

The Baccalaureate Degree as Entry to Professional Practice

In 1965, the American Nurses Association (ANA) and the National League for Nursing (NLN) published similar position statements advocating for the baccalaureate degree as entry to professional nursing practice. Fifty years later, in response to patient outcome data supporting this requirement and recommendations from nationally recognized organizations including the Institute of Medicine (2010), a national initiative is underway.

While all of Vermont's five nursing programs now have a baccalaureate degree program in nursing, only about 40% of Vermont RNs currently hold the baccalaureate degree. The Vermont Blue Ribbon Commission on Nursing, appointed by the Governor, stated in its 2012 report that "the complexity of nursing care, as well as the expectation that it will be delivered comprehensively to a diverse population across all health care settings, makes it imperative that nurses have a foundation of knowledge that will serve Vermonters well and prepare them for advanced degrees in nursing" (p.3). The Blue Ribbon Commission recommended that current associate degree and diploma nurse graduates be grandfathered and that all nurses graduating after 2018 have a BS in nursing to be licensed as a RN in Vermont or obtain a BS in nursing within ten years of initial licensure in order to maintain licensure. The Vermont State Board of Nursing is addressing this recommendation to require the BS for RN licensure.

Background

In 2000, the American Association of Colleges of Nursing (AACN) and in 2005, the American Organization of Nurse Executives (AONE) published position statements advocating for the baccalaureate degree as the minimum educational requirement for professional nursing practice.

The Institute of Medicine's (IOM) 2010 *Future of Nursing: Leading Change, Advancing Health* recommended that the proportion of RNs with a baccalaureate degree increase to 80% by 2020.

There is an established body of research that provides empirical evidence that RNs with a baccalaureate degree have a direct and positive impact on patient outcomes including decreased morbidity, mortality, and length of stay (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Aiken et al., 2011; Aiken et al., 2014; Blegen, Goode, Park, Vaughn, & Spetz, 2013; Estabrooks, Mododezi, Cummings, Ricker, & Giovanetti, 2005). A recent study, published in *Medical Care* found that increasing the proportion of BSN prepared nurses at the bedside to 80 percent or more results in lower readmission rates, shorter hospital stays, and is associated with a 10 percent decrease in the odds of mortality. Yakusheva, Lindrooth, and Weiss (2014) stated that the findings of their study, in which educational preparation of RNs was examined as a value added component to patient outcomes, strengthen the body of evidence in support of strategic initiatives to build toward a baccalaureate-educated (nursing) workforce.

Evidence also supports that satisfaction with one's position is key to retention. Increased education allows RNs to select positions that are satisfying and provides them with more tools with which to manage their work in a complex health care system (Rambur, Palumbo, McIntosh, & Mongeon, 2003). The positive impact of baccalaureate prepared RNs on patient outcomes and nurse retention are both key factors in cost containment in health care delivery.

Additional rationale for the baccalaureate degree as entry to RN practice includes the following:

- Rapidly expanding clinical knowledge and mounting complexity in health care delivery.
- Increasing number of patients with access to care due to implementation of the Affordable Care Act
- Expertise and clinical decision making skills needed in practice across settings.
- Expansion of roles for RNs requiring case management and transitional care skills which are not covered adequately in Associate Degree programs.
- Knowledge needed to understand research findings and engage in evidence based practice.
- Delegation, communication, and collaboration skills needed in an increasingly complex system.
- Navigating patients and families through the health care system.
- Increased need for patient and family education.
- Community based and public health orientation with an emphasis on health promotion, disease prevention, maintenance, and cost-effective, coordinated care.
- Knowledge of interventions and outcome metrics directed toward improving population health.
- Nurses are integral members of the health care team in which the doctoral degree is entry level for MDs, physical therapists, and pharmacists and the master's degree is entry level for occupational therapists.
- Many agencies hire only BS prepared RNs.

The shortage of faculty, a national problem, is a less well recognized consequence of a shortage of BS prepared nurses, according to Dr. Linda Aiken. Aiken, Cheung, and Olds (2009) found that choice of initial nursing program was the major predictor of final educational degree. Approximately 20 percent of nurses attain an additional degree (irrespective of initial degree) but of the 20 percent of associate degree prepared nurses who attain an additional degree, 80 percent stop at the BS degree while 100% of the 20% prepared at the baccalaureate level obtain at least a master's degree, the minimum degree required for a faculty appointment. This finding has direct implications for the importance of requiring the BS degree for entry to practice in order to increase the number of nursing faculty that are needed now and into the future. Sufficient faculty are necessary to resolve the projected long-term and growing shortage of RNs.

The argument against moving to the baccalaureate degree as entry into professional nursing practice includes setting timelines for educational advancement of associate degree prepared nurses, lack of faculty, resistance from associate degree and diploma prepared nurses and community colleges, and individual state boards of nursing that create and interpret legislation (Kidder & Cornelius, 2006). Often the main argument focuses on the advantages of associate degree education in terms of length of the educational program and cost. However, associate degree programs, originally designed to complete in two years, often take three or more years to complete, weakening the argument regarding length of program and cost. The argument against moving to the baccalaureate degree does not address the documented difference in patient outcomes.

The issue of entry into professional nursing practice is multifaceted. However, leaders in academic institutions, practice settings, and regulatory agencies must take definitive action. Action will result in a nursing workforce that is prepared to meet the challenges of the current and future health care delivery system. The health care delivery system is growing and evolving in complexity and requires that RNs have the educational preparation that is needed to provide high quality care in this complex environment. The research supports that baccalaureate education for RNs has a positive impact on patient outcomes and cost effectiveness. Fifty years later, the time has come to make the 1965 ANA position statement a reality for the future of the profession and protection of the public.

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