

Advancing the Education of Registered Nurses: The New York Initiative

Barbara Zittel, PhD, RN

In 2003, the New York State Board for Nursing (BON), an umbrella board under the New York State Education Department's Office of the Professions, unanimously approved a bold motion recommending regulatory or statutory change to increase the educational level of future licensees. The motion permitted the continuing licensure of future applicants educated at the diploma or associate-degree level but required these licensees to obtain a bachelor of science (BS) in Nursing within 10 years of their licensure. This article describes the impact of the motion and the challenges. The 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, with its recommendation that 80% of the nursing workforce hold a BS degree by 2020, is described as a factor that may well drive the BON's recommendation to actualization.

In April 2001, the New York State Board of Regents, under the leadership of Regent Diane O'Neill McGivern, PhD, RN, named the Blue Ribbon Task Force on the Future of Nursing. Members were selected from leaders in government, education, and health care who were well positioned to help resolve the nursing shortage predicted to be imminent. An ambitious agenda and a steadfast commitment to a strong future for the nursing profession resulted in the release of findings and recommendations in a report, *Protecting the Public*, less than a year after the task force's first meeting (New York State Education Department [NYSED], 2001). One major recommendation was to develop a reliable set of data on the future need for nurses that could be used to develop public policy and predict resource allocations. This recommendation led to a comprehensive survey sent to over 40,000 licensed registered nurses (RNs) state-wide. Results of the survey were published in September 2003 (NYSED, 2003).

Visionary 2003 Initiative

In 2003, the New York State Board for Nursing (BON) reviewed the recommendations from *Protecting the Public*, the findings of the 2002 survey of New York licensed RNs (NYSED, 2003), and the findings of the newly published, pioneering work by Aiken, Clarke, Cheung, Sloane, & Silber (2003). This work reported that a 10% increase in the proportion of nurses holding baccalaureate degrees in hospitals is directly related to a 5% decrease in the risk of patient deaths and failures to rescue.

The Education Committee of the BON met throughout 2003 to review these materials and determine a course of action. As a result, the committee recommended that the Board of Regents and the New York State Education Department consider statutory or regulatory changes that would allow future RN

applicants with an associate degree or a diploma in nursing to be licensed with the stipulation that they obtain a bachelor of science (BS) in Nursing within 10 years of their initial licensure (Zittel, 2003). On December 5, 2003, during an open-session meeting, the motion was presented to the BON. After some discussion, the BON, which consists of RNs, licensed practical nurses, nurse practitioners, and public members, unanimously approved the motion.

By December 8, 2003, the Regents and the Education Commissioner began receiving letters of opposition and the board was asked by the Deputy Commissioner of the Professions to justify the BON's action. Of the eleven letters of opposition sent to the Education Department in December 2003, nine were from presidents of community colleges who had collegial relationships with members of the Regents and the Commissioner of Education. Twenty-six letters of support from such nursing luminaries as Margaret McClure, Marjory Gordon, and Claire Fagan did not have the same political impact as the letters from the community college presidents. The presidents' letters made these points:

- The motion would put their programs in jeopardy.
- The motion questioned the competencies of their graduates who, after all, had the same pass rates on the NCLEX as BS graduates.
- The motion would exacerbate the nursing shortage.

Additional letters of opposition in 2004 incorrectly stated that the BON's motion was just a recycled version of the American Nurses Association's 1960 recommendation for baccalaureate education for RNs and questioned the results of Aiken's study, though it was published in the *Journal of the American Medical Association* and had to meet the standards of their peer review.

The BON spent the better part of the next 2 years collaborating with allies and adversaries, clarifying the intent of the recommendation and identifying barriers as well as enabling supports. Three days were spent in a collaborative process of constructive decision making with nursing faculty members, primarily from associate-degree programs, clearly delineating the motion, clarifying considerable misunderstandings, and obtaining input and recommendations. The official support of the Council of Associate Degree Nursing in New York State became a significant hinge point. Instead of only defending its position, the BON was revitalized and was able to devote time and energy to moving its agenda ahead. In the meantime, in-state and national nursing groups as well as groups outside of nursing began voicing their support. (See Table 1.)

