

Adn vs bsn – differences



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Adn vs Bsn: Differences Raven Masters University of Phoenix September 24, 2010 Adn vs Bsn: Differences In the late 1850s Florence Nightingale started her own school to train nurses and developed standards by which nurses performed their duties. She may never have envisioned that one day there would be different educational tracks resulting in multiple degrees and disciplines innursing, each having their own set of criteria for excellence.

Associate degree nurse (ADN) and baccalaureate degree nurse (BSN) are the two most common entry level nursing positions. An ADN can be obtained in two or three years whereas the BSN takes four years of education to complete due to additional courses. Differences between the degrees begin with education and mature as the nurse gains experience. Raines and Taglaireni's (2008) article states ADN and BSN nurses attend the same basic liberal arts and general education courses such as English, literature, history, math, humanities, and arts.

Both have basic nursing courses, the same technical skill sets are taught, and nurses must pass the same National Council Licensing Examination for RNs (NCLEX-RN®) which measures minimum technical competency for entry-level nursing practice. Colleges will differ in the exact requirements for each degree but the community college ADN program consists of approximately 75 course credits of which 38 are science and liberal arts prerequisites, and 37 credits are in the nursing major.

The four-year college and university BSN program consists of approximately 124 credit hours of which 62 are in liberal arts and sciences prerequisites, and 62 are in the nursing major. BSN coursework has more in depth study for nursing research, informatics, management, and technology. These

additional courses put more emphasis on theory, developing critical thinking skills, and leadership skills. The increased emphasis on theory and communication builds collaborative decision-making skills. In ADN courses nurses learn how to do patient care nursing tasks but not as much time is spent on the why of nursing interventions. Nurses, regardless of educational background, must understand nursing care, perform nursing tasks, and conduct themselves professionally. These competencies are measurable or observable knowledge, skills, abilities, and behaviors critical to successful job performance. When first entering the workforce differences in ADN and BSN competencies are not readily seen. According to the secondary analysis of the 1999 RN Practice Analysis by the National Council of State Boards of Nursing differences in the averages between ADN and BSN educated nurses were negligible (Smith, 2002).

Pay rates are usually even when the nurses first enter the workforce but as experience is obtained BSN nurses earn higher salaries, usually when they move into leadership positions. Based on a personal experience, in one magnet hospital ADN nurses were only able to have Registered Nurse II status regardless of years of experience. After only one year of working experience BSN educated nurses were able to become Registered Nurse III status, which paid five dollars an hour more.

With that extra pay came other responsibilities such as setting up educational programs for the staff meetings and developing evidence-based research trials on the nursing unit. As the nurse gains experience and strives towards upward mobility in the organization, the differences become evident as hospitals and governing agencies are demanding BSN educated nurses.

BSN is becoming the minimum requirement for administrative, research, consulting, and teaching positions. Also, for a nurse to achieve advanced practice nursing specialty a nurse must first have a BSN before being admitted to a master's program.

This means the ADN educated nurse will not achieve the same level of pay, responsibilities or opportunities as a BSN educated nurse. People are admitted to the hospital with more complex health conditions and co-morbidities than ever before. Hospitals are looking for ways to decrease adverse patient outcomes and increase patient safety. McHugh and Lake cited a 2003 study where researchers found that staff nurses with a BSN degree to be significant predictors of patient outcomes. It is thought that the more educated nurses used critical thinking skills and better judgment, which in turn provided higher patient care (McHugh et al. 2010). Assessment skills must be very sharp and nurses with knowledge in theory are able to ask patient questions that hone in on the patient's problems. As a result better clinical decisions are made regarding patient care plans. On some hospital units every nurse takes a turn at being a charge nurse and on other units only the BSN-educated nurses are charge nurses. Personal experience has shown there is a difference in patient assignments. The BSN charge nurses used more discernment when judging the acuity of patients and the skills of the nurses on the unit.

Patient assignments were more evenly distributed to nurses thereby providing higher quality of patient care. A recent study showed BSN prepared nurses had an impact on lower surgical patient mortality and failure to rescue because those nurses used better critical thinking skills

and clinical judgment (McHugh et al. , 2010). According to Ward-Smith (2012), a 10% increase in BSN-educated nurses decreased the odds of patients dying by 4%. McHugh et al. (2010) also noted that nurses learned from each other and having nurses on staff that attained a BSN or higher education resulted in more expertise among all staff.

Staff nurses desire an environment that allows them to have more autonomy in decision-making, a voice in how the unit and hospital are governed, and participative management. When hospitals made advances in these three areas, nurse retention was improved (Gormley, 2011). Magnet hospital criteria demands more BSN nurses and studies show where the majority of staff nurses are BSN-prepared, they viewed their work environment as positive and quality of patient care higher. Nurse Managers with higher education are better equipped with interpersonal skills and the educational knowledge to create positive work environments for staff RNs.

Nurses in positive work environments may be in a better position to deliver high quality, safe patient care (Zori, Nosek, & Musil, 2010). Healthcare is continually evolving with advancements in technology and political agendas so nursing organizations, such as the American Nurses Association, are encouraging nurses to obtain higher degrees (American Nurses Association, 2011). Programs such as Grand Canyon University's RN to BSN program are evidence that ADN nurses are taking up that challenge. References ANA reaffirms commitment to BSN for entry level into practice Press Release. American Nurses Association, " Nursing Education. Nursingworld. org Retrieved September 16, 2011, <http://www.nursingworld.org/MainMenu.nsf/00000000-0000-0000-0000-000000000000?OpenDocument>. /ANAPnlitiralPnwpr/. Stat p/. StatpT.

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