

Fourth Edition

Professional Issues in Nursing

Challenges and Opportunities

Carol J. Huston



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Professional Issues in Nursing

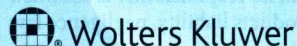
CHALLENGES AND OPPORTUNITIES

Carol J. Huston, RN, MSN, MPA, DPA, FAAN

Emerita Professor, School of Nursing

California State University,

Chico, California



Philadelphia • Baltimore • New York • London
Buenos Aires • Hong Kong • Sydney • Tokyo

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Professional Issues in Nursing

CHALLENGES AND OPPORTUNITIES

*I dedicate this book to my friend and colleague, Margaret
(Peggy) Rowberg. Your passion, energy, tireless work ethic,
and friendship inspire me.*

Carol J. Huston

Contributors

**Sheila A. Burke, DNP, MBA, MSN,
RN, NEA-BC**

Dean of Nursing
Carrington College
Wheaton, Illinois
(CHAPTER 25)

April M. Clayton, PhD

Postdoctoral Fellow
National Institutes of Health
National Institute of Allergy and
Infectious Diseases
Bethesda, Maryland
(CHAPTER 17)

Rebekah Damazo, RN, PNP, MSN

Rural Northern California Clinical
Simulation Center Project
Coordinator
Certified Pediatric Nurse
Practitioner
Emerita Professor
School of Nursing
California State University
Chico, California
(CHAPTER 14)

**Cassandra D. Ford, PhD, MSN,
MBA, RN, FAHA**

Assistant Professor
Capstone College of Nursing
The University of Alabama
Tuscaloosa, Alabama
(CHAPTER 2)

**Cynthia Foronda, PhD, RN, CNE,
ANEF**

Assistant Professor
Department of Acute and Chronic
Care
Johns Hopkins University School of
Nursing
Baltimore, Maryland
(CHAPTER 17)

Sherry D. Fox, RN, PhD

Emerita Professor
School of Nursing
California State University
Chico, California
(CHAPTER 14)

**Lynn Gallagher-Ford, PhD, RN,
NE-BC**

Director
Center for Transdisciplinary
Evidence-Based Practice
Clinical Associate Professor
College of Nursing
Ohio State University
Columbus, Ohio
(CHAPTER 3)

Perry M. Gee, PhD, RN, CPEHR

Lecturer
California State University
Chico, California
(CHAPTER 12)

**Charmaine Hockley, PhD, LLB,
GDLP, RN, FACON, JP**

Charmaine Hockley and Associates
Director
Workplace Relationships
Consultant
Strathalbyn, Australia
(CHAPTER 11)

**Carol J. Huston, RN, MSN, MPA,
DPA, FAAN**

Emerita Professor
School of Nursing
California State University
Chico, California
(CHAPTERS 1, 5, 6, 7, 8, 9, 10, 13, 19, 21, 22,
23, 24)

**Pamela R. Jeffries, PhD, RN,
FAAN, ANEF**

Dean and Professor of Nursing
George Washington University
Washington, District of Columbia
(CHAPTER 17)

Deloras Jones, RN, MS

Former Executive Director
California Institute for Nursing and
Health Care
Oakland, California
(CHAPTER 16)

Emily L. Jones, MA

Emerging Technologies Manager
Johns Hopkins University School of
Nursing
Baltimore, Maryland
(CHAPTER 17)

Jennifer Lillibridge, PhD, RN

Emerita Professor
School of Nursing
California State University
Chico, California
(CHAPTER 20)

**Kathy Malloch, PhD, MBA, RN,
FAAN**

President, KMLS, LLC
Professor of Practice
ASU College of Nursing and Health
Innovation
Phoenix, Arizona
Clinical Professor
College of Nursing
Ohio State University
Columbus, Ohio
Clinical Consultant
API Healthcare Inc.
Hartford, Wisconsin
(CHAPTER 3)

**Bernadette M. Melnyk, PhD, RN,
CPNP/PMHNP, FNAP, FAAN**

Associate Vice President for Health
Promotion
University Chief Wellness Officer
Dean and Professor
College of Nursing
Professor of Pediatrics and Psychiatry
College of Medicine
Ohio State University
Columbus, Ohio
(CHAPTER 3)

