THE FOURTH RECOMMENDATION in the Institute of Medicine’s (IOM) groundbreaking report, The Future of Nursing: Leading Change, Advancing Health, is a straightforward call to action for the nursing profession with a clear measure of success: Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.

The report, released in October 2010, points to the fact that nurses are pivotal in meeting the demands of our rapidly changing healthcare system. As the clock ticks steadily toward the halfway mark in the IOM’s 10-year BSN education timeline, it’s important to evaluate the progress we’ve made.

80% BSN workforce by 2020: A steep climb

Nursing leaders from all areas of practice have long agreed that a more highly educated nursing workforce is needed to provide the level of safe, quality care that patients deserve. More than 50 years ago, the American Nurses Association (ANA) House of Delegates adopted a motion “that ANA continue to work toward baccalaureate education as the educational foundation for professional nursing practice.”

But when the IOM issued its report, building an 80% BSN-educated workforce still seemed a steep climb. Meeting the goal in just 10 years appeared all but impossible, especially in light of findings from the National Sample Survey of Registered Nurses (NSSRN) for 2008, also released in October 2010. According to the survey, there were 3.1 million registered nurses (RNs) in the United States in 2008. Only half of them—1,550,000—had bachelor of science in nursing (BSN) degrees or higher. To achieve the IOM’s 80% recommendation would require that at least 60% of those 1,550,000 RNs (930,000) with diploma training or an associate degree in nursing (ADN) return to school to earn their degrees, or 93,000 RNs per year over 10 years.

The NSSRN 2008 survey also revealed that ADN RNs who did earn a BSN took 7.5 years on average to do so—not all of which was in training. These daunting numbers were compounded by the fact that in 2008 only 39% of new graduates who passed the National Council Licensure Examination (NCLEX) came from BSN programs. By 2010, that percentage was still not quite 40%. If 60% of the new RNs continued to come from non-BSN programs, the BSN percentage would not increase and achieving the goal of 80% of RNs with a BSN surely looked out of reach.

RN-to-BSN programs help turn the tide

Fortunately, increasing the BSN percentage of new RNs was not the only way to address the challenge set forth in the IOM Future of Nursing report. Producing new BSNs through RN-to-BSN programs could also make it happen—and it already has.

According to the American Association of Colleges of Nursing (AACN), the national drive to enhance the supply of baccalaureate-prepared nurses is being facilitated by the expansion in RN-to-BSN programs, which build on previous learning and provide an efficient bridge for nurses to continue their education. Data from the AACN fall 2014 survey of baccalaureate and graduate programs found 47,777 graduates last year—an increase of 18.8% over the prior year. (There are also RN-to-BSN programs conducted by schools that are not affiliated with AACN. The number of accredited graduates from such schools is unknown.)

Much of this progress can be attributed to steps taken by colleges and universities to make RN-to-BSN programs more student-centric and user friendly. Today, a BSN from start-to-finish generally takes 2 years to complete or less, thanks to such policies as common curricula and standard competencies, so nurses do not need to repeat courses to complete their degree. There are also programs that require just 1 day a week in the classroom, offer independent scheduling, and provide online options so nurses can strike a better balance between work and school.

In addition, progress is being made on the policy front through collaboration among nurses’ organizations and interested parties to move forward legislation for a better-educated nursing workforce. For example, in New York, ANA-New York member, Barbara Zittel, PhD, RN, serves on the steering committee of the New York State Action Coalition and co-leads the subcommittee to increase the percentage of BSNs to 80% by 2020. Zittel actively lobbied for a bill that would continue to permit nurses prepared in diploma and ADN programs to be licensed as RNs but would require these new entrants to
the profession to obtain a BSN within 10 years of their initial licensure. In 2014, the New York Assembly voted in favor of the bill, which has been reintroduced in 2015 with the goal of a similar victory in the Senate.

Meeting the goal
With all the work being done to move the needle on the IOM's recommendation, one question looms: Will we meet the goal? There are several promising indicators:

- In 2011—for the first time—new BSN graduates who passed NCLEX that year plus 2011 RN-to-BSN graduates exceeded the number of NCLEX first-time passers from diploma and ADN programs. The BSN share of the total grew from 50.5% in 2011 to 58.3% in 2014.
- From 2011 to 2014, more than 150,560 ADN RNs obtained their BSN degrees—nearly as many as had earned their BSNs from 2000 to 2010.
- In 2014, the percentage of new BSNs represented by RN-to-BSN graduates grew to 41.5%.

While this is good news, achieving the IOM’s education goal by 2020 remains a steep challenge. As the halfway mark approaches, however, an 80% BSN-prepared nursing workforce is a good aspirational goal.


Selected reference
Buerhaus PI, Auerbach DI, Staiger DO. The rapid growth of graduates from associate, baccalaureate, and graduate programs in nursing. Nursing Economic$. 2014;32(6):290-5,311.

Peter McMenamin is ANA’s health economist. Mary Davis is a professional writer.