



Offering Baccalaureate Degree Programs at Community Colleges May 2009

This document is in response to House Bill No. 4837, establishing education programs and grant baccalaureate degrees in nursing, cement technology, or culinary arts. Part one incorporates PCSUM's document, *Community College Baccalaureate: A Solution in Search of a Problem* and part two focuses on the offering of a Baccalaureate in nursing at community colleges.

Community College Baccalaureate

Definition of a community college: Any institution accredited toward the Associate in Arts or the Associate in Science as its highest degree.

- By offering the BSN, there is a clear case of mission creep

Major function of a community college:

- College access, local proximity, and affordability
- Transfer (intermediary between high school and university)
- Vocational technical training
- Remedial and adult basic education (second chance institution)
- Guidance or career advisement
- Community and continuing education

Funding of a community college: Each community college district is significantly supported through a local property tax which can cover up to \$2,000 of the cost the study is paying both – local property tax and tuition. It makes their cost argument a bit more complex. The local property tax is an important source of revenue which is not currently available to public universities.

Prominent associate degree to baccalaureate degree models:

- Articulation agreements – www.Michigantransfernet.org. For example, Eastern Michigan University and Washtenaw Community College have signed an articulation agreement that will provide transfer students the opportunity to complete a nursing degree at EMU (4/29/2009).
- University Center Model – prevalent across Michigan for the past 20 years. Expanding these partnerships is the correct approach. University Center at Gaylord (www.ucgaylord.org), where eight universities collaborate to deliver a complete range of higher education services to the citizens of rural, northern Michigan.

- Partnership efforts – offer degrees at locations across the state and on-line. For example: Ferris State partners with 17 community colleges and offer degrees at 21 locations across the state and on-line. They offer a RN-BSN completion program across the state and on-line.

Acknowledged costs for adding a Baccalaureate Degree:

- Stretches existing dollars especially in the current economy.
- Difficulty to increase local millages to expand existing services much less adding baccalaureate education.
- Conflicts with current community college mission, property tax support, and its use.
- Will result in tuition and/or property tax increases in addition to greater requests for capital outlay for upper level programs to cover the additional costs for faculty, labs, library, etc.

Change in faculty culture:

- Multiple year contracts (not currently offered by community colleges)
- Salary differential issues
- Faculty credentials
- Evidence of scholarship/research for four-year faculty
- Mission creep

Cherry Commission Message – Access to Higher Education

The message of the Cherry Commission was access to higher education. The National Center for Public Policy and Higher Education found that in Michigan only 70 out of 100 high school freshmen graduate from high school four years later and then, only 41 immediately enroll in college. Michigan needs to reach those six students who do not foresee higher education in their future. Providing initial access, whether at the associate degree, certificate level, or in developmental basic skills, is the core mission of the community college.

NURSING

Currently there are 19 RN Programs at the Baccalaureate Degree level in Michigan.

The American Association of Colleges of Nursing (AACN, 2005) position statement on community colleges offering a baccalaureate in nursing includes the following points:

- It is an expansion of their mission so they must be under the same scrutiny as four-year institutions by regional accrediting bodies to assure that they meet the same standards (scientific and liberal education foundations) as with a four-year degree granting institution.
- CC's must maintain programmatic integrity of quality standards as set by the nursing's specialized accreditation agencies.
- CC's must integrate the essential elements of liberal education, professional values, core competencies, core knowledge and role development through upper division nursing major.

Barriers to expanding AND/RN to BS/RN at Community Colleges:

- *Cost of operating nursing programs* – \$10,000 annually to provide operational costs associated with the preparation for a ADN to site for the Registered Nurse Exam. Thirty-three percent comes from tuition so the colleges would need \$7,000 in funding for every nursing graduate (MCCA 2008, 2007).

