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ABSTRACT

This position paper of the National Advisory Council on Vocational Education is written in response to the American Nurses' Association's (ANA) proposal, which calls for reducing a four-level system to two levels of nursing: the professional nurse, who would be required to have a bachelor of science degree in nursing, and an assistant technical nurse, who would have an associate degree in nursing and work under the supervision of the professional nurse. Among the findings of the council concerning the issue of entry-level nursing reported in the paper are (1) there is no conclusive evidence that the proposal will result in improved health care services; (2) implementation of the ANA position would eliminate the diploma nurse and the licensed practical nurse; (3) diploma nurse training programs, licensed practical nurse training programs, and associate degree programs currently offer viable options to persons desiring a career as a nurse; (4) all four types of nurse training programs produce valuable members of the health care delivery system; (5) implementation of the ANA position would increase the cost of health services; and (6) implementation of the ANA Proposal would result in disfranchisement of career opportunities for and discrimination against several disadvantaged and special populations. Positions of health and relevant educational associations with respect to the proposal are appended. (LRA).

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# The Education of Nurses

## A Rising National Concern

A Position Paper by  
The National Advisory Council on Vocational Education

In Response to  
The American Nurses' Association Proposal

Issue Paper No. 2  
May, 1980



U S DEPARTMENT OF HEALTH,  
EDUCATION & WELFARE  
NATIONAL INSTITUTE OF  
EDUCATION

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In addition, the National Advisory Council is mandated to provide technical assistance and leadership to State Advisory Councils on Vocational Education, in order to assist them in carrying out their responsibilities.

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May, 1980

The President  
The Congress  
The Secretary of Education  
The Secretary of Health and Human Services

The National Advisory Council on Vocational Education became aware, in 1979, of a major proposal of the American Nurses' Association which would alter dramatically the manner in which this nation prepares its nurses for entry into the profession. The Council has reviewed this proposal, discussed it with individuals, organizations, and institutions which would be affected by its adoption, and passed a resolution opposing it.

The National Advisory Council on Vocational Education strongly believes that the proposal, if adopted, would result in increased health care costs, reduce services to those with limited incomes-- largely the poor and the aged -- curtail access to training programs by minority groups, and strain the resources of training institutions in establishing or expanding programs to accommodate national needs.

In addition to apprising you of the Council's concern, we are distributing this paper to the State and Territorial Councils for their information, consideration, and action.

*Carol S. Gibson*

Carol S. Gibson, Chairperson  
The National Advisory Council  
on Vocational Education

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going, but now, some twelve years later, I do know -- interest in people and a tremendous satisfaction in caring for them.

"In my experience, the BSN programs have eliminated the struggle and sacrifice and supplanted them with a traditional academic schedule -- semester breaks, vacations, no night work, and no long hours facing crisis after crisis. That to me is the test of nursing mettle. I've met excellent AD and BSN nurses, but initially their patient care approach is different. Only after going through reality shock and adjusting to the demands of nursing -- sometimes grudgingly -- do they learn the great feeling one obtains from caring for others. Diploma students learn that from the beginning, or they drop out or are dropped."

It is within the prerogative of most state legislatures to change licensing laws pertaining to nurses. To date, no state legislatures have adopted changes as recommended by the ANA. The New York State Legislature, for the past three years, has considered the ANA program, and has declined to accept ANA recommendations.

Nevertheless, enactment of ANA's position has become fact in many of our health-care institutions. Promotions are being denied on the basis of merit, experience, and ability, in favor of arbitrary new job descriptions requiring a bachelor of science degree for head nurses, supervisors, coordinators, and such. Information suggesting the likelihood of enactment already has resulted in declining enrollment in diploma, associate degree, and licensed practical nurse schools. The diploma schools are rushing to link up with universities and are abandoning their diploma status, causing students and institutions to face dramatic tuition increases, longer training periods, and resulting in the denial of initial entry to many prospective students because of these factors. An attempted change in testing and credentialing to differentiate among the R.N. levels is looked upon by many as a first step in implementation of the 1985 ANA position. These elements apparently affect the very high attrition rate, i.e., the dropping out of nurses due to a sense of hopelessness and uncertainty. The injection of these career-threatening factors is demoralizing, and has created a general sense of fear and confusion which pervades the profession. If this trend is permitted to continue, and if a strong counter move is not initiated, the result will be a grave loss to the public of vitally needed health care personnel and the vocational institutions which train nurses. The ANA policy will become a de facto law -- it actually will be in place without so much as approval by a single state legislature. When all major avenues of entry into the profession are closed due to lack of support, the proposal already will be implemented. The ANA illusion is slowly becoming a reality.

