SPECIAL THANKS TO OUR SPONSORS!

ORGANIZATIONAL SPONSORS:

Illinois Association of Colleges of Nursing

Illinois Nurses Association

Illinois Organization of Associate Degree Nursing

Illinois Organization of Nurse Leaders

Illinois Council of Deans and Directors
THE FOLLOWING MEMBERS OF THE PROGRAM COMMITTEE DEVELOPED TODAY’S EVENTS:

Pam Brown, Chairperson
Terri Burch
Sharon Canariato
Vickie Gukenberger
Alma Labunski
Donna Meyer
Cathy Neuman
Ann O’Sullivan
Carolyn Rimmer
EDUCATIONAL ADVANCEMENT OF REGISTERED NURSES IN ILLINOIS SUMMIT II

AGENDA

Date
April 1, 2011

Time
10:00 am – 3:30 pm

Place of Meeting
Heartland Community College
1500 West Raab Road
Normal, IL 61761

Astroth Conference & Education Center

Lunch
Lunch will be served. You must register in advance to ensure lunch.

Cost $20.00

Overall Goal
Increase the amount of BSN prepared nurses in Illinois to 80% by 2020.

Regional Goals
Collaborate to develop models to meet the stated overall goal

The second Summit dedicated to the educational advancement of Registered Nurses in Illinois, brings together a wide array of nursing leaders throughout the state. The focus of this summit is to develop regional models that increase the proportion of BSN or higher degrees to 80% by 2020.

9:30 Registration/Networking

10:00 Welcome

10:15 Keynote Address
The Future of Nursing: Leading Change, Advancing Health
Susan Hassmiller, Ph.D., R.N., F.A.A.N.
Robert Wood Johnson Foundation Senior Adviser for Nursing

10:45 IDFPR/ICN’s Vision for Nursing in Illinois in the Coming Decade

11:00 What about Me? Illinois ADN Student’s Plans & Preferences for Further Education

11:20 Educational Advancement: Opportunities & Barriers

11:40 Everything You Wanted to Know About Nursing Programs But Were Too Afraid to Ask!

12:00 Working Lunch- Break into Regions

2:00 Regional Report

3:30 Wrap Up & Future Plans

Register for this event at www.illinoisnurses.com
The IOM Report and Campaign for Action
Illinois Nurses Association
April 1, 2011
Susan B. Hassmiller, PhD, RN, FAAN

My Objectives

1) IOM report summary
2) Detailed discussion on BSN recommendation
3) Campaign for Action

IOM Report

High-quality, patient-centered health care for all will require a transformation of the health care delivery system
The IOM Committee’s Vision

• Quality care accessible to diverse populations
• Promotes wellness and disease prevention
• Reliably improves health outcomes
• Compassionate care across lifespan

The Future System:

• Primary care and prevention
• Interprofessional collaboration and care coordination
• Payment system that rewards value
• All health professionals practice to the scope of their education/training

How?

IOM Future of Nursing Report

FUTURE OF NURSING
Campaign for Action

Recommendations

Seek significant improvement in public and institutional policies at national, state and local levels

A blueprint to:

• Foster interprofessional collaboration
• Enable all health professionals to practice to full level of education and training
• Improve nursing education
• Prepare and enable nurses to lead change
• Improve workforce data collection & analysis
Improving Education

1) 80% of nurses with BSN by 2020
2) Double number of nurses with doctorate by 2020
3) Implement nurse residency programs
4) Promote lifelong learning

BSN Rec Rationale

1) Exposes students to leadership and community and public health
2) More prepared to care for increasingly complex patients
3) More likely to get advanced degrees, enabling them to be faculty and PCPs
4) Offers foundation for more complex roles

BSN Recommendation

Community colleges play crucial role
- Gateway for students who wouldn’t enter BSN programs because of space, distance or cost
- Must get graduates to continue their education
Achieving 80/20

AD-to-BSN programs
- 1) hospital/university partnerships offer onsite classes
- 2) Online education programs
- 3) Community colleges can offer 4-year BSN
- 4) Educational collaboratives between universities and community colleges (Oregon Consortium for Nursing Education)

AD-to-MSN programs

Achieving 80/20: Increasing Capacity

Academic-service partnerships
- Nurse-managed health centers
- Preceptor models
- Dedicated education units

Regional school network partnerships

Support from funders

Nurses can’t do it alone!

