

Nursing education is in crisis. Across the United States there has been a decline in both the number of nursing students and the academic quality of those students.

At the same time, the nursing profession is in considerable turmoil about the licensing of new R.N.'s.

Nationally, there are about 1,500 nursing programs with an enrollment in 1985-1986 of about 225,000—94 percent of whom are women. Even though all types of programs prepare students to become registered nurses by taking the same licensing examinations, there are three separate types of training.

About a third of the students are enrolled in baccalaureate programs at colleges and universities, which the American Nurses' Association and the National

Should There Be Two Entry Levels Into Nursing? YES

BY MARGARET R. PETERSON

Education is the fundamental method of social progress and reform."¹ This conviction, expressed by John Dewey, fueled the debate in nursing education that began about 25 years ago. The debate led to the 1965 position paper by the American Nurses' Association (ANA), which proposed that the minimum preparation for beginning professional nursing practice be a baccalaureate degree. In addition, the ANA took the position that preparation for technical practice

should be the associate degree in nursing.² The purpose of establishing the two levels of practice was to reinforce the belief that all nursing education should take place in an institution of higher learning.

Although it has been 21 years since the introduction of this position paper, acceptance of the baccalaureate degree in nursing (B.S.N.) as the first professional degree has been painstakingly slow. On the other hand, however, acceptance of the associate degree in nursing (A.D.N.) has been widespread, leading to a major shift from hospital-based programs to institutions of higher learning.

In 1960, the majority of nursing students were enrolled in hospital-based

programs.³ In 1970 the proportions were equal. From 1971 to the present an increasing majority of nurses have been educated in institutions of higher learning.⁴ This trend clearly indicates changing attitudes toward education within the nursing profession.

The statistics also indicate that in 1983-1984 the majority of nursing graduates came from institutions of higher learning. However, 65 percent of these individuals received an associate degree.⁵ This trend is shocking, for it directly affects the integrity of the nursing profession. If A.D.N. graduates choose not to continue their education in a baccalaureate nursing program, the profession is doomed to offer no

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League for Nursing have sought to make the sole preparation to qualify for licensing as a registered nurse.

About half of nursing students are enrolled in two-year programs leading to an associate degree. The remaining sixth attend hospital-affiliated nursing schools, whose diploma courses used to be the dominant form of nurses' training.

Under a plan endorsed by the ANA, graduates of four-year programs would continue to be licensed as R.N.'s if they passed the licensing exams, but two-year graduates would take a different test and would be licensed as technical nurses.

Proponents of the latter approach claim that two levels are necessary to establish nursing as a profession. Opponents charge that the plan could diminish the careers of associate-degree graduates and cripple America's health-care system.

The editors of the JOURNAL asked two nursing educators—one from a two-year associate degree program, the other from a four-year baccalaureate degree program—to present their views on the controversy.

Should There Be Two Entry Levels Into Nursing? NO

CHRISTENE PERKINS AND MICHELLE N. CHEW

For the past 30 years, the associate degree graduate has served the public and the profession well. At present associate degree nurses constitute approximately 54 percent of those practicing in the profession. Now a proposal has emerged to differentiate between baccalaureate and associate degree graduates in their eligibility to fill the role of registered nurse.

As we consider the issue of entry into

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practice, are we asking the right question? Is the question really "Should the associate degree nurse be eligible for the privilege and responsibility of a registered nurse?" or is the question "Why should the associate degree nurse *not* be eligible for the role of registered nurse?"

The question of preparation for entry into practice has a long history. The first structured school of nursing, the Nightingale Training School at St. Thomas Hospital in England, felt the sting of controversy. Florence Nightingale identified the need for schools of nursing to be independent of the agencies they served. She advocated educational preparation for service. The social and economic climate, along

with the lack of women's rights during this era, combined to defeat her proposal. "Schools of nursing with their system of indentured apprenticeship were the cheapest possible answer to desperate staffing needs."¹

As nurses' responsibilities grew and the need for them to make independent judgments became more prevalent, nursing leaders became more concerned that hospital-based nursing programs offered inadequate preparation. Because of this concern, university education leading to the baccalaureate degree in nursing was founded in the early 1900s. In this program, responsibility for training nurses would rest solely with the academic institu-

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more than a mere technical service to society. In addition, the number of graduates from baccalaureate nursing programs directly affects the number of students available for graduate programs in nursing.

