The Future of Nursing Report: The Role of the Nurse in Transforming Healthcare

Two (2.0) Contact Hours

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Purpose and Objectives
The purpose of *The Future of Nursing Report: The Role of the Nurse in Transforming Healthcare* is to equip the nurse with knowledge about this historic report and its significance in shaping the future of healthcare and nursing.

*After completing this course, you will be able to:*

1. Describe the 4 key messages of *The Future of Nursing* report.
2. Explain the 8 recommendations of *The Future of Nursing* report.
3. Describe the role that advanced education will have in the future of healthcare and the patient care delivery model.
4. Describe the role of nurses in transforming healthcare.

The Future of Nursing and the Future of Healthcare
Dramatic changes in healthcare regulation and funding precipitate dramatic changes in nursing practice. Some of the changes originate in nursing too, as evidence gathers to support the effectiveness of nurses practicing in expanded roles and improved patient outcomes in Magnet hospitals and settings in which nurses hold BSN degrees and specialty certification.

Two distinguished organizations, the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) partnered to collect and examine evidence and models and to envision the future of nursing.

The Institute of Medicine
“Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public” (IOM, n.d.).

In 1970, the National Academy of Sciences established the IOM to “secure the services of eminent members of appropriate professions in the examination of policy matters pertaining to the health of the public” (IOM, 2011, p. iv).

“The Institute acts under the responsibility given to the National Academy of Sciences by its congressional charter to advise the federal government and, upon its own initiative, to identify issues of medical care, research, and education” (IOM, 2011, p. iv).
“More than 1,900 members volunteer their time, knowledge, and expertise to help the IOM in its mission to advance the nation’s health. Membership is offered to 80 individuals each year, elected by current membership, and drawn from a range of healthcare professions.” (IOM, n.d.)

“The IOM asks and answers the nation’s most pressing questions about health and healthcare.” (IOM, n.d.)

The Robert Wood Johnson Foundation
The Robert Wood Johnson Foundation (RWJF) is an American philanthropy devoted to protecting the health of the public. The foundation focuses its efforts on improving the delivery of healthcare to all Americans (RWJF, 2013).

To learn more about the RWJF mission: http://www.rwjf.org/en/about-rwjf.html

Partnership in the Future of Nursing Initiative
“The possibility of strengthening the largest component of the healthcare workforce—nurses—to become partners and leaders in improving the delivery of care and the healthcare system as a whole inspired the IOM to partner with the RWJF in creating the RWJF Initiative on the Future of Nursing, at the IOM.

“By working together, they sought to bring more credibility and visibility to the topic than either could by working alone.” (IOM, 2011, p. ix)

In 2008, the RWJF proposed to IOM that the two organizations collaborate to identify the potential role of nursing in healthcare reform.

A committee formed, chaired by Donna Shalala, Ph.D., FAAN former Secretary of the Department of Health and Human Services, currently president of the University of Miami with plans to retire in 2015, and vice-chaired by Linda Burnes-Bolton, Dr.P.H., R.N., FAAN Vice President and Chief Nursing Officer, Cedars-Sinai Health System and Research Institute.

The Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine
The Committee accepted the charge of identifying the potential role of nursing in implementing a more effective and efficient healthcare system. The Committee’s task was to:

- “Examine the capacity of the nursing workforce to meet the demands of a reformed healthcare and public health system.”
- “Develop a set of bold national recommendations, including ones that address the delivery of nursing services in a shortage environment and the capacity of the nursing education system.”
- “Define a clear agenda and blueprint for action including changes in public and institutional policies at the national, state, and local levels. Its recommendations would address a range of system changes, including innovative ways to solve the nursing shortage in the United States.”

(IOM, 2011, p. xiii)

Test Yourself: Partners in The Future of Nursing Report
Which two organizations partnered to produce The Future of Nursing Report?
The correct answer is D: The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM).

*The possibility of strengthening the largest component of the healthcare workforce—nurses—to become partners and leaders in improving the delivery of care and the healthcare system as a whole inspired the IOM to partner with the RWJF in creating the RWJF Initiative on the Future of Nursing, at the IOM.*

**The Issues**

The Committee's work was to discover answers to the question:

**What roles can nurses assume to address the increasing demand for safe, high-quality, and effective healthcare services?**

The Committee was expected to recommend an action plan that will:

- “Reconceptualize the role of nurses within the context of the entire workforce, the shortage, societal issues, and current and future technology;
- Expand nursing faculty, increasing the capacity of nursing schools, and redesigning nursing education to assure that it can produce an adequate number of well-prepared nurses able to meet current and future healthcare demands;
- Examine innovative solutions related to care delivery and health professional education by focusing on nursing and the delivery of nursing services;
- Attract and retain well-prepared nurses in multiple care settings, including acute, ambulatory, primary care, long-term care, community, and public health.”

