Nursing originated in ancient times as an art. It consisted of considered acts to comfort and help the sick. To nurse was to tend to personal needs such as hygiene and feeding. There was no formal education or training, instead nursing was learned by the passing down of information orally to those who were already nurses. As the population increased and the need for care grew, there were nurses who were trained to nurse (Egenes, 2009, p. 2). The common health problems were infections, fever and childbirth and the treatments were quite haphazard and often the result of the time and treatment available. Complex for the time, simple compared to the present day. Over the years the nature of nursing changed to meet the challenges of the times. Hospitals and almshouses were the setting for the sick and the types of illnesses and injuries requiring care were different. Nursing was now an entity, based in science, but still there was no formal education in place until the mid-1800s. The work of nurse Florence Nightingale clearly proved that nursing was an art and a science needed to be taught in the classroom setting, that learning by watching was not sufficient enough (Egenes, 2009, p. 6). Fast forward to the present where nurses are facing rapid advances in science and technology, an aging population, and rising numbers of chronic health conditions (American Nurses Association, 2010). In addition are the complexities of the health care environment in the United States not in existence until the last few decades. The population is more knowledgeable about their own health. They have immediate access to health care information that is unprecedented as the internet. They demand the best care available. One must also take into account the Affordable Healthcare Act of 2010 which, as currently written, will shift the manner and settings of health care practice. The Affordable Health Care Act, will shift the manner and settings of health care practice.

"Nurses maintain patient safety while managing multiple intrusive technologies where the margin of error is extremely narrow, and they do so in increasingly complex, hazardous work environments." (p. 1)

These are daunting words but this is the reality of nursing in the 21st century. It is clear that in order to provide patients with safe, evidence-based, quality care, the nurse of today and the future must be highly educated. Nursing education must not only include nursing science, but programs that has led to the debate that has gone on for nearly 50 years. In order to meet the evolving demands of healthcare and achieve satisfactory patient outcomes, the BSN must be the minimum entry level into nursing practice.

BSN Required

Essential to understanding what has led nursing to its present state of disunity over the education pathways, one must have a history of nursing pre-1960s. In (Egenes, 2009) (as cited in Scheckel, 2009, pp. 38-39) Diploma programs were still the norm with the majority seeking a nursing career, but not there was another option.

It was a different kind of change that led to a third entry level into nursing practice. World War II and the years immediately following saw a severe shortage in the numbers of nurses. The number of nurses available for practice. World War II and the years immediately following saw a severe shortage in the numbers of nurses. At the same time there was an increase in the number of students who wanted to obtain a college degree (Egenes, 2009, p. 19). This shortage, coupled with the greater interest in a college education, (as cited in Scheckel, 2009, p. 36) Nurse could be educated in a college and ready for practice in only 2 years versus the 3 and 4 years required of the diploma and BSN programs respectively. A report of the United States Army in the 1940s was in place and those seeking a nursing education had three options for entry into practice. Still it wasn't enough.

Other recent developments in federal legislation—The Comprehensive Nurse Training Act of 1964—which impacted nursing education, propelling it towards a professional model and away from the training to do something. The end result was publication of the 1965 document Education Preparation for Nurse Practitioners and Assistants to Nurses now known as the ANA position paper. While this committee made a number of recommendations, only one created a rift among nurses at all levels of practice—minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing (Egenes, 2009). According to the National Advisory Council on Nursing Education and Practice (NACNEP), the BSN pathway is best equipped to provide the sciences, communication and knowing how to research and interpret that evidence. These competencies are only achievable through higher education, the baccalaureate level being the launching point.

Throughout the literature support for mandating the BSN as the only entry level into nursing practice is strong. According to the National Advisory Council on Nurse Education and Practice (NACNEP), the BSN pathway is best equipped to provide the sciences, communication and knowing how to research and interpret that evidence. These competencies are only achievable through higher education, the baccalaureate level being the launching point. Strong opposition to the mandatory BSN entry level into practice comes from those connected with ADN programs. They argue that nurse education and practice is a science-based profession and as such has a duty to respect public opinion. According to the ANA (2009) nurses with the shorter education time eases the burden of nursing shortages. Fraher et al (2008) report that ADN graduates are more apt to work in rural or underserved areas than BSN graduates. Nurses are more likely to remain in the communities in which they were educated leading to reduced turnover rates and increased nurse satisfaction. Multiple state legislatures—Oregon, New York, New Jersey, North Carolina and North Dakota—are working on bills that propose advancing the entry into nursing practice to the baccalaureate level (Lane and Kohlenberg, 2010, p. 218-219). The public also felt strongly that nurses with a baccalaureate education are capable of higher education, the baccalaureate level being the launching point.

