

The Nursing Regulatory Environment in 2018: Issues and Challenges

National Council of State Boards of Nursing

Many issues and challenges affect the nursing regulatory environment and nursing practice, such as a changing nursing workforce, new methodologies and trends in nursing education, new health care access and delivery, and emerging societal issues impacting nurses and the health of the general public. This article reviews the highlights of the 2018 National Council of State Boards of Nursing Environmental Scan, with a focus on present and future regulatory issues and challenges that boards of nursing will face as 2018 unfolds.

Keywords: nursing workforce population and mobility, nursing education, regulatory environment in 2018, precision medicine, current social and health care issues

Objectives

- Discuss the current, comprehensive portrait of nursing in the United States, including emerging issues and challenges.
- Describe the current state of nursing and our readiness to enter the modernized era of health care.
- Explain fluctuations in the nursing workforce by state and region of the country.
- Name a solution to improving nursing workforce mobility and access to care.
- Identify nursing considerations in emerging new models for the delivery of health care.
- Analyze nursing implications of emerging roles of other members of the health care team.
- Predict how nursing education programs will prepare competencies of the future nursing workforce.
- Form regulatory solutions to three current social issues.

Modernization of health care cannot adequately be achieved without the participation of those in the nursing profession, and a new era of nursing depends on a contemporary and revitalized regulatory system. Nurse regulators oversee nurse licensure and scope of practice, approve nursing education programs, and administer state nurse practice acts and regulations. The annual National Council of State Boards of Nursing (NCSBN) Environmental Scan provides regulators and other nurse leaders with a current, comprehensive portrait of the nursing profession in the United States, including emerging issues and challenges. This article presents the major highlights of the 2018 Environmental Scan, with a focus on present and future regulatory issues and challenges related to:

- nursing workforce population and mobility
- new health care settings, roles, and personnel
- scope of practice issues

- new treatment methods and strategies impacting nursing education and practice
- societal issues affecting nurses and their practice as well as the general public, including workplace violence, cannabis use, and the opioid crisis.

These highlights reflect substantial professional, social, and political changes needed for regulators and other nurse leaders to keep pace with potential health care system transformations.

Nursing Workforce Issues

Sufficient numbers of registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVNs) at all levels and the ability to forecast and plan for shortages are integral to the delivery of safe and quality patient care. Other important issues related to the nursing workforce include mobility, employment, employer, practice settings, new health care roles and the regulatory implications of these issues.

RN and LPN/LVN Population

In 2018 and beyond, adequate numbers of nurses will be vital for patients' access to care and nurses' access to jobs as studies predict both shortages and surpluses in the nursing workforce. As of November 23, 2017, the U.S. workforce consisted of 4,015,250 active RN licenses and 922,196 active LPN/LVN licenses (National Council of State Boards of Nursing [NCSBN], 2017e). Of these, 2,857,180 RNs and 702,400 LPN/LVNs were employed in the United States as of May 2016, the most recent statistics available (U.S. Department of Labor, Bureau of Labor Statistics, 2017a).

The number of employed RNs per population in each state varies widely, from fewer than 700 RNs per 100,000 population in Nevada to over 1,500 RNs per 100,000 in the District of Columbia (U.S. Department of Labor, Bureau of Labor Statistics, 2017a; U.S.

Census Bureau, 2017). Other states with approximately 700 RNs per 100,000 people are California, Georgia, Oklahoma, and Utah. Conversely, South Dakota (1,402 per 100,000), Massachusetts (1,250 per 100,000), and Delaware (1,189 per 100,000) have the highest ratios of employed RNs per population along with the District of Columbia.

The ratio of employed LPN/LVNs is between 65 and 70 per 100,000 people in Alaska, Oregon, and Utah and over 400 per 100,000 in Arkansas and Louisiana (U.S. Department of Labor, Bureau of Labor Statistics, 2017a; U.S. Census Bureau, 2017). States with shortages include Maine and most of the western states except for California, which has slightly more LVNs per 100,000 population than its neighboring states. (Figure 1 provides a broad comparison of the numbers of RNs and LPNs across the country.)

