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# Five pathways into one profession: Fifty years of debate on differentiated nursing practice

Hugo Schalkwijk[1,2] | Martijn Felder[3] | Pieterbas Lalleman[1] | Manon S. Parry[2,4] | Lisette Schoonhoven[5] | Iris Wallenburg[3]

[1]Research Group of Person-Centredness in an Ageing Society, Fontys University of Applied Sciences, Eindhoven, The Netherlands

[2]Department of History, University of Amsterdam, Amsterdam, The Netherlands

[3]Erasmus School of Health Policy and Management, Erasmus University, Rotterdam, The Netherlands

[4]Department of Art & Culture, History and Antiquity, VU, Amsterdam, The Netherlands

[5]Julius Center for Health Sciences and Primary Care, University Medical Centre Utrecht, Utrecht, The Netherlands

**Correspondence**
Hugo Schalkwijk, Department of History, University of Amsterdam, Spuistraat 134, 1012 VB Amsterdam, The Netherlands.
Email: h.schalkwijk@uva.nl

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## Abstract

The persistence of multiple educational pathways into the nursing profession continues to occupy scholars internationally. In the Netherlands, various groups within the Dutch healthcare sector have tried to differentiate nursing practice on the basis of educational backgrounds for over 50 years. Proponents argue that such reforms are needed to retain bachelor-trained nurses, improve quality of care and strengthen nurses' position in the sector. Opponents have actively resisted reforms because they would mainly benefit bachelor-trained nurses and neglect practical experience and technical skills. This historical case study aims to provide insight in this apparent stalemate. Our analysis of this debate is informed by literature on institutional work and current debates within the historiography of nursing. This study contributes to a better understanding of this contemporary debate by examining a broader timeframe than is usually studied, and by highlighting nurses' roles in complex processes of change. We argue that, rather than being stuck in their professional development, different groups of nurses have forged their own path forward in their professional development, albeit via different strategies.

**KEYWORDS**
education, historical research, politics, professional development, professionalization

## 1 | INTRODUCTION

During the summer of 2019, Dutch nurses protested against the government. The Dutch Ministry of Health, Welfare and Sport, in consultation with stakeholders associated with the nursing profession, had proposed a legal amendment that would set clearly defined practice roles for nurses, based on level of education, training background, and work experience (Van Kraaij et al., 2022). Due to massive opposition, the proposal was withdrawn before the summer ended (Felder et al., 2022). This attempt to differentiate nursing practice between levels of education and extent of practical experience, marked the latest episode in a series of failed attempts to position bachelor-trained nurses in the past 50 years (Van der Peet, 2021).

In the Netherlands, ever since the introduction of the Bachelor of Nursing (BN) degree in the 1970s, nurse leaders, professional organizations, unions, educators, policy-makers, and other prominent public figures have advocated—or opposed—differentiating nursing practice (Van der Peet, 2021). Proponents have argued that it would help attract and retain more highly educated nurses, raise the overall quality of patient care and strengthen the position of nurses among other healthcare actors (Koerner, 1992; Van Kraaij et al., 2022;

Matthias, 2015). Opponents, in turn, claim that differentiation would primarily benefit nurses who, in the recent past, received a BN degree. Moreover, they feared that differentiation neglected the practical experience and expertise of nurses trained vocationally or in-service (Felder et al., 2022). Despite the many calls for reform, the debate has been in an apparent deadlock for years, reflecting an ambition for some and a problem for others in the profession (Felder et al., 2022).

In this paper, we aim to provide deeper insights into the historical and political developments of the debate on differentiated nursing practice, and seek to inform studies on similar international debates today. We draw upon scholarship on the persistence of multiple educational pathways into the nursing profession (Matthias, 2015; Tesseyman et al., 2023; Tobbell, 2014) and present a historical analysis of policy and professional debate within Dutch nursing. This debate is closely linked to nurses' attempts to gain professional autonomy internationally. One way they aimed to achieve this was by attempting to set high educational entry requirements for nurse registration. Historically however, these attempts failed. At present, various pathways on different educational levels continue to exist. Nursing's inability to resolve this "resurfacing debate" has been posed as an example of the profession's relative weakness (Matthias, 2011, 2015). However, recent scholarship calls for a different conceptual frame for two related reasons that we discuss in turn.

First, historians such as Patricia D'Antonio and Kylie M. Smith argued that nurses are often framed (incorrectly) as a political and powerless (D'Antonio et al., 2010; Smith, 2020). Smith attributed this frame largely due to gendered stereotypes arising from societal perceptions of nursing as women's work, devaluing the profession both monetarily and in status (Smith, 2020). Both scholars pointed out that many examples within histories of nursing, however, tell different stories and reveal nurses' real power (D'Antonio et al., 2010; Smith, 2020). Recently, scholars have made similar arguments by studying nurses' role as change agents within healthcare organizations (De Kok et al., 2023; McMillan & Perron, 2020), healthcare systems (López-Deflory et al., 2023), and politics (Rafferty, 2018; Ravn et al., 2020).

