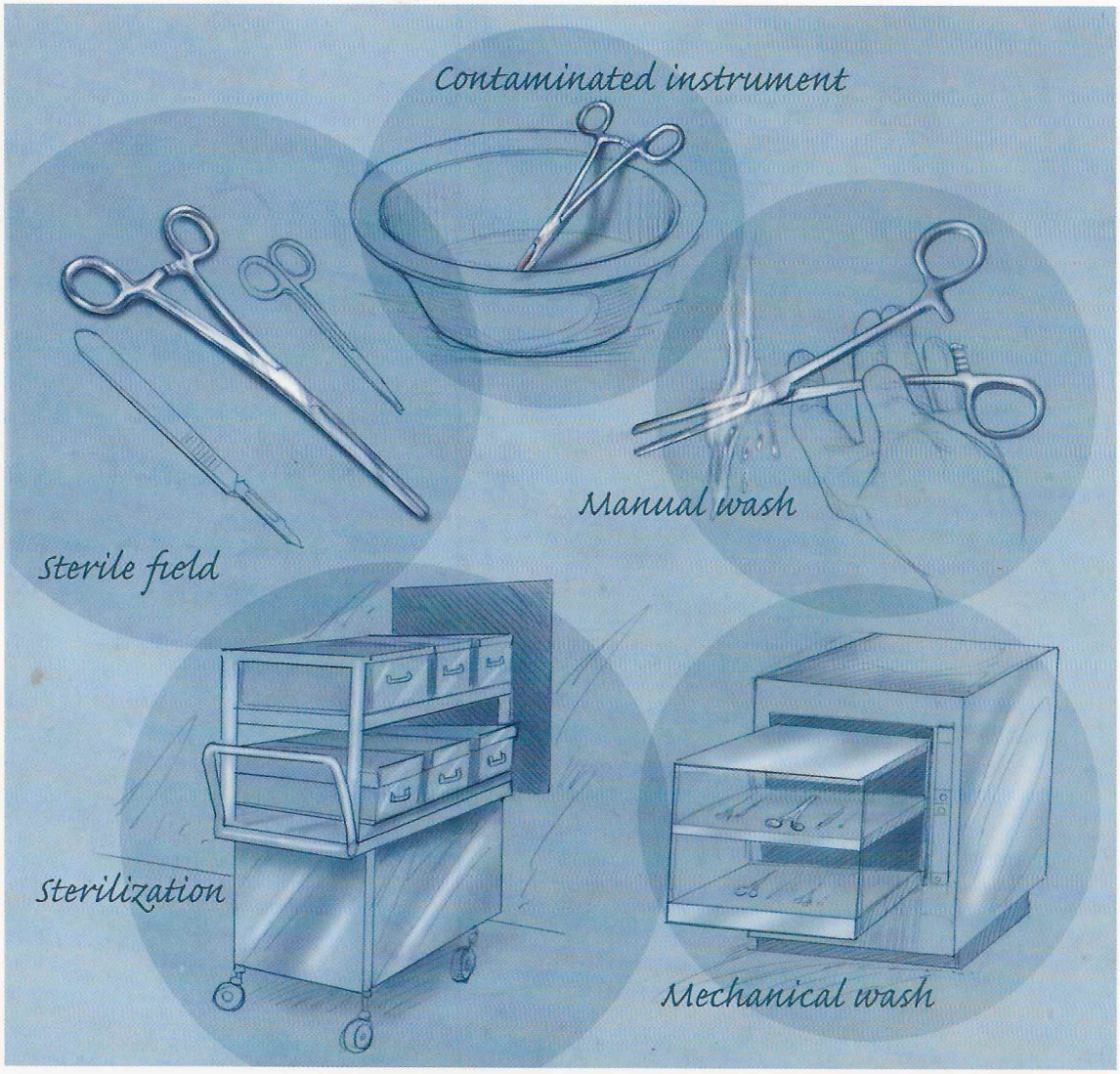
March 2008 • Vol 87 No 3

AORN JOURNAL

The Official Voice of Perioperative Nursing



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Should the Entry Into Nursing Practice Be the Baccalaureate Degree?

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The health care industry is changing rapidly. Because of advances in medicine, technology, and life-saving techniques, patients now have a better chance of surviving traumatic injury, life-threatening disease processes, and delicate surgical procedures than ever before. As a result, patients are living longer than ever expected, and health care providers need the ability to think critically and provide health care services at levels never before imagined.

