



Myth or Fact?

- **Obtaining the BSN will not enhance the ability to function as registered nurses.**
- **Obtaining the BSN will not increase registered nurses' salaries.**
- **The schedule of RNs precludes returning to school.**
- **Returning to school is too expensive.**



RN to BSN?

YES, You Can!

Dispelling the Myths; Discovering the Facts

By Teresa Leonard and Wanda Bradford

According to a group of registered nurses, the list on page 36 constitutes the major reasons that registered nurses with associate degrees or diplomas do not return to school for the bachelor's degree in nursing. Are these reasons factual or mythical? A recent survey of registered nurses addressed these and other issues concerning the RN-to-BSN experience.

The survey respondents were registered nurses currently enrolled or recently graduated from the Flex-Track RN-to-BSN online program at the University of North Alabama in Florence. Of the 143 respondents, 53 percent were graduates of the program and 47 percent were current enrollees. Most graduates (84

percent) received their degrees less than five years ago. Ninety-two percent of the respondents held the associate degree as their basic nursing preparation and eight percent were diploma school graduates.

The respondents had various opinions, experiences and benefits from, during, and after the RN-to-BSN process, but all felt that acquiring the BSN was important. Many of them had negative or neutral perceptions about the value of the BSN beforehand, but dispelled those perceptions through the experience of earning the degree. With so many divergent perspectives, it is important to examine the significance of the degree from a broader angle.

Why Seek the BSN?

The controversy over the educational level of nurses has persisted for longer than most practicing nurses have been alive. The controversy came to national prominence in 1948 when Esther Lucille Brown, a social anthropologist, published the results of a study commissioned by the National Nursing Council. Called the Brown Report, the ground-breaking work strongly recommended that nursing education take place in college settings and that the degree awarded should be the BSN (Brown, 1948). Brown's rationales are poignant and timely even today. The following excerpts support this point:



Along with the consensus of the need for higher education, research indicates that the higher the nurse's education, the better the patient outcomes.

Nurses ... will be expected to be fully contributing team members in complex clinical situations, where both technical skill of a high order and psychological and sociological orientation are requisite; in the wide field of community nursing and community health services where prevention of disease and therapy, but more particularly the maintenance of health, are ever-widening goals (p. 140).

Fast forward 17 years to 1965. The American Nurses Association (ANA) reiterated Brown's concerns in its first position statement on nursing education. Citing the complexity of nursing and health care, the dynamic nature of nursing, and the multifaceted aspects of nursing responsibilities, ANA concluded that the minimum educational preparation for registered nurses should be the BSN (ANA, 1965). ANA further posited that nursing has a choice of places on a continuum. The continuum ranges "from the far-sighted vision of scientists and seers to the backward-looking posture of the defenders of obsolescence" (ANA, 1965, p. 111).

Fast forward to the 21st century. Although the issues of baccalaureate education remain unsettled, the belief in a highly educated nursing popula-

tion continues to exist. Yet, in 2004, greater than 50 percent of RNs reported the AD (33.7%) or diploma (17.5%) as their highest level of nursing education (HRSA, 2004), a finding that seemingly changed the nursing discourse to an emphasis on lifelong learning (Donley & Flaherty, 2008; NLN, 2007). The reality of the pervasiveness of AD education among practicing RNs has prompted a new thinking process. The NLN advises nurses to end the old argument about entry into practice and to concentrate on assisting nurses to progress educationally beyond the basic degree (NLN, 2007).

Along with the consensus of the need for higher education, research indicates that the higher the nurse's education, the better the patient outcomes. In linking patient mortality and morbidity to the educational levels of nurses, Aiken et al. (2002) found that a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient deaths and complications by 5 percent. If the nursing profession takes Aiken's study to heart, then there must be a concerted effort to advance the education levels of practicing nurses.

Why Not Seek the BSN?

Today, 60 years after the Brown Report, many nurses see no benefits from obtaining the BSN. Leonard (2003) found several disincentives, confirmed by the current study, that prevent RNs from seeking the BSN. Among them are beliefs that the BSN will not enhance one's ability to practice and that the BSN lacks financial rewards. Time management and financial issues also served as disincentives to pursuit of the BSN. However, those surveyed said their experiences dispelled some of these perceptions.