Second, D'Antonio (2022) underlined the importance of studying nursing in the wider contexts of care and society. Taking this into account, Tobbell (2022) in turn called for a further exploration of the political interests of nurses, using the example of the persistence of multiple educational pathways into nursing. She contended that instead of viewing the existence of multiple pathways as an indication of a limited professionalization process, it reflected the interests and (political) power of American nurses who sought to maintain them (Tobbell, 2022). This perspective is relevant to our analysis of this Dutch case study as it helps us focus on the purposeful work that nurses did *during* processes of change, rather than focusing on the eventual outcomes, as most Dutch scholarship has done until recently (Duivesteijn-Ockeloen, 2016; Van der Peet, 2021).

Drawing from the perspectives of D'Antonio (2022) and Tobbell (2022), we argue that the contemporary debate on differentiated nursing practice is not just an example of nurses being stuck in their professional development. Rather, by zooming in on our Dutch case study, we show that different groups of nurses have pursued their own path forward, albeit via different (and at times opposing) strategies. We make use of the analytical concept of institutional work to visualize the purposeful work that nurses did in order to instigate or block changes in their profession (Lawrence & Suddaby, 2006; Suddaby et al., 2013). Through document analysis, examining professional nursing journals, and conducting oral history interviews, we thus provide a different understanding of this contemporary professional debate within nursing.

In the next section, we first lay out the concepts of institutional theory and institutional work and show how we used these concepts in the analysis of our historical data. Next, we reconstruct three key episodes in the historical debate on differentiated nursing practice and present the findings of this study. We close with a discussion how this research contributes to both the history of nursing as well as nursing today.

## 2 | INSTITUTIONAL THEORY AND INSTITUTIONAL WORK

Institutional theory has become a dominant lens for studying organizational processes and organizational change (Alvesson & Spicer, 2019). It proposes that the actions of organizations and individual actors are not necessarily rational, but very much influenced by their institutional contexts and historical settings (Meyer & Rowan, 1977; Suddaby et al., 2013). March and Olsen (1998, p. 948) described institutions as "a relatively stable collection of practices and rules defining appropriate behavior for specific groups of actors in specific situations." Arrangements can entail official law- or policy-making, but also informal norms that are reproduced and upheld by people (the institutional agents). In this sense, institutional arrangements provide stability and prevent change. According to institutional theory, agents are considered to be heavily influenced by their own institutional contexts and therefore have limited ability to change institutional arrangements themselves. The idea that organizations are inherently stable and resistant to change has been criticized, however, for example, by Dimaggio, (1988), who argued that institutional change depends on the agency of actors working to change dominant institutions.

Lawrence and Suddaby (2006) coined the term "institutional work" to pinpoint the purposeful action and efforts of individual and collective actors to create, maintain and disrupt institutions and institutional arrangements. Examples of this work consist of creation work (i.e., setting up new rule structures and constructing identities), maintenance work (i.e., mythologizing current arrangements while demonizing other viewpoints), and disruptive work (i.e., undermining current arrangements to stimulate change) (Lawrence & Suddaby, 2006). Scholars have used the concept of institutional work to explain professional evolution. For example, Currie et al. (2012) examined the invisible maintenance work conducted by

physicians to preserve their privileged position over new professional roles such as nurse practitioners. They demonstrated how physicians enact their elite status within healthcare not merely to maintain a status quo but also to actively create a new situation that bolsters their position in a rapidly changing field. Other studies highlighted the complexity of institutional arrangements within healthcare settings, where professionals engage with different institutional arrangements (i.e., law-making or education) at different times to safeguard their institutional positions (van de Bovenkamp et al., 2017; Felder et al., 2018).

In this paper, we combine the lens of institutional work with our historical research. Suddaby argued that "the central processes that underpin institutional theory contain a fundamental but unarticulated reliance on history" (Suddaby et al., 2013, p. 101). Organizational scientists have, however, criticized the way historical methods are usually used in this field (Kipping & Üsdiken, 2014; Maclean et al., 2021; Suddaby et al., 2013). Indeed, much of the research applying institutional theory makes problematic use of historical analysis, often oversimplifying historical processes as uncomplicated and linear sequences of events and by drawing linear connections between institutional work and its outcomes (Kipping & Üsdiken, 2014; Lawrence et al., 2013; Suddaby et al., 2013). In this paper, we address this issue by demonstrating that the institutional work of nurses occurred within the broader context of healthcare, politics, and society. As such, nurses engaged with developments in these broader contexts and collaborated with other stakeholders involved in the debate on differentiated nursing practice. Additionally, we acknowledge that institutional work does not necessarily result in the actor's preferred outcome. In our case study, we instead concentrate on the debate as a continuous process of (attempted) change, rather than as a series of outcomes.

## 3 | METHODS AND SOURCES

This qualitative historical case study is part of a wider research programme funded by the Dutch government called Registered Nurses to Blend (RN2Blend). The programme is conducted by an independent consortium consisting of Dutch universities and hospital organizations and aims to investigate the implementation of differentiated nursing practice in the Netherlands (Lalleman et al., 2020).

