

# ARTICULATION AND BACCALAUREATE ENTRY TO PRACTICE

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The Canadian Nurses Association has resolved that, by the year 2000, the minimal educational requirement for entry into the practice of nursing should be a baccalaureate degree in nursing (Canadian Nurses Association, 1982). This resolution emerged from recognition by the nursing association of the actuality that changes in health care concepts require that the nurse be educated in the university setting. Six provincial organizations have endorsed similar resolutions; the remaining four provinces are developing position papers. These resolutions parallel a similar resolution by the American Nurses Association. This proposal has important implications for the nursing profession and will require significant changes and adjustments in the educational process.

Currently, professional organizations and nursing educators across Canada are considering how to implement this change. The position and purpose of hospital schools of nursing and of community college programs will have to be reconsidered. Designed as terminal programs, it is not clear what, if any, role these schools will have in the future education of nurses.

The Registered Nurses Association of Ontario (RNAO) has responded with an initial position paper on entry to practice (1982). The recommendations of the RNAO point to many of the issues that must be nationally addressed if the entry-to-practice resolution is to be implemented in a manner truly beneficial to the development of a nursing discipline.

The RNAO paper endorses the CNA resolution and attempts to look at the mechanics of implementation of the proposal. Two major recommendations made by the RNAO identify grandfathering and temporary articulation as important and necessary steps for the changeover to baccalaureate education. Alberta's position paper makes similar suggestions (1979). Grandfathering would provide protection of status for all existing diploma educated registered nurses. A cut-off date has not been proposed by the provincial organization. Articulation refers to a specific educational process that would enable the diploma graduate to upgrade to a baccalaureate level.

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This paper will examine the use of articulation as a valid, even if temporary, educational alternative for the preparation of a baccalaureate registered nurse. First the writer will review briefly the rationale for baccalaureate education in nursing. Problems in curriculum design that may arise as a consequence of dual methods of preparation will be addressed. Finally, the writer will suggest that important benefits fundamental to the discipline of nursing may be derived from a unified approach to education.

### Rationale for Baccalaureate Education

Placing all nursing education firmly within the university setting is not a new idea. As early as 1914, Falconer, then President of the University of Toronto and heading a committee on nursing education, recommended that training should take place in a university setting. The Weir Survey of Nursing Education (1932) made similar recommendations. However, it was not until 1942 that a university nursing program possessing complete control of the educational experience of the students was established. Until the late 1960's most nursing education programs were under direct hospital control. In the 1980's nursing education, for the most part, has been removed from hospital control and placed within the general education system.

The CNA resolution is a clear attempt to address the expanding complexity of nursing. In the past, nurses' primary function has been the delivery of "bedside" care to the ill. Over time, with changing societal patterns of illness and health, the nurse's area of practice has expanded to include the attainment, maintenance, and recovery of health of the clients (Flaherty, 1980). Fundamental to the CNA proposal is the belief that the appropriate location for this nursing education is the university. Kramer (1981) identifies the broad goal of baccalaureate education: "To prepare a liberally educated person to function as a professional nurse in a variety of nurse roles and health care settings" (p. 224). By exposing the student to the arts and humanities as well as biological science the student acquires a rich foundation for self growth. Ideally the nursing student will have an opportunity to acquire the ability to think in complex patterns, to problem solve, to tolerate ambiguity, and to pursue knowledge for its own end. The baccalaureate program should encourage cognitive development that will prepare the nurse more fully for problem solving and decision making in the ever increasing complexities of nursing practice.

Concomitant to the ideal of a liberally educated nurse is the belief in a discipline of nursing. For nursing to be identified as a professional discipline, there must exist a body of knowledge unique to nursing,

that is constantly being expanded and explored in a scientific manner. The CNA proposal accepts the notion of a discipline of nursing and stresses the need for preparation in nursing to be "undertaken within a university context if research is to be integral to nursing practice" (p. 29). For the baccalaureate student this research helps provide a "scientific basis for nursing practice" (p. 29), and the educational process encourages the application of this knowledge in practice.

The CNA resolution is an attempt to define nursing as a profession. A profession is: "An occupation whose incumbents *create* and explicitly utilize systematically accumulated general knowledge in the solution of problems posed by the clientele" (Moore, 1970, 53-54, my italics). The CNA position defines nursing practice as having a discipline base and, like the traditional professions, requires that the educational process occurs in the university setting.