Need for Legislation

Article 139 of the New York Nurse Practice Act states that to qualify for licensure as an RN, applicants must “have received an education and a diploma or degree in professional nursing in accordance with the commissioner’s regulations.” Based on an opinion from State Education Department Counsel, the inclusion of the word “diploma” meant that legislative change would be required to mandate a baccalaureate degree, instead of the simpler regulatory change. The New York BON is precluded from lobbying. However, through partnering and collaborative efforts, the proposal was adopted by the New York Organization of Nurse Executives (NYONE), an organization that includes major employers of nurses throughout the state. NYONE spearheaded the legislative initiative by obtaining sponsors in the New York State Assembly and Senate to develop the legislative language. The New York State Nurses Association (NYSNA) quickly lent its support through its considerable membership and staff expertise.

The bills (S02553A; A01977) proposed to amend the nurse practice act to “permit future RN applicants who have completed an associate degree or diploma in nursing to continue to receive licensure as an RN but to require such persons to obtain a baccalaureate degree in nursing within 10 years after their initial licensure.” Major provisions of the bills include:

- A grandparenting clause exempting all currently licensed RNs from ever having to meet the requirements of the bill
- A 4-year lead-in from the date of passage of the bill to permit all students enrolled in associate-degree or diploma programs to complete their studies and be grandparented and thus be exempt from ever having to meet the bill’s requirements
- Provisions that would place an RN’s license on hold if the baccalaureate degree is not obtained in 10 years (This hold is similar to the action taken when a licensee fails to meet continuing education requirements in professions that mandate continuing education as a criterion for continued registration.)

TABLE 1

Organizations Supporting the New York Board for Nursing’s Proposal

- American Association of Colleges of Nursing
- American Nurses Association
- American Organization of Nurse Executives
- Association of periOperative Registered Nurses
- Capital District Nurses Association
- Commission on Collegiate Nursing Education
- Council of Associate Degree Nursing in New York State, Inc.
- Council of Deans of Nursing, Senior Colleges and Universities of New York State
- Council of Practical Nurse Programs of New York State
- District 14 of the New York State Nurses Association
- Dorothea Hopfer School of Nursing
- Foundation of the New York State Nurses Association, Inc.
- Indian American Nurses Association
- New York Academy of Medicine
- New York Black Nurses Association
- New York Chapter of the Association of Hispanic Nurses
- New York City Chapter Case Management Society of America
- New York Organization of Nurse Executives
- New York State Association of Nurse Anesthetists, Inc.
- New York State Association of School Nurses
- New York State Board for Nursing
- New York State Board of Pharmacy
- New York State Chapter of the Association of periOperative Registered Nurses
- New York State Council of Health-System Pharmacists
- New York State Nurses Association
- Northern New York Organization of Nurse Executives
- Nurse Practitioner Association of New York State
- Nurses Association of the Counties of Long Island, Inc.
- Pharmacists Society of the State of New York
- Philippine Nurses Association of New York, Inc.
- Samaritan Hospital School of Nursing Alumni Association
- Sigma Theta Tau International
- St. Joseph’s College of Nursing
- SUNY Faculty Senate
- Teacher’s College, Columbia University

- The opportunity for an extension beyond 10 years for extenuating circumstances, as determined by the Department

Given these stipulations, if such a legislative proposal were passed and signed by the governor in 2012, for example, no future license would be placed on hold until 2024, although all new students entering diploma and associate-degree nursing programs would need to continue their education to the baccalaureate level after graduation from their initial generic programs as of 2015. The proposal, therefore, would continue associate-degree and diploma programs in perpetuity. Each wave of future new licensee applicants would be licensed and have 10 years to obtain a baccalaureate degree. No associate-degree or diploma program would be closed. A significant section of the

newly entering RN workforce would not have a BS, but such RNs would continue their education toward that goal.

The bills for this change have been in the New York legislature since 2005. Movement has been slow but steady. The best estimate is that if presented on the floor, the bills would be passed. The challenge has been to move them out of their respective higher-education committees, where the chairs permit very few bills to move to the floor for a vote of the entire legislature.

Independent Initiatives

Concurrent with legislative actions, but independent of them, were initiatives throughout the state to ensure smooth pathways for RNs to continue their education to the BS degree and beyond.

