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Position



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Opinion of The NYSNA Council on Education  
Regarding  
Empowering Hospitals to Become Degree-Granting Institutions

The NYSNA Council on Education is strongly opposed to the suggestion that hospitals become degree-granting institutions. The Council is convinced that this would serve neither the public nor the nursing profession and urges unequivocal rejection of this suggestion. The basis of the Council's position is as follows:

1. The hospital's primary purpose is facilitation of direct patient services.

Within the hospital setting, skilled personnel are employed or engaged and resources secured and organized for the express purpose of delivering direct services to patients. The ongoing operation of a hospital, and the functioning of the various personnel employed or practicing therein, provide an excellent milieu for both learning and research. However, as has long been emphasized, neither the educational or research activity of a hospital may be permitted to displace or take precedence over its direct service function.

The current financial crisis in the hospital industry militates against the suggestion that hospitals undertake to become educational institutions and acquire degree-granting status. The crisis is apparent in spiralling per diem rates, ever more stringent criteria for third party reimbursement, cost control legislation, personnel cutbacks, job freezes and other economy measures. All of these seriously restrict hospitals' efforts to fulfill their fundamental service obligations and limit the accessibility of health care services.

Diploma programs in nursing as well as other educational programs conducted by hospitals have long been recognized as financial liabilities. Serious questions have been raised regarding the propriety of diverting limited resources from direct patient services to educational programs, particularly when such programs are available in legitimate educational institutions. Furthermore, analysts of the health care delivery system have argued strongly against patients and families subsidizing educational programs as part of the "hidden costs" of health care services. Clearly, the hospital industry cannot and should not be expected to sustain



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the financial effort basic to assumption of responsibilities of degree-granting institutions.

Nor is it wise to encourage hospitals to seek financial aid from sources which support higher education in the private and public sector. The financial crisis in higher education is equally as critical and well-known as that in the hospital industry. Lack of resources threaten the very existence of many institutions and programs and seriously restrict the functioning of others. The duplication of effort and dissipation of available resources inherent in any effort by hospitals to become degree-granting institutions are simply indefensible.

II. Integration of nursing education into the mainstream of higher education is imperative and inevitable.

The very nature of the practice of nursing requires educational preparation of a breadth and depth traditionally available only in legitimate institutions of higher learning. The nursing profession's ability to provide such educational opportunities for students of nursing and the public's acceptance of the need for such preparation are well documented.

For example, admission to hospital diploma schools accounted for 51.2% of admissions to all types of basic registered nurse programs in 1966-67; by 1970-71 this number had fallen to 31.1%. The number of hospital programs decreased from 83 in 1966 to 64 in 1971. Simultaneously, enrollments in associate degree programs jumped from 20.4% to 36.3% and in baccalaureate degree programs from 25.9% to 28.9%. (During this period total enrollments in all types of basic nursing programs rose from 16,471 to 23,044).<sup>1</sup>

In addition, it should be noted that several hospitals which formerly offered diploma programs have entered into contractual agreements with colleges and universities to provide clinical laboratory facilities for nursing students enrolled in degree-granting programs. Such an arrangement enables hospitals to make a significant and indispensable contribution to effective nursing education.

Presumably if hospitals are accorded degree-granting authority, the degree in question would be either The Associate in Occupational Studies or The Associate in Applied Sciences. The Council believes there is no justification for either approach.

The Associate in Occupational Studies is in no sense adequate or appropriate preparation for the practice of nursing. Requirements for this degree are totally inconsistent with requirements for either The Associate in Applied Science or the Baccalaureate degree and bear no resemblance to commonly accepted minimum requirements for all types of nursing education programs. For example, general specifications for the A.O.S. degree program are:

- a) "The program shall consist of either 4 semesters of 15-18 weeks, 6 quarters of 10-12 weeks, or the equivalent."
- b) "The program for which the Associate in

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Occupational Studies degree authorization is sought shall consist solely of course work in the specialized area and related work thereto. General education may be optionally included, but will not be considered to contribute toward program registration."<sup>2</sup>

The suggestion that such preparation is adequate for practitioners of nursing is patently ridiculous.

Furthermore, requirements relative to faculty preparation in registered A.O.S. programs fall far short of those accepted as minimum preparation for faculty in all types of existing nursing programs. To wit, faculty in A.O.S. programs "...must hold a baccalaureate degree in the subject field or a satisfactory equivalent. Such equivalence may include an Associate degree and substantial work equivalence directly related to the field of specialization..."<sup>3</sup> As emphasized by the State Education Department in 1967,<sup>4</sup> the master's degree is the minimum level of preparation for instructors in nursing recommended by both the Department and the professional society.

As to the Associate in Applied Sciences, hospitals simply do not possess the resources to conduct such degree programs. This is evidenced by the fact that the majority of existing diploma programs currently purchase general education offerings from colleges and universities. Moreover, in light of available opportunities for enrollment in degree-granting institutions and in light of such developments as the External Degree program, there is no need for hospitals to undertake such an effort.

