**Professional Issues In Nursing Today**

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**Introduction**

 Professionalism of nursing has been the discussion of much debate. Nursing has increasingly come under scrutiny from within and outside of the profession. In this era of reform and economic uncertainty, improving the professionalism of nursing will directly impact the outcomes of healthcare reform. By instilling professional qualities into the largest portion of our healthcare workforce, it may also significantly improve integrity and confidence in our healthcare system. (Lane & Kohlenberg, 2010) Promoting professionalism increases the level of respect and influences the role nursing in healthcare. Increasing professionalism allows for nursing to play a more participatory role in healthcare policy and delivery of quality care.

 There are many issues that are considered barriers to promoting professionalism in Nursing. Professionalism embodies the understanding, expectations, and values placed on healthcare providers by society not only to be knowledgeable, but also to maintain stellar levels of critical thinking, to provide ethical and value-driven care, and to contribute to the knowledge base that informs and supports the discipline. The underlying component of professionalism is education. (Lane & Kohlenberg, 2010) Nursing education is linked to every aspect of nursing and is the guide that impacts what influence the profession has on society. The three topics that I will discuss in this paper are related to professionalism of nursing and level of education. The topics are entry level education for nursing practice, doctorate degree for advanced practice nurse (APN), and mandatory staffing ratios.

**Entry into Practice**

 Nursing is unique and dynamic in nature and is a formidable force in healthcare. Nursing can be the driven force that excels or burdens the state of healthcare in the United States. The qualifications and level of education required for entry into the nursing profession have been widely debated by nurses, nursing organizations, academics, and a host of other stakeholders for more than 40 years. (IOM, 2010) In 1965 the American Nursing Association (ANA) drafted a position paper that advocated toward nursing education in colleges instead of hospital based diploma. (Huston, 2010) The ANA propose two levels of preparation for RN entry: Technical and professional. Technical practice would be allowed at the associate degree level; professional level entry can be obtained with a bachelor degree nursing; 4 year education. Despite the ANA doctrine allocated for BSN for entry in professional practice of nursing the two year programs have been widely accepted as acceptable for entry into the workforce. (Huston, 2010)

 The push for Bachelor level prepared nurses continues to this day but is gaining more steam. With the every changing healthcare system and the increase complexity of healthcare needs patients. Baccalaureate education provides avenues to improve outcomes and to expand the discipline of nursing. By encompassing the essentials of associate degree education and expanding the focus on physical and social sciences, research, theory, public and community health, management, and humanities, baccalaureate education provides more for students and can create the nurses needed in today’s healthcare system (AACN, 2005). Baccalaureate education with its broader, more scientific base provides the sound foundation for the variety of nursing positions and for entry to advanced nursing education and practice. (Lane & Kohlenberg, 2010)

 Benefits of baccalaureate degrees for nurses have been evident in research. Research has shown that patient satisfaction and quality of care was better in hospitals that have a higher proportion of BSN prepared nurses. This is evident by many hospitals are seeking magnet status, which places high emphasis on baccalaureate or advanced education of nurses. (Lane & Kohlenberg, 2010) The IOM report recommends to, "Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020".

 Critics of making the BSN mandatory for entry level nursing cite many reasons for their opposition. Critics have voiced concerns about the proposals requiring the BSN because of the nursing shortage, discrimination against associate degree programs, and the possibility of discouragement of entry into nursing, the benefits of baccalaureate education outweigh these concerns. (Lane & Kohlenberg, 2010) Critics also point to the BSN as being obstructive to the racial diversity of the workforce due to the fact that more minorities have an associate degree in nursing. ADN graduates represent greater diversity in race, gender, age, and educational experiences than BSN prepared nurses. (Huston, 2010)

 I believe that a bachelor degree should be the entry level. I am almost complete with my degree and I can already see the difference in how I carry myself and treat my patients. I can easily incorporate the teaching I have learned into caring I deliver to patients. I also am playing active roles in trying to improve the practice of nursing in my institution through councils and various other activities.

**DNP Entry Level for APN**

 According to the U.S. Health Resources and Services Administration (HRSA) (2010) approximately 8.2% of the over three million registered nurses in the US are APNs. APNs practice in four different roles of certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs), clinical nurse specialists (CNSs), and nurse practitioners (NPs). In October 2004 the American Association of Colleges of Nursing (AACN) endorsed the Doctor of Nursing Practice (DNP) as the single entry degree for advanced practice nurses (APNs) beginning in 2015.(Huston, 2010) The current debate regarding the educational entry level for APN is that the master’s degree does not prepare the nurse to function at the highest level. Master’s level does not provided needed education on leadership, health policy, practice management and information technology; therefore living nurses unprepared and creating a barrier for nurses to fully function within their scope of practice. The AACN endorsement of the DNP initiated a plan to change the education of advanced practice nurses. (Rhodes, 2011) As societal needs become more complex and our knowledge advances, additional preparation is indeed required for APNs. This need for additional knowledge is a key driving force behind the AACN DNP initiative. (Rhodes, 2011)

 . In 1978 the Nursing Doctorate (ND) was introduced; and at the turn of the century, the Doctor of Nursing Practice (DNP) and (DrNP) degrees were established. (Rhodes, 2011) The doctorate degree obtained can be practice based or researched based. Across settings, nurses are being called upon to coordinate care and collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master’s or doctoral degrees. Shortages of nurses in the positions of primary care providers, faculty, and researchers continue to be a barrier to advancing the profession and improving the delivery of care to patients. (IOM, 2010) The doctorate level degree would prepare nurses to function at the same level of their counterparts.

