



RN to BSN at the Community College: A Promising Practice for Nursing Education Transformation



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ABSTRACT

Provision of a postlicensure Bachelor of Science in Nursing (BSN) by the community college was identified as a promising model of academic progression by a learning collaborative of nursing educators, practice partners, and other stakeholders formed by the Center to Champion Nursing in America (CCNA). Successes and challenges of implementing a Registered Nurse to Bachelor of Science in Nursing (RN - BSN) program at the community college (CC) are shared. The model has the potential to increase access to affordable streamlined academic progression through building on existing infrastructure. As programs mature, additional data should be evaluated regarding their impact.

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Introduction

The need to modernize nursing education has been supported by extensive evidence and has resulted in the development of innovative models of academic progression across the United States. In response to the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, the Center to Champion Nursing in America (CCNA) with support from AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, formed an educational learning collaborative to explore the most promising approaches for nurses to advance their education. A series of webinars and face-to-face meetings were held throughout the country with nursing educators, practice partners, and other stakeholders. Four overarching models for seamless academic progression were identified, and the components and strategies to implement each were refined (Gorski, Farmer, Sroczyński, Close, & Wortock, 2015). Additional information about the process and the models overall are available on the Campaign for Action Web site (campaignforaction.org). This article provides a more detailed

description of one of those models—the RN to bachelor of science in nursing (RN-BSN) at the community college (CC). Within this review “community college” includes those academic institutions designated as technical colleges.

CCs have long served as an important entry point into nursing. There is a growing awareness of the importance of a more highly educated nursing workforce and a call for more nurses prepared at the baccalaureate level and higher (Institute of Medicine, 2011; Robert Wood Johnson Foundation, 2014). With this recognition, the role of the CC in nursing education is evolving. A 2012 position statement recognizing the need for academic progression in nursing was endorsed by the American Association of Colleges of Nursing (AACN), the American Association of Community Colleges (AACC), the Association of Community Colleges Trustees, the National League for Nursing, and the Organization for Associate Degree Nursing (National Organization for Associate Degree Nursing, 2012). Over recent years, many CC nursing programs have strengthened their links to university-based baccalaureate programs. These relationships vary across a spectrum from standard articulation agreements to well-aligned dual enrollment programs. The RN to BSN at the CC model is unique in that the program is taught at and by the CC and the baccalaureate degree is awarded independently by the CC.

This model has exceptional potential to increase capacity and access through utilization of existing infrastructure. CCs are prevalent across the country, including rural and remote areas whose residents may lack university access. CCs have a proven record of success with 57% of nurses beginning their nursing education with an associate's

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degree (AD) (National Council of State Boards of Nursing, 2015). Education through the CC system is lower in cost than that offered in the university setting (Russell, 2013). CCs have historically provided a strong entry point for students from traditionally underrepresented groups and play a key role in strengthening nursing workforce racial/ethnic diversity (National Academies of Sciences, Engineering, and Medicine, 2015). In addition, the CCs offer a strong entry point for students with lower income and socioeconomic status (Fulcher & Mullin, 2011). In a recent study of 5,144 AD nurses who indicated willingness to pursue a BSN, 93% preferred a CC option over a 4-year institution (Economic Modeling Specialists, 2016). The top three reasons given for this preference were affordability, location, and familiarity (Economic Modeling Specialists, 2016).

Development of an RN–BSN at the CC model requires substantial institutional commitment. It is critically important that baccalaureates provided through this new pathway meet the same quality criteria as university-based degrees, demonstrated through national nursing accreditation. The 2005 AACN Position Paper stressed the importance of parity, with all programs providing “the same scientific and liberal education foundation” and the inclusion of content consistent with the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2005). Russell (2010) described an intense process of preparation for the CC to provide a baccalaureate in any discipline, including evaluation of workforce demands and program viability, accreditation adjustments, faculty hiring and preparation, and upgrading of library and other resources. Under what circumstances this investment of resources is appropriate for nursing education has generated controversy.