Nursing is no exception. To ensure that the nursing profession does not fall behind during these rapid changes, nurses must look at the level from which they practice. To meet the increasing complexity of patient needs, the nursing profession must increase nurses' educational requirements by requiring the baccalaureate degree as the entry into practice.

In 1965, the American Nurses Association (ANA) took a bold stance by publishing a position paper calling for a baccalaureate degree to be the minimum level of education for entry into practice.[1] By taking this initiative, the ANA was attempting to move nursing education away from the hospital-based, diploma programs of the day into colleges and universities, thus changing the education of nurses from an apprenticeship to a science-based practice. Why, then, more than 40 years later, are nurses still debating this issue?

Background of the Issue

Many good intentions went into the development of the 1965 position paper; however, three main factors worked against the ANA's position being fully realized. First, government funding influenced how and where students were educated. Second, the development and proliferation of community colleges and two-year nursing degree programs stalled the requirement for a baccalaureate degree. Finally, nurses' inability to see themselves as more than just caregivers has been a continuing stumbling block.

Forty years after the American Nurses Association published its position on entry into practice, nurses are still debating the issue.

Government funding. To examine the effect of government funding, one must look back to 1943 when the Bolton Act funded the costs for nursing school and provided nursing students with a stipend for living expenses.[2] Although it is not clearly established in the literature, the funding for this act may have been a direct result of a shortage of nurses after World War II, when in spite of previous predictions, not all nurses who had been in military or civilian practice remained in practice afterward.[2] Between 1943 and 1948, graduation rates increased significantly. When the funding source ended in 1948, however, the number of graduating nurses fell significantly. The nursing shortage continued to grow, affected by a decreasing supply and an ever-increasing demand.[2] Without available funding, few nursing students were likely to seek more education than was necessary to practice in the field.

Two-year degree programs. In 1945, a meeting was held between the US Office of Education and the American

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Association of Junior Colleges, now known as the American Association of Community Colleges, to discuss the possibility of including nursing in junior college curricula and developing an associate degree program for nursing at the community college level, a plan that would come to fruition in 1952.[2] Around the same time, Dr Esther Lucile Brown's study, *Nursing for the Future,* advocated for nursing education to take place in the nation's colleges rather than in hospitals.[2] The W. K. Kellogg Foundation also directly influenced the development and success of associate degree nursing programs by providing funds for graduate-level education to prepare associate degree nursing educators.[2] Associate degree nursing (ADN) programs expanded rapidly through the 1960s.[3]

Nurses' perceptions. At this time, the evolution of nursing had been at a standstill for more than 100 years. Nurses worked under the supervision of physicians and exercised little autonomy. It was difficult for nurses to see themselves as professionals rather than just caregivers. Formal education aligned with on-the-job training was a new concept for nurses who had "worked in the trenches." One can only imagine the excitement and anxiety of the times.

Four decades have passed since the ANA's position paper was published, and it is apparent that more should have been done to guide those seeking a career in nursing. The ANA and nursing leaders should have defined educational standards with clear objectives that would help to develop the profession. The proliferation of community and junior college programs in the 1950s and the desire to move nursing out of the hospital into institutions of higher learning seemed a perfect fit; however, it also was an ideal time to educate the hospital system about the rebirth of the profession and the impact that the first class of college-educated graduates was going to make on nursing.

Relationship of the Issue to Present Day Nursing

According to the *Occupational Outlook Handbook* published by the US Department of Labor, Bureau of Labor Statistics, nursing is the largest health care profession, with 2.5 million nursing jobs, and is projected to generate 587,000 more jobs between 2006 and 2016.[4] Yet despite having strength in numbers, nurses are the least educated of all the interdisciplinary health care team members with whom they collaborate. These teams consist of physicians, pharmacists, speech pathologists, and physical and occupational therapists, all of whom recognize the importance of and need for higher education to deliver appropriate patient care.[5]

Many professions can trace their roots to a technical beginning. According to Joel,[6] professions that have emerged to full professional status from a technical beginning include physicians, lawyers, clergy, social workers, engineers, elementary school teachers, occupational and physical therapists, speech and language pathologists, audiologists, genetic counselors, pharmacists, and dieticians.[6] Many of the professions mentioned require a bachelor's degree for entry level into practice, and in most cases an advanced degree is standard.

