

MARKETING BACCALAUREATE ENTRY TO NURSING PRACTICE IN CANADA

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Marketing in Canadian nursing is a recent innovation. Unlike the United States, where marketing is intrinsic to an entrepreneurial health care delivery system, Canadian health care professionals historically have had little reason to engage in marketing activities. Recently, however, several Canadian professional nursing associations have begun to develop specific marketing programs to promote baccalaureate entry to nursing practice. The purpose of this article is to explore further how the concept of social marketing might be applied to the position of the Canadian Nurses' Association (CNA) that, by the year 2000, the minimum education for entry to practice should be a baccalaureate degree in nursing.

The perceived need for marketing, what constitutes social marketing, constraints of social marketing, rationales for social marketing in nursing and strategies for marketing the entry to practice position will be presented. Recommendations about strategies for marketing the entry to practice position will be based on published policy statements of involved interest groups. These recommendations will focus on the marketing roles that might be assumed by professional nursing associations and university faculties of nursing.

The Need for Marketing

Until recently, there has been limited expressed opposition to requiring a baccalaureate degree for entry to nursing practice by the year 2000. Ten of 11 Canadian provincial and territorial professional nursing associations have taken an entry to practice position similar to the CNA's. A review of the newsletters of the provincial professional associations over the last two years reveals increased planning for implementation of the proposed educational standard by the year 2000. However, during 1987, nurses' unions and

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provincial governments in New Brunswick, Ontario and Alberta expressed public concern about the baccalaureate entry to practice position.

Nurses' unions concerns

In New Brunswick, in May, 1987, the Nurses Association of New Brunswick (NANB), the professional association composed of 7,600 members 4,500 of whom are unionized, rejected the CNA baccalaureate entry to practice position (NANB, 1987a, p.1). This vote was subsequently declared void because of a regional voting irregularity (NANB, 1987a, p. 1). In Ontario, the Ontario Nurses Association (ONA), the union for approximately 36,000 Ontario registered nurses, conducted a June, 1987, mail ballot seeking support of the ONA Board of Director's position that, "The union does not support the B.Sc.N. as the Entry to Practice as the concept is currently structured" (ONA, 1987, p. 4). Although fewer than 3,000 (10%) of ONA membership participated in the vote, 2,494 of those who did, endorsed the ONA Board's position (Lynn, 1987). At the United Nurses of Alberta (UNA) Annual Meeting in November, 1987, approximately 60% of delegates passed a policy resolution presented by the Executive Board of UNA that "U.N.A. is opposed to the position taken by the Professional Association that the minimum standard for Entry to Practice be a Baccalaureate Degree" (Alberta Association of Registered Nurses, 1987a, p. 2). UNA is the collective bargaining agent for almost half of Alberta's registered nurses.

Provincial government concerns

In 1984, the Registered Nurses Association of Ontario (RNAO) received a letter from the Ontario Ministers of Health and Colleges and Universities that stated in part, "Current activities of your Association aimed at marketing and implementing the baccalaureate requirement for all registered nurses...are not in the best interests of either the nursing profession or the people of Ontario" (RNAO, 1984, p. 12). Enclosed with the letter was the *Government of Ontario Position Regarding Entry to Practice as a Registered Nurse in Ontario, November 30, 1983*. The rationale for the Ontario government's opposition to the RNAO's position was that it was necessary to define the skills required for various levels in nursing and to substantiate that baccalaureate entry to practice would improve the quality of health care. The Government's position statement concluded with the sentence, "Therefore, based on available evidence, the Government of Ontario does not support R.N.A.O.'s [baccalaureate entry to practice] position" (Registered Nurses Association of Ontario, 1984, p. 13).