*(IOM, 2011, p. xiii)*

**From Committee Charge to Report**

Over a two-year-period, the committee held five meetings, including three technical workshops. The committee also hosted three public forums focused on:

- Acute care.
- Care in the community, with emphasis on community health, public health, primary care, and long-term care.
- Nursing Education.

View summaries of these forums at [http://www.iom.edu/nursing](http://www.iom.edu/nursing).

The committee collected testimony from experts and from the public throughout the process, conducted a literature review, and commissioned a series of papers from a research network of esteemed colleagues.
**The Future of Nursing Report**
The Committee produced an in-depth report, continuing for more than 700 pages and supported with data presented in numerous tables, figures, and boxes.

The report identifies four key messages and makes eight recommendations.

**Four Key Messages**
A chapter of the report addresses each message.

1. "Nurses should practice to the full extent of their education and training."
2. "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression."
3. "Nurses should be full partners, with physicians and other health professionals, in redesigning healthcare in the United States."
4. "Effective workforce planning and policy making require better data collection and an improved information infrastructure."

(IOM, 2011, p.4)

**Key Message #1**
**Nurses should practice to the full extent of their education and training.**

A variety of historical, regulatory, and policy barriers have limited nurses’ ability to realize their great potential to lead innovative strategies and generate widespread transformation of the healthcare system.

Barriers include:
- Fragmentation of the healthcare system.
- Regulatory limitations on scope of practice.
- High rates of turnover among nurses.
- Difficulties for nurses transitioning from school to practice.
- An aging workforce and other demographic challenges, including lack of diversity.

**Think About It**

**What barriers have you experienced in practicing to the full extent of your education and experience?**

**What initiatives are underway in your specialty or your region to remove these barriers?**

**Are there opportunities for you to participate in any of these initiatives?**

Visit the websites of your nursing specialty organization, the American Nurses Association, and your State Nurses Association to learn about programs and projects designed to overcome the barriers.
Key Message #2
Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Several factors create impetus for higher levels of education, specifically for BSN-prepared nurses:

- Sophisticated technology employed in patient care, documentation, and information systems.
- Competencies required in complex acute care settings, primary care, and community and public health. Also geriatrics, leadership, health policy system improvement and change, research and evidence-based practice, and teamwork and collaboration.
- Acuity and frailty of patients.

Currently a shortage of nursing faculty limits capability to produce increased numbers of BSN-prepared nurses. More BSN-prepared nurses are needed to qualify for graduate programs that prepare not only nursing faculty, but also primary care providers (APRNs) and researchers.

Innovative strategies must fashion seamless progression from LPN, diploma, and associate degree education through masters and doctoral education (PhD and DNP). Technology must be employed to the fullest to allow greater access to nursing education.

Strategies must be developed to recruit and support nursing students who represent greater diversity, both in ethnicity and gender.

Key Message #3
Nurses should be full partners, with physicians and other health professionals, in redesigning healthcare in the United States.

Leadership-related competencies need to be embedded throughout nursing education and leadership development. Nurses at all levels must have access to mentoring programs.

A culture that promotes and values leadership needs to be fostered.

Nurses at all levels and in all roles must take responsibility for their personal and professional growth by developing leadership competencies.

Nurses must exercise leadership competencies in a collaborative environment in all settings both within nursing and across the health professions.

Nurses must not only mentor others along the way, but develop partnerships and gain allies both within and beyond the healthcare environment.

Nurses must prepare to serve actively on advisory committees, commissions, and boards where policy decisions are made to advance health systems to improve patient care.

Key Message #4
Effective workforce planning and policy making require better data collection and an improved information infrastructure.

To plan for the future of nursing and healthcare, data must be collected and analyzed to determine the numbers and types of health professionals currently employed, where they are employed and in
what roles, and what types of activities they perform.

These data will help to identify regional healthcare workforce needs and to establish regional targets and plans for appropriately increasing the supply of health professionals.

These data will also help to identify the impact of innovations such as bundled payments, medical homes, accountable care organizations, health information technology.

**Eight Recommendations**

1. "Remove scope-of-practice barriers."
2. "Expand opportunities for nurses to lead and diffuse collaborative improvement efforts."
3. "Implement nurse residency programs."
4. "Increase the proportion of nurses with a baccalaureate degree to 80% by 2020."
5. "Double the number of nurses with a doctorate by 2020."
6. "Ensure that nurses engage in lifelong learning."
7. "Prepare and enable nurses to lead change to advance health."
8. "Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data."

(IOM, 2011, pp. 9 - 15)

**Test Yourself: Recommendations on The Future of Nursing Report**

One recommendation of *The Future of Nursing* report sets a specific goal for the percentage of:

- A. Nurses who hold BSN degrees.
- B. Healthcare organizations which offer nurse residency programs.
- C. Healthcare organizations which have nurse members of the board of directors.
- D. States that require continuing education credits for RN license renewal.

The correct answer is A: Nurses who hold BSN degrees. Recommendation #4, “Increase the proportion of nurses with a baccalaureate degree to 80% by 2020."

