Purpose: The purpose of this session is to enable the nurse to be proactive in advocating for the future of nursing.

Objective:
Describe changes impacting the current and future practice of nursing.

Introduction

A number of factors have converged in the first decade of the 21st century to radically alter the environment in which health care is provided and change the nature of the role and responsibilities of the nurse. This study will explore these changes, with a focus on the current and potential impacts on the profession of nursing.

Setting the Stage

Changes in the environment in which health care is practiced have occurred more rapidly in the first decade of the 21st century than in the past. Hospital care, which used to be the “normal” and most common venue for the practice of nursing, is now only one of a myriad of opportunities for the nurse. Patients are in the hospital for shorter periods of time, and only the sickest patients are hospitalized. Consequently, hospitals are employing nurses who are experts in the type of care needed by hospital patients. Units which typically provided care for “medical-surgical” patients are often incorporating telemetry and other services that used to be reserved for critical care units. Many of the patients who used to be cared for on traditional medical-surgical units are now cared for either in rehabilitation centers or in their homes. Long-term acute care hospitals and/or units have been developed for those patients who need care for longer periods of time than the typical acute care facility can now handle. Reimbursement issues have driven many of these changes.

The health care reform provisions based on federal law passed in 2010 have yet to be fully determined. Some elements of the anticipated changes include more focus on preventive care, more persons having insurance to pay for primary care, and more focus on community-based care. The nurse is well positioned to be a provider for preventive care and services in the community. It is anticipated that resources for care in clinics, offices, and other community-based settings will need to increase to meet demand in the coming years.

Technological advances are impacting the types of services patients receive, where those services are provided, and the competencies of the personnel required to manage the technology. New equipment, telemedicine, use of electronic health records, and the
impact of emerging fields such as genetics and genomics are altering the landscape of health care. Nurses must be competent in use of the technological “tools” without losing focus on the patient as the primary point of care.

Changes in funding from both private and government-related sources are dramatically impacting the practice of nursing and the services provided to patients. As an example, the Centers for Medicare and Medicaid Services (CMS) is no longer providing reimbursement for certain types of situations that occur in the acute care setting. For example, a patient who suffers a catheter-associated urinary tract infection, an injury related to a fall, or pressure ulcers during his/her hospital stay has been the recipient of something that CMS says should “never” happen (Modern Healthcare, 2009). "Never events” are described in an AHRQ (2010) patient safety document as "shocking medical errors that should never occur". Consequently, the hospital now is required to cover the cost of any additional care, medications, or other treatment the patient may require as a result of this complication.

The National Quality Forum (NQF), describes serious reportable events as “serious, largely preventable, and harmful clinical events” (NQF, 2011). A fact sheet published on the organization's web site (http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx) provides a detailed listing of these events. Efforts of NQF have included identification, reporting, and sharing of information about occurrences of these events for the purpose of education, leading to change in practice and safer patient care. Diverse examples include infant discharge to the wrong person, patient suicide during hospitalization, patient death or serious illness resulting from a medication error, and patient death or serious injury related to administration of incompatible blood or blood products (AHRQ, 2010). Many states now require hospitals to report these events, and increasingly, facilities are required to make this information available to the public on web sites such as http://www.hospitalcompare.hhs.gov/hospital-search.aspx?AspxAutoDetectCookieSupport=1.

Health Care Reform

Legislation passed by the US Congress in 2010 has the potential to significantly alter the landscape of healthcare in the United States. Some of the changes, such as parents’ insurance covering college students through age 26, are already in place. Other changes are anticipated to be implemented within the next five years. Many of the recommendations do not currently have funding, so their implementation is in question.

Selected provisions of the legislation, named the 2010 Affordable Care Act, that affect nursing are summarized here. More detailed information about these provisions can be obtained from http://www.nursing.ohio.gov/PDFS/nursingandhealthreformlawtable.pdf.

1. Funding is to be provided for community-based education for advanced practice nurses, in partnership between accredited graduate nursing education programs and community-based healthcare centers.
2. Several programs offering loans, scholarships, or grants are to be established or maintained to promote education at all levels of nursing education.

3. A number of initiatives are aimed at increasing diversity in the healthcare workforce and deploying healthcare providers to work in underserved areas.

4. Several programs are targeted to provide education of healthcare providers and care for patients in high-need areas, particularly pediatrics, geriatrics, and community/public health.

