

Educational preparation essay

[Business](#), [Management](#)



The different options to obtain a nursing degree, while having the same outcome, are not always the best option. While the Associate (AND) Degree nurse is able to take and pass the NCLEX exam there are stark differences with the Bachelor (BSN) Degree nurse. Length of time, cost, experience, and educational training. While the BSN nurse was trained two years in the classroom and three years in the clinical setting, the ADN nurse only has two years of educational experience.

(Creasia and Friberg, 2011) The ADN nurse was designed by Mildred Montag, these programs were intended to be a collegiate alternative for the preparation of technical nurses and a response to the nursing shortage.

(Creasia and Friberg, 2011) These nurses were technical in nature with a focus on the clinical skills and are more tasks oriented. The ADN nurse is to work with a BSN nurse due to lacking the educational level the BSN nurse has achieved.

While over time these ADN nurses obtain the knowledge and skills that the BSN nurse graduated with a hospital still looks more favorably upon the BSN nurse. The BSN nurse takes additional classes in humanities, community health nursing, and extensive amount of expanded course work. The program is a bridge to a Master's degree program and beyond. The ADN program is often not recognized by higher level learning institutions. Faculty qualifications in the BSN programs are usually higher than the ADN programs. The AACN stresses that " baccalaureate-prepared nurses are providers, designers, and managers of care in a dramatically changing health care system and their education should include an increased emphasis on

economics, epidemiology, genetics, gerontology, global perspectives, and telecommunications.

" (AACN, 1998) In nursing today more is expected from a nurse than just following the doctor's orders. A nurse must be able to critically think, and even question a doctor's order. A nurse must have the knowledge and respect to help a patient with some possible life-changing decisions. All of these skills need one's broadened knowledge that is achieved with more education, an ADN nurse furthering her/his education to the BSN level. The BSN is exposed to different thought processes with this broadened education. The ADN programs do not assist with these needs only addressing them when necessary.

An ADN nurse is able to make life altering decisions with more experience and does not make this nurse a less valued member of a team, these nurses are talented but are not graduated with the education to make more educated decisions as with the BSN nurse. The BSN nurse is taught higher assessment skills therefore giving them the ability to locate a potential problem. The BSN nurse is offered classes in management, helping them move further along in their careers than the ADN nurse. The ADN nurse can also move into management positions in time and with proving themselves. It has been noted that the BSN is more respected title due to the level of education they have achieved. The BSN nurse not only has the competencies of the ADN nurse but also competencies that extend far beyond those.

The ADN nurse is competent to care for the patient, with the level of education given to them, in a specific time frame, while they are in the

health care setting. The BSN nurse's ability extends to the post discharge, caring for the patient after discharge. This means that the ADN nurse is more apt to perform to the best of their ability in a structured setting while the BSN nurse is able to use broader foundations with the education they have been achieved. By furthering a nurse's education he/she is able to incorporate more knowledge into a broader picture of nursing care. When a 70 year old Vietnamese female patient is admitted into the hospital and begins losing weight many ADN nurses would see no further than the immediate diagnosis. Thus said, there must be a broader picture of the patient; she speaks very little English, in isolation for tuberculosis and all care takers have on duck billed masks, the patient is frightened, she will not use the translator phone due to lack of understanding, the only food the patient will eat are the oranges her family brings her. When the BSN nurse enters the room he/she sees a bigger picture, the patient is stable, no signs or symptoms of complications from the diagnosis. The BSN nurse looks at the food tray and upon lifting the lid notices what the patient has to eat, chicken, off the bone, and macaroni and cheese.

Due to the continued education this nurse received he/she knew that this Asian patient eats rice with every meal and will not eat an object that is off the bone. This helped with the patient's care immediately and post discharge by education. While there are differences with the ADN nurse and the BSN nurse neither should be discounted as a less valuable member of a team. The ADN nurse is in place to support the BSN and use the experience gained to help with any given health care situation. Many members of the community do not have the recourses or time to attend a four year program

and the two year ADN program is helpful in helping them become more productive members of society.

In time most nurses in the hospital setting will have to achieve the BSN level of education to insure that each hospital is giving the best possible care.