



**Professor Natalie Enders, DBA (HR Management and Organizational Development, in progress)**, Adjunct Professor at Purdue University Global, School of Business & IT, with 10 years of University teaching experience facilitating graduate and undergraduate level courses at Purdue University Global, Argosy University, University of Phoenix, and Kaplan University.

Natalie is a forward-thinking and results-driven business leader with over 20 years of experience in strategic organizational and business development. In her current role as the Executive Director of Corporate Relations at Graham Holdings/Kaplan Inc., she develops and executes innovative human capital programs for the Fortune 500 clients and global industry leaders that support talent development, corporate learning solutions, and enterprise productivity. Natalie partners and collaborates with the Chief Learning Officers, HR, and Learning Leaders of the Fortune 100 Companies to develop and implement relevant talent development and education solutions that meet the specific needs of the partner organizations.

Natalie holds a post graduate degree in Marketing Management and a graduate degree in Global Management and is currently pursuing her doctoral degree in Organizational Development at Walden University.

*The healthcare industry is evolving and constantly changing. Therefore, the providers of education in Nursing need to keep up with the changing world. This article addresses the new trends and changing competencies in nursing education that are required to prepare hospitals and providers of healthcare education for contemporary challenges in the healthcare industry. The emphasis is made on the critical need for leadership development. This article also examines the complexity of Leadership and its impact on nursing as a leadership model. Expanded leadership development curriculum is required to address various aspects of leadership development to operate and collaborate in a healthcare organization successfully.*

*Галузь охорони здоров'я розвивається і постійно змінюється. Тож заклади середньої медичної освіти мають відповідати вимогам часу. У статті розглядаються нові тенденції та вимоги до майбутніх медсестер, яким мають відповідати заклади медичної освіти та охорони здоров'я. Увага зосереджується на необхідності формування лідерських якостей. У статті також розглядається складність феномену лідерства та його вплив роль медичної сестри як модель лідерства. Для успішної роботи та співпраці в організації охорони здоров'я необхідно розширення навчальних програм з розвитку*

*лідерства.*

## **NURSING EDUCATION IN A CHANGING HEALTHCARE ENVIRONMENT**

*Natalie Enders, Executive Director of Corporate Relations,  
Graham Holdings/Kaplan Inc., Purdue University Global  
Doctorate, Walden University*

Nursing education is the subject of a great deal of planning and debate. Institutional and policy leaders are outlining and, in some cases, mandating more years of training and education for nurses, higher degrees of credentialing, and fewer restrictions on nurses as primary healthcare providers. Healthcare roles filled by RNs include, but are not limited to direct patient care, health promotion, education, administration, management, policy making, and research (Romyn et al. 2009). This array of leadership expectations strongly suggests nurses require appropriate tools to fulfill their responsibilities conscientiously. To effect change, leadership skills are important for nurses. The ability for nurses to “hit the ground running” (Romyn et al. 2009, p. 1) is expected; consequently, leadership development cannot begin on the job. Leaders of hospitals and clinics want nurses to do more and are in fact having nurses do more primary healthcare delivery today than ever before but feel that the education nurses receive does not match the current and future environment. They want nursing education to stress more case-management, course-of-treatment planning, and risk-management decision-making than nurses are trained for today. Today, nurses are over-trained for acute-care settings and not trained well enough in community-based, prevention-oriented care. Leadership skills are expected of nurses when they graduate, and literature suggests nurses are not adequately prepared to meet these needs (Hazy, 2013). A lack of education and development in leadership skills is the general problem in the healthcare industry. Everyone is a leader at some time, in some circumstances; however, not everyone is a good leader (McKinney, 2000). Registered nurses need excellent leadership skills from the day they enter the workforce. Some reports suggest that newly graduated nurses do not have the leadership skills required (Curtis, Sheerin, & de Vries, 2011). Developing strong, effective leadership skills requires lifelong learning. The leadership of self is ideal for all leaders, but possibly, more so for RNs who often neglect personal health. Soon after graduation, an expectation exists for new RNs to take on leadership roles without the necessary foundation. However, some BSN programs, reportedly, do little to prepare nursing students for the leadership roles expected of them. Developing nursing leaders using the complexity leadership in nursing model involves new concepts. Among these concepts is the importance of putting aside traditional leadership views and open-mindedly examining the complex systems comprised of “thinking, adapting human beings, capable of learning and novelty” (Hazy, 2013, p. 127). Complex systems leadership theory which “posits that leadership can be enacted through any interaction in any organization” (Hazy, 2013) forms the foundation for examining leadership in nursing education. The complexity leadership model described by Crowell (2011) fits well with nursing because of associated descriptors such as nonlinear, uncertain, and dynamic.