In the interest of the public good, this cannot be permitted to continue. The present proven system of four routes to a nursing career must not be traded for a system whose potential for success is based on mere conjecture.

of Independent Nursing Organizations (FINO)). Essentially, ANA strength and power emanate from their well-financed, well-organized, tri-level structure at the national, state, and district levels. With a payroll annually of over two million dollars, they are able to support state and national lobbyists who articulate their position.<sup>1</sup> The opposing nurses and the general public have no such united strength.

The American Nurses' Association asserts its proposal would bring a change for the better. The rationale is that a bachelor's degree for all practitioners would improve the quality of nursing care, and would therefore be in the public interest. Their position rests on the premise that nurses with baccalaureate degrees are better nurses.

The National Advisory Council on Vocational Education wrote to the American Nurses' Association, asking if they had any definitive proof of the superiority of baccalaureate degree nurses. Despite the fact that their case rests on this premise, they replied that further study is needed.

It was reported in the proceedings of the 1978 ANA Convention that one speaker stated the following:

"There has been, since 1965, a great deal of interest in differences in the nursing practice of graduates of associate and baccalaureate degree programs, but systematic study of differences in clinical performance of graduates has been extremely limited. . . . What one study shows in differences in technical or communication skills, another fails to support, or contradicts. For each claim of distinction, other claims oppose that point of view. We are left with only individual differences as the difference in performance of graduates in work settings. That may not be the whole story, but the rest of it, for the moment is not clear."

An analysis of over 50 studies prepared by the Department of Health, Education and Welfare's Division of Nursing supported this conclusion, for the most part. In addition, the Council examined several other studies which raised doubts that the ANA position was tenable.<sup>2</sup>

In the face of lack of evidence that the proposed change would improve the quality of nursing care, the National Advisory Council was concerned about

1. Labor Organization Annual Report - Form LM-2; File no. 000-233.
2. Prediction of Successful Nursing Performance, Parts I & II  
P.M. Schwirian, Ph.D. DHEW Publication no. HRA 77-27, pp. 163-164  
American Journal of Nursing, February, 1979, pp. 305-308. "How do Graduates of Different Types of Programs Perform on State Boards?"  
R.N. Magazine - March, 1980, pp. 28-78 "Is the BSN Better?"  
"Effects of Education on Nursing Performance," Lyman C. Dennis, II, Ph.D. and Janice K. Janken, R.N., M.S.N., September 22, 1978, Medicus Systems Corporation, Washington, D.C.

possible adverse effects of such change. It was reasonable to assume that this change could drive the cost of health care services upward; that it could shut down large numbers of the nation's nurse preparation programs; that it could result in the loss of jobs for some nurses; and that it would reduce available options and eliminate opportunities for many of our nation's aspiring young nurses, many from minority groups.

A consideration of costs led to the conclusion that longer training periods would increase expenses for provision of health care services. One analyst estimates that, if all nurse candidates must attend four-year schools, in order to achieve the same number of nurses we now have, training costs could rise by 39.5 percent, in terms of the current dollar alone. Figures projected for 1985 revealed that training costs could rise by more than 57 percent.<sup>3</sup>

Sharp cost increases are corroborated in U.S. News and World-Report, April 21, 1980, p. 78-79. The article, "Biggest Boosts Yet in College Fees," states:

"\$10,000 for a year of college? It's coming next fall as one school after another falls behind in the race against inflation. Boosts in college costs in prospect for next fall are going to shock even the most inflation-wary students and their families. Increases in the double-digit range will be typical for most institutions, with some schools raising tuition and living costs by nearly 20 percent."

