

## The future of baccalaureate degrees for nurses.

By: Susan Lane and Eileen Kohlenberg

[Lane, S.](#) & [Kohlenberg, E.](#) (2010). The future of baccalaureate degrees for nurses. *Nursing Forum*. 45(4), 218-227.

**This is the pre-peer reviewed version of the following article: Lane, S. & Kohlenberg, E. (2010). The future of baccalaureate degrees for nurses. *Nursing Forum*. 45(4), 218-227. which has been published in final form at <http://onlinelibrary.wiley.com/doi/10.1111/j.1744-6198.2010.00194.x/full>.**

### **Abstract:**

**PROBLEM.** Unlike other professional healthcare disciplines, the profession of nursing has multiple levels of entry. Recently, several states have proposed legislation to mandate completion of baccalaureate education after 10 years of nursing licensure.

**METHODS.** This article examines the proposals, statistics, strategies, and other relevant literature on baccalaureate education for nurses and the positive outcomes associated with a more highly educated nursing workforce.

**FINDINGS.** The proposal recognizes the entry level preparation provided by associate degree nurses and is an innovative solution that offers a balance between multiple entry levels into practice and continued educational preparation.

**CONCLUSIONS.** Through a combination of the entry level preparation of associate degree nurses and baccalaureate education, a stronger nursing workforce can be created and patient outcomes and quality of care improved.

**Keywords:** baccalaureate nursing degrees | BSN | college | continuing competence | nursing education | future of nursing | nursing

### **Article:**

#### Introduction

In the past, efforts to create baccalaureate nursing as the entry into practice were met with strong resistance and did not progress (Keepnews, 2006; Webber, 2007). Recently, however, the American Nurses Association (ANA) took an unprecedented role in supporting advanced baccalaureate education for nurses through an innovative plan modeled by states such as North Dakota, New York, and New Jersey (O'Brien, 2008; Trossman, 2008). All three states pioneered proposals that value the educational background of associate degree nurses and recognize the need for advanced preparation provided by baccalaureate education.

North Dakota was the first state to move toward requiring the bachelor of science degree in nursing (BSN) within 10 years of nurses' effective registered nurse (RN) licensure (Haebler, 2008). In 2003, the state Board of Nursing in New York proposed that nurses of associate degree programs achieve continued education through a program modeled after the discipline of education (Haebler, 2008; Kennedy, 2004; New York may require a BSN, 2004; New York Organization of Nurse Executives, 2007b; N.Y. weighs plan requiring more schooling for nurses, 2004; Requiring bachelor's degrees in NY?, 2004). In addition, New Jersey has proposed a plan for mandated baccalaureate education (ANA, 2010; Haebler, 2008). Although the discipline of nursing for many years has discussed the need for congruence in entry-level positions, North Dakota, New York, and New Jersey were the first states to take action to propose opportunities to meet the need for baccalaureate nurses in the workforce. Although North Dakota has overturned their decision and the legislation did not pass in New York or New Jersey, these movements to create a stronger nursing force have opened opportunities for other options in the professional development of nurses (Keepnews, 2006; N.Y. weighs plan requiring more schooling for nurses, 2004; Office of the Professions, 2008). In addition, legislature movements that require continued education for professional nurses have been seen in multiple states (ANA, 2010).

Furthermore, the American Association of Colleges of Nursing (AACN) is reinforcing the movement toward higher levels of nursing education through support of the Carnegie Foundation and its recognition of the critical role of nursing education (AACN, 2010). The Carnegie Foundation for the Advancement of Teaching (n.d.) has addressed nursing education as an imperative societal issue (Benner, Sutphen, Leonard, & Day, 2009). In the report by the Carnegie Foundation, Benner and colleagues (2009) have identified the multiple points of entry into the nursing profession as a source of discouragement and a barrier for licensed nurses to pursue higher educational degrees (The Carnegie Foundation for the Advancement of Teaching, n.d.). Additional recommendations include baccalaureate education as the entry level into nursing practice with the proposal that RNs complete a master's degree in nursing within 10 years of licensure (Benner et al., 2009). While the Carnegie Foundation's proposal is significant progress toward an educational movement for nursing, mandating the baccalaureate degree as the required point of entry into the nursing profession is not the only potential solution to the need for educational preparation of nurses. Through utilization of associate degree programs, nursing education can continue to meet the needs of health care and the nursing shortage, and reposition itself toward higher levels of education through a requirement of a baccalaureate degree within 10 years of licensure.