In a May, 1987 letter jointly written by the Alberta Ministers of the Department of Hospitals and Medical Care and by the Department of Advanced Education to the President of the Alberta Association of Registered Nurses

(AARN), the Alberta Government (1987) reaffirmed its 1977 position that it did not support making the baccalaureate degree in nursing a minimum requirement for entry to practice, although it would "continue to support increased opportunities for baccalaureate level training in nursing where the need for such training can be demonstrated". The Alberta Government cited as reasons for its position the belief that, "The public and the service sector are satisfied that the diploma prepared nurses are capable of meeting patient care needs within the present health care system" and that baccalaureate entry to practice "could have adverse effects on nursing manpower supply and on health care and educational costs in Alberta". To date, the Ontario and Alberta governments are the only provincial governments to state publicly their formal opposition to the baccalaureate entry to nursing practice position of the CNA and ten of its 11 member associations.

Whatever the background of this recent opposition to baccalaureate entry to practice, it is evident that there exists a pressing need to address expressed concerns. One way of doing so is through increased social marketing of the position.

Marketing

To most people, the term marketing still connotes a function peculiar to business firms, because it is seen as the task of finding and stimulating buyers for the firm's output (Kotler & Levy, 1978). In the traditional sense of marketing, the product rather than the consumer is the focus of attention.

However, recent definitions of marketing reflect the philosophy that decisions of an organization should be made in light of consumer needs and wants and that the first and most important step in applying the concept of marketing is acceptance of a consumer orientation (Fine, 1981; Kotler, 1982; Montana, 1978). This broadened concept has also involved expanding the nature of the products marketed by organizations to include promoting and accepting ideas, attitudes, beliefs and images (Walker, 1985). Kotler and Levy (1978) believe that every organization produces a product of at least one of the following types: physical products, services, persons, organization and ideas. Lovelock and Weinberg (1984) state that, "Marketing is concerned with the process by which people adopt, maintain, or discard patterns of behavior - or accept ideas and beliefs that are often precursors of behavior" (p. 10).

Social marketing

In Canada, examples abound of organizations striving to motivate the public to adopt a new idea or practice. These efforts may be called education campaigns by supporters or propaganda efforts by opponents. For example,

through its Participaction program, the Canadian government wants people to become more physically active and fit. The Canadian Cancer Society wants people to stop smoking. Provincial governments want citizens to wear seat belts while driving and most have passed laws requiring behavioral conformity. Pro-life groups want women to carry all pregnancies to term while the pro-choice groups want women to have a choice in whether or not to obtain an abortion. The list of examples is long.

Although effective communication is necessary to market an idea successfully, it is not sufficient, by itself. As with any product, an understanding of the needs, perceptions, preferences, reference groups and behavioral patterns of the target audience is required. Additionally, it requires the tailoring of messages, media, costs, and facilities to realize the objective. Kotler (1984) calls these tasks social marketing. Brehony, Frederiksen and Solomon (1984) among others, believe that some of the strategies successfully employed by professional commercial marketers can also be used to facilitate the adoption of a specific attitude to social issues. Nonetheless, they assert that there are some fundamental differences. Specifically, they cite ethical concerns and the different needs and mandates of commercial and nonprofit organizations.

Constraints to social marketing

Critics of social marketing charge that it is a waste of money, is intrusive and is manipulative. Wagner (1978) comments that some professional organizations consider it undignified and lacking in professional ethics to market their services. Lovelock and Weinberg (1984) observe that some public and nonprofit administrators perceive marketing not only as unethical but also inappropriate for their type of organization. Many administrators find marketing terminology unseemly and arcane. In some cases, nonprofit service agencies such as universities and hospitals have experienced so much demand for so many years that, until recently, they had no need for marketing strategies (Kotler, 1982).

Marketing in health care raises not only concerns about unethical behaviour, increased costs and consumer manipulation, but also accusations of promoting competition and leading to unnecessary utilization of services (MacStravic, 1978; Norkett, 1985). Ruderman (1986) notes that in the American health care system, marketing is mainly encountered in competition for market shares, which involves considerable expenditure in an attempt to get consumers to sign up with one health maintenance organization in preference to another, or to patronize one hospital rather than another. Many Canadians perceive such marketing as both repugnant and irrelevant. As Ruderman (1986) comments, "The frequent references to this process in American periodicals have led to the feeling in Canadian health circles that marketing as a whole is somehow disreputable" (p. 315).