A number of studies published in 2017 indicated that the nursing workforce needs will continue to fluctuate according to state and region of the country. In 2017, the Health Resources and Services Administration (HRSA) released national projections for the U.S. nursing workforce through 2030 reporting inequitable distributions of nurses across states (Health Resources and Services Administration, 2017). According to the HRSA report (2017), seven states are projected to have an RN shortage, and 33 states are projected to have an LPN shortage by 2030. The greatest shortages of RNs are predicted in California, Texas, New Jersey, and South Carolina. Texas and Pennsylvania are expected to have the greatest LPN shortages. Florida, Ohio, Virginia, and New York could expect a surplus of RNs. An LPN surplus is projected for Ohio and California. Projections made from the Health Workforce Microsimulation Model used nurse data from the American Community Survey along with information reflecting the economy and labor markets. The model estimated the growth in RN supply (39%) will outpace the growth in RN demand (28%) by 2030 resulting in an excess of almost 300,000 RNs nationally. For LPNs, the growth in supply is estimated to be 26% while the growth in demand is expected to be 44%. This imbalance could result in national-level shortage of 151,000 LPNs by 2030.

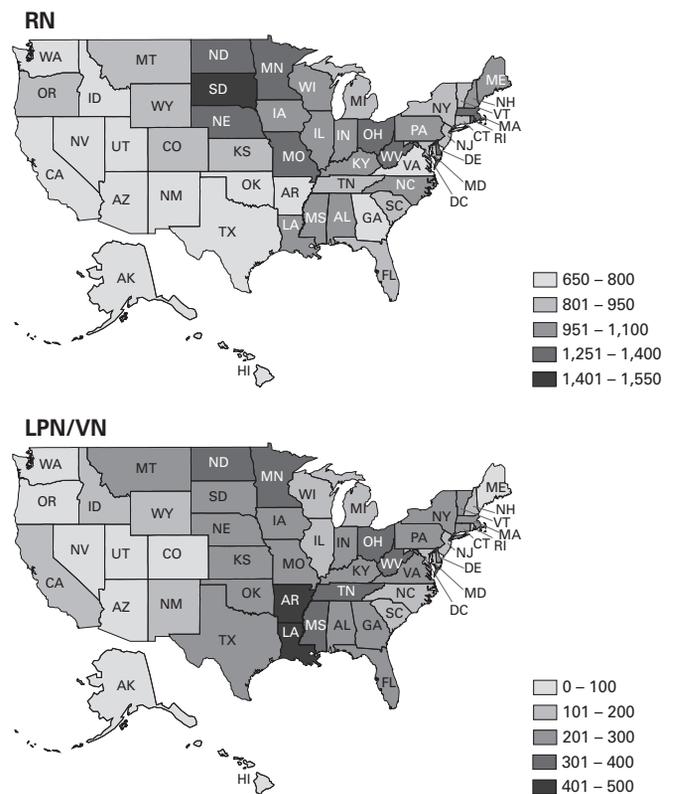
In 2017, NCSBN collaborated with the National Forum of State Nursing Workforce Centers to conduct a national workforce study to assess and describe the current RN and LPN workforce (in press). The findings data will be published later this year in the *Journal of Nursing Regulation*. Individual boards of nursing (BONs) are also collecting population and workforce data with licensure renewals, which are being deposited into NCSBN's National Nursing Workforce Repository. When all boards have provided these data, nursing will have a more current and accurate database to analyze the workforce and make predictions for the future.

RN and LPN Employers

The predominant employers of RNs and LPN/LVNs will be hospitals and long-term care facilities, respectively. According to the most recent data from the U.S. Department of Labor, Bureau of Labor Statistics (2017a), RNs held an estimated 3 million jobs in the United States in 2016. Of those, 61% were in hospitals. Hospitals were followed by

FIGURE 1

RN and LPN/VN Employment by State*



*Employed RNs and LPN/VNs per 100,000 people by state
Source: U.S. Department of Labor, 2017; U.S. Census Bureau, 2017.

ambulatory health services (18%), nursing and residential facilities (7%), government facilities (5%), and educational services (3%). The same data showed that LPN/LVNs held approximately 724,500 jobs in 2016. The largest employers of these nurses were nursing and residential care facilities (38%), hospitals (16%), physician offices (13%), home health care services (12%), and government facilities (7%).

Enhancing Workforce Mobility

HRSA's proposed solution to the inequitable distribution of nurses across states is optimal migration. Thus, nurses would move to or work in areas of greater need. The distribution of the nursing workforce is likely to improve as more states join the enhanced Nurse Licensure Compact and the APRN (advanced practice registered nurse) Compact. Adoption of the nurse compacts is a rapid and straightforward answer to improving workforce mobility and access to care.

NLC, eNLC, and APRN compacts

In 2000, the Nurse Licensure Compact (NLC) became the first health care compact to be signed into law. Under the compact, nurses obtain a single license enabling them to practice in any other compact state. By 2015, the NLC had 25 member states; however, membership stalled due to differences in state licensure requirements. As a result, the

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