

INCREASING STATEWIDE CAPACITY IN NURSING EDUCATION



A WCN Workgroup Briefing Paper

In March 2008, the Washington Center for Nursing submitted the Master Plan for Nursing Education to the state Department of Health. In that plan, we proposed a comprehensive set of reforms to the nursing education system in this state, organized around the broad areas of competency, supply, diversity, and access. We are now developing plans for implementing those proposals, through stakeholder workgroups and research on best practices. This workgroup is focused on increasing capacity in the nursing education system.

Background

There is an odd paradox in the current situation of nursing education: at a time of acute shortages of nurses, predicted to worsen dramatically in coming decades, there are presently more qualified students who want to become nurses than room for them in schools. Admission to nursing schools in Washington State and elsewhere is extremely competitive; many qualified applicants are turned away and some become discouraged and turn to other career options. These are potential future nurses we can't afford to lose!

Q. Why are we in this situation and what are we doing about it?

First, it should be noted that nursing schools in Washington State have already expanded dramatically – RN graduates have increased 80% since 2001. Further expansion is limited primarily by three factors: shortages of faculty, shortages of clinical space, and for state schools, limitations in state funding.

Other groups are developing strategies to increase efficiency and effectiveness in the use of clinical sites, and to make teaching a more desirable and sustainable career option for nurses. The primary focus of this group will be to increase capacity in two areas:

- **BSN-completion or RN-BSN programs.** These are 1- to 2-year programs for Registered Nurses, whose initial education was an associate degree, providing additional classroom and practical experiences to complete a bachelor's degree in nursing (BSN).
- **Master's level nursing programs (MS or MN):** these are 1- to 2-year programs which prepare nurses for roles in education, leadership, clinical specialization, and community health. Some programs prepare nurses for nurse practitioner (NP) roles, though these are gradually being replaced by doctoral-level programs.

Q. Why are these the main priorities?

- Increasing the proportion of nurses with a bachelor's degree or higher is a major policy priority for many state and national groups, including the National Advisory Council on Nurse Education and Practice, the American Organization of Nurse Executives, and the Council on Nursing Education in Washington State.
- Focus groups held across the state in 2007 by WCN identified RN-BSN programs as the top priority for educational change in almost all regions.
- BSN completion is a necessary step on the path toward MS/MN preparation, and is required or preferred for a number of leadership and clinical-practice roles.
- Master's degrees are generally required for teaching in nursing programs. Increasing capacity in MS/MN programs – especially if targeted toward nurse-educator roles – will increase the supply of nursing faculty. This will help reduce one of the primary causes of the current bottleneck in nursing education.

Q. What are the major issues in planning RN-BSN and Masters-degree programs?

- Time and schedules: Most RNB and MS/MN students are working nurses with families and other commitments. Scheduling and time management are major issues for these students, requiring flexibility, support, and prudent advising from programs.
- Education delivery: Many programs use a combination of site-based and online methods of teaching and learning. Online programming has the advantage of allowing students to work from home on their own schedules, but carries the risk of isolation in the student role and the loss of intellectual stimulation and socialization that comes from being in an academic environment. Site-based programs can be either on traditional campuses, at workplaces, or in “third-space” or satellite locations. Mixed-type or “hybrid” programs seek to combine the benefits of each, either within classes or across programs.
- Articulation between ADN and BSN programs: “Articulation agreements” are developed between individual community and technical college nursing (ADN) programs and baccalaureate-completion (RN-to-BSN) programs, aligning the program requirements to reduce duplication and confusion. The Council on Nursing Education in Washington State has called for every ADN program to develop articulation agreements with at least one nearby RN-BSN program. In addition, ADN and RN-BSN programs are expected to work together to actively promote the smooth transition of students from one type of program to the other.
- Regional disparities: While all areas of the state are currently under-served, the gaps in some areas – especially in rural regions – are greater than those in others.

Next steps

In the spring and summer of 2009, key stakeholders from education and practice will work together to develop a plan for implementation of the Master Plan goals, through a coordinated set of workgroups. The plans from the Capacity Workgroup will include the identification of best practices in expanding supply while maintaining quality, strategies for partnership and system efficiency, cost estimates, and recommendations for regional priorities.

Additional resources and references:

Bevill JW, Cleary BL, Lacey LM, & Nooney JG (2007). Educational mobility of RNs in North Carolina: Who will teach tomorrow's nurses? *American Journal of Nursing*, 107(5): 60-71.

Caldwell LM, Luke G, & Tenofsky LM (2007). Creating value-added linkages through creative programming: a partnership for nursing education. *Journal of Continuing Education in Nursing*, 38(1): 31-36.

Green A, Fowler C, Sportsman S, Cottenoir M, Light K, & Schumann R (2006). Innovation in nursing education: A statewide grant initiative. *Policy, Politics, & Nursing Practice*, 7 (1): 45-53.

Joynt J & Kimball B (2008). *Blowing Open the Bottleneck: Designing New Approaches to Increase Nurse Education Capacity*. Princeton NJ: The Robert Wood Johnson Foundation. Available at: <http://www.championnursing.org/uploads/NursingEducationCapacityWhitePaper20080618.pdf>

Nursing Education Capacity Summit Final Report (2008). Center to Champion Nursing. Available at: <http://www.championnursing.org/uploads/NursingSummitReportFINAL.pdf>

Spencer J (2008). Increasing RN-BSN enrollments: facilitating articulation through curriculum reform. *Journal of Continuing Education in Nursing*, 39(7): 307-313.