

What do changes in technology mean for the nursing workforce? Presently, the impact on nursing is uncertain; however, the types of nursing skills required in the future may be drastically different than those of today. Perhaps, the future will require fewer nurses but have increased demands for highly technically skilled nurses and direct-care nurses for aging patients (Josiah Macy, Jr. Foundation, 2016).

Implications for Regulators

As machines become more sophisticated and take over some responsibilities of humans, questions emerge about the role of regulators in keeping patients safe. Today, robots cannot reason through ethical dilemmas, make decisions weighing options, or consider a person's feelings or a family situation. However, delegation may be cast in a new light, with nurses delegating tasks once performed by them or assistive personnel to robots. Questions also emerge about who will oversee the robotic workforce and be accountable when things go wrong. These are a few challenging issues of the near future.

Workforce Data Collection

As new workforce modeling techniques are developed and new ways of estimating workforce needs emerge, NCSBN works with BONs to build a national workforce database of the future. The long-term vision is to have workforce data and statistics on the entire U.S. nursing workforce. The database already provides aggregate data that reflects local, regional, state, and national workforce characteristics. However, only 17 BONs currently provide data to NCSBN's nursing workforce database: Arizona, Arkansas, Connecticut, Georgia, Iowa, Kentucky, Maine, Minnesota, Mississippi, Nevada, New Hampshire, North Carolina, Ohio, South Dakota, Texas, Washington, and Wyoming. Data are collected at the time of licensure renewal. Questions are based on the National Forum for Nursing Workforce Centers Minimal Dataset, and data are stored in Nursys®, NCSBN's nurse licensure and disciplinary database. BONs currently participating in the project transmit the data to Nursys and can later access their aggregate data and run real-time workforce reports for their state.

Education

To keep pace with the changing environment of health care, educators must continually monitor the pulse of nursing in the United States. Students must be prepared to enter a challenging workforce that holds high expectations for performance and advanced delivery of care.

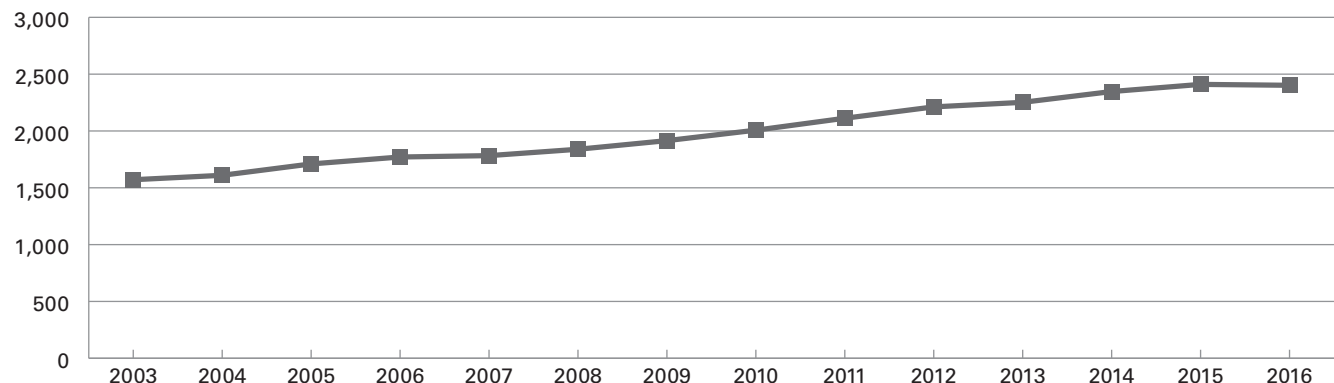
How should nurses be prepared for the future? The IOM's 2010 *Future of Nursing* recommended an 80% BSN workforce by the year 2020 (IOM, 2011). This goal inspired the formation of nursing coalitions around the country that developed strategies to meet it, and in subsequent years, the number of BSN graduates has risen in the United States.

In 2016, Altman, Butler, and Shern assessed the progress of the *Future of Nursing* recommendations and concluded that, between 2010 and 2014, the number of employed nurses with a BSN degree increased from 49% to 51%. Further, they found that the number of baccalaureate programs has increased faster than associate-degree or diploma programs. Buerhaus, Auerbach, and Staiger (2016) published comparable data. They analyzed the most recent findings from the Integrated Postsecondary Education Data System and observed that in 2002, 893 ADN programs and 667 BSN programs existed. In 2014, the number of ADN programs increased to 1,245 (28%), and the number of BSN programs increased to 1,078 (38%).