While the Carnegie Foundation's proposal is significant progress toward an educational movement for nursing, mandating the baccalaureate degree as the required point of entry into the nursing profession is not the only potential solution to the need for educational preparation of nurses.

While critics have voiced concerns about the proposals requiring the BSN because of the nursing shortage, discrimination against associate degree programs, and the possibility of discouragement of entry into nursing, the benefits of baccalaureate education outweigh these concerns. Groups such as the Coalition for Advancement of Nursing Profession supported New York's efforts to create a highly educated nursing workforce through support of Assembly Bill 2480/Senate Bill S294 (2010). Further, baccalaureate nursing education has been highly valued by organizations and groups such as the U.S. Navy, Army, Air Force, and the Veterans Administration (AACN, 2005). The U.S. military requires a baccalaureate degree for active RNs; the Veterans Administration, which is currently the largest employer of RNs in the United States, requires a baccalaureate degree for any promotion and has provided financial support for educational advancement since 2005 (AACN, 2005). Also, minority nurse associations such as the National Black Nurses Association have been committed to increasing the number of nurses at the baccalaureate level (AACN, 2005). Other groups including the Helene Fuld Health Trust targeted students in baccalaureate nursing programs for financial aid support (Helene Fuld Health Trust, 2001). Nelson (2002) places nurses as the least educated as compared with other professional healthcare disciplines. In addition, other areas outside the United States have moved in the direction of baccalaureate-prepared nurses (AACN, 2005; Keepnews, 2006).

Finally, many hospitals are seeking magnet status, which places high emphasis on baccalaureate or advanced education of nurses while offering incentives or tuition reimbursement to assist in educational endeavors (Kramer & Schmalenberg, 2004). Some hospitals are providing tuition assistance, and some have noted that increased job satisfaction and retention of nurses are associated with encouragement of advanced nursing education (Trossman, 2008). Proposals requiring a baccalaureate degree within 10 years of licensure are fashioned after the success of similar educational approaches of public school teachers in New York state (Coalition for Advancement of Nursing Profession, 2010; Requiring bachelor's degrees in NY?, 2004).

While it is clear that baccalaureate education provides nurses with critical skills for complex patients and opportunities for leadership, professional mobility, and advancement, this does not mean associate degree nurses are unimportant (Blegen, Vaughn, & Goode, 2001). Their critical role is demonstrated by the positive feedback from healthcare facilities and the large percentage of the workforce who are associate degree nurses (Blegen et al., 2001; New York Organization

of Nurse Executives, 2007a). However, while associate degree skills are necessary to patient care, the more highly developed skills of the baccalaureate nurse such as critical thinking, leadership skills, and professionalism are essential to patient satisfaction and overall outcomes (Hansten & Washburn, 1998; Massachusetts Association of College of Nursing, 2005).

Moreover, the profession of nursing must be concerned with the transformation of health care, the need for research and theory-based changes in nursing care with augmented technological demands, increased acuity and diversity in patient populations, shorter lengths of stay, and emerging specialty areas (AACN, 2007; Keepnews, 2006; Massachusetts Association of College of Nursing, 2005; New York Organization of Nurse Executives, 2007b; Webber, 2007). The role of the nurse is changing with the transformation of health care, but unfortunately, the level of education typically remains the same, as evidenced by the small percentage of nurses who pursue higher levels of education.

The role of the nurse is changing with the transformation of healthcare, but unfortunately, the level of education typically remains the same, as evidenced by the small percentage of nurses who pursue higher levels of education.

Surveys have shown that society is concerned about the nursing shortage and the quality of care, and 76% of people surveyed felt that nurses should have a 4-year degree or higher (AACN, 2005). Baccalaureate education provides avenues to improve outcomes and to expand the discipline of nursing. By encompassing the essentials of associate degree education and expanding the focus on physical and social sciences, research, theory, public and community health, management, and humanities, baccalaureate education provides more for students and can create the nurses needed in today's healthcare system (AACN, 2005).

