



A VISION FOR POST-BACCALAUREATE NURSING EDUCATION

A Living Document from the National League for Nursing

NLN Board of Governors
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INTRODUCTION/CALL TO ACTION

The National League for Nursing believes that master's education is a valid and valued means by which to prepare nurses for entry into advanced nursing practice. The NLN's vision includes the development and implementation of future models of master's and doctoral education that embrace diverse pathways to advanced nursing practice. We must ensure that both master's and doctoral programs are acknowledged as necessary to meet the varied needs of today's complex health care system.

By promoting advanced nursing practice at the master's level in a variety of functional roles — e.g., nursing administration, nursing education, APRN practice, public health/community health, nursing informatics — we increase the nation's potential to meet regional and national health care needs of multi-ethnic/racial and vulnerable, high-risk populations. Recognizing the urgency for action now in the context of the current health care reform agenda, the NLN calls for the nursing community to explore and define an inclusive approach to post-baccalaureate nursing education, one that offers multiple options for specialty practice at both the master's and doctoral levels. The League's history of championing educational reform and our core values of caring, integrity, diversity, and excellence compel us, at this moment, to act.

It is important that post-baccalaureate nursing education programs focus on local and regional health care needs, on access to quality, cost-effective, and sustainable health care, and on developing a health care system that addresses the needs of our rapidly diversifying population. We need partnerships with multiple organizations and policy makers to provide complex care for patients and families within communities. These partnerships will promote interprofessional education and the use of evidence-based, collaborative strategies for health care capacity building. This is not the time to exercise a restrictive control of post-baccalaureate nursing education, to limit the number of graduates available to lead and transform a system of health care that has patient centered care as its ultimate end. For nursing to stay true to its core purpose -- i.e., meeting the health care needs of the people by providing safe, quality, efficient, evidence-based care in a wide variety of expanding health care settings -- decisions about the length and types of post-baccalaureate nursing education must be made in the best interest of patient care.

BACKGROUND AND SIGNIFICANCE

Providing an inclusive forum for a full exchange of ideas about the AACN's call to generalist practice at the master's level. (2010), the NLN published a web-based *Reflection & Dialogue (R&D)*, "[Master's Education in Nursing](#)." The document invited input from the nursing education community that was then posted on line, and:

- Recommended multiple ways to prepare nurses to meet the escalating demands for patient care

- Called for robust data to make evidenced-based decisions about workforce projections in order to meet future practice imperatives.
- Noted that many schools of nursing are making decisions about their master's and doctoral programs without the benefit of adequate data and national discussion
- Declared that now is not the time to exercise a restrictive control of advanced nursing practice education.
- Observed that there is a need for schools of nursing to pause and reflect about possible consequences of the practice doctorate as the sole entry point for specialty practice in nursing and to consider their unique mission, organizational structure, and regional workforce needs when making decisions about post-baccalaureate nursing education program offerings.
- And finally, affirmed that both master's and practice doctoral programs have value and credibility in today's health care system.

RECENT VOICES AND THE NLN'S RESPONSE

The NLN has long held that to exclude nurses from a variety of entry points for both prelicensure and postlicensure programs (NLN, 2007, 2010, 2011; Tri-Council 2010) is shortsighted and delays the fulfillment of the patient-centered, community-responsive vision that a reformed health care system can offer. Because advanced nursing practice must be flexible and adaptable, it is not possible to meet the public's needs when mandating just one approach. During the past decade, noting the complexity of the patient care environment, national nursing organizations and nursing leaders have voiced support of master's education for specialty practice as well as concerns about the practice doctorate as the sole entry point for advanced nursing practice. Key issues for nursing education, calling for a more fluid, interprofessional and less restrictive approach to post-baccalaureate nursing education, are cited in the [*NLN's Reflection & Dialogue*](#) cited above.

The Robert Wood Johnson Foundation-funded Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health* (2011), clearly states that in order to respond to increasing demands, nurses must achieve higher levels of education and training through an innovative education system that promotes seamless academic progression. The report notes the growing emergence of DNP programs but does not comment on the potential role of DNP graduates or the impact of the DNP on doctoral applications for research doctorates in nursing, citing the lack of current evidence. The report does provide evidence of the adequacy of master's preparation as the basis for initial entry into advanced nursing practice. Like other recent publications, it cites the compelling evidence that master's-prepared nurses provide care to individuals and families that is equivalent, and in some incidences better, related to cost and clinical outcomes, than physician practice (Mundinger, Kane, Lenz, Totten, Tsai, Cleary, et al, 2000; Hansen-Turton and Kinsey, 2001; IOM, 2010; Cronenwett, Dracup, Grey, McCauley, Meleis, Salmon, 2011; Newhouse, Stanik-Hutt, White, Johantgen, Bass, Zangaro, Weiner, 2011).