For those who argue that a nurse with an associate's degree has enough education, consider that nurses prepared at the graduate level demonstrate a significant difference in competency compared to nurses with associate degrees.[6] This is supported by a study published in 2003 that clearly identified a relationship

between higher levels of nursing education and better patient outcomes (ie, lower mortality, failure-to-rescue rates).[7] In the interest of patient safety and improving care, the study's authors called for renewed support and incentives from nurse employers to encourage RNs to pursue education at the baccalaureate and higher levels. A large disparity is clearly identified in the research—one that should not exist within the profession, but does. If the nursing profession cannot come to terms on entry into practice to better serve the health care needs of the public, how can the nursing profession ever expect to compare itself to other health care providers that do have a standard for entry into practice?

Donley and Flaherty make a compelling statement that drives the point of education home: "Under-educated members of the health team rarely sit at policy tables or are invited to participate as members of governing boards."[8] For this reason, there is little opportunity for the majority of practicing nurses to engage in clinical or health care policy development. Consequently, nurses are left behind while other members of the health care team influence the advancement of their professions and the face of health care in this country.

A BSN Versus an ADN

High educational standards influence future students' perceptions about nursing as a career. According to Nelson,[3] failing to require a baccalaureate degree for professional practice has made nursing a less-appealing option for college-bound freshmen. This is further compounded by the impression of school-aged children that any career requiring only two years of schooling is technical, not professional.[3] In fact, many associate degree-producing schools award nursing graduates an applied science degree, which places them in the same category as technicians or assistants in other health care professions.[3] This negative view of nursing is detrimental to the profession's ability to recruit viable candidates into nursing programs.[3]

In 2002, Donley and Flaherty[8] indicated that during interviews with guidance counselors and teachers, young men and women did not express interest in nursing as a profession and viewed it as too demanding, undervalued, and unrewarding. Because nursing is a profession dominated by women, many men do not consider nursing as a career. That combined with the fact that many women are now entering career fields once dominated primarily by men leaves many gaps in the nursing workforce. If this trend continues, it will be very difficult to attract enough students into the profession to significantly affect the nursing shortage.

Community or junior colleges are primarily used as stepping stones or transitions to better jobs or career opportunities. They provide the technical aspects of most professional career paths and lead to entry-level positions as technical assistants. Nursing is now so complex that ADN programs have had to expand their curricula and offer students more content in order to keep up with the rapid changes in health care. Many ADN programs now require more than 75 semester hours or units. Because of the stringent requirements needed for graduation and for the ability to sit for licensure examinations, these programs can take more than three years to complete. These additional requirements make it inaccurate to label those ADN programs as "two-year programs."[3]

It is clear that in 1965, when the ANA was making its position known, it was trying to move all nursing education, technical and professional, out of the hospital system and into the respected halls of colleges and universities, which would elevate the status of nurses. Donley and Flaherty[8] indicate that it was an ANA position that those interested in the technical side of nursing would enroll in two-year programs and those seeking the professional aspect of nursing would enroll in four-year programs. Very clear guidelines would allow individuals to choose their own career path.

No one could have imagined that in 50 years, ADN programs would be so successful and would have grown from seven pilot programs to more than 800 today.[2] There are many arguments against changing the status quo. The effect that ADN programs have on the nursing profession is significant. They produce almost 60% of the nursing workforce.[2] The ADN programs attract greater numbers of

older students, minority students, and men. The programs take less time to complete, and the costs are significantly less than for four-year programs. They are located within close proximity to the communities of the students who attend them. What is also attractive about ADN programs is that, as in BSN programs, the faculty members are well educated and have a wealth of experience that they bring to their students. Most are prepared at the master's level or higher.

What makes ADN programs even more attractive to students is that upon completion of the program, associate degree nurses take the same licensing examination and can work alongside their more educated counterparts in all areas of practice. There usually is no distinction in pay and benefits, and the working conditions are generally the same. All nurses regardless of preparation are able to sit for specialty certification examinations and are considered for advancement at nearly the same rate. The only roles that differ are for nurses who hold advanced degrees. This lack of distinction results in nurses traditionally deriving their identity from their statutory titles rather than their academic degrees. The result is having power over the title "registered nurse" and reticence for any one group to surrender rights to this title.[6]

The proliferation of associate degree programs in the 1960s did not prevent subsequent nursing shortages.