Society's view of nurses and healthcare providers demands professionalism. Professionalism is defined by Merriam-Webster's Dictionary (Merriam-Webster, 2010a) as “the conduct, aims, or qualities that characterize or mark a profession.” Profession is defined as “a calling requiring specialized knowledge and often long intensive academic preparation” (Merriam-Webster, 2010b). Professionalism embodies the understanding, expectations, and values placed on healthcare providers by society not only to be knowledgeable, but also to maintain stellar levels of critical thinking, to provide ethical and value-driven care, and to contribute to the knowledge base that informs and supports the discipline. The underlying component of professionalism is education.

Therefore, based on the characteristics of professionalism, consumers of health care can establish trust-based relationships with healthcare providers, such as nurses. Although nursing has been deemed by society as a trusted profession for 8 consecutive years (ANA, 2009), is this level of trust warranted? Nursing education was deemed inadequate as early as 1923 through the Goldmark report (Goodrich, Nutting, & Wald, 1923). Nursing does not meet the standards of professionalism in respect to education with multiple points of entry and a lack of differentiation among educational levels with regard to acknowledgment and salary. Additionally, baccalaureate education enhances knowledge and critical thinking skills, which impact patient outcomes (Callister, Luthy, Thompson, & Memmott, 2009; Goode et al., 2001; Hansten & Washburn, 1998; Shin, Lee, Ha, & Kim, 2006), yet a mere 43% of nurses have achieved a baccalaureate degree or higher (AACN, 2005). Also, research and scientific inquiry are the driving forces that inform and support the profession and are rarely included in diploma or associate education for nurses. Professionalism calls for long academic training. Despite education being a fundamental component of professionalism, approximately 57% of nurses are providing care for individuals in the healthcare system with only 2 years of education or less (AACN, 2005). The healthcare environment is constantly changing, and new knowledge is created almost daily. Nursing prides itself in being a lifelong learning profession, but a number of nurses do not choose this educational trajectory to meet this standard.

Nursing as a profession has suffered because of the multifarious levels of entry into practice and the lack of differentiations among educational degrees of nurses. By implementing a baccalaureate degree proposal, nursing can rebuild its image of professionalism by meeting the characteristics that professions embody. Moreover, nursing is the forefront of health care, comprising 19.6% of the healthcare industry in the United States in 2008 (Bureau of Labor Statistics, 2010). In this era of reform and economic uncertainty, improving the professionalism of nursing will directly impact the outcomes of healthcare reform. By instilling professional qualities into the largest portion of our healthcare workforce, it may also significantly improve integrity and confidence in our healthcare system.

Nursing as a profession has suffered due to the multifarious levels of entry into practice and the lack of differentiations among educational degrees of nurses. By implementing a baccalaureate degree proposal, nursing can rebuild its image of professionalism by meeting the characteristics that professions embody.

## Nursing Education

The AACN (2007) has stated that “Given the demands of today's health care system, the greatest need in the nursing workforce is for nurses prepared at the baccalaureate and graduate degree levels.” Furthermore, “advocating for less than a baccalaureate degree in nursing has contributed greatly to the current shortage of nurse educators” (AACN, 2007). Creating mandatory baccalaureate degrees within 10 years of licensure would not discount the educational importance of associate degree programs but would allow for continuation of all entries into practice while promoting lifelong learning and expanding the nursing discipline.

Through additional educational preparation, key areas such as nursing education can be addressed (Coalition for Advancement of Nursing Profession, 2010; New York Organization of Nurse Executives, 2007b; Webber, 2007). Currently, nursing schools turn away countless nursing students because of the lack of faculty to teach (Costello, 2003; Webber, 2007). The AACN (2007) has confirmed that 30,709 qualified nursing applicants were turned away from baccalaureate programs in 2007 because of a shortage of nurse faculty. By creating faculty positions and increasing the supply of nurse educators, the number of nurses produced will be directly affected, decreasing the nursing shortage (Costello, 2003; Massachusetts Association of College of Nursing, 2005).

Further, by increasing the availability of and support for baccalaureate nursing, the profession can promote lifelong learning and create more nurses who see education as a necessity to advance the discipline. As early as 2001, the need for more baccalaureate-prepared nurses was raised by groups such as the National Advisory Council on Nurse Education and Practice (NACNEP).

