

The challenges of USA nursing education to meet local, regional and global need

Virginia W Adams¹

¹ National League for Nursing, Center for Diversity and Global Initiatives, Director.
Washington, DC, United States of America.

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The National League for Nursing (NLN), the voice for nursing education, is committed to the education of an exemplary nursing workforce that values and incorporates the richness of difference and inclusion to advance the health of the nation and the global community. With its population of over 320 million people, the United States of America (USA) claims 3.1 million registered nurses but experiences a shortage of diversity in the workforce. Nursing education has the additional challenge of faculty competence for classroom and clinical teaching. With implementation of the Patient Protection and Affordable Care Act (PPACA) (Public Law 111-48), and recommendations from the Institute of Medicine (IOM) Future of Nursing (2010), there was further pressure to scale-up a diverse workforce⁽¹⁾. PPACA boosted the number and diversity of individuals with access to health care while IOM Future of Nursing report recommended a dramatic increase in baccalaureate and doctoral-prepared nurses to care for diverse populations in a complex healthcare environment. Designing education for new generations of nursing students dissimilar in race/ethnicity and gender became a challenge for nursing education in meeting local, regional and global health needs.

With rapidly increasing globalization, the USA continues to be a nation of immigrant, migrant and refugee populations. Implementation of PPACA in the USA increased access to healthcare for these diverse populations and has major implications for healthcare delivery and nursing education. Exploration of new models of health care has been required, accompanied by an increased demand for global health education. State and regional strategies have been strengthened to develop a more highly-educated and diverse workforce to address population care and simultaneously fill faculty and advanced nurse practice roles. Strategies included preparing more nurses with skills in cultural responsiveness to meet the needs of diverse populations along with educating students for entry-level competency in global health practice. In the era of globalization, nurse educators are expected to value diversity, become culturally self-aware, and incorporate global health competencies as key first steps in addressing the challenge of an increase in diverse populations.

Strategies were designed to increase baccalaureate and doctoral prepared nurses as recommended by the IOM Future of Nursing report (2010). The goal is 80% bachelor degrees for registered nurses by 2020. Currently, just over half of the RN workforce has earned baccalaureate degrees. To prepare nurses for basic practice, 700 of the 1500 entry level programs in the USA award the baccalaureate degree and many programs are escalating enrollment. Graduate programs award advanced degrees in many specialties on the masters and the doctoral level. Masters and doctoral graduates are rising but yet do not fulfill the current demand for nurse educator positions. Among the doctoral-prepared nurses, the Doctor of Nurse Practice (DNP) degree is the fastest growing. Although the degree was designed for practice many of the graduates choose nursing education as a career but lack the competency for classroom teaching.

To further address diversity among the predominately white female registered nurse population, NLN provided toolkits as resources to nursing education programs: Diversity Toolkit and Faculty Preparation for Global Experiences Toolkit. The NLN Diversity toolkit provided resources for nursing program administrators and nurse educators to achieve a more diverse faculty and student population (<http://www.nln.org/professional-development-programs/teaching-resources/toolkits/diversity>). It focused on the dimensions of race, ethnicity and

gender only. Although it can be modified for use with diverse populations in the USA, the Faculty Preparation for Global Experiences toolkit (www.nln.org) was designed for faculty and students traveling abroad for clinical experiences. Its utility lies in planning for a quality global experience, recommendations while in a host country and debriefing following the travel abroad. While both toolkits address the challenges of nursing education to meet the local, regional and global needs of a diverse workforce, nursing education must continue to be vigilant regarding faculty competence for classroom and clinical practice.

Nurse educators have agreed upon their competencies, with a major emphasis on effectively facilitating learning in a clinical practice discipline. Basic requirements for nurse educators include an unrestricted license to practice as a registered nurse, a graduate degree and clinical expertise in the practice area to which they have been assigned. DNP graduates with clinical expertise may require special preparation in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation. Additionally, many states require documentation of maintaining competence in areas of academic responsibility in the nursing education program. Assuredly, USA nursing education is committed to a strong diverse workforce to overcome local, regional and global health challenges⁽²⁾.

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