One such initiative is a joint agreement between the Council of Associate Degree Nursing in New York State and the Council of Deans of Nursing, Senior Colleges and Universities of New York State. With this agreement, the senior colleges and universities grant up to 60 advanced standing credits—30 nursing credits and 30 liberal arts/humanities and science credits—to RNs who have nursing diplomas or associate degrees and who are seeking a BS in Nursing. Thus, RNs who continue their education are no longer forced to take placement exams and have their competencies challenged.

The City University of New York (CUNY) developed articulation agreements between each of their associate-degree and baccalaureate-degree programs loosely based on the Oregon Model, in which students entering an associate-degree program can be simultaneously enrolled in the senior college. Upon completion of the first 2 years of the associate-degree program and licensure, the graduate can immediately continue to the BS in Nursing in a curriculum developed jointly by faculty from the junior and senior colleges, allowing a smooth transition and ensuring that the competencies gained at the associate-degree program level are augmented, and new skills are added.

A New York articulation model has also emerged. First offered in 2005 by the Department of Nursing at Le Moyne College in collaboration with St. Joseph's College of Nursing in Syracuse, the model has a 1+2+1 sequence. As in the CUNY 2+2 model, students are matriculated in both programs. However, in the Le Moyne–St. Joseph model, students begin their studies at the senior college for the first year and then spend 2 years in the associate-degree program. After completing the third year, they may apply for licensure. Only one additional year is then required for completion of the BS degree. Preliminary results of this model, which is beginning to be replicated in the western regions of the state, demonstrate significantly higher completion rates (64% to 74%) than the CUNY model (40%) (Susan Bastable and Marianne Markowitz [chairs of the Le Moyne and St. Joseph's College nursing programs, respectively], personal communication, May 2011). More specific data will be avail-

able soon; the chairs are in the process of publishing the model and its results.

The number of students applying to either the CUNY model or the New York model is relatively small in the total cohort pursuing associate-degree study. In 2006, of the 90 candidates accepted into the New York model, only 25 chose to enroll. Of those 25 students, 16 (64%) completed their BS degree within 6 years of program entry.

Perhaps based upon increasingly convincing research findings, health care facilities, predominately acute-care facilities, are reaching out to nursing programs to provide on-site RN-to-BS nursing programs to cohorts of their staff. In this model, faculty members travel to health care facilities and provide didactic instruction, typically one evening a week. This in-house instruction means nurses no longer need to travel to educational programs; in many areas of the state—the Adirondack region, for example—this is a significant benefit, especially in winter. Also, the cohort serves as a support group for its members, diminishing isolation and encouraging members to succeed. This model is so successful that it has become the major mechanism for instruction for at least one upstate college, Keuka College. It is also being implemented by joint agreements between major health care facilities and nursing programs at Long Island University and the State University of New York at Plattsburgh, to name two examples.

Remaining Opposition

The NYSNA, a labor organization representing more than 37,000 RNs, continues to support the bills in the legislature. However, other labor unions, such as the Public Employees Federation representing fewer than 9,000 RNs, oppose the legislation because of a belief that it will be extremely costly to implement. The position of these unions is that their RN members will demand funding to advance to the BS degree, despite the following:

- The bill applies only to new licensees.
- A liberal grandparenting clause permits RNs licensed at the time of the bills' passage to continue to practice without upgrading their education.
- A movement to higher education by incumbent licensees did not occur in the professions of physical therapy and pharmacy when their educational requirements were advanced.
- Such funding is not necessarily a condition of union enrollment.

A small undercurrent of opposition among community college presidents also remains. They maintain the position that the requirement will negatively affect the enrollment of RN students in their associate-degree programs. One president wrote that "...to pursue this requirement under the illusion that it does not denigrate the ADN, is absolutely absurd." This president also wrote in a 2005 letter to the Chair of New York's Council

of Associate Degree Faculty, “Quite frankly, at one of our last statewide meetings [of community college presidents] I suggested that we terminate the services of any nursing department head who advocates for this legislation” (author’s personal communications). Associate-degree faculty need to be recognized and applauded for their leadership and continued support of this proposal despite such examples of opposition.

Growing Support

Opposition has been dampened by the impact of recent positions of several influential organizations. First is the position of the American Nurses Credentialing Center’s Magnet Recognition Program[®], which emphasizes the need to increase the number of BS in Nursing—prepared staff nurses employed in acute-care facilities. Second is the 2010 position of several large acute-care facilities such as the North Shore/Long Island Jewish Health System, the largest health system in the state, that any newly hired RNs without BS degrees would be required, as a condition of continued employment, to obtain BS degrees within 5 years of hire. Third is the Institute of Medicine (IOM) report.