5. A Patient-Centered Outcomes Institute would be established to focus on development, deployment, and implementation of evidence-based practice standards to enhance quality of patient care.

6. Accountable care organizations (ACOs) would be developed and implemented to focus on comprehensive care throughout an entire episode of illness. These organizations would potentially include physicians’ offices, clinics, acute care hospitals, rehabilitation centers, and home health agencies. Services would be “bundled” and paid in relation to the entire episode of care, not individual services that are provided. Nurses would be key players in care coordination.

7. A National Health Care Workforce Commission / National Center for Workforce Analysis is to be created to lead the process of analyzing the existing workforce. This will enable policy makers and educators to determine areas of need and determine ways to most effectively deploy resources to meet those needs. There is currently no centralized data base that provides information about numbers of healthcare workers employed, their areas of employment, or the areas which are underserved.

The Current Landscape of Nursing Education

There are currently multiple routes for a person to take in order to become licensed as a registered nurse in the United States, ranging from associate degree preparation to graduate-entry programs. This diversity in the educational process has resulted in great confusion, both within the profession and in the eyes of the public. One of the key characteristics of a profession is that is has a clear educational path to prepare its practitioners. From time to time, there have been discussions within the nursing community about a core standard for “entry into practice” at the baccalaureate level, but this is not yet a reality.

Nursing education must be considered in two perspectives: preparation for licensure as a registered nurse, and advanced education in nursing. First, educational programs that prepare a person to sit for the National Council Licensure Examination (NCLEX-RN) will be discussed, followed by information regarding advanced academic education.
The associate degree in nursing is typically a two year program (ranging from 18-24 months reflecting either a two-academic year or two-calendar year program). Roots of the associate degree program are based in research conducted in the early 1950’s at the time of emergence of the community college system in the United States. Dr. Mildred Montag, often known as the pioneer who began the ADN educational programs, was the project director for development of the model for this type of education. Results of the studies conducted at this time revealed that associate degree nurses were able to successfully pass licensure examinations and provide safe patient care (Mahaffey, 2002).

Initially, the associate degree was anticipated to be a “technical” degree while the baccalaureate degree was intended to be the “professional” degree. However, this differentiation never occurred in either licensure examination or practice.

From the early 1960s, the American Nurses Association (ANA) has advocated for a minimum of a baccalaureate degree as preparation for the professional practice of nursing. Approximately 20 years after ANA began its advocacy for BSN preparation, the National League for Nursing (NLN) also issued a position paper supporting the BSN as essential for professional nursing practice (Mahaffey, 2002). Both of these organizations’ position statement initially met with great consternation within both the practice and academic communities. Those issues have not been resolved.

Increasingly, however, research data has supported the premise that nurses prepared at a minimum of a baccalaureate level are able to provide safer patient care (Aiken et al., 2003; Friese, et al., 2008; Van den Heede et al., 2009). With this evidence in hand, and with recommendations from several national organizations, there is now a movement toward requiring all nurses to have a baccalaureate degree within a certain number of years after licensure. To facilitate this process, recommendations call for better articulation between programs so that a nurse can begin his/her career as an LPN or Associate Degree nurse and more easily move through advanced academic programs to attain a BSN or higher degree.

Other options for entry into nursing currently exist. One, commonly referred to as an “accelerated” program, admits people into an undergraduate nursing major when they have already attained a minimum of a baccalaureate degree in another field of study. The student is then able to progress more quickly through the nursing courses and be prepared to sit for the National Council Licensure Examination (NCLEX).

Graduate entry programs are offered by some colleges of nursing. In these programs, the student with a minimum of a baccalaureate degree in another field of study is admitted directly to a master’s degree program. This student takes a combination of basic nursing and master’s level courses and sits for the NCLEX examination approximately one-half of the way through the curriculum. Once licensure has been attained, the nurse then continues to complete the master’s degree program.

More traditional graduate programs exist to prepare the already-licensed registered nurse with educational and clinical preparation to practice at an advanced level. Some of the
programs are designed to prepare nurse educators, clinical nurse leaders, administrators, or researchers; others focus on clinical practice to prepare the graduate to become certified as an advanced practice registered nurse (nurse practitioner, clinical nurse specialist, nurse midwife, or registered nurse anesthetist).