Khadijah A. Mitchell, PhD, MS

CRTA Postdoctoral Fellow
National Cancer Institute
Center for Cancer Research
Laboratory of Human
Carcinogenesis
Bethesda, Maryland
(CHAPTER 17)

**Donna M. Nickitas, PhD, RN,
NEA-BC, CNE**

Professor
Hunter College and Executive Officer
The Graduate Center—City
University of New York
New York, New York
(CHAPTER 25)

George C. Pittman, MSN

Assistant Professor
School of Nursing
California State University
Chico, California
(CHAPTER 18)

**Suzanne S. Prevost, PhD, RN,
FAAN**

Dean
Capstone College of Nursing
The University of Alabama
Tuscaloosa, Alabama
(CHAPTER 2)

**Keith Rischer, RN, MA, CEN,
CCRN**

Owner KeithRN, Author, Blogger,
Critical Care Staff Nurse
Minneapolis, Minnesota
(CHAPTER 15)

Margaret J. Rowberg, DNP, APN

Certified Adult Nurse Practitioner
Director
School of Nursing
California State University
Chico, California
(CHAPTER 4)

**Patricia E. Thompson, EdD, RN,
FAAN**

Chief Executive Officer
Honor Society of Nursing
Sigma Theta Tau International
Indianapolis, Indiana
(CHAPTER 26)

Cynthia Vlasich, MBA, BSN, RN

Director
Global Initiatives
Honor Society of Nursing
Sigma Theta Tau International
Indianapolis, Indiana
(CHAPTER 26)

Nikki West, MPH

Program Director
California Institute for Nursing and
Health Care
Oakland, California
(CHAPTER 16)

Reviewers

Cathy H. Abell, PhD, MSN, MS, RN, CNE

Professor
Western Kentucky University
Bowling Green, Kentucky

Kathy Baton, PhD, RN-BC

Instructor
Hinds Community College
Jackson, Mississippi

Lorraine Bormann, PhD, RN, MHA, CPHQ, FACHE

Associate Professor
School of Nursing
Western Kentucky University
Bowling Green, Kentucky

Margaret A. Boyce, MSN, RN, MBA

Assistant Professor of Nursing
Mount Aloysius College
Cresson, Pennsylvania

Beryl K. Broughton, MSN, CRNP, CS, CNE

Instructor of Nursing
ARIA Health School of Nursing
Trevose, Pennsylvania

Michele Bunning, MSN, RN

Associate Professor
Good Samaritan College of Nursing
and Health Science
Cincinnati, Ohio

Ruth A. Chaplen, DNP, RN, ACNS-BC, AOCN

Associate Professor
School of Nursing
Rochester College
Rochester Hills, Michigan

Betty B. Daniels, PhD, RN

Associate Professor
Brenau University
School of Nursing
Gainesville, Georgia

Marguerite DeBello, MSN, RN, ACNS-BC, CNE

Assistant Professor
Eastern Michigan University
Ypsilanti, Michigan

Cheryl Dover, DNP, MS, RN, NE-BC

Chair, Professor
Department of Nursing
Prince George's Community
College
Largo, Maryland

Kathleen Ducey, MS, APRN-CNS

RN-BSN Program Director and
Associate Professor of Nursing
University of Saint Mary
Leavenworth, Kansas

Lori A. Edwards, DrPH, MPH, RN, APHN

Assistant Professor
University of Maryland School
of Nursing
Baltimore, Maryland

Shondell Hickson, DNP, APN, ACNS-BC, FNP-BC

Associate Professor
School of Nursing
Austin Peay State University
Clarksville, Tennessee

Tara J. Latto, MS, RN

Nursing Instructor
Morton College
Cicero, Illinois

Rosemary Macy, PhD, RN, CNE, CHSE

Associate Professor
Boise State University
Boise, Idaho

Nancy Overstreet, DNP, GNP-BC, CWOCN, CDP

Director of the Master of Science in
Nursing (MSN) Program
Assistant Professor of Nursing
Lynchburg College
Lynchburg, Virginia