Campaign for Action

Campaign Vision
All Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success
Campaign for Action

Collaborate with AARP to organize non-partisan coalition
• health professions
• payers
• consumers
• business
• policy-makers
• philanthropies
• educators
• hospitals and health systems
• public health agencies

Nursing must be considered societal issue!

Regional Action Coalitions
• Long-term
• Field strategy to move key nursing issues forward at local, state and national levels
• In 15 states, including Illinois, before moving nationwide
• Next wave: June
• Capture best practices, track lessons learned and identify replicable models
Please sign up! Your role:
- Recruit engaged and committed stakeholders
- Educate policy-makers on key issues
- Reach out to philanthropies/funders
- Gain visibility through media
- Move key recommendations forward
- Bring docs on board!

www.thefutureofnursing.org

Campaign Resources
Visit us on the Web at:
www.thefutureofnursing.org
Follow us on twitter at:
www.twitter.com/futureofnursing
Join us on Facebook at:
http://facebook.com/futureofnursing
Opportunities for Foundation Engagement

The Robert Wood Johnson Foundation has a long-standing commitment to improving health and health care for all Americans. As our population ages, the demands on the health care system and the workforce will grow. As we look at addressing these issues, we believe they can only be addressed by strengthening the nursing profession.

Towards that end, the Foundation has invested nearly $300 million over the past 10 years supporting innovative nursing programs that address many of these challenges. Most recently, we supported the Institute of Medicine in its development of the landmark report, *The Future of Nursing: Leading Change, Advancing Health*. This report laid out a bold action plan to transform the health care workforce to meet the needs of the population now and in the future. Recommendations center on five critical areas:

- Removing barriers to practice.
- Fostering interprofessional collaboration.
- Improving nursing education.
- Preparing and enabling nurses to lead change.
- Creating an infrastructure for interprofessional health care workforce data collection.

We believe this report offers a dynamic blueprint for action, and the Foundation is committed to implementing the recommendations. But no single funder can do it alone. Such a large enterprise requires the support of many partners at the local, state and national levels; across professions; and spanning government, academia, and business sectors. The goal of the *Future of Nursing Campaign for Action* is to make these recommendations a reality - bringing together many partners to achieve lasting results.

What Foundations Can Do

The goals of the Campaign correspond closely with the mission of many foundations, providing a number of opportunities for collaboration and support:

- **Collaborate and Connect:** Join the Regional Action Coalitions, groups of diverse stakeholders driving action at the state and regional levels. Use your reputation as neutral conveners to bring together key actors at the national, state and local levels.

- **Communicate and Advocate:** Share Campaign updates and other information with your grantees and networks. Advocate for improvements in health care delivery to use nurses more effectively.

- **Fund and Support:** Invest in research and/or program work that will contribute to the advancement of one or more of the IOM report goals or recommendation areas, such as:
  - accelerated graduate degree programs in nursing to develop the next generation of a diverse nursing faculty.
  - nursing models of care that create innovative, cost-effective solutions.
  - scholarships and loan forgiveness programs to encourage nurses to pursue BSN degrees.
  - nurse residency programs in a range of practice settings, including public health and community care.
  - programs to build leadership skills through continuing education.
  - eliminating barriers to an expanded scope of practice.

*To get involved and learn more, visit [www.thefutureofnursing.org](http://www.thefutureofnursing.org).*
Future of Nursing Campaign for Action, calls for a “greater emphasis” on increasing diversity of the workforce and ensuring that nurses are able to provide culturally relevant care.

