



## **Organization for Associate Degree Nursing and American Nurses Association Joint Position Statement on Academic Progression to Meet the Needs of the Registered Nurse, the Health Care Consumer, and the U.S. Health Care System**

### **Position Statement**

All nurses must have access to seamless academic progression through high-quality, accredited nursing education programs that will meet the anticipated demand for qualified nurses over the next several decades. The Organization for Associate Degree Nursing (OADN) and American Nurses Association (ANA) commit to partnering with nursing and health care leaders, state legislature and regulatory agencies, universities, colleges, and other stakeholders in supporting and adopting innovative and emerging strategies to achieve that goal.

### **Background**

This document identifies current evidence-based strategies that promote seamless academic progression with an emphasis on reaching the Institute of Medicine's (IOM's) *Future of Nursing* report-recommended goal that 80% of nurses be educated to the Bachelor of Science in Nursing (BSN) degree level by 2020. Community colleges, in collaboration with universities and practice partners, have developed several innovative academic models to achieve that goal, including (a) creating community college–university dual enrollment partnerships and (b) conferring of the baccalaureate degree by community colleges.

In the early 1950s, Dr. Mildred Montag sought to alleviate a critical shortage of nurses by decreasing the length of time for entry into practice. She advocated reducing nursing education to 2 years by providing a strong educational base for nursing instruction and education in community and junior colleges. Dr. Montag proposed educating a technical nurse for 2 years to assist the professional nurse, whom she envisioned as having a baccalaureate degree. At the time, many practitioners wanted to continue the 3-year, hospital-based diploma programs that were already educating the vast majority of nurses in the United States. Others argued the BSN degree should be required for entering the nursing profession. A few were interested in having nursing education take place in an academic setting but did not think that 4 years of college were crucial for nurses to provide excellent patient care. As a result, an Associate degree (AD) in nursing education expanded quickly across the United States as a means to educate

the nursing workforce. As the number of AD programs was increasing, diploma programs began closing for numerous reasons. (Appalachian State University, 2015).

In 1964, the ANA House of Delegates adopted a motion that ANA “continue to work toward baccalaureate education as the educational foundation for professional nursing practice.” In 2000, the ANA Board of Directors reaffirmed that baccalaureate education should be the standard for entry into professional nursing practice (ANA, 2000). The Tri-Council for Nursing—whose members are the ANA, American Association of Colleges of Nursing (AACN), the American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN)—issued a policy statement that supported a highly educated nursing workforce and that advocated educational advancement of registered nurses as a critical component of safe and effective patient care (Tri-Council of Nursing, 2010).

The prestigious IOM issued *The Future of Nursing: Leading Change, Advancing Health* (2011), which is a blueprint for the future that offers a series of recommendations for how nurses’ roles, responsibilities, and education should change to respond to a complex, evolving health care system and to changing patient needs.

Recommendations from the report focus on the intersection between health needs across the life span and the requisite skills and knowledge that nurses require to address those needs. One major recommendation identified that nurses should achieve higher levels of education and training through an education system that promotes seamless academic progression. Specifically, the report recommends increasing the percentage of registered nurses (RNs) with a BSN degree to 80% by the year 2020. Currently, 51% of nurses in the United States have a BSN degree, and 57% percent of nurses begin their nursing education at a community college, graduating with an associate degree (U.S. Department of Health and Human Services, 2013).

In response to the IOM report, the leaders of the AACN, the American Association of Community Colleges (AACCC), the Association of Community College Trustees (AACT), the NLN, and the National Organization for Associate Degree Nursing (N-OADN, but now OADN) endorsed a shared goal of academic progression for all nursing students and graduates (N-OADN, 2012). The American Nurses Association endorsed the statement in January 2013. In addition, the Robert Wood Johnson Foundation (RWJF) developed an initiative to advance Academic Progression in Nursing (APIN), thereby working with state-level Future of Nursing action coalitions to identify best practices for achieving seamless academic progression and to broadly disseminate those practices (RWJF, 2012).