Another factor identified by Ruderman (1986) that he believes contributes to Canadians' reluctance to engage in marketing as it relates to social causes, is the fact that, while marketing has been taught for years in Canadian community colleges and university business administration programs and is also offered as a doctoral subject in graduate schools of business, little application has been made to health care. As a specific example of the lack of acceptance of the significance of marketing for health promotion, Ruderman notes that, of the 200 papers presented on the theme of health promotion at the June, 1986 Canadian Public Health Association's annual conference, only two titles contained the word "marketing". Not only does it appear that social marketing, as it relates to health care in Canada, is still in its infancy, but also that "The first step must be the diffusion of marketing concepts and methods in the health profession and this has barely begun" (Ruderman, 1986, p. 316).

Marketing and Nursing

It has been argued that nurses, like administrators of nonprofit organizations, have failed to recognize the importance of marketing. They may even find the concept offensive. Three reasons for this have been postulated by Eliopoulos (1985). First, marketing appeared as a strategy appropriate only for commercial enterprise. Secondly, marketing required taking the initiative in relating service to consumer and nurses traditionally have habituated themselves to reacting to patients, doctors and other nurses. Thirdly, marketing implied a gain for the individual or organization that markets and nurses perceived marketing to be in conflict with the altruistic ethos of nursing. Nonetheless, Brown (1985), Eliopoulos (1985), Norkett (1985) and Walker (1985) assert that marketing is a legitimate professional activity for nurses and Nursing.

In particular, Walker (1985) perceives some of the benefits to be gained through marketing to be the development of the nursing profession, appreciation of nurses by other professional colleagues and a sense of pride among nurses. She also believes that visibility through successful marketing facilitates recruitment and retention of practising nurses by health care agencies and of nursing students by educational programs.

While it may be argued that promoting a positive image of nursing as a profession more closely resembles propagandizing than marketing, marketing strategies could facilitate achievement of one current goal of professional nursing -- requiring a baccalaureate degree in nursing as the minimum education for entry to practice in the future.

Marketing Baccalaureate Entry to Practice

Marketing the policy of baccalaureate entry to practice is an example of the social marketing of an idea or a belief. The increasing complexity of health care environments and the increased knowledge necessary to practise nursing professionally, led the CNA to pass the resolution on baccalaureate entry to practice for the year 2000 at its 1982 biennial convention. Implementation of this position could be facilitated by the application of social marketing.

Social marketing requires understanding of the needs, perceptions, preferences, reference groups and behavioral patterns of the target audiences, and the tailoring of messages, media, costs and facilities to maximize the ease of adopting the idea. The use of Kotler's (1982) seven major steps in the planning of a social marketing campaign seem relevant to the marketing of the baccalaureate entry to practice position. The steps are: problem definition; goal setting; target market segmentation; consumer analysis; influence channels analysis; marketing strategy and tactics; and, program implementation and evaluation. In the following section, each of these steps is explored in more detail.

Problem definition

Before beginning any promotional activities, it is important that the purpose of such activities is clear. Is the purpose to create a commitment to the requirement of a baccalaureate degree in nursing to enter practice in the future, or is it to identify the impact of the position on nurses currently practising?

Kotler (1975) has classified eight types of demand in marketing: unwholesome, overfull, full, irregular, faltering, latent, no demand and negative demand. The last two categories have characterized the circumstances for marketing entry to practice in Canada.

From 1979 to 1986, the entry to practice position statements from most provinces were clearly related to education for the practice of nursing in the future. The marketing problem originally defined was what Kotler (1975, p. 80) would call "no demand". The objectives and tasks of marketing when there is no demand, are to create the demand, regulate its level and maintain it. During this period each provincial professional nursing association established some form of special committee or task force on entry to practice and the mandates of these committees were similar. Each was charged with the task of developing the background and rationale for the position and planning for the implementation of baccalaureate entry to practice by the year 2000 (N. Murphy, personal communication, November 3, 1987). While the plans in each province implicitly or explicitly included a marketing dimen-

sion, it was clear that the focus of marketing activities was to create a demand for baccalaureate-prepared nurses to provide nursing care in the future.