Education:
- To enhance diversity, the report recommends changes to the nurse education system. It urges academic nurse leaders to partner with health care organizations, leaders from primary and secondary school systems, and other community organizations to recruit and advance nursing students from all backgrounds.  (Rec #4)

Funding:
- The report also urges donors to expand funding for accelerated graduate degree programs for nurses to increase the diversity of nurse faculty, scientists and researchers. And it calls for mentoring and bridge programs that connect undergraduate programs with graduate-level ones. (Rec #5)
- Private and public funders should collaborate, and when possible pool funds, to expand baccalaureate programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships, and using technology to augment instruction. These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution. (Rec #4)

Programs in Action:
- RWJF New Careers in Nursing, which works to increase the diversity of nursing professionals to help alleviate the nursing shortage
- RWJF PhD in Nursing with a Concentration in Health Policy at the University of New Mexico, which prepares nurses, especially those from underserved populations in the Southwest, to become distinguished leaders in health policy.
- Other RWJF programs aim to increase the diversity of all health professionals, including nurses, such as Project L/EARN, which provides undergraduate college students traditionally underrepresented in graduate education with a 10-week summer internship designed to make them stronger candidates for admission to graduate programs.

Patient Benefits:
- More diversity among nurses fosters better interaction and communication with patients of a variety of all backgrounds. Previous IOM reports buttress this claim, finding that greater racial and ethnic diversity among providers leads to stronger relationships with patients in nonwhite communities.
- Because nurses make up the largest proportion of the healthcare workforce and work across virtually every health care and community-based setting, changing the demographic composition of nurses has the potential to effect changes in the face of health care in America.
- According to the 2002 IOM report, Unequal Treatment: Addressing Racial and Ethnic Disparities in Health Care, diversification of the health care workforce is an effective way to narrow racial and ethnic health disparities.

Numbers/Data:
- Minorities represent about a third of the U.S. population and are poised to reach majority status in 31 years, according to the U.S. Census Bureau. Whites comprise 66 percent of the population but represent 83 percent of the nation’s RNs, according to the 2008 National Sample Survey of Registered Nurses.
- Blacks, by comparison, comprise 12 percent of the population but just 5 percent of the nation’s RNs. Latinos make up 15 percent of the population but hold just 4 percent of the nation’s RN jobs. American Indian or Alaska Natives represent 1 percent of the population but hold 0.3 percent of R.N. jobs.
- Asians are the only minority group that defies the trend. People who describe themselves as Asian, Native American, or Pacific Islander comprise 4.5 percent of the population but represent 6 percent of the RN workforce.
- Men are also vastly outnumbered. The number of male RNs has soared in the last two decades, rising from 45,060 in 1980 to 168,181, according to HRSA. But despite this progress, men still make up only 7 percent of all RNs.
In the 2008-2009 school year, ethnic minority groups made up 28 percent of those in AD nursing programs; 24 percent of those in bachelor’s degree nursing programs; 24 percent of master’s degree nursing program students; and 20 percent of doctorate nursing degree students, according to the National League for Nursing.
Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Illinois Board of Nursing Annual Education Survey

- Illinois Board of Nursing Annual Education Survey is mandated in the Rules for the Administration of Nurse Practice Act and therefore has a 100% response rate from 129 Illinois education programs.
- Since 2008 Annual Education Survey has requested standard information using the following definitions:

Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Definitions:
- Fiscal Year: July 1st – June 30th
- Number of Nursing Seats Available: Total capacity/count of all nursing student seats available during the fiscal year.
- Qualified Applicants (#): Individuals who meet all requirements for formal admission to the nursing program.
- Formally Admitted (#): Students who receive an official notice that they are invited to begin the nursing program AND who enroll in the specified fiscal year.
- Number of Students Who Dropped Out After First Clinical
- Nurse Graduates (#): Individuals who meet all requirements for either the licensure and/or the degree AND are formally awarded the degree.
- Number of Students Taking the NCLEX & Pass Rates
### Analysis

**Formally Admitted / Enrollment Data**

- In FY 2010, 7,148 students enrolled in pre-licensure ADN and BSN nursing programs statewide:
  - This is up from 7,017 in FY 2010
  - 27% overall increase in enrollment since FY 2006

- ADN Enrollment Data
  - 52% of pre-licensure students in Illinois
  - Admittance to an ADN program fell by 5% from FY 09 to FY 10

- BSN Enrollment Data
  - 48% of pre-licensure students in Illinois
  - Admittance to a BSN program grew by 9.3% from FY 09 to FY 10

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### Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

