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## The Illinois Nursing Act of 1987: Issues, Concerns, Results, and Implications

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# Baker and Washburn: Illinois Nursing Act of 1987: Concerns, Results, & Implications

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## THE ILLINOIS NURSING ACT OF 1987: ISSUES, CONCERNS , RESULTS, AND IMPLICATIONS

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Abstract: **For** several decades various proposals have surfaced to change education and **licensure** for the nursing profession. The proposal by the American Nurses Association has caused widespread controversy among proponents and opponents about the future of nursing education. It sought to establish two **levels** of nursing: (a) professional, requiring a Bachelor of Science in Nursing, and (b) technical, requiring an Associate Degree in Nursing. This article addresses the issues, concerns, and results of this proposal during development of the Illinois Nursing Act of 1987.

Implications are presented from a non-nursing perspective and an educational perspective of the impact of the Illinois Nursing Act as well as the problems associated with providing adequate, high quality health care in a cost accountability environment.

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professional Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). At that time, the American Nurses Association (ANA) proposed new designations for the levels of nursing practice. The proposed changes would limit the professional nursing level to those nurses holding a Bachelor of Science in Nursing (BSN) degree and the technical nursing level to those nurses holding an Associate Degree in Nursing (ADN).

The ANA's proposal was to be implemented through efforts of each state nurses' association during the investigative and developmental period prior to drafting renewal legislation for nursing practice (Federation, 1986). If affected, existing nursing licensure legislation in each state would be amended. The ANA committed \$100,000 per year to assist state nurses associations in securing state legislative support, enactment, and implementation of the proposal (Wallace, 1986).

In the state of Illinois, the Nursing Act was enacted on July 1, 1951, after which it was amended numerous times and last revised in 1983. The scheduled date of repeal was December 31, 1987 (Illinois Nursing Act, 1951). On November 9, 1985, the Illinois Nurses Association (INA) House of Delegates approved a proposal seeking to amend the Illinois Nursing Act during the renewal process. Although several changes were sought, the major one provided for establishing nursing practice levels aligned with the ANA proposal. The INA proposed the title of Registered Nurse (RN) to designate the professional nurse and the title of Associate Nurse (AN) to designate the technical nurse. Only those LPNs who had successfully completed an approved pharmacology course would be grandfathered at the technical level. All changes were to be in effect within eight years after enactment of the law (House, 1985).

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opposing the INA proposal. An example of a supporting organization was the Illinois Organization of Nurse Executives. The strongest opposition came from the Coalition for the Preservation of the Current Nurse Practice Act. The Coalition was supported by more than 20 organizations including the Associate Degree Nursing Council, Illinois Community College Board, Illinois Community College Faculty Association, Illinois **Health** Occupations Association, Illinois Council of Community College Administrators, and Illinois Vocational Association. Issues and **concerns** from both sides were addressed over a two-year period.

Issues

The key arguments by each side are outlined below. Proponents arguments are followed by **counterarguments**.

Proponent Arguments

Proponents to the proposal argued that:

1. An implementation date of **1995** allowed ample time for an orderly transition;
2. All graduates from an approved RN program would be allowed to take the RN **licensure** examination up to the implementation date;
3. Duties and responsibilities of the associate nurse would not be decreased since this was a new category not yet having a job description;
4. Employers, not the proposal, had the authority and responsibility to determine whether LPN positions would be eliminated;
5. Current staffing problems might be alleviated through role clarification;
6. Long-term care facilities should benefit due to the availability of more competent practitioners;
7. The percentage of minorities in nursing would not be decreased;

8. BSNS perform competencies better at the professional practice

level than **either** diploma or **ADN** graduates;

9. The percentage of BSNS had steadily increased;

10. **BSN** program accessibility would have to be improved in the southern half of **the** state;

11. Health care costs **would** experience little or no increase as a result of the proposed changes; and

12. Educational costs would increase only minimally (Illinois Organization, 1986).

### Opponent Counterarguments

Opponents to the proposal **counterargued** that:

1. The impact on education and employment would be experienced immediately and increase each year during the transition;

2. Responsibilities assigned to associate nurses would decrease and ultimately absorb the LPN duties, resulting in elimination of the LPN positions;

3. Elimination of LPN positions **would** create financial and staffing hardships on health care facilities, especially long-term care;