Ida L. Slusher, RN, PhD, CNE

Professor, Baccalaureate & Graduate
Nursing
Eastern Kentucky University
Richmond, Kentucky

Susan Smith, MSN, PCPNP-BC

Assistant Professor
The University of Oklahoma
College of Nursing
Oklahoma City, Oklahoma

Tamara L. Zurakowski, PhD, GNP-BC

Adjunct Associate Professor
University of Pennsylvania
Philadelphia, Pennsylvania

Preface

As a nursing educator for almost 35 years, I have taught many courses dealing with the significant issues that impact the nursing profession. I often felt frustrated that textbooks that were supposed to be devoted to professional issues in the field instead deviated significantly into other areas including nursing research and theory. In addition, while many of the existing professional issues books dealt with the enduring issues of the profession, it was difficult to find a book for my students that incorporated those with the “hot topics” of the time.

The first three editions of *Professional Issues in Nursing: Challenges & Opportunities* were efforts to address both of these needs. The fourth edition maintains this precedent with content updates, the deletion of two chapters and the addition of four new chapters. In addition, the implications of health care reform and the Institute of Medicine (IOM) recommendations noted in *The Future of Nursing: Leading Change, Advancing Health* influenced this edition greatly.

This book continues, however, to be first and foremost a professional issues book. While an effort has been made to integrate research and theory into chapters where it seemed appropriate, these topics in and of themselves are too broad to be fully addressed in a professional issues book. This book is also directed at what I and my expert nursing colleagues have identified as both enduring professional issues and the most pressing contemporary issues facing the profession. It is my hope, then, that this book fills an unmet need in the current professional issues text market. It has an undiluted focus on professional issues in nursing and includes many timely issues not addressed in other professional issues texts. This is an edited book, 13 of whose chapters have been contributed by the primary author, and the remaining 13 chapters by guest contributors with expertise in the specific subject material.

This book has been designed for use at both the baccalaureate and the graduate levels. It is envisioned that this book will be used as a primary textbook or as a supplement for a typical two- to three-unit professional issues course. It would also be appropriate for most RN-BSN bridge courses and may be considered by some faculty as a supplemental reader to a leadership/management course that includes professional issues.

The book can be used in both the traditional classroom and in online courses because the discussion question format works well for both small and large groups onsite as well as in bulletin board and chat room venues.

ORGANIZATION AND FEATURES

The book is divided into six units, representing contemporary and enduring issues in professional nursing. The six sections include Furthering the Profession, Workforce Issues, Workplace Issues, Nursing Education Issues, Legal and Ethical Issues, and Professional Power. Each unit has four to five chapters.

Features

Each chapter begins with **Learning Objectives** and an overview of the professional issue being discussed. Multiple perspectives on each issue are then identified in an effort to reflect the diversity of thought found in the literature as well as espoused by experts in the field and varied professional nursing and health care organizations. **Discussion Points** encourage readers to pause and reflect on specific questions (individually or in groups), and **Consider This** features encourage active learning, critical thinking, and values clarification by the users. In addition, at least one research study is profiled in every chapter in **Research Study Fuels the Controversy**, an effort to promote evidence-based analysis of the issue. Each chapter ends with **Conclusions** about the issues discussed, questions **For Additional Discussion**, and a comprehensive and current reference list. Also included in each chapter are multiple displays, boxes, and tables to help the user visualize important concepts.

NEW TO THIS EDITION

- Chapters on the use of social media in nursing, teaching clinical reasoning, MOOCs and virtual learning spaces, and academic integrity in nursing education.

- New or updated content has been added throughout the book to reflect cutting-edge trends in health care and nursing education including an ever-increasing demand for quality and safety in the workplace for patients as well as workers; workforce projections and changing population demographics; the impact of health care reform; the IOM recommendations put forth in *The Future of Nursing: Leading Change, Advancing Health*; changing nursing education paradigms and increasingly virtual learning environments; and the challenges and opportunities that accompany the provision of nursing care and nursing education in an increasingly global, rapidly changing, technology-driven world.

