

Competency difference between adn and bsn level of nursing essay sample

[Health & Medicine](#), [Nursing](#)



This paper will look at the competencies between the Associate Degree of Nursing (ADN), and the Bachelors of Science Degree in Nursing (BSN) as it relates to the educational requirements for both programs. It will also discuss a patient care scenario where both nursing disciplines provide nursing care or the approach in the decision making process based on educational preparation of the nurse.

When we speak of where the nursing profession is heading in the future, we must take a look at our past in order to fully understand current practices. Originally, nursing was not seen as a “ profession” it was a job for the undesirables (Friberg & Creasia, 2010). The undesirable were men and woman who would help the sick, poor and abandoned individual and nurse the sick back to health. It was not until the 1800’s when Florence Nightingale, the founder of modern nursing, helped to change the way things were being done in military hospital as it relates to taking care of the sick. She fought for sanitary changes in the hospitals as well as educational advancement for nursing practices (Friberg & Creasia , 2010). In the 1860’s Nightingale established the Diploma School of Nursing at St. Thomas Hospital in London (Friberg & Creasia, 2010, pg. 4) to educate nurses on better practices in the nursing field.

Building on Florence Nightingale’s accomplishments in nursing Mildred Montag created the two year diploma programs in the 1900’s (Friberf & Creasia, 2010) . This program enrolled nursing students in a Diploma Hospital program or junior college program to obtain a degree in about two to three years and was called “ technical” nursing. This program helped with

the demand of the nursing shortage created during and following World War II. In 1995, the American Association of College of Nursing Executives body decided to differentiate the competencies into different categories for ADN and BSN level (American Association of College of Nursing, 1995).

Today there are many different degree programs such as Diploma, ADN, or BSN program to which any student can apply depending on their educational desires. But the two programs which I will be focusing on are the ADN and the BSN program. The differences in competencies between the ADN and the BSN program will be discussed within this paper.

The ADN program which takes about two to three years to complete teaches basic nursing skills which include a combination of clinical and hands on skills along with nursing theory, but no managerial or leadership course is taught. The ADN nurse obtains a degree from a junior or community college as compare to a BSN nurse who would obtain a degree from a four year university or college. The ADN program consists of liberal arts classes as well as the following nursing classes: Nursing fundamentals, nursing theory, med-surg nursing, mental health nursing, pediatric nursing and pharmacology. The differences in the BSN degree curriculum include courses in statistics, nursing research, community health, nursing management and leadership, and the humanities. The education of a BSN nurse receives is related to evidence based research practice. Evidence based care utilizes nursing research theories as a foundation for providing care. The BSN nurse focuses on health promotion to help prevent disease and illness.

But the ADN nurse does not focus on evidence based practice because it's not part of the program they attended. Upon the completion of both programs the ADN and BSN student has to study and sit and pass the NCLEX examination and obtain a licensure in order to work as a registered nurse. Both may practice in a hospital setting in which they use the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to plan the care of the patients they are assigned to working with. They work in critical care setting utilizing critical thinking skills, administer medication, coordinate and collaborate care of the patients with several other individual on the interdisciplinary team. But most of the BSN nurses are ones who are the case managers, quality assurance nurses, or unit directors.

In October 2010, the Institute of Medicine released its landmark report on The future of Nursing, initiated by the Robert Wood Johnson Foundation, calling for an increase in BSN prepared nurses in the workforce to be 80% by 2020 (Institute of Medicine, 2010). According to a 2010 report to the University System of Georgia Board of Regent, its states that over 31 percent of BSN graduate entered the workforce, while 15 percent of active Georgia RNs returned to school to obtain their BSN degree. While 13 percent plan to return to obtain their BSN degree (Best Nursing Degree). The push all over the United States among all hospitals trying to obtain "magnet status" distinction is that 80 percent of their registered nurses must have a BSN or a graduate degree by 2020, and require that all nurse managers or unit directors must hold a BSN degree by 2013 ([www. nursecredentialing. org](http://www.nursecredentialing.org)). The magnet distinction award is given to hospitals that have demonstrated

and achieved nursing excellence. The American Association of College of Nursing (AACN) continues to encourage BSN nurses to work for employers who value their level of education.

Looking at the difference in competencies between ADN and BSN nursing here is a patient scenario which may be encountered in the hospital setting. This patient is a 32 year old male in the hospital diagnosis with a stroke which is of the Muslim religion. He states that while in the hospital he needs to pray three times a day. However his praying rituals co-occurrence with his medication regimen times of 06: 00 a. m. 12: 00 noon and 18: 00 p. m. each day. How would the nurse handle this situation? The BSN nurse would be able to handle this situation more effectively because he/she understand religious and cultural belief due to the fact that a humanities class was part of the BSN curriculum. The ADN nurse may not be able to analyze and make the necessary changes to accommodate the request of the patient as easily.

The differences in competencies for ADN and BSN nurses are marked. The scope of skills and knowledge gained from the BSN degree program is broader than the ADN program. It makes sense to complete a BSN degree due to the growing number of hospitals wanting to hire only BSN or graduate nurses to work in their workplace. A BSN degree can help if one decides to go into management or a specialty area of nursing. A BSN can also help provide the skills needed to go into community nursing or even research work.

References

<https://assignbuster.com/competency-difference-between-adn-and-bsn-level-of-nursing-essay-sample/>

American Association of Colleges of Nursing, American Organization of Nurse Executive, and National Association of Associate degree nursing (1995). A model for differentiated practice. Washington, DC: American Association of College of Nursing.

Cresaia, J., & Friberg, E. (2011). *Conceptual Foundations: The Bridge to professional nursing practice* (5th ed.), Retrieved on November, 2, 2012 from <http://Pageburstls.elsevier.com/978-0-323-06869>.

Georgia Nurses Association: Georgia RN to BSN program, Retrieved on October 31, 2012 from <http://www.bestnursingdegree.com/program/rn-to-bsn/Georgia>.

Institute of Medicine. (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.

Nursing Credentialing: Retrieved on November 2, 2012 from <http://www.nursecredentialing.org>

Rosseter, R., (2010). American Association of College of Nursing: The Impact of Education on Nursing Practice, Retrieved on October 31, 2012 from <http://www.aach.nche.edu/media/factsheet/ImpactEdNP.htm>