Academic Preparation for Registered Nurses

Position

The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) supports the requirement of a baccalaureate degree in nursing as the minimum educational preparation for entry into professional nursing practice in the United States. All academic nursing programs should continue to incorporate didactic content in maternal, newborn, and child health along with guided clinical experience. AWHONN also encourages registered nurses to pursue higher levels of academic education and continuing nursing education to positively affect population health and professional growth. All nurses should practice to the full extent of their academic education and training.

Background

From the late 19th century to the early 20th century in the United States, nurses received their academic education from hospital-based diploma programs. Starting in the 1920s, 4-year baccalaureate degrees were offered in university settings. In the 1950s, community colleges began offering 3-year associate degree programs (Ervin, 2017). Although few diploma schools are still in operation in the United States, all three routes to becoming a registered nurse still exist, and graduates from all programs are eligible to take the National Council Licensure Examination for registered nurses (NCLEX-RN). Today, approximately 56% of new graduate nurses have baccalaureate degrees, which has increased from 49% in 2010 (American Association of Colleges of Nursing [AACN], 2019). Graduate programs for masters and doctoral degrees in nursing have been available since the latter part of the 20th century (Ervin, 2017).

Baccalaureate Degree as Entry into Practice

The preferred entry level of education for newly licensed registered nurses has long been debated. In addition to the content taught in diploma and associate degree nursing programs, baccalaureate degree programs include content in leadership, research and evidence-based practice, community health, interprofessional communication, informatics, and courses in the humanities and social sciences (AACN, 2019; Institute of Medicine [IOM], 2011). Baccalaureate nursing programs instill analytical and critical thinking skills that are essential for nurses to effectively navigate an increasingly complex health care environment.

Research findings have shown a link between patient outcomes and nursing education. Nurses with baccalaureate degrees play a critical role in delivering safe patient care and improving health outcomes (Dujkic et al., 2019; IOM, 2011; Kutney-Lee et al., 2013; McHugh et al., 2013; Yakusheva et al., 2014). To reduce adverse outcomes for patients, some organizations and policy experts have recommended a move toward a nursing workforce in which a higher proportion of registered nurses have at least baccalaureate-level education (AACN, 2019; IOM, 2011). To achieve the goal of amassing more registered nurses who are educated at the baccalaureate level, AWHONN encourages academic institutions to establish systems that allow seamless academic progression for nurses who choose to pursue higher levels of education (IOM, 2011).

Maternal and Newborn Content

Maternal and newborn nursing education is necessary for entry-level competency into nursing. Providing high quality, safe care for childbearing families before, during, and after pregnancy is crucial to the overall health of the nation. Women of childbearing age, pregnant women, breastfeeding women, and newborns routinely require care outside of maternal-newborn specific areas. Such settings may include emergency rooms, medical-surgical units, psychiatric care environments, operating rooms, ambulatory care, and community or public health-based health care venues.

Registered nurses who do not work in the perinatal setting but who provide care for women elsewhere should be aware of the potential implications that disease, physical and psychosocial trauma, and medical treatment can have on women of childbearing age and...
on the health of a fetus or newborn. All nurses need basic didactic and clinical preparation in maternal and newborn nursing to appropriately care for childbearing families.

**Graduate Nursing Education**

AWHONN recognizes that masters and doctoral programs bring unique value to nursing practice and the science that informs that practice. The results of two systematic reviews indicated that in settings in which nurses had advanced practice degrees, patient mortality and hospital stays decreased while patient satisfaction and cost savings increased (Swan et al., 2015; Woo et al., 2017).

Various roles for nurses with graduate degrees include but are not limited to nurse educator, researcher, nurse administrator or executive, public health nurse, specialist in nursing informatics, or advanced practice registered nurse (APRN). Four roles are available for the APRN: nurse practitioner, certified nurse-midwife, clinical nurse specialist, and certified registered nurse anesthetist. To practice in an APRN role, the individual must complete an accredited graduate program, pass a certification examination when required by state law, practice in at least one of six defined population foci, and obtain a license in one of the four APRN roles (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008).

Nurses may choose to pursue doctoral degrees, including the Doctor of Nursing Practice (DNP), Doctor of Education, or Doctor of Philosophy in a variety of fields. APRNs often choose to pursue the clinically focused DNP. Although professional organizations have discussed requiring a DNP for entry into practice for APRNs, a consensus on this requirement has not been reached. Implementation of such a change is challenged by the recognition that APRNs at the master’s level provide high-quality care, and adequate funding and a defined process to support this educational requirement are not available (American Association of Nurse Practitioners, 2013).

**Role of the Nurse**

Regardless of level of education, nurses should practice to the full extent of their education and training. Professional nursing care, critical thinking, interprofessional communication, and patient education are all key components of the role of the nurse (Buck et al., 2018). In the ever-changing field of health care, it is important for nurses to be lifelong learners through continuing nursing and other education, stay current in their knowledge and skills base, and implement evidence-based practice.

**Policy Recommendations**

Laws and regulations regarding scope of practice for nurses are defined at the state level. As a result, the scope of practice for registered nurses in a clinical setting is not entirely dependent on education or degree obtained but instead on geographic location and the political climate of the state. Legislators in all states are encouraged to evaluate and expand their scope of practice laws to permit all nurses to practice to the full extent of their education and training.

The federal government can help to eliminate barriers for APRNs. Improved outcomes and decreased costs are found in states that support full practice authority for APRNs (Bosse et al., 2017). This evidence promotes maximizing the scope of practice of the APRN and improving reimbursement policies. Therefore, AWHONN supports policies, procedures, and legislation that promotes implementation and sustainment of the full scope of APRN practice, including comparable reimbursement. Ideally, funding will be allotted to education to promote higher levels of entry into practice across all states including at the BSN, master’s, and doctoral level where appropriate. States should consider legislation for specified funding.

**Acknowledgment**

AWHONN members Jean Salena-Vieira DNP, APRN-CNS, RNC, Sarah Copple MSN, RNC-MNN, and Diane DiTomasso, PhD, RN, IBCLC are acknowledged for their contributions to this position statement.

**References**