In October 2010, the IOM released its report, *Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine [IOM], 2010). The report, the result of a 2-year partnership between the Robert Wood Johnson Foundation (RWJF) and IOM, recommends an action-oriented blueprint for the future of nursing, including changes in public and institutional policies at the national, state, and local levels. Recommendations focus on the role of nurses in health care promotion, disease prevention, and care at the end of life. (See Table 2.)

To ensure that the report would affect the future of health care throughout the United States and not languish on a shelf, the RWJF instituted The Future of Nursing: Campaign for Action, an unprecedented initiative to address the increased demands for health care by utilizing all the skills, talents, knowledge, and experience of nurses. With leadership from the RWJF in collaboration with AARP and significant partnerships from diverse sectors in health care, including nurses, insurers, consumers, physicians, businesses, government, foundations, academia, and health systems, the Campaign for Action has organized a non-partisan coalition dedicated to advancing the IOM committee’s recommendations.

One of the first actions of the Campaign was to designate five pilot states (California, Michigan, Mississippi, New Jersey, and New York) as Regional Action Coalitions to take leadership roles in moving the recommendations forward at the grassroots level. Since that early action, almost all other states have been added to this initiative (Susan Reinhard, personal communication, September 2011).

TABLE 2

The Institute of Medicine

Many people assume that the Institute of Medicine (IOM) is a division of the American Medical Association but that is not the case.

The IOM, established in 1970, is the health branch of the National Academy of Sciences, which was originally chartered in 1863 under President Abraham Lincoln. The IOM is an independent, nonprofit association whose purpose is to serve as an advisor to the nation to improve health. This purpose is achieved through the work of consensus committees comprising over 2,000 expert volunteers, who donate their time, talents, and knowledge to provide evidence in which decision makers in government and the private sector can have confidence.

Many of the studies undertaken by IOM begin as mandates from Congress. Others are based on a request from an independent organization, as was the case with the *Future of Nursing* report.

New York Regional Action Coalition

In New York, Cathryne Welch, EdD, RN, Director of the Institute for Nursing, was appointed coleader of the Action Coalition. (Log onto the New York Action Coalition’s website, www.futureofnursing-nys.org/ to see the complete list of participants and their activities.) The New York Action Coalition steering committee convened several times to determine which of the recommendations the Coalition would be most capable of moving forward as determined by past efforts, current activities, interests, and resources. Based on that analysis, four of the IOM’s eight recommendations were selected for primary action:

- Remove scope-of-practice barriers.
- Double the number of nurses with a doctorate by 2020.
- Build an infrastructure for the collection and analysis of interprofessional health care workforce data.
- Increase the proportion of nurses with a BS to 80% by 2020.

Advancing the 80/20 Recommendation

Chapter 4 of the IOM report (IOM, 2010, pp. 163–219) provides compelling evidence regarding why a greater number of nurses must either enter the workforce with a BS in Nursing or progress to this degree earlier in their career. The chapter identifies significant changes in the environment in which RNs now practice brought about by major changes in drug therapy and equipment, rapid advances in technology, complex changes in health care delivery systems, increasing percentages of older adults with multiple chronic conditions, and the expanding diversity of the country’s populace. Such changes inside and outside of hospitals place new demands on nurses to collaborate with and coordinate care among a multitude of facilities and practitioners. “A more educated nursing workforce would be better equipped to meet these needs” (IOM, 2010, p. 170). Although the report acknowl-

edges that a BS education will not solve all the challenges, it contends that such education does provide nurses with a greater range of competencies in such areas as research skills, leadership, systems reasoning, quality improvement, community care, health policy, and health policy financing.

Chapter 4 of the IOM report also cites numerous research studies that examine the relationship between the educational levels of hospital nurses and surgical patient mortality. Aiken and colleagues' 2003 study and a 2008 study (Aiken, Clarke, Sloane, Lake, & Cheney, 2008) confirming the earlier findings are cited. These findings are reinforced through the inclusion of several additional studies in which researchers have replicated Aiken's study (2003) in Canada (Estabrooks, Midodzi, Cummings, Ricker, & Giovanetti, 2005) and the United States (Friese, Lake, Aiken, Silber, & Sochalski, 2008; Tourangeau et al, 2007) with similar results: A significant association exists between the educational levels of RNs and the outcomes of hospitalized surgical patients.

