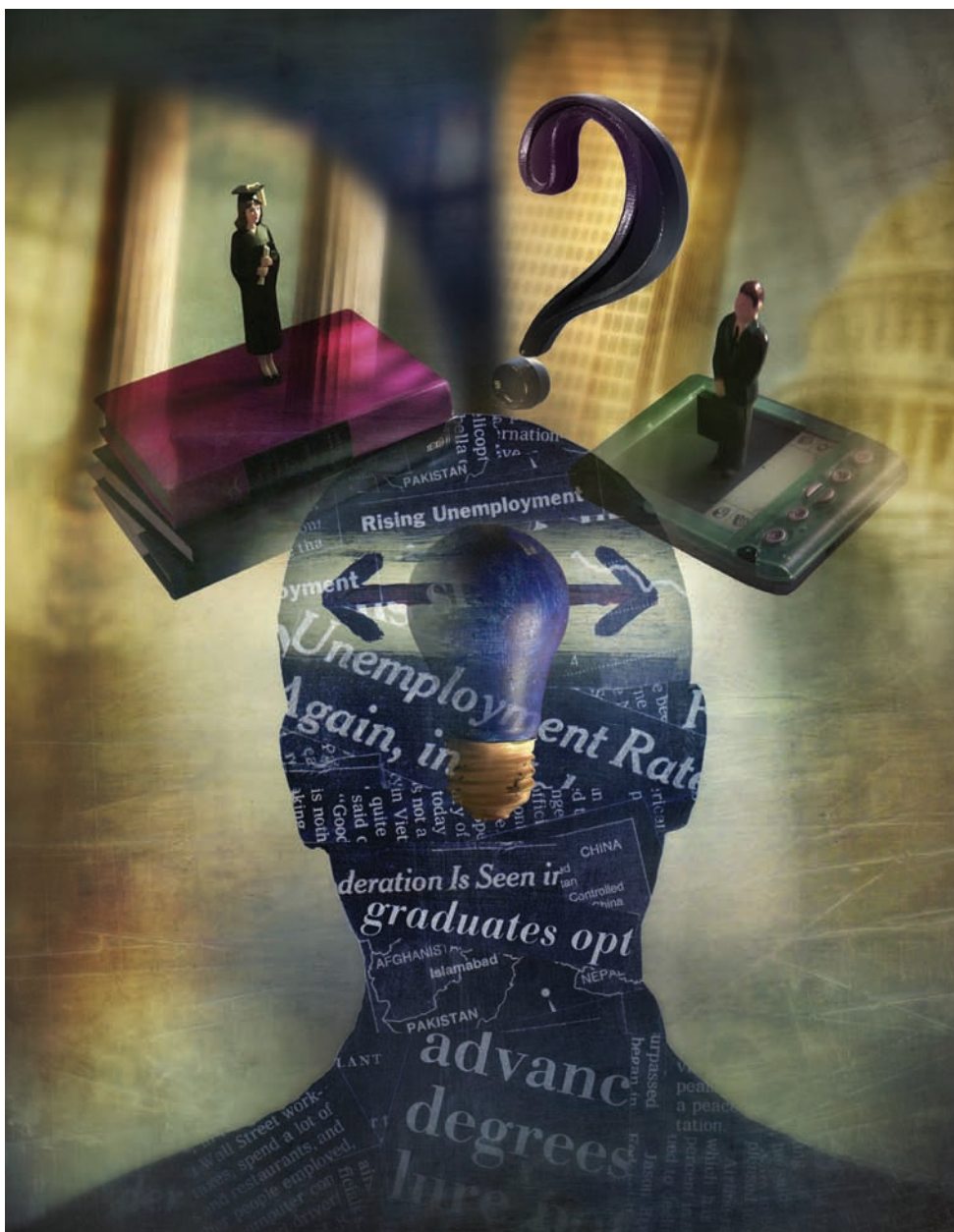


The gap between education preferences and hiring practices



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In the 1980s, examining the lack of financial incentive for nurses to obtain the 4-year bachelor's of science in nursing (BSN) degree, experts suggested that hospitals not financially reward the BSN from 2-year associate's degrees (ADs) or 3-year hospital-based diploma programs because they didn't see any productivity gain from it.¹ However, recent studies do suggest a productivity differential with higher educational preparation among nurses related to reduced patient length of stay.²⁻⁴ Additionally, studies have linked higher proportions of BSN-prepared nurses to lower patient mortality.⁵⁻¹¹ Finally, studies suggest that nurses graduating from baccalaureate programs have stronger professional identities and values and improved critical thinking skills.¹²⁻¹⁶