**Bachelors or Higher Degree in Nursing**

*Results of the 2013 National Nursing Workforce Survey of Registered Nurses indicated that: 48% of male RNs and 50% of female RNs who responded (over 1,000 male RNs and nearly 15,000 female RNs) held a bachelor’s or higher degree in nursing.*

(NCSBN, 2013)

**Recommendation #1**

Remove scope-of-practice barriers.

*Advanced practice registered nurses should be able to practice to the full extent of their education and training.*

The report recommends specific actions for each of several bodies:
Recommendation #1
Recommendations for Authorities

Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.

The thrust of the specific recommendations is to:
- Expand Medicare and Medicaid coverage of services delivered by Advance Practice Registered Nurses (APRNs).
- Extend clinical privileges, admitting privileges, and medical staff membership to APRNs.
- Require Federal Employees Health Benefits Program to cover APRN services.
- Require third-party payers to provide direct reimbursement to APRNs.
- Authorize APRNs to perform admission assessments and certification of patients for home healthcare services, admission to hospice, and skilled nursing facilities.
- Increase conformity to National Council of State Boards of Nursing (NCSBN) Model Nursing Practice Act and Model Nursing Administrative Rules for both schools of nursing and state legislatures.
- Amend state regulations restricting APRN practice to allow APRNs to provide services in all circumstances in which they are qualified to do so.

Support for Recommendation #1
A National Governor’s Association report (2012) calls for states to amend APRN practice restrictions and reimbursement limitations. Supported by an extensive literature review, the report contends that:
- Expanded use of Nurse Practitioners (NPs) can increase access to healthcare, particularly in underserved areas.
- NPs effectively manage chronic conditions such as hypertension, diabetes, and obesity.
- No studies raise concern about quality or safety of NP-provided care.

The report presents a table showing privileges and requirements in each state.

Reports published by Health Affairs/RWJF (2012) and by the National Institute for Health Care Reform (2013) also call for expanding APRN scope of practice and reimbursement regulations.

States vary considerably in scope of practice and reimbursement policy. Though many states and the District of Columbia designate NPs as primary care providers for Medicaid patients, other states do not. Efforts supported by professional organizations are underway in many states to broaden scope of practice and reimbursement for APRNs. Stay abreast of your state's regulations. Federal Medicare regulations also limit the ability of NPs to practice to the full extent of their abilities.

The American Nurses Association (ANA) is working with its constituent State Nurses Associations to
Test Yourself: Scope of Practice Barriers

What is a barrier to consistency in scope of practice for advance practice registered nurses (APRN)?

A. State laws differ.
B. Few schools of nursing offer programs that prepare APRNs.
C. Research evidence raises concerns about safety of APRN care.
D. Patients prefer medical doctors (MDs) as primary care providers.

The correct answer is A: State laws differ.

States vary considerably in scope of practice and reimbursement policy. Though many states and the District of Columbia designate NPs as primary care providers for Medicaid patients, other states do not. Efforts supported by professional organizations are underway in many states to broaden scope of practice and reimbursement for APRNs. Federal Medicare regulations also limit the ability of NPs to practice to the full extent of their abilities.

Recommendation #2

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

Private and public funders, healthcare organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the healthcare team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.

Specific recommendations:

- Encourage all those entities named to innovate in creating models of payment and care delivery.
- Call for nursing education programs and nursing associations to provide professional development so that nurses can learn how to initiate programs and businesses that will contribute to improved health and healthcare.
- Advocate for nurses’ involvement in development of medical and health devices, and care settings.
- Suggest that nurses lead and collaborate with all health team members to develop and measure the impact of best practices.

Patient-Centered Medical Homes

The Patient-Centered Medical Home (PCMH) is not a brick and mortar or virtual facility, but is a concept of integrated, interdisciplinary and interprofessional care. Primary care practices may seek recognition and accreditation as PCMHs from the National Committee for Quality Assurance (NCQA), the Utilization Review Accreditation Commission (URAC), the Joint Commission (TJC), or the Accreditation Association for Ambulatory Care (AAAHC).
Specific elements of PCMH as defined in NCQA criteria include:

- Enhance access and continuity.
- Identify and manage patient populations.
- Plan and manage care.
- Provide self-care support and community resource(s).
- Track and coordinate care.
- Measure and improve performance.

In states that permit nurse-led practices, APRNs lead medical homes. However, not all states allow nurse-led practices. The American Academy of Family Physicians (AAFP) has published a report stating that NPs are not qualified to lead medical homes, despite accreditation agencies’ approval of nurse leadership. The American Academy of Pediatrics, the American Medical Association, and the American Osteopathic Organization have supported the AAFP position.

The holistic nursing approach to patient care actually brings expertise to PCMH leadership that many physicians lack.