- *Clinical site availability* – Schools are competing for a limited number of clinical education sites and instructors. Expanding enrollments will only increase the pressure to find available space, time, and faculty (AARP, 2008; Boulus, Daun-Barnett, 2008; CMON, 2006). MCCA (2007) encourages partnerships with non-traditional clinical sites; offer incentive programs to hospitals for accepting more students; fund off-time site use; implement software for site-sharing; and support use of technology for clinical simulation. MCCA (2008) illustrates partnerships between community colleges, four-year universities and hospitals to increase the number of nurses in the Michigan workforce.
- *Student attrition* – providing funding for mentoring, counseling, and support services (MCCA, 2007; CMON, 2006).
- *Recruitment and satisfaction of job* – fewer young people are entering the profession and more practicing nurses are leaving the field or retiring (CMON, 2006)
- *Faculty shortage* – aging faculty, increased time to enter graduate education, time to complete graduate education, heavy faculty workload, low faculty wages, and lack of a robust faculty pipeline (AARP, 2008; Boulus, Daun-Barnett, 2008; MCCA, 2008; MCCA, 2007; CMON, 2006).
- *Facilities* – nursing education infrastructure, including classrooms, meeting rooms, learning laboratories, simulation technology, and other teaching tools (CMON, 2006).

Innovative Efforts Underway at 4-Year Institutions

1. *Creating strategic partnerships to align and leverage stakeholder resources* – create consortiums and collaboratives across hospitals, nursing schools, industry, government, and philanthropy (e.g., Center to Champion Nursing in America). Example: Henry Ford Health Care System, Ford Motor Company, and Oakland University School of Nursing have formed a collaborative to offer an accelerated BSN program for displaced autoworkers – two tracks: 1) one-year BA to BSN program and 2) three-year BSN entry-level BSN program for those without a bachelor’s degree.

The American Association of College of Nursing (AACN, 2005) encourages community colleges that wish to offer a baccalaureate nursing degree to partner with four-year institutions. For example: Ferris State partners with 17 community colleges and offer degrees at 21 locations across the state and on-line. They offer a RN-BSN completion program across the state and on-line.

2. *Increasing nurse faculty capacity and diversity* – creating accelerated higher degree programs and targeting clinical practice nurses for faculty development (AARP, 2008; MCCA, 2007; CMON, 2006). In the past year, three new doctoral degree programs have been approved (Grand Valley State, Wayne State, and Eastern Michigan)
3. *Redesigning nurse education* – need to rethink the entire process of how nurses are educated to identify more efficient and effective educational strategies including technology and team-training (AARP, 2008; Joint Commission).
4. *Flexing policy and regulation* – capitalize on the role played by government, regulatory and accrediting organizations in nurse education (AARP, 2008; CMON, 2006)
5. *Improve work situations* to keep nurses in the profession (CMON, 2006) and create organization cultures of retention (Joint Commission). The Joint Commission highlights that it costs approximately 100 percent of a nurse’s salary to fill a vacated nursing position.

Nursing Profession Survey – Dissatisfaction of Job

In the *Survey of Nurses, 2007* by the Michigan Center for Nursing found that nurses leaving their position voluntarily in the last two years have left because:

- 43.0% lacked job satisfaction
- 27.7% family or personal concerns
- 22.2% inadequate salary/wages, and
- 20.9% physical demands of the job.

Accreditation of Associate and Baccalaureate Degrees in Nursing

There are two national associations for accreditation. The National League for Nursing Accrediting Commission (NLNAC) sets standards and criteria for Associate and Baccalaureate nursing degree programs, while the American Association of Colleges for Nursing accredits Baccalaureate and Master degree programs.

National League for Nursing Accrediting Commission (NLNAC)

To see the Michigan institutions accredited by NLNAC at either the Associate's or Bachelor degree level, please see http://www.nlnac.org/Forms/directory_search.htm

Baccalaureate Degree

- 2.1 Faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility
 - 2.1.1 A minimum of 25% of the full-time faculty hold earned doctorates.
 - 2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credentialed.
- 2.5 Faculty (full- and part-time) performance reflects scholarship and evidence-based practice

Associates Degree

- 2.1 Faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility
 - 2.1.1 The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.
 - 2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credentialed.
- 2.5 Faculty (full- and part-time) performance reflects scholarship and evidence-based practice and clinical practices

American Association of Colleges for Nursing

The AACN accredits baccalaureate and master's nursing degree programs. To see which Michigan institutions are accredited by AACN Commission on Collegiate Nursing Education, go to www.aacn.nche.edu/CCNE/reports