It's obvious what deleterious effect this will have on BSN training costs. Projected further, the increases will be reflected in higher costs of maintaining government hospitals and government military services, medicare costs, and private sector health costs, if the BSN should become mandatory.

It also is possible that the proposed change might result in a shortage of nurses. Recent ANA news releases indicate that the nationwide nursing shortage is approximately 100,000. The proposal conceivably could result in a further shortage, for, if all nurses were required to embark on a four-year training period, educational institutions would not be able to produce graduates at the present rate. Thus, the number of nurse candidates would be reduced. Such an additional shortage would prove costly, both in terms of dollars and decreased health services.

The National Advisory Council on Vocational Education has concluded that adoption of the ANA proposal would certainly affect nursing programs. According to 1977 data, there are 2,711 programs preparing nurses in

3. Andrew K. Dolan, "The New York State Nurses' Association, 1985 Proposal: Who Needs It?" Journal of Health Politics, Policy and Law, Winter, 1978, pp. 508-536

this country. Of this number, only 349 are baccalaureate programs. All others -- associate degree, diploma, and licensed practical nurse programs -- either would be eliminated or drastically transformed. Over 87 percent of all the nurse preparatory programs in the United States would be affected (National League of Nursing).

The Council also is concerned about the effect on currently practicing nurses who do not have the baccalaureate degree. The ANA proposal calls for "grandfathering" them into the system -- allowing them to retain their licenses. However, the question is whether or not these nurses would be able to hold their jobs, or have job mobility, after establishment of the baccalaureate degree as a required credential. "Grandfathering," however, would then apply to registered nurses only. The ANA represents registered nurses exclusively, and allows no room in its proposal for the licensed practical nurse. Therefore, any LPN planning to continue a career in nursing would be forced to seek additional training, obtaining the associate degree as a minimum.

The National Council believes that adoption of this proposal would reduce career options. It seems reasonable enough to require, as the present system does, that certain administrative positions be assigned to nurses with baccalaureate degrees. However, should the nurse not aspire to such a position, the need for the bachelor's degree is less apparent. Associate degree programs already have proved that all the required health care courses can be accomplished in the space of two years, and the two-year program, as offered by community colleges, provides a low-cost, locally accessible option for students who otherwise would not have the opportunity to pursue a registered nurse career. In this group are members of disadvantaged populations -- racial minorities, displaced homemakers, and persons who may not have immediate geographic access to universities. In these cases, the curtailment of career opportunities is particularly regrettable.

Although licensed practical nurses possess less technical knowledge than registered nurses, they nevertheless constitute the backbone of direct patient care in this country. The LPN course of instruction lasts only nine to eighteen months, and in some cases is available in secondary schools, thus providing a career option which is even more accessible than that provided by the associate degree program. The ANA proposal would appear to eliminate this option.

Finally, there is the diploma nurse, graduate of an intensive three-year, in-hospital course of instruction, which provides more on-the-job training than any other nurse-preparation program. An excellent statement of the value of this type of training and its desirability as a career option was carried in the March, 1979 issue of RN Magazine. A graduate of a diploma program, then studying for her baccalaureate degree, was quoted as follows:

"My diploma school training was so difficult and demanding that it weeded out those who didn't have tremendous dedication to bedside nursing. At the time I didn't know what kept me



going, but now, some twelve years later, I do know -- interest in people and a tremendous satisfaction in caring for them.

"In my experience, the BSN programs have eliminated the struggle and sacrifice and supplanted them with a traditional academic schedule -- semester breaks, vacations, no night work, and no long hours facing crisis after crisis. That to me is the test of nursing mettle. I've met excellent AD and BSN nurses, but initially their patient care approach is different. Only after going through reality shock and adjusting to the demands of nursing -- sometimes grudgingly -- do they learn the great feeling one obtains from caring for others. Diploma students learn that from the beginning, or they drop out or are dropped."

