

Nursing double degrees: a higher education initiative in times of nursing shortages

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KEY WORDS

Double degrees, nursing shortages, nursing education.

ABSTRACT

Objective

The aim of this paper is to raise awareness of nursing double degrees (DD) and pose questions about their possible impact on nursing shortages.

Setting

Nursing education in the Australian higher education sector.

Primary argument

DDs that include nursing are now offered in 13 universities in Australia with over one third of undergraduate nursing students studying by DD mode. The paper argues that the nursing profession should be alert to the growing presence of DD nursing students and graduates and consider the implications of DDs as part of future workforce planning.

Conclusions

To take account of DD graduates who do not choose to take up a career in nursing, there needs to be an increase in Australian Government funded nursing places and more incentives to remain in nursing. Additionally, where a DD includes a second professional qualification (e.g. teaching, paramedicine) there needs to be some relaxation of cross professional regulations and scopes of practice so that DD graduates can practice in both disciplines.

INTRODUCTION

The increasing shortages of nurses is well documented globally and locally (Buchan and Aiken 2008; Buchan and Calman 2004; Hegney et al 2002; ICN 2004; WHO 2003). These shortages have a negative impact on the health outcomes of patients. They can also lead to stress and burnout in nurses and then consequently to problems with recruitment and retention (Buchan 2006; Hegney et al 2006b; Morrison et al 2001; van den Tooren and de Jonge 2008). Recruitment and retention issues are not just confined to metropolitan areas but they are also found in rural areas where they can adversely affect the health and sustainability of whole communities (AGPC 2005; ICN 2008; Mahnken 2003; Ryan-Nichols 2004; WHO 2003).

Australia faces a predicted shortfall of between 10,000 to 12,000 registered nurses (RNs) by 2010. To meet this shortfall, at least a doubling of current graduate completions per annum is required (AHWAC 2004). In 2008 the numbers of graduates fell far short with only 7,011 students completing a nursing degree (Preston 2009). Addressing the shortage of graduates presents challenges for the higher education sector, which shares a responsibility with the Federal, state and territory governments, and the nursing profession for ensuring sufficient numbers of qualified nurses to meet present and predicted vacancies (Crowley and West 2002).

Undergraduate double degrees with nursing in Australia

A key initiative from the higher education sector has been the introduction of nursing DDs. DDs involve studying two undergraduate degrees concurrently. DDs can also be termed dual, combined or joint degrees; there is no common terminology used in Australian universities (Batson et al 2002; Russell et al 2008). Over 33% of nursing students study by DD mode (Preston 2009). This proportion is much higher than the 13% of all students who are enrolled in DD programs (GDS 2008). DDs involving nursing are taught conjointly and can be either within a similar discipline area eg Bachelor of Nursing/

Bachelor of Rural Health Practice or across two separate discipline areas eg the Bachelor of Nursing/ Bachelor of Behavioural Science (Psychology). DDs range between four to six years in length depending on the university requirements and the degree of similarity in the combined disciplines. For example, all Bachelor of Nursing/ Bachelor of Midwifery DDs are four years but a Bachelor of Nursing/ Bachelor of Arts in International Studies is five years.

An example of typical DD programs are two offered at Charles Sturt University (CSU) a regional university in New South Wales, Australia. Enrolling nursing students can choose between the three year Bachelor of Nursing or two four-year DD programs: the Bachelor of Nursing/ Bachelor of Clinical Practice (Paramedic) (BN/BCP) and the Bachelor of Early Childhood Teaching (birth to five years)/ Bachelor of Nursing (BECT/BN). As in many other DD programs students choosing these concurrent DDs complete two separate three-year degrees in a four year period and gain knowledge, experience and skills from two disciplines. The BECT/BN gives graduates a very broad understanding of the child, both sick and well, from the hospital to the community setting to child care, while the BN/BCP equips graduates to work in both pre-hospital as well as hospital care areas.

While the growth and popularity of nursing DD programs suggests they may be a positive development, little is known about their impact on the numbers of nursing graduates who choose to work as a nurse. There is a lack of knowledge about why increasing numbers of students are interested in DDs or what their experiences are like while studying two degrees concurrently. Similarly, we know little about their career pathways, whether their career preferences change during their studies, and which career they eventually choose. Indeed they may not intend to do nursing. It is possible therefore that the DD initiative may not provide the panacea that was hoped for.