(Stokowski, 2012)

**More Information PCMH Characteristics**

- A personal physician/provider has an ongoing relationship with the patient and leads a team that takes responsibility for ongoing care.
- The physician/provider provides or arranges for care to meet all the patient’s healthcare needs, in all stages of life, settings, and levels of care.
- Care is coordinated and/or integrated, using information technology and other resources, to provide culturally and linguistically appropriate care.
- Quality and safety measures include advocacy, evidence-based practices, accountability, continuous quality improvement, patient participation in decision making, and patient feedback on all aspects of care and quality.
- Access to care is enhanced through open scheduling, expanded hours, and new communication options.
- Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. Payment needs to support:
  - Services outside the face-to-face visit.
  - Adoption and use of health information technology for quality improvement.
  - Enhanced communication access such as secure e-mail and telephone consultation.
  - Remote monitoring of clinical data using technology.
  - Fee-for-service payments for face-to-face visits, not reduced to cover other services.
  - Case mix differences in the patient population being treated within the practice.
  - Physicians/providers sharing in savings from reduced hospitalizations.
  - Additional payments for achieving measurable and continuous quality improvements.

(HRSA, n.d.)
Recommendation #3
Implement nurse residency programs.

State boards of nursing, accrediting bodies, the federal government, and healthcare organizations should take actions to support nurses’ completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

The specific recommendations encourage:

- The U.S. Department of Health and Human Services to redirect diploma nursing education funding to residency programs in critical access and rural areas.
- CMS and other agencies, including private, governmental, and philanthropic agencies to fund nurse residencies.
- State Boards of Nursing and accrediting agencies to support nurse residencies.

Nurse Residency Programs
The University Hospital Consortium (UHC) and the American Association of Colleges of Nursing (AACN) received funding from RWJF in 2003 to develop the UHC/AACN Nurse Residency Program™.

As of July 2014, more than 100 UHC/AACN residency programs were in effect in more than 30 states. More than 26,000 nurses had completed the standardized one-year residency curriculum at that time. Results of evaluation showed positive changes in residents’ perceptions of their competence, ability to communicate, and satisfaction with their work as acute care-based professional nurses. The retention rate statistic – 95.6% – compared extremely favorably with published turnover rates of 30% in the first year of employment (UHC/AACN, 2013).

Recommendation #3 urges that barriers be removed so that healthcare organizations can receive financial incentives for nurse residency just as residencies for MDs, pharmacists, and chaplains currently enjoy.

Both the Commission on Collegiate Nursing Education (CCNE) and the American Nurses Credentialing Center (ANCC) accredit nurse residency programs. Accreditation is a step toward meeting requirements for funding from CMS. In addition to the requirement for accreditation, current funding requirements include that completion of the residency be required as a condition of employment (Goode, et al, 2009).

Commercial companies have also developed and market nurse residency programs. Many healthcare organizations have developed their own nurse residency programs.

Recommendation #4
Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.

Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50% to 80% by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.
Specific recommendations encourage:

- Accreditation requirements for schools of nursing to include seamless access to BSN programs for diploma and associate degree nurses.
- Tuition reimbursement and salary differential in support of BSN education provided by healthcare organizations.
- Early recruitment, particularly to increase diversity of the BSN-prepared nursing workforce.
- Expansion of loan, loan forgiveness, and funding opportunities for nursing students.
- Expansion of nursing education programs, infused with more faculty and technological advances.
- Interprofessional education.

Accreditation requirements for schools of nursing
Schools of Nursing receive accreditation from The Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC).

State Nurse Practice Acts also contain requirements which schools of nursing must meet in order to produce graduates who are eligible to take the licensure examination.

In addition, depending upon the geographic location of the school of nursing and its status as a part of a larger college or university, other accrediting bodies may be involved.

**BSN in 2020**

“Growing evidence suggests that the shortage of nurses with BSN and higher education is adversely affecting a number of dimensions of healthcare delivery now and these problems will only become exaggerated in the future.” Nursing is the least well-educated health profession by far but the one experiencing the greatest expansion in scope of practice and responsibilities (IOM, 2011, p. 485).

Research findings indicate that care by BSN-prepared nurses is related to positive patient outcomes (Aiken, et al, 2003; Friese, et al, 2008). However, every year the percent of new registered nurses graduating from associate degree programs increases, and it is now over 66% of all new nurse graduates (IOM, 2011, p. 484).

Some teaching hospitals and children’s hospitals hire only BSN RNs. Nurse executives in teaching hospitals have a 2020 goal of 90%, in other settings such as community hospitals, goals are set below the 80% recommendation. Some believe 80% maybe attainable as a national average, but that the goal is unrealistic in some individual states and some employment settings.

The evidence suggests that a more-educated hospital-nurse workforce might allow for a smaller, better-educated RN workforce without adversely affecting patient outcomes. If confirmed, this finding could reduce both the cost of hospital care and the number of nurses actually needed to staff hospitals.

