas such as evidence-based practice, using quality improvement data analysis, and systematically

applying tools and methods to improve performance. BSN students also traditionally receive two to three times more clinical training in outpatient environments than do their ADN counterparts. This preparation will be key to meeting the increasing demand for nurses who can provide care in the community or via the Internet.

For More Information: Kovner CT, Brewer CS, Yingrengreung S, Fairchild S. *New Nurses’ Views of Quality Improvement Education*. *Joint Commission Journal on Quality and Patient Safety*. 2010;36(1):29-35.

The Evidence Linking Baccalaureate Nursing Education to Improved Patient Outcomes

A growing body of research suggests that a baccalaureate or higher degree prepares RNs for greater professional responsibility and more complex practice. It also suggests that having a higher proportion of BSN-prepared nurses on staff in hospitals is linked to better patient outcomes.

Research in this last area has grown in the past decade. The first studies generally examined the association between BSN preparation and patient mortality rates during or following a hospital stay. Early studies found no significant associations between nurses’ education and patient outcomes, and there has also been debate about whether differences between students enrolled in baccalaureate

and associate degree programs, rather than the programs themselves, influenced early research results. More recently, studies have supported an association between BSN staffing and outcomes such as lower incidence of pressure ulcers, postoperative deep vein thrombosis, hospital-acquired infections, and post-surgical mortality. Because these recent studies examine larger quantities of data, they make a stronger case for the benefits of BSN staffing.

For More Information: A summary of the evidence linking nursing education and patient outcomes begins on page 169 of the IOM report, *The Future of Nursing: Leading Change, Advancing Health*.

FAQ

Q: If nurses attain higher degrees, who will be at the bedside?

A: The majority of nurses who currently work at the bedside will remain there, but their newly acquired knowledge and skills will enhance patient care. The baccalaureate is becoming the preferred degree for bedside nursing care in many hospitals, in part because the health care delivery environment has become more complex and in part because tomorrow’s older patients will be sicker and require more complex care.

The Value of Nursing



Photo: Courtesy of Queensborough Community College and the City University of New York

Student nurses from Queensborough Community College review posters they have prepared for a health education program for seniors.

“We are trying to change how nurses think,” says Maureen Wallace, EdD, RN, faculty fellow, Office of the Dean of Health and Human Services at the City University of New York (CUNY). A strong believer in the community college as an entry point to professional education, Wallace would like to see associate degree (AD) student learning focus

more on problem solving and take place in a greater variety of settings, as it does at Queensborough.

“Most AD nursing students get an excellent clinical experience,” she says, “but their education has been heavily skills oriented and focused on acute care. Much of health care going forward will be about prevention, patient education, and helping patients access resources in the community—competencies historically acquired at the BSN level.”

Wallace facilitates partnerships to support academic progression in nursing. Since 2011, Queensborough students have been able to move seamlessly into two BSN programs within the CUNY system.

How Employers Benefit

Especially in urban centers where competition for employees and patients can be fierce, a business case is emerging for hiring more nurses with BSN and higher degrees and encouraging those already on staff to advance their education. In particular, hospitals seeking to differentiate themselves in the marketplace and benefit from the competitive advantages associated with the Magnet Recognition Program® (see box, this page) have begun to promote academic progression within their nursing ranks. These employers expect their investment to pay off in improved patient care, increased productivity, enhanced reputation, and ultimately, a healthier bottom line.

A growing body of evidence suggests that organizations employing a higher percentage of BSN-prepared nurses enjoy:

- A safer practice environment,
- A more stable workforce,
- Lower turnover-related costs,
- Lower rates of mortality and some hospital-acquired conditions, and
- A ready pipeline of nurses to fill leadership and management roles.

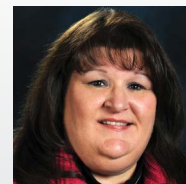
More study will be needed to confirm these benefits and quantify the associated costs, but researchers have identified factors that can be studied to determine the return on investment to nurse employers who encourage academic progression (see box, below).

Program Recognizes Nursing's Contribution to Quality of Care

During the 1980s, most hospitals experienced high RN vacancy rates, yet certain hospitals seemed to attract and retain RNs more easily. These hospitals reported relatively lower turnover and vacancy rates and higher job satisfaction among RNs, attributes associated with superior nursing care.

The American Academy of Nursing conducted research to learn what organizational and management characteristics, later referred to as “forces of magnetism,” were common to these hospitals. They discovered a set of shared features—such as decentralized and shared decision-making, non-hierarchical organizational structures, and participatory management—that set these hospitals apart from their peers.