In 2013, RWJF convened a community college presidents’ meeting that included community college leaders from across the nation, Tri-Council for Nursing members, leaders from APIN, and other stakeholders to improve communication and collaboration about academic progression through discussion of possible options and next steps. All attendees affirmed the valuable contribution of community colleges in providing opportunities for entry into the nursing workforce by individuals with diverse racial and ethnic backgrounds and socioeconomic statuses. Participants also agreed that best

practices must be in place to support and promote academic progression across all levels from associate to doctoral degree. John Lumpkin, MD, MPH, RWJF's senior vice president, concurred: "Community colleges have a role to play in preserving nursing as a profession.... In partnership with community colleges, we can influence social change" (RWJF, 2014a).

A potential complicating factor in meeting the IOM recommendation is the registered nurse workforce projections. The Bureau of Labor Statistics has projected that 555,100 RNs and advanced practice registered nurses (APRNs) will retire between 2012 and 2022, and the demand for nurses will create 574,400 additional jobs for RNs and APRNs. The combination of those two forces will generate 1.13 million vacancies for RNs and APRNs between 2012 and 2022 (ANA, 2014). The vacancies, in turn, will create the need for additional faculty and classroom space to meet the demand.

### **Issues and Scope of the Problem**

Several major issues confront the nursing profession with respect to academic progression:

- Between 2010 and 2014, the number of baccalaureate-prepared nurses has increased from 49% to 51%. An opportunity exists to reach the recommended IOM benchmark of 80% by 2020. (RWJF, 2014b)
- Approximately 44% of hospitals and other health care settings are requiring new employees to have a bachelor's degree in nursing—a 4.6% increase since 2012, while 78.6% of employers are expressing a strong preference for BSN-prepared nurses (AACN, 2013).
- Magnet-designated hospitals and health care systems must demonstrate evidence of a plan to increase BSN-prepared nurses to 80% by 2020. All nurse managers must hold a BSN or higher nursing degree as of January 2013. (American Nurses Credentialing Center, 2013).
- In 2012, 28% of qualified applicants were not accepted into nursing education programs (NLN, 2012)
- Capacity issues are greatly affected by academic infrastructure issues, including shortages of qualified faculty, of classroom space, and of clinical practicum sites. In the absence of strong academic progression pathways, the faculty shortage cannot be resolved.

### **Recommended Strategies for Transforming U.S. Nursing Education**

Through APIN and the Center to Champion Nursing in America, RWJF has supported the development of innovative, sustainable models that provide seamless academic progression. Several promising models are in place, and each is based on strong partnerships and close collaboration between community colleges and universities. Brief

descriptions of each of the models that facilitate seamless academic progression follow (RWJ, 2015).

#### *BSN Degree Awarded from a Community College*

Currently, the RN to BSN degree model offers nurses the opportunity for registered nurses to continue their postlicensure education in a community college setting and to receive a BSN degree. AD nurses with an RN license can advance directly to obtaining a BSN, and the community college awards the BSN degree. That model is especially beneficial for nurses who are place-bound with limited access to other options in their area, and it frequently is more affordable. The RN to BSN programs at community colleges are nationally accredited, transferable degrees that prepare the graduates to further their education. In a 2005 position statement, the AACN said it supports awarding BSN degrees at community colleges provided the Essentials of Baccalaureate Education for Professional Nursing Practice are used and the program is nationally accredited (AACN, 2005). Discussions are beginning regarding whether and how community colleges may confer 4-year BSN degrees.

#### *Dual Enrollment Community College–University Partnership Model*

The dual enrollment strategy builds on aspects of other models, including models for state or regional shared curricula, the competency- or outcome-based curriculum, and the RN to BSN degree program at community colleges. The student is enrolled at both the community college and the university. Prerequisites and nursing curricula are aligned between the community college and university partners. Students enter at the community college and may take university courses concurrently or interspersed with community college classes. At the conclusion of the 4 years, the student graduates with an AD conferred by the community college and a BSN conferred by the university, respectively, and then the graduate takes the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

#### *RN to Master of Science in Nursing (MSN) Accelerated Option Model*

The RN to MSN model offers a shorter timeline for completion than traditional BSN or MSN programs, and it provides an additional pathway to streamlined educational progression. The RN to MSN popularity is driven by the fact that an increasing number of AD graduates, many whom already hold a bachelor's degree in another field of study, are returning to school with the intention of obtaining an MSN. It is an accelerated model that values the practice experience of AD nurses and meets BSN criteria. The model is a seamless, university-based program and emphasizes practice components.