### The Process of Articulation

Articulation in nursing education is a comparatively recent phenomenon. In its broadest sense articulation can be seen as "building upon previously learned content," however, it is usually seen as one program building upon particular lower level program content (Stevens, 1981). In nursing, articulation usually refers to a 2 years baccalaureate program building upon a diploma level program. Examples may be found in Ontario and Western Canada. In Ontario, the degree program at Ryerson Polytechnical Institute is designed to articulate with its own diploma program. Entrants to the degree program must be Ryerson graduates or have specific equivalence. In the United States baccalaureate programs for registered nurses or "second step" programs have become a major movement in nursing. A dramatic increase of such programs during the 1970's was identified in a survey by Church, Brian, and Searight (1980). Of the 75 true "second step" programs identified, 86% admitted their first students between 1973 and 1978.

Debate about the quality and validity of articulated programs has been carried on primarily in the American nursing literature. For simplicity, in examining some of this literature, the associate degree program existing in American community colleges will be considered equivalent to the diploma programs within the general education system.

Perhaps because of the youth of articulated programs, the writer was unable to find any research literature comparing the professional practice of graduates of an articulated program with that of graduates of a generic baccalaureate program. The debate appears to be largely

philosophical and founded upon concerns about the nature of the initial nursing education experience.

The practice of articulation is based upon the assumption that what has gone before is a valid knowledge base for what must come after. It is this assumption that is being questioned. According to Kramer (1981), there are two different kinds of nurses: a professional nurse (baccalaureate) and a technical nurse (associate degree or diploma). Research offers some support for the suggestion that there is a difference in the orientation of the students of baccalaureate and associate degree programs. The findings of Bullough and Sparks (1975) suggest that baccalaureate senior students focus more on caring for patients, while associate degree students are more oriented to curing their illnesses. Hover (1975) compared diploma and degree nurses and found that, as education increased, "Nurses showed greater preference for active patients," and, "were more interested in providing teaching and supportive care" (p. 685).

When the associate degree programs were established in community colleges, they were described as semi-professional or technical (Montag, 1951). The aims of these programs were terminal and designed to provide a standardized level of technical competency. The distinction between technical and professional nursing has never been clearly differentiated by the employers of nurses nor by the consumers of their services. This situation is paralleled in Canada.

McClure (1976) believes that this lack of distinction is inevitable since nursing cannot be compartmentalized into isolated bits. Nursing is a practice profession and while "the professional nurse may delegate some of the technical aspects of care to another level these aspects remain an integral part of the professional nurse's total responsibility" (McClure, 1976, p. 95).

If one agrees with McClure, as this writer does, one cannot support the building of professional nursing education upon a base of technical competencies. Technical competencies must emerge from a broad-base educational experience and be placed within the context of the discipline. The two-year community college program has the dual purpose of training a nurse to provide basic bedside care, and of preparing the student to write registration exams. During a short period the student must absorb and acquire numerous technical skills; they begin to confront issues of enormous moral and ethical consequence: abortion; death with dignity; the right to refuse treatment; the right of the individual to make choices that run counter to the health professional's belief system. To be able to consider these and other issues in a complex manner requires the ability to think in a relativistic



manner (Perry, 1968). The student in a two-year program has not had the opportunity to acquire these cognitive skills. The very nature of the program may require the student to view issues as simply right or wrong. One of the important benefits of a university environment is the luxury to struggle with moral and ethical issues within a relatively risk-free environment. This experience is not inherent in the community college setting. Professional education must build upon a liberal education base. While this may be done through concurrent educational experience as in current generic nursing programs, it cannot be done in reverse.

According to Stevens (1981), articulation programs tend to exist in a model of upward planning. In this model, the upper level program adjusts to the limitations of the lower level curricula. Hence, the quality and integrity of the baccalaureate program may have to be compromised if it is to fit the lower level educational experience. As a consequence the product of these baccalaureate programs may be of "inferior" quality to the product of a generic program. Montag (1980) suggests that this emphasis on mobility between levels makes the acceptance of the technical programs suspect because the original intention of the associate degree was that it possess an integrity of its own.

The task of upper level programs is not simply to enlarge the nurse's knowledge base, but, as well, to expand cognitive functions that will help in dealing with the increasing complexities of nursing. In the initial educational experience the diploma graduate has been socialized into a nursing role that is based upon technical competencies. The task of changing this basis may be too arduous for the "second step" programs, if the graduate is to meet Kramer's definition of a baccalaureate nurse.