### 3.1 | Data collection

We began our research by reviewing relevant literature on differentiated nursing practice over the past decades. Historians of nursing in the Netherlands have been very interested in the development of the profession (Bakker-Van der Kooij, 1983; Wiegman, 1996). Duivesteijn-Ockeloen's dissertation (2016) showed the major developments in the history of Dutch nursing education until the 1980s. Van der Peet (2021) has depicted the history of law- and policy-making within nursing, basing his research on legal and policy documents. His work shows the most important outcomes in the past century. The particular timeframe of earlier research and its focus on outcomes, rather than on the processes leading up to these outcomes, means that significant elements of the historical debate on differentiated nursing practice still remain untold.

Based on this first literature review, we constructed a timeline and selected three key events: the establishment of the BN degree in 1972; a first series of widespread nurse protests in the late 1980s and the early 1990s; and the second series of nurse protests in 2019. These events stood out because they were either preceded by or sparked fierce debates in the healthcare field and would also figure prominently in our interviewees' recollections of the events.

### 3.2 | Historical documents

To capture a wide range of perspectives, we gathered and reviewed a broad array of historical documents, consisting of nursing and hospital periodicals published at the key moments analyzed in our study. Periodicals are well suited to capturing the professional debates that swirl around the time of their publishing (McGann, 1998). We specifically included periodicals that covered different perspectives in the debate on differentiated nursing practice, for example, the *Dutch Journal of Nursing* (TvZ), which is the oldest professional nursing journal in the Netherlands. The articles ($n = 83$), covering the period from 1965 to 2020, generally appeared to be written by authors who endorsed the reform of existing practices. Another source used for this study was *Nursing News* ($n = 29$, spanning from 1988 to 1991), a nursing newspaper that used to be freely distributed among nurses. We used these articles to capture contemporary perspectives on proposed reforms. Finally, we made use of articles ($n = 9$, spanning from 1965 to 1990) from *Hospital*, a journal for hospital administrators. These articles were useful in capturing the administrator's perspectives on reforms in nursing.

### 3.3 | Interviews

Our case study drew from interviews with key actors from the second nurse protests and others who were involved in the professionalization of Dutch nursing in recent decades ($n = 22$). The interviewees reflected on their involvement in the three key events during a time period varying from the early 1970s until 2019. In line with theories on the uses of memory in history-writing, we did not use these oral sources as factual representations of the past, but to show the different actors' various perspectives (Portelli, 1991).

### 3.4 | Data analysis

Data analysis involved analysing the written and oral sources and categorizing data from both into the three selected time periods. During our analysis, we concentrated on (1) identifying different

groups of actors involved in the debate, (2) their arguments for supporting or opposing differentiated nursing practice, and (3) eventual outcomes of the debate. We went back and forth between our data, the histories of nursing and the lens of institutional work (Tavory & Timmermans, 2014), in an iterative manner of data analysis. The wide range of sources analyzed and the variety of backgrounds of our team members (including history, nursing, sociology, and nursing science) contributed to our reconstruction of this complex debate. We anonymized quotes from the interviews and translated them into English.

## 4 | BACKGROUND ON NURSING EDUCATION IN THE NETHERLANDS

In the Netherlands, historically, there have been five pathways into the nursing profession. Until 1972, Dutch nurses were trained exclusively in-service, by care institutions themselves. Nurses were trained as general hospital nurses (A-programme), psychiatry nurses (B-programme), or disability nurses (Z-programme, 1978 onward). These training programmes were practice-oriented, aimed at quickly teaching young apprentices the technical skills necessary for performing a large share of bedside care (Duivesteijn-Ockeloen, 2016).

In 1972, two new educational pathways were introduced that corresponded with the different educational levels in the Netherlands. A 3-year, full-time vocational training programme, focusing on bedside care, was introduced at the nonuniversity, secondary vocational education level (*Middelbaar Beroepsonderwijs* or *MBO*). A 4-year programme, similar to the international Bachelor of Nursing programmes, emphasized theory-based practice education. This programme was introduced at the higher professional education level (*Hoger Beroepsonderwijs* or *HBO*). Different from other countries, such as the United States or the United Kingdom, this level of education was not integrated into universities in the Netherlands, but provided at universities of applied sciences. Unlike the in-service trainings, these programmes acted independently from care institutions and trained generalist nurses capable of working in any healthcare sector (Van der Peet, 2021).

In 1993, the Professions in Individual Healthcare Act (Act *BIG*) was enacted. This act regulates the work of healthcare workers on an individual basis and protects professional titles. The act stated that graduates of all educational levels could register as a nurse. It was this law that policy-makers sought to amend in 2019. This generated a severe backlash from nurses and was finally withdrawn in August 2019 (Felder et al., 2022). This is the context for our analysis.

## 5 | FINDINGS

"The 'do-nurses' have had their day, the 'think-nurses' have now made their entry."

