Fact #1: An RN is an RN.

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<thead>
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<tr>
<td>× Only nurses who hold BSNs are RNs or professional nurses.</td>
<td>✓ ADN, BSN, and hospital diploma graduates pass the same national licensure exam, which grants authority for practice as a professional nurse—an RN.</td>
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<td>× BSN programs prepare nursing students with critical thinking skills and the competencies to be leaders, managers, and public health nurses, whereas ADN programs do not.</td>
<td>✓ The majority of NCLEX content assesses a candidate’s problem-solving skills such as prioritizing care for multiple patients and analyzing complex patient data to develop appropriate nursing action.</td>
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<td>× The IOM has proven that the BSN is superior to the ADN.</td>
<td>✓ The IOM Future of Nursing report cites contradictory and confusing research about the education of RNs, and states that science about the relationship between nursing education and patient outcomes is inconclusive.</td>
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<td>× RNs must attain BSNs so they can progress to graduate-level nursing programs that award the advanced degree required of faculty and nurse-practitioner roles.</td>
<td>✓ All RNs may progress directly to graduate-level nursing study to earn an MSN.</td>
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<td>✓ The IOM Future of Nursing report identifies increasing graduations of ADN-prepared RNs from MSN programs as a key component to addressing the nation’s nursing workforce needs.</td>
<td>✓ About the same percentage of ADN- and BSN-prepared RNs are serving in leadership, management, or administrative positions, and in public or community health settings.</td>
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<td>✓ An RN is an RN. An RN who obtains a BSN is not prepared for expanded responsibilities (scope of practice) or required to take a post-RN licensure exam.</td>
<td>✓ The IOM Future of Nursing report states that BSN programs are not providing enough nurses with the required competencies in geriatrics, culturally relevant care, public health, and long-term care, and in the intricacies of care coordination.</td>
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<tr>
<td>✓ The IOM Future of Nursing report argues that all nursing curricula need to be reexamined and updated at the prelicensure level.</td>
<td>✓ The IOM Future of Nursing report identifies increasing graduations of ADN-prepared RNs from MSN programs as a key component to addressing the nation’s nursing workforce needs.</td>
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Fact #1: An RN is an RN.

An RN is an RN. ADN, BSN, and hospital diploma graduates are all RNs after they pass the NCLEX.

All registered nurses (RNs) have successfully passed the same nursing licensure exam, the National Certification Licensing Examination (NCLEX), after earning an associate degree in nursing (ADN), a bachelor’s of science in nursing (BSN) degree, or a hospital diploma. Some people claim that the extensive liberal arts content unique to BSN programs provides graduates of those programs with critical thinking, leadership, and management skills. No research exists to support that assertion or to demonstrate substantial differences between the curricula or content in the three types of nursing programs or the benefits of graduating from one type of program over another. An RN is an RN as defined by nursing license and scope of practice and the workplace. Data show employers are equally likely to hire RNs holding either an ADN or BSN, and RNs employed in management or administrative and public health roles are as likely to hold either degree.

Only graduate-level nursing programs teach advanced skills to RNs.

While the majority of ADN-prepared RNs who earn an additional degree attain the BSN, only graduate-level nursing—master of science in nursing (MSN)—programs provide RNs with competencies and authority for patient care responsibility beyond the RN level. Approximately 173 RN-to-MSN programs in forty-one states offer enrollment to RNs holding either an ADN or a hospital diploma. The opportunity for RNs to achieve a graduate rather than a second undergraduate degree (BSN) is relevant to policy discussions about the nation’s nursing workforce needs. The Institute of Medicine (IOM) and other policymakers have identified increasing graduations of ADN-prepared RNs from RN-to-MSN programs as a key component to addressing the nation’s growing shortage of RNs prepared for advanced nursing roles, such as faculty or nurse-practitioner.

Licensure exam data show all types of RN programs produce equally competent RNs.