The findings published by Aiken and colleagues in 2003 were identified after taking into consideration patient characteristics and hospital structural parameters (size, teaching status, level of technology) as well as nurse staffing, nurse experience, and a determination of whether the patient's surgeon was board certified. Years of experience did not independently predict mortality or failure to rescue. This finding, which has not received the same degree of publicity as other outcomes, calls into question the notion that nurses' years of experience are more influential on patient care than educational preparation. Since publication of the IOM report in 2010, research by Kendall-Gallagher, Aiken, Sloane, and Cimiotti (2011, p. 188) found that specialty certification of RNs in hospitals is associated with better patient outcomes, but only for nurses with a BS education. Given the limited funds for continuing education purposes, chief nursing officers should consider diverting monies now spent encouraging staff nurses to obtain specialty certification to encouraging them to obtain a BS degree.

The IOM report and research findings since 2003 justify the New York State BON's original position and confirm BON members' analyses. Thus, the BON is overwhelmingly supportive of the recommendation that 80% of the nursing workforce be at the BS level by 2020. However, the BON asserts that this recommendation cannot be met without the enactment of enabling licensure legislation or regulations. This position is based on the following.

- In 2002, a comprehensive survey of New York RN licensees found that 56% of RNs held a BS or higher degree (NYSED, 2003). Survey data found that a disproportionate number of these licensees were older than age 55. For example, licensees older than age 60 represented only 10% of the RN workforce but almost 27% of all RNs with doctoral degrees.
- In 2011, of new licensees, 62% are prepared with an associate degree, and 38% are prepared with a BS in Nursing.

(New York has only one remaining diploma program, which graduates fewer than 12 students a year.) Thus, each year, as significant numbers of nurses in the baby boomer cohort retire, the percentage of baccalaureate- and higher degree-prepared nurses diminishes; the high number of associate degree-prepared candidates for licensure further reduces the percentage. Additionally, because only about 20% of associate degree-prepared RNs independently continue on to the BS degree, it is anticipated that the 56% of RNs holding a BS or higher degree will actually decrease in the next several years.

One of two highly unlikely events must take place for New York to meet the 80/20 recommendation. New York's BS programs need to increase their graduation rates by 100%, despite recent data that indicate that these programs are nearing their capacity (Martiniano, MacPherson, & Moore, 2011). Or 65% of all newly licensed future associate degree-prepared licensees need to immediately proceed to complete the BS degree, despite the historic trend of a much lower percentage.

Recommendations

- BONs must become actively involved in the Campaign for Action. BON members and staff have a distinct perspective on nursing education, given not only their statutory authority to interpret scope of practice but also their participation in educational approval of nursing programs. Such expertise must be shared with Campaign for Action committees.
- BONs should accept the challenge to be change agents to bring together faculty from diploma, associate-, and baccalaureate-degree programs for dialogue on seamless curricula, articulation agreements, and the development of new models to rapidly advance students to higher levels of education. The regulatory role of BONs permits them to assume a neutral role in such discussions and avoid accusations of favoring one type of educational preparation over another.
- BONs should examine their regulations and statutes to determine which changes need to be effected to move nursing toward the goal of the IOM's 80/20 recommendation. Without such changes, the profession will fall short of that goal not only in 2020 but on into the future.

As nursing leaders and regulators, we are "perfectly positioned to advance the educational standards of the profession..." (Zimmermann, Miner, Zittel, 2010). The clarion call announcing the need for the advancement of the education of nurses is clearly being sounded in our nation. To ignore the call, to wait in hopes of other states paving the way to action, or to complacently nod to the status quo, is to accede to stagnation that cannot further our profession—and that cannot ensure sound patient care and protection of the public. You are invited, indeed you are urged, to join in the Campaign for Action to bring nursing into the 21st century.

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Barbara Zittel, PhD, RN, is an international nurse consultant, the immediate past Executive Secretary of the New York State Board for Nursing, and a member of the New York State Future of Nursing Action Coalition's Steering Committee.