(Von Nordheim, 1968, p. 786)

### 5.1 | Reforming practice through education

During a discussion forum at the annual meeting of the Dutch Association of Nurses in 1968, attendees stated that the professional image of Dutch nurses needed to change to allow them to take their place as specialists alongside medical doctors, and to influence high-level decision-making. They argued that Dutch nurse training programmes needed radical reform to achieve this (Von Nordheim, 1968), a sentiment shared by many in the organization.

For years, nurse leaders and educators had unsuccessfully attempted to reform nursing education (Duivesteijn-Ockeloen, 2016). One frequent criticism of in-service training was the major influence of care institutions on nursing education. Nurse leaders and educators furthermore criticized hospitals' over-reliance on nurse trainees, accusing hospital directors of using them as cheap labor rather than respecting their status as students (TvZ, 1965; TvZ, 1966). Internationally, in the United States, for example, nurse educators gradually replaced apprenticeship programmes with scientifically informed educational programmes (Tesseyman et al., 2023; Tobbell, 2014). Dutch nurse leaders and educators argued for similar training programmes to enhance the quality of nursing work and improve its status. This was necessary, they argued, to train nurses who were better able to fill positions equal to other highly educated healthcare professionals and equip them to take part in top-level policy-making (Van Eindhoven, 1969).

These discussions were held at a time in which the healthcare field, the educational system and Dutch society in general were changing significantly. Medical innovations and increased welfare had increased both the complexity and the demand for nursing work (Duivesteijn-Ockeloen, 2016). At the same time, Dutch feminist movements during the 1960s had successfully opened up job opportunities for women that were previously inaccessible, decreasing the influx of potential nursing students (Duivesteijn-Ockeloen, 2016).

The Dutch educational system was reformed in the late 1960s to improve educational mobility, posing more practical issues for nurse education (Van der Peet, 2021). Secondary school graduates were often as young as 16 or 17; yet, in-service programmes had a minimum age requirement of 17 years and 7 months for trainees (which was considered necessary, given the emotional demands of nursing work). This meant that secondary school graduates were often too young to immediately enter an in-service programme (Duivesteijn-Ockeloen, 2016). Nurse leaders and educators feared that the practical nature of the existing in-service trainings, which had virtually remained unchanged since their start in 1921, would fail to attract enough students from the upper levels of secondary education.[1] This general educational reform would serve as a major

[1]The Dutch secondary educational system is divided into different levels. The first level prepares students for vocational training (VMBO), the middle level for study at universities of applied sciences (HAVO) and the third level for university education (VWO). Nurse leaders feared that the practical in-service programmes would fail to attract students from the latter two levels of secondary education.

catalyst to introduce a more theoretical, bachelor's nursing (BN) programme that would appeal to this group (Van der Peet, 2021).

One of the most outspoken proponents of the BN in the Netherlands was Kitty Verbeek. Renowned as an educator and an internationally acclaimed nurse leader, she built an impressive career at the World Health Organization (WHO) and held a board position at the International Council of Nurses (ICN) (Spits, 2022). In multiple writings, she argued that the old nurse trainings were detrimental to the position of nurses, leaving trainees with too many responsibilities and overburdening graduated nurses with supervising and management duties (Verbeek, 1974). According to Verbeek, the BN would solve the shortages of nurses and nurse managers arising from the new educational reforms. Unlike in-service training, the first 2 years would focus primarily on theory and would center on students' personal development. The final 2 years would consist of practical training, but with limited responsibilities for the nursing students. This meant that a minimum age requirement was unnecessary. Verbeek felt that the BN would provide "faster training of nurses and nurse managers who are capable of being an equal conversation partner to other higher-level healthcare staff" and give nursing a "new identity and improve the image of the profession" (Verbeek, 1971, p. 435). The BN was thus presented by Verbeek and other educators not only as a way to increase student numbers but also instrumental for changing the nursing profession and enhancing its professional status: by educating a new type of nurse whose professional identity was based on science and theory, rather than technical and practical skills. This discussion exemplifies the tension between the pragmatic goals of the BN (faster training and longer careers to ease staff shortages) and the more idealistic professionalization agenda embedded in the proposed reforms.

Critics of the BN contested the pragmatic claims made, citing, for example, the lack of practical schooling as a major drawback because "[e]ven though in-service training has its flaws, it does recognize that a great amount of practical experience before graduation is necessary to properly observe and to apply nursing and medical techniques" (Zimmerman, 1975, p. 470). Other opponents feared that the new qualification structure would create a separate class of nurses. As one nurse put it:

> [f]or quite some time I considered the BN somewhat elitist, and this has now been confirmed… [they] will enter a field suffering major shortages, they can't just go and sit behind a desk to delegate and confer. They need to roll up their sleeves and get to work. (Arendz, 1976, p. 38)

This quote underscores the stereotype being propagated that bachelor-trained nurses were not equipped for the "real" work of nursing, that is, the work carried out at the bedside. Furthermore, no formal role for the BN graduate was defined; instead, the final proposal stated that they should have "a foundation for the independent performance of nursing tasks and the ability to shape the nursing profession" (Team HBO-V, 1972, p. 229).