#### Pre-Licensure Expansion Data

<table>
<thead>
<tr>
<th>Associate Degree in Nursing (ADN) Program Data</th>
<th>FY 06 (Baseline)</th>
<th>FY 07</th>
<th>Change from Baseline</th>
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<td>109</td>
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Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

- As a result of this data collection, we have been able to track the expansion of nursing programs across the state, as well as discover where to focus on improvements to increase graduation and NCLEX pass rates.
- ICN was then able to share these educational data points and definitions with The Forum of State Nursing Workforce Centers, who has been charged with developing Minimum Data Sets at the national level in the following areas:
  - Minimum Nurse Supply Dataset
  - Minimum Nurse Demand Dataset
  - Minimum Nursing Education Program Dataset
- The Forum’s documents are intended to establish standardized data to be collected by each state as part of a larger effort to effectively quantify and address the country’s critical nursing shortage.
- Both the Board of Nursing Annual survey and IDFPR/ICN Workforce survey have incorporated the National Minimum Data Sets as established by the Forum of Nursing Workforce Centers.

http://www.nursingworkforcecenters.org/minimumdatasets.aspx

Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Nursing Workforce Survey

- In 2007 the IDFPR/IL Center for Nursing created and conducted the Illinois Nursing Workforce Survey.
- Data was collected from:
  - a cross section of LPN’s
  - A cross section of RN’s
  - all APN’s licensed in the state of Illinois.
- Plans are to repeat the survey every 3 years

Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Present Supply and Demand of the RN Workforce

<table>
<thead>
<tr>
<th>Title</th>
<th>Base Year Employment</th>
<th>Projected Employment</th>
<th>Employment Change 2008-2016</th>
<th>Average Annual Job Openings Due to</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2016</td>
<td>Number</td>
<td>Percent</td>
<td>Growth</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>110,739</td>
<td>133,722</td>
<td>22,033</td>
<td>20.80</td>
</tr>
</tbody>
</table>

6,115

http://www.nursingworkforcecenters.org/minimumdatasets.aspx
Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Present Supply and Demand of the RN Workforce

Growth Rate

Employment trends in the State of Illinois in Healthcare over the last 5 years:
- The annual growth rate for Healthcare jobs has ranged from 1.6% to 2.4%;
- Within just Ambulatory Health Care (32% of Healthcare employment), from 2.5% to 3.7%;
- Within just Hospitals (35% of Healthcare employment), from 0.5% to 1.4%; and,
- Within just Nursing & Residential Care Facilities (20% of Healthcare employment), from 1.2% to 2.8%.
- The annual growth for all jobs in the State of Illinois has ranged from -4.9% to 1.2%.

Projected (BLS/IDES) growth rates:
- Nation = 2.2%
- State = 2.1%

Supply

- Annual number of Newly Licensed RNs = 7,750
  - 57% were educated at Illinois educational institutions
  - 31% were domestically educated (outside IL)
  - 11% were internationally educated
  - Note: 1% undetermined

- Average leakage rate = 37% (2007 = 2,590 RNs)

- Supply = 4,882

Estimated Annual Shortage in IL

Estimated Annual Shortage of RNs = (through 2018)

Demand (less) Supply = Shortage
6,115 - 4,880 = 1,235
Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Present Supply and Demand of the LPN Workforce

Demand

<table>
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<tr>
<th>Title</th>
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<th>Projected Employment</th>
<th>Employment Change 2008-2018</th>
<th>Average Annual Job Openings Due to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurses</td>
<td>24,693</td>
<td>29,696</td>
<td>5,003</td>
<td>20.26</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>45</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,340 (retrieved 2/18/2010)</td>
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Employment trends in the State of Illinois in Healthcare over the last 5 years:

- The annual growth rate for Healthcare jobs has ranged from 1.5% to 2.4%;
- Within just Ambulatory Health Care (31% of Healthcare employment), from 2.5% to 3.7%;
- Within just Hospitals (35% of Healthcare employment), from 0.5% to 1.4% and;
- Within just Nursing & Residential Care Facilities (19% of Healthcare employment), from 1.5% to 2.8%. The annual growth for all jobs in the State of Illinois has ranged from -4.9% to 1.2%.

