Nurses are nurses—unless they're not

By Leah Curtin, RN, ScD(h), FAAN

The key message of the Institute of Medicine's (IOM) 2010 report "The Future of Nursing: Leading Change, Advancing Health" is that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression." The American Nurses Association has held this position since 1965.

The outcome of nurses with higher education levels should be better patient care and a stronger nursing profession. The number of nurses with bachelor's degrees has risen to about 55%. The percentage with master's degrees has increased tenfold since I entered the profession, and I can't even calculate the increase in the number of nurses with doctorates. And all this wealth of knowledge has occurred during my practice lifetime!

Today, many specialties within the nursing profession are practiced at different levels by educationally differentiated nurses. However, an insidious form of the nouveau riche syndrome (sudden wealth combined with the need to show it off) has arisen among some nurses with higher degrees. Some claim they're not nurses at all but scientists, physician assistants, scholars, or administrators—or they assert that the work they do is more important than the work of "lesser" nurses. Some even eliminate the "RN" after their name and use only their academic credentials.

In the past, as nursing developed certain specialties, it spun these off and gave birth to new professions, such as dietetics, social work, and physical therapy. During roughly the same period, another movement led to a decrease in the amount of time and even education needed to become a practicing nurse. Three-year diploma schools, with all 3 years spent learning or practicing nursing (presumably under supervision) were reduced to 2 years, with a significant percentage of that time devoted to subjects other than nursing.

Be that as it may, rise of the associate of science in nursing (ASN) degree eased the way for the seamless academic progression that the IOM has endorsed. In fact, tremendous strides have been made to enable those with ASNs to obtain a bachelor of science in nursing (BSN) degree. And now these nurses are graduating to face the nouveau riche nurses. In some circles, this has led to frustration and anger, which has transmogrified into a form of reverse snobbism. Between the attitudes of the nouveau riche and the reverse snobs, nursing might end up splintered, fractured, and diminished.

As nurses, we all share a common cause and a common tradition. Initially, there was nothing but the need to help and be helped—a need that overcame suspicion, prejudice, and even fear of plague; that whetted and justified a thirst for learning, knowing, understanding, and sharing this with, and for, others. Nursing's traditions are humanitarian in the fully philanthropic meaning of that term: marked by a love of mankind.

Philosophers and nurses alike have debated how best to carry out this love for the good of both the individual and society. In recent years, we've moved so rapidly in just one generation from philosopher Maimonides' lower levels of charity to his highest level—an anticipatory charity that operates by preventing suffering, by teaching others to care for themselves and thus rendering them independent.

Nursing hands, helping hands, and helping hearts and minds also can be used to help ourselves: to reach out helping hands to colleagues who seek to learn more, to smooth out barriers to higher education—and yes, even to respect and aid those who can't undertake or don't want more formal education. Above all, we can choose to respect the work of nursing, and nurses, at all educational and practice levels.

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