**Barriers to 80% BSN in 2020**

The majority of countries with healthcare comparable to the United States have moved to standardize nursing education at the baccalaureate entry level, including the European Union (IOM, 2011, p. 485).

The recommendation is somewhat controversial. Some point out that whether graduated from diploma, associate degree, or BSN programs, all RNs hold the same license. The Future of Nursing report envisions an expanded role for the RN, which requires BSN education.
Barriers to be addressed to achieve the 80% RNs in 2020 goal include:

- Shortage of nursing faculty.
- Lack of access to BSN programs.
- Lack of well-articulated paths to the BSN and from BSN to graduate degrees, the latter needed to address the faculty shortage.
- Limited funding through loans, loan forgiveness, scholarships and other sources.
- Lack of compensation incentives.

**Recommendation #5**

**Double the number of nurses with a doctorate by 2020.**

Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

Specifically, the report recommends that:

- Accrediting bodies of schools of nursing should monitor the progress of each accredited nursing school to ensure that at least 10% of all baccalaureate graduates matriculate for graduate degrees within 5 years of graduation.
- Private and public funders should expand funding for programs offering accelerated graduate degrees for nurses to increase the number and diversity of faculty, scientists, and researchers.
- Academic administrators and university trustees should create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nurse faculty.

**Doctoral Degrees in Nursing**

The report envisions a future in which doctorally-prepared nurses lead the transformation of healthcare in organizational leadership, policy making, education, and research.

Doctoral Degrees in Nursing include the Doctor of Philosophy in Nursing (PhD) and the Doctor of Nursing Practice (DNP).

PhD-prepared nurses typically teach in a university setting and conduct research, but are also employed increasingly in clinical settings.

DNP programs prepare graduates for advanced practice and clinical leadership roles. A number of DNP's are employed in academic settings as well.

A very small number of schools of nursing have continued their programs leading to the Doctor of Nursing Science degree (DNS, DNSc).

A significant number of doctorally-prepared RNs hold doctoral degrees in related fields.

(IOM, 2011, p.42)
Think About It

What characteristics of an educational program are most important to you?

Have you thought about continuing your education to obtain an advanced degree?

Do you have a vision of the practice role you would play after earning an advanced degree?

What resources and professionals can you consult to learn about practicing in an expanded role and the necessary education and qualifications?

Increasing Diversity of the RN Workforce

The report encourages increasing both ethnic and gender diversity among nurses and students at all levels. Fewer than 10% of RNs are male and more than 80% of RNs are white. These demographics do not appropriately represent gender and racial groups in the U.S. population. Increased diversity in the healthcare workforce is one strategy recommended to address disparities in healthcare services (IOM, 2003).

Ethnic Distribution of RNs and U.S. Population (HRSA, 2010)
Test Yourself: The Nursing Workforce
Which of these groups in the US population has a lower percentage of persons in the nursing workforce than in the US population?

A. Asians  
B. Bi-racials, non-Hispanic  
C. Blacks  
D. Whites

The correct answer is C. Blacks.

RNs and Ethnicity
Results of the 2013 National Nursing Workforce Survey of Registered Nurses indicated the following ethnic distribution of the more than 40,000 RNs who responded:

Ethnicity of RNs in the USA  
(NCSBN, 2013)
Recommendation #6
Ensure that nurses engage in lifelong learning.

Accreditting bodies, schools of nursing, healthcare organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

Specifically the recommendation encourages that:

- Faculty and healthcare organizations partner to develop and prioritize competencies so that curricula can be updated regularly to prepare graduates to meet current and future healthcare needs.
- Accreditation requirements for schools of nursing require all nursing students to demonstrate a comprehensive set of clinical performance competencies, encompassing the knowledge and skills needed to provide care across settings and the lifespan.
- Academic administrators require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research.
- All healthcare organizations and schools of nursing foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.
- Healthcare organizations and other organizations that offer continuing competency programs regularly evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes and update the programs accordingly.

Lifelong Learning

Provision 5 of the Code of Ethics for Nurses (Fowler, 2010) states that
The nurse owes the same duty to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

The majority of states require continuing education (CE) contact hours as a part of the process for license renewal. Nursing specialty certification organizations also require CE as a part of the process for renewing certifications.

Opportunities for lifelong learning abound in online offerings, nursing journal articles, and live seminars. Specialty nursing organizations offer and sponsor many continuing education activities.

Nurses must pursue lifelong learning not only to maintain current competence, but also to prepare for a future of expanded roles and responsibilities.

The interprofessional theme of The Future of Nursing report recommends increased resources devoted to interprofessional CE. Both prelicensure educational institutions and CE providers are increasing their offerings of interprofessional learning experiences.

Recommendation #7
Prepare and enable nurses to lead change to advance health.

Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental healthcare
decision makers should ensure that leadership positions are available to and filled by nurses.