TEACHING/LEARNING RESOURCES

Professional Issues in Nursing: Challenges and Opportunities, fourth edition, includes additional resources for both instructors and students that are available on the book's companion website at <http://thePoint.lww.com/Huston4e>.

Instructor Resources

Approved adopting instructors will be given access to the following additional resources:

- Test Generator containing NCLEX-style questions
- PowerPoint Presentations
- Journal Articles

- Answers to Journal Articles Critical Thinking Questions
- Case Studies with Answers
- Internet Resources

Student Resources

Students who have purchased *Professional Issues in Nursing: Challenges and Opportunities*, fourth edition, have access to the following additional resources:

- Case Studies
- Journal Articles with Critical Thinking Questions
- Spanish—English Audio Glossary
- Learning Objectives

In addition, purchasers of the text can access the searchable full text online by going to the *Professional Issues in Nursing: Challenges and Opportunities*, fourth edition, website at <http://thePoint.lww.com/Huston4e>. See inside the front cover of this text for more details, including the passcode you will need to gain access to the website.

Carol J. Huston, RN, MSN, MPA, DPA, FAAN

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Furthering the Profession

Entry Into Practice

The Debate Rages On

Carol J. Huston

ADDITIONAL RESOURCES

Visit [thePoint](#) for additional helpful resources

- eBook
- Journal Articles
- WebLinks

CHAPTER OUTLINE

Proliferation of ADN Education
Licensure and Entry Into Practice
Educational Levels and Patient
Outcomes

Employers' Views and Preferences
Shifting Health Care Delivery Sites and
Required Competencies

Entry Level and Professional Status
The 2-Year ADN Program?
Shortages and Entry-Level
Requirements

Professional Organizations, Unions, and
Advisory Bodies Speak Out
Grandfathering Entry Levels

Linking ADN and BSN Programs
An International Issue
Conclusions

LEARNING OBJECTIVES

The learner will be able to:

1. Differentiate between technical and professional nurses as outlined in Esther Lucille Brown's classic *Nursing for the Future*.
2. Identify what if any progress has been made on increasing the educational entry level for professional registered nursing since publication of the 1965 position paper of the American Nurses Association on entry into practice.
3. Identify similarities and differences between contemporary associate and baccalaureate degree nursing programs.
4. Describe basic components of associate degree educational programs as outlined by Mildred Montag and compare those with typical associate degree programs in the 21st century.
5. Analyze how having one NCLEX for entry into practice, regardless of educational entry level, impacts the entry-into-practice dilemma.
6. Identify key driving and restraining forces for increasing the educational entry level for professional nursing.
7. Analyze the potential impacts of raising the educational entry level on the current nursing shortage, workforce diversity, and intraprofessional conflict.
8. Examine current research that explores the impact of registered nurse educational level on patient outcomes.
9. Explore how shifting health care delivery sites and increasing registered nursing competency

(continues on page 3)

requirements are impacting employer preferences for hiring a more educated nursing workforce.

10. Compare the nursing profession's educational entry standards with that of the other health care professions.
11. Identify positions taken by specific professional organizations, certifying bodies, and employers

regarding the appropriate educational level for entry into practice for professional nursing.

12. Explore personal values, beliefs, and feelings regarding whether the educational entry level in nursing should be increased to a baccalaureate or higher degree.

Few issues have been as long-standing or as contentious in nursing as the entry-into-practice debate. Although the entry-into-practice debate dates back to the 1940s with the publication of Esther Lucille Brown's classic *Nursing for the Future*, the debate came to the forefront with a 1965 position paper by the American Nurses Association (ANA, 1965a, 1965b). This position paper suggested an orderly transition from hospital-based diploma nursing preparation to nursing education in colleges or universities based on the following premises:

- The education of all those who are licensed to practice nursing should take place in institutions of higher education.
- Minimum preparation for beginning professional nursing practice should be baccalaureate education in nursing.
- Minimum preparation for beginning technical practice should be associate degree education in nursing.
- Education for assistants in the health care occupations should be short, intensive, preservice programs in vocational education institutions rather than on-the-job training programs.