Baccalaureate education with its broader, more scientific base provides the sound foundation for the variety of nursing positions and for entry to advanced nursing education and practice. The majority of today's RNs are educated at less than the baccalaureate level. Dramatic efforts are needed to meet the NACNEP target for a 2/3 BSN-prepared nursing workforce by 2010. (U.S. Department of Health and Human Services, 2001)

One longitudinal study has noted that education levels are consistently at the associate degree level in hospitals, and only 10% of nurses surveyed had more than a baccalaureate degree (Martin, Gustin, Uddin, & Risner, 2004). Only 15% of the nurses who participated reported

returning to school after completion of an associate degree (Martin et al., 2004). Another study that examined patient safety, nurse turnover, and burnout found that only 39.6% of the nurses were baccalaureate prepared or higher (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Research has provided insight into the need for baccalaureate-prepared nurses. One study that examined acute care hospitals' 30-day mortality found that hospitals with a higher proportion of baccalaureate-prepared nurses had lower mortality rates (odds ratio = 0.81) (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005). In addition, 36.93% of the variance in mortality was accounted for by nurse education levels, staff skills, nurse and physician relationships, and employment status (Estabrooks et al., 2005). Mark, Salyer, and Wan (2003) also demonstrated that an RN skill mix with more BSN nurses was associated with higher levels of patient satisfaction. One study (Blegen et al., 2001) found, however, that experience rather than education decreased falls and medication errors, although other aspects of nursing such as patient education, discharge planning, leadership, and other baccalaureate nursing activities were not examined in the study.

Other research supports the view that education rather than experience influences patient outcomes. One study demonstrated that having 60% of staff who were baccalaureate prepared rather than 20% BSN prepared would reduce patient mortality by 3.6 deaths per 1,000 surgical patients and would reduce deaths for surgical patients with complications by 14.2 deaths per 1,000 (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Aiken, Clarke, Sloane, Lake, and Cheney (2008) have provided other evidence that educational preparation of nurses is associated with better patient outcomes. One study showed that educational preparation for surgical nurses had a direct impact on patient outcomes (Friese, Lake, Aiken, Silber, & Sochalski, 2008), and another found that higher percentages of baccalaureate-prepared nurses were associated with a decrease in 30-day mortality rates (Tourangeau et al., 2007). However, multiple factors influence outcomes, and it is often very difficult to determine the effect of one variable on the whole (Needleman & Buerhaus, 2003).

Shin et al. (2006) demonstrated that critical thinking skills, confidence, maturity, and open-mindedness increase significantly with each year of schooling for nurses, suggesting that mandated completion of a baccalaureate degree would change the characteristics of the nursing workforce. The development of critical thinking and ethical reasoning skills are two outcomes of baccalaureate education identified through analyses of reflective clinical journaling among 70 baccalaureate nursing students (Callister et al., 2009). Other research has found that baccalaureate degree nurses demonstrated higher satisfaction levels than associate degree nurses in the same roles; satisfaction correlates with retention and therefore is a reason for hospital

support of continued education for nurses (Rambur, Palumbo, McIntosh, & Mongeon, 2003). Additionally, in a survey of chief nursing officers in 2001, 71% identified differences in levels of practice and skill between associate and baccalaureate degree nurses, and noted that their preference for hiring would be baccalaureate-prepared nurses (Goode et al., 2001). The chief nursing officers noted that baccalaureate nurses had better critical thinking skills, more professional behaviors, leadership skills, and holistic approaches (Goode et al., 2001).

### Proposal for Change

In addition to increasing educational levels, the New York proposal allowed a transition period for those currently in the workforce or school, and would apply only to those who graduated with a nursing degree after the bill became law (Coalition for Advancement of Nursing Profession, 2010). Accessibility of baccalaureate education programs and collaboration between associate degree and baccalaureate programs are crucial for the success of the proposal (Coalition for Advancement of Nursing Profession, 2010). Technological advances have created more opportunities for access through online programs, distance learning, or online-enhanced classrooms, allowing nurses to continue their education and attracting different populations of students. In addition, schools of nursing are marketing programs more frequently through healthcare organizations and offering accelerated programs while providing courses in multiple locations (New York Organization of Nurse Executives, 2007a). In New York, to accelerate this process, it has been suggested that 30 nursing credit hours be guaranteed for graduates of associate degree nursing programs for nurses seeking baccalaureate education (Coalition for Advancement of Nursing Profession, 2010).

