What does the research say about baccalaureate entry to practice?

- The literature, including several empirical studies, supports the existence of a correlation between education and the complexity of RN practice. As experience increases, nurses with all educational backgrounds increasingly tend to move away from the relatively structured “staff nurse” position. This tendency was more pronounced for baccalaureate-prepared nurses and is least pronounced for those with diploma degrees (Kovner & Schore, 1998).

- Research shows that level of education contributes to a sense of professional autonomy. Baccalaureate education contributed to high autonomy (defined as independence within one’s own practice) whereas diploma education was associated with those with low autonomy (Ferguson-Pare, 1996).

- Employers report that baccalaureate prepared nurses are promoted and assigned to leadership positions significantly more, but were not given more complex patient care assignments than other nurses. They emphasize the importance of clinical skills and value baccalaureate nurses for their ability to problem solve and see the “broad picture” of patient care. “A bachelor’s degree enhances the skills of an individual to look at the continuum of care requirements and challenge the ‘rote’ ways of practising” (Manuel & Sorenson, 1995).

- Studies suggest that type of nursing education is related to the level of organizational commitment expressed by nurses. Degree nurses tend to be less committed than diploma nurses although both groups have positive levels of organizational commitment. No significant differences emerged on other measures of professional or work-related attitudes (Wetzel, Berg & Gallagher, 1989).

- A recent literature review suggested that nurses with different educational degrees do have different levels of nursing skills, but that the differences in decision-making and leadership abilities are less striking. Baccalaureate graduates have been described in some settings as not prepared to function effectively or efficiently in the work setting. This is attributed to a de-emphasis on psychomotor skills in baccalaureate curricula. However, the community college as the sole educational experience perpetuates isolationism and “localism,” which ultimately result in fragmentation of the profession. A liberal arts education fosters the attitude that learning is a lifelong enterprise and prepares the way for master’s and doctoral education, which will be increasingly required for nurses to assume the roles required by society (Jacobs, DiMattio, Bishop & Fields, 1998).

What are the costs of baccalaureate entry to practice?

- A number of factors need to be considered when calculating costs, including the allocation of existing resources, the number of students enrolled in programs, the percentage of real costs covered by tuition at technical institutes (10%) compared to universities (25%), the length of the academic year, and opportunities for summer employment for students. Community colleges address society’s need for access to affordable education that is both flexible and geographically convenient (Jacobs, DiMattio, Bishop & Fields, 1998). While four years of university preparation for nurses will require a different use of resources, the cost of education must be seen as an investment. Cost analysis should include an evaluation of the product of the program in terms of impact on the health care system (Smadu, 1996).
The current situation reveals little salary differentiation between diploma and degree prepared nurses. Currently, a degree-prepared nurse earns 21 cents/hour more than a diploma prepared nurse working in a comparable position in an institutional setting. A diploma prepared nurse with even one approved post-diploma university class is eligible to receive an additional 17 cents/hour, making the difference in salary even less. A nursing workforce of predominantly degree prepared individuals does not necessarily mean employer costs will be higher. Union contracts, market forces, supply and demand and many other factors have a greater influence on labour costs (Smadu, 1996).

Why is baccalaureate entry to practice necessary for nursing?
Three inter-related factors influence the level of education required by nurses:

1) Changes in the health status of Canadians (individuals, families and communities) and the health care delivery system
   - Health care services are being delivered in a dramatically changing environment. Increasingly complex technology, heightened awareness of economics, a rapidly increasing aging population, and the emergence of new epidemics are a few of the challenges facing today’s nursing practice. Education for nurses must increase in depth and breadth as scientific knowledge expands. The baccalaureate degree has long been recognized as the appropriate vehicle for attainment of this knowledge.
   - Hospitals in the current market have entered various restructuring phases that have shifted care to outpatient and community settings. For public health and community health nursing, the baccalaureate-level program is the current preferred preparation for nursing (Kovner & Schore, 1998).

2) Changes in society’s understanding of health and illness
   - Educational programming required for entry into most occupations has changed dramatically over the last several years. Every other health care professional (social workers, physiotherapists, occupational therapists, and pharmacists) require at least a baccalaureate education to practice. The expectation that professionals must be knowledge workers, and other changes in society related to consumer expectations, the information age, the global economy, and increasing diversity of populations, all lead to the need for change in educational programming for nurses.

3) Changes in nursing practice, education, administration and research
   - Specialization in nursing has arisen as a result of expanded knowledge requirements and technology in the health field. Nurses will need to have a strong grasp of nursing process; assessment skills; communication skills (interviewing, negotiating and networking skills; group dynamics and facilitation; counselling and coordinating skills); critical thinking/problem-solving; skills in business management, scheduling, managing budgets, and purchasing; strong skills in the home setting, community development/adult learning principles; and knowledge of health care policy and primary health care (Bramadat, Chalmers & Andrusyszyn, 1996).
   - The National Nursing Competency Project (1997) found that participants (licensed practical nurses, registered nurses and registered psychiatric nurses) reported that more competencies with higher degrees of autonomy will be required when entering into nursing practice in the year 2001. Newly required competencies are reported in the areas of: care provided to groups, populations and communities; care provided to clients in unstable conditions with unpredictable outcomes; and care that includes health promotion, disease prevention, research, computer/information systems, and participation in the organization of health care and services.

The progression of nursing education
- Traditionally, nurses were educated to a generic level of preparation and developed professionally in terms of skills and techniques through the work setting. Education has changed significantly with the closure of some hospital-based or community college-based diploma schools of nursing.
- In 1982, the Canadian Nurses Association (CNA) adopted the position that by the year 2000 the minimal educational requirement for entry to practice of nursing should be the successful completion of a baccalaureate degree in nursing.
- Throughout Canada, registrars of nursing regulatory bodies are working together to develop an acceptable national approach to address the issues of competence, accessibility and mobility for nurses. Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and Manitoba have already established baccalaureate education as the basic requirement for entry to nursing practice.

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References upon request
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References