More recently, associations have adopted the view that other problems associated with the proposed change in the educational standard must be addressed. The growing opposition from the nurses' unions in Ontario, New Brunswick and Alberta, and the overt opposition from the Alberta and Ontario governments, points to what Kotler (1975, p. 81) would call a "negative demand". A negative demand is one in which people actively dislike and will pay a price to avoid having that which is being marketed. Negative demands are far more difficult to address from a marketing perspective than no demand at all. To begin to overcome the negative marketing demand associated with the baccalaureate entry to practice position, it will be necessary to make baccalaureate programing more available, accessible and appealing in order to attract more students. An increase in the number of baccalaureate in nursing students should lead naturally to an increase in the number of baccalaureate graduates entering nursing practice. As the proportion of practising nurses prepared at the baccalaureate level increases, acceptance of the baccalaureate entry to practice position should logically follow. With only approximately 12% of Canadian registered nurses currently educated at the baccalaureate level (Statistics Canada, 1986) it is not surprising that diploma-prepared practising nurses have begun to question the requirement of a baccalaureate degree in nursing.

Three provincial associations have already specifically addressed the negative market demand of diploma nurses. The Alberta Association of Registered Nurses has divided into two parts its 1985 policy plan, *Educational Preparation for Professional Nursing in the Year 2000: An Action Plan for 1985-2000*. The first part, retitled "Entry to Practice 2000: An Action Plan for 1987-2000" presents a marketing approach that continues to be based on a market problem of no demand. It is clearly aimed at future practitioners of nursing and on changes that must be made to the Alberta education and health care delivery systems. The second part, retitled "Entry to Practice 2000: Impact on Diploma Prepared Nurses - An Action Plan for 1987-2000" addresses the marketing problem of negative market demand by focussing on concerns of current AARN membership regarding their access to post-diploma baccalaureate education in nursing. The second part also reinforces assurances offered previously by the AARN: that diploma-prepared nurses would continue to be registered beyond the year 2000; that career planning services would be provided; that assistance would be available for diploma educated nurses desiring baccalaureate education; and, that access to post-diploma baccalaureate programs would be improved.

Similarly, in Ontario and New Brunswick, indicators of a negative market demand from the Ontario Nurses Association and the New Brunswick Nurses Union, respectively, have prompted provincial associations to refocus their marketing efforts. The Registered Nurses Association of Ontario expanded the mandate of its task force on baccalaureate entry to practice to include "development of strategies to enable diploma prepared nurses to obtain higher education" (RNAO, 1986, p. 12). The Nurses Association of New Brunswick has established a special committee that has two sub-committees - Career Planning for Diploma Educators and The Rights of Diploma Nurses in the Future - to focus on negative market demands (NANB, 1987b).

If, as has been suggested, short-term problem definition should focus on the negative market demand of baccalaureate entry to practice, then provincial nursing associations should emphasize internal marketing of the position to their membership; that is to say, to nurses currently practising. The overwhelming majority of these members are prepared at the diploma level. Their acceptance and endorsement of the position is important. University faculties of nursing could increase enrollment opportunities, promote distance education and generally increase accessibility of baccalaureate in nursing education as marketing strategies to overcome the negative market demand. Practising nurses who find it difficult to get into baccalaureate programming probably perceive such a position as a threat to their own career progression and job security.

Goal setting

Social marketers should set measurable goals that they can reasonably hope to accomplish. Professional associations and university faculties may have different motivations in establishing such goals.

Provincial professional associations continue to perceive implementation of baccalaureate entry to nursing practice by the year 2000 as a realistic goal. This implies that, by the year 2000, the associations will have had sufficient impact on public policy formulation to enable restructuring of each province's nursing education system. In turn, this will mean that only baccalaureate programs receive provincial approval and only baccalaureate graduates are eligible to write nurse registration examinations.