The purpose of this article is to identify some of the issues and unanswered questions associated with nursing DD programs and to consider their potential

to address the current nursing shortages. The article consists of three sections. The first section provides an overview of the main reasons for the nursing shortages to establish a context for considering the possible impact of DDs. The second section outlines the Australian nursing education context as a key factor influencing the supply of nurses. The third section makes a number of recommendations concerning the necessity to gather baseline data and increase funded places in nursing.

DISCUSSION

Reasons for nursing shortages

This section briefly discusses five main reasons for the current workforce shortages. Difficulties include balancing supply and demand through funding mechanisms; recruiting suitable students into nursing courses; and retaining new graduates and experienced nurses. These difficulties are exacerbated by the changing nature of the nursing workforce and expanding career opportunities for nurses outside of nursing.

Balancing supply and demand

Balancing the supply and demand of nurses through funding mechanisms is an ongoing policy challenge. There was a rapid growth in the number of qualified nurses from the 1960s through to the 1980s as a result of increasing demand arising from the expansion of health services (Preston 2009). The recession in the early 1990s led to sudden cut backs in expenditure by state governments and consequently in the employment of nurses (Preston 2009). Nurses who couldn't find work moved into other areas and, in response to the glut of nurses, governments reduced the numbers of funded places in nursing education (Preston 2009). By the late 1990s when vacancies and replacement requirements began to increase, the supply of nursing graduates was insufficient to meet demand.

A decade later the supply of nursing graduates is still not able to keep up with current demand. The problem is exacerbated by the retirement of large numbers of nurses who entered the profession from the 1960s to the 1980s (ANF 2006; Preston 2009).

Some argue, however, that the problem is not so much a lack of supply of graduates but rather a reluctance of many RNs to take up nursing and to continue to work as nurses in the present conditions (Buchan and Aiken 2008). Whether the growing availability and popularity of DDs will ameliorate or exacerbate the shortage of nurses is unknown.

Recruitment of suitable students into nursing courses

To address the nursing shortages one strategy of the Australian Government has been to increase funded places in universities for nursing students. Following increases in the number of funded places from 2002 to 2008 (Drury et al 2008), the Royal College of Nursing Australia (2009) reported there were more nursing students being educated in Australian universities than ever before. Many of these places have been taken up by mature age students and increasingly DD students. Mature age students make up over one third of BN student recruits (Drury et al 2008). They are high achievers and have less attrition rates than the younger traditional students (Kevern et al 1999). While mature age students can help to relieve some of the current workforce shortages their likely shorter career spans, and decreased working hours per week (AHWAC 2004) will intensify the shortages predicted in the next decade (Drury et al 2008; Crowley and West 2002).

Nursing shortages are further exacerbated by the reluctance of school leavers to consider nursing as a career, a trend that has been identified in Australia and overseas (Buerhaus et al 2000; Dockery and Barns 2005; Drury et al 2008). The main reasons cited are a decline in young females interested in jobs traditionally seen as 'women's work' and expanding career options for females (Dockery and Barns 2005; ICN 2008; Staiger et al 2001). Many studies have identified the types of students who choose nursing, and what motivates and influences their decision (Boughn 2001; Dockery and Barns 2005; Larson et al 2003; Newton et al 2009). Although school leavers are attracted to DD programs (Batson et al 2002; Russell et al 2008) as yet, no study appears to have investigated why students enroll in a nursing

DD program or whether they take up a career in nursing after graduation.

Retaining new graduates

Nursing shortages can negatively affect graduate transition programs and the experience of new graduates. To maximise employment options, the large majority of nursing graduates in Australia seek to undertake a graduate transition year in a healthcare facility of their choice. Hospitals generally have an official graduate transition or mentoring program that consists of the graduate rotating through wards or areas with support from a program educator, mentor or preceptor. Because of the insufficient numbers of experienced nurses who are able to take a mentoring role, many facilities have a limited capacity to accept new graduates. The difficulties associated with inadequate orientation to clinical areas and the lack of ongoing support in transition programs contribute to the high attrition of new graduates in that first year (Hayman-White et al 2007; Hegney et al 2002; McCabe et al 2005; Mills et al 2007; Newton et al 2009).