Integration of bachelor-trained nurses into hospitals proved troublesome. One former nurse director argued that part of the problem was the ingrained notion of ideal nurses among the existing nursing staff, who actively resisted the new professionals:

> They [the existing nursing staff] thought of bachelor-trained nurses as nurses who could not even make a bed properly. … Bachelor-trained nurses were slotted into the existing order without any form of implementation. They were not welcomed like a crown jewel. Instead, [they] were actively opposed. … I think … [the in-service trained nurses] were scared. Afraid that they would be deemed intellectually inferior to the bachelor-trained nurses. (Former nurse director, interview 2022)

The bachelor title had been introduced to improve the scientific knowledge base for nursing work and to align Dutch nursing education with international developments (Diepeveen-Speekenbrink, 1992). As Tobbell (2014) also observed in her study on bachelor-trained nurses in the United States, the existing nurse workforce actively opposed the introduction of these new professionals, afraid of being deemed "second-class citizens." The two different professional identities of nursing clashed, with the BN criticized as too theoretical and incapable of training nurses to meet the challenges of nursing practice. This contested vision on what nursing entailed would continue to flare up over the course of the debate in differentiated practice in the Netherlands.

## 5.2 | Nurses on strike! A fierce demand for political representation

In 1988, a group of nurse leaders published a plan to abolish in-service training to "ensure a continuous supply of good quality nurses for the future" (Bakker, 1988, p. 277). This group, called the "Den Treek Group," named after the location where they met twice a year, consisted of influential nurses who, in their role as managers, scientists and educational directors, came together to discuss current issues in nursing and subsequently tried to influence high-level policy-making. Their report was inspired by developments abroad, in the United States, for example, where staffing models had shifted from students to graduated nurses in the 1950s and the 1960s as hospital care became more complex (Nelson & Gordon, 2006; Tesseyman et al., 2023). The Den Treek Group argued that abolishing in-service training was long overdue and that nurse education should become the responsibility of the Education Ministry to catch up with international nursing standards (Bakker, 1988). According to them, not only would this enhance nurse education but it would also be a step forward in nurses' professional autonomy. Proponents applauded this move of nurses taking charge over nursing matters, as one nurse stated in *TvZ*,

> [f]inally people from the profession itself took the initiative and showed vision for better nursing education. … We need a profession that is able to articulate such a common vision. One that is critical and that does not need to be guided by other professions, who always seem to know better but do not know how to nurse a patient properly (Dorama-Fokkens, 1988, p. 598).

However, the plan to replace in-service training permanently with full-time educational programmes was met with fierce opposition from employers, the government and from in-service training schools (Verpleegkunde, 1988a, 1988b). Discussions revealed conflicting ideas about nurse education, with the Den Treek Group being labeled elitist by its opponents, including the director of a vocational training school, who said "[t]he Den Treek Group charted their own course and bypassed their colleagues. … They placed themselves on a very precarious pedestal" (Verpleegkunde, 1988c). Opponents further raised practical objections to the plan, such as the high cost of replacing in-service trainees with graduated nurses and the risk of nursing shortages. In the end, the Den Treek attempt to reform the educational requirements for Dutch nurses from the top-down failed. The debate about professional autonomy, that is, who got to decide about nursing matters and nursing education, was very much alive, however.

In the 1980s, many practising nurses felt undervalued and dissatisfied with their lack of voice in policy-making and being underrepresented by their own leaders, unions, and policy-makers. The political representation for nurses was very fragmented; a strong professional organization that represented nurses did not exist. As a former nurse representative recalled, "[n]urses were badly organized. … We really had to fight to talk to a government official back then. All efforts were directed at hospitals. Doctors dominated the discussions. There was little understanding for the professionalization of nurses" (Nurse, interview 2020). When nurse Gaby Breuer posted a call to action in a major Dutch newspaper in November 1988, her colleagues answered en masse (Van Vugt & Erp, 2016). Breuer and several other nurses organized "Nurses in Revolt" (*Verpleegkundigen en Verzorgenden in Opstand* or VVIO), a network movement that sparked fierce, unprecedented, and widespread protests calling for better pay, better working conditions, and more influence. Nurses occupied hospital directors' offices, blocked motorways, and held mass demonstrations. Their actions were widely covered in the national media, mobilizing a wide cadre of nurses and winning support from politicians and the public (Van Versendaal & Schalkwijk, in press). According to two core members, VVIO tried to instigate change, especially regarding the image of nursing among the general public: "The image of the lovely sister/nurse. … It's not seen as a profession in which you need to work hard and know a lot. … Many nurses have bachelor-level training, but they are not valued accordingly" (Lammers & Goudriaan, 1989, pp. 380–381).