Effects of the nursing shortage. The nursing shortage complicates the entry into practice issue. The nursing shortage has no borders and is felt in every setting, so it is it unrealistic to expect that employers will require a more educated workforce if they are having difficulty filling positions. It has been written that many of those who employ nurses prefer hiring baccalaureate-prepared nurses to meet the high demands of advanced technologies and patient care but will settle for nurses who have a current RN license regardless of academic background.[3]

Employers who hire nurses with less than a bachelor's degree are doing their patients a disservice, however. The nursing shortage should not be an excuse to push for the continuance of associate degree programs only to graduate more nurses to fill the ever-increasing number of positions nationwide. The nursing shortage that is currently being experienced mimics the shortage in the 1960s and has repeated itself many times since the ANA made its proposal. The proliferation of associate degree programs in the 1960s did not prevent subsequent shortages.[3]

Several employers insist on hiring a highly educated workforce. For example, nurses must have a baccalaureate degree for a commission in the armed forces, for employment in the Public Health Service, and for certification as a public health nurse in California.[3] The Veterans Administration system recently has changed qualifications for appointment to require a baccalaureate for RNs in its facilities.[3]

The nursing shortage touches not only those who work in hospitals; it also has begun to affect the number of nursing school faculty members. In 2001, Teich and Viterito[9] reported that the average age of professors was 52 years and the average age of associate professors was 49 years. Similar to the trend in the overall nursing workforce, the mean age has increased steadily from 49.7 years in 1993 to 53.3 years in 2002 for doctorally prepared faculty members and from 46 years to 48.8 years for master's degree-prepared faculty members.[10,11] With their retirements only years away, who will fill the shoes of educators, considering their extensive educational backgrounds?

Answering that question may be difficult; however, if the nursing profession can come to terms with its entry into practice then the answer may be as simple as moving the available educators with master's degrees and doctorates into the four-year universities to fill empty positions and moving forward with the

idea of producing a better-educated nurse. An article by Clarke and Patrician[12] elaborates on the concept of shifting educators. They identify a collaboration that occurred in the community colleges and universities of Ontario, the largest Canadian province. In April 2000, the Ministry of Health and Long Term Care and the Ministry of Training, Colleges, and Universities standardized entry into practice at the baccalaureate level. This change affected all nursing students who began their nursing education in the fall of 2001. As of January 1, 2005, any nurse seeking licensure for the first time has been required to have a bachelor's degree. To facilitate this change, millions of dollars were invested to support community college instructors in obtaining advanced degrees so they could be appointed to new positions at the university level.[12]

Legislation. Nelson[3] reported that in 1987, the state of North Dakota successfully enacted legislation requiring a BSN as the basic level of education for an RN and an ADN as the educational requirement for a licensed practical nurse (LPN). This took the ANA's 1965 position a step further by making the ADN not only the beginning of technical nursing practice but interchangeable with the role of the LPN.[3]

This was a bold stance, and North Dakota was able to increase the percentage of nurses with BSNs to 54% by 1997.[3] Unfortunately, no other state followed North Dakota's lead and because of political pressure from nurses and some health care organizations, the requirement for a BSN as entry into practice in North Dakota was repealed in 2003 (Linda Shanta, PhD, RN; associate director of education, North Dakota Board of Nursing; e-mail communication; January 2008).

In a professional update published in *RN* magazine in 2006, the American Association of Colleges of Nursing (AACN) backed the New Jersey State Nurses Association, which voted to adopt a resolution that called for all entry-level nurses to earn a baccalaureate degree within 10 years of entering nursing practice. Although this resolution exempts currently licensed RNs, it does apply to future nursing graduates of associate degree and diploma programs.[13] This is not a complete solution, but it is a step in the right direction.

Public perception. Nurses have garnered high approval ratings with the general public. In 1999, Gray[14] found that an overwhelming majority of the public (ie, 92%) said they trust information about health care provided to them by nurses, ranking nurses higher than teachers and journalists and only one percentage point behind physicians. In 2004, the AACN reported that 83% of respondents to a Gallup Poll rated nurses "very high" or "high" for honesty and ethics, topping 23 other professions.[15] In four of five years nurses have been included in the poll, they ranked the highest; the exception was in 2001 when firefighters scored higher after the terrorist attacks of September 11. Gray also reported, however, that a large majority of the public (ie, 76%) believe that nurses should have four years of education or more.[14] This information may reveal a difference between what consumers think nurses know and what nurses actually bring to the bedside.

What is certain is that many patients do not really know the full scope of a nurses' role. Many patients have a difficult time differentiating between nurses and ancillary personnel, but if the general public was aware of the complexity of nursing and the importance an education plays in patient outcomes, they would demand to be treated by nurses who are educated at higher levels.