Specifically, the recommendation encourages:

- Nurses to continue their education and seek opportunities to develop and exercise their leadership skills.
- Nursing associations to provide leadership development, mentoring programs, and opportunities to lead for all their members.
- Nursing education programs to integrate leadership theory and business practices across the curriculum, including clinical practice.
- Public, private, and governmental healthcare decision makers at every level to include representation from nursing on boards, on executive management teams, and in other key leadership positions.

A New Style of Leadership in the Care Environment

The report calls for a new style of leadership that involves working with others both within and outside of the healthcare environment as full partners in a context of mutual respect and collaboration.

The report conceptualizes leadership as an aspect of practice and professionalism for all nurses, not only those who hold managerial, administrative, and executive positions.

Within care environments, leadership involves taking responsibility for:

- Identifying problems and areas of waste.
- Devising and implementing a plan for improvement.
- Tracking improvement over time.
- Making necessary adjustments to realize established goals.
- Serving as strong patient advocates.
- Making decisions about how to improve the delivery of care.

Test Yourself: Leadership

*The Future of Nursing* report identifies specific leadership aspects of the staff nurse’s role.

A. True
B. False

The correct answer is A: True.

*The report conceptualizes leadership as an aspect of practice and professionalism for all nurses, not only those who hold managerial, administrative, and executive positions.*

Within care environments, leadership involves taking responsibility for:

- *Identifying problems and areas of waste*
- *Devising and implementing a plan for improvement*
- *Tracking improvement over time*
• **Making necessary adjustments to realize established goals**
• **Serving as strong patient advocates**
• **Making decisions about how to improve the delivery of care**

## A New Style of Leadership in the Policy Arena
Beyond the immediate care environment, the report challenges nurses to:

• See policy at all levels as something they can shape and develop rather than something that happens to them.
• Speak the language of policy and engage in the political process effectively, and work cohesively as a profession.
• Make their voices heard in health policy decision making.
• Engage in healthcare reform implementation efforts.
• Serve actively on advisory committees, commissions, and boards where policy decisions are made to advance health systems to improve patient care.
• Build new partnerships with other clinicians, business owners, philanthropists, elected officials, and the public.

## More Information: Perceptions of Nursing Leadership
*Nursing Leadership from Bedside to Boardroom: Opinion Leaders’ Perceptions*  
Results of a 2010 Gallup Poll

• Opinion leaders rate doctors and nurses first and second among a list of options for trusted information about health and healthcare.
• Opinion leaders perceive patients and nurses as having the least amount of influence on healthcare reform in the next 5 years.
• Reducing medical errors, increasing quality of care, and promoting wellness top the list of areas in which large majorities of opinion leaders would like nurses to have more influence.
• Relatively few opinion leaders say nurses currently have a great deal of influence on increasing access to care, including primary care.
• Opinion leaders identified top barriers to nurses’ increased influence and leadership as not being perceived as important decision makers or revenue generators compared with doctors, having a focus on acute rather than preventive care, and not having a single voice on national issues.
• Opinion leaders’ suggestions for nurses to take on more of a leadership role were making their voices heard and having higher expectations.

(RWJF, 2010 in IOM, 2011, p. 224)

## 2 Sets of Leadership Competencies
A foundational set of leadership competencies, includes:

• Knowledge of the care delivery system, how to work in teams.
• How to collaborate effectively within and across disciplines.
• The basic tenets of ethical care.
• How to be an effective patient advocate.
• Theories of innovation.
• Foundations for quality and safety improvement.

More specific competencies tailored to a particular context, time, and place include:
• Learning how to be a full partner in a health team in which members from various professions hold each other accountable for improving quality and decreasing preventable adverse events and medication errors.
• Additionally, nurses who are interested in pursuing entrepreneurial and business development opportunities need competencies in such areas as economics and market forces, regulatory frameworks, and financing policy.

More Information: Nurse Leadership in Meeting Identified Needs and Leading a Team
Connie Hill, the nurse director of a patient care unit at Children’s Memorial Hospital in Chicago, questioned why a medically-stable child remained ventilated on the unit for 2 years. She led formation of the Consortium for Children with Complex Medical Needs.

The 75-member coalition of parents, clinicians, advocates, and representatives of government agencies and insurance companies meets quarterly, with the goal of “networking, education, and advocacy” on behalf of the city’s special-needs children, some of whom may be on ventilators indefinitely.

For example, the group identified poor reimbursement of home healthcare as a serious obstacle, and the hospital established ties to agencies able to tackle the reimbursement issue. Now, some children can go home to receive care.

Ms. Hill seized the opportunity to connect with the Transforming Care at the Bedside Initiative (RWJF and the Institute for Healthcare Improvement) to improve communication and care on her unit by creating a procedures for staff nurses to provide orientations to residents and foster better team communication. As a result, residents were more likely to confer with unit nurses during rounds, increasing satisfaction among nurses, residents, patients, and families.