Despite the potential advantages to hiring more BSN-prepared nurses, the hospital labor market for nursing currently does little to differentiate BSN from AD graduates in terms of financial reward.¹⁷ Although researchers reported that 43% of hospitals offer a wage differential for education through a clinical ladder program, the difference in annual salary between the BSN-prepared nurses and those with ADs or hospital-based diplomas averages out to less than \$1 per hour.^{18,19} This differential has remained the same since the 1980s, when economists concluded that the wage returns to the additional years of education weren't worth the time and tuition costs associated with getting the BSN.¹⁹⁻²¹ Nonetheless, about a third

of nurses achieve the BSN as their highest degree.²²

Although there's a lack of substantial financial reward for the BSN, hospitals may recognize differences between BSN and AD graduates through hiring preferences. In other words, hospitals may reward BSN education by giving BSN graduates the first choice of jobs. One study found that hospital chief nursing officers have a strong stated hiring preference for BSN graduates and would prefer that 70% of their RNs have a BSN. However, this stated desire doesn't translate into actual proportions of BSN-prepared nurses in hospitals.²² Thus, it's unclear that hospitals actually recognize any added value to the BSN, if it isn't more highly rewarded either in terms of pay or preference.

This study investigated nurse managers (NMs)' perspectives of the differences between BSN and other nursing graduates and preferences to hire BSN graduates. We examine NMs' perceptions regarding knowledge, skills, and practice differences between the different entry-level credentials and the way these perceptions inform hiring preferences and decisions.

Methods

As part of a larger study that investigated the effects of nurses' education on patient outcomes, 27 NMs from eight hospitals ranging from academic health science centers to small rural community hospitals were interviewed concerning the differences they perceived between BSN and AD preparation in nursing practice and the hiring preferences on their units. Three of the hospitals had Magnet® designation, whereas others were working to achieve it. Institutional Review Board approval for this project was obtained from each of the hospitals involved in the study, as well as Queens College—CUNY and St. John Fisher College.

University researchers without ties to the hospital nursing departments conducted one-on-one, semi-structured phone interviews with the NMs. The 30-minute interview focused on the backgrounds of the NMs and a number of unit-based practices and philosophies related to clinical supervision, management and leadership, and hospital and unit administration. This article reports the results related to NMs' background and to two specific questions. First, early in the interview protocol, we asked NMs about their hiring preferences: "What do you look for in hiring a new nurse?" At the end of the interview, we asked them about the value of BSN education for nursing practice: "How important is baccalaureate preparation for RN staff in your opinion?"

One researcher (MB) typologized responses according to qualities identified in the different types of nurses and qualities sought in job candidates. Two others (DBW and DCM) reviewed these designations, with no disagreements as to categorization. A core theme emerged in the interviews related to this typology, namely a differentiation by respondents between professional orientation toward nursing practice and the more technical aspects of care delivery.

Findings

Among the 27 NMs we interviewed, 20 had a bachelor's degree and eight had a master's degree, with two more reporting they were currently in school to get their master's. The NMs with less than a baccalaureate education managed units at small rural community hospitals or at a hospital that had a long-standing, on-site AD program in nursing. The NMs were experienced nurses, and more than half had been with their current hospitals for more than 16 years. A number reported that they had only recently attained the BSN,

as this was a requirement for the NM position. Three NMs reported a diploma in nursing and three others an AD as their highest level of education, although one of these was currently in school for the BSN. These six NMs were spread across two of the nine hospitals in the sample, and in one of these their lack of BSN preparation placed them in a clear minority.

The percentage of BSN-prepared nurses on the units wasn't consistent with a strong BSN-hiring preference. Among the 48 units included in the larger study, the percentage of BSN-prepared nurses ranged from 12.5% to 60%, and only three units had a majority of BSN-prepared nurses.

Nineteen of the NMs in the study who were baccalaureate prepared or higher clearly articulated the value of a baccalaureate degree in terms of increased knowledge, skills, and insights that it brought to practice.