VVIO blamed existing unions and professional organizations for the general public's ignorance about the nature of nursing, criticizing them for failing to represent "the bedside" and arguing that "a well-functioning professional organization can help inform the public and consult with policy-makers about nursing policy" (Lammers & Goudriaan, 1989, p. 381). Unlike existing unions, VVIO managed to mobilize nurses to unprecedented actions, including strikes. A VVIO leader attributed this to the shifts in Dutch society driven by feminism, saying "The willingness to take action is also a result of the new situation. Whereas nurses used to only work for a couple of years, they now make it a lifelong career" (Lammers & Goudriaan, 1989, p. 380). This change drastically impacted the nursing profession as nurses were now much more invested in the profession long term (Dekker, 2015).

The protests were supported by the nurse leaders of the Den Treek Group and tapped into a sentiment shared by them (Smit, 1989). In 1990, three members of the Group were appointed to a government committee tasked with developing recommendations for making the nursing profession more attractive and influential. Their concluding "Werner" report, named after the committee's chair Jos Werner, argued compellingly in favor of differentiation in nursing practice to improve patient care, increase career opportunities for nurses and enhance the status of the profession. The committee also recommended setting higher entry requirements for nurse registration, advising that the BN become the sole pathway into the profession in the future. The recommendations were to be ratified in new legislation designed to regulate and protect the work of healthcare professionals (Wet BIG, 1993). Finally, the report advocated for a strong nursing association that would represent the profession with the government and other healthcare (umbrella) organizations (Werner Committee, 1991).

In the end, it was not VVIO that received government funding for the new nursing association but a new National Centre for Nursing (LCVV, later V&VN), meant to function as a central point of contact for the government and healthcare and nurses' associations (Bastiaanse, 1994). A former nurse director, and member of the Den Treek Group recalled: "The VVIO was very necessary and very useful. However, I don't think they knew how to follow-up on their actions. They became too much of a union. … It was necessary to found another, more top-down, organization" (Former nurse director, interview 2022).

The activities of the Den Treek Group and VVIO demonstrate how nurses pursued different paths toward greater professional autonomy for nurses. Both underlined the importance of improving their professional status to get involved in high-level decision-making. With different strategies (i.e., lobbying to reform education and mobilizing support through protest), both groups tried to achieve this goal. In the end, it was the Den Treek Group that used the momentum of VVIO to further their cause of professionalization from the top-down by (successfully) advocating for a new professional organization.

### 5.3 | Forcing the deadlock top-down faces bottom-up resistance

In 2008, a member of parliament asked the Minister of Health to evaluate how the recommendations of the *Werner Report* had been

implemented. In the meantime, nurse shortages had increased. Bachelor-trained nurses in particular often left the profession after only a few years, mostly because they lacked career advancement opportunities, a phenomenon observed internationally (Van Kraaij et al., 2022; Matthias, 2015; Twohig, 2018). The Dutch Nurse Association (V&VN) was asked to conduct the evaluation and to draft a new professional profile for bachelor-level and vocationally trained nurses (Van der Peet, 2021). This process proved difficult, however. V&VN once again wanted to reserve the title of nurse (*verpleegkundige*) only for nurses with a bachelor's degree. In the new professional profile, drawn up after extensive meetings with nurses throughout the country, vocationally trained nurses would register instead as a "care professional" (*zorgkundige*), and thus cease to be registered nurses (Lambregts & Grotendorst, 2012).

Vocational schools, employers' associations, and unions participated solely in the concluding stages of the process, and fiercely opposed the new profiles. For decades, employers' associations had blocked the bachelor-only requirement for nursing, fearing nurse shortages. That fear remained.

> We believed that the job market for nurses required an enormous pool. If we were only able to hire bachelor-trained nurses, we would not make it. We also wanted vocationally-trained nurses, full stop. The employers did not support this profile. (Representative employer's association, interview 2020)

According to this interviewee, the BN programmes were simply unable to provide the number of nurses necessary for Dutch healthcare to keep functioning. V&VN also met with opposition from vocational schools.

> The vocational schools were not amused. The vocational education council and the unions, except for *NU '91*, were adamantly against differentiating between vocationally- and bachelor-trained nurses and the discontinuation of vocational nurse training. This was their flagship programme and they thought we were taking that away from them. (Former V&VN representative, interview 2020)

Another interviewee also stressed the resistance that they encountered from vocational schools to the new professional profiles, saying "[t]he chair of the vocational education council told me that if we persisted, they were going on strike at every school. They really played hard ball" (Former V&VN representative, interview 2020). The plan to implement a BN entry requirement had not only failed but also confirmed the entrenched position of the vocational schools and employers' associations. Both held vested interests (facing nursing shortages and maintaining high student numbers) in maintaining this pathway into the profession.

V&VN, unions, employers, and educators sought a compromise on new nursing roles. Instead of a BN-only entry requirement, they created a new BN-level nursing role alongside the vocationally trained nurse: the supervising nurse (*regieverpleegkundige*). This compromise again raised challenges. For example, there was considerable emphasis on evidence-based practice (EBP) for supervising nurses (as opposed to "regular" nurses). This was problematic because not all bachelor-trained nurses had received EBP training, making it difficult to determine which nurses did and did not qualify for the new role. A new committee (Meurs Committee, 2019), tasked with evaluating (historical) nurse trainings, decided that only nurses who had earned their bachelor *after* 2012, when EBP training had been included in the BN curriculum, immediately qualified to become supervising nurses. Others had to take an additional test or training course and had 5 years to do so (Meurs Committee, 2019). Using EBP to distinguish bachelor-trained nurses from their vocationally trained and in-service-trained colleagues seemingly elevated it to greater importance than practical bedside experience. Therefore, instead of enhancing the status of every aspect of the profession, it created division, similar to when the BN was introduced in the 1970s.

