

The Landscape of Nursing Education in the United States

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Abstract

There are over 4 million Registered Nurses in the United States (National Council of State Boards of Nursing, 2019). To become a practicing registered nurse, one must graduate from approved educational program, pass a licensure examination, and meet the requirements of licensure in their state of residence. Despite a common licensure examination, the educational pathways to becoming a nurse are varied and often confusing to prospective students and those professionals who practice beside nurses in the healthcare arena. Outside factors, such as the 2010 recommendation by the Institute of Medicine for 80% of nurses to be prepared at the baccalaureate level, have influenced educational models and hiring practice. The purpose of this paper is to advance knowledge of nursing education in the United States, explore factors influencing the current nursing education model, and challenge assumptions for the future of nursing education.

Nursing in the United States is a mixture of credentials, education, and practice. The profession is confusing even to those in healthcare. Many in the healthcare field and the patients they care for are unable to identify the different types of nurses and their level of practice. The purpose of this paper is to describe the current state of nursing in the United States, specifically that of Registered Nurses (RN).

The largest population of licensed nurses in the United States are Registered Nurses. In 2019, the National Council of State Boards of Nursing (NCSBN) reported there were over 4.7 million licensed registered nurses. To become a registered nurse, the candidate must complete an educational program approved by individual state boards of nursing or the state education regulatory agency. The educational program prepares licensure candidates as entry level generalists. Following completion of the educational program, candidates must successfully complete the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and meet the licensure requirements for their primary state of residence.

Entry to practice is the terminology for the educational program that qualifies a candidate to sit for the NCLEX-RN examination. In 2019, prospective nurses could complete six types of educational programs that qualified as entry to practice programs. Diploma programs are generally three-year programs based at an institution, such as a hospital-based educational program. Associate degree programs are 18 months to two-year programs, often at community colleges, junior colleges, or hospital-based schools of nursing. Baccalaureate entry to practice programs are generally at colleges or universities offering a Bachelor of Science in Nursing (BSN) degree. The generic BSN degree requires four years to complete. Time to degree completion could be less if a student has a previous baccalaureate degree in a different discipline. A limited number of programs, historically viewed as graduate education, now offer entry to practice graduate degrees. These include the Master of Science in Nursing (MS in Nursing or MSN), Doctor of Nursing Practice (DNP), or Philosophy Doctorate (PhD).

Prior to 2010, the majority of nurses entered practice with an associate degree in nursing. However, in 2010, the Institute of Medicine (IOM) made the recommendation to the United States to increase the proportion of nurses with a baccalaureate degree to 80% by 2020 (Institute of Medicine, 2010, p. 281). The Institute of Medicine's recommendation changed the face of nursing education. In 2010, only 39% of US educated graduates qualified to take the NCLEX-RN examination for the first time by earning a BSN (NCSBN, 2011). By 2018, the last year in which data is available, 50% of those who tested for the first time qualified with a baccalaureate degree (NCSBN, 2019).

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To achieve the goal of 80% BSN nurses, the IOM (2011) recommended “defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher levels of education” (p. 3). Following the release of the IOM recommendation, the number of programs advancing nurses from associate to baccalaureate degree increased, as did the number of baccalaureate degree graduates. The program that matriculates nurses from a diploma or associate degree to a baccalaureate degree is commonly called a RN to BSN program. The diploma or associate degree graduates earn their licensure following completion of their entry level educational program; they are Registered Nurses when they begin their baccalaureate degree. Students then complete the requirements for a baccalaureate degree, which often includes additional general education courses, prerequisite courses for the BSN, and specific baccalaureate courses, such as research, community health, and leadership courses. Prior to 2010, RN to BSN students often required to repeat course content equivalent to courses they completed in their associate degree program.

The IOM recommendation for seamless educational pathways fostered streamlining of the educational process. It also brought a proliferation of new programs and a significant increase in the number of baccalaureate graduates. According to the American Association of Colleges of Nursing (AACN), the number of RN to BSN programs increased from 603 in 2010 to 727 in 2018. The number of RN to BSN graduates increased from 22,089 in 2010 to 58,541 in 2018, representing an 165% increase in graduates (Fang, Li, and Bednash, 2012; Fang, Di, Turinetti and Trautman, 2019). In addition, by 2019, 19 of 50 states allowed at least one two-year college to offer a four-year degree with many offering nursing degrees (Povich, 2018). Commonly, students first earn their associate degree in nursing and continue at the community college in a RN to BSN program (Stubenrauch, 2016).