Exactly 20 years after its initial position paper, the ANA in 1985 resolved to promote two levels of nursing practice: professional and associate. Graduates of baccalaureate programs would be prepared for professional practice and retain their legal title of registered nurse. Graduates of associate degree programs would be prepared for technical practice and would be given the new title of associate nurse. This ANA resolution dictated titling and called for the educational preparation of associate nurses to be congruent with their scope of practice.⁶ Within a few months, the National League for Nursing (NLN) approved a similar motion and called for further study on the scope of practice for the two levels.⁷

The current ANA position has brought to a head the ongoing disagreement between nursing educators on how to implement the two levels of nursing practice. Around the country, the A.D.N. educators have rallied together to strengthen their alliances. They believe the time has come to move from polite hostility to open conflict against B.S.N. educators. Among the reasons for this conflict is the change of status and the movement toward legal verification of these changes.

This division can best be understood by using the analogy of sibling rivalry. Two children, A.D.N. and B.S.N. graduates, have on the whole been treated alike, even though the younger child (A.D.N.) was two years old and the older one (B.S.N.) was four years old. Although the older child received an education that was broader, longer, and different from that of the younger child, both have received the same licensing examination, salary, title, and in many cases the same positions within their profession. This phenomenon has led to a leveling rather than to distinctions between the two children.

One day the parents decide there is definitely a difference between the children and something must be done to distinguish between them. So the older child is treated as always and the younger child is given a new title. However, the younger child sees the

new title as a step backward rather than as correction of a past mistake.

The question that many A.D.N. educators ask is "Could these changes be made by treating both groups with as much status as they have always had?" Many agree that the proposed change in title should be for both groups so as not to confuse the public. However, change in any fashion is always difficult. Since the ANA resolution, the North Dakota Nurses' Association has attempted to legislate two levels of nursing practice with the associate degree graduates taking the practical nurse licensing examination.⁸ However, this action has been halted by a

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temporary injunction. Ironically, the current registered nurse licensing examination is more suited to testing the A.D.N. graduate rather than the B.S.N. graduate.

Out of all this confusion, the premise to keep in mind is that the nursing profession is trying to distinguish the different levels of practice based on different educational foundations, for the purpose of professional credibility.

For more than 20 years nursing educators have been striving to professionalize nursing. The NLN has stated three reasons for supporting two levels of nursing practice: "to upgrade and standardize the educational qualifications for persons entering professional and associate nursing . . . to facilitate educational mobility by placing all of nursing education into institutions of higher learning . . . to improve the quality of health care to the consumer."⁹

These reasons clearly indicate the necessity for nurse educators to work together for the advancement of the profession. As Jean Lum stated, "We

have the power and ability to determine the future of nursing. Having a clearer sense of purpose and priority enhances and accelerates our movement toward achieving our goals."¹⁰

Why is baccalaureate education in nursing so important? As John Dewey and many others have stated, education is essential for progress and change. Nursing, however, is facing a knowledge explosion and is heavily influenced by technological advances. Thus, even baccalaureate education, in reality, is inadequate for today's nursing professional. Least of all adequate is an associate degree in nursing. Therefore, how can we dispute the validity of baccalaureate, master's, and doctoral education in nursing?

The Association of American Colleges, in their support for baccalaureate education, stated that "the quality of American life is at stake, the wisdom and humanity of our leaders, our ability as citizens to make informed choices, and the dedication with which we exhibit humane and democratic values as we go about our daily lives."¹¹ Baccalaureate education provides its graduates with the knowledge, purposes, values, and skills necessary to function in an ever-changing world.

What can an individual expect to gain from a baccalaureate degree in nursing? Martha Rogers states that "valid baccalaureate education requires a strong liberal arts foundation, substantive theoretical knowledge in the science of nursing, and the opportunity for students to demonstrate their ability to use their knowledge safely and effectively in service to people"¹² in a variety of settings. The baccalaureate nursing graduate specifically will do the following:

1. Integrate theoretical knowledge acquired through the study of nursing, humanities, social and natural sciences to provide health care based on knowledge regarding human beings.

