Academization of Nursing and Its Possible Consequences for Hospital Management in Germany

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Abstract

The history of nursing academization worldwide spans over a century. In Germany, this process started in the early 1990's and, relative to many other countries, has remained slow. However, some of the latest developments in the country are promising a constant increase in the number of nurses with academic education. Consequently, this process arouses new challenges and opportunities for hospital management. Through a literature review, this paper aimed to give an overview over the progress toward nursing academization in Germany, in comparison with the United States and the European Union. The other objective was to identify examples of the consequences of the process for German hospital management and to design proposals to facilitate adaptation to possible challenges.

Keywords: Nursing education • BScN • Hospital management • Nursing in Germany

Introduction

The history of nursing academization worldwide spans over a century. In Germany, this process started in the early 1990's and, relative to many other countries, has remained slow. However, some of the latest developments in the country are promising a constant increase in the number of nurses with academic education. Consequently, this process arouses new challenges and opportunities for hospital management. Through a literature review, this paper aimed to give an overview over the progress toward nursing academization in Germany, in comparison with the United States (US) and the European Union (EU). The other objective was to identify examples of the consequences of the process for German hospital management and to design proposals to facilitate adaptation to possible challenges.

Literature Review

Since 1909, when the first nursing bachelor program was launched in the US, many countries promote academic nursing education. The necessity for an academization of the nursing profession comes from the complexity of care within hospitals, as well as in community settings. It requires highly qualified nurses with rich knowledge in pathophysiology, psychology, as well as in the operation of medical devices. Evidence from several studies suggests that compared to nurses with vocational training, nurses with academic education possess skills for better prevention, recognition and treatment of exacerbations of patients' conditions. Besides that, they show higher levels of professional performance and are associated with lower rates of mortality and failure to rescue (FTR). For instance, Aiken et al. found that an increase in proportions of DENs by 10% decreases the odds of both outcomes by 4% [6]. Cho et al. discovered an even greater decrease in mortality rates – up to 9% by each 10% increase in RNs with at least bachelor's degree [7]. The results of the study of Kutney-Lee and colleagues show that every 10% increase of degree-educated nursing staff is associated with 7.5 fewer FTR events for every 1,000 patients [8]. However, most of the studies conducted on this topic are cross-sectional – which do not prove causality between variables. Furthermore, the relationship between the educational levels of RNs and other patient outcomes (e.g. falls, nosocomial infections, pressure ulcers) was scarcely examined and results of existing studies are inconsistent [1]. The lack of causal relationship and inconsistent results of some studies make it difficult for policy makers worldwide to reach a consensus on how nursing education should be. Therefore, while some countries are moving towards academization, others are still requiring only vocational training for entry into the profession, leading to an uneven professional landscape.

Nursing Education in the US, the EU and Germany

According to Spetz nearly 66% of US nurses will be trained on academical level by 2025 [9]. The projection shows that the country will not meet IOM recommendation's goal of 80% DENs by 2020. However, stakeholders in the US are aware of the benefits that nurses with academic degree can offer to the national healthcare system and develop different approaches in order to speed up the process of nursing academization. For instance, in December 2017, the New York governor signed a senate bill requiring all RNs either to have or to obtain a bachelor's degree within 10 years of initial licensure [10].

Nursing education in Europe has gone through several reforms in the last two decades. Firstly, the Bologna process, which started in 1999, has accelerated the transition of nursing training from vocational to academic level [11]. In addition, directives 2005/36/EC and 2013/55/EU have defined the minimum training requirements for nurses in the EU. The latter gives freedom to the EU Member States to decide whether a diploma or degree level is essential to practice the profession. According to findings of Praxmarer-Fernandes et...
Germany is supposed to grow. That, in turn, gives rise to several opportunities. Subsequently, the number of DENs in the country’s colleges and universities [17]. It was estimated that in total in 2014 about 7,000–8,000 nurses with an academic degree were working in German health care facilities. This numbers correspond to 0.5% of all nursing staff in the country [14].

One interpretation of this data is that nursing in Germany appears to be perceived as a practical profession. In such case, the health system may not be striving to promote academization. Explanations for this phenomenon could be the underestimation of the benefits of DENs for health outcomes; resistance to nursing academization from medical organizations and the United Services Union (the dominant trade union in the healthcare sector); and apprehension of financial consequences of the process [15]. The first debates on the transformation of nursing into an academic discipline began in Germany in the middle of the twentieth century. At that time stakeholders believed that academization of this “female profession” is not necessary and even unfeasible. Moreover, it was considered that everyone is capable to work in nursing and it does not require high qualification. All these caused a slowdown in the academization process in Germany, which begun only in early 1990’s when the programs have primarily concentrated on the areas of nursing management and teacher training, while the first bachelor program in nursing was launched in 2004 [16]. According to Busse et al. there are 37 German higher education institutions offering now bachelor programs in nursing [15]. This number is expected to increase, especially after the adoption of the Nursing Professions Act 2017, which for the first time regulated an initial nursing education at academic level. This law, that entered into force on January 1, 2020, leads to a standardization of bachelor programs in the country within the EU/EFTA to offer exclusively vocational level of nursing training [12]. 13 out of 27 countries offer exclusively bachelor’s degree-level as initial nursing education. The same number of countries (incl. Germany) offer both vocational and degree-level education (Table 1). Among countries in the latter category the proportion of DENs working in hospitals varies drastically from 0% in Germany to 56% in Belgium (Figure 1) [13]. It was estimated that in total in 2014 about 7,000–8,000 nurses with an academic degree were working in German health care facilities. This numbers correspond to 0.5% of all nursing staff in the country [14].