4. The percentage of minorities in nursing would decrease due to the increase in cost and time needed to secure a BSN;

5. Data were not available to indicate the superiority of BSN **competencies** over ADN competencies;

6. ADN graduates consistently recorded higher pass rates on the licensing examination than BSN graduates;

7. More than three-fourths of the RNs employed in Illinois hospitals had less than a BSN degree;

8. Few BSN programs existed in the southern half of Illinois; and

9. Costs would dramatically increase in terms of:

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employment of BSNS,

b. Educational institution expenses for making program **and/or faculty** changes,

c. **Health** care recipient and taxpayer costs. Both ultimately would shoulder much **of** the extra expense for services received as well as the enormous expense at the state level for redevelopment of **licensure** examinations and processes,

d. Student expenses entailed in seeking more years of education in less accessible programs (Coalition, 1986; Federation, 1986; Wallace, 1986).

These issues spearheaded much debate during the two years prior to legislative action. **As** a result, a chasm developed within the nursing profession. Non-nursing professionals watched the events with much interest and speculation for their outcomes. The most quoted consensus of this group was Abraham **Lincoln's** statement, "A house divided against itself cannot stand." Even though Illinois' most famous citizen had referred to the national civil war, it seemed most appropriate for the **state's** nursing **civil** war.

Results and Discussion

In the last months before the expiration **of** the Nurse Practice Act on December **31**, 1987, the prevailing legislative attitude seemed best stated in a letter from State Representative **Jack** L. Kubik to Theodore Tilton of the Coalition dated June 12, 1987. **Kubik** wrote:

During the course of that Committee meeting, I indicated to both groups, and the Department of Registration and Regulation, that it was crucial they **all** sit down and negotiate all portions of the bill . . . not just the educational provisions. In the legislation

new sections of the Act which would make some significant changes for all nurses. I think that in the heat of the battle regarding the educational requirements, there has been painfully little attention focused on issues such as changes in the authority of the Committee of Nurses Examiners, the expansion of criteria for revocation of a license and the increase in fines for violations of the Act, just to name a few. These and other issues are matters that impact upon all nurses and should be discussed and properly negotiated so everyone is satisfied.

On December 16, 1987, Governor James R. Thompson signed into law the Illinois Nursing Act of 1987. In general, the changes can be classified as an expansion, a delineation, or an updating of the primary provisions of the previously amended Act. In effect, the proponents of the INA/ANA proposal lost the battle. In doing so, they may have lost the war. Illinois was considered a pivotal state for the ANA due to its large size and population. A win **would** have fueled the fire, while the loss may prove to be the fatal blow for the ANA proposal. As with any battle, the time for healing must now begin. Unfortunately, the scars from this encounter may still be evident and **well** remembered in 1997 when the current Act is scheduled for repeal. Perhaps the issues should be clarified now.

#### Implications

##### Implications From A Non-Nursing Standpoint

To be sure, there were several interesting proponent. and opponent arguments regarding the ANA proposal. Those arguments serve as a focal point for this section. Several authors, namely **Feldbaum** and Levitt (1980) and **Dolan** (1978) have analyzed this controversy as a power

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struggle wherein higher wages are sought by a group of highly educated nurses. They argue that health care costs would rise dramatically for the consumer. **However**, it is perhaps best to review the controversy from several **socio-economic** and educational perspectives, unencumbered by whatever personal gains the **BSN** might enjoy if the ANA proposal received Illinois' legislative support.

For some years educational planners have noted a dramatic shift in the human resource base of the United States. Pearce-Snyder (1986) noted a dramatic decline in **U.S.** birthrates from 1958 to 1975. In particular, Pearce-Snyder noted the corresponding reduction in number of young adults entering the labor force and the increasing number of middle-aged **baby boomers** who were projected to need retraining because of changes in technology and/or the economy. **Wattenberg** (1987) noted that demographers have projected accurately the relationship between birth rates and several **socio-economic** factors. **For** this discussion, **the** declining number of young adults entering the labor **force** and the increasing number and proportion of **older** citizens seems to have relevance.

First, **while** the number of **older** citizens continues to rise as a percentage of the total U.S. population, it is clear that there will be a need for long-term care for these older citizens; care which may not require a **BSN** level nurse. Reduced third party coverage of in-hospital stays **for** long-term patients, AIDS, stroke recovery, and post-operative care (among other factors) would suggest the important need for health care workers who can provide basic levels of **health** care **below** those currently required of a **BSN** or **ADN** in the ANA proposal. Which level will provide these services?