At the doctoral level, there are a number of programs that offer a Doctor of Philosophy (PhD) in nursing, typically focusing on nursing scholarship and research. More recently, there has been an initiative to move advanced practice nursing education to the doctoral level, creating the DNP (Doctor of Nursing Practice) as a clinician. (American Association of Colleges of Nursing, 2010)

**Changes Needed in Nursing Education**

A report was issued early in 2010 from the Carnegie Foundation (Benner, 2010). This report was the culmination of several years’ worth of work by a group of stakeholders in the nursing education and practice environments. After thorough analysis of the current landscape of nursing education, the report concluded that education in the traditional formats is not working to prepare nurses to practice in today’s complex healthcare environment. A number of recommendations were made, including better articulation between programs. This would allow students to begin their healthcare careers as LPNs or associate degree graduates, then advance to baccalaureate or higher education with minimal “roadblocks”.

Another recommendation from this report is that the curricula currently used by schools of nursing, focusing on performance of nursing tasks or skills, must be significantly changed. Rather, the focus of undergraduate education should be on development of knowledge, skills, and abilities to function in a complex healthcare system. Students entering nursing today need to be knowledgeable about topics such as leadership, cultural diversity, advocacy, and evidence-based practice.

Subsequent to academic preparation, a nurse residency program is recommended. Residency for nurses, similar to that for new physicians, would enable the nurse to gradually increase knowledge and skills specific to the desired area of practice. Clinical practice would be combined with a continuation of formal learning opportunities to facilitate development of critical thinking and clinical judgment. A residency program is not the same as orientation or preceptor-based learning. The residency program is a formal blend of academic and clinical experiences that focus on application of knowledge and skills in the clinical setting, while continuing to learn and developing skills in interprofessional collaboration. Some residency programs are currently in use, and reports of their value have been positive.

**Institute of Medicine: Mandates for Change**

A series of reports from the Institute of Medicine (IOM) over the past decade have addressed a number of needed improvements in the healthcare system. These reports have ranged from a focus on the healthcare workforce to initiatives to improve quality of
patient care. The underlying message in all of these reports has been that patient safety is jeopardized when quality care is not provided. Numerous factors have impacted the ability of nurses and other healthcare workers to provide that quality of care. Changes in the education of healthcare providers, the infrastructure in which healthcare is provided, and the expectations of patients, providers, and employers must all be aligned to create a safer environment and culture for the delivery of care. Most recently, the Institute of Medicine has collaborated with the Robert Wood Johnson Foundation in a two-year initiative to develop a blueprint for the future of nursing.

The Future of Nursing: An Institute of Medicine/Robert Wood Johnson Foundation Report

Over the past two years, the Institute of Medicine and the Robert Wood Johnson Foundation have worked together to develop recommendations for the future of nursing, taking into consideration the above factors and awareness of the need for nursing to have a pivotal role in an evolving health care system. The final report was issued in October of 2010 and contains eight recommendations. These recommendations are summarized below. Detailed information about the report is available at http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx.

Key Messages

Four key messages have emerged from this report. They include:

1. **Nurses should practice to the full extent of their education and training.**
   Part of this focus relates to advanced practice nurses, while part relates to appropriate preparation and use of the registered nurse in all areas of practice. Barriers, such as state regulatory scope of practice limitations and funding issues, need to be addressed in order to maximize contributions that nurses can make.

2. **Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.**
   As noted earlier in this study, there are currently a number of entry points into nursing, each of which prepares the nurse to sit for the same licensure examination. Historically, there have been challenges in nurses’ abilities to advance their formal education. This report indicates that a better method of articulation will enable the nurse to attain increasingly higher levels of academic education with minimal roadblocks.

3. **Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.**
   Nurses must learn leadership skills and develop critical thinking abilities as they participate in analysis and evaluation of existing health care systems and processes. The nurse at all levels of practice, ranging from front-line caregivers to
nurse executives, must be empowered to advocate for better, safer patient care and better functioning of healthcare systems to provide that care.

4. **Effective workforce planning and policy making require better data collection and an improved information infrastructure.**
   There is not currently a clear picture of how many licensed nurses are currently actively employed in health care in the United States and where they are working. This data is essential to get a clear picture of areas of need. From this data, educational programs can be developed to best meet the needs of a particular area and processes can be put in place to most effectively use existing resources. For example, data may show a need for an increase in the number of nurses working in community-based care settings. Educational programs, which have traditionally focused primarily on educating nurses to work in acute care settings, can add community health information to curricula. Federal or state grants might be made available to encourage nurses to obtain education and/or employment in these areas of need.