2. Use the nursing process to plan, implement, and evaluate the health care of clients, in a variety of settings, based on human need fulfillment.

3. Integrate the leadership process in the practice of nursing within the health care system.

4. Create a responsible practice of nursing within the health care system that is accountable to clients as con-

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sumers of health care in a multicultural society.

5. Verify nursing knowledge in the practice setting through the evaluation and application of nursing research.

6. Exhibit a commitment to caring for oneself and the members of a multicultural society.

7. Demonstrate responsibility for lifelong personal and professional growth.¹³

Baccalaureate education in nursing promotes the development of interpersonal skills, cultivates creative problem-solving and decision-making skills, facilitates flexibility and adaptation to change, and fosters a curiosity for learning. This educational base prepares the student for graduate education in nursing and broadens the graduate's employment opportunities beyond the hospital to the community.

The nursing profession is at a crossroad—progress or the status quo? Progress will enable nursing to meet the demands of future health care needs, which are fast becoming realities of today's practice. Status quo will

lead us further into dependence and chaos. The manner in which the profession responds will determine the extent to which we control our own destiny. Will nursing be challenged by change and progress? Baccalaureate education can be one means toward achieving success. □

FOOTNOTES

¹ J. Dewey, "Dewey on Education: Selections With Introduction and Notes by M. S. Dworkin," *Classics in Education*, No. 3. (New York: Teachers College Press, 1959).

² American Nurses' Association, "Educational Preparation for Nurse Practitioners and Assistants to Nurses," A position paper (New York, 1965), pp. 1-16.

³ J. C. Gornick and L. S. Lewin, *Assessment of the Organizational Locus of the Public Health Service Nursing Research Activities* (Washington, D.C.: U.S. Department of Health and Human Services, 1984).

⁴ Secretary of Health and Human Services, *Fifth Report to the President and Congress on the Status of Health Personnel in the United States* (NTIS No. HRP 09060804). (Washington, D.C.: U.S. Department of Health and Human Services, 1986).

⁵ Peri Rosenfeld, *Nursing Student Census With Policy Implications 1985* (Publ. No. 19-2156) (New York: National League for Nursing, 1986).

⁶ T. Selby, "House Votes 'Associate' as Second Title," *The American Nurse*, 17:8 (1985), p. 1.

⁷ National League for Nursing, "Board Supports Move to Two Levels of Nursing Practice," *Nursing & Health Care*, 6:10 (1985), p. 521.

⁸ Mary Wakefield-Fisher, M. M. Wright, and L. Kraft, "A First for the Nation: North Dakota and Entry Into Nursing Practice," *Nursing and Health Care*, 7:3 (1986), pp. 134-141.

⁹ National League for Nursing, "Questions and Answers on NLN Position in Support of Two Levels of Nursing Practice," *Nursing and Health Care*, 7:4 (1986), p. 178.

¹⁰ J. L. Lum, "We Can Make a Difference," *Journal of Professional Nursing*, 2:3 (1986), p. 135.

¹¹ Association of American Colleges, *Integrity in the College Curriculum: A Report to the Academic Community* (Washington, D.C., 1985), p. 7.

¹² M. E. Rogers, "Nursing Education: Preparing for the Future," in *Patterns in Education: The Unfolding of Nursing* (New York: National League for Nursing, 1985), pp. 11-14.

¹³ Edyth T. James Department of Nursing, Columbia Union College, "End of Program Behaviors," in *Progress Report* (Takoma Park, Md., 1985), p. 72.

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tion. This reaffirmed the belief that schools of nursing should be independent of the agencies in which the graduates serve.