The North Carolina Institute of Medicine has called for changes consistent with those called for New York state. Priority needs have been identified, including increased production of baccalaureate-educated nurses (60%), collaboration among associate and baccalaureate degree programs, and increased funding to increase enrollment of pre-licensure baccalaureate programs (North Carolina Institute of Medicine, 2008). Of the 110,502 currently licensed RNs in North Carolina, only 44,597 (40.36%) have earned a baccalaureate degree or higher (North Carolina Board of Nursing [NCBON], 2010a). Of those, only 28,615 hold a baccalaureate degree in nursing, a far cry from the 66% suggested by the NACNEP (NCBON, 2010a; U.S. Department of Health and Human Services, 2001). Currently, baccalaureate nurses comprise only 43% of the nursing workforce nationally (AACN, 2005). A shortage of 32,000 RNs is projected in North Carolina by 2020 (Nooney & Lacey, 2007). With these alarming statistics, it is clear that it is time for change.

## Implementation Strategies

The proposals and innovative strategies considered by North Dakota, New Jersey, and New York provide an approach to move toward baccalaureate education by acknowledging the performance and skills of the associate degree nurse. The goal is not to phase out or discredit associate degree or diploma programs, but to recognize the enhanced preparation of baccalaureate education that is not present in associate degree programs and thus to meet the demands of today's healthcare system. To make a successful transition to a required baccalaureate degree within 10 years of licensure, multiple strategies will be needed. The 2008 ANA resolution on education advancement for nurses lists three implementation strategies: (a) support for legislative proposals mandating attainment of the baccalaureate degree within 10 years of licensure as an RN; (b) encouragement for collaboration between schools of nursing; and (c) advocacy at the legislative level for financial support for educational advancement.

Support from multiple organizations is needed to implement educational requirements for nurses. National and state level nursing organizations are vital to the awareness and education of the public. Scholarships for educational advancement are often provided by national and state organizations, and can be targeted for baccalaureate-bound nursing students. Also, Web sites for nursing organizations can assist returning students. Concise and comprehensive lists of available scholarships, tips for returning to school, and study aids can assist nurses in the transition period. Additionally, national and state level organizations should be actively involved in the transition process, assisting in improvement of articulation between community colleges and universities. Authors of the Carnegie Foundation's report on nursing education identified articulation agreements an essential component in the movement toward higher education in nursing (Benner et al., 2009). Support from universities, colleges, and community colleges is a key element in successful implementation.

North Carolina offers one example of articulation agreements. Currently, in North Carolina, articulation agreements exist for general courses between the community college system and the 16 state universities as well as 22 private universities and colleges (The University of North Carolina, 2010). Prior to implementation of baccalaureate requirements with 10 years of licensure for nurses, current articulation agreements need to be reviewed. Transferability and credit distribution are critical to successful implementation. Accommodations must be in place for nurses who may need to relocate to other areas of the state or who have other opportunities with other employers or institutions of learning. Articulation specific to nursing courses and

congruence between schools of nursing are significant elements for implementation of the proposal but are currently not present at the state level.

The proposal to obtain a baccalaureate degree within 10 years of licensure supports the view that nursing is constantly changing, and that education and knowledge are needed for today's patients.

The proposal to obtain a baccalaureate degree within 10 years of licensure supports the view that nursing is constantly changing, and that education and knowledge are needed for today's patients. Allowing nurses to achieve this milestone within an extended time frame, such as 10 years, provides opportunities for those who have other obligations. Credits toward the BSN may be used to meet annual or biannual licensure continuing education needs. Degrees could easily be completed by taking one class each semester over multiple years with minimal stress and financial obligations for nurses and families. Options for financial support should be considered at all levels.

All nurses cannot financially support themselves to achieve baccalaureate education requirements. Resources for assistance must be in place at both federal and state levels. North Carolina now offers multiple loans/scholarships through the North Carolina State Education Assistance Authority (NCSEAA) for those pursuing nursing at the baccalaureate level. The North Carolina Student Loan Program for Health, Science, and Mathematics offers nurses up to \$5,000 per year for 2 years for baccalaureate degrees (NCSEAA, 2010). Through the NCSEAA, the North Carolina Nurse Scholars Program offers similar loans for nurses up to \$5,000 per year and renewable for up to 4 years (NCSEAA, 2010). Loans are forgiven upon graduation if the student works in North Carolina for each year that the loan was awarded. North Carolina also offers the College Foundation for North Carolina (2010), which assists students in college applications, financial assistance, and the planning process. Other scholarships or tuition assistance are available through companies or businesses. In addition to state-level funding, individual colleges and universities offer scholarships at the university and nursing department levels.