Current data, however, suggest that the overall number of RN programs may be beginning to taper. The number of RN programs increased from 1,571 in 2003 to 2,410 in 2015, but, in 2016, the number decreased to 2,402 (See Figure 3). These data do not include the RN-to-BSN programs (NCSBN, 2016a).

FIGURE 3

Number of RN Prelicensure Programs in the United States



Funded by the Robert Wood Johnson Foundation to develop a more highly educated nursing workforce, the Academic Progression in Nursing (APIN) program was created by the Tri-Council for Nursing—an alliance of the AACN, the American Nurses Association, the American Organization of Nurse Executives, and the National League for Nursing. Grants provided by the program have been instrumental in advancing strategies and models that promote the advancement of nursing education and employment. More than \$9 million has been invested in the APIN program, and nine states—California, Hawaii, Massachusetts, Montana, New Mexico, New York, North Carolina, Texas, and Washington—have received grants. Some APIN states have reported an increased BSN workforce compared with the national average, although outcomes vary widely from state to state. APIN identified the following five models to allow a more seamless advancement of education (Altman et al., 2016):

- *Baccalaureate completion programs in community colleges*: Currently, 22 states allow community colleges to confer baccalaureate degrees, although only seven states allow community colleges to administer nursing degrees; of those seven, only Florida and Washington have a structured path.
- *State or regionally shared competency models or outcomes-based curriculum*: The prelicensure nursing curriculum is not standardized, but the model is intended to achieve standardized outcomes.
- *Accelerated RN-to-MSN programs*: These programs offer ADN-educated nurses a streamlined way to obtain an advanced degree. Some programs allow students to “step out” with a BSN degree.
- *Shared statewide or regional curriculum*: Universities and community colleges form partnerships and collaborate on a shared curriculum or curricular components, allowing students to seamlessly transition from an associate degree to a baccalaureate program, without repeating coursework.
- *Shared baccalaureate curriculum*: Community colleges and universities work together to establish a baccalaureate curriculum; students can take courses at community colleges and universities, but they can take the National Council Licensure Examination only after completing the baccalaureate degree.

Although the *Future of Nursing* recommendation to increase the percentage of BSN-educated nurses has likely contributed to the increase in RN-to-BSN programs (Altman et al., 2016), an unintended consequence is the variability of the programs, particularly because, in many states, programs do not have regulatory oversight by BONs. Only 12 BONs approve (that is, have the authority to regulate) RN-to-BSN programs (NCSBN, 2015), and national nursing accreditation of RN-to-BSN programs is not required. Flexible prerequisites and programs without prerequisites in the sciences or humanities raise concern (Buerhaus, Auerbach, & Staiger, 2014; Hooper, McEwen, & Mancini, 2013). Additionally, BONs report a lack of uniformity in clinical experience for some RN-to-BSN programs, specifically experience in leadership, evidence-based nursing practice, or community-population health. Experts call for the development of standardized RN-to-BSN competencies (McEwen, 2015).

Faculty

Despite the overall rise in the number of BSN graduates, the impending shortage of faculty members and other issues may significantly impact the future of nursing education. In 2016, NCSBN used a systematic process to develop a prioritized list of concerns that regulators had about the current state of nursing education. Based on a literature review, a BON survey, and input from nursing education subject matter experts and BON executives, five concerns emerged as priorities. The primary concern was the faculty shortage.

Each year since 2000, the AACN has reported data on the status of the faculty in nursing programs across the United States. The 2016-17 Faculty Vacancy Survey (Li, Kennedy, & Fang, 2016) was sent to 965 baccalaureate nursing schools; the overall response rate was 85.7%. As shown in Table 4, although nursing schools have been obtaining more budgeted positions, the vacancy rate has stayed about the same as has the rate of filled faculty positions, perhaps indicating that schools are expanding their programs to educate more BSN graduates. In 2015, the mean faculty vacancies per school nearly doubled, but in 2016, the number reverted to previous levels. However, the range of faculty vacancies rose sharply in 2016, which may have implications for the future. Interestingly, the number of schools that need faculty members but have no vacancies is on the rise, whereas the number of schools that do not need additional faculty members is also increasing. Regional variations may cause this circumstance.

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