



Give Me One Good Reason to Become a BSN!

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No doubt Chief Nurse Executives have heard this from numerous staff nurses over the years. This becomes especially important as nurse researchers have written several articles on the importance of a BSN degree and achieving better patient outcomes.

The landmark study by Linda Aiken and colleagues in 2003 found that surgical patients had better patient outcomes when they had a BSN caring for them. The study explored the death rates of surgical patients within 30 days of admission and the death rates within 30 days of admission with patients who had suffered from complications (failure to rescue) (Aiken, 2003). Another area the researchers considered were if the outcomes changed with more experienced nurses (Aiken, 2003). Given the variables described, the nurse researchers discovered the patients who had a nurse with a BSN or higher, caring for them had lower death rates than those who did not have BSN nurse caring for them. Also, the experience of the nurse caring for them had little to do with survival rate.

Why would that be? Why would a BSN give better care? Why do their patients have better outcomes? Simply put, while experience can be extremely important, but education is the basis of where experience is shaped. Experience can make a difference where tasks are concerned, but experience does not replace increasing the knowledge base through education (Long, 2004). While, Aiken's seminal study is over 13 years old, the statistics were repeated in a subsequent study by Aiken in 2008. In this study, it was discovered that with each 10% increase of BSN nurses, there was a 4% decrease in risk of death for patients (Compton, 2013).

The IOM has made recommendations that 80% of the nursing workforce have a BSN by the year 2020. Why would the IOM issue the recommendations? Patient

safety is paramount in today's healthcare arena. The Institute of Healthcare Improvement estimates "approximately 40,000 instances of harm occur every day in our hospitals; 15 million mistakes per year" (Edwards, 2013, p. 26). The statistics are worse for the Medicare patients. "The preventable conditions the Center for Medicare and Medicaid Services identified for payment denial are "nurse sensitive." (Edwards, 2013, p.27). In other words, we as nurses, can make the difference for our patients.

In response to the IOM recommendations, a 2014, University of Michigan study looked at patients in the "same hospital, on the same unit, with the same diagnosis, but who had received more than 80% of their nursing care from BSNeducated nurses" (Yakusheva, 2014 para 4). The results reiterated the past findings which said the patients tended to do better and had decreased length of stay, readmissions and fewer deaths, when cared for by BSNs (Yakusheva, 2014). An additional feature to this study revealed a cost savings which, for the nurse executives and Human Resource administrators, can make a good business argument for increasing the amount allowed for in nursing education dollars and increasing the number of BSNs within the hospital. What is the benefit of a BSN for the nursing staff? Why would you want to go back to school to earn your BSN? Another well-known study has shown there are more professional behaviors that accompany those who return for their BSNs (Morris & Faulk, 2007). The researchers found approximately 3 months after graduation with their BSN, the nurses felt more confident in teaching patients and their families, increased their ability to be a patient advocate, their delegations skills improved, and more of them became involved in professional organizations. Some of the participants in the study also shared their feelings of altruism, caring, human dignity and social justice was strengthened with the

increased level of education (Morris & Faulk, 2007).

This article started with the statement, "Give me one good reason to become a BSN." Your patient is the one good reason to increase your level of education. The other benefits are important, but your patient is the primary purpose for becoming a BSN.

References

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