In 1952 Mildred Montag, convinced of the need for nurses with differing educational backgrounds, wrote a dissertation recommending a program to train a technical nurse who would then receive an associate degree. However, these graduates would still be educated in institutions of higher learning. Montag declared this educational endeavor to be "the first nursing program to be deliberately planned rather than being the result of an historical accident."² Implementors of the of the first associate degree programs in the 1950s conceived the graduate of such a program as a "bedside nurse . . . to imply certain limitations of activity which differentiate the role of this nurse from that of the nurse with broader professional preparation."³

However clearly they saw the difference in roles between the technical and professional practitioner, Montag and the early educators failed to foresee that the needs of society would ultimately determine the scope of this graduate. In addition, the nursing profession failed to clearly differentiate the roles of the associate degree and baccalaureate graduate through practice competencies and different creden-

tialing processes. Hence the introduction of associate degree nursing created three levels of entry into nursing practice—each with its own educational base, but all functioning at the same level.

Fifteen years after the initiation of the A.D.N. programs, a position paper by the American Nurses' Association (ANA) attempted to differentiate the roles of the baccalaureate and associate degree nurse. This proposal was not strongly supported by either the profession or the public. Nothing was done about changing either the credentialing process or the way nursing graduates entered the marketplace.

In 1985 the ANA again proposed that two levels of practice be established. The position taken by this organization would relegate the associate degree nurse to the level of the licensed practical nurse. While a large number of associate degree nursing educators were not opposed to the proposal for two levels of practice, the dictatorial position of the ANA relative to the status of A.D.N. graduates led them to offer strong resistance.

In February 1986 the Board of Directors of the National League for Nursing (NLN) approved a position statement on

two levels of nursing practice. Contrary to the position of the ANA, the League

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stated in the first of the General Principles of this position:

NLN supports the concept of redefined levels of nursing practice, professional and associate, with licensure yet to be stipulated, and a scope of practice yet to be established. The professional scope of practice will be greater than the current registered nurse level; the associate scope of practice will be no less than the level required for current graduates of the associate degree program.⁴

Agencies utilizing registered nurses have not found it necessary to differentiate—either financially or by promotion—between registered nurses from the different preparation levels. Davison found that "all registered nurses are given the same job description. All

nurses teach patients, give bed baths and relieve the head nurse when she is off duty. The associate degree nurse, as well as the baccalaureate degree nurse, is a team leader and both report to a diploma-prepared head nurse."

The same author further asserts that promotions within hospitals are based on leadership ability, quality of performance, continued education, and length of service. The generic preparation of the individual is not a consideration.⁵ And perhaps for a good reason. The associate degree nurse serves with distinction in all areas of the hospital, including critical-care units. To illustrate, consider the accompanying table, which demonstrates the distribution of nurses in critical-care areas in three large hospitals in Dayton, Ohio.

Arguments for retention of the registered-nurse title for the A.D. graduate are difficult to counter. They include the following:

- Scores on the licensing examination by associate degree and diploma graduates are higher than those of graduates from baccalaureate programs.

- Even after the examination was changed to reflect the theoretical concepts of baccalaureate proponents, B.S.N. graduates still did not outperform the A.D. and diploma graduates.

- No studies of nurse performance show that A.D. and diploma graduates are incompetent in the role of registered nurse. In actuality, no difference in performance attributable to education can be demonstrated.

- Educational costs to students and taxpayers should not be increased without evidence of increased benefit to both.

- Associate-degree nurses have now become the primary labor pool.

- Ironically, it has been proposed to "grandfather in" all persons holding an R.N. degree at the point of entry into practice, irrespective of their educational background. The case for enhanced quality of care is now compromised by the plan to incorporate into the category of professional practice that group whose deficiencies presumably justified the change.⁶

The needs of society have determined the scope of nursing in the past. What will society need in the future?

The following changes in health care delivery directly affect this issue.

	Master's of Science	Bachelor of Science	Associate Degree	Diploma
Hospital X (Dayton, Ohio)				
Intensive Care Unit		5	10	13
Step Down ICU		7	12	9
Surgical ICU		7	24	4
Step Down SICU	1	13	18	8
Cardiac Care Unit		5	12	15
Step Down CCU		3	21	8
Hospital Y (Dayton, Ohio)				
Intensive Care Nursery	1	21	17	33
Coronary Care Unit	4	26	14	25
Intensive Care Unit		17	12	29
Hospital Z (Dayton, Ohio)				
Pulmonary ICU		3	13	1
Medical ICU		12	17	7
Surgical ICU	1	6	25	7
CTCU		5	18	6
Coronary Care Unit		7	8	7
ICUE	1	4	21	5

1. Increasing technology and intensive nursing care within hospitals.
2. A shift to community care for many individuals traditionally treated in hospitals.
3. A variety of new health care options opening to the public.