Respondents supportive of the BSN identified baccalaureate nurses as more "well-rounded" nurses (seven used this exact wording), with better "critical thinking" skills (five used this exact wording), an enhanced ability to see the "big picture" (five used this wording), and a stronger theoretical and research base to their practice (eight mentioned the words "foundation" or "background;" six referenced "theory"). The consistency of the language used to describe the advantages of the BSN degree was striking, especially because few of the NMs offered concrete examples about the kinds of differences they saw. Compare the following exemplary responses (emphasis added):

*I think it's very important. I would prefer it. If I had one position and two candidates I would take the baccalaureate over the non. [They're] more **well-rounded**, seem to have more of a **foundation**. It's just usually...in terms of being*

able to **critically think** a little bit quicker, having a better ability to look at the **whole picture**, not just a clinical problem. (P2B)

I believe it's very important. I believe they're more **well rounded**. I think a 2-year degree is very, they're very skilled nurses certainly, and are capable. But I just think that ... there's much value in the 4-year degree.... They're better **critical thinkers**. They're able to see the whole, the whole patient, psychological and physical. I think they just see the **bigger picture**, than the physical aspect of the patient (P6).

These answers, although very positive in their assessments of the benefits of BSN education, pertained to a difference in the way BSN nurses approach or think about nursing. For example, one of the NMs who had recently obtained the BSN said, "I don't think it improved my clinical skills at all, but I do think it improved maybe my scope of what was involved in nursing." Another NM observed, "I find with the baccalaureate nurses they're more interested in becoming part of a committee, becoming part of a unit's type of practice and they have a much better understanding of using evidence-based practice in their care provision" (P1).

Only one NM out of the 19 who stated a value for BSN education linked the BSN directly to differences in skills. Calling the BSN not just "very important," but "critical," she claimed, "Nurses with baccalaureate education are in a better position to make the proper assessments for patients, call in the appropriate help for them. And I really believe that the better prepared a nurse is the ... the better the care for her patient will be." (P23).

The view that the BSN made any difference in technical delivery of care was a definite minority opinion.

Eight of the 19 NMs who identified advantages of BSN education expressed doubts that it affected "clinical skills." One highlighted the viewpoint, which seemed to be latent in the discussions by others, that the BSN promoted nurses' professional status but not necessarily their functional performance: "I think for a profession it would probably behoove us to all be bachelor degreed. Yet functionally I'm not sure if it's necessary" (P3). Another echoed the sentiment while stating even more strongly the lack of skill differences: "[BSN graduates] have more theory and so forth ... I'm sure the more education the better. But, from what I've seen, a two-year RN is just as good, does just as well as a four-year RN." (P24). Five respondents went so far as to claim that personality was more important than education in determining whether someone was a good nurse. For example, one NM said, "Education is important, but the more important thing to me is the passion. I don't think it's something that's consistent with how you're prepared. It's more of what you're made of..." (P27).

While the majority of NMs interviewed had completed the BSN and expressed a strong value for it, the value seemed related to nontechnical skills and, in particular, to the way nurses understood themselves as professionals. This tenuous connection in the interviews between education and functional care delivery and the strong emphasis on personality was also evident in NMs' descriptions of their hiring preferences. Despite the clearly articulated benefits of the BSN in 19 of the interviews, only two NMs identified a clear hiring preference for BSN nurses and said that if they had two candidates, a BSN and an ADN, for one position, they would probably hire the BSN.

When questioned about their hiring preferences, NMs' decisions

were based on other characteristics, particularly personality and attitude, and not on level of educational preparation. In all, personality or attitude presented as the dominant trait NMs examined when assessing job candidates, and 23 of the 27 NMs interviewed mentioned a related character trait. For example, one said, "**Personality**. How approachable she is. What ... kind of questions she asks. If she seems excited and interested" (P7). According to another, "I look for a **personality** that will fit into our unit as far as the teamwork that's required, and I look for a positive **attitude**. A lot can be learned, you know. ... But if they don't have that positive **personality** and **attitude**, it tends to be a struggle and it tends to be poison for the unit" (P4A). Another one said, "I'm looking for a nurse with **compassion**; good interaction skills; someone who can work well with others, displays cooperativeness, flexibility, professionalism in her demeanor" (P12).

Education level was mentioned as a criterion, often alongside personality and attitude, in only three of the interviews, although in four of the interviews, NMs emphasized the importance of continuing education. Clinical skills were mentioned in only two of the interviews, and experience was a criterion described in only four of the interviews. A typical answer combined these criteria related to education, training, and skills, with the emphasis on personality and attitude. For example, "I look for somebody that's actually a hard worker, is reliable, somebody that's curious and they're interested in continuing their education and becoming more knowledgeable. Clinically proficient, great communicator" (P13) or "[I] look for flexibility. I look at past experiences, not only just hospital or

education experience, but just life experience and see how quickly they can be flexible and if they have a process as to the way they do things" (P8) or "I look for her education. I also look for someone who is caring and experienced" (P23).