AACN CNNE look at the following when it comes to the BSN:

- Liberal Education – Liberal education is needed for the development of intellectual and innovative capacities for current and emergent generalist nursing practice....studying the humanities, social sciences, and natural sciences expands the learner’s capacity to engage in socially valued work and civic leadership in society. A liberal education for nurses forms the basis for intellectual and practical abilities for nursing practice as well as for engagement with the larger community, both locally and globally. Skills of inquiry, analysis, critical thinking, and communication in a variety of modes, including the written and spoken word, prepare baccalaureate graduate to involve others in the common good through use of information technologies, team work, and interprofessional problem solving. Liberal education, including the study of a second language, facilitates the development of an appreciation for cultural and ethnic diversity.
- Organizational and Systems Leadership – Organizational and systems leadership, quality, improvement, and safety are critical to promoting high quality patient care. ... graduates will understand and use quality improvement concepts, processes, and outcome measures.
- Scholarship for Evidence-Based Practice – Provides a basic understanding of how evidence is developed, including the research process, clinical judgment, interprofessional perspectives, and patient preference as applied to practice.
- Information Management & Application of Patient Care Technology – Ethically manage data, information, knowledge, and technology to communicate effectively; provide safe and effective patient care; and use research and clinical evidence to inform practice decisions.
- Healthcare Policy, Finance, and Regulatory Environments – Will have a solid understanding of a broader context of healthcare, including how patient care services are organized and financed, and how reimbursement is structured. They also understand how healthcare issues are identified, how healthcare policy is both developed and changed, and how that process can be influenced through the efforts of nurses, and other healthcare professionals, as well as lay and special advocacy groups.
- Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
- Clinical Prevention and Population Health—Health promotion, disease, and injury prevention across the lifespan are essential elements of a baccalaureate nursing practice at the individual and population levels.
- Professionalism and Professional Values

Based on The Nursing Agenda for Michigan, the Michigan Department of Community Health convened a task force to make recommendations regarding needed changes in statutes, rules and policies in order to improve the education of nurses and the practice of nursing (February, 2008). The three recommendations listed below are related to the bill proposing nursing baccalaureate degrees at community colleges.

Recommendation 6.3: Unified Nursing Education Curriculum

It is recommended that there is a review of content and implementation of Michigan rules governing the curriculum for practical nursing (PN) and associate degree nursing (ADN) education programs. There are 36 associate degree in nursing (ADN) programs in

Michigan with a wide range of graduation credit requirements. The approved programs (approved by Michigan Board of Nursing) vary in college academic credit from 60 to 105 credits. The disparity among programs creates barriers for transfer students, and is inefficient and confusing for faculty and students.

Recommendation 6.3: Student-to-Faculty Ratios in Clinical Nursing Education

Create and promote a collaborative, flexible process for setting safe, evidence-based, learning-appropriate student-to-faculty ratios in all types of clinical learning situations. Nursing Administrative rule 305(4) should be changed to enable such negotiation of venue-appropriate, safe student-to-faculty ratios, with the proviso that all ratios shall be lower than the current maximum of 10 to 1.

Recommendation 6.4: Consistent Definitions in Nursing Education

As the nursing shortage intensifies, there has been and will be increasing stress on nursing education resources. There will be increasing pressure to utilize individuals in teaching roles for which they are under-prepared and unprepared. Standards will be compromised and variances will become common; the MBON Education Committee has experienced a substantial increase in the number of requests for exceptions with the respect to faculty qualifications.

Conclusion

Why focus on opening new baccalaureate programs for nursing at community colleges, when the real issues are (1) number of faculty to teach courses, (2) limited number of clinical education sites and instructors, and (3) turnover of nurses: salary, job satisfaction and physical demands of the job. Instead of adding more programs, we need to get to the heart of the issues and by analyzing the nursing shortage through a systems thinking perspective, we can see that there are different pieces of the puzzle that should be focused on first. These pieces are mentioned in this document and by focusing on the innovative efforts listed on page 3, we will work towards the solution.

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