In essence, two levels of preparation were suggested for registered nurses (RNs): *technical* and *professional*. Persons interested in technical practice would enroll in junior or community colleges and earn associate degrees in 2-year programs. Those interested in professional nursing would enroll in 4-year programs in colleges or universities. Hospital-based diploma programs were to be phased out.

The curriculums for the two programs were to be very different, as were each program's foci. The 2-year technical degree was to result in an associate degree in nursing (ADN). This degree, as proposed by Mildred Montag (Fig. 1.1) in her dissertation in 1952, with direction and support from R. Louise McManus, would prepare a beginning, technical practitioner who would provide care in acute-care settings, under the supervision of a professional nurse.



Figure 1.1 Mildred Montag.

In a typical associate degree program, approximately half of the credits would be fulfilled by general education courses such as English, anatomy, physiology, speech, psychology, and sociology and the other half were fulfilled by nursing courses. The 4-year degree would result in a bachelor of science in nursing (BSN) and would encompass coursework taught in ADN programs as well as more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work in the BSN was intended to enhance the students' professional development, prepare them

for a broader scope of practice, and provide a better understanding of the cultural, political, economic, and social issues affecting patients and health care delivery.

The ANA 1965 position statement was reaffirmed by a resolution at the ANA House of Delegates in 1978, which set forth the requirement that the baccalaureate degree would be the entry level into professional nursing practice by 1985. Associate degree and diploma programs responded strongly to what they viewed as inflammatory terminology and clearly stated that not being considered “professional” was unacceptable. In the end, both ADN and diploma programs refused to compromise title or licensure. Dissension ensued both within and among nursing groups, but little movement occurred to make the position statement a reality.

Consider This Titling (professional vs. technical) was and will be an important consideration before consensus can be reached on the entry-into-practice debate.

Finally, in 2008, 30 years later, the ANA House of Delegates stepped forth once again to pass a resolution supporting initiatives to require diploma- and associate-degree-educated nurses to obtain a BSN within 10 years of license. The responsibility for mandating and implementing this new resolution was passed on to individual states.

Just one state, however, North Dakota, became successful in changing the Nurse Practice Act so that baccalaureate education was necessary for RN licensure. For 15 years, it was the only state to recognize baccalaureate education as the minimal education for professional nursing, despite challenges from opposing groups. Unfortunately, however, North Dakota repealed this act in 2003, bowing to pressure from nurses and some health care organizations, to once again allowing nonbaccalaureate entry into practice.

Other states, however, continue to consider increasing educational entry levels. California, for example, requires a BSN for certification as a public health nurse in that state, and multiple states require a BSN to be a school nurse because that is considered to be a part of public health nursing. In addition, state nursing associations or other nursing coalitions in California, New York, Rhode Island, and New Jersey have, over the past few years, called for initiatives to establish the BSN as the entry level for nursing in their respective state. Other states are pursuing some type of initiative requiring newly graduated RNs to obtain a BSN within a certain time frame in order to maintain their licensure.

The result is that more than 50 years after the initial ANA resolution, entry into practice at the baccalaureate level has not been accomplished. Even the strongest supporters of the BSN for entry into practice cannot deny that, despite almost six decades of efforts, RN entry at the baccalaureate level continues to be an elusive goal.

PROLIFERATION OF ADN EDUCATION

It is doubtful that Mildred Montag had any idea in 1952 that ADN programs would someday become the predominant entry level for nursing practice or that this education model would proliferate like it did in the 1960s—just one decade after she completed her doctoral work. While the overwhelming majority of nurses in the early 1960s were educated in diploma schools of nursing, enrollment in baccalaureate programs was increasing and associate degree programs were just beginning. By the year 2000, diploma education had virtually disappeared, and although BSN education had increased significantly, it was ADN education, which represented nearly two thirds of all nursing school graduates.

Indeed, ADN education continues to be the primary model for initial nursing education in the United States today. As of 2010, 45.4% of nurses initially graduated from associate degree programs, followed by baccalaureate programs (33.7%), and then diploma programs (20.44%) (Health Resources and Services Administration, 2010).