#### *State or Regionally Shared Competency-Based Curriculum Model*

The state or regionally shared competency-based models include partners that generally represent different educational approaches and backgrounds but that develop a shared understanding and a common goal and framework. The scope of the curriculum reaches beyond core competencies and across the entire profession as it focuses on knowledge, attitudes, and skills. The curriculum is not standardized, but successful models are based on strong partnerships between community colleges and

4-year schools of nursing that are using agreed-upon outcomes or competencies to provide seamless, streamlined programs that culminate in conferral of a BSN degree.

#### *Statewide or Regional Curriculum Model*

The statewide or regional educational collaboratives between universities and community colleges enable students to transition automatically and seamlessly from an AD to a BSN degree program, with all schools sharing curriculum, simulation facilities, and faculty. The model requires a strong partnership between community colleges and universities with schools of nursing sharing as many components as possible, such as prerequisites, courses, enrollment, and admission standards. Implementation of the model requires (a) formal articulation agreements between community colleges and universities, (b) adjustment of prerequisite and nursing curricula, and (c) acceptance from regulatory bodies and institutions. Successful implementation of that model provides students with streamlined academic progression.

Consistent with the IOM recommendations, transforming nursing education remains a priority to facilitate meeting the evolving and increasingly complex demands of the health care system in the United States. Community colleges are contributing to building the nursing workforce and must continue to play a role in preparing the nursing workforce. The strategies should include encouraging community college–university partnerships and granting community colleges the ability to offer the baccalaureate degree to meet the goal of having 80% of nurses educated to the BSN level by 2020.

## **Definitions**

**Academic Progression** involves educational articulation models that promote lifelong learning through the attainment of academic credentials.

**Accreditation** is the process of certification of competency, authority, or credibility.

### **American Nurses Credentialing Programs**

#### *Magnet Recognition*

Instituted in 1994, the American Nurses Credentialing Center Magnet Recognition Program recognizes hospitals and health care systems that meet criteria and standards for nursing excellence.

Resource: <http://www.nursecredentialing.org/magnet.aspx>

#### *Pathway to Excellence*

ANCC's Pathway to Excellence program recognizes health care and long-term care organizations that meet the criteria for a positive work environment and that foster and support excellent nursing practice.

Resource: <http://www.nursecredentialing.org/pathway>

**Community College Baccalaureate** is a bachelor's degree conferred by a community college that is authorized to do so.

**Competency-Based Curriculum** is defined by the Learning Collaborative on Advancing Education Transformation, which is part of the Center to Champion Nursing in America, as the process in which education partners, who generally represent different educational approaches and backgrounds, develop a shared understanding and a common goal and framework. The scope of the curriculum reaches beyond core competencies and focuses on knowledge, attitudes, and skills that encompass professional nursing practice. The curriculum is not standardized, but the model aims to reach standardized outcomes.

**Dual Enrollment** is the concept of a student enrolling concurrently in two separate academic institutions at the same time, often studying in two related programs.

**Nursing Accreditation** is a voluntary specialized peer-reviewed process that is based on identified standards and a system of assessment, evaluation, and continuous improvement. It serves as an assurance of quality educational standards and outcomes.

**Seamless Academic Progression** encompasses the concept of advancement from one educational facility to another in an orderly and clearly charted plan so that one can acquire sequential degrees without the repetition of coursework or cumbersome prerequisite coursework.

**Statewide Curriculum Programs** are educational collaboratives between universities and community colleges that enable students to transition automatically and seamlessly from an ADN to a BSN program, with all schools sharing curriculum, simulation facilities, and faculty. Faculty workload is reduced, and the schools make more efficient and greater use of resources. Implementation of such programs requires formal articulation agreements between community colleges and universities, adjustment of prerequisite and nursing curricula, and buy-in from legislative bodies and institutions.

Approved by OADN: June 2, 2015

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