

Letters to the Editor

I am writing to express concerns about the research paper “A Critical Analysis of the Benefits and Limitations of an Applied Degree in Undergraduate Nursing Education,” by Chapman and Kirby, published in the previous issue of *CJNL*.

The subject of undergraduate degrees, including comparisons made between degree outcomes and institutions awarding them, is in the spotlight as an important public policy issue in many local, provincial, national and international jurisdictions. Publications such as yours have the potential to shape government, professional and public opinion on degree granting, so it is extremely important to view them with a critical eye. In Ontario, the provincial government and education sector are undergoing critical pathways and system design discussions with post-secondary institutions. The opinions represented in this paper could be referenced in these discussions, and I am concerned that the paper does not present strong evidence or a balanced analysis. For example:

1. The definition of “applied degree”: the meaning of this term differs significantly by jurisdiction and it is impossible to carry out a thorough analysis without addressing this issue. The authors cite several US studies that base their findings on the American post-secondary education (PSE) model, which is a tiered model and issues two- or three-year community college degrees, called “associate degrees.” They are not equivalent to “applied degrees.” Applied degree programs in Ontario are four years in length and have different outcomes.
2. The section of the paper that intends to show the limitations of college applied degrees relies heavily on a secondary source from the university sector (i.e., a 1999 fact sheet from the Nursing Research Unit), but does not review the primary sources. Nearly all of the primary sources were written 10 or more years ago, prior to the establishment of applied degrees in this province and before much of the PSE reform in other jurisdictions.
3. In Ontario, the baccalaureate degree has already been established as the entry-to-practice for nursing. The authors are expressing their opinion that baccalaureate degrees earned through colleges rather than universities would have negative consequences for the nursing profession, primarily by undermining the position of nursing as an academic pursuit. To this point, it should be noted that colleges already play an important role in delivering nursing education in

Ontario, and have done so successfully for many years. Even under the current nursing education model, Ontario colleges deliver at least half the instructional programming offered for the college–university collaborative nursing degree.

I fully support open dialogue on PSE models and welcome critical reviews of models and outcomes, but it is important to recognize that to do the argument justice, researchers must address the complexities of the PSE landscape and make appropriate comparisons.

A review of existing and emerging nursing education models is a challenging undertaking, so perhaps the best approach would be a collaborative one, in which both college and university researchers jointly contribute to a comprehensive examination of characteristics, inputs and outcomes. Such a paper would make a major contribution to the policy dialogue for nursing as well as for post-secondary education.

Sincerely,
Linda Franklin
President and CEO, Colleges Ontario

As the chair of a nursing program in Ontario, with experience in both college and university academic frameworks, I am particularly interested in publications that explore alternative delivery methods in nursing education. The conduct of research into educational preparation options, delivery methods and the relationship of these factors to the end product (graduate nurse) has the potential to advance the nursing profession, respond to the educated Canadian consumer and contribute to the ultimate goal of producing a graduate with baccalaureate-level competencies. Chapman and Kirby's paper, however well-written and presented, requires caution in interpretation.

The authors' comments on the limitations of the applied degree in nursing derive from several comparisons to the American nursing education model. I believe that this perspective does not adequately reflect the current reality of Canadian post-secondary education. There are marked interprovincial differences within Canada, especially with respect to what constitutes an "applied degree." The US community college nursing credential is termed an "associate degree" and thus, is not comparable to the four-year course of academic study that leads to an applied degree in Ontario. The non-nursing applied degrees currently conferred by Ontario's colleges of applied arts and technology (Colleges Ontario 2009) are eight semesters in length with an emphasis on cooperative education, project-

based learning and hands-on practice. These programs also do not compare to the three years of academic study plus one year of work study that constitute applied degree programs in other Canadian jurisdictions.

The authors' assertion that nursing is an academic discipline, defined as a science, is not in dispute. Further, the authors are correct in their assumption that there is little agreement among nurse scholars, administrators and practitioners regarding the essence of the nursing profession or on how it should be taught. While there is widespread commitment among nurse educators to the baccalaureate degree as the entry-to-practice credential (CNA 2003), employers have recently challenged the quality of preparation of our graduates. This paradox underpins the recent call to explore alternative and diverse delivery methods of nursing education throughout Canada.

This desire to explore alternative options has an urgency given the looming health human resources shortage and consumer demands. Independent baccalaureate degree-granting options by Canadian colleges have demonstrated success in British Columbia and Alberta. These approaches do not suggest that there should be another category of nurse registrant, nor do they mean that the level of education, scholarship or rigour would be compromised. The accreditation process of the Canadian Association of Schools of Nursing (CASN) is rigorous, fair and designed to evaluate Canadian nursing programs against their capacity to produce a graduate capable of meeting the entry-level competencies, which are provincially regulated at this time. During the exploration, creation, implementation and evaluation of revolutionary nursing education programs, CASN would remain the national accrediting body, ensuring that the required rigour is maintained, regardless of the type of academic institution that is offering the program.

Although Chapman and Kirby highlight some contentious issues, extreme caution must be exercised in applying these findings and policy implications. The authors' interpretations and conclusions are largely based on data collected from secondary sources that refer to an education system that is not comparable with the assumptions underpinning their paper.

Jason Powell. RN, BScN, MScN
Emergency Nurse Certification: Canada – ENC(C)
University of Western Ontario (Nursing Education)

References

- Canadian Nurses Association (CNA). 2003 (June). "Fact Sheet: Nursing in Canada." Retrieved February 12, 2008. <http://cna-aiic.ca/CNA/documents/pdf/publications/FS19_Nursing_in_Canada_June_2003_e.pdf>.
- Colleges Ontario. 2009. Retrieved February 12, 2009. <<http://www.collegesontario.org>>.

Thank you for the opportunity to respond to the concerns addressed by Linda Franklin, President and CEO of Colleges Ontario and Jason Powell. We would like briefly to address their concerns.

While we acknowledge that there are jurisdictional differences in the way applied degrees are defined across Canada, there are important common elements among community college degrees. Although our paper cites American sources (e.g., journals), the majority of our sources are exclusive to the granting of four-year baccalaureate degrees by community colleges in Canada and abroad.

The Nursing Health Services Research Unit (NRU), whose research we cite, is a provincially funded research unit that exemplifies collaboration among the post-secondary education sectors. The specific document cited describes the rationale for the change in the entry-to-practice requirements for nursing. We consider this to be important historical information.

We respectfully submit that Franklin's last concern is a misunderstanding of our stance in the manuscript. In the paper, we contend that the college–university collaborative baccalaureate degree in nursing, as compared to the community college applied degree, is more consistent with the original intent of the regulatory change to the nursing entry-to-practice education requirement.

We are pleased that Franklin concurred with our sense of the importance and relevance of this topic as a national public policy issue. This is an important debate and an important area of research with serious implications for public policy and the Canadian healthcare system.

Mr. Powell centres his argument on his assertion that our secondary sources deal only with two-year associate degrees at community colleges in the United States and not baccalaureate degrees granted by community colleges in Canada. Contrary to this assertion, the majority of our sources are exclusive to the granting of four-year baccalaureate degrees by community colleges in Canada and abroad.

Sincerely,
Leigh Chapman and Dale Kirby