Yet, enrollment in baccalaureate nursing programs is also on the rise with 15 consecutive years of enrollment growth. The American Association of Colleges of Nursing (AACN, 2014a) states that as of 2013, somewhere between 55% and 63% of the RN workforce holds a baccalaureate or graduate degree.

LICENSURE AND ENTRY INTO PRACTICE

Critics of BSN as a requirement for entry into practice argue that there is no need to raise entry levels because passing rates for the National Council Licensure Examination (NCLEX) show only small differences between ADN, diploma, and BSN graduates (Table 1.1). Although some might argue that this suggests similar competencies across the educational spectrum, the more common precept is that the NCLEX is a test that measures minimum technical competencies for safe entry into basic nursing practice and, as such, may not measure performance over time or test for all of the knowledge and skills developed through a BSN program. One must also ask why the nursing profession has not differentiated

TABLE 1.1 2014 NCLEX-RN Passage Rate per Educational Program Type

Program Type	Number of Graduates	NCLEX-RN Passage Rate (%)
Diploma	2,500	84.24
Associate degree	78,176	80.71
Baccalaureate degree	62,316	85.52

Source: National Council of State Boards of Nursing. (2015). 2014: Number of candidates taking NCLEX examination and percent passing, by type of candidate. Retrieved January 20, 2015, from https://www.ncsbn.org/Table_of_Pass_Rates_2014.pdf

RN licensure testing based on educational preparation for RNs, just as has been done for practical nurses, RNs, and advanced practice nurses.

Discussion Point

Should separate licensing examinations be developed for ADN-, diploma-, and BSN-educated nurses?

Complicating the picture is that both ADN and BSN schools preparing graduates for RN licensure meet similar criteria for state board approval and have roughly the same number of nursing coursework units. All of these factors contribute to confusion about differentiations between ADN- and BSN-prepared nurses and result in an inability to move forward on implementing the BSN as the entry level for professional nursing.

Consider This Critics of BSN entry into practice argue that ADN-, diploma-, and BSN-educated nurses all take the same licensing examination and therefore have earned the title of RN. In addition, nurses prepared at all three levels have successfully worked side by side, under the same scope of practice, for more than 50 years.

Research also suggests that there are differences in the demographics of BSN and ADN graduates with BSN nurses being younger as a cohort than their ADN counterparts. It is also generally believed that ADN graduates represent greater diversity in race, gender, age, and educational experiences than BSN-prepared nurses. Critics of the BSN requirement for entry into professional nursing suggest that greater diversity is needed in nursing, and this may be lost if entry levels are raised. Indeed, recent research by Sabio (2014) supports this concern, suggesting that 37% of ADN students would not have enrolled in a BSN program if the BSN had been

the only option for professional nursing practice and up to 89% would not have enrolled in the ADN program. Situational barriers such as the costs of BSN education and home and job responsibilities were of most concern among respondents.

In addition, many employers state that they are unable to differentiate roles for nurses based on education because both ADN- and BSN-prepared nurses hold the same license. Ironically, state boards of nursing have asserted their inability to develop a different licensure system given the fact that employers have not developed different roles.

Furthermore, many employers provide no incentives for BSN education in terms of pay, recognition, or career mobility and are afraid to do so, fearing they may be unable to fill vacant nursing positions. The starting rate of pay for ADN- and BSN-prepared nurses historically has not been significantly different, although this appears to be changing.

Finally, some impassioned supporters of maintaining ADN education as the entry level for nursing practice argue that associate degrees allow students to graduate in a shorter amount of time so that they can support their family and that the cost of baccalaureate education would be cost or time prohibitive to many working students with families (Moltz, 2010).

Discussion Point

Should licensure be equated with professional status?

EDUCATIONAL LEVELS AND PATIENT OUTCOMES

Perhaps the most common argument against raising the entry level in nursing is an emotional one, with ADN-prepared nurses arguing that “caring does not require a baccalaureate degree.” Many ADN-educated nurses argue passionately that patients do not know or care what educational degree is held by their nurse as long as they