(IOM, 2011, p. 230 – 231)

Recommendation #8
Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on healthcare workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.
Specific recommendations for the Workforce Commission and the Health Resources and Services Administration (HRSA) include that these two entities should:

- Coordinate with state licensing boards to develop and promulgate a standardized minimum data set across states and professions that can be used to assess healthcare workforce needs.
- Set standards for the collection of the minimum data set by state licensing boards, manage the data, and make data publicly accessible.
- Strengthen the HRSA’s RN sample survey by increasing the sample size, surveying every other year, increase APRN data, and release survey results more quickly.
- Establish a monitoring system using robust analytic approaches.
- Coordinate workforce research efforts with the Department of Labor, state and regional educators, employers, and state nursing workforce centers to identify regional healthcare workforce needs, and establish regional targets and plans for appropriately increasing the supply of health professionals.

And in addition, that the Government Accountability Office should ensure that the Workforce Commission membership includes adequate nursing expertise.

**More Information: HRSA’s Nursing National Sample Survey**
The survey has been conducted approximately every four years since 1977. HRSA published most recent results in 2010 and as of November 2014 has no plans for continuing the survey. NCSBN published results of an RN Workforce survey in 2013 (NCSBN, 2013).

Both the HRSA and NCSBN surveys sampled and estimated the characteristics of the RNs in the workforce.

RNs answer questions on:

- Their education and training in nursing.
- Professional nursing certifications.
- Education and workforce participation prior to becoming a registered nurse.
- Current and recent workforce participation.
- Income.
- Demographic characteristics.
- States in which they hold current licenses.

Data from each of the HRSA Surveys since 1977 may downloaded at [http://datawarehouse.hrsa.gov](http://datawarehouse.hrsa.gov)

Results of the NCSBN survey published in 2013 are available at: [http://jnr.metapress.com/content/m61518mn5001m025/](http://jnr.metapress.com/content/m61518mn5001m025/)

**The National Health Care Workforce Commission**
Recommendation 8 outlines a charge for The National Health Care Workforce Commission, established by the Affordable Care Act (ACA) in 2010.

The commission was designed to be an expert resource for Congress and other policymakers.
As of November 2014, the 15-member body had not yet met, due to lack of funding.

Funding has become a political issue, since opponents of the ACA law oppose funding the remaining parts of the legislation.

(Larson, 2013)

State Action Coalitions
Most states have established Action Coalitions to drive implementation of The Future of Nursing report recommendations. Stakeholders in nursing and healthcare within a state come together to form the State Action Coalition.

RWJF and the American Association of Retired Persons (AARP) Foundation make technical support available to the Action Coalitions, but do not otherwise fund them.

The Mission of Action Coalitions
1. “Set clearly defined goals (aligned with IOM recommendations);
2. “Form and mobilize key stakeholders representing a variety of sectors to build a blueprint for action;
3. “Educate policymakers and other decision-makers;
4. “Reach out to philanthropies/funders to seek financial support for Action Coalitions efforts;
5. “Gain visibility through the media and other outlets; and
6. “Work to advance key recommendations.”

(Future of Nursing, 2011)

State Action Coalitions
State Action Coalitions: An Example

Members of the California Action Coalition include:
- Center for Nursing Research and Innovation, UC San Francisco School of Nursing
- UC Berkeley School of Public Health
- UC Davis, Betty Irene Moore School of Nursing
- Health Workforce Initiative, California Community Colleges Chancellor’s Office (Formerly RHORC)

See below to view your state’s Action Coalition:

Nursing Workforce Data: One State’s Plan
The Florida Nurse Practice Act established the Florida Center for Nursing (FCN) to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. FCN collects, analyzes, and reports on the nursing workforce.
Goals of the FCN are to:
• Develop a strategic statewide plan for nursing manpower in Florida
• Convene various groups representative of nurses, other healthcare providers, business and industry, consumers, legislators, and educators to:
  o Review and comment on data analysis prepared for the center.
  o Recommend systemic changes, including strategies for implementation of recommended changes.
  o Evaluate and report the results of these efforts to the Legislature and others.
  o Enhance and promote recognition, reward, and renewal activities for nurses in the state.

On the license renewal application, the Florida Board of Nursing includes an optional donation to the FCN.

(2012 Florida Statutes, 464.0195)

The FCN website (http://www.flcenterfornursing.org/) is source for information, research, and strategies addressing the dynamic nurse workforce needs in Florida. The website informs, educates, and updates on nursing shortage issues and solutions.

Professional Organizations and *The Future of Nursing Report*
Many professional nursing organizations have presented initiatives, talking points, and various projects to advance the report’s recommendations in nursing specialties. Visit your specialty organization’s website for further information.

Below are *The Future of Nursing* talking points for informatics nurses.
1. “Nurses are the key to quality care in a transformed healthcare system.”
2. “Nurses’ knowledge and expertise are in demand.”
3. “What we do today will influence how our healthcare system looks in 10 years.”
4. “Every nurse, from the bedside to the boardroom, has a role in transforming nursing.”
5. “Your professional association is your partner on this journey to maximize this opportunity—advocating for leadership roles for nurses in patient-centered care, encouraging your involvement in shaping the future, and providing tools and resources to support your success.”