 Opponents to the entry level for APN at the doctorate level will state there is no research that proves that doctorate prepared nurses improves the quality of care. Data are lacking to support that the benefits of this degree justify the increased costs incurred. Ongoing research on the roles filled by the DNP-prepared APN, patient outcomes, and on the cost to the healthcare system is required. (Rhodes, 2011) Critics would also cite that due to healthcare reform there is a growing need for primary healthcare providers. APN's are already practicing in this role. Changing entry level requirements would hinder their practice and have devastating effects. The urgent need for increased numbers of primary care providers must be recognized as a systems variable in the challenge to meet the AACN’s goal for the DNP as sole entry level education for APNs by 2015. (Rhodes, 2011)

 I think that there should be a slower transition to the DNP for instance requiring it to be obtained within ten years of completing a master's degree to continue practice as an APN. This would give comfort to master degree programs from becoming inept. I thinking requiring the doctorate is a noble goal compare to other professions nursing is below the standard in educational requirements for practice.

**Mandatory Minimum Staffing Ratios**

 Mandatory minimum staffing ratios have been a subject of discussion among those in the profession and many states legislatures. Proponents of mandatory, inpatient nurse-to-patient staffing ratios have lobbied state legislatures and the United States Congress to enact laws to improve overall working conditions in hospitals. Proposed minimum, nurse-to-patient staffing ratios, such as those enacted by California, are intended to address a growing concern that patients are being harmed by inadequate staffing related to increasing severity of illness and complexity of care. (Welton, 2007) The safety and quality of patient care is directly related to the size and experience of the nursing workforce. (Welton, 2007) Pre set staffing ratios is consistent and prevents nurses from becoming overwhelmed with a work assignment. This allows nurses to practice nursing and provided the highest quality levels of care. Empirical research increasingly concludes, however that the number of RNs in the staffing mix has a direct effect on quality care and, in particular, patient outcomes. (Huston, 2010) Mandatory staffing ratios have been shown to have a positive effect on the work place environment. Encouraging more nurses into the work force, increased RN job satisfaction, decreased burnout, and turnover rates. (Huston, 2010)

 Those against mandatory staffing ratios state that heir is no proof that staffing ratios improve patient outcomes. (Welton, 2007) The costs associated with the additional registered nurses that will be needed for the higher, mandated ratios will not be offset by additional payments to hospitals, resulting in mandates that will be unfunded. (Welton, 2007) Mandatory nurse-to-patient staffing ratios may exacerbate, rather than correct, the imbalance between patient needs and available nursing resources in U.S. hospitals because patients have different care needs. The evidence has clearly demonstrated that many factors related to nurses, patients, and hospitals create a high degree of variability in nursing intensity. (Welton, 2007) Mandatory staffing is view as a barrier to really assessing the needs of the patients in the hospital. Acuity level of patients is what should determine the level of staffing or nurse patient ratio.

 In my opinion, I am torn between mandatory staffing ratios, and staffing based on acuity or nursing intensity needed. I have the advantage of working in two areas. One is a critical care area with a 1:2 nurse- patient ratio based on acuity. The other is a regular medical/surgical floor with a ratio of 1:7. I understand both perspectives and for the regular floor nurse sometimes majority of your patients require a lot of attention and care. It makes it very difficult for the floor nurse with seven patients to properly care for them all. This would be a time when care should based on acuity of the patients not on mandatory staffing ratios.

**Summary**

 Professional issues in nursing are abundant and need to be address in a more timely and forthcoming manner. Nursing as a profession has suffered because of the multifarious levels of entry into practice and the lack of differentiations among educational degrees of nurses. By implementing a baccalaureate degree proposal, nursing can rebuild its image of professionalism by meeting the characteristics that a profession embodies. (Lane & Kohlenberg, 2010) The IOM recommendation of 80% of the nursing workforce to obtain a BSN by 2020 is a worthwhile goal. Nurses are the less educated in the healthcare profession. It is time to make a serious approach to make the BSN entry level into nursing, and require obtainment by within ten years of practice. This will increase the quality and the level of care provided to patients and improves overall outcomes.

 Healthcare reform promises to utilize APNs to a greater extent, as many additional citizens will have healthcare coverage and will require primary care practitioners. As the role of APN's expanded the fear is that the current workforces of master's educated nurses do not have the knowledge to successfully manage and survive the new environment. The DNP for entry level for APN's would propel the nursing to a higher level of standard in society. The 2015 deadline is view as unrealistic, but the DNP program view as vital to the progression of the profession. I understand the need for DNP programs but I am fearful that nurses when faced with more educational requirement might opt out of becoming APNs. This would be detrimental to the current direction of healthcare reform.

 Staffing ratio for RN is a very important aspect of healthcare management. Guidelines should be in place that blends both a mandatory staffing limits and acuity level in determining appropriate staffing levels.

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