A further problem is horizontal violence in the form of aggression and marginalization by other staff members which is reported to be disproportionately directed towards new graduates (Hegney et al 2002; Lea and Cruickshank 2007). Blame for the high attrition rate is also attributed to universities because of the alleged unpreparedness of graduates (Crowley and West 2002; Kenny and Duckett 2003).

Retaining experienced nurses

Experienced RNs report the inability to provide quality nursing care as the main cause of their dissatisfaction, burnout and decision to leave or reduce their hours of work (Hegney et al 2002; Hegney et al 2003; Morrow 2009). This inability is related to overwhelming workloads caused by the increased intensity of nursing activities and the increased acuity of patients serviced with no matching increase in staffing levels. The other reasons commonly given are the lack of autonomy, the inappropriate skill mix of staff and workplace violence perpetrated by patients, visitors and other staff (Aiken et al 2009; Hegney et al 2006a; Jackson et al 2003).

The changing nature of the nursing workforce

Changes in the nature of the nursing workforce also contribute to the shortage of nurses. Almost one third (30%) of RNs are not currently in the nursing workforce (Preston 2009) and of those who are, almost half (48%) work part time (AIHW 2009; ANF 2006). Moreover, 49% of nursing graduates entering the workforce are mature-age (over 25 years of age), as previously mentioned, the age profile of graduates exacerbates the challenges associated with an aging workforce (Drury et al 2008; Gaynor et al 2007; Tindle and Lincoln 2002). Other factors include RNs changing careers (Kelly and Ahern 2008) and the 7% 'out' migration of the mostly young RNs to work and travel overseas (Preston 2009). Collectively, these factors lead to a net loss in the nursing workforce.

Expanding career opportunities outside nursing

The growing labour market for nurses outside their traditional employment options also contributes to a loss of qualified RNs and warrants careful consideration in the context of the growth of nursing DDs. Technological advances mean more health services are provided at home and in the community (Swerisson 2009). As well, there are increased career opportunities and demands for nurses in generic management positions (ICN 2008). In addition, approximately 15% of nurses in Australia work in related occupations that are not officially designated as 'nursing' (Preston 2009). On the periphery of the healthcare system, for example, are early intervention programs such as *Families First* and *Brighter Futures* that promote the safety and well being of children and young people at risk (NSW Government 2009). While these programs do not require staff with nursing qualifications, a DD nursing graduate with the second degree in early childhood teaching is well qualified to work in these programs.

Restrictive and arguably outdated regulations that place artificial constraints on nurses' capacities to practice nursing outside traditional employment options may also exacerbate shortages. This problem is evident when nurses requalify in order to move into paramedicine in the ambulance services, another area that attracts nurses. RNs who wish to change

to paramedicine can do so relatively easily because they gain advanced standing in recognition of prior learning. Therefore RNs may fast track into a higher level in the ambulance service than paramedics in training with no prior qualifications (Reynolds and O'Donnell 2009).

DD graduates with qualifications in nursing and paramedicine may also work in the ambulance services. A study conducted in the Central West of NSW identified that the rural ambulance service would be keen to employ multiskilled nursing and paramedicine DD graduates but that within the ambulance service, DD graduates would be limited to working as paramedics (Hickey 2005). Regulations would prohibit them from using their nursing competencies. This anomaly could indicate that the healthcare industry may not be ready for these DD professionals. Regulations in Australia whilst protecting titles and professional autonomy on the whole do not allow cross professional care even though it could improve workforce efficiencies (Swerisson 2009).

The nursing education context

Nurse education has seen a number of dramatic changes over the last 25 years. This section focuses primarily on the development of DDs in nursing against a backdrop of DDs in general.

Changes in the delivery of undergraduate courses

In Australia as in many other developed countries the supply of nurses is inextricably linked with initiatives in higher education. While there are a number of different entry points eg. school leavers, enrolled nurses (Division 2), a Bachelor of Nursing (BN) degree has been the only pathway to becoming a registered nurse since nursing education was transferred from hospitals to tertiary institutions in the late 1980s (Russell 1990; Swerisson 2009). In an effort to make nursing courses more attractive Universities have become more flexible in their delivery of these courses by providing prospective students with many choices. Nursing students can now undertake part time study, distance education BN courses, online BN courses, enrolled nursing (Division 2) pathways, as well as DDs of varying lengths combining a BN

with another undergraduate degree. A search of university websites indicated that in 2008 there were 18 of these DDs on offer and in 2010 it had risen to 29. There has been an exponential growth in nursing DDs and the impact of DD students on Bachelor of Nursing programs and tertiary educators is unknown.