University faculties, on the other hand, may decide that an initial goal of increasing the number of baccalaureate graduates within a specified period of time is more realistic than requiring all entrants to possess a baccalaureate degree in nursing. Funding cuts in Canadian university budgets during the past few years have made expansion of existing baccalaureate nursing programs extremely difficult and the creation of new programs improbable.

Therefore, efforts to increase the overall number and proportion of baccalaureate graduates in nursing have had to focus on increasing the number of students in existing programs and on alternative programming formats. Innovative teaching strategies, such as distance delivery and attempts at collaboration between existing diploma and degree programs have resulted. University opinion may also be that gradual phasing in of baccalaureate entry to practice is more likely to be a palatable political goal than restructuring of existing provincial nursing education systems.

Despite potential differences between provincial professional associations and university faculties of nursing with regard to the time frame, there appears to be consensus that the goal is both desirable and feasible in Canada.

Increased baccalaureate enrollment will necessitate an increased number of nurses educated at the graduate level to teach in these programs. Therefore, a short-term goal for university faculties of nursing should be to increase availability and access to masters programs and to establishing at least two doctoral programs in nursing in Canada. Doctorally-educated nurses will be required as teachers in the expanded masters programs. Professional associations might promote doctoral education by lobbying provincial governments and other nursing education stakeholders, and by offering nurses financial assistance to pursue doctoral education.

Target market segmentation

Target market segmentation increases the impact of social marketing by allowing specific segments to be the focus of marketing and by studying the behaviour of each segment to identify the most cost-effective marketing strategies. Murphy (1984) describes market segmentation as breaking down a total heterogeneous market into smaller, more homogeneous groups that the social marketer can probably satisfy. Once the market is segmented, three target marketing strategies are possible.

Undifferentiated marketing involves the decision to identify the entire market with the idea of selling one idea or service. This would mean that the baccalaureate entry to practice position would be marketed in the same way to government, other health care professions, practising nurses, post-secondary institutions, regulatory bodies and any other stakeholders. In contrast to this, concentrated marketing entails targeting only a narrow market segment and developing a service to meet this group's needs. An example would be a provincial professional nursing association's decision to limit marketing efforts to post-secondary educational institutions. While concentrated marketing might be appealing because it allows a focus on one segment of the market, and is therefore less onerous financially and in terms of

time, manpower and commitment, its impact on a complex public policy issue would likely be negligible. A third strategy is differentiated marketing, which entails recognizing that the market contains several segments and then developing services to meet the needs of differing groups. Differentiated marketing seems to be most appropriate for this complex social idea. It could take into account varying needs of groups as diverse as politicians, bureaucrats, post-secondary institutions, agencies employing nurses, nurses' unions, prospective and current nursing students and practising nurses.

Legislation, regulations and standards for registration as a nurse are provincially mandated; therefore, the roles of the national and provincial professional nursing associations are also differentiated with respect to marketing. At the national level, the CNA appears to have recently divided its target market into two segments: the provincial professional nursing associations and the CNA membership. Because ten of 11 provincial and territorial nursing associations have adopted the position, the CNA's role has become the ongoing provision of information to those associations. In relation to the CNA membership target group, the board of directors in October, 1987, approved three foci for resolution of issues associated with a "blurring between continuing education for nurses today and educational requirements for nurses in the future" (Canadian Nurses Association, 1988, p.42). These foci are as follows: development of a forum on baccalaureate nursing education for the future to be held in 1989; establishment of a regular column in *The Canadian Nurse* to highlight the CNA goals and how these goals are to be achieved; and, a one-half day think tank at the time of the February, 1988 board meeting to review the issues and look at planning for the ensuing 13 years (CNA, 1988, p. 42).

At the provincial level, examples of differentiated marketing of the position are evident in documents and committee structure of the AARN, the NANB and the RNAO. Specific strategies have been proposed for two specific market segments: practising diploma nurses; and, those external to the profession, such as lay and professional groups, government and career counsellors (AARN, 1987(a); NANB, 1987(b); RNAO, 1986, p.12).