The NLN agrees that the data describing the quality of APRN practice are clear and persuasive and that limiting the production of APRNs at this time, which would occur if the practice doctorate becomes the sole entry point, will be catastrophic, especially in light of 1) emerging models of chronic care delivery that require nurses with advanced nursing practice degrees to lead new health care outcomes research, 2) the need for more nurse faculty, well prepared in the educator role, to teach at all levels of nursing education (Malone, 2011), and 3) expansion of community-based health care for diverse populations.

Of vital interest to the NLN, based on our strategic commitment to development and promotion of the science of nursing education, is the need to include nurse educator preparation in both master's and doctoral education (NLN 2002, 2005, 2007, 2010). *Educating Nurses: A Call for Radical Transformation*, issued by the Carnegie Foundation for the Advancement of Teaching in early 2010, clearly recommends that all master's and doctoral nursing programs include teacher education courses and experience. Recent publications have noted growing apprehension among deans in schools of nursing around the United States that advanced nursing practice graduates, who work as full- and part-time faculty, are not educated in pedagogy, evaluation, and educational theory, and cannot engage meaningfully in nursing education research or make evidence-based contributions to nursing education reform (Broome, 2010; Cronenwett, Dracup, Grey, McCauley, Meleis, Salmon, 2011).

Equally important is the need for master's preparation for nurse educators and for other specialty roles to include point of care knowledge and expertise. The Carnegie report (Benner, Sutphen, Leonard, Day, 2010) recommended that master's programs with a nursing education focus ensure advanced clinical practice preparation for future teachers. The NLN has fully supported this twofold approach to post-baccalaureate nursing education, noting that both advanced clinical practice and the study of pedagogies designed and evaluated for nursing education better prepare future nursing faculty for teaching (NLN 2007, 2010).

In 2011, the NLN published [*Academic Progression in Nursing Education*](#) reiterating support of multiple entry points as a way to promote diversity of the nursing workforce, provide increased access to nursing, and contain the cost of educating health care professionals. The report called for advanced nursing practice programs that are inclusive of diverse pathways, and are efficient and cost-effective in facilitating academic progression. Central to the vision statement is the need for nurse educators, public policy and workforce experts, health care organizations, and all other interested parties to determine how graduate education can meet current and future demands for quality and safety and respond with new programs and pathways.

CONCLUSION

The NLN's core values call for the League to respect the dignity and moral wholeness of every person, to value differences among persons, ideas, values, and ethnicities, and to implement transformative strategies to lead in advancing excellence and innovation in nursing education. The NLN believes that supporting master's and doctoral education for advanced nursing practice enhances nurses' ability to coordinate increasingly complex care for a range of patients and advances the academic progression of nurses, while effecting wide-reaching changes in the health care system. Consideration of current population health care needs and health care reform efforts, within the context of an inclusive framing, calls for diverse pathways to advanced nursing practice for both master's and doctoral programs.

RECOMMENDATIONS

For Nursing Education Programs

Promote advanced specialty practice at both the master's and practice doctorate level of preparation to best meet regional and national health care needs.

Ensure that faculty have the specialized knowledge fundamental to the advanced specialty role of the nurse educator in order to teach and achieve curriculum reform.

Integrate the school's mission, organizational structure, and regional and national data to inform decisions about the design, implementation, and types of post-baccalaureate nursing education program offerings.

Affirm the need for educational models that foster greater diversity in nursing and nursing education. Gutmann (2009) states, "without desire, there is no transformation." We must have the will to envision, create, plan, and implement a culture of inclusiveness in the models that we design.

For the Nursing Profession

Transform the cultures of nursing, education, and clinical practice in order to promote collaborative partnerships, accountability, and commitment to the common good of health care for the nation.

Provide adequate diverse numbers of advanced practice nurses for emerging practice models of care delivery while recognizing the urgency for action now in the context of the current health care reform agenda.

Devise national, multi-site studies to provide a workforce analysis of the appropriate mix of nurses to meet emerging health care needs that include other disciplines as well as nursing. Utilizing the power of data-driven workforce decisions is a vital part of a sound, evidenced-based approach to meeting consumer and community needs.

For the National League for Nursing

Support national efforts to remove scope-of-practice barriers so that advanced practice nurses are able to practice to the full extent of their education and training.

Provide professional development programming to help faculty integrate evidence-based knowledge into the curriculum. Ensure that all faculty and administrators, both undergraduate and graduate, accept the challenge of keeping curricula current and population-focused.

Lead national efforts to develop accessible and affordable academic progression models that will best serve the nursing profession to prepare adequate numbers of graduates of advanced nursing practice programs to meet the health care needs of individuals, populations, and communities, both national and global.

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