Discussion

This study interviewed NMs about the importance of the BSN for nursing practice and hiring preferences. Despite the range of hospitals—Magnet and non-Magnet, teaching and community, urban and rural—very few of the NMs articulated a clear hiring preference for the BSN or acknowledged any clear advantage in terms of functional practice. Instead, the vast majority of NMs reported hiring preferences that hinged on a candidate's personality and attitude. As one NM explained, "I'm not so much hiring for clinical skill as I am for that friendly compassionate person who really has the desire to be a nurse" (P2A). This predominant description of the ideal candidate seemed at odds with an image of nursing as a profession that utilizes clinical knowledge, judgment, and skill to deliver safe and high-quality patient care. Instead, it invoked an image of someone who's motivated, compassionate and caring, but not necessarily knowledgeable or skilled.

The majority of NMs interviewed held a BSN themselves and extolled the virtues of the higher degree, namely "well-roundedness," "critical thinking," and an ability to see the "bigger picture" or take a more "holistic" view of the patient. They seemed to agree that it influenced the way nurses saw themselves, in particular their willingness to take leadership roles, to think about evidence-based practice, and to understand how their work with individual patients fits into a larger picture of patient care.

However, only three NMs offered level of education as a main criterion in their hiring decisions. In total, issues related to skills, education, and experience featured in only seven out of 27 interviews (26%). At the same time, 23 NMs (85%) emphasized the importance of a positive personality or attitude, with an emphasis on caring and compassion. It's difficult to reconcile how this group of NMs who were such strong proponents of baccalaureate education expressed almost no hiring preferences for BSNs. It's also difficult to reconcile how they could so highly value the professional aspect of care, but choose candidates based on a set of criteria that seemed to neglect it.

These NMs' hiring preferences would indicate that BSN education

mattered little for performance as a nurse. Nor, for that matter, did clinical experience. Strikingly, what did matter according to our NMs' overwhelming preference was having the right attitude or personality. Our findings suggest that BSN education, from the perspective of the frontline NM, makes little meaningful difference to the way nurses deliver care, only to their view of what nursing entails. For the majority of NMs we interviewed, any advantages of the BSN were limited to the nurses' professional orientation and not to technical aspects of care delivery. This direct supervisors' view of frontline nurses suggests that, rhetoric to the contrary, nursing remains technically oriented and circumscribed, such that the daily work of nursing

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may not depend on higher education or professional orientation. This view and orientation may be related to the predominance of technically prepared nurses in the workforce.

Limitations

This study has several limitations. The NMs in this study managed adult, non-critical care inpatient units that traditionally hire new graduates for their first positions. Respondents seemed to assume that new hires were likely to be new graduates, even though this wasn't an assumption of the interview questionnaire. Moreover, very few of the units had a majority of BSN-prepared nurses, with only three units having more than 50% BSN nurses on staff, despite inclusion of three Magnet hospitals.

Moreover, the study examines the perceptions and preferences of NMs but doesn't take into account preferences exerted by the larger institution: In most cases, candidates were prescreened by Human Resources departments before they got to the NM, and we don't know the extent to which the NMs' views reflect those of the institution. In addition, the study was qualitative, with a small sample of hospitals from the same market region in upstate New York.

Finally, we don't attempt to document directly any differences in skills, attitudes, or job performance among differently prepared nurses. The results may not be generalizable.

Nonetheless, the study raises questions about the actual value of the BSN in hospitals. We've observed a mismatch between a stated value for the BSN and any preference for it in practice. This situation, the limited number of studies documenting a difference in BSN clinical care delivery, and the lack of a financial premium on the

BSN—together all raise questions about how much the BSN matters for hospital practice. **NMI**

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ACKNOWLEDGMENTS

This project was funded by a grant from the National Council of State Boards of Nursing. It also benefitted from support from a research enhancement grant from Queens College—CUNY and support from the Office of the Dean of Health and Human Services at CUNY.

The authors disclosed that they have no significant relationship with or financial interest in any commercial companies that pertain to this article.

DOI-10.1097/01.NUMA.0000399676.35805.f8