Myth or Fact?



The BSN Is Not a Better Nurse

The majority of respondents (63%) believe that practicing nurses think the BSN will not enhance nursing practice. However, nearly half (47%) report that their experiences in RN-to-BSN education dispelled this perception. The following explanation is from a diploma nurse:

Most nurses I know think that "a nurse is a nurse," or that a BSN is only for people wanting management. But... returning for the BSN does broaden your views of patient care delivery.

Said another:

I can now clearly see the need for this additional education. I think that nurses grow in their profession when they acquire this additional knowledge.

Benefits of BSN education include improved role clarification and an increase in confidence, professionalism, respect from others, personal satisfaction, and understanding of management decisions, all of which may play a positive role in patient care. Based on these findings, the aforementioned perception is a *myth*.

Myth or Fact?



Having the BSN Will Not Increase Salary

The prevailing reason that RNs do not seek higher degrees is the belief that there will be no change in salary.

While it is true that a number of employers make no differentiation in the salaries of AD and BS nurses, the BSN is in a better position than the ADN for promotions and increased earnings. Fifty-seven percent of those surveyed reported the desire for a job change or job flexibility as prompting them to seek the BSN. One respondent said:

Even though it did not increase my salary to begin with, many employers will look at your BSN as a positive for promotions. I believe it helps to open doors.

For others, the BSN did result in salary increases. Twenty-three percent said that their experiences in the BSN program dispelled the perception of salary inertia. Based on these findings, this perception is mostly *myth*.

Myth or Fact?



Working RNs Are Too Busy for School

Sixty-six percent of the respondents reported a reluctance of nurses to return to school due to work schedules. Over 50 percent said their personal experiences dispelled this perception. Many touted the role of online education in dispelling this perception. Nearly 90 percent of these respondents said the convenience and flexibility of scheduling figured heavily in their selection of a school to attend and over half (56%) said the online environment figured largely into the decision. One student related:

I would not have been able to complete the degree in a traditional setting due to family and work obligations.

Said another:

The convenience of “going to class” when it was good for me made all of the difference in the world.

Based on the experiences of these students, this perception of schedules as an obstacle to education is a *myth*.

Myth or Fact?



Returning to School is Too Expensive

The majority (66%) of respondents reported financial issues as obstacles to overcome in order to enroll in school and said they (62%) believe that finances prevent others from seeking higher education. In spite of these obstacles, finances do not seem to deter these nurses from persisting to program completion. Some receive tuition assistance from employers; some receive financial aid from outside sources; others reported no assistance with finances, but all remained in school. It is clear that finances presented major concerns for the respondents, but not to the extent that they were unable to continue school. Thus, the assertion that school is too expensive seems to be mostly *myth*.



An overwhelming majority of the respondents received personal satisfaction (91%), experienced professional growth (85%), and increased their knowledge base (82%) as a result of BSN education.

Other Benefits of the BSN

In addition to the aforementioned advantages of the BSN cited by respondents, there are several others worthy of mention. An overwhelming majority of the respondents received personal satisfaction (91%), experienced professional growth (85%), and increased their knowledge base (82%) as a result of BSN education. One student said the BSN helped her to pursue her dream of entrepreneurship. Another gained more “confidence and professionalism.” Still another left the experience with “pride and understanding about the profession.” Relatively few recounted negative experiences during the process.

Conclusion

With the increasing complexity of the health care environment, the impact of educational levels on patient outcomes, the changing expectations of employers, and the threat of obsolescence, it is vital that RNs seek higher degrees. It is not the purpose here to convince people that RN to BSN education is easy. It is not. However, evidence shows us that it is not only a worthy and necessary endeavor, but an achievable one. The intent here is to dispel the myths that often impede the educational process for nurses. Thus, we conclude: RN to BSN? Yes, you can! ☺



experience, 17 years as an educator, and seven years of experience in online teaching.

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