Implementation of the new profiles was ensured by an amendment to the 1993 Professions in Individual Health Care Act (BIG). V&VN had long lobbied for differentiating nursing practice by educational level. They used the BIG amendment to force a breakthrough in the stalemate. Their lobby united all the parties involved around nurse policy-making. Many bedside nurses soon soured on the amendment, however, especially when it was announced which categories were and were not eligible for the new supervising nurse title. Dissatisfied nurses—including in-service-trained and vocationally trained nurses, but also bachelor-trained nurses, who had originally supported differentiated nursing practice but opposed the 2012 cut-off date—formed a resistance group ("Actiegroep Wet BIG II"). The group complained that practical experience was being downgraded in favor of a higher educational level. They used social and other media to (successfully) mobilize support among nurses, other care professionals, and politicians (Felder et al., 2022).

Despite the involvement of a large nurses' association, many of these nurses still felt inadequately represented in policy-making: "A lot has been said and told *about* us, but not *with* us. … I think the distance between the policy-makers [in V&VN] and the shop floor is enormous" (Member resistance group, interview 2020). One spokesperson for the resistance group drew parallels between the earlier protests and the protests in 2019:

> It's been the same discussion for decades. Nurses don't protest often. But when you impact their work, they will mount the barricades. … During the first protests, they said: we are not simple *doers*, we are professionals. [The situation in 2019] was the same. (Member resistance group, interview 2020)

Referring to the earlier nurse protests helped to legitimize these later activities. They were not the same, however. In 2019, they focused on the perceived undervaluing of the *traditional* image of

nursing work, such as technical skills and practical care, rather than the undervaluing of *all* nursing work as VVIO had done. As the professional organization that claimed to represent all nurses, V&VN bore the brunt of the criticism, for allegedly favoring bachelor-trained nurses (Felder et al., 2022).

Many bachelor-trained nurses were also disappointed in V&VN for missing the opportunity to settle a long-simmering issue. The BN schools had endorsed the amendment to the BIG, arguing that differentiation would attract and retain bachelor-trained nurses, boost the position of nurses in the sector and improve the quality of nursing care (Van Kraaij et al., 2022). Since their inception 50 years ago, these programmes had cherished their autonomous position vis-à-vis healthcare institutions. Some nurses, however, felt that the gap between education and practice had become too wide. The absence of a formal role for the bachelor-trained nurse in the past 50 years had stirred strong feelings among bachelor-trained nurses, as recalled by an educator who was one of the first BN graduates: "When I was an intern, other nurses accused me of 'taking over their jobs'. I still find that shocking and it's something I recognize in the current discussions" (Educator, interview 2020). Another prominent proponent of the amendment strongly worded their feelings: "[a]fter this summer I thought, maybe we need a professional organization for bachelor- and university- trained nurses. V&VN is incapable of unifying the profession as a whole" (Educator, interview 2020).

In July 2019, V&VN announced that it would be "taking a step back" on the issue of differentiating nursing practice (V&VN, 2019). The board decided that their position had become untenable and resigned the following month. Under pressure and facing heavy criticism, the Minister of Health officially withdrew the proposed amendment in October 2019, leaving future attempts at differentiation up to care institutions themselves.

## 6 | DISCUSSION

In this study, we aimed to gain deeper insight into the debate on differentiating nursing practice. Using the analytical concept of institutional work (Lawrence & Suddaby, 2006) in this historical case study allowed us to (1) challenge dominant perspectives of nurses being a-political or devoid of power, (2) focus on the processes of change, rather than the outcomes, and (3) add to the historiography of nursing in the Netherlands by taking a more recent timeframe than has previously been studied. In light of the recent calls to reexamine this historical debate (D'Antonio, 2022; Tobbell, 2022), we pose three points that merit further discussion.

First, our case study highlighted nurses' continuous involvement in the debate on differentiated nursing practice's politics. It underlines that the nursing profession is multifaceted, fragmented and political, with different groups pursuing different professional goals. One example of this was the construction of a new (professional) identity for nurses. This particular type of institutional work is specifically linked to the development of professionals (Foster et al., 2017; Lawrence & Suddaby, 2006). The BN was instrumental in educating nurses to solidify this new professional identity, which valued "science" (and later EBP) over practical experience gained at the bedside, into reforming nursing practice. This new professional identity contrasted with nurses who associated themselves with a more traditional image of nursing (i.e., the [technical] work done at the bedside). These nurses took great pride in their practical trainings, an element that appeared at multiple timeframes in our analysis of this debate. Such reiteration of a (historical) identity can also serve strategic outcomes (i.e., the maintenance of professional position) (Foster et al., 2017). Fears of being deemed inferior to the bachelor-trained nurse resulted in open hostility toward proponents of reform (i.e., successfully opposing the BN when it was introduced into practice or through collective action during the protests of 2019).

