

Moving to an all-degree nursing profession at registration: How might the nursing workforce and quality of care be affected?

Moving to an all-degree workforce at the point of registration has been recommended as a key strategy in modernising nursing^{1,2}. The challenges it poses, however, have long been debated: potential advantages of increased attractiveness of nursing as a career for some and enhanced quality of care have been contrasted with potential risks of deterring other potential applicants and concerns about proficiency in 'basics' of care and workforce retention. Drawing on a recent review³, this Policy + presents evidence on these and other questions to identify potential challenges for the NHS in England if it is to move successfully to an all-graduate profession.

What sources of evidence exist to inform the all-graduate debate?

A degree only route to registration in England will most likely be via a 3-year course. Hence the ideal studies to inform such a decision are those comparing qualifiers from existing 3-year degrees with qualifiers from the majority route, the 3-year diploma.

Most UK research, however, investigates the longer-standing 4-year degree. Some UK studies follow careers of 4-year degree qualifiers⁴ and others compare their workforce and competence outcomes with those for non-graduates (certificate course and/or diploma course qualifiers)³. Some studies also include nurses with post-registration degrees. From the 1990s, universities increasingly offered 3-year degrees alongside diplomas and some research compares outcomes for these two groups^{5,6}.

Some other countries also offer more than one route to registration⁷ and in two of these (US and Canada) comparative studies exist. Outcomes for qualifiers from 4-year baccalaureate degrees are compared with those for 3-year diploma qualifiers (US and Canada) and 2-year degree qualifiers (US only). Our review considered the implications of UK and North American studies for moving to a single level degree qualification in England.

How might an all-graduate nursing profession affect the workforce profile?

- Little evidence exists to indicate what might be the impact of degree entry only on absolute numbers of qualifiers.
- Evidence exists that some groups (e.g. those keen to gain graduate status) might be more encouraged to apply while others (e.g. mature entrants) might be deterred.
- UK studies suggest that graduates have higher career aspirations than diplomates as indicated by: greater certainty of plans; wider diversity of aspirations; and greater expectations of reaching higher grades by specified time-points.
- Findings on pathways followed are inconsistent. Several studies suggest that many diploma qualifiers are positively motivated to subsequently undertake degrees and many do so, but others encounter difficulties in pursuing this course of action.

- Evidence on satisfaction of graduates is mixed. Two UK early career studies point to graduates becoming less satisfied with aspects of professional and working life but US studies suggest that graduates in later career stages are more satisfied.
- Findings from US and UK studies on intention to stay are contradictory, but the strongest evidence points to initial high commitment to the profession followed by a decline for UK graduates. Little evidence exists on graduates' short and long-term retention in nursing.

How might an all-graduate nursing profession affect the quality of care?

- A comparison of UK 3-year degree and diploma qualifiers during their first three years found no significant differences in competence that would be meaningful in practice.
- There is some evidence that qualifiers from 4-year degrees, and those who take post-registration degrees, are more competent than non-graduates in certain aspects of nursing and that experience further develops these enhanced competencies.
- Evidence cited for better patient outcomes derives from large North American studies; these report associations between reduced patient mortality and higher proportions of baccalaureate degree qualifiers in the nursing workforce.

Conclusions and implications

Design limitations and comparator groups used, mean that caution must be exercised in extrapolating findings from studies primarily based on a minority of 4-year degree qualifiers to a situation in which all nurses would qualify via 3-year degrees. The evidence on potential advantages and risks of moving to graduate status at registration has the following implications.

- More research is needed on the impacts on absolute numbers of qualifiers. The profile of qualifiers may change with increased/total degree provision and mature entrants in particular may need encouragement through provision of access courses.
- An all-graduate workforce may have higher expectations of career progress and job satisfaction than the current mixed workforce. Expectations will need to be recognized and managed to promote retention.
- Career progress, morale and retention of the existing diploma/certificate workforce will need careful assessment and management. Increased numbers of diplomates wanting to upgrade to graduate status has individual and organizational resource implications.
- Studies showing that 4-year, but not 3-year, degree qualifiers had enhanced competencies suggest that these may be attributable to the additional year, plus smaller teaching groups⁸. This, combined with findings that these enhanced competencies are further developed by experience, underlines the importance of a supported post-qualification period.
- Implications of findings that higher proportions of 4-year baccalaureate qualifiers are associated with better patient outcomes are not entirely clear: the causal factor in the lower mortality reported is not necessarily the proportion of baccalaureate degree prepared nurses; and interpretation of data has been contested.

Key issues for policy

- The evidence base provides some insight into the likely consequences of a move to a single level of qualification achieved by a three-year degree.
- Lower competence of graduates is not a significant risk.
- Potential advantages include attracting more people seeking graduate status and holding higher career expectations.
- Potential risks include: deterring some applicants with resulting loss of diversity of qualifiers; and ability of the service to retain graduates and current non-graduates through meeting career aspirations of both groups.

References and information

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