

Developing Seamless Pathways to Advanced Nursing Degrees

Outcomes of the Multi-Regional Model to Increase the Number of Baccalaureate Nurses in the U.S. (RIBN): A Three-Year Project Supported by the Jonas Center and Partners Investing in Nursing's Future

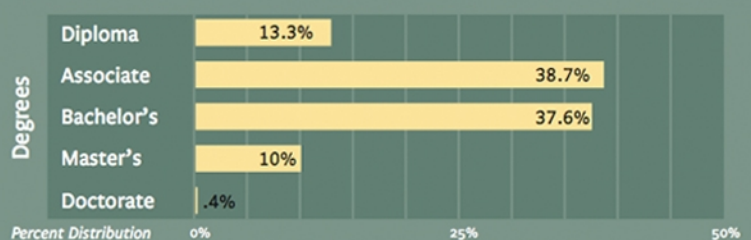
The health care landscape in the U.S. is changing rapidly, and the nursing profession, with its three million members, has a vital role to play in ensuring that our health care system provides affordable, quality care that is accessible to all and leads to improved health outcomes. Looking ahead to the future of the nursing profession, the Institute of Medicine (IOM) issued a report in 2010 that analyzed the barriers that prevent the profession from being able to respond effectively to the evolving health care system and issued key recommendations to ensure that nurses will be well-positioned to lead change and advance health. Among the recommendations is the assertion that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The Jonas Center for Nursing Excellence is committed to the advancement of nursing education through its grant programs and support of innovative projects, such as the recently completed Multi-Regional Model to Increase the Number of Baccalaureate Nurses in the U.S. project (RIBN).

The vast majority of U.S. nursing students stop their formal education after receiving their associate degree in nursing, when they are qualified to sit for the NCLEX-RN exam (National Council Licensure Examination) and apply for licensure as a registered nurse. While it is understandable that most nursing students would choose to enter the workforce as quickly as possible, the nursing profession is encouraging these students to advance their education because:

- ◆ Research shows that higher education of nurses results in better patient outcomes
- ◆ In a competitive nursing environment, nurses have more career opportunities, job security, and chance of advancement if they have degrees beyond the associate degree in nursing
- ◆ Hospitals that apply for Magnet Hospital status must demonstrate that they have a large percentage of nurses on staff who have acquired baccalaureate or higher degrees in nursing
- ◆ The projected need for increased numbers of faculty and advanced practice nurses in the future requires a large pipeline of nurses who are educationally prepared to pursue graduate education

A seamless pathway to advanced nursing degrees will help ensure that nurses in the workforce are adequately trained and meet the needs of employers. It will also increase the likelihood that some nurses who have attained the baccalaureate degree will enroll in higher degree programs and become the teachers and leaders we need to train the growing number of nurses that the healthcare system will require in the decades to come.

Figure 1 Highest Academic Nursing Degree Held by Working Nurses



To achieve both IOM educational progression metrics, at least 760,000 additional nurses must earn at least a BSN (or BS). An additional 24,147 must earn a doctorate by 2020, according to the American Association of Colleges of Nursing. Degrees earned by both new nurses and working nurses returning to school count toward the metrics.

Source: Adapted from data provided by the Health Resources and Services Administration (HRSA) from its 2008 National Sample Survey of Registered Nurses. The display reflects RNs working as nurses, not all RN license holders, many of whom are retired or working in other fields.

The Multi-Regional Model to Increase the Number of Baccalaureate Nurses in the U.S. (RIBN)

RIBN is a recently completed initiative supported by the Jonas Center and Partners Investing in Nursing's Future (PIN), a collaborative initiative of the Robert Wood Johnson Foundation and the Northwest Health Foundation. The initiative involved the development of seamless pathways between Associate Degree in Nursing (ADN) programs and Baccalaureate of Science in Nursing (BSN) programs in two regions of the U.S.: New York City and Western North Carolina.

In New York City, the partnering institutions were Queensborough Community College (QCC) and Hunter College, both part of the City University of New York (CUNY). These partners collaborated to develop a RIBN track in which nursing students who are enrolled in the QCC ADN program, and have a strong academic record at the end of their first semester and a recommendation from their clinical faculty adviser, could be considered for the direct pathway to the BSN degree at Hunter. Twenty-four qualified QCC ADN students have been invited to join the first RIBN class in the fall of 2011.

In Western North Carolina, the partners included Asheville-Buncombe Technical College (AB Tech) and Western Carolina University (WCU). The partners won

approval for a formal agreement between the community college and the university, allowing RIBN track students to be dually enrolled at the community college and university for their first three years, and in the fourth year solely enrolled at the university. Students enter their first year at AB Tech as RIBN students instead of as general ADN students. A total of 36 students were admitted to the first two RIBN classes, one in the fall of 2010 and the other in the fall of 2011.

A second grant from the PIN and Jonas Center funding partnership, along with support from the Duke Endowment in North Carolina, the Office of the University Dean for Health and Human Services at CUNY, and others is allowing the RIBN model to spread beyond the four original schools. In North Carolina, it is expanding to 13 community colleges, one private two-year college, and three public and two private universities. In New York it is expanding to three additional community colleges and one senior college in the CUNY system. The success of RIBN in New York City and Western North Carolina demonstrates that the model works well in both urban and rural settings.

Lessons Learned

While they were part of the same initiative, shared a common vision, and saw the RIBN program as an opportunity to advance nursing education generally, each of the RIBN regional partners had to blaze its own unique trail in developing the RIBN pathway due to differences in: 1) the history of collaboration between the partnering institutions; 2) college administrative policies and procedures; 3) the need to make changes to the nursing curriculum; 4) the use of staff members and/or consultants to develop and implement the program; and 5) the availability of additional financial resources. Despite these differences, the two sets of RIBN partners have several lessons learned in common that could be of use to other partners seeking to develop similar pathways to advanced nursing degrees:

- ◆ Cultural barriers, in addition to institutional barriers, can affect nursing students' decision-making about pursuing higher degrees. Students may not appreciate the importance of baccalaureate training in nursing, and may not perceive a higher degree as being appropriate for them.
- ◆ Even when it is the expressed goal of nursing programs, increasing diversity in the student body is difficult to achieve. Both sets of RIBN partners tried to attract a more diverse pool of applicants for their programs, seeking Hispanic students for the NYC program and Native American students for the NC program. Although they were not successful in the first cohort of students, the partners plan to redouble their efforts to diversify future cohorts of RIBN students.
- ◆ Relationship building is important when developing and implementing a new program across different institutions. Greater attention to sources of tension and their resolution may help build partnerships, especially when new. Getting faculty buy-in is essential to the success of the program.
- ◆ Having dedicated staff or consultants to work on the development of a new program helps move it along and facilitates communication between the partnering institutions.