

A Fresh Approach to an Old Issue

New York nursing organizations are actively supporting a proposal that merits close attention. The proposal takes a fresh approach to an old issue—advancing educational requirements for professional nursing practice—by moving to require registered nurses (RNs) to earn a bachelor's degree in nursing within 10 years of initial licensure. This proposal, first advanced through the state's Board for Nursing, is currently being considered in both houses of the state legislature.

More than 40 years since the American Nurses Association (ANA) first proposed the bachelor's degree as the minimum educational requirement for professional nursing practice, debate over entry into practice has long been at a standstill. To be sure, much has changed in nursing education since 1965—most dramatically, the virtual disappearance of the hospital-based diploma programs which were then predominant, and the rapid growth of associate degree-granting community college programs, which today produce a majority of new nursing graduates. However, at the level of public policy, there has been little perceptible change in licensure requirements for basic nursing practice (with the exception of North Dakota, the first state to adopt a requirement for new RNs to hold a bachelor's degree in nursing—a requirement that was recently rescinded).

Nursing's lack of progress in advancing its educational requirements stands in contrast to other health professions, including pharmacy and physical therapy, which have moved to require doctoral-level education for their new practitioners. And outside of the United States, a growing list of countries, states, and provinces (including the Philippines, Australia, Ontario, and other Canadian provinces, among others) now require baccalaureate education.

The topic of entry into practice has been an uncomfortable one for many, not just because of the profession's inability to make substantial progress on this issue but also because of the depth of emotion that the subject brings out. The issue devolved some time ago from being about the advancement of the nursing profession to being perceived as demeaning and downgrading nurses with associate degrees or diplomas. That perception—accurate or not—has long stymied productive discussion of entry into practice.

The proposal currently being advanced in New York State would not change requirements for entry into practice. It involves a significantly different approach, one that maintains current educational routes into nursing practice while setting a uniform standard for experienced nurses. Its application would be entirely prospective—it would apply only to individuals who enter nursing school after the proposal has been enacted. This approach finds precedent in current New York requirements for public school teachers, who must hold a bachelor's degree to be initially certified to teach but must earn a master's degree within 5 years to obtain a more permanent credential.

The New York proposal is one sign that progress on a previously intractable issue is possible. In 2001, the National Advisory Council on Nurse Education and Practice (NACNEP) recommended that at least two thirds of the nursing workforce hold baccalaureate or higher degrees by the year 2010. They based their recommendations on changes in the nursing practice environment, including major changes in drug therapy, technology, complex changes in health care delivery systems, increasing prevalence of chronic illness, and the increasing diversity of the U.S. population (NACNEP, 2001). The American Organization of Nurse Executives (AONE) has declared that the educational preparation of the nurse of the future should be at the baccalaureate level (AONE, 2004). The New York proposal has been spearheaded by the New York Organization of Nurse Executives. The visibility of nurse executives in addressing this issue is significant in light of hospital organizations' traditional antipathy, for a variety of reasons, toward requiring baccalaureate education for nurses.

Receptivity toward a more balanced approach to advancing educational requirements for nursing is reflected in broad support for the New York proposal among nursing organizations in that state and nationally. Notably, that support includes the organization representing the state's associate degree nursing educators. At the same time, hospital trade associations have stated their opposition, as have some unions. (The New York State Nurses Association, which is the largest union for nurses in the state, and the state's professional association, supports the proposal.) Opponents of the proposal have suggested that it could exacerbate the state nursing shortage, despite the fact that it would not close off any current routes into nursing and the fact that its prospective application means that the earliest any nurse would need to comply with its provisions would be 12 years from now.

The New York proposal represents an opportunity to make progress in an area where progress has previously been hard to find. Beyond this, it represents an opportunity to move forward in a manner that is sensitive not only to the increasingly complex demands of nursing practice and patient care but also to the concerns and perceptions of a broad range of nurses.

Although roles, functions, and opportunities for new RNs remain generally undifferentiated by education level, experienced nurses without at least a bachelor's degree often find themselves with limited opportunities for professional mobility, advancement, or education for advanced roles. The New York proposal would, among other things, help to equalize those opportunities by ensuring a common level of education for nurses with 10 years' experience or greater.

The prospect of moving forward on this issue, however, presents a series of challenges for proponents. First, the issue of educational requirements for nursing practice must be framed not just in terms of its significance for the profession but also in terms of its importance for meeting changing patient needs and enhancing patient safety and outcomes of care. For the most part, supporters of the New York proposal have done this, buoyed by a small but important body of research linking percentages of baccalaureate-prepared nurses with improved patient outcomes (e.g., Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005). We need more such research—not only to confirm or clarify these findings but also to describe more fully the elements of baccalaureate education that are linked with better patient outcomes. We also need to improve our understanding of the ways in which earning a baccalaureate degree have an impact on the practice of experienced RNs. This will not only strengthen the basis for proposals such as the one being debated in New York but also provide the basis for more effective implementation.

In addition, supporters of this and similar proposals should remain mindful of the opportunity it represents to advance education for the profession in a manner that acknowledges and respects the contributions of RNs at all educational levels. Support should continue to be based on advancing patient care and advancing the profession as a whole, not on speculation regarding the abilities and performance of RNs who are currently practicing.

At the same time, groups that have traditionally opposed baccalaureate entry into practice should recognize that this is not an entry into practice proposal and that the traditional arguments against it do not apply. These groups should step

back and consider the New York proposal in the same spirit of balance and compromise in which it has been developed. Finally, regardless of any opinions one may hold regarding the New York proposal or any of its specific details, it should be welcomed as an earnest and significant attempt to move forward, in a thoughtful and inclusive way, in an area in which nursing cannot afford to remain static for another 40 years.

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