Other financial support is needed from the hospital or employer. As more hospitals are seeking magnet status, the value of educational attainment for nurses will be amplified. Currently, baccalaureate education is not an expectation of employers, as evidenced by the similar pay grades for both associate and baccalaureate-prepared nurses. In one research study, the lack of

differentiation between associate and baccalaureate-prepared nurses was identified as a barrier for nurses to return for baccalaureate education (Megginson, 2008). While many leaders of organizations value baccalaureate degrees, this value is often not reflected in incentives or pay scales. Incentives such as clinical ladders that supplement hourly pay with bonuses based on educational level can provide nurses with a monetary reward for these efforts. Financial increments in pay and career advancement for varying educational degrees also provide motivation for nurses to continue educational attainment. Tuition support can be offered and forgiven in exchange for years worked, increasing retention for the organization. Additionally, employers can offer competitive scholarships to assist employees in educational endeavors.

Collaboration between hospitals or employers, and neighboring schools of nursing is needed for a number of reasons. Collaboration can ensure that tuition support matches the funds needed for baccalaureate attainment. The costs of public and private schools vary greatly, and proximity to public and private institutions must be considered by the employer. Additionally, schools of nursing can enhance accessibility for nurses through cohort classes offered in locations and at times convenient to nurses. By reducing travel needs and accommodating shift schedules through courses at multiple times, schools of nursing can assist in the successful implementation of baccalaureate degrees within 10 years while increasing their enrollment. Multiple schools of nursing in North Carolina are currently providing courses in hospital settings, including Winston Salem State University and Gardner-Webb University. Other options such as tuition reduction for cohorts should be considered by universities and colleges to help ensure that this transition will be successful.

The curriculum of RN-to-BSN programs must address the areas of greatest need for nurses and health care. Healthy People 2020 can provide insight into areas of health care that need attention. Courses designed to meet the needs of specialty or newly emerging areas in nursing are important. Also, curricula for RN-to-BSN achievement must be available in multiple areas and formats, and the capacity of programs must match the needs of each state for successful implementation. Online programs offer more flexibility for students and are helpful for the working nurses. The NCBON (2010b) reports 18 RN-to-BSN programs throughout North Carolina currently and 44,577 (40.3%) nurses currently licensed with diploma or associate degrees only (NCBON, 2010b). Before successfully mandating baccalaureate degrees for nurses within 10 years of licensure, work is required at all levels, including collaborative efforts on the part of national and state organizations and agencies, universities, colleges and community colleges, educators, hospitals, employers, and nurses. The changes will take time and support of nurses and employers of nurses. Health care will not stand still. Changes will emerge continually, and without change in the profession of nursing, it will not be possible to provide

quality care. The need for more baccalaureate nurses is evidenced by the literature. Nursing has an obligation to the public and to the profession to support baccalaureate education for nurses.

### Acknowledgments

Acknowledgment. The authors wish to acknowledge the editorial assistance of Elizabeth Tornquist.

### References

Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association*, 290(12), 1617–1623.

Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38(5), 223–229.

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987–1993.

American Association of Colleges of Nursing. (2005). The impact of education on nursing practice. Retrieved September 25, 2010, from <http://www.aacn.nche.edu/edimpact/>

American Association of Colleges of Nursing. (2007). Enrollment growth slows at U. S. nursing colleges and universities in 2007 despite calls for more registered nurses. Retrieved September 25, 2010, from <http://www.aacn.nche.edu/Media/NewsReleases/2007/enrl.htm>

American Association of Colleges of Nursing. (2010). AACN applauds the new Carnegie foundation report calling for a more highly educated nursing workforce. Retrieved September 25, 2010, from <http://www.aacn.nche.edu/Media/NewsReleases/2010/carnegie.html>

American Nurses Association. (2009). Gallup poll votes nurses most trusted profession. Silver Spring, MD: Author.

