



# Support for the BSN

The degree benefits nurses, hospitals, and patients.

By Leah Curtin, RN, ScD(h), FAAN

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**THE BATTLE** over nurses' education isn't so much over as that it's entered a new stage. In 1962, when I began my school of nursing hospital-based diploma, the director of our program informed students in no uncertain terms that we must go on to get a bachelors in nursing (BSN) as soon after graduation as possible—and that was almost 50 years ago. Broad agreement now exists among nurses, hospitals, and physicians that nurses need at least a BSN, which benefits nurses, patients, and hospitals.

- In 2011, the Institute of Medicine called for 80% of nurses in the workforce to have a BSN by 2020, and organizations re-evaluated their hiring practices to develop a more highly educated staff. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* reaffirms this aim, stating: "[T]he goal of achieving a nursing workforce in which 80 percent of nurses hold a baccalaureate degree or higher remains relevant, and continuing efforts to increase the number of nurses with a BSN are needed."
- In a 2014 study by the American Association of Colleges of Nursing (AACN), nursing school respondents noted that 79.6% of employers had a strong preference for nurses with a BSN. In addition, 45.1% of hospitals and other healthcare settings required new hires to have a BSN. This is a continuing trend. In AACN's 2020 report, 82.4% of employers had a strong preference for BSN graduates, and 41.1% of hospitals and other healthcare settings required new hires to have a BSN.
- In 2017, New York passed legislation making it the first state to require that new nurses obtain a BSN within 10 years of their initial licensure. Known as "BSN in 10," the law aims to improve patient outcomes.
- A classic study by Aiken and colleagues (2003) found that each 10% increase in BSN-prepared nurses decreased the risk of surgical patient death and failure to rescue by 5%.

Other studies have confirmed these findings, including a 2011 study by Aiken and others showing that each 10% increase in BSN reduced risk of patient death and failure to rescue by about 4%.

The argument over which degree (BSN or associate degree in nursing [ADN]) should be the decisive credential for entry into the nursing profession has been ongoing. However, now is the time to resolve the argument, especially because COVID-19 offers nursing an opportunity to update the public's understanding of the profession, emphasizing what nurses have achieved in clinical, academic, and leadership roles.

State boards license graduates with a BSN or an ADN. As a potential nursing shortage looms and more nurses feel the pressure and the desire for a BSN, community colleges are offering RN-to-BSN programs that help nurses fit education into their schedules. These programs are less expensive than a traditional BSN. Given the cost of a college degree these days, this is no small concern.

According to the Bureau of Labor Statistics, RN employment is projected to grow by 15% from 2016 to 2026—faster than the average for all occupations. We need to take action to influence the political process so state nurse practice acts require nurses to have a BSN. We can't take another 50 years to act. We have the support now, and we need to use it.

But what does this say about the profession of nursing and the educational needs of those who enter it? I'm happy to see such support for BSNs. However, given the increase in nurses' responsibilities and functions, I also think nurses' need at least a year of practical internship before they practice solo. What do you think?

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