Since the baccalaureate nurse is being educated in skills traditionally applicable to community-based care, if the present ANA position is ratified, who will provide care in hospitals?

Furthermore, recent years have showed increasing evidence of declining applications to schools of nursing. Over the past several years, "only the associate degree programs showed an almost continuous growth."⁷

In a report published by the American Nurses' Association, the 1982-1983 admission data by type of program showed 64,831 students admitted to associate degree programs, 38,334 to baccalaureate and higher degree programs (this includes master's and doctoral candidates) and 19,368 students admitted to diploma programs. This shows a relative distribution of admissions among programs to be 52.9 percent, 31.3 percent, and 15.8 percent, respectively.

The monthly labor review of November 1985 predicts the need for registered nurses will increase by 33 percent by 1995, an increase of 452,000 over 1984. It is estimated that baccalaureate schools of nursing, even if they doubled enrollment over the next 14 years, could not produce sufficient graduates to meet this need.⁸

If proponents of baccalaureate training criticize associate degree programs because they feel "more scientifically sophisticated nurses,"⁹ are needed, then let them rise to the occasion. Let them design curricula that will prepare graduates who can provide scientific and sophisticated care that is clearly superior in patient outcomes and readily recognized by the market. Then let the nursing profession develop a credentialing process over and above the R.N. for graduates of baccalaureate education. This approach would surely enlist support from the nursing community with recognition and appreciation from the public as well.¹⁰

Expanded scope of practice and extended credentialing meet the goal of two levels of practice without disen-

franchising an already proven competent practitioner.

The call for baccalaureate education as the only suitable preparation for an R.N. degree is ill conceived and untimely. It cannot be supported economically nor can it be justified by studies that clearly define differences in quality of care by graduates of educational programs.¹¹ Furthermore, "if we look at the situation analytically and without

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emotion, we can say that such a consensus among nurses may not be necessary as the health care marketplace will likely determine program development after all."¹²

Clearly, the A.D. nurse should retain the title, privileges, and responsibilities of a registered nurse. □

FOOTNOTES

¹ "American Nurses' Association's First Position on Education for Nursing," *American Journal of Nursing* (December 1965), p. 109.

² Mildred Montag, *The Associate Degree Nursing Program: Idea and Concept in Technical Nursing Dimensions and Dynamics* (Philadelphia: F. A. Davis Co., 1972), p. 5.

³ ———, *Community College Education for Nursing* (New York: McGraw-Hill, 1959), p. 2.

⁴ The National League for Nursing, "Interpretative Statement on NLN Position in Support of Two Levels of Nursing Practice" (NLN Publication No. 11-2158), (New York, 1986).

⁵ Shirley Davison, "The Associate Degree Nurse in the Hospital," *Prescription for Growth: Achievement and Challenges in Associate Degree Nursing*, Virginia O. Allen and Nancy A. Haddick, eds. (Battle Creek, Mich.: W. K. Kellogg Foundation, August 1983).

⁶ Verle Waters, "Restricting the R.N. License to B.S.N. Graduates Could Cloud Nursing's Future," *Nursing and Health Care*, 7:3, National

League for Nursing (March 1986), pp. 143-146.

⁷ *Facts About Nursing 1984-85* (Kansas City, Mo.: American Nurses' Association, 1985), p. 116.

⁸ *Monthly Labor Review* (Washington, D.C.: Government Printing Office), 108:11 (November 1985).

⁹ Ira Moscovice, "Analyzing Educational Requirements for Occupational Licensure: The Case of Nursing" (Seattle, Wash.: FANEL, 1985), p. 7.

¹⁰ Waters.

¹¹ *Ibid.*

¹² Patricia T. Haase, "Political Crisis in Associate Degree Nursing Education: Implications for the College Administrator," (NLN Pub. No. 23-1733) (New York: National League for Nursing, 1978), p. 2.

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