Initiation of yet another type of basic professional nursing education program into an already somewhat chaotic system would serve only to confuse the public and potential nursing students. In addition, the Council believes it would be virtually impossible for such programs to meet accreditation standards, that students recruited into such programs would receive inferior preparation and that graduates of such programs seeking advanced preparation would face overwhelming obstacles.

In 1966 The New York State Nurses Association called for the orderly transition of nursing education into the mainstream of higher education in order that the nursing needs of the people of this state may be met by qualified practitioners of nursing.<sup>5</sup> This commitment was reaffirmed in 1972 and accredited hospital diploma programs were urged to take the necessary steps to become an integral part of degree-granting institutions.<sup>6</sup> Considerable progress has been made to date and, as previously noted, many hospitals have already closed their diploma programs and now offer their facilities for clinical experience for nursing students. There is no question that existing and developing patterns in nursing education provide ample opportunities for preparation of qualified practitioners of nursing.

Hospitals have in the past made enormous contributions to the public good through involvement in both basic and graduate nursing education. Their participation in the transition of the system of nursing education into the mainstream of higher education, while as painful and

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gradual as any similar sociological change, has been commendable. At this point in history, to suggest that hospitals become degree-granting institutions in and of themselves is highly regressive. Inherent in this suggestion are: needless duplication of efforts; increasing dissipation of limited human and financial resources; increased confusion within the public regarding the nature of nursing practice and education; serious educational and career hazards for potential nursing students; and, subsequently, serious dilution of the quality of nursing care services.

- III. Enabling hospitals to become degree-granting institutions would support the dangerous trend toward institutional licensure.

The proposal that the present system of individual licensure of health personnel be replaced by institutional licensure is gaining increased support. Under such a system health care agencies licensed or regulated by either the state or some other regulatory body would have the authority to define position responsibilities and establish basic and continuing education requirements for entry into health care positions. (Most institutional licensure proposals recommend that only physicians and dentists continue to be licensed as individual practitioners.)

The Council on Education believes that institutional licensure poses very serious threats to the public as well as to presently licensed health professionals. Institutional licensure not only usurps professions' legitimate prerogatives to define their services and to regulate entry into practice, but it also negates individual accountability for services rendered. Under such a proposal, professions and practitioners would quite literally be subject to highly variable local definition and control. Uniform standards, portability of credentials, career mobility would all be seriously jeopardized.

Enabling hospitals to become degree-granting institutions would establish a very dangerous precedent and would undoubtedly accelerate implementation of institutional licensure. In this regard, the Council reiterates its conviction that the hospital's fundamental obligation is facilitation of the delivery of health care services, not the education or regulation of health care practitioners.

In summary, the NYSNA Council on Education believes there is no need or justification for enabling hospitals to become degree-granting institutions. On the contrary, the attendant consequences of shifting the establishment and maintenance of educational standards from bona-fide educational institutions to service oriented facilities mandate immediate and decisive rejection of such a proposal.

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#### NYSNA Council on Education

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Luella K. Fox, Chairman, Department of Nursing, Jamestown  
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Rose Muscatine Hauer, Director of Nursing Service and School  
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Teachers College, Columbia University  
Anne Rudolph, Instructor, School of Nursing, State University  
of New York at Albany

##### Chairman:

Virginia Barker, Dean, School of Nursing, Adelphi University

#### REFERENCES

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3. IBID.
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NEW YORK STATE NURSES ASSOCIATION

RESOLUTION REAFFIRMING THE  
NEW YORK STATE NURSES ASSOCIATION'S OPPOSITION TO  
EMPOWERING HOSPITALS TO BECOME DEGREE GRANTING INSTITUTIONS

*Adopted by the NYSNA Voting Body in Convention 1973*

- WHEREAS, Nursing as an autonomous profession has the responsibility and prerogative to determine the educational requirements of its practitioners, and
- WHEREAS, Educational institutions are responsible for providing the extensive resources essential to and supportive of the learning process, and
- WHEREAS, Such educational resources require extensive initial and continuous financial support, and
- WHEREAS, Funding for nursing education in recognized institutions of higher education is in a critical state and creation of costly new nursing education programs would further dilute available funds, and
- WHEREAS, The primary responsibility of hospitals is to facilitate direct patient care services, and
- WHEREAS, Direct patient care services are already expensive to the consumer and ought not be increased by incorporating costs directly related to subsidizing education programs for nursing practitioners, and
- WHEREAS, The New York State Nurses Association through its Council on Education is in strong opposition to the proposal enabling hospitals to become degree granting institutions for basic nursing education,
- THEREFORE BE IT RESOLVED, That the New York State Nurses Association in convention assembled reaffirm the New York State Nurses Association's opposition to the concept enabling hospitals to become degree granting institutions for basic nursing education purposes.