Projected (BLS/IDES) growth rates:

- Nation = 2.25%
- State = 1.98%

Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Present Supply and Demand of the LPN Workforce

Supply

- Annual number of Newly Licensed LPNs = 2000
  - 54.6% work in Nursing and Residential Care Facilities
  - 14.7% work in Hospitals
  - 16.8% work in Ambulatory Health Care Services
  - 13% work in non-healthcare industries
  - 16.3% not working in any industry in Illinois

- Average Leakage Rate 17% = 340
- Supply = 1,660

Supply

- Annual number of Newly Licensed LPNs = 2000
  - 54.6% work in Nursing and Residential Care Facilities
  - 14.7% work in Hospitals
  - 16.8% work in Ambulatory Health Care Services
  - 13% work in non-healthcare industries
  - 16.3% not working in any industry in Illinois

- Average Leakage Rate 17% = 340
- Supply = 1,660
Build an infrastructure for the Collection and Analysis of Interprofessional Health Care Workforce

Present Supply and Demand of the LPN Workforce

Estimated Annual Supply-Demand Balance of LPNs Through 2018

\[
\text{Demand (less) Supply} = \text{Possible Surplus} \\
1,340 - 1660 = +320
\]

Illinois has received two federal grants that help provide funding for the Initial Statewide Longitudinal Data Systems (ILDS) project. The grant is comprised of five major components:

- Establishment of Data Advisory Committee
- Development of an Enterprise-wide Data Architecture
- Improved Data Quality through Data Stewardship
- Development of an Education Enterprise Data Warehouse
- Linking of the ISBE Unique Student Identifier with Postsecondary and Employment Data

Illinois Longitudinal Data System Project – Moving Forward!

- The Illinois State Board of Education (ISBE), along with our Education Partners, is now actively moving forward with the design and development of the state-wide Illinois Longitudinal Data System (ILDS).
- The system, when fully deployed, will provide data to help to track the outcomes of Illinois students as they progress from Pre-K through Postsecondary education, and as they enter the workforce.
- Longitudinal data supports an in-depth, comprehensive view of students’ progress and will ultimately help guide policymakers on where to invest time and energy to most effectively improve student achievement in our State.
Next Steps:
Regional Action Coalition (RAC)
(IL Action Coalition for Nursing)

• In February 2011 the Illinois Center for Nursing in partnership with the Illinois Department of Commerce and Economic Opportunity applied to lead the Robert Wood Johnson Foundation Regional Action Coalition for the state of Illinois.
• The Illinois State Regional Action Coalition will be convened to advance The Future of Nursing: Campaign for Action™, a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation
http://championnursing.org/.

Next Steps:
Regional Action Coalition (RAC)

• RAC’s are the driving force of the Future of Nursing: Campaign for Action (CFA), a broad, national effort to drive implementation of the Institute of Medicine’s blueprint for ensuring that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success.
• IL RAC short-term first year goal is to survey organizations to determine current activity in support of IOM recommendations.

References & Resources

• Illinois Center for Nursing: www.nursing.illinois.gov
  ▪ Workforce Report
  ▪ Enrollment/Graduation
  ▪ Current Faculty Openings
  ▪ IL Regional Action Coalition
• IDES Labor Market Data: www.ides.state.il.us
Contact Information

Michele L. Bromberg MSN, APN, BC
Nursing Coordinator
IL Department of Financial & Professional Regulation
Division of Professional Regulation
Michele.Bromberg@illinois.gov
What about Me?
Illinois ADN Student’s Plans and Preferences
for Further Education
Deborah Jezuit PhD RN
Illinois ADN Council

Background
• Data was needed to determine the path for Educational Advancement in Illinois
• A survey of current ADN students was completed to collect the data
• Barriers to advancing education were examined

Additional background
• Surveys were distributed to all nursing students enrolled at Community colleges in the fall 2010.
• The survey was conducted using an electronic survey instrument
• The survey was available to students from August 20- October 4, 2010
Response Rate

- Fall 2010 ADN program enrollment
- Approximately 6650 students
- Survey responses
- 2925
- 44% Return