**Key Recommendations from the Institute of Medicine (IOM)**

The comprehensive 2010 Institute of Medicine report “The Future of Nursing: Leading Change, Advancing Health,” continues to be the principal document guiding the development of nursing education in the U.S. (The Institute of Medicine, 2010). The report notes that major changes taking place in the U.S. healthcare system and practice environments will call for “profound changes in the education of nurses”: Nursing education at all levels needs to provide a better understanding of and experience in care management, quality improvement methods, systems-level change management, and the re-conceptualized roles of nurses in a reformed health care system” (The Institute of Medicine, 2010). Yet the report’s key recommendations speak more to the quantity of education, and the general outline of nursing education, than to the substance of what nurses should be learning. In contrast, healthcare-provision institutions are already putting nurses in roles as the principal healthcare providers for millions of patients, and demanding skills and learning that define the holes in nursing education far more precisely. The IOM report includes five specific recommendations (The Institute of Medicine, 2010):

- Official limits on the scope-of-practice for nurses should be expanded or removed.
- Nurses should more be more formally engaged in the leadership and planning of healthcare institutions and healthcare policy.
- Residency programs, similar to physician residency programs but shorter, should be established for nurses.
- By 2020, the number of nurses with bachelor’s degrees in nursing (BSNs) should account for 80% of the workforce, heading toward 100%.
- By 2020, the proportion of nurses with a doctorate in nursing should double, from 1% to 2%.

But what learning content should form the substance of the increased amount of education in these programs, and why? The IOM report notes that Nursing education at all levels needs to impart a better understanding of ways to work in the context of and lead change within health care delivery systems, methods for quality improvement and system redesign, methods for designing effective care delivery models and reducing patient risk, and care management and other roles involving expanded authority and responsibility (The Institute of Medicine, 2010). There is a growing demand for the newer generation of nurses in training. The Bureau of Labor Statistics cites the following factors contributing to the increased demand for nurses:

- The aging U.S. population will require increased healthcare services, including treatment for chronic conditions.
- The financial pressure on hospitals to discharge patients sooner will increase the need for long-term, outpatient, and home healthcare.
- More procedures will take place in outpatient settings, such as same-day chemotherapy facilities, rehab, ambulatory surgery and care centers, and doctors' offices.
- The Future of Nursing: Leading Change, Advancing Health report called for greater academic progression in nursing education. The report specified a goal of increasing baccalaureate nurses by 80 percent and a doubling of doctorate nurses from 2010 to 2020 (The Institute of Medicine, 2010). Major changes taking place in the U.S. health care system and practice environments will call for “profound changes in the education of nurses” (The Institute

of Medicine, 2010). The Institute of Medicine outlined the broad elements of nursing education that will need to change by 2020 to meet the emerging needs in healthcare:

### **Increasing Demand for BSN Degree Programs**

More nurses need to enter the workforce with baccalaureate degrees or to progress to that level earlier in the careers. This shift must be accompanied by improvements in undergraduate education for nurses. An increasingly-complex healthcare environment calls for a higher level of skill on the part of nurses. Emotional Intelligence is critically important for self-management and stress management in this field.

### **Better Graduate Education**

Improvements are needed in graduate nursing education, including an increase in the number of doctoral-level nurse faculty and researchers. Graduate degrees prepare nurses for administrative and leadership positions and faculty roles. Doctoral-level degrees can also open the way for research positions and teaching at the university level. As of the publication of the IOM report, 13 percent of U.S. nurses held graduate degrees (The Institute of Medicine, 2010). In recent years, graduates from clinical-practice DNP programs have increased substantially. The IOM report identifies a significant shortage of nursing faculty, with U.S. nursing schools experiencing recruiting problems (The Institute of Medicine, 2010).

### **Improving Diversity**

Nursing education and the nursing profession in general needs to address diversity, correcting the under-representation of men and racial and ethnic minorities in the field.

### **Adopt Innovative Solutions**

Nursing education should consider some of the innovative solutions available for addressing concerns over educational capacity and needed changes in nursing curricula. Simulation techniques are being used increasingly in healthcare training, including nurse training. High-fidelity simulations might make use of computerized manikins. Lower-fidelity experiences might use computer programs, video games, or role-playing. Simulations are employed within a framework that maximizes them as learning experiences. The Institute of Medicine's (IOM) Future of Nursing report pointed to the need to dedicate significant resources and a coordinated effort at educational advancement for nurses (The Institute of Medicine, 2010). The report also highlighted cultural changes that would be necessary to make progress toward the 2020 goal of an 80-percent BSN nursing workforce and the doubling of nurses holding doctorates (The Institute of Medicine, 2010).

While federal support for nursing education exists through Title VIII and a few other small programs, the annual survey of recent nursing-school graduates from the National Student Nurse Association tells a consistent story: the vast majority of money spent on nursing education comes from students and their families, through loans, savings, and current earnings. Employer support for nursing education certainly exists, particularly through what they call the “grow your own” track of healthcare employers funding nursing education – especially RN-to-BSN programs. Yet most of these programs do not pay full tuition, and indeed offer modest support or discounts in tuition rather than full-on tuition support. I made a few observations related to this matter:

1) Price matters, but the cost-benefit analysis for advanced nursing education is compelling.