History of CCs Conferring Baccalaureate Degrees in Multiple Disciplines

CCs have been successfully providing baccalaureate level education in many areas of study since a legislative initiative in 1970 for New York. In 2014, the Community College Baccalaureate Association identified 21 states with approval for CCs to confer the baccalaureate degree (Community College Baccalaureate Association, 2014). Rationale for this transition includes increased access and lower costs to students and the ability of these institutions to more rapidly respond to the workforce needs of their communities (Chen, 2015; Russell, 2010). These benefits have been especially important in rural areas and those in which existing academic institutions are unable to meet workforce demands (Russell, 2010). To date, the institutions involved and the degrees offered have been tightly focused on meeting identified community needs for graduates in fields such as education, technology, and health care (Daugherty, Goldman, Butterfield, & Miller, 2014; Russell, 2010). Degrees in health care have specifically included nursing in many states, including Colorado, Florida, Georgia, Nevada, New Mexico, Vermont, and Washington (AACC, 2015a; Baccalaureate Degree Study Group, 2014; Fain, 2013).

Control of CCs varies from state to state but most require legislative approval of the CC baccalaureate (Russell, 2010). Opposition to this model has been raised by representatives of 4-year institutions among others (Baron, 2014; Fain, 2013). Both Arizona and Illinois have rejected state initiatives, and the California legislation was rejected four times before successful advancement (Baron, 2014). Legislation was approved in Michigan, “only after a bruising multi-year battle” (Fain, 2013).

An important early concern in awarding the baccalaureate degree at the CC was the potential loss of the historical mission of the CC or “mission creep” (Fain, 2013). However, Rudd and Bragg (2010) identify “an overarching function of the community college is to respond and react to the needs of the surrounding community” (p.13). Other potential issues raised include the possible competition between CCs and universities, overburdening of resources at the CC,

and future subsequent increases in tuition (Daugherty et al., 2014; Russell, 2010). While these may be valid issues for other disciplines, they are likely less worrisome for nursing, as described below. Concerns have been expressed that quality of these educational programs may not meet the same rigorous criteria as traditional 4-year institutions (Daugherty et al., 2014; Russell, 2010). Although this is an area of needed study, there is preliminary evidence that graduates of CC baccalaureate programs have strong outcomes in graduate licensure pass rates and employment (Floyd & St. Arnauld, 2007). There remain those who worry that even for programs with equivalent quality, degrees might be perceived as less valuable than those attained in more traditional settings (Painter, 2014), although a recent RAND report in Texas found “little evidence among employers and graduate programs to support the concerns” (Daugherty et al., 2014, p.20).

Conferring the baccalaureate degree has been found to require adjustments across the entire CC campus, including possible modifications within departments that offer prerequisite and co-requisite courses. Alterations may be required to physical facilities or to information technology services. Changes are required in regard to student admission and registration, financial aid, and advising. In spite of these challenges, the goals of broadening access to higher education, increasing diversity of the workforce, and meeting community needs have resulted in a steady increase in states pursuing the option of CC baccalaureate in various fields of study (Baccalaureate Degree Study Group, 2014; Russell, 2013).

Development of the Nursing Baccalaureate (RN–BSN) at the CC

The inclusion of nursing in CC baccalaureates was a response to the call for more BSN-prepared nurses nationally and the recognition that existing pathways were not adequate to meet workforce demands in some areas (AACN, 2014; Benner, Sutphen, Leonard, & Day, 2010; Wood, 2009). In some states, adoption of the CC baccalaureate for nursing has been contentious. Legislation supporting the baccalaureate at the CC was passed in Michigan and California only after specifically eliminating nursing programs from relevant bills (Baron, 2014; Fain, 2013).

Concerns voiced by those opposing the RN–BSN at the CC mirror those noted for any CC baccalaureate: mission creep, competition with existing programs, and possible increases in tuition. Although concerns are understandable, opposing arguments exist to counter each. CC mission statements are individualized and have historically evolved over time. They generally include open access, employment opportunities for graduates, addressing community workforce needs, and lifelong learning (AACC, 2015b; Daugherty & Townsend, 2006). In view of the current focus by industry and employers on increasing the level of education in nursing, offering the RN–BSN would appear to fit well within the mission of the CC. Expansion of RN–BSN programs to the CC setting does have potential to duplicate services offered by universities, but viable programs to date are limited to specific geographic locations with limited university access. Although concerns about tuition are valid, existing programs evaluated have consistently provided a lower tuition to students than is offered in the university setting.

Assuring program quality has been a particularly important point for this model. Existing programs have addressed quality concerns by full accreditation from national bodies such as the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE). External nursing accrediting bodies are recognized by the U.S. Department of Education as autonomous agencies that define and evaluate the quality and rigor of nursing programs. Accreditation signifies that a nursing program meets those high standards of quality through continual self-assessment and assuring compliance with defined criteria.

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