### Curriculum Design and Articulation

"Curriculum structure, pattern or design refers to the arrangement of courses within given time periods" (Bevis, 1982, p. 178). Within curriculum design, three major elements emerge: 1. the concepts, skills, and values identified as behavioral objectives for the students, 2. specific subjects broadly identified as organizing structures, 3. organizing principles such as chronological order and increasingly broad application of knowledge (Tyler, 1956). The first of these elements tends to determine the content and sequencing of the curriculum design (Bevis, 1982). Chater (1975) would identify this element as the conceptual framework and indicate three sources of input: the setting, the student, and the subject. While all three sources are relevant to the point-of-entry proposal, this paper will address issues concerning subject and setting.

Temporary articulation to allow registered nurses with diplomas to upgrade will be a tempting prospect for all provinces. The schools already exist. The RNAO position paper stresses the temporary nature of these programs: "Temporary measures must be very clearly just that; it would be defeating to design an 'aberration' that becomes permanent" (p. 14). The report does not however, indicate a cut off-date for community colleges to cease to be valid routes for entry to nursing. One must assume it to be, at the latest, 2000. The report states that neither baccalaureate nor diploma programs should make major curricula changes unless the changes in the baccalaureate programs are "desirable in themselves." Suggestions are made to facilitate conditions for articulation. Recommendations are made that would require modifications in both the diploma and baccalaureate level. For example, the brief recommends that behavioral and biological science courses in the diploma level be made equivalent to those offered in a baccalaureate program, in order that credits be transferable. Further it suggests that university faculties examine their curricula for possible adjustments "without altering the integrity of the curricula;" (p. 15). The report states that it does not support or advocate a "ladder approach" (two plus two), however, the conditions for articulation just cited are both philosophically and practically consistent with such an approach.

When the position papers of the CNA and the RNAO are compared, fundamental differences in concepts and values in nursing appear to emerge. I don't believe the position paper of the CNA supports the notion of articulation. The CNA paper strongly endorses the notion of a discipline of nursing and that, "It is crucial that the degree be undertaken within a *university* context if research is to be integral to nursing practice" (p. 29). The concept of a discipline of nursing requires a totally integrated professional discipline approach. If the university does not have control over the entire educational experience, this is not possible. However, the RNAO paper lacks any reference to the discipline of nursing. It provides a functional model of nursing, listing nursing functions and identifying the scope and complexity of practice. It is this functional approach that distinguishes the RNAO paper from the CNA paper. A functional approach to nursing can rationalize a nursing program that is focused upon specific competencies in the first two years. This would be the case if the current diploma programs were to articulate with upper level programs. One could expect community college programs to become feeder programs for a specific university. This outcome would disregard the fact that the lower level programs were designed as terminal programs and never meant to articulate with upper level programs. Curriculum at

the university would have to be modified to "fit" the community college. Not only would the integrity of the upper level program be compromised but the upper level would be building upon a conflicting curriculum design.

In an articulated program the curriculum design would reflect diploma values at the first level. Subjects and sequencing for the first two years would tend to favour a functional approach. The next phase would be an attempt to switch to baccalaureate values, subjects, and sequencing. If one develops a curriculum design based on baccalaureate or disciplinary values, from the beginning at the community college level, then one assumes that a community college is equivalent to a university, and sequencing is not a critical issue in curriculum design. Kramer and Tyler imply that sequencing is an important issue. For Kramer it is a fundamental issue in the education of the baccalaureate nurse.

### A Unified Approach to Baccalaureate Education

The CNA point of entry resolution represents a profound change for nursing. Currently, a nurse may choose one of three entry points to begin to practice. The point of entry resolution states that a nurse will be a baccalaureate prepared person. As such, the proposal allows for a commonality of language within the definition of professional nursing.

If "temporary" articulation is implemented a vast mechanism will be set up to accomplish the task. Once this machinery is in place, interest groups will make its dismantling very difficult. Diploma programs will have been modified rather than phased out. Universities will have geared their programs to accommodate large numbers of applicants. Nursing education will once again be creating more than one kind of nurse: a generic baccalaureate nurse and an articulated baccalaureate nurse. Questions of equivalence will arise.

If the leaders in nursing education truly support the need for a "liberally educated nurse," then the use of articulation even as a "temporary" measure becomes inconsistent with attempts to professionalize nursing. Articulation is a means by which nursing looks over its shoulder and tries to make up for past mistakes. It is natural and appropriate that concern exist for those nurses who have not acquired a baccalaureate degree; however, the recommended methods would upgrade diploma programs and look for common areas in learning experience between diploma and degree. These methods are not consistent with the aims of a liberal education in the university setting. The suggestion to "upgrade" a community college course to university level requires that the educator ignore the objectives of a university education. Similarity of content does not mean equivalence of ex-

perience. Nursing must take a clearly defined position — setting a date for grandfathering and for placing nursing education firmly within the university setting.