Who do nursing double degrees attract and why?

As mentioned previously, we know little about the students who enrol in nursing DDs, or why they are attractive to them. Broader studies of DD students (i.e. across all discipline areas) indicate that DDs tend to attract a different type of student than do single degrees. DD students are more likely to have enrolled straight after completing high school (school leavers); their tertiary entrance scores generally are higher than the scores required for entry to equivalent single degrees; and there are more females than males (Batson et al 2002; Russell et al 2008). These studies indicate that students perceive the advantages of DDs as being a less costly and time efficient method of gaining an additional degree. They receive a reduction in completion time due to credits across disciplines and they gain a broader education with increased skills and options to those of single degree students (Batson et al 2002; Russell et al 2008). It would seem reasonable to assume that DDs that encompass nursing appeal to students for similar reasons, but in the absence of empirical data about nursing DD students, we can only speculate about who is attracted to a DD with nursing and the advantages seen. There can be little doubt, though, that nursing needs high achieving students and talented multiskilled professionals who are able to work across disciplinary boundaries.

RECOMMENDATIONS

The issue for universities and the nursing profession is whether multiskilled nursing DD graduates are choosing to enter nursing or a role that involves nursing, or whether they are looking elsewhere. As this paper has highlighted, there are many other related, unanswered questions about DD nursing students and graduates. These questions are related to their dual career pathways. For example,

do students decide on their preferred career choice before they enrol? Do their experiences of studying by DD mode confirm or change their career preferences in relation to nursing? If they change their career preference during their university experiences is this important? What is it that makes them change to or away from nursing? Is there something that nursing is not offering that they desire? As graduates, do they look for work in one discipline area or in a position that combines the knowledge and skills acquired through their DD? Are they highly mobile in their careers, in the sense of wanting multiple career options and the ability to move between careers associated with their dual career pathway? Are they less likely to stay on a single career path? In light of so many unknowns, the paper concludes with two recommendations: 1) the need to obtain baseline data on DD nursing students and graduates; and 2), given the many unknowns about the career outcomes of DD graduates, the need to increase funded places for nursing education in Australian universities and relax regulations concerning cross professional employment.

Obtain baseline data on DD nursing students and graduates

As a matter of urgency, baseline data needs to be obtained on DD nursing students' characteristics, completion rates, graduate locations, career choices and retention rates as this is vital information for the future planning of the nursing workforce. Given that many cohorts are now graduating, it is timely to undertake investigations of DD students and graduates. While Graduate Destination surveys give an overall picture that DD graduates have higher employment rates and higher salaries as compared to single degree graduates (GDS 2008), they are not sensitive enough to give data on discreet DD combinations, such as nursing DDs. This is also true of the registering authorities in each State. Data is kept on numbers of RNs and those with post graduate degrees, but again these records cannot identify the specific numbers of DD graduates who register and are or are not employed as registered nurses. There is an urgent need for research that provides data on these students and graduates and insights into their career decision making.

Increase funded places for nursing and relax regulations concerning cross professional employment

Despite the increase in government funded nursing places in universities since 2002, the number of places still falls far short of the present and predicted industry requirements. With the increased intake of students including DD students there is an arguably unrealistic expectation that there will be more 'work ready' RN graduates. To take into account DD graduates who do not choose nursing, there needs to be an increase in Federal Government funded nursing places and more incentives for those who enter and remain in nursing. Additionally, there needs to be some relaxation of cross professional regulations and scopes of practice so that DD graduates can practice in both of the disciplines in which they have gained qualifications. If regulations were relaxed, these multiskilled graduates might not be lost to the nursing workforce; rather they would be seen as an asset.

CONCLUSION

In conclusion at a broad structural level the future focus on addressing nursing education, workforce planning, recruitment and retention strategies must take into account the significant presence of DD nursing students and graduates. DD students are filling undergraduates nursing funded places at Universities but if they choose not to do nursing after graduation this needs to be identified. Should this prove to be the case, in order for DDs to contribute to addressing the nursing shortage, targeted strategies will need to be developed to retain DD nursing graduates.

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