In the case of many professions, including nursing, required licensing ensures the same high quality for successful applicants. All RNs pass the same licensure exam, the NCLEX, prior to being eligible to practice. NCLEX pass rates indicate that ADN, BSN, and hospital diploma programs provide RNs the same competencies. Data show that NCLEX pass rates do not vary significantly by educational credential: 2011 NCLEX pass rates were ADN prepared (87%), BSN prepared (89%), and diploma prepared (90%). (Historically, ADN programs have prepared approximately 60% of NCLEX candidates.)

The NCLEX is updated every three years to keep pace with the rapidly evolving health-care environment and to ensure nursing programs provide RNs with the competencies needed to safely care for patients. The majority of NCLEX content assesses a candidate’s problem-solving skills such as prioritizing care for multiple patients and analyzing complex patient data to develop appropriate nursing action.

Research about the academic preparation of RNs is inconclusive.

No research exists to show the similarities or differences in the curricula or content of the three types of nursing programs. The IOM study on the future of nursing concluded, “The causal relationship between the academic degree obtained by RNs and patient outcomes is not conclusive in the research literature.”
Notes and Sources


## Fact #2: America depends on ADN programs.

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| √ BSN programs best meet America’s nursing workforce needs. | ✓ ADN programs provide the nation the majority (57%) of its RNs.  
✓ ADN-prepared RNs are more likely than other RNs to work and reside in the states where they earn their degrees.  
✓ Three-quarters of RNs in rural settings received their nursing degrees through either an ADN or a hospital diploma program.  
✓ The majority of medical military corps persons who choose to become RNs earned an ADN.  
✓ ADN-prepared RNs are the largest cohort of RNs with health occupation experience prior to becoming RNs. |
| √ Employers hire only BSN-prepared RNs. | ✓ About the same percentage of RNs with an ADN or a BSN are employed.  
✓ Hospitals employ comparable numbers of ADN- and BSN-prepared RNs. |
| √ The nation depends on BSN programs for RNs to serve as nurse leaders and managers, or as public health nurses. | ✓ ADN- and BSN-prepared RNs are employed at about the same percentage in leadership, management, or administrative positions, and in public or community health settings. |
| √ Only BSN programs provide RNs with the competencies to deliver culturally relevant patient care. | ✓ Community colleges educate the majority of minority nurses.  
✓ Minority students comprise 44% of the community college population, offering great potential for increasing the nursing workforce diversity. |
| √ Only BSN programs provide the competencies for RNs to practice in the nation’s evolving health-care environments, such as in geriatric and long-term care facilities. | ✓ More than twice as many ADN- as BSN-prepared RNs are employed in nursing home or extended-care facilities, a critical area to the nation’s evolving health-care demands. |
| √ Employers should hire BSN-prepared RNs because those RNs are most satisfied with their jobs. | ✓ Once employed as RNs, job satisfaction is about the same for RNs graduating from ADN or BSN programs. |
GET THE FACTS ABOUT
Registered Nurses

Fact #2: America depends on ADN programs.

ADN programs educate the majority of the nation’s RNs.
Registered nurses (RNs) most often choose associate degree in nursing (ADN) programs for their nursing degree: Of recent graduating RNs, about 57% received their initial nursing degrees from ADN programs, while about 34% received those degrees from bachelor’s of science in nursing (BSN) programs. Employers are equally likely to hire RNs prepared in ADN or BSN programs, and job satisfaction is about the same for either cohort. Employment in hospitals does not vary greatly by the highest level of undergraduate degree, but more than twice as many ADN- as BSN-prepared RNs are employed in nursing home or extended-care facilities—a critical area to the nation’s evolving health-care demands.

ADN programs are essential to workforce diversity.
A culturally competent health-care workforce is essential to providing high-quality health care. As the nation becomes more diverse, its need for minority nurses will increase. Diversity has been identified at all policymaking levels as a critical component of providing accessible, affordable, quality health care to all.

Community colleges offer great potential for increasing the nursing workforce diversity because minority students comprise 44% of the community college population. ADN programs educate the most minority RNs, providing the nation its greatest nursing workforce diversity. While only 17% of all nurses are from minority racial and ethnic groups, minority practitioners are more likely than their white counterparts to serve in minority and medically underserved communities.