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### Table 1. Levels of initial education of nurses in the EU/EFTA.

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Country</th>
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<tbody>
<tr>
<td>Diploma level exclusively</td>
<td>Luxembourg</td>
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<td>Bulgaria</td>
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<td>Cyprus</td>
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<td></td>
<td>Denmark</td>
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<td>Estonia</td>
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<td></td>
<td>Finland</td>
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<td></td>
<td>Ireland</td>
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<tr>
<td>Bachelor’s degree exclusively</td>
<td>Italy</td>
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<td></td>
<td>Netherlands</td>
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<td></td>
<td>Norway</td>
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<td>Portugal</td>
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<td>Spain</td>
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<tr>
<td></td>
<td>Sweden</td>
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<tr>
<td></td>
<td>United Kingdom</td>
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<tr>
<td>Diploma &amp; Bachelor’s degree</td>
<td>Austria</td>
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<td></td>
<td>Belgium</td>
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<td>Germany</td>
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<td>Switzerland</td>
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the new pay agreement will lead to a difference of only €80 [17]. In this context, 
it’s expected that with the progress of nursing academization, hospitals’ salary 
costs will not increase cardinally, but will happen gradually. Moreover, these 
expenditures can be reimbursed by developing management strategies that 
will use the potential of DENs to its maximum extent.

The systematic review of Tsiachristas et al. has shown that promoting 
new professional roles in healthcare that gravitates some tasks from doctors 
to specialist nurses and advanced nurse practitioners can potentially lead 
to costs savings [19]. Moreover, the authors found positive effects from the 
introduction of these roles regarding clinical outcomes and patient satisfaction. 
German hospitals are also likely to profit from such skill-mix innovations within 
their health workforce.

Some experts see the task-shifting from nurses to nurse assistants 
as a cost-effective strategy. This process should not be understood as the 
replacement of nurses by nurse assistants, but as supplementing and 
complementing [20]. According to the German Association of Nursing Science 
(Deutsche Gesellschaft für Pflegewissenschaft), the increase in DENs should 
happen together with an increase in nursing assistants. That is seen as an 
example of nursing staff deployment strategy that is adapted to the needs of 
patients and can be economically beneficial [14]. This is particularly important, 
especially given that nurses in German hospitals are often occupied with the 
mundane tasks that do not require nursing education, e.g. ordering patients’ 
meals and their distribution or cleaning patient environments. This, in turn, 
leads to an increase in undone direct nursing tasks, such as oral hygiene or 
skin care, while patients must carry the consequences [21].

Yakusheva et al. provided an economic simulation, in which it was found 
that institutions with more than 80% of DENs can potentially save more than 
$5.5 million annually due to lower readmission rates and shorter length of stay 
(LOS) [22]. Despite this study being provided within the US healthcare system 
settings, German hospitals are also likely to benefit financially from the shorter 
LOS and lower readmission rates if they reach a sufficient proportion of DENs.

Moreover, improvements in patient safety were documented in hospitals 
where the proportion of DENs has increased over time [24]. By hiring nurses 
with academic degree, German hospitals can achieve improvements in both 
clinical outcomes and patient satisfaction. As a first step, the hospital management should clarify that the 
acceptance is by stimulating vocational trained nurses to acquire bachelor’s 
degree [14,23].

The academization of the nursing profession frequently arouses 
uncertainties, fears and skepticism within vocational trained nursing staff. This 
can lead to lack of acceptance of DENs by co-workers. Several strategies can 
be developed in order to prevent this situation and to contribute to a higher 
acceptance. As a first step, the hospital management should clarify that the 
skills, experience and knowledge of vocational trained nurses will not be 
devalued. Nursing staff with all education levels should recognize the benefits 
of the collaborative work process. This can be achieved through information 
events for hospital employees, where the tasks of degree-educated nurses 
and their impact will be transparently present. Another strategy to promote 
acceptance is by stimulating vocational trained nurses to acquire bachelor’s 
degree [14,23].

Quality of care: As mentioned above, several studies found a negative 
association between higher proportions of DENs and hospital mortality. 
Furthermore, improvements in patient safety were documented in hospitals 
where the proportion of DENs has increased over time [24]. By hiring nurses 
with academic degree, German hospitals can achieve improvements in both 
indicators and deliver care of higher quality.

Discussion and Conclusion

The German healthcare system traditionally perceives nursing as a practical, 
as opposed to an academic, profession. After more than 15 years of history of 
academic nursing education, less than 1% of nurses employed in the country’s 
healthcare facilities hold an academic degree. With the growing number of
academic institutions offering bachelor programs and the new legislation that regulates initial nursing education at academic level, this situation is expected to change. Hospital management faces several challenges related to the progress in nursing academization, e.g. concerns about financing the practical phase of bachelor programs, about the rise in salary costs, and integration and acceptance of nurses with academic background in the work environment. Such a paradigm shift in nursing education can also bring several opportunities for cost-saving, the development of new roles for nurses and, most importantly, for improvements in the quality of care. Adequately developed programs for cooperation with academic institutions and other possible partners, as well as strategies and concepts for involvement of DENs in work environments, can extend the potential benefits of nursing academization for hospitals, as well as for nursing staff and patients.

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