Results

- Aggregated results were provided to all schools
- Individual results were provided to each school with a response of at least 10 students.
<table>
<thead>
<tr>
<th>Question 1</th>
<th>Why an ADN program?</th>
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<tbody>
<tr>
<td>• 71% chose an ADN program due to the cost factor</td>
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<td>• 65% chose the program for the location</td>
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<td>• 52% chose the program for the time to complete the degree and begin working</td>
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<thead>
<tr>
<th>Question 2</th>
<th>Do you plan to obtain a BSN?</th>
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<tr>
<td>• 77% of the respondents plan to obtain a BSN</td>
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<tr>
<td>• Of the 23% who do not plan to obtain a BSN:</td>
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<tr>
<td>• 52% relayed cost as the main factor</td>
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<td>• 38% relayed family obligations as a factor</td>
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<tr>
<th>Question 4</th>
<th>How soon after the ADN will you pursue the BSN?</th>
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<tr>
<td>86% of the respondents will pursue a BSN in 1-5 years</td>
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</table>
Question 5
Would you be able to complete a BSN within 10 years of licensure if required by Illinois?

94% of respondents answered YES to this question

Question 6
Reasons for not obtaining the BSN in 10 years

• 82% relayed cost as a factor
• 66% related family obligations as a hindrance
• 42% noted inconvenient hours of BSN programs

Question 7
Do you plan to obtain an MSN?

60% of respondents plan to obtain an MSN
Reasons for not obtaining an MSN

- 47% related cost as a factor
- 42% had no desire for an MSN
- 33% related family obligations as a hindrance

Previous Education

- 31% of respondents hold a degree in another field
  - 54% hold a Bachelors
  - 40% hold an Associates degree
  - 6% hold a Masters degree
- 69% did not have another degree

Interest in other options

- 63% of respondents would like to pursue an ADN to MSN degree
- 67% of respondents who will seek a BSN or MSN prefer a mix of online and face to face classes
- Only 15% prefer all online education
- Only 18% prefer all face to face education
Comments
Why an ADN program was chosen
• Want to be a nurse
• Cost
• Location
• Class options-nights
• Have a BS or MS already
• Needed an LPN to RN bridge
• Need to work and have an income while pursuing a BSN

Comments
Why graduate won’t pursue a BSN.
• Current age
• Cost
• Would prefer RN to MSN
• Already have BS or MS
• No difference in pay structure

Comments
Why graduates won’t complete BSN in 10 years
• Cost
• Family obligations
• Class hours
• Location
• Uncertain future
Comments
Why graduate does not wish to complete an MSN

• Cost - may be out of reach
• No desire, want to just be a nurse
• Not enough time due to other obligations or age
• Just not sure at this point-still considering all options

General Comments

• I feel that nurses with an ADN are just as capable of taking care of patients as one with a BSN. I, myself plan on getting my BSN after working in the field and gathering experience as a nurse, but I know many people who are very happy with simply having a ADN.

General comments

• I think the ADN programs are a great way to earn a degree and without it I would probably would have never had this opportunity.
• I am not currently considering it, but I have always felt that it is important to further your level of education and knowledge. After I had been a RN for a time in the field, I might consider a MSN program if was affordable.
General Comments

• I hope there will be resources and support programs when the time comes for me to pursue my BSN or MSN.

• I would love to be in an ADN to MSN program. That’s exactly what I am looking for and interested in doing.

General Comments

• I plan on continuing my nursing education beyond the ADN program; however, I am concerned about the cost of obtaining my education and the possibility that I might not meet the entrance requirements of a four year institution. Also, many nurses choose to get their ADN because they are older, and they have family and financial obligations. It might not be possible for them to complete a BSN program once they obtain the ADN.

General Comments

• I feel that ADN programs offer a unique way to enter or change to this career path. As with myself, I already hold a masters degree in another healthcare field and at this time am not planning on obtaining a BSN or MSN. I'm not sure that it would be beneficial to require this progression.

• ADN programs are VITAL to the working class and are more suited and affordable for people with families who are already juggling life and finances in the current economy.
General Comments

• I actually feel that I’ll receive a better overall education by getting my ADN and then BSN or MSN. I love the focus of clinical and taking one course at a time. I do wish, however, that there were easier transitions into BSN programs.