Rural America relies on ADN programs for its RNs.
Many rural and underserved communities depend on community colleges for their nursing workforce. Few health-care professionals are willing to relocate to rural America, making “grow your own” health-care providers essential. Employers in those areas experience limited ability to attract RNs from elsewhere. In a recent survey, nearly nine in ten nursing employers (87%) said that their local community college was the key reservoir from which to recruit nurses.

ADN programs prepare the majority of RNs practicing in long-term care.
ADN programs have educated nearly 70% of RNs caring for geriatric and long-term care patients; as the U.S. population ages, we will need additional nurses to care for patients in those settings. The Department of Labor projects that by 2018 the demand for RNs in nursing care facilities will grow more rapidly than in hospitals, and existing capacity in ADN programs will prove essential to the nation’s long-term care needs.

Community colleges offer both initial and continuing education in geriatric nursing care, and are key to developing nursing competencies for geriatric practice to ensure the nation’s elderly receive quality care. Many community colleges offer career ladder programs for entry-level workers and partner with nursing homes and home health agencies to develop programs for continuing education.

Older adults are disproportionately overrepresented in rural areas. At the same time, older rural adults tend to be less healthy than those in urban areas, while their access to health services is limited by the relatively small number of providers that choose to work in rural areas. ADN-prepared RNs trained in rural settings are vital for this underserved population.
Notes and Sources


2 Ibid.


5 HRSA (2010).

6 AACC (2011).


Read more at: www.aacc.nche.edu/RNfacts

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Fact #3: Hospital Magnet Recognition Program® status does not equate to preference for the BSN.

**MYTH:**
- X All hospitals are planning to be, and soon will be, designated as Magnet hospitals.

**REALITY:**
- ✓ The Magnet Recognition Program® is a credentialing program administered by and providing profit to the ANCC, a subsidiary of the ANA.
- ✓ As of 2010, fewer than 7% of U.S hospitals had Magnet designation. It is unlikely that the recognition will become the norm in the near future.

**MYTH:**
- X Hospital Magnet status requires hospitals to hire a larger number of BSN- than ADN-prepared RNs, or to employ only BSN-prepared RNs.

**REALITY:**
- ✓ The Magnet program does not mandate educational credentials for RNs who care for patients at the bedside—direct care or staff nurses, which compose the majority of RNs employed in hospitals.
- ✓ Magnet status requires nurse managers and nurse leaders to hold a BSN.
- ✓ Federal data show that about the same percentage of ADN- and BSN-prepared RNs serve in leadership roles in management or administration, and employers are equally likely to hire both.
- ✓ In the Magnet application process, hospitals establish education objectives for nurses—a hospital may choose to set a goal of having the majority of its RNs hold a BSN.

**MYTH:**
- X Hospitals need to become Magnet hospitals because RNs working in those hospitals are more satisfied with their jobs and provide safer patient care.

**REALITY:**
- ✓ Recent research reveals only one demographic difference between non-Magnet and Magnet hospitals: The proportion of nurses of color was significantly lower in Magnet hospitals than in non-Magnet facilities.
- ✓ Aside from diversity, there are no significant differences in any other measures of working conditions, including patient safety culture, nursing practice environment, and overall job satisfaction.
Fact #3: Hospital Magnet Recognition Program® status does not equate to preference for the BSN.

What is the Magnet Recognition Program?
The Magnet Recognition Program® is a credentialing program administered by and providing profit to the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA). According to the ANCC website, its Magnet designation is the “highest and most prestigious international distinction a health-care organization or hospital can receive for nursing excellence and outstanding patient care.”

Magnet status is widely perceived as an esteemed credential that helps hospitals with recruiting and retaining registered nurses (RNs) and improving the quality of nursing care. In reality, recent research has demonstrated no significant differences between Magnet and non-Magnet hospitals in measures of working conditions, including patient safety culture, nursing practice environment, and overall job satisfaction. Rather, the researchers found only one demographic difference between the two groups: The proportion of nurses of color was significantly lower in Magnet hospitals (8.6%) than in non-Magnet facilities (16.1%). These data are relevant to policy discussions because developing a health-care system that understands and addresses the needs of the nation’s rapidly diversifying population requires an increase in the proportion of minority RNs, the majority of whom are educated in ADN programs.