Consumer analysis

Opinions about the entry to practice policy and what process would be necessary to help move people from their present attitudes and behaviours to the desired ones must be researched. Practising nurses constitute a meaningful sector of each province's voting population. As such, their views will influence elected politicians who are responsible for enacting provincial laws and regulations. Thus, the beliefs of practising nurses, more than 80% of whom have a diploma as their highest level of nursing education and most of whom belong to a union, are significant to the social marketing of the entry to practice position.

The major nurses' unions in New Brunswick, Ontario and Alberta seem to have had relative success in marketing the disadvantages of the proposed change to the entry to practice standard. This points to a need for extensive and immediate consumer analysis of this target market segment to clarify what unionized nurses actually think about the entry to practice position and what would be necessary to help them accept the concept. Logically, such analysis lies within the scope of influence and responsibility of provincial professional nursing associations.

Influence channel analysis

Multiple channels are needed to influence various segments of the target market and some channels will be more important than others. For example, mass media communication may be helpful to raise general public awareness of a concept such as the entry to practice position, but may do little to change the opinions of such segments as non-nurse health care professionals who have a vested interest in nursing education. Although nurses today have increased expertise in selecting and influencing influence channels, especially mass media channels, this is one aspect of a social marketing campaign for which expert consultation might be beneficial.

Provincial professional nursing associations might consider changes in committee structure to involve increased numbers of members in marketing activities and assigning political lobbyist roles to salaried staff. For example, the Alberta Association of Registered Nurses recently established a special committee on political action and created two new salaried staff positions - a Public Relations Officer and a Nursing Consultant: Professional Issues - to assist in marketing health care issues.

While formal political lobbyist roles may not be perceived as appropriate to the mission of university faculties of nursing, either by university administration or by faculty members themselves, such activities are legitimately within the purview of provincial professional associations.

Marketing strategies and tactics

Additional strategies for marketing a social concept may be generated by brainstorming and reviewing the four p's of the marketing mix - product, price, place and promotion. Education, health and social services are provincial legislative responsibilities; Table 1 shows an application of the four-p framework to provincial level marketing of baccalaureate entry to nursing practice.

Each of the strategies presented in Table 1 can be further elaborated. For example, in Nova Scotia, creation of new baccalaureate programs coupled

with increased enrollment quotas in existing baccalaureate programs is envisaged (Rovers, 1987), whereas in Ontario and Alberta, collaborative baccalaureate programing involving existing colleges and university faculties of nursing, is being explored (RNAO, 1987, p. 29; Wood, 1987). Making baccalaureate programing readily accessible by promoting distance delivery teaching could lead to evaluations of technique in various provinces. Elaboration of each strategy presented in Table 1 would require collaboration of provincial professional associations and university faculties of nursing in each province.

Table 1

Application of the "Four P" Framework to Promoting Baccalaureate Entry to Nursing Practice in Canadian Provinces

Product Strategies

Increase baccalaureate program enrollments while decreasing diploma programs enrollments.
Alter existing provincial legislation to grant approval only to nursing schools offering baccalaureate degrees.
Redefine basic nursing education in provincial legislation as a baccalaureate degree in nursing.
Expand masters in nursing programing.
Establish doctoral programing in nursing in Canada.

Price Strategies

Increase numbers of nursing practice positions requiring baccalaureate education.
Obtain factual information about actual per graduate costs of educating both diploma and baccalaureate nursing students.
Negotiate adequate educational leave provisions as part of nurses' collective agreement.
Demonstrate the cost effectiveness of using baccalaureate nurses to deliver patient care.
Demonstrate the cost effectiveness of baccalaureate nurses to provide primary health care.
Fund increased number of masters and doctoral students.

Place Strategies

Increase accessibility of baccalaureate programing in each province, e.g. promote distance delivery teaching.
Facilitate inter-institutional transfer of academic credits for baccalaureate degrees.
Develop collaborative baccalaureate nursing programs among post-secondary educational institutions, e.g. colleges and universities.
Use challenge mechanisms for awarding university credit.

