

Politics, Religion, and Nursing Education

Conventional wisdom tells us that two subjects should be avoided lest you risk causing a big stir—politics and religion. I have learned over the years that one other topic is sure to inflame the passions of nurses. That topic is, of course, educational requirements for entry into practice. Every few months, from one quarter or another, comes an editorial or opinion piece arguing that a baccalaureate education should be the minimum standard. This invariably leads to an immediate and strong response from graduates of two-year associate degree nursing programs, angrily proclaiming that they are at least equal to and occasionally better than BSN-educated nurses and that nurses should not be attacking other nurses.

A recently published research report has stirred the pot yet again. Aiken, Clarke, Cheung, Sloane, and Silber (2003) found that after adjusting for a wide range of variables, hospitals with high proportions of nurses educated at the baccalaureate level or higher had lower surgical mortality and failure-to-rescue rates. Predictably, the American Association of Community Colleges (2003) called the study deceptive, inaccurate, and methodologically flawed. Its response, distributed as a press release, took the study very personally, as is usually the case. The release accused study authors of maligning associate degree nurses, stated that the qualifications of the surgeons and not the nurses is the most important factor, and argued that nursing care cannot be measured in the aggregate. This “stop picking on us” response is flawed, shows little understanding of research methodology, and does not advance the discussion.

Let me begin by saying that I hold *all* RNs in high regard. Nursing education is a tough career path, state board examinations are grueling, and we all toil away to do the very best for our patients regardless of whether we have 2 or 10 years of nursing education. My position on this issue is not personal, nor is it

directed against individual nurses or groups of nurses. My opinions are based on my regard for the profession and a continuing sense of frustration that nurses and nursing are almost never included as full partners in the healthcare equation.

Despite the fact that nurses comprise the largest single group of healthcare providers, we are arguably the least effective politically. I believe one of the reasons that we are not taken as seriously is the lack of consistency regarding educational preparation and our inability as a profession to insist on a baccalaureate education as a minimum for entry into practice. Arguments in favor of a bachelor's degree as a minimum support the idea of nursing as a profession worthy of high expectations. They are not intended to belittle any one person or group. If, in fact, nurses are not a key factor in a patient's smooth recovery from surgery then I ask, “Why not?” Nurses care for patients around the clock, nurses prepare patients and family members to recover safely once they leave the hospital, and nurses conduct the research that helps all healthcare professionals understand how to help patients adjust to life-threatening diseases. Until we can demonstrate to physicians and others that we have the educational credentials to support our practice and our opinions, we will continue to be viewed as low-level workers.

Another argument advanced in support of two-year nursing programs involves the serious and continuing nursing shortage. To some, arguing that we should eliminate programs that are producing 60% of new nurses makes no sense. To agree with that premise implies that we are “stuck” with the situation—we got on board with these reduced educational requirements and now cannot afford to let them go. I would counter with the argument that increasing the education requirements would effectively say to today's young people that nursing is a worthwhile

career choice, worthy of the hard work of a collegiate program, and a profession important enough to hold its own as an esteemed job choice. If we set the bar high, we will appeal to those who are willing to do what it takes to achieve the goal. It takes at least four years of preparation, usually with an additional year of internship, to become a teacher. Physical therapists long ago adopted a four-year requirement. We all know what it takes to become a doctor or a dentist, but that does not deter applicants. Why are we so willing to settle for so much less when it comes to preparing future nurses?

Although this would not be an easy or a quick transition, I believe that we need to take the first steps. Government support of nursing education needs to be funneled into collegiate and graduate-level programs. Creative partnership models between hospitals and institutions of high learning must be developed and advertised to increase both the available resources and the number of young people who can enroll in these programs. High school counselors need to be able to say to students that nursing is an important career path that will take hard work in high school and in college. We need to use strong educational requirements to demonstrate the value and worth of the nursing profession. If we do not begin the process of demanding more from ourselves, our future holds little promise.

References

- Aiken, L., Clarke, S., Cheung, R., Sloane, D., & Silber, J. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290, 1617–1623.
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