Magnet is misperceived as the hospital “norm.”
In 2010, fewer than 7% of all U.S. American Hospital Association–registered (AHA) hospitals had received a Magnet designation, making it unlikely that the recognition will become the norm for hospitals in the near future. Unfortunately, the perceived prestige of Magnet recognition appears to be overshadowing accurate counseling to nursing students: Although there are few Magnet-labeled workplaces, nursing students are being counseled to apply to work at Magnet organizations after graduation.

There is confusion about Magnet educational requirements for RNs.
The Magnet program does not mandate educational credentials for the majority of RNs that hospitals employ—RNs who care for patients at the bedside, often referred to as direct care or staff nurses. However, despite a lack of evidence to support any benefits in doing so, Magnet status requires nurse managers and nurse leaders to hold a BSN. This requirement may stem from the assertion of some that the extensive liberal arts content unique to BSN programs provides BSN graduates with critical thinking, leadership, and management skills. Federal data suggest that this assertion is not widely accepted because about the same percentages of RNs prepared with an associate degree in nursing (ADN) or a bachelor’s of science in nursing (BSN) serve in leadership roles in management or administration, and employers are equally likely to hire ADN- and BSN-prepared RNs.

Magnet status is sometimes misunderstood as requiring a ratio of ADN- to BSN-prepared RNs. While no study explains this confusion, it is possible that the misunderstanding is due to the Magnet application process, in which a hospital establishes objectives for educating its nurses. In setting those goals, hospitals may propose to increase the number of nurses with specialty certifications, graduate or baccalaureate degrees, and so on. Once set, a Magnet-designated hospital must demonstrate its objectives have been met.
Fact #4: The relationship between RN degree earned and patient outcomes is inconclusive.

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| × All nurses need to have a BSN because research clearly demonstrates that the BSN is the key to improving patient care. | ✓ AVHA study found no significant association between the proportion of BSN-prepared RNs and patient outcomes, contradicting the findings of an earlier smaller but well-publicized study conducted in Pennsylvania.  
✓ Research consistently demonstrates that patient outcomes improve when more RNs care for fewer patients. |
| × The IOM has proven that the quality of nursing care is at risk unless 80% of RNs earn a BSN by 2020. | ✓ According to the IOM, “The causal relationship between the academic degree obtained by RNs and patient outcomes is not conclusive.”  
✓ The IOM recommended increasing the proportion of nurses with BSNs to 80% by 2020, even though it concluded that BSN education is inadequate and curricula need to be reexamined and updated. |
| × An RN’s experience is not as important as the type of degree she or he holds. | ✓ Research has found that an RN’s experience levels were more important than his or her educational levels in achieving better patient care.  
✓ There is no research indicating substantial differences between the curricula in the three types of nursing programs, nor is there research to demonstrate the benefits of graduating from one type of program over another. |
| × According to doctors, RNs need to have a BSN to be quality nurses. | ✓ Physicians responding to an IOM study indicated that they often were not aware of an RN’s educational preparation and said they placed a significantly higher value on RNs’ compassion, efficiency, and experience than on years of nursing education. |
| × RNs become better nurses after earning a BSN. | ✓ An RN is an RN. An RN who obtains a BSN is not prepared for expanded responsibilities (scope of practice).  
✓ An RN who obtains a BSN is not required to take a post-RN licensure exam.  
✓ No research has been conducted to demonstrate any benefits in RNs’ nursing capabilities after he or she has attained a BSN. |
Fact #4: The relationship between RN degree earned and patient outcomes is inconclusive.

Do RNs with BSN degrees have better results with patients?

There is no research that indicates substantial differences between the curricula or content in the three types of nursing programs, nor is there research to demonstrate the benefits of graduating from one type of program over another. Associate degree of nursing (ADN) programs provide registered nurses (RNs) with the same competencies as do bachelor's of science in nursing (BSN) programs, as measured by National Certification Licensing Examination (NCLEX) pass rates.¹

In 2008, researchers for the Veterans Health Administration (VHA) found no significant association between the proportion of BSN-prepared RNs and patient outcomes.² An RN is an RN. An RN who obtains a BSN is not prepared for expanded responsibilities (scope of practice), and an RN who obtains a BSN is not required to take a post-RN licensure exam.

