THE CASE FOR A GREATER PERCENTAGE OF BSNs
IN THE POST-ACUTE SETTING

In past research, the “nurse education” variable was overwhelmingly dichotomized as Registered Nurse (RN) or Licensed Practical Nurse (LPN). It was not until 2003 that the RN level of nurse education became more specific, e.g. Diploma, Associate’s Degree in Nursing, (ADN), Bachelor of Science in Nursing (BSN). This occurred almost exclusively in studies of the acute care setting.

Although the case has been established that a better-educated RN workforce is critical in acute care, evidence is now emerging that similar investments in the RN workforce across the continuum of care are equally as important as care is moving with increasing speed to these settings.

The case has been made that a better-educated RN workforce significantly impacts positive patient, nurse, and organizational outcomes in the acute care setting. (Ingersoll, G., et. al., 2002; Aiken, L. et. al., 2003; Estabrooks, C. et. al., 2005; VandenHeed, K. et. al., 2009; Tourangeau, A., et. al., 2006; Tourangeau, A. et. al., 2007; Aiken, L. et. al., 2011; Blegan, M. et. al., 2013; Kutney-Lee, A. et. al., 3013; Aiken, L. et.al., 2014.)

As healthcare across the continuum is challenged by unprecedented demand, technological advances, and ever increasing acuity, evidence points to the fact that a higher percentage of nurses prepared at the baccalaureate level or higher significantly contributes to the health of our patients, nurses, and health systems across the continuum of care. As more care moves from the hospital to the community, the baccalaureate nurse, whose curriculum has long included training for practice in ambulatory, public health, and other community settings, should be targeted for increased growth as they continue to be underrepresented in these settings.

Although evidence is limited regarding the relationship in long-term, ambulatory, and home care, evidence is emerging that, as in the acute care setting, investment in the professional practice environment that supports nursing practice and includes investment in academic progression are associated with better nurse, organizational, and patient outcomes.

The Institute of Medicine’s (IOM) landmark report, The Future of Nursing: Leading Change, Advancing Health (2010), calls nurses to achieve higher levels of education through a system that facilitates seamless academic progression. As stated by the IOM report on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes (1996), “as the focus of health care is shifting away from nursing at the hospital bedside to nursing at the patient’s side in the continuum of care…and toward increasingly complex case mix in these facilities (nursing
homes), the need for professional nursing is much greater now than in previous years” (pg. 4). Nursing homes “increasingly are becoming the ‘hospital’ substitute for much of the subacute care that previously was part of a hospital stay” (pg. 5). The 1996 report acknowledges that many factors, including education and staff training levels, impact the quality of care provided to nursing home residents. The site visits of the report team found that “the need for baccalaureate RNs was noted by both (nursing home) educators and nurse leaders” (pg 271).

Limited inclusion of gerontology in the ADN curriculum was identified by The Community College Nursing Home Partnership (Hanson, 1992). A report on BSN curricula suggested that 78% of respondents to a survey participated in clinical experiences in long-term care, and 83% had clinical experiences in geriatrics (Johnson, 1995). The economic case and value proposition is clear. A study of Monroe County, NY (Van Buren, 1981) concluded that one-third of hospital admissions generated by nursing homes in 1980 could have been avoided if sufficient physician and nurse coverage had been available, saving an estimated $712,000. These costs would be significantly higher in 2015.

In addition Choi et. al (2011) found that a more supportive practice environment contributes to higher RN satisfaction. This is critical given that recruiting and retaining nurses in post-acute settings continues to be costly and problematic. Flynn et al (2010) found “a more supportive nursing practice environment is correlated with better outcomes, specifically a lower percentage of residents with pressure ulcers and fewer quality deficiency citations” (pg. 5).

In home health, Flynn (2007) found that organizational support for nurses “positively correlated with job satisfaction and nurse-assessed quality and negatively correlated with reported medication errors, uncontrolled acute or chronic pain, and the ability of patients or family members to manage care on discharge” (pg. 207). The quality case is clear as well as the economic case related to the cost of RN turnover. Improved patient outcomes, greater RN satisfaction, and lower turnover would appear to point to financial benefits for employers and the healthcare system overall. Additional research on these cost-benefit factors would help strengthen the case for a higher percentage of BSN-prepared nurses.

In ambulatory care, there is a gap in our knowledge and a very real research opportunity. Since practice environments are modifiable and can be enhanced in a variety of ways, including providing academic progression opportunities for incumbent nurses, establishing target goals for an increased percentage of BSN-prepared nurses, and revising hiring policies related to required RN preparation, these findings are fortunate and provide a path to enhance quality in the post acute and ambulatory environment.

In summary, although additional research opportunities exist, the case is emerging that academic progression for nurses is essential across all settings of care.

References


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