American Nurses Association. (2010). Nursing education. Retrieved September 25, 2010, from [http://www.nursingworld.org/mainmenucategories/ANAPoliticalPower/State/StateLegislativeAgenda/NursingEducation\\_1.aspx](http://www.nursingworld.org/mainmenucategories/ANAPoliticalPower/State/StateLegislativeAgenda/NursingEducation_1.aspx)

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation*. San Francisco: Jossey-Bass.

Blegen, M. A., Vaughn, T. E., & Goode, C. J. (2001). Nurse experience and education: Effect on quality of care. *Journal of Nursing Administration*, 31(1), 33–39.

Bureau of Labor Statistics. (2010). Healthcare. Retrieved September 25, 2010, from <http://www.bls.gov/oco/cg/cgs035.htm>

Callister, L. C., Luthy, K. E., Thompson, P., & Memmott, R. J. (2009). Ethical reasoning in baccalaureate nursing students. *Nursing Ethics*, 16(4), 499–510.

The Carnegie Foundation for the Advancement of Teaching. (n.d.). Educating nurses: A call for radical transformation. Retrieved September 25, 2010, from <http://www.carnegiefoundation.org/publications/educating-nurses-call-radical-transformation>

Coalition for Advancement of Nursing Profession. (2010). Coalition for advancement of nursing education. Retrieved September 25, 2010, from <http://www.rneducationadvanceney.org/>

College Foundation of North Carolina. (2010). Helping you plan, apply, and pay for college. Retrieved February 17, 2010, from <http://www.cfnc.org/>

Costello, M. A. (2003). More than a job. *AHA News*, 39(1), 7.

Estabrooks, C. A., Midodzi, W. K., Cummings, G. G., Ricker, K. L., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research*, 52(2), 74–84.

Friese, C. R., Lake, E. T., Aiken, L. H., Silber, J. H., & Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research*, 43(4), 1145–1163.

Goode, C. J., Pinkerton, S., McCausland, M. P., Southard, P., Graham, R., & Krsek, C. (2001). Documenting chief nursing officers' preference for BSN-prepared nurses. *Journal of Nursing Administration*, 31(2), 55–59.

Goodrich, A. W., Nutting, M. A., & Wald, L. (1923). Report of the committee for the study of nursing education (Goldmark report). New Haven, CT: Yale University.

Haebler, J. (2008). Legislating nursing education advancement; what does it mean. *Capitol Update*, 6(5). Retrieved September 25, 2010, from [http://www.rnaction.org/site/PageServer?pagename=CUP\\_Arch\\_053008\\_states\\_legnurseed](http://www.rnaction.org/site/PageServer?pagename=CUP_Arch_053008_states_legnurseed)

Hansten, R., & Washburn, M. J. (1998). Professional practice: Facts & impact. *American Journal of Nursing*, 98(3), 42–45.

Helene Fuld Health Trust. (2001). Helene Fuld health trust. Retrieved September 25, 2010, from <http://www.fuld.org/>

Keepnews, D. (2006). A fresh approach to an old issue. *Policy, Politics and Nursing Practice*, 7(1), 4–6.

Kennedy, M. S. (2004). Mandatory BSNs? New York nurses could be required to eventually obtain baccalaureates. *American Journal of Nursing*, 104(10), 22.

Kramer, M., & Schmalenberg, C. (2004). Essentials of a magnetic work environment. *Nursing*, 34(6), 50–54.

Mark, B. A., Salyer, J., & Wan, T. T. H. (2003). Professional nursing practice: Impact on organizational and patient outcomes. *Journal of Nursing Administration*, 33(4), 224–234.

Martin, P. A., Gustin, T. J., Uddin, D. E., & Risner, P. (2004). Organizational dimensions of hospital nursing practice: Longitudinal results. *Journal of Nursing Administration*, 34(12), 554–561.

Massachusetts Association of College of Nursing. (2005). The voice for baccalaureate and higher education in nursing throughout the commonwealth of Massachusetts. Retrieved September 25, 2010, from [http://www.massnursing.org/MACN\\_July05.pdf](http://www.massnursing.org/MACN_July05.pdf)

Megginson, L. A. (2008). RN-BSN education: 21st century barriers and incentives. *Journal of Nursing Management*, 16, 47–55.