Today, hospitals and other providers with these characteristics can distinguish themselves through the Magnet Recognition Program developed and administered by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. Institutions may gain recognition, in part, by requiring all nurse managers and nurse leaders to have a BSN or MSN, and by having a plan in place to attain a nursing workforce that is 80-percent prepared at this level by 2020. To date, 390 of the nation's 5,700 hospitals have attained Magnet status.



“Some of the people who work for me would never have been able to be a nurse if there wasn't that ADN level to give

them entry into the RN world. Some of my nurse managers have come from my ADN feeder program, and all of them are exceptional nurses. They did all go back and get their bachelor's and many of them have their master's. You can take many routes to get to the same place.”

—Debbie Turpin, RN, MSN, ONC
VP Patient Care Service/CNO, Alton Memorial Hospital, Alton, Illinois

Table 1. Potential for a Return on Investment in Employee Education

Costs to Consider	Sources of Potential Savings
Tuition assistance and related benefits	Cost reductions arising from process improvements implemented by better educated nurses
Employee time off for classes/education	Avoidance of Medicare and performance-based payment penalties as a result of fewer adverse events and hospital readmissions
Upward pressure on salaries, perhaps through pay differentials based on education	Salary savings derived from downshifting responsibilities currently held by physicians or APRNs to RNs with BSNs, MSNs, or DNP
Employee turnover as greater education opens up career opportunities with other employers*	Reduced recruitment and training costs as a result of lower turnover*

* While tuition reimbursement programs can increase employee retention in some fields, at least one study shows an increase in employee turnover upon degree completion. Either way, turnover is historically higher among ADN nurses than among BSN nurses.

For More Information: Pittman P, Horton K, Keeton A, Herrera C. *Investing in Nurse Education: Is There a Business Case for Health Care Employers?* The George Washington University, RWJF Grant 68816. April 11, 2012.

How Magnet Hospitals Differ

Although not all research supports the findings below, a growing body of evidence suggests that Magnet hospitals outperform non-Magnet hospitals in a variety of areas:

Patient outcomes—lower occurrence of falls, pressure ulcers, mortality, and failure-to-rescue, and higher patient satisfaction.

Nursing workforce measures—higher RN retention rates, nurse staffing ratios, and proportions of nurses with bachelor's degrees and specialty certifications.

Other—lower staff needlestick and occupational injury rates.

Overcoming Barriers to Academic Progression: Promising Strategies

Financial, personal, institutional, and regulatory barriers make academic progression challenging, but educational institutions, health care employers, and state governments have developed a range of strategies that can serve as roadmaps. The Oregon Consortium for Nursing Education (OCNE), which championed a shared nursing curriculum model more than a decade ago, pioneered some of these strategies. Students who enroll at a participating Oregon community college are also enrolled at the state university, study the same competency-based curriculum, and have the option of continuing on for a BSN. OCNE reports a three-fold increase in community college students transitioning to the BSN program since the shared curriculum was put in place.

“Nurses play a critical role in our health care system, and the demand for skilled, qualified nurses grows every day. Our Higher Education Department is collaborating with the New Mexico Nursing Education Consortium and post-secondary institutions to create a statewide nursing curriculum, moving us closer to full articulation and allowing students to transfer seamlessly from one institution to another.”



—Susana Martinez
Governor of New Mexico

The Robert Wood Johnson Foundation supports the dissemination of promising strategies such as those used in Oregon through the Future of Nursing: *Campaign for Action*. This collaboration with AARP and the AARP Foundation has engaged 50 state Action Coalitions and the District of Columbia in efforts to advance the recommendations of the IOM *Future of Nursing* report. To achieve the report’s goal of preparing 80 percent of the nursing workforce at the baccalaureate level or higher by 2020, RWJF has also launched the *Academic Progression in Nursing (APIN)* initiative, which funds projects in four areas:

- Shared statewide or regional curricula,
- Shared frameworks for competency-based education,
- Conferring of community college baccalaureate degrees, and
- RN-to-MSN degree-completion programs.

These four strategies and a fifth—employer incentives that encourage academic progression—are already producing results.

Shared Curricula: New Mexico Nursing Education Consortium

With only two public pre-licensure BSN programs for aspiring nurses, New Mexico’s nursing educators have formed a consortium to create future BSN capacity. They have developed a common curriculum that allows for 100-percent articulation of nursing credits across state schools. This will streamline education for individual students who want to transfer between institutions and permit community colleges and universities to form partnerships to deliver BSN education at community colleges across the state.