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Nevertheless, enactment of ANA's position has become fact in many of our health-care institutions. Promotions are being denied on the basis of merit, experience, and ability, in favor of arbitrary new job descriptions requiring a bachelor of science degree for head nurses, supervisors, coordinators, and such. Information suggesting the likelihood of enactment already has resulted in declining enrollment in diploma, associate degree, and licensed practical nurse schools. The diploma schools are rushing to link up with universities and are abandoning their diploma status, causing students and institutions to face dramatic tuition increases, longer training periods, and resulting in the denial of initial entry to many prospective students because of these factors. An attempted change in testing and credentialing to differentiate among the R.N. levels is looked upon by many as a first step in implementation of the 1985 ANA position. These elements apparently affect the very high attrition rate, i.e., the dropping out of nurses due to a sense of hopelessness and uncertainty. The injection of these career-threatening factors is demoralizing, and has created a general sense of fear and confusion which pervades the profession. If this trend is permitted to continue, and if a strong counter move is not initiated, the result will be a grave loss to the public of vitally needed health care personnel and the vocational institutions which train nurses. The ANA policy will become a de facto law -- it actually will be in place without so much as approval by a single state legislature. When all major avenues of entry into the profession are closed due to lack of support, the proposal already will be implemented. The ANA illusion is slowly becoming a reality.

In the interest of the public good, this cannot be permitted to continue. The present proven system of four routes to a nursing career must not be traded for a system whose potential for success is based on mere conjecture.

In the face, then, of all these considerations: cost in terms of dollars, reduced options, loss of valuable members of the health care profession, and reduction of opportunities for special and disadvantaged populations, the National Advisory Council on Vocational Education has concluded that implementation of the ANA proposal would not be in the national interest. The investigation of the issue gathered opinions and information from various health care and educational organizations. Most of them also are in opposition to the proposal. A summary of the rationale of eight different organizations on this subject is presented in the Appendix to this paper.

On March 19, 1979, the National Advisory Council on Vocational Education moved to disseminate its findings concerning the issue of entry-level nursing, and accepted a resolution opposing the position of the American Nurses' Association. The resolution, unanimously reaffirmed at the Council meeting of November 2, 1979, is as follows:

**WHEREAS:** The American Nurses' Association has taken the position that minimum preparation for beginning professional nursing practice should be baccalaureate degree education in nursing and that all associate degree nurses should serve as professional nurses' assistants; and

**WHEREAS:** There is no conclusive evidence that this proposal will result in improved health care services; and

**WHEREAS:** Implementation of the position would eliminate the diploma nurse and the licensed practical nurse; and

**WHEREAS:** Diploma nurse training programs, licensed practical nurse training programs and associate degree programs currently offer viable options to persons desiring a career as a nurse; and

**WHEREAS:** All four types of nurse training programs produce valuable members of the health care delivery system; and

**WHEREAS:** Implementation of the American Nurses' Association's position would increase the cost of health care services; and

**\*WHEREAS:** Implementation of the proposal would result in disfranchisement of career opportunities for and discrimination against several disadvantaged and special populations including (1) racial minorities, (2) displaced homemakers, and (3) those who do not geographically have access to universities;

**THEREFORE, BE IT RESOLVED:** That the National Advisory Council on Vocational Education oppose the position of the American Nurses' Association and support the continuance of all four routes to a career in nursing: baccalaureate degree, associate degree, diploma, and licensure of practical nurses.

The National Council thus reached its conclusion that it is not in the national interest to alter the manner in which nurses are prepared, and recommends that the ANA proposal not be adopted.

<sup>1</sup>This clause was added at the November 2, 1979 meeting.

## APPENDIX

### POSITIONS OF HEALTH AND RELEVANT EDUCATIONAL ASSOCIATIONS WITH RESPECT TO THE ANA PROPOSAL

#### PRO

**National Student Nurses' Association.** Rationale: Nursing as a profession lags far behind other health professions in the length and breadth of its education for beginning practice. In fact, nursing lags behind teaching, library science, engineering, and a host of other fields. NSNA believes it is time that nursing share an education that is at least similar to those of other professions. In addition, and perhaps more important, the knowledge needed for the practice of nursing has increased exponentially and continues to do so. A nurse without a broad education in the arts and sciences simply is not able to adjust to the changing work of health care. As professional nurses expand their practices, assistants to nurses, by whatever name, must be prepared to step into the breach with sufficient education to carry the responsibilities many of them now are assuming. The NSNA does not believe that costs should rise except as costs generally rise. The cost of educating nurses would be borne more equitably by the people as a whole. If national health insurance comes into being, costs of nurses' services would be a part of that cost. Actual nursing service costs today are not accurately known. NSNA recommends that NACVE accept ANA's position as inevitable and work with community colleges to help them plan programs that will meet the needs of students who plan a career in nursing short of professional nursing.