(Sugrue, 2011)

**How Can Advanced Education for Nurses Transform Patient Care?**
Advanced education will prepare nurses to provide primary care, promote wellness and prevention, improve health outcomes, and provide compassionate care across the lifespan.

Currently nurses engage in these activities, but the envisioned future gives nurses more responsibility, accountability, and independence – especially in community-based prevention and wellness promotion. Nurses require advanced education in order to practice effectively in these empowered roles.

Expanding the nurse’s role can provide increased access and affordability for the U.S. population.
In this projected future, payment for healthcare services rewards value, not volume of services, and quality care is provided at a price that is affordable for both individuals and society. The rate of growth of healthcare expenditures slows. When nurses provide care and case management with greater autonomy, healthcare costs will decrease.

Interprofessional collaboration and coordination are the norm for the future. Nurses must acquire advanced degrees to participate as peers with physicians and other providers, pharmacists, therapists and others, most of whom hold doctoral degrees.

Through advanced education, nurses will gain the knowledge, skills, attitudes, and perspectives to participate fully with other professionals and assume more autonomous roles. To actualize the future that the report describes, nursing education and nursing roles must be transformed to permit transformation of healthcare.

**How Does Advanced Education for Nurses Transform Healthcare Delivery?**

Advanced education prepares nurses for faculty and research roles that will strengthen the nursing workforce, evidence base of nursing practice, and documentation of favorable outcomes.

To participate fully in developing healthcare policy that will shape new delivery models, nurses need advanced education. Nurses need to strengthen their leadership competencies, and learn the many dimensions of policy development, including public health, legal, political, fiscal, and historical dimensions.

**Nurses Transforming Healthcare**

Characteristics of a transformed healthcare environment that provides high quality care at the right time include:

- Patient-centered.
- Accessible, including community-based, public health approaches, and primary care.
- Evidence-based.
- Sustainable.
- Preventive.
- Well-coordinated and seamless across settings, for efficiency, effectiveness, and to avoid the safety hazards at transitions in levels and settings of care.

**More Info:**

Because nurses spend more time with patients than other healthcare professionals and because they take a holistic view, nurses represent a patient-centered perspective. They can identify and address threats to patient safety and can also function effectively as health coaches.

**More Information: Patient-Activated Rapid-Response Team**

An 18-month old child, who was recovering from burns, died from dehydration and a wrongly administered opioid just days before her scheduled discharge. Her mother, Sorrel King, established the Josie King Foundation ([http://josieking.org](http://josieking.org)) in her honor. The foundation is devoted to the elimination of medical errors.

Inspired by Ms. King’s story, Tami Minnier, a nursing leader at University of Pittsburgh Medical
Center, (UPMC) invited Ms. King to work with nurses in creating Condition H (or Condition Help).

They interviewed patients and families about when and why they might call for a rapid-response team, consisting of a nurse administrator, a physician, a staff nurse, and a patient advocate who would convene immediately in response to a patient’s or visitor’s call.

After 6 months of drills and training, Condition H went live. Some staff feared that patients would abuse the hotline, but this concern was not borne out.

Today, patients and families throughout UPMC’s 13 acute care hospitals can use Condition H. They receive information on how to make the call (dial 3131 and say, “Condition H”) during admission and through posters, a video, and stickers placed on patients’ phones.

(IOM, 2011, pp. 52 – 53)

The Future of Nursing Goes Global
Sigma Theta Tau International, the international honor society for nurses, has convened a Global Advisory Panel on the Future of Nursing (GAPFON) “to establish a global voice and vision for the future of nursing that will advance global health” (RNL editorial staff, p.1).

Shaffer, et al., (2014, p. 388) identified “four IOM recommendations that are directly relevant to internationally educated nurses who practice across borders:

- “nurse residency programs
- “lifelong learning
- “leading change to advance health
- “interprofessional healthcare workforce data”.

Shaffer, et al. (2014) discuss initiatives in both the U.S. and other countries that address these recommendations among internationally educated nurses.

Expanding Nurses’ Role
“Nurses are so well poised to address …needs by virtue of their numbers, scientific knowledge, and adaptive capacity that the health care system should take advantage of the contributions they can make by assuming enhanced and reconceptualized roles.”

(IOM, 2011, p. 87)

Conclusion
This course has presented information about The Future of Nursing Report: The Role of the Nurse in Transforming Healthcare and its significance in shaping the future of healthcare and nursing.

After studying this course, you have learned:

- The 4 key messages of The Future of Nursing report.
- The 8 recommendations of The Future of Nursing report.
- The role that advanced education will have in the future of healthcare and the patient care delivery model.
• The role of nurses in transforming healthcare.

References