Promotion Strategies

Restrict diploma program advertising while increasing baccalaureate program advertising.
Provide all high school and other career counsellors with information about the baccalaureate entry to practice position.
Inform potential students, e.g. high school students, university transfer students, about benefits of nursing as a career choice and the baccalaureate entry to practice position.
Increase recruitment activities of baccalaureate programs.
Regularly provide information to practising nurses about accessibility of post-R.N. baccalaureate programs.

Program implementation and evaluation

Although social marketing plans often are not developed with a program evaluation component, Kotler (1984) recommends that it be provided for as part of the planning process. Further, he recommends that the success of a social marketing campaign be evaluated according to the following five attributes: high incidence of adoption; high speed of adoption; high continuance of adoption; low cost per unit of successful adoption; and, major counterproductive consequences. In this situation, a rapidly increasing proportion of baccalaureate-prepared nurses, the discontinuation of diploma programs and the achievement of the objectives by the year 2000 would indicate success.

Ideally, the overall cost of converting to an all-baccalaureate prelicensure education system would be balanced by greater productivity of baccalaureate-prepared nurses and cost saving health care delivery provided by baccalaureate nurses. Overall costs should not be greater than maintaining the present mix of diploma plus baccalaureate programing, although it may not actually be less.

Conclusion

While application of social marketing techniques cannot guarantee implementation of baccalaureate entry to practice by the year 2000, it does provide a useful framework for addressing this public policy issue. There is much more to marketing than simply communication or promotion. Nursing could benefit from exploring how best to adapt social marketing techniques for the purpose of implementing baccalaureate entry to practice. As noted by Ruderman (1986), "The advantage of the marketing approach lies in the fact that national target setting and problem identification, together with the knowledge of the target population (or market segment), provided by market research, avoids the waste of misdirected promotional effort" (p. 316). Given the significance and the complexity of requiring a baccalaureate degree in nursing as the minimum education for entry to practice, there is no room either for waste or misdirection of promotional efforts to achieve this goal for Canadian nursing.

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RÉSUMÉ

La promotion du baccalauréat comme condition d'entrée à l'exercice de la profession infirmière

Une façon de promouvoir le baccalauréat comme condition d'entrée à l'exercice de la profession infirmière au Canada pourrait être l'application des concepts et techniques de la commercialisation sociale. La commercialisation sociale implique la commercialisation d'une idée ou d'une opinion plutôt que d'un produit concret ou d'un service. Cet article vise à explorer l'application de techniques de commercialisation sociale à la position de l'Association canadienne des infirmiers et infirmières, voulant que d'ici l'an 2000, l'éducation minimale pour l'entrée à l'exercice de la profession devrait être un baccalauréat en sciences infirmières. Le besoin perçu de promotion, ce qui constitue la commercialisation sociale, les contraintes de la commercialisation sociale, la rationalisation de la commercialisation sociale dans le domaine infirmier et la stratégie de promotion du baccalauréat comme condition d'entrée à l'exercice de la profession sont présentés ici. Ont été utilisées les publications liées de façon générale à la commercialisation par des organismes publics ou à but non lucratif et, en particulier, des organismes canadiens du secteur infirmier et médical. Des recommandations sur la stratégie à utiliser pour promouvoir le baccalauréat comme condition d'entrée à l'exercice de la profession sont présentées, recommandations provenant de la politique officielle de syndicats d'infirmiers et infirmières et de gouvernements provinciaux du Canada. Ces recommandations sont dérivées des sept étapes majeures de Kotler (1982) d'une campagne de commercialisation sociale et se concentrent sur le rôle promoteur que pourraient assumer les associations provinciales d'infirmiers et infirmières professionnelles et les facultés de sciences infirmières dans les universités. Des stratégies particulières de promotion à l'usage du niveau provincial sont générées par l'examen des quatre "p" du mixage de commercialisation - produit, prix, place et promotion.