Counter to these arguments are several irrelevat facts. First, the NCLEX exam is a minimal competency exam. Pass rates that the nurse is merely safe to enter nursing practice. Success in this exam does not take into account the complex issues in healthcare or validate the competencies required to address them. Second, there are a number of studies conducted by nurse researchers and published between 2001 and 2008 that lend further evidence to the BSN mandate. Summarized in AACN’s “Impact of Education on Nursing Practice” fact sheet (April, 2012), these studies were conducted across settings and facilities, as well as the quality of care, were improved when that was delivered by a baccalaureate-prepared nurse. Specifically, these studies either demonstrated reduced length of stay, lowered mortality rates and the need for follow-up visits or ED visits in the case of ADN nurses or that nurses educated at the associate degree level made more medication and procedure-related errors than baccalaureate-prepared nurses. It is the point that ADNs are more likely to practice in underserved communities, the counterpart can be made that this will soon change based on the 2010 AHA mandate and the 2010 IOM recommendations for nursing education and practice. Both recognize the need to move healthcare from its primary setting of hospitals to the communities.
Community college programs currently have no or minimal focus on community health and nursing. It is unlikely that such changes will occur in the near future. Baccalaureate programs have strong community courses, both didactic and practicums, but it is acknowledged that these will need strengthening to meet the new competencies.

As for the final stance that community college nursing programs positively impact the nursing shortage, there is no discussion of the number of nurses in 2 years past them into practice sooner, but are they the ready for practice as it stands today? The facts say no.

One can also point out that despite the number of ADN programs and the numbers that they graduate, nursing continually cycles through shortages and in all likelihood will continue to do so.

Community college nursing programs put forth other valid reasons for continuing training; these programs are more accessible. One cannot disagree with affordability. Preparation at the 4 year level is extremely expensive and out of reach for many. As for accessibility there are two levels: one is the actual affordability of attending a college or a university, and the advent of on-line nursing programs opens an avenue to many who could not attend a "traditional" college for any number of reasons. The difficulties in being accepted to a 4 year program, and being an older student or a minority, or nontraditional student are no longer valid. According to Fagin and Loughren (1992), "with appropriate guidance and aid, students from traditionally disadvantaged groups can and do attain true professional mobility through baccalaureate education" (as cited in Nelson, 2002).

Finally, those who support the ADN entry level as a viable one argue that their programs offer similar nursing education to those of the BSN programs. Already noted was the lack of community nursing in associate degree programs. A further, nonscientific comparison of courses offered in each program identifies other differences in nursing preparation. Courses such as Nutrition, Psychiatric/Counseling, and Research methods are not available in ADN programs (some under other names), but are non-existent at the associate degree level. The two year programs were not designed to educate to this higher level. They are task-oriented in their approach which is their maximum capacity related to the time frame for program completion. Community colleges also face challenges in the recruitment of faculty, space for nursing labs and other higher education expenses. Most associate degree programs are not covered by student loans or grants so that students must pay tuition and fees out of pocket. The NHNA stands ready to welcome every nurse prepared to enter the nursing workforce. Tuition reimbursement and, loan forgiveness programs as well as scholarships and grants would help offset the cost to the individual.

There is one other group opposed to a mandate for entry level into nursing practice. The NHNA is an umbrella organization—we will be offering you opportunities that will be as brief or as long as you are able to contribute.

The NHNA stands ready to welcome every nurse prepared to play a part, whether only paying dues and supporting your profession financially or being active in short term or long term roles. No matter the role you want to play, you have the right to join: become a member of the NHNA. The benefits of membership in the NHNA are many, but for those who participate, the greatest benefit is being a part of the effort and a part of the change.

A final note: Immediate Past President of the American Nurses Association, Becky Patton, visited NH a couple of years ago. She ended her talk with the following words of wisdom: "If you are not at the table [when important decisions are made about the profession], you are lunch." I, for one, do not wish to be on the menu.

**REFERENCES**

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**Current January**:

January, February, March 2013

Point... continued from page 4

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