Second, nurses who both pushed for and opposed reform had to align their professional goals with other key players in the debate. Especially the traditional image of nursing work proved to be firmly embedded in the healthcare systems itself. The in-service programmes had long been part of the Dutch healthcare system and had from the start mainly served hospitals by supplying them with practically trained nurses and cheap apprentices who bore the brunt of nursing work (Duivesteijn-Ockeloen, 2016; Wiegman, 1996). Reforms in this educational system thus meant dealing with the interests of hospital organizations and training schools, which were usually reluctant to change when it affected their (potential) workforce or student numbers. In the institutional work done by reformers, we noticed their attempts to meet with these practical considerations (i.e., removing the age restrictions on new nurse training programmes) or underline the threat of nurses leaving the profession if nursing would not reform (during both series of protests). Over the course of the debate, these tensions resulted in shifting coalitions, with reformers being supported by hospital organizations at one occasion (i.e., designing the BN), but being opposed at another (i.e., implementing the BN). Interestingly, whereas fear of nursing shortages had first proven to be an obstacle to reform nursing, it now seems to act as a major catalyst for differentiating nursing practice. Care institutions increasingly recognize the need to (re)formulate clear roles and career paths for nurses in order to take on future healthcare challenges, such as growing demand for care and growing care complexity (Van Kraaij et al., 2022; van Schothorst-van Roekel et al., 2021).

Third, taking a longer timeframe helped us reframe the idea of the debate as at a stalemate (Matthias, 2011, 2015) and focus on the major changes since the introduction of the BN 50 years ago. For example, the in-service programmes were slowly but definitively replaced by full-time nursing schools, greatly impacting nurse staffing. Furthermore, nurses' political representation evolved from being virtually nonexistent to the establishment of two major professional organizations. As Ravn et al. (2020) also argued, scholars have tended to view nurses "as historically and politically decontextualized" (Ravn et al., 2020). This helps to explain why enduring issues, such as the persistence of multiple educational pathways in nursing, are framed as impeding professional development (D'Antonio et al., 2010; Matthias, 2011). Instead, we took into account the

developments of the debate within their wider socio-historical contexts. We, for example, underlined the impact of major educational reforms in Dutch society on nursing, and how nurses interacted with these reforms in order to pursue their professional goals. Also, women's emancipation movements greatly affected the composition of the nursing workforce (Dekker, 2015). For many women in nursing, it was only possible to pursue a lifelong career in the profession after the 1970s. Our study shows that this affected nurses' willingness to demand professional autonomy (i.e., through protest and the concurrent launch of two major professional organizations). Nurses have never been a singular group with monolithic ambitions (Tobbell, 2022), and thus pursued (and continue to pursue) their paths to professional autonomy in different ways.

## 7 | LIMITATIONS AND FUTURE RESEARCH

While we took a broad view of the historical debate on differentiated practice, our research was limited to (Dutch) hospital nurses and therefore largely neglected similar debates among psychiatric and community nurses, for example. Furthermore, much of the lobby-work during the debate was done covertly. As much of this work was left unwritten, we were therefore dependent on the willingness of our respondents to share that history with us. More oral history research on this specific element might be necessary to capture a more complete understanding of this debate. The results of this study are heavily influenced by its (Dutch) socio-historical context. We do, however, frame this specific debate within the context of wider international discussions and, as such, hope to inspire research in countries facing similar challenges.

We suggest that future research should attempt to cover a more diverse image of the nursing profession by focusing on the broad spectrum of nursing work done away from the bedside (and sometimes outside the walls of healthcare institutions). Recent studies, for example, already touch upon the value of nurses in organizing roles during the COVID-19 pandemic (Kuijper et al., 2022), the differentiated clinician-scientist roles (Martini et al., 2023), their work as public opinion leaders (Van Wijk et al., 2022) and in nurse councils (Verhoeven et al., 2023) or their political work during protests (Van Versendaal & Schalkwijk, in press).

## 8 | CONCLUSION

Our study sheds new light on the persistent debate on differentiated nursing practice in the Netherlands. By examining the debate's broader historical contexts and employing a lens of institutional work, we emphasized nurses' agency in the debate, while at the same time revealing complex interests of other actors involved. In doing so, we show how this significant debate within nursing has been in a continuous movement, rather than a stalemate. Furthermore, this research stresses the importance of examining nursing as a diverse profession in which different groups pursue different professional goals and conduct institutional work to achieve them. Hence, our study challenges the notion of nurses as a politically and historically decontextualized group of actors and calls for more research on nurses' (political) work away from their traditional place at the patient's bedside.

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## CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## ORCID

*Hugo Schalkwijk* https://orcid.org/0009-0006-7454-9225

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