The foundation of the IOM recommendation for an increased proportion of BSN nurses in the workforce was to transform nursing education to meet the needs of the evolving and transforming healthcare systems and practice environments (Altman, Butler, and Shern, 2016). Implicit in the IOM’s recommendation was the assumption that having a workforce with a higher proportion of nurses with a baccalaureate degree would improve the delivery of care and thus patient outcomes. Since 2010, evidence has increased demonstrating improved patient outcomes, decreased mortality, and decreased cost associated with a workforce composed of a higher ration of baccalaureate prepared nurses. (AACN, 2019a). For example, a recent study found that “each 10-percentage point increase in the hospital share of nurses with a BSN was associated with 24 percent greater odds of surviving to discharge with good cerebral performance among patients who experienced an in hospital cardiac arrest” (Harrison et al., 2019).

Many healthcare organizations, including those who have been designated as Magnet hospitals, favor baccalaureate prepared nurses in the hiring process. The Magnet Recognition Program® “designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization’s patient outcomes” (American Nurses Credentialing Center, n.d., para. 3). The Magnet Recognition Program adopted the same IOM recommendation for 80% BSN prepared nurses as a goal for Magnet designation. In Magnet institutions, 68% of clinical nurses hold a baccalaureate or higher university degree, excluding advanced practice nurses (American Nurses Credentialing Center, 2018).

The Bureau of Labor Statistics predicts that the employment of registered nurses is expected to grow 15% between 2010 and 2026 (US Department of Labor, 2019). The predicted growth, combined with a large number of baby boomers retiring from the profession and a limited pipeline of new graduates, are contributing to a nursing shortage in the US. Associate degree nurses transitioning to a baccalaureate degree do not equate to an increase in the total number of nurses entering the workforce. Compounding the problem is an even greater shortage of nursing faculty and limited clinical site availability for nursing student education (American Association of Colleges of Nursing, 2019b).

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Access to and the cost of nursing education must be considered. Online education has improved access to advanced education, but the affordability of the BSN degree is a barrier for prospective students. There is limited research on the total cost of nursing education when a nurse follows the path of associate degree through RN to BSN education. However, earning an associate degree permits the graduate to become licensed and practice nursing while advancing their education to the BSN.

Another factor contributing to the cost of nursing education is a growing trend by healthcare institutions to charge for access to clinical sites for student nurse education. Clinical education is an integral and required element in the education of nurses. The cost of clinical placement may be passed along to students in the form of higher tuition or course fees.

The evolution of nursing education to baccalaureate degrees has financial implications for educational institutions. Nursing was historically viewed as an expensive major to deliver due to the low faculty to student ratio in clinical courses. What may not have been considered were the number of non-clinical courses nursing students complete at high faculty to student ratios. Colleges and universities now view nursing as a popular, revenue-driving major that generates enrollment, supports other departments in the university, and increases the number of students in residence halls (Kafka, 2019). Nursing programs are being pressed to increase enrollment in order to support the overall university budget. Ed Scharader, President of Brenau University, stated “I have to know how many people I need to educate in nursing to pay for those graduates in English” (Carlson, 2014, para. 7). Although this may be true from a financial perspective, Mr. Scharader’s perspective minimizes the value of a liberal arts education, which is the foundation upon which the baccalaureate nursing degree is built.

It is unlikely that the United States will reach the goal of 80% baccalaureate prepared nurses by 2020 (Altman, Butler, and Shern, 2016, p. 70). In 2017, the latest data from the National Nursing Workforce Survey indicated that 64% of nurses reported baccalaureate degree or graduate degree as their highest level of education (Smiley et al., 2018). As we move into the next decade and beyond the Institute of Medicine’s 2020 target date, nursing education must continue to evolve with an increased emphasis on seamless educational progression through multiple modalities. Examples are further development of online educational programs, competency-based education, and programs in which student are given credit for licensure and professional work experience.

Freshmen entering college in 2019 are focused on educational outcomes and employment opportunities after graduation (Johnson, 2019). Nursing is viewed as a career with many options. However, the profession must not lose sight of unintended consequences from the evolution of the educational model. The associate degree is a viable option from a cost perspective for many nurses, while progression to the baccalaureate degree could provide economic and professional mobility for those who complete an RN to BSN program. The increased number of RN to BSN graduates does not address the growing nursing shortage. This pathway could increase the time to degree and overall cost for those who choose this pathway.

Future research needs to include studies of nursing students’ time to the BSN degree and cost of the various pathways. The profession should continue to monitor the consequences of change, including positive outcomes and the impact of unintended consequences. Nursing must continue to transform with an eye toward the prospective students as a stakeholder, colleges and universities as the professional pipeline, and the greater healthcare system as a means to support educational advancement of nurses.

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