Physicians responding to an Institute of Medicine (IOM) study placed a significantly higher value on RNs' compassion, efficiency, and experience than on years of nursing education. The physicians' responses indicated that they often are not even aware of the educational background of the RNs with whom they work.³

Finally, studies strongly demonstrate that patient outcomes improve when more RNs care for fewer patients.⁴

The IOM study found research about the academic preparation of RNs to be inconclusive.

The IOM report on the future of nursing has been a subject of much discussion since its 2010 publication.⁵ The report cites contradictory and confusing research, such as that a nurse’s experience is more important than educational levels in achieving better patient outcomes, and that a higher proportion of BSN-prepared RNs both is and is not associated with patient outcomes. While the report recommends increasing the proportion of nurses with BSN degrees to 80% by 2020, it also indicates that BSN education is inadequate and that its curricula need to be reexamined and updated at the prelicensure level.⁶ The IOM report cites the following conflicting studies:

- Blegen, Vaughn, and Goode (2001) found that RNs' experience levels were more important than their educational level in achieving better patient outcomes.⁷
- Aiken, Clarke, Cheung, Sloane, and Silber (2003) found an association between employing a higher proportion of BSN- and graduate degree–prepared RNs and patient outcomes.⁸
- In 2008, researchers for the VHA found no significant association between the proportion of BSN-prepared RNs and patient outcomes.⁹

In its evaluation of BSN programs, the IOM report concludes that those programs are not providing enough nurses with the required competencies in geriatrics, culturally relevant care, community settings, public health, and long-term care, and in the intricacies of care coordination. In fact, the IOM report indicates that BSN education is inadequate, contending that the skills needed to negotiate with the health-care team, to navigate the regulatory system, to access stipulations that determine patients’ eligibility for enrollment in health and social service programs, and to understand how these programs and health policies impact health outcomes are lacking in current nursing curricula.¹⁰ The report includes an important footnote: “Available evidence [for the report’s recommendation to reexamine the prelicensure curricula] is based on evaluation of BSN programs and curricula. Evidence was not available for ADN or diploma programs.”
Notes and Sources


5 IOM/RWJF (2010).

6 Ibid., p. 4-23.


9 Sales et al. (2008).

10 IOM/RWJF (2010); and RWJF (2010).
Fact #5: ADN-prepared RNs are a sound economic and social investment.

**MYTH:**
- Nursing students only enroll in community college RN programs because four-year nursing programs have turned those students away.

**REALITY:**
- ADN and BSN programs prepare candidates for the same jobs, as RNs.
- ADN programs are more efficient. The ADN requires approximately 71.5 credit hours and the BSN requires at least 120 credit hours.
- Data demonstrate that ADN programs experience the greatest enrollment demand.

**MYTH:**
- Only nurses who hold BSNs are RNs or professional nurses.

**REALITY:**
- ADN- and BSN-prepared RNs pass the same national licensure exam (the NCLEX) and share the same scope of practice and competencies to practice nursing.
- ADN- and BSN-prepared RNs are employed at about the same percentage in leadership, management, or administrative positions, and in public or community health settings.

**MYTH:**
- Nursing education funding must be directed exclusively to BSN programs because only those programs teach nurses to practice in public or community settings or to care for geriatric patients.

**REALITY:**
- Community colleges provide postsecondary education at the lowest cost to students and taxpayers, while providing high-quality pathways to jobs as well as to the BSN degree.
- ADN- and BSN-prepared RNs are employed at about the same percentage in public or community health settings.
- The 2010 IOM report states that BSN programs are not providing enough nurses with the required competencies in geriatrics, culturally relevant care, public health, and long-term care, and in the intricacies of care coordination.

**MYTH:**
- Only BSN-prepared RNs are competent to provide culturally relevant patient care.

**REALITY:**
- Community colleges educate the majority of minority nurses.
- Minority students comprise 44% of the community college population, offering great potential for increasing the nursing workforce diversity.