AORN's Position

AORN first expressed the expectation for nurses to have a baccalaureate degree in 1979. AORN's current position statement on entry into practice reads as follows:

> *AORN believes there should be one level for entry into nursing practice. AORN believes the minimal preparation for future entry into the practice of nursing should be the baccalaureate degree.*[1]

1. Statement on entry into practice. In: Standards, Recommended Practices, and Guidelines. *Denver, CO: AORN, Inc; 2007:379.*

Conclusion

To move forward, nurses must look at the profession with a certain amount of humility. It is certain that whatever choices are made will not be easy, and large numbers of nurses are going to have to make sacrifices, both personally and professionally, to bring their levels of education up to the new standards set by state legislative bodies. One thing that all nurses can agree upon is that a better-educated workforce will better serve the profession as a whole. Setting aside old issues will allow nursing to move forward instead of standing motionless. If drastic changes are not made on the position of entry into practice, nurses will be no better off 10 years from now than they were in 1965 when the ANA first published its position on this subject, and neither will the public.

Health care delivery systems are becoming more complex every day. These challenges will require a greater knowledge base from which to draw, which necessitates a more qualified and educated workforce. Eventually, the complexity of individual health status and the advancement of technology will outpace the basic levels of nursing education.

The issues surrounding entry into practice have been a rock in the shoe of nursing for many years. What type of nursing shortages will the nation be faced with if nurses do not put aside their differences now and approach this idea as professionals? Putting aside what divides nursing as a profession and moving forward to develop a better-educated nurse is what is important. Significant emphasis must be placed on the level of education. A carefully designed plan will need to be put in place and will require the acceptance of all groups in nursing, as well as the agencies that govern health care, for this educational evolution to take place.

The decision to upgrade the education of nurses was first made more than four decades ago; through intervention and unforeseen circumstances, the goal was never realized. Although the ANA is no longer leading the effort, other professional organizations are calling for the BSN to be recognized as the entry into nursing practice by 2010.[3] It is time for the ANA to reinforce its stand on this issue and once again lead the fight for a more professional, better-educated nursing workforce. It is doubtful that these changes can be made at the legislative level alone. They will require the work of everyone from every level coming to the negotiating table with the same agenda of making nursing better for everyone. Educators at every level should reflect on their mission and determine whether their program is serving the nursing profession or its own selfish agenda. Hammering out a plan that will make everyone happy and produce a stronger profession will take years. It is crucial to begin today and not spend another 40 years delaying a decision. – AORN –

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Editor's note: *The opinions or assertions in this article are the personal views of the author and are not to be construed as official or reflecting the views of the US Army Medical Department or the Department of Defense.*

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Head and Neck Cancer Causes Investigated Further

Head and neck squamous cell carcinoma can be caused by excessive smoking and alcohol consumption or by infection with human papillomavirus type 16 (HPV16); however, alcohol and tobacco use in a patient infected with HPV16 does not further increase the patient's risk of contracting head or neck cancer, according to a November 27, 2007, news release from Brown University, Providence, Rhode Island. Researchers speculate, therefore, that cancer of the head and neck arise from two distinct causes and actually may represent two distinct classes of cancer, which may require varied prevention and treatment strategies.

Researchers studied 485 patients with head and neck cancer in the Boston, Massachusetts, area who were diagnosed between December 1999 and December 2003. This patient group was compared to a group of 549 cancer-free participants who closely matched the study group in age, gender, and town of residence. All participants responded to questions about smoking and alcohol consumption and provided blood samples, which were tested for HPV16 antibodies. Results indicate that the strongest risk factors, by tumor site, are

- smoking, which may lead to cancer of the larynx;
- heavy alcohol use, which may lead to mouth cancer; and
- HPV infection, which may lead to throat cancer.

Head and neck cancer affects 45,000 people in the United States each year and is more common in men than in women. Costs associated with treating head and neck cancers are estimated at $3.2 billion each year. As a consequence of these findings, researchers speculate that there may be benefit in treating young men as well as women with the HPV vaccine to reduce the national HPV-related head and neck cancer rates.

Drinking and smoking do not boost HPV-related cancer risk [news release]. Providence, RI: Brown University; November 27, 2007. http://www.brown.edu/Administration/News_Bureau/2007-08/07-068.html. Accessed December 3, 2007.