



# ANSWERING THE CALL FOR A BACHELORS-PREPARED NURSING WORKFORCE: AN INNOVATIVE MODEL FOR ACADEMIC PROGRESSION

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Forces that have produced national reform of a fragmented, inefficient, and expensive health care services sector have also set the stage for reform of a fragmented, inefficient, and expensive system for nursing education. Changes in health care, health policy, education policy, and funding for public higher education have led to the development of new nursing education models designed to increase the number of baccalaureate-prepared nurses entering the workforce. This article describes the development and implementation of one such model that features a common concept-based curriculum and university–community college partnerships at its core. This plan increases access for nursing students across the state to earn a prelicensure bachelor of science in nursing degree and preserves the integrity and accessibility of associate degree nursing education. (Index words: Academic progression; Nursing education; Concept-based curriculum; Baccalaureate nursing) *J Prof Nurs 31:445–451, 2015. © 2015 Elsevier Inc. All rights reserved.*

**R**APID AND COMPLEX changes in health care, health policy, education policy, and funding for public higher education have occurred during the last decade. These changes have had a profound influence on nurse educators to reconsider their education models and to seek new and innovative approaches to produce a more educated nursing workforce. Nurses must be prepared to meet the challenges of a complex health care environment, including the ability to address quality, cost, and accessibility of health care services. At the same time, nursing schools are being challenged to consider strategies and curricular designs

that maximize resources while maintaining quality programs of nursing education. This article describes an innovative, streamlined, and widely accessible system of nursing education for academic progression, with a specific emphasis on increasing access to prelicensure bachelor of science in nursing (BSN) degrees through university–community college partnerships.

## Setting the Context for Innovation

Public policy and public authority have been primary forces pushing the need for change in the health care services sector and are therefore profoundly affecting the context for nursing education. Over the past two decades, progressive evidence has been presented in the health sciences literature that triggered dramatic change in health care delivery. A series of publications from the Institute of Medicine (IOM), starting with a landmark book *To Err is Human: Building a Safer Health System* (IOM, 2000), exposed the widespread incidence of medical errors within the United States health system. The consequences of these errors included preventable injuries and deaths (deaths estimated to be as high as 44,000 to 99,000/year) and significant societal costs. This document fueled a national call to action to develop a roadmap for a safer health care system. In a follow-up

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publication, *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001), factors contributing to poor health outcomes were identified. Among those identified included an inefficient, fragmented, and complex health care system that often resulted in poor communication and the loss of key information necessary for providers to achieve quality care outcomes (IOM, 2001). A third IOM report, *Health Professions Education: A Bridge to Quality* (IOM 2003), suggested that health care providers lacked adequate preparation to deliver safe or quality care—and recommended that health professions education programs ensure student proficiency in patient-centered care, teams, evidence-based practice, quality improvement, and information technology.

Joining the call for health care systems improvement, the **Robert Wood Johnson Foundation (RWJF)**, a long-time champion for improving health care, commissioned the IOM to conduct a study on nursing. This study led to the landmark publication, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011), that clearly articulated the need for changes in the profession of nursing, including the need for innovations in the delivery of registered nurse (RN) education. The collective impact of these reports on health care and health education has been significant. In response to the *Future of Nursing* report, a national initiative, *The Future of Nursing: Campaign for Action*, at the Center to Champion Nursing in America emerged to facilitate the implementation of the eight recommendations from the *Future of Nursing* report (Center to Champion Nursing in America, 2014). The national strategy included the formation of state Action Coalitions (AC); each AC selected one or more recommendations from the *Future of Nursing* report to address within their state.

Not surprisingly, academic progression for nurses was a goal common to nearly all ACs in the country and, thus, has become one of the most significant priorities for national implementation. Findings from a study evaluating four academic progression models to increase the number of BSN-prepared nurses (Pittman, Kurtzman, & Johnson, 2014) influenced the focus of grant funding to support such efforts. Funding was made available by RWJF to support academic progression in nursing projects based on one of four promising models: (a) competency-based curricula (to enhance articulation between Associate Degree in Nursing (ADN) and BSN programs), (b) shared statewide or regional curriculum among associate degree programs (to enhance articulation between community colleges and enhance consistency and efficiency for ADN-to-BSN education), (c) community colleges offering RN-BSN degree programs, and (d) RN-Masters Degree in Nursing (MSN) programs (Gerardi, 2014). The common feature of each of these models is enhancing BSN attainment through postlicensure education. Although each of these models provides a unique path for ADN-prepared RNs to earn a BSN or graduate degree, the rate of change within the workforce has been slow, and there is little chance that the goal for an 80% BSN-prepared workforce by 2020 will be achieved, as evidenced by the minimum change in workforce statistics (Center to Champion Nursing in America,

2014). For these reasons, additional approaches to accelerate the efforts must be explored.

### Rise of the Academic Progression in Nursing Movement in New Mexico

For over a decade, New Mexico nurse educators have shared a common concern about the impact of the overall nursing shortage and worsening faculty shortage on an already-challenged state health care system. Several years before the publication of the *Future of Nursing*, state educators began discussing ways to streamline nursing education to increase the number of nurses and to develop a pipeline for nurses to advance their degrees. Articulation agreements between community colleges (for Licensed Practice Nurse (LPN) to ADN and ADN to ADN programs) and between community colleges and 4-year nursing programs (for ADN to RN-BSN programs) were developed. Specifically, these articulation agreements addressed general education courses, admission requirements, and credit transfer.

New Mexico's nurse educators were motivated to extend the collaborative arrangements further, with several factors fueling this interest. The publication of *The Future of Nursing* was one such factor. Another factor that enhanced urgency for action was the recommendations of a special state taskforce (called to address the ongoing shortage of nurses and nursing faculty in the state) for the development of a statewide curriculum for nursing (New Mexico Center for Nursing Excellence, 2009). Another driving factor is the change in employer hiring practices. In a survey of hospital-based nursing leaders, Pittman, Bass, Hargraves, Herrera, and Thompson (2015) found a significant increase in the percent of employers requiring a BSN degree or higher (from 9% in 2010 to 19% in 2013). An increase in preferential hiring practices for BSN-prepared nurses also occurred in New Mexico, triggering increased student demand for prelicensure BSN education programs, far outstripping capacity at the two state universities offering prelicensure BSN degrees. In addition, it was clear that the articulation agreements to enhance academic progression from associate degree to RN-BSN education was insufficient to substantially increase baccalaureate-prepared graduates in New Mexico, particularly considering the large volume of associate degree graduates continually being added to the workforce. In other words, the community colleges were graduating associate degree-prepared nurses faster and in greater numbers than RN-BSN programs could accommodate. Only 37% of the state's nursing workforce had a BSN degree or higher, and only 25% of new nursing graduates were earning a baccalaureate degree (New Mexico Board of Nursing, 2011). Thus, with 75% of new nurses earning an associate degree and only six schools offering RN-BSN education and only two schools offering prelicensure BSN education, it was clear that New Mexico lacked capacity to increase the number of BSN-prepared nurses—in fact, without action, the percentage of BSN-prepared nurses would decline further. This was especially alarming considering national estimates that only 21% of nurses educated at the associate degree level go on for further formal education because of time and expense (Orsolini-Hain, 2008).

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