“Community colleges that adopt the shared curriculum will be well positioned to continue serving local employers as the demand for BSN-prepared nurses increases,” says Jean Giddens, PhD, RN, FAAN, dean of the School of Nursing at Virginia Commonwealth University. Giddens, who previously served on the consortium’s Leadership Council while executive dean at the University of New

Mexico, says the shared curriculum ensures a long-term role for community colleges in increasing access to BSN degrees in rural communities. State support and an *APIN* grant have been instrumental in sustaining this effort.

Competency-Based Education: Massachusetts

Competency-based education involves giving students the knowledge, skills, and attitudes they need to perform competently in a given profession. This approach broadens the student’s focus from acquiring discrete skills to developing the capacity to function as a professional. Competency frameworks also support academic progression. They smooth the transition from one program to another by establishing a common set of learning goals for all students. Educational institutions that later decide to pursue a shared curriculum find that they have already done the work of agreeing on the knowledge, skills, and attitudes that each student must acquire to be deemed ready for practice.

In 2006, nursing stakeholders from the education and practice sectors came together in Massachusetts to confront the looming nursing shortage. A decision to facilitate academic progression emerged and spurred the creation of a set of Nurse of the Future (NOF) Nursing Core Competencies® to guide nursing education and practice. RWJF has supported dissemination of the competencies in Rhode Island, New Hampshire, New Jersey, Connecticut, and Mississippi. Schools in five other states are using them as well.

More recently, Massachusetts formed an Action Coalition, co-led by the Department of Higher Education and the Organization of Nurse Leaders of Massachusetts and Rhode Island. The coalition encourages collaborations between academic and practice partners to foster academic progression and ease nurses’ transition from school to work. An *APIN* grant is allowing the coalition to test the use of the NOF competencies in practice settings.

For More Information: Visit <http://campaignforaction.org/apin>.

Overcoming Barriers to Academic Progression: Promising Strategies

(Continued from p. 5)

Community College Baccalaureate Degrees

Earning a college degree has never been more important to financial independence, yet four years of full-time education may not be realistic for working adults with family responsibilities. For these individuals, access to non-residential baccalaureate education in their home communities can be a lifeline—one that 19 states now provide through the community college baccalaureate (CCB).

CCBs are bachelor's degrees awarded by colleges that primarily confer associate degrees. Unlike the other strategies profiled in this brief, this approach to academic progression typically requires legislative action. In the case of BSN degrees, schools must also meet additional accreditation standards and, in all but three states, seek approval from the state's board of nursing.

Proponents say CCB programs offer an affordable alternative to university-based programs, promote workforce diversity through their more liberal admissions policies, and are better positioned to serve place-bound students (see Figure 2, below). Data from Florida, which boasts more CCB programs than any other state in the nation, suggest that CCB programs do not compete for traditional undergraduate students. Three-quarters of the state's CCB students are over the age of 24, in sharp contrast to students seeking university baccalaureates.

Miami-Dade College (MDC) Attracts Hundreds to BSN Program

MDC, the nation's largest and most diverse college, began as a junior college in 1960. It changed its name in 2008 when it started

conferring baccalaureate degrees. Today 600 students are enrolled in MDC's RN-to-BSN program, up from 75 in 2008, and its pipeline numbers are staggering. More than 8,000 students are currently taking pre-nursing courses.

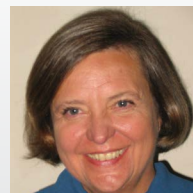
To facilitate access to the baccalaureate, the college delivers courses online, on campus, and at a number of area hospitals where students are employed. MDC's tuition is a small fraction of the tuition charged by other local institutions, which makes academic progression affordable for MDC's economically disadvantaged students. Ninety percent are of African or Hispanic descent, and many are first generation Americans and English language learners.

CCBs Face Considerable Opposition

Support for CCBs is far from universal. Opponents contend that community colleges should stick to their primary missions at a time when dollars for public higher education are already stretched thin and faculty are in short supply. They point to partnerships between community colleges and universities that allow students to reap the benefits of both, and they express concern that CCB programs will compete with them for students, faculty, and resources. This fear is not entirely unfounded. Since 1989, at least six of the community colleges granted the right to confer baccalaureate degrees have become state colleges or branches of state universities.

Opposition to CCB legislation has been particularly heated in Michigan, which ultimately authorized 28 community colleges to grant bachelor's degrees in high-demand

fields last year, but only after nursing was dropped from the Senate version of the bill. Nursing is taught at all of Michigan's public colleges and universities, yet too few clinical sites and difficulty filling part-time faculty positions prevent programs from admitting all qualified applicants.