• I would consider the ADN to MSN if I find an accelerated program that is not extremely expensive.

Questions/Comments
Educational Advancement: Opportunities and Barriers

Ann O’Sullivan, MSN, RN, CNE, NE-BC
Assistant Dean, Blessing-Rieman College of Nursing
April 1, 2011

Objectives

- Discuss specific opportunities in RN to BSN education.
- Identify barriers for RNs pursuing BSN education.

Literature Review

- Nine recent articles reviewed (2004-2010)
- Several are research articles
- Populations
  - RNs
  - Faculty
- Methodologies
  - Survey
  - Interviews
  - Qualitative
Creating a Context that Uncovers New Possibilities

- Focus on content and context of learning helps RNs; empowering to students
- Some students are truly transformed
- Adult learning principles, innovation, caring
- Reduce/eliminate mixed classes
- Mentor, role model and build positive connections; Guide, not micromanage
- PhD programs need to teach effective teaching strategies for RN to BSN students
- Recognize RN past experience and unique needs

Cangelosi, 2006

Caring in Online Education

- Frequent feedback (9/11)
- Timeliness (9)
- Caring online is reciprocal (8)
- Personal connection & empathy (7)
- Clarity (6)
- Multiple contact opportunities (6)
- Commitment to learning (4)
- Second-fiddle (4)

Sitzman & Leners, 2006

Perceptions of Barriers/Benefits

- Benefits to completing a BSN
  - Raising potential was the main theme.
  - Personal reasons were personal satisfaction, improved self image, feelings of achievement and success, expanded and expanded knowledge base.
  - Professional reasons were raised level of professionalism, career advancement, job mobility, increase salary, more job opportunities and increased skill.
  - Some respondents did not feel it was a benefit to have a BSN.
Perceptions of Barriers/Benefits

- **Barriers**
  - Major theme identified was competing priorities.
  - Multiple role demands and limited resources were the two major barriers cited. Demands of managing families and work were part of those barriers.
  - Time, money, work, family and advancing age also noted.

- **Academia**
  - Simplify the process for enrollment
  - Practical courses with flexibility and accessibility

- **Employers and facilitation of enrollment**
  - Make it worthwhile to return to school.
  - Recognition of education value and rewarding efforts.
  - Support of time off, tuition reimbursement and professional rewards

  Delaney & Piscopo, 2004

What do RNs Think

- ADN or diploma not enough to advance
- Trouble fitting in with undergrads
- Need support—peers, academics, home
- Knowledge growth
- Global perspective
- Personal accomplishment

  Lillbridge & Fox, 2005
21st Century Barriers and Incentives

- Incentives
  - Being at right time in life
  - Working with options
  - Achieving a personal goal
  - BSN provides credible professional identity
  - Encouragement from contemporaries
  - User-friendly RN-BSN programs

21st Century Barriers and Incentives

- Barriers
  - Time
  - Fear
  - Lack of recognition for past educational and life accomplishments
  - Negative ASN or diploma school experience

Megginson, 2008

California Study

- Advantages of BSN
  - Exposure to research, community health nursing and leadership skills needed to produce nurse managers of the future

- Motivation
  - Expanding opportunities, fulfill personal goal, dissatisfaction with hospital environment, feeling coerced or forced to return to school

- Increased numbers
  - Statewide and mandated articulation agreements

Spencer, 2008
Collaborative Options

- 22 of 40 in 2nd pilot group completed the 1st yr at the community college and transferred to the university
- Strengths: financial - less expensive; clinical experiences at the CC with clinical emphasis and patient bedside care; opportunity for direct transfer to the university
- Students mostly satisfied

  Williams, et al, 2005

Factors related to progression and retention rates in RN-BSN

- No standardized benchmarks
  - Graduation: 1-5 years, 49-100%
  - Retention: 50-100%
- Retention initiatives
  - nursing orientation, core week class with 4 week mentoring, 1 day a week classes, course flexibility, part-time classes, fostering faculty/staff relationships with students, and cohort progression

Factors related to progression and retention rates in RN-BSN

- Predictors of success
  - flexible work schedules, nondemanding family responsibilities, financial and personal support, realistic expectations, motivation, GPA and fewer hours worked per week.
- Program effectiveness measures
  - senior capstone achievement, awards/honors, surveys, job placement rates, graduating senior summary statements, certification rates, progression to graduate school, faculty developed surveys, HESI comprehensive exams and student portfolios.