**MYTH:**
- BSN programs can better meet America’s health-care needs.

**REALITY:**
- Three quarters of RNs in rural settings received their nursing degrees through either an ADN or a hospital diploma program.
- More than twice as many ADN- as BSN-prepared RNs are employed in nursing home or extended-care facilities, a critical area to the nation’s evolving health-care demands.
Fact #5: ADN-prepared RNs are a sound economic and social investment.

An ADN-prepared RN is an equal value at a lower cost in less time.

While RNs may earn the educational prerequisite to take the nursing licensure exam in an associate degree in nursing (ADN), a bachelor’s of science in nursing (BSN), or a hospital diploma program, the ADN program offers the most efficient and cost-effective option as well as unparalleled and flexible scheduling and access that allow students to tend to adult responsibilities while pursuing nursing study. The ADN has been most frequently chosen by RNs with most recent data showing that 57% of RNs have earned the degree. A key reason that RNs may choose to earn the ADN is because those programs focus on providing students with the competencies necessary for successful nursing practice, whereas BSN programs provide those competencies and an extensive education in the liberal arts. A candidate earns an ADN in about 71.5 credit hours but earns a BSN over at least 120 credit hours. In addition, a student earning an ADN at a public community college pays $6,120 for tuition and fees, whereas a student earning a BSN at a public college pays about $28,080, or between $10,528 and $21,960 more than the community college student pays.¹

Surprisingly, even though the low cost and high efficiency of the ADN program represent the greatest potential return on public investment, federal and state funding supports nearly the same proportion of ADN-prepared as of BSN-prepared RNs. A larger percentage of ADN-prepared RNs have financed their own nursing educations.²

Employers value ADN-prepared RNs.

Employers are equally likely to hire RNs prepared in ADN or BSN programs, and job satisfaction is about the same for either cohort. Employment in hospitals does not vary greatly by the highest level of undergraduate degree, but more than twice as many ADN- as BSN-prepared RNs are employed in nursing home or extended-care facilities—a critical area to the nation’s evolving health-care demands.³

ADN-prepared RNs surpass other RNs in meeting nursing workforce challenges.

A culturally competent health-care workforce is essential to providing high-quality health care. As the nation becomes more diverse, its need for minority nurses will increase. Diversity has been identified at all policymaking levels as a critical component of providing accessible, affordable, quality health care to all.⁴

Community colleges offer great potential for increasing the nursing workforce diversity since minority students comprise 44% of the community college population.⁵ ADN programs educate the greatest numbers of minority RNs, providing the nation its greatest nursing workforce diversity.⁶ While only 17% of all nurses are from minority racial and ethnic groups, minority practitioners are more likely than their white counterparts to serve in minority and medically underserved communities.⁷

Many rural and underserved communities depend on community colleges for their nursing workforce. Few health-care professionals are willing to relocate to rural America, making “grow your own” health-care providers essential; employers in those areas experience limited ability to attract RNs from elsewhere.⁸ In a recent survey, nearly nine in ten nursing employers (87%) said that their local community college was the key reservoir from which to recruit nurses.⁹

ADN programs have educated nearly 70% of RNs caring for geriatric and long-term care patients; as the U.S. population ages, we will need additional nurses to care for patients in those settings. The Department of Labor projects that by 2018 the demand for RNs in nursing care facilities will grow more rapidly than in hospitals, and existing capacity in ADN programs will prove essential to the nation’s long-term care needs.¹⁰
Community colleges offer both initial and continuing education in geriatric nursing care, and are key to developing nursing competencies for geriatric practice to ensure the nation’s elderly receive quality care. Many community colleges offer career ladder programs for entry-level workers and partner with nursing homes and home health agencies to develop programs for continuing education.

Older adults are disproportionately overrepresented in rural areas. At the same time, older adults living in rural settings tend to be less healthy than those in urban areas, while their access to health services is limited by the relatively small number of providers that choose to work in rural areas. ADN-prepared RNs trained in rural community colleges are vital for this underserved population.

Notes and Sources
3 Ibid.
6 HRSA (2010).
7 AACC (2011).