“Community college baccalaureate degrees are amazingly powerful. On a micro level, the availability of an affordable, accessible degree can transform an individual's career path and learning potential. On a macro level, access to affordable degrees can transform the quality of our country's workforce.”

—Beth Hagan, PhD
Executive Director, Community College Baccalaureate Association

FAQ

Q: Will academic progression exacerbate the problems of rural staffing by encouraging students to migrate to urban settings?

A: More than 400 degree-completion programs are at least partially online. Other progression strategies—community-college baccalaureate degrees and partnerships that deliver university courses at community colleges or in the workplace—also allow nurses to pursue degrees in their home communities.

Figure 2. Graduation Rates Reflect Strong Enrollment Growth at All Florida BSN Programs

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
FCS graduates	58	93	123	151	261	512	655
SUS graduates	1,594	1,661	1,857	1,864	1,941	1,759	2,113

FCS = Florida College System (community college RN-to-BSN programs)
SUS = State University System (traditional BSN)

Overcoming Barriers to Academic Progression: Promising Strategies

(Continued from p. 6)

RN-to-MSN Degree-Completion Programs

As the pressure mounts for nurses to increase their educational preparation, licensed RNs are looking for academic programs that will respect employer and family demands on their time and recognize the education and experience they have already acquired. RN-to-MSN degree-completion programs designed with these preferences in mind have found a receptive market. They number 173 today—double their presence just 15 years ago. As these programs proliferate, more and more nurses are opting to bypass BSNs in favor of graduate degrees that open doors to leadership and specialty roles. Because RN-to-MSN programs eliminate redundant coursework and deliver many or all courses online, nurses can earn the higher degree for a relatively small additional investment of time, in some cases, as little as one more year.

This trend coincides with the growing demand for master's-prepared nurses, who can serve as expert clinicians, nurse executives, and clinical educators. RN-to-MSN programs also provide a necessary credential to nurses who desire faculty positions in diploma and ADN programs, clinical non-tenure track positions in university schools of nursing, or staff development jobs within health care organizations.

Employer-Based Incentives: Northwestern Memorial Hospital

Employers are using both carrots and sticks to increase the proportion of BSN-prepared nurses on their staffs. Tuition reimbursement policies, paid time off, and access to higher rungs on the career ladder encourage working nurses to pursue higher degrees. Meanwhile, preferential hiring of BSNs and requirements that RNs acquire BSN degrees in order to retain their jobs exert additional pressure to stay in—or return to—school.

“The landscape of health care is changing rapidly,” says Jill Rogers, PhD, RN, NEA-BC, director of professional practice and development at Northwestern Memorial Hospital in Chicago. “We need to help our ADN nurses see how important furthering their education is to career development and advancement.”

Northwestern's nurse leaders have made it clear that they value the BSN by creating incentives (including partial tuition reimbursement, scholarship support, and tuition discounts) for RNs to return to school. In 2009, approximately 78 percent of Northwestern's nurses had BSNs. By 2012, 86 percent had a BSN or higher degree.

While the hospital does not currently require all its nurses to earn BSNs, Northwestern has adopted a BSN-only hiring policy and plans to eventually employ a 100-percent BSN-prepared nursing workforce.

Gonzaga University Revamps its RN-to-MSN Program

Cumbersome requirements, inconvenient classes, and low enrollment characterized Gonzaga University's degree-completion program in the mid-2000s. Today the Jesuit institution based in Spokane, Washington has a new RN-to-MSN program. It focuses solely on preparing nurses for leadership and educator roles, and it attracted 158 students from 40 states in its first four years.

Gonzaga achieved this turnaround by embracing strategies that streamline education for the practicing professional. Faculty developed a bridge program of ten core courses to prepare students to do master's level work, and all didactic courses are delivered online. Most students take one eight-week course at a time over the course of five semesters before entering the educator or leadership track. All students complete a community health practicum near their home under the supervision of a preceptor, who must be approved by the school.

“Our program has been specifically designed to appeal to nurses who are working and who can't leave their families and communities to come to a traditional campus kind of program,” says Lin Murphy, PhD, RN, chair of the Department of Nursing.



The Value of Education

Patty Palmer, RN, BSN, drove a truck for ten years before enrolling in nursing classes at South Georgia College. It was financially challenging, but Palmer and her husband were willing to make sacrifices so she could pursue her dream.