A unified approach to nursing does not imply that each university setting will be a duplicate of any other university setting. Unity will be reflected in the fundamental belief that nursing is a professional discipline. The varied expressions of that belief will influence the uniqueness and experiences of the faculty and students in the programme. Universities must be prepared to expand the number of spaces for professional education. New programmes will need to be developed. Practising registered nurses, while insured the right to continue to practise, must have the opportunity to enter generic programmes, using challenge exams to establish advanced standing when appropriate.

If nursing is to progress, it must go forward boldly and take its position as a professional discipline. As MacFarlane, the President of Nova Scotia's Registered Nursing Association stated, when discussing concerns about the practice of current practitioners:

But we must go far beyond that, beyond our self interests, to make decisions that will profoundly affect the quality of life for generations of nurses and their clients.

(RNANS bulletin 1982)

Articulation may undermine the very concept of a professional discipline approach. Integrity of curriculum is compromised by the need to adapt to lower level experiences and to semi-professional training based on non-baccalaureate objectives. It is an attempt to correct nursing's past errors in the educational process. The time for all nursing education to be firmly rooted in the university is long overdue. Nursing will benefit greatly from a unified and professional discipline approach.

## REFERENCES

- Alberta Association of Registered Nurses. *Position paper on baccalaureate education for nurses* Alberta Association of Registered Nurses, 1979.
- Bevis, E.M. (1982) *Curriculum Building in Nursing a process*. St. louis: Mosby.
- Bullough, B. & Sparks, C. (1975) Baccalaureate vs associate degree nurses: The care cure dichotomy. *Nursing Outlook*, 23, 688-692.
- Canadian Nurses Association. *Entry into the practice of nursing: A background paper*. Ottawa: Canadian Nurses Association, 1982.
- Chater, S.S. (1975) A conceptual framework for curriculum development. *Nursing Outlook*, 23, 428-433.
- Church, E., Brian, S. & Searight M., (1980). Describing a new baccalaureate nursing population: The second step. *Western Journal of Nursing Research*, 2(3) 275-587.
- Flaherty, J.M. (1980). The characteristics and scope of professional nursing. *Supervisor Nurse*, 1, 61-63.



- Hover, J. (1975). Diploma vs degree nurses: Are they alike. *Nursing Outlook*, 23, 684-687.
- Kramer, M. (1981) Philosophical foundations of a baccalaureate nursing education. *Nursing Outlook*, 224-228.
- McClure, M.L. (1976). Entry into professional practice: The New York proposal. *Journal of Nursing Administration*, 76(6), 12-17. Vol. 6, No. 5.
- Montag, M. (1980). Looking back: Associate degree education in perspective. *Nursing Outlook*, 248-250.
- Montag, M. (1951). *The education of nursing technician*. New York: G.P. Putman's Sons.
- Moore, I. (1970). In *Professions and Professionalization* J.A. Jackson (ed.). Cambridge: Cambridge University press, 50-65.
- Perry, W.G., Jr. (1968). *Forms of intellectual and ethical development in the college years*. Cambridge, Mass: Copyright President and Fellows of Harvard College.
- Registered Nurses' Association of Ontario. (1982). *Background paper on baccalaureate nursing preparation: Entry level to practice as a nurse*. Toronto: Registered Nurses' Association of Ontario, April.
- Stevens, B.J. (1981). Program articulation: What it is and what it is not. *Nursing Outlook*, (12), 700-706.
- Tyler, R.W. (1956). *Basic principles of curriculum and instruction*. Chicago: The University of Chicago Press.
- Weir, G. (1932). *Survey of nursing education in Canada*, Toronto: University of Toronto Press.

## RÉSUMÉ

### Articulation et admission à l'exercice de la profession après le baccalauréat

La résolution relative à l'admission à l'exercice de la profession votée par l'Association des infirmières et infirmiers du Canada a des implications majeures pour la profession infirmière et pour l'enseignement des sciences infirmières au Canada. Dans le présent article, on examine les recommandations formulées par certaines organisations provinciales concernant les modifications à apporter à la formation des infirmières. Faisant appel notamment aux recommandations de l'Association des infirmières diplômées de l'Ontario, l'auteur examine la recommandation visant la mise sur pied de programmes articulés de sciences infirmières, soit temporaires soit permanents, pour augmenter le nombre d'infirmiers détenteurs d'un baccalauréat. Si les sciences infirmières s'inscrivent comme une discipline distincte, alors l'articulation pourrait avoir des conséquences importantes sur le plan de la conception des programmes et l'apparition des soins infirmiers comme profession reconnue.