**Specific Recommendations**

1. **Remove scope of practice barriers.** Currently, states have different practice legislation, and there is no consistency regarding what nurses are permitted to do. This is particularly problematic for advanced practice nurses, and has an impact on funding, reimbursement, and utilization. The National Council of State Boards of Nursing (NCSBN) has developed a model nursing practice act and nursing administrative rules, though these are not yet widely adopted. The report recommends that all states use these standardized resources, which would allow full and consistent practice of nursing in all states.

2. **Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.** Nurses at all levels of the healthcare system should be actively engaged in advocating for safe patient care. Nurses should be active participants, and sometimes leaders, of process improvement initiatives and should collaborate with other healthcare providers in modifying existing methodologies as new best practice standards become available.

3. **Implement nurse residency programs.** Most typically, nurses graduate from their basic educational programs, have a period of “orientation” or preceptorship with an employer, then within a number of days or weeks are expected to be fully functional members of the healthcare team. Realizing that it takes time and experience for nurses to be fully prepared for practice, the report recommends a transition-to-practice interval similar to the residency programs in which physicians participate at the conclusion of their medical education.

4. **Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.** Recognizing that a minimum of a baccalaureate degree best prepares the nurse for practice in today’s complex healthcare environment, the report
recommends that educational programs offer “seamless” pathways to enable the nurse to increase his/her academic education. Funding in the form of scholarships and loans for nursing education is recommended, with special emphasis on increasing the diversity of those entering the profession. Another important aspect of this recommendation is encouraging interprofessional education, so those who aspire to be nurses, physicians, pharmacists, and other types of healthcare providers can learn from early in their educational experiences how to collaborate as members of a team to promote quality patient care.

5. **Double the number of nurse with a doctorate by 2020.** Recognizing the need for nurses to be educators and researchers, this recommendation suggests that programs should be expanded and opportunities created for nurses to move into these higher level educational programs. Salary and benefit packages for educators must be reflective of the knowledge and skill of doctorally prepared individuals.

6. **Ensure that nurses engage in lifelong learning.** The rapid pace of new knowledge acquisition in healthcare requires that nurses continue to learn. Continuing education opportunities should be relevant to the nurse’s practice, promote interprofessional collaboration, and focus on attaining competency relative to the knowledge, experience, and practice of the nurse.

7. **Prepare and enable nurses to lead change to advance health.** Nurses should be educated and have support to develop leadership skills. These activities should take place in academic and continuing education venues as well as in the practice environment. Recognizing that nurses have front-line knowledge that can directly benefit safe, high-quality patient care, nurses should be actively involved in all levels of decision-making.

8. **Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.** There is currently no clear data base to identify areas of need, in terms of clinical areas of practice, roles, or geographic areas where service is lacking. Additionally, data is needed to support planning and provision of services for populations that would benefit from greater diversity in terms of race, gender, or ethnicity.

**Implications for Nursing Education and Practice**

Opportunities for nursing in this new healthcare environment are numerous. As clearly indicated in the Carnegie report, the health care reform legislation, and the IOM/RWJ Foundation reports, reform of nursing education to better prepare nurses for practice is critical.

Steps are currently underway in many nursing organizations throughout the country to initiate some of the proposals that have been mentioned in this study. The National Council of State Boards of Nursing (2010) has developed a model nurse practice act,
which helps to standardize scope of practice definitions in states which have adopted the model. This organization has also developed a consensus model addressing licensure, accreditation, certification, and education for advanced practice nurses. These initiatives address recommendations in all three of the above reports.

Many hospitals already have developed leadership programs to enhance leadership and advocacy capabilities for nurses at all levels of an organization. Some have begun to establish nurse residency programs in collaboration with academic institutions.

Numerous other initiatives are being planned for the next few years as nurse leaders throughout the country mobilize to begin formulating the future of the nursing profession. As an example, Action Coalitions are now in place in over half of the states in the U.S., working to implement sustainable changes supported by studies noted above at local, state, and regional levels. The focus of these Action Coalitions is to "capture best practices, determine research needs, track lessons learned, and identify replicable models" (Center to Champion Nursing in America, 2011). Nurses interested in participating in this initiative can learn more about ongoing national, state, and local events and can sign up to be involved by visiting the web site, http://www.thefutureofnursing.org/.

References


Author Information:
President, PRN Continuing Education
Westerville OH
pdickerson@aol.com
614-208-6285