#### CON

**American Association of Community and Junior Colleges.** Rationale: To increase the entry level degree requirement would reduce the number of persons qualifying for registered nurse practice. The persons most likely to be unable to meet the requirement would be those community colleges which have been most successful in drawing into such programs persons with low income, from traditionally non-college-attending families, and older women with responsibilities at home. Locally accessible, low-cost community college AON programs have opened up nursing careers to these and other persons who would be shut out if attendance at four-year colleges became a requirement.

**American Health Care Association:** (formerly the American Nursing Home Association). Rationale: Nursing homes and other long-term care facilities provide unique clinical settings. Most facilities are relatively small, give significant decision-making responsibilities to licensed nurses, and often are located in non-urban areas. AHCA's greatest concerns are that the 1965 position, if implemented, would adversely affect the clinical competence of new nursing graduates, diminish the nurse manpower pool, and prevent facilities from meeting staffing requirements.

**National Federation of Licensed Practical Nurses.** Rationale: There are no acceptable bases or demonstrated needs from which alteration of the requirements for the licensure of practical nurses can be effected in the present. The present licensing credential for practical/vocational nursing is sound and should be allowed to continue.

**National Association for Practical Nurse Education and Service, Inc.**

Rationale: Existing practical/vocational nursing programs have demonstrated that they can prepare knowledgeable, skilled and dedicated health care providers. Existing nursing programs have provided rewarding career opportunities to thousands of highly committed, competent persons because of their shorter period of training, lower tuition and vocational focus. These characteristics make practical nursing accessible and acceptable to many persons interested in and adapted to caring for the sick, who otherwise would be lost to the nursing profession due to lack of finances and the need to enter the employment market as rapidly as possible. The critical issue of ever-increasing costs in health care must be borne in mind in any consideration of extending the length of time for the education of health providers. The expense of education is a serious concern and, in response, we believe that nurses should be prepared in as short a time as is consistent with high quality graduates.

**American Vocational Association.** Rationale: No conclusive evidence has been presented to support the contention that these changes will improve the quality of health care, or better meet the basic health needs of society, or provide better educational opportunity to those who desire entry into practice in the health field; the changes are being proposed without adequate input and cooperative planning with all representative worker, employee, consumer and educational groups; and implementing the changes would lead to rapidly escalating costs of preservice education and subsequent manpower shortages in the health field. (From AVA resolution passed at the December 1978 convention).

**National League for Nursing.** Rationale: Support for the four types of nursing programs -- associate degree, baccalaureate and higher degree, diploma, and practical nursing -- represents the League's belief in a value system that reflects the health care needs of a pluralistic democratic society as well as the needs of a profession in the process of growth and change. The impetus for the right of access to health care, and the economic, social and political factors affecting society at large will continue to influence the development of health care. Thus, the League believes that in the interest of the nation's health, individuals who wish to enter nursing should be free to choose from a number of alternatives, each of which legitimately fulfills the purpose of the profession's uppermost goal: to meet the health care needs of the nation.

## ABSTAINING

**American Medical Association.** Although the American Medical Association is not officially commenting on the position of the ANA, in their "Statement on Medicine and Nursing in the 1970's," they state that they support all levels of nurse education -- diploma, baccalaureate, associate degree, and practical nursing.

**American Hospital Association.** A poll of the State Hospital Associations produced the following results: There were 44 responses out of 51. Twenty three have adopted a formal position against ANA's, 19 are opposed to ANA but have not taken a formal position, and 2 have said they could adapt to the ANA position but not by 1985.

**Division of Nursing, Department of Health, Education and Welfare.\***  
No comment provided.

\* Now Department of Health and Human Services