AONE Survey: Gauging Hospitals’ Use of Preferential Hiring Policies for BSN-Prepared Nurses

In the 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine (IOM) recommended that leaders at the federal level, in nursing schools and in health care systems work to increase the proportion of nurses with a baccalaureate degree in nursing (BSN) from 50 to 80 percent of all registered nurses (RNs) by 2020. More specifically, it recommended that health care organizations offer support and incentives for nurses with associate’s and diploma degrees to enter baccalaureate programs within five years of graduation. According to that report: “Although a BSN education is not a panacea for all that is expected of nurses in the future, it does, relative to other pathways, introduce students to a wider range of competencies . . . . Care within the hospital continues to grow more complex, with nurses having to make critical decisions associated with care for sicker, frailer patients and having to use more sophisticated, life-saving technology coupled with information management systems that require skills in analysis and synthesis.”

AONE has long advocated that RNs advance their educations to include baccalaureate and graduate degrees. In 2005, AONE was recognized with the BSN Champion Award from the American Association of Colleges of Nursing (AACN) for releasing a statement advocating the baccalaureate degree as the appropriate preparation for RNs, and urging nurse leaders to work with educators to help create paths...
for RNs to attain BSNs. In 2010, AONE, as part of the Tri-Council for Nursing, released a statement urging stakeholders to take actions that would help create a more educated nurse workforce, with employers providing financial and professional incentives for nurses.

AONE surveys the nursing education landscape in hospitals

Because the educational preparation of RNs has garnered so much attention recently, a number of authorities have asserted that the best educational preparation for a RN is a BSN degree and have encouraged hospitals to create practices and policies to assist and incent nurses to attain that educational level. To gauge how health care organizations were progressing with such policies, in the fall of 2011, AONE emailed a survey to all of its members, resulting in nearly 300 responses.

Survey Respondent Profile

Nearly all of the respondents were full members of AONE and slightly more than half of the respondents listed their organization as a hospital or medical center. Thirty-nine respondents said their organization was a health system, and another 39 listed their organization as “acute care,” making a majority of the respondents—nearly 80 percent—involved with acute care.

Nearly half of the respondents, 47 percent, said their facilities operated in an urban area, while 32 percent operated in suburban areas and a smaller group, 21 percent, said they operated in rural areas. The facilities were evenly split among bed size, with 35 percent of the respondents representing facilities with less than 201 beds, 33 percent with facilities with a range of 201 to 500 beds, and 32 percent with 500 beds or greater.

Implementing policies can be complex

While nurse leaders in health care settings are encouraged to foster further education for RNs, it’s clear from the AONE survey that these same nurse leaders face a host of issues as they implement such policies. Of the nearly 300 respondents, only 51 percent said their organization had a policy to preferentially hire BSN-prepared nurses.

This response may contrast with the real number of facilities that preferentially hire BSN nurses. Respondents were able to add comments to this question, with a dozen of them noting that they do not have a policy in place, but are preferentially hiring BSNs. Others said their organizations plan to institute such a policy. Additionally, some respondents without a policy said they do require nurses with an associate’s degree (ADNs) to attain a BSN within five or six years.

Respondents at organizations without such policies indicate a number of reasons why this type of policy is difficult to implement, including a short supply of BSN nurses in their locale, and/or strong ties with ADN- or diploma-granting institutions.

In the survey, the top reason listed for not having such a policy was a “lack of access to BSN nurses,” an issue that was clearly voiced in the comments. One respondent said, “Critical access hospitals often have very few applicants that have a BSN.” Another respondent added, “We are a large system and many of our rural facilities have ADN programs in their vicinity and have no choice but to hire ADNs . . . . Many nursing students in ADN programs have a degree in another field and have little interest in practicing nursing.”

BSN-prepared nurses. Respondents were able to add additional comments to this question, noting that the reasons behind a preferential policy may contrast with the real number of facilities that preferentially hire BSN nurses. Respondents were able to add comments to this question, with a dozen of them noting that they do not have a policy in place, but are preferentially hiring BSNs. Others said their organizations plan to institute such a policy. Additionally, some respondents without a policy said they do require nurses with an associate’s degree (ADNs) to attain a BSN within five or six years.

Reasons Organizations Do Not Have Preferential Hire Policies for BSNs*

- Limited access to BSNs – 34%
- Lack of support from other leadership members – 22%
- Union does not support – 10%
- Cost concerns – 10%
- Lack of evidence related to improved patient safety – 7%
- Unfair to general nursing staff – 4%

*Respondents could check as many reasons as they applied, so percentages do not add up to 100.