Are there health occupations which require **competencies** at a more basic level than those required of a **BSN** or **ADN**? Several authors suggest

for nursing occupations which will not be requiring highly skilled

technology?

Both fields of nursing and medical technology were first licensed in 1938 (Lesnick and Anderson, 1947). For comparative purposes, a review of medical technology levels of practice follows: Medical laboratory technicians primarily are graduates of associate degree programs and are prepared to perform routine procedures in clinical laboratories. These procedures require basic knowledge and skills but require few judgment decisions. Medical technologists, on the other hand, have a baccalaureate degree and are well prepared in areas frequently requiring judgment calls, i.e., blood banking, bacteriology, hematology, and special chemistry. Additionally, a medical technologist should be educated in areas of administration and education. While technicians are technical specialists, medical technologists must make very difficult decisions regarding problems that require keen judgment and an advanced level of skill (Information, 1987). In the same sense, varying levels of competency are needed as well in the nursing profession.

Recently, there has been a rather dramatic shift in the economy from an industrial to a service and information base. Pearce-Snyder (1986) notes that this shift affects the nature and character of many professions. In the medical field, different levels of competence will be required to provide an increasing number of services. It may not be appropriate to reduce levels of nursing given this shift.

Nursing, as a service profession, is listed as one of the top 10 occupations which will require a large number of workers in the next decade. Several small rural hospitals are not at full capacity. With labor intensive costs of health care, there may be some advantage for replacing LPNs with ADNs in small rural hospitals which are using swing

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LPNs is increasing.

Implications From An Educational Perspective

There are several educational issues which have been addressed by the American Nursing Association and others with regard to the proposal for two levels (ADN and BSN) of nursing. First, some suggest that additional education required of BSNS **would** improve performance and patient care. The fundamental question is whether or not BSN educated nurses are better prepared to work with new state-of-the-art technologies. Opponents of the proposal suggest that BSN programs do not provide the type of technical understanding necessary for use of sophisticated technologies. They note that BSN graduates typically have the least number of hands-on patient care experiences of any level of nursing. If ADN graduates become technical nurses as the ANA proposes and **would** be educated to use state-of-the-art sophisticated technologies, then who would be responsible for basic patient care **in** hospitals? Is this not a reasonable and appropriate expectation for LPN graduates? **It** is somewhat ironic as **Mennemeyer** and **Gaumer** (1983) note that "polls of nursing supervisors show a mild preference for BSN and DIP (diploma) nurses relative to **ADNs**. Board exam scores show diploma nurses as performing best in those areas tested" (p. 35).

Data which link the length of educational programs with job performance are inconclusive. It also is difficult to generalize that employers want more BSN nurses. This may be true in certain settings, however, not in long-term care or rural hospitals in which nurses with higher salary levels may not be necessary.

In examining factors which affect the nursing profession, nursing student characteristics should be considered as well as student impact of

the ANA proposal. LPN, ADN, and BSN students seem to have different

interests, abilities, and aptitudes. Is there a **place** for **all** of them in nursing? Some students choose educational **programs** in anticipation of their need to provide excellent basic patient care and may not need or want advanced levels of technical or professional education as required for ADNs or BSNS. Other students choose programs requiring a higher level of education.

Of greater concern are competencies and responsibilities required of nurses at each level. Whether it be two or three levels of nursing, it is imperative that critical **competencies** be identified at each **licensure** level and that attainment of these competencies be verified upon completion of each educational program level. Clearly, there are different occupational responsibilities which would allow the profession to stratify the competencies needed in the nursing profession among three levels.

While the controversy concerning restructuring of nursing levels will continue, it will be important to assure that any change contributes to substantial increase in health care. To date, the ANA proposal does not promise a reasonable return on the educational and financial investment required for its implementation. Careful consideration should be given to redesigning educational delivery for nurses by seeking input of nurses who will ultimately be affected by curricula reform at all levels.

#### Conclusions and Recommendations

The number of nurses and professional associations that have become embroiled in this issue seems to indicate a need for an articulated career ladder for the nursing profession. The evidence indicates that in the future there **will** be a growing demand for large numbers of

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never been a better time or a greater need for nurses to join forces in a singular effort to develop articulation from one level of skill to another without repetition of content or monies. Time has become the most valuable resource of the health care industry, and time is running out. The annual hospital census of AIDS patients, elderly patients, and the acutely ill has risen so dramatically that no time can be expended on divisive issues but must be used wisely to better serve the health care needs of our nation.

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