2) Access to loans is complicated and daunting to many students, yet loan repayment rates for nursing schools are among the highest in American higher education – generally hovering around 90%, according to the U.S. Department of education.

3) Providers of quality nursing education may be well served by exploring the direct provision of loans themselves.

### **Conclusion**

Based on this research, two main areas of opportunity exist today for entrepreneurial providers of nursing education:

- Delivery of accredited BSN and doctoral-level nursing education. The healthcare industry is pushing for dramatic increases in these areas, and some traditional schools of nursing are very slow to respond. Funding for students continues to flow mostly from personal sources including student debt but is widely seen as a sound investment.
- The growing need in continuing professional education that emphasizes case-management, course-of-treatment planning, leadership development, and risk management, to help nurses take over these roles in patient care, as physician availability continues to shrink on a per-patient basis.

In conclusion, increased training in leadership and healthcare administration is vital for the healthcare industry. Leadership is an important skill needed by RNs, yet baccalaureate programs generally have only one or two leadership courses; often combined with management, ethics, communication, or research. Leadership needs to begin in year one of four-year BSN programs and continue throughout. Nursing leaders are encouraged to join with other health care professionals to address and resolve the persistent nursing shortage and improve healthcare systems and delivery worldwide. Without leadership education and ongoing development, nursing leaders are not available, or adequately prepared to work with other healthcare professionals to address issues such as the ongoing nursing shortage, establishment of healthy work environments, and improved patient safety. Emphasis on new competencies is critically important for the future of nursing education. Healthcare reform and an increased focus on knowledge-based care are requiring a greater emphasis on competencies in preventive care, wellness, and care coordination. Such skills are needed in leadership and teaching jobs, and in specialty areas such as the ICU, but also in settings outside the hospital: And that's good because that's where the need is moving. Given the impact of digital transformation on the healthcare industry, nursing education needs to address new competencies in primary education and throughout a nurse's career. Nurse training must include new competencies in the areas of decision making, managing a patient experience via various digital outlets and technology, quality improvement, systems thinking, and team leadership. Nurses do not work in isolation, but with patients, families, communities, and other members of healthcare professionals such as physicians, physiotherapists, dieticians, respiratory therapists, and social workers. Complexity science, leadership, and nursing have commonalities when examined, suggesting complex leadership in nursing as an appropriate format on which to base nursing leadership education. Healthcare is a global issue, and nurses are the largest group of healthcare professionals in the

world (Schultz, 2004). Schultz (2004) suggested the “collective voice” of nurse clinical scholars and nurse scientists can create a systematic foundation for the global improvement of health care for individuals and families “across the lifespan of the 21st century” (p. 133). Expanded curriculum development is critical to offer robust learning opportunities and training for the BSN students to develop critical skills. More competency-based training tailored to Nursing is required to deal with complexity in the healthcare industry. Nurses need to think, adapt, learn, and prepare for the unexpected, suggesting a leadership model based on complexity is a suitable foundation for nursing leadership development.

## REFERENCES

- Crowell, D. (2011). *Complexity leadership: Nursing's role in health care delivery*. Philadelphia, PA: F. A. Davis Company.
- Curtis, E. A., Sheerin, F. K., & de Vries, J. (2011). Developing leadership in nursing: the impact of education and training. *British Journal of Nursing*, 20(6), 344. DOI: 10.12968/bjon.2011.20.6.344
- Hazy, J. K., & Uhl-Bien, M. (2013). Changing the rules: The implications of complexity science for leadership research and practice. In D. Day (Ed.), *Oxford handbook online: Scholarly research reviews* (pp. 709-732) Oxford University Press. doi:10.1093/oxfordhb/9780199755615.013.033
- McKinney, M. (2000). *The focus of leadership: Choosing service over self-interest*. Retrieved from <http://www.leadershipnow.com/pvservice.html>
- Romyn, D. M., Linton, N., Giblin, C., Hendrickson, B., Limacher, L. H., Murray, C., ... Zimmel, C. M. (2009). Successful transition of the new graduate 149 nurse. *International Journal of Nursing Education Scholarship*, 6(1), 17p. doi: 10.2202/1548-923X.1802
- Schultz, A. A. (2004). Role of research in reconstructing global healthcare for the 21st century. *Nursing Administration Quarterly*, (2), 133. doi: 10.1097/00006216-200404000-00010
- The Institute of Medicine. (October 5, 2010). *The Future of Nursing: Leading Change, Advancing Health*. Retrieved from <http://nationalacademies.org/hmd/reports/2010/the-future-of-nursing-leading-change-advancing-health.aspx>
- The Bureau of Labor Statistics. (2018). *Occupational Outlook Handbook*. [https://www.bls.gov/ooh/healthcare/registered-nurses.htm#\\_blank](https://www.bls.gov/ooh/healthcare/registered-nurses.htm#_blank)

Article published: December 26, 2018