Merriam-Webster. (2010a). Merriam-Webster online. Retrieved September 25, 2010, from <http://www.merriam-webster.com/dictionary/professionalism>

Merriam-Webster. (2010b). Merriam-Webster online. Retrieved September 25, 2010, from <http://www.merriam-webster.com/dictionary/profession>

Needleman, J., & Buerhaus, P. (2003). Nurse staffing and patient safety: Current knowledge and implications for action. *International Journal for Quality in Health Care*, 15(4), 275–277.

Nelson, M. A. (2002). Education for professional nursing practice: Looking backward into the future. *Online Journal of Issues in Nursing*, 7(2).

New York Organization of Nurse Executives. (2007a). Educational advancement for the nursing profession. Retrieved September 25, 2010, from [http://www.rneducationadvancenyc.org/images/pdfs/nyone\\_bkgrd\\_rpt.pdf](http://www.rneducationadvancenyc.org/images/pdfs/nyone_bkgrd_rpt.pdf)

New York Organization of Nurse Executives. (2007b). Educational advancement of the nursing profession talking points. Retrieved September 25, 2010, from [http://www.rneducationadvancenyc.org/images/pdfs/nyone\\_tkg\\_pts.pdf](http://www.rneducationadvancenyc.org/images/pdfs/nyone_tkg_pts.pdf)

Nooney, J. G., & Lacey, L. M. (2007). Validating HRSA's nurse supply and demand models: A state-level perspective. *Nursing Economic\$,* 25(5), 270–278.

North Carolina Board of Nursing (NCBON). (2010a). Currently licensed RNs. Retrieved February 17, 2010, from <http://www.ncbon.com/LicensureStats/LicStat-RNWSTAT.asp>

North Carolina Board of Nursing (NCBON). (2010b). Universities and their addresses that offer RN to BSN programs in North Carolina. Retrieved February 17, 2010, from <http://www.ncbon.com/content.aspx?id=400>

North Carolina Institute of Medicine. (2008). Task force on the North Carolina nursing workforce report update 2007. Retrieved September 25, 2010, from [http://www.nciom.org/docs/nursing\\_workforce\\_update.pdg](http://www.nciom.org/docs/nursing_workforce_update.pdg)

North Carolina State Education Assistance Authority (NCSEAA). (2010). Program information. Retrieved September 25, 2010, from [http://www.ncseaa.edu/Program\\_Information.htm](http://www.ncseaa.edu/Program_Information.htm)

N.Y. weighs plan requiring more schooling for nurses. (2004). Community College Week, 16(19), 19.

O'Brien, L. (2008). Resolution from: House of Delegates: Educational advancement for registered nurses. Silver Spring, MD: American Nurses Association.

Office of the Professions. (2010). License requirements: RN and LPN. Retrieved September 25, 2010, from <http://www.op.nysed.gov/prof/nurse/nursing.htm>

Rambur, B., Palumbo, M. V., McIntosh, B., & Mongeon, J. (2003). A statewide analysis of RNs' intention to leave their position. *Nursing Outlook*, 51(4), 182–188.

Requiring bachelor's degrees in NY? (2004). *American Nurse*, 36(4), 4–4.

Shin, K., Lee, J. H., Ha, J. Y., & Kim, K. H. (2006). Critical thinking dispositions in baccalaureate nursing students. *Journal of Advanced Nursing*, 56(2), 182–189.

Tourangeau, A. E., Doran, D. M., Hall, L. M., Pallas, L. O. B., Pringle, D., Tu, J. V., Cranley, L. A. (2007). Impact of hospital nursing care on 30-day mortality for acute medical patients. *Journal of Advanced Nursing*, 57(1), 32–44.

Trossman, S. (2008). Issues up close: BSN in ten. *American Nurse Today*, 3(11), 29–30.

The University of North Carolina. (2010). Comprehensive articulation agreement. Retrieved September 25, 2010, from <http://www.northcarolina.edu/aa/articulation/index.htm>

U.S. Department of Health and Human Services. (2001). National advisory council on nurse education and practice: First report to the secretary of health and human services and the congress: Executive summary. Retrieved September 25, 2010, from <http://bhpr.hrsa.gov/nursing/NACNEP/reports/first/default.htm>

Webber, N. (2007). Do RNs need more education. New York Nurse. Retrieved September 25, 2010, from <http://www.nysna.org/publications/newyorknurse/2007/apr/education.htm>