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, asserting that the qualifications of the survivors of high learning must be developed and articulated by U.S. hospitals with high proportions of nurses educated at the baccalaureate level or higher who make no sense. To agree with that premise implies that we are “stuck” with the situation—we got on board with these reduced educational requirements to demonstrate the value and worth of the nursing profession. If we do not challenge those reduced educational requirements 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 partnerships 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