After receiving her associate's degree and passing the professional licensure exam, Palmer decided to return to her alma mater, which was renamed South Georgia State

College when the state Board of Regents authorized it to offer the BSN.

“I saw that being an ASN-prepared nurse was not going to suffice if I planned to have any type of longevity in this profession,” says Palmer. “You have to go on, and I see myself going into leadership. My ultimate goal is to be a clinical educator.”

Toward that end, Palmer plans to start an online master's program in 2014.

What Government Can Do

Alongside employers and philanthropic organizations, government plays a vital role in ensuring a robust, highly skilled, and well distributed nursing workforce. At the federal level, the ACA has authorized one new initiative and extended the reach of several well established programs by revising their terms or authorizing additional funding. State governments concerned about meeting workforce needs are taking administrative action to invest in nursing education (see *New Mexico and Massachusetts*, p. 5). Additionally, two areas have emerged as fertile ground for legislative activity, although not without controversy: so-called BSN-in-10 legislation (see below) and allowing community colleges to confer baccalaureate degrees (see p. 6).

How the ACA Fosters Academic Progression

In addition to extending coverage to millions of Americans, the ACA recognized the need for more health professionals to deliver care to those newly insured under the act. Accordingly, the legislation revised the terms of several federal workforce development programs that target nursing and authorized additional funding to increase their impact.

Funding for loan repayment through the *Nurse Faculty Loan Program* grew from just under \$8 million in 2008 to almost \$25 million in each of the last three years. The ACA also authorized \$5.5 billion in new funding for the National Health Service Corps. This will provide a significant boost to NP education between 2011 and 2017. By eliminating the

cap on the percentage of grant funds that can be used for doctoral programs through the *Advanced Nursing Education* program, the ACA also freed up monies for nurses preparing for PhD-level faculty roles.

The ACA also authorized up to \$50 million annually for fiscal years 2012-2015 to support the *Graduate Nurse Education Demonstration*. This marks the first time the Centers for Medicare & Medicaid Services is supporting graduate education for nurses.

For More Information: Visit the Health Resources and Service Administration (www.HRSA.gov) and Centers for Medicare & Medicaid Services (www.cms.gov) websites.

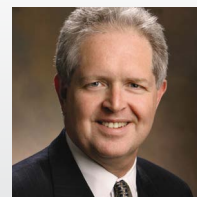
BSN-in-10 Legislation

Until recently, less than a quarter of ADN-prepared nurses went on to earn a BSN or higher degree. In response, three states—New York, New Jersey, and Rhode Island—have introduced BSN-in-10 legislation. If passed, these laws would require all newly licensed RNs to earn a bachelor's degree within 10 years of initial licensure.

The American Nurses Association (ANA) supports BSN-in-10 legislation, but the nursing community as a whole is divided. Opponents favor voluntary measures and express concern that BSN-in-10 laws could serve as stepping-stones to laws mandating the BSN for entry into nursing practice.

Supporters acknowledge that the legislation faces an uphill battle. "The challenge has been for states to get legislators' attention on this issue," reports Janet Haebler, MSN, RN, associate director of state government affairs

at the ANA. "Employers have stepped up to seek baccalaureate-prepared nurses on hire, and legislators feel, why should we step in when the market is moving in this direction?"



"Educational advancement drives economic growth and allows workers to enter the middle class. That is why we developed new, cost-effective pathways to the baccalaureate in high demands fields such as nursing. We're seeing dramatic growth in the number of students earning these degrees, and that bodes well for Florida's future."

—Randall W. Hanna, MBA
Chancellor, Division of Florida Colleges

FAQ

Q: How will we pay for academic progression?

A: Although the costs of education can be burdensome for individuals, research suggests that over time, this investment could pay for itself. Data links higher levels of nurse education with a more stable workforce, higher incomes, and better patient outcomes. These benefits have the potential to offset individual, employer, and public investments in education, especially as performance-based payment schemes gain ground.

Credits

EXECUTIVE EDITOR: Maryjoan D. Ladden, PhD, RN, FAAN, senior program officer

The George Washington University Project Team

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR: Ellen T. Kurtzman, MPH, RN, FAAN, assistant research professor, School of Nursing

DEAN: Jean Johnson, RN-C, PhD, FAAN, School of Nursing

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CONTRIBUTING EDITOR: Susan B. Hassmiller, RN, PhD, FAAN, senior adviser for nursing, Robert Wood Johnson Foundation, and director, *The Future of Nursing: Campaign for Action*

WRITER: Nicole Fauteux

GRAPHIC DESIGN: Marketing & Creative Services, Division of External Relations

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