  Robertson, et al, 2010
Avoiding Social Pitfalls

- Return to School syndrome
- Honeymoon
- Conflict
- Reintegration
- Student introduced to model at the beginning
- Student & faculty can recognize stage and assist
- Improved socialization and outcomes

Utley-Smith, et al, 2007

Presenter

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Assistant Dean,
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aosullivan@brcn.edu

Special thanks to Sara Reynolds, SN4
Research Assistant, BRCN

References

Everything You Ever Wanted to Know about Nursing Programs

But Were Afraid to Ask!
By Beverly D. Letcher, RN., MS., CNE.
Faculty, RN to BSN Coordinator
Chicago State University
Department of Nursing

Nursing: The Profession

- Types of Basic Nursing Programs:
  - RN: Registered Professional Nursing
  - BSN: Bachelor’s Degree in Nursing
  - ADN: Associate Degree in Nursing
  - Diploma: Hospital Based School
  - LPN/LVN: Licensed Practical Nursing
  - CNA: Certified Nurses Assistant

Nursing: The Profession

- Types of Advanced Nursing Programs
  - Master’s Level
  - MS: Master of Science, Major in Nursing
  - MSN: Master of Science in Nursing
**Nursing: The Profession**

- Examples of Nurse Certifications Requiring Master’s Level Education
  - CNS: Clinical Nurse Specialist
  - CNM: Certified Nurse Mid-wife
  - APN: Advanced Practice Nurse
  - NP: Nurse Practitioner

- Common Organizations Associated with Nursing Education
  - ANA: American Association of Nursing
  - IOM: Institute of Medicine
  - ICN: International Council of Nursing
  - JC: Joint Commission (Formerly Joint Commission of Hospitals)

- Advanced Certificates:
  * Practice Types:
    - CCRN: Critical Care,
  * Education:
    - CNE: Certified Nurse Educator
    - MOT: Master Online Teacher
  * Administration:
Nursing: The Profession

- Types of Advanced Nursing Programs
  - Doctoral Level
  - PhD: Nursing Science (Research)
  - DNP: Doctorate in Nursing Practice By Specialty (Practice)
  - DNSc: Doctorate in Nursing (Practice)

Nursing: The Profession

- Educational Models
  - Based on a specific nursing theory or conceptual model/framework
    - Watson’s Caring Theory
    - Roy’s Adaptation
    - Orem’s Self Care
    - Leininger’s Transcultural Nursing
    - Eclectic Theories

Nursing: The Profession

- Types of Nursing Curricula
  - Traditional: Based on medical model
  - Integrated: Based on threads or concepts of nursing, interwoven throughout each course of study. (CIP)
Nursing: The Profession

- Approval Versus Accreditation
  - State Approval: (Required)
    - Illinois Department of Finance and Professional Regulation (IDFPR). All graduating nursing students must be from approved schools, who pass the State licensure examination or NCLEX-RN (National Council Licensure Examination for Registered Nurses).

- Types of Nursing Program Accreditation (Desired but not State Required)
  - *NLNAC: National League for Nursing Accrediting Commission
  - *AACN: American Association of Colleges of Nursing

Questions
## REGIONAL ROOM ASSIGNMENTS

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Educational Advancement of Registered Nurses, Summit II
Once questions are answered, complete the enclosed Action Plan
## REGIONAL ACTION PLAN

<table>
<thead>
<tr>
<th>Topic</th>
<th>Action to be Taken</th>
<th>What’s Our Goal/Target?</th>
<th>Responsible Person(s)</th>
<th>Deadline</th>
<th>Actual Completion Date</th>
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Associate Degree Programs

Educational Advancement of Registered Nurses, Summit II

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*ACCL = Accelerated BSN Program for individuals with a previous baccalaureate or higher degrees in another field.
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