Another respondent pointed out that her organization has “sensitivity” to ADN schools whose students have clinical rotations at its facility, while another noted a diploma nursing school was affiliated with her hospital.

The second most frequent reason listed by respondents without a policy was a lack of support from other leaders in the organization. Noted one respondent, “I personally choose to hire BSN nurses and my chief nursing officer (CNO) supports me, but the rest of administration does not really care.”

Reasons behind a preferential policy

When respondents were asked to list the top three reasons their organizations instituted a preferential policy, data revealed that quality and safety were the chief concerns. About half of the respondents included reasons such as improved patient outcomes, patient safety, or referenced clinical studies showing that patients cared for by BSN nurses had better outcomes. Said one respondent, “We embrace the evidence that supports that patient outcomes are better in organizations with a high number of BSN nurses. We also rely on our nurses to lead improvement efforts and bedside care, which requires them to be qualified to do so.”

However, it’s also evident that many organizations don’t yet have their own data to show that the policy has made a difference. More than one-third of the respondents who answered the question asking for “the evidence that your organization’s preferential hiring policy is making a difference in nursing care” said their policies were too new to have results, or that they simply didn’t have that data. Noted one respondent, “[That’s the] $64,000 question. We need a business case for BSN.” Others mentioned that their organization’s improved indicators could be attributed to various ongoing initiatives—not just BSN hires. One respondent said, “It’s hard to make the case for cause and effect when you are changing other variables at the same time.”

Continued on page 18
Snapshot of organizations with preferential policies

Survey results show that of the organizations with a preferential policy, 32 percent pay BSN nurses more at the time of hire regardless of their years of experience. Even if organizations do not pay more at the time of hire, they can use other ways to reward BSN nurses. For instance, one respondent’s organization has a clinical ladder in which BSN nurses are paid more, while another organization requires BSNS for certain job classifications that carry higher salaries.

Ninety-three percent of the respondents with a policy have tuition benefits for associate’s degree-educated nurses to attain a BSN or higher degree. Of that 93 percent, nearly one-third offer $2,000 to $3,999 annually toward tuition costs, and one-fifth offer between $4,000 and $5,999. Another 19 percent offer $1,999. Several respondents noted that this assistance had been reduced recently due to budget constraints.

Education and strategic partnerships drive success for nursing profession

AONE has long supported advanced education for nurses; a key driver of AONE’s strategic plan is nursing workforce supply and competency. Through organizational work, AONE has developed and implemented strategies in partnership with academic organizations, community leaders, foundations and other relevant organizations to increase the number of qualified nurse faculty and the capacity of nursing schools for both baccalaureate and advanced nursing degrees. AONE will continue to collaborate and partner with academia and provide professional development and certification opportunities to create robust educational programs that focus on the AONE leadership competencies.

A well-educated nurse is better prepared for changes in technology, advanced treatments and protocols and most important, can offer better and safer patient care. As we work through the challenges of health care reform and advancing technology, it’s in everyone’s best interest to support advanced nursing education. AONE will continue to be there with new innovations and support, and we encourage all of you to join us.

When asked to name the institutional goal for their percentage of RNs with a BSN or higher degree, nearly half of these organizations appear to be in line with the IOM’s report recommendation #4—Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Forty-seven percent indicated their goal was to have 80 to 90 percent of their nurses educated at a BSN or higher level while another one-fifth of the respondents said the goal was 60 to 75 percent. Added one respondent, “The goal is 80 to 90 percent within the next three years, and [we] continue to work toward 100 percent. My position is that if we hire only BSN nurses, the message will soon be recognized in the community and education programs can begin to re-think practices.”

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Organizations with Preferential Policies

» Pay BSN nurses more at time of hire regardless of experience – 32 percent
» Have tuition benefits for nurses with ADNs to attain higher degrees – 93 percent
» Have time period by which ADN nurses must attain BSN degree – 27 percent

Although these organizations are likely to offer tuition benefits to ADN nurses, there isn’t a widespread time requirement for getting a BSN, indicating these health care organizations are more likely to use enticements, rather than penalties, to encourage nurses to further their education. Only 27 percent have a mandatory deadline for nurses to achieve their BSN. Of those, 44 percent require the nurses to obtain the degrees in three to six years.