Nursing and the public good: pivot point discussion

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Discussion overview

• Nursing as public good
• Advanced practice nursing & the Doctor of Nursing Practice (DNP)
• Discussion
Nursing as a public good…

• Societal “necessity” & utility
• Long term public investment
  – HHS, DOE, VA, DOL, DOD, etc.
  – State investments
• High public trust – social contract
National investment in nursing...
Social utility: nursing workforce

• Portfolio:
  – multiple levels, entry points, & capacities
  – avenues of opportunity
    • Systems & individual

• Gasket/buffer
  – responsiveness & flexibility
  – key interfaces
  – Capacity to expand & contract
Responsiveness to change...
Current challenges

• Shortage & mal-distribution
• Demographics
• Educational effectiveness & capacity
• Innovation & practice improvement
• Barriers to optimal utilization
• Economy
• Other
Caring knows no boundaries.

It's about community.
It's about culture.
It's about neighborhood.

Be a nurse.

Your unique cultural background is essential to providing excellent health care in our state. For information about becoming a nurse, and educational and financial resources, go to www.oregoncenterform nursing.org

Oregon Center for Nursing
ARE YOU MAN ENOUGH...

...TO BE A NURSE?

If you want a career that demands intelligence, courage, and skill, and offers unlimited opportunity, consider nursing.

For information about careers in nursing, and educational and financial resources in Oregon, go to www.oregoncenterfornursing.org

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Key factors shaping future...

- Policy & professional agendas
  - National & state (PPACA – aka ACA)
  - *The Future of Nursing (IOM/RWJF)*
  - Professional & accrediting bodies

- Need/demand/shortages

- Policy, regulation, financing

- Systems & educational change

- Innovation, information, technology

- The economy
National campaign...
What won’t change…

• Basic nursing care & caring are foundational
• Functional teams and systems are crucial
• More to know does not always mean more to teach
• Numbers alone aren’t a solution
Advanced practice, the DNP, and the public good

A workforce policy case

President Lyndon Johnson signing nurse training act, 1964
APRN’s: a brief overview

• Who they are:
  – Nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse midwives

• Origins:
  – Need driven/physician shortage responsive

• Effectiveness/impact
  – Demonstrated effectiveness
  – Important to access & affordability

• Educational development
Frontier Nursing Service

Mary Breckenridge
The DNP & advanced practice,

• The professional nursing doctorate
  – 1979 first; 2004 – 8 such doctorates
  – 80’s focused (PhD’s)

• 2004 AACN adopted position statement setting 2015 target
  – All APRN programs would become DNP
  – Masters APRN programs thus discontinued
Contributing factors

• Quality & safety movement
• Variation in professional doctorates
• Shortage of doctorally-prepared faculty
• Increasing length of masters programs
• Professional aspiration, parity, compensation
• Time of economic & social optimism
• Concerns for nursing work environment
Then...
Since 2004: DNP

• Educational focus:
  – Organizational, economic, healthcare improvement, and leadership skills to design and continuously improve systems of care delivery based on best evidence

• Content and degree based in nursing school or program
  – Post masters & post - baccalaureate
Since 2004, continued.

• Preparation and resources
  – Greater program length, individualized learning, educational intensity
  – Refocused faculty & clinical resources
  – Increased student & institutional costs

• Educational quality & impact
  – DNP *Essentials* & curriculum harmonization
  – No demonstrated greater value over masters preparation for NPs
Also since 2004…

• Economic recession
• Growing provider shortage
• Future of Nursing report
• PPACA (ACA)
• Dramatic increase in numbers of programs
Growth of DNP

American Association of Colleges of Nursing
Emerging questions...
What is the impact on...

- Workforce composition & supply
- Educational priorities, capacity, collaboration
- Research & innovation
- Cost & economics of care
- Interface among disciplines
- Diversity & economic opportunity
- Health of the public
Questions, continued…

– Implications for public financing
  • Education
    – Programs
    – individuals
  • Services

– Implications for regulation
– Overall workforce development strategy & direction
Discussion…

Thank you!