

# The Institute of Medicine Report on the Future of Nursing: *A Legacy for Nursing Leadership*

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Although nurses have long championed for patients and sought to provide high-quality, patient- and family-centered care, our healthcare system too often fails to provide optimum services. The Robert Wood Johnson Foundation (RWJF), the largest US-based health and healthcare philanthropy, and the AARP Center to Champion Nursing in America, part of the largest US consumer organization, have joined forces to help remake our healthcare system. The two organizations have embarked on a Campaign for Action that builds on the blueprint in the Institute of Medicine (IOM) report “The Future of Nursing: Leading Change, Advancing Health”<sup>1</sup> for transforming the nursing profession to enhance the quality and value of healthcare. RWJF has long invested in nursing programs, and AARP has advocated social change on behalf of older people for more than 50 years. With the backing of RWJF and AARP, nurse leaders have a unique opportunity to truly transform our profession and improve patient care.

This campaign envisions a nation where every American has access to high-quality, patient- and family-centered care in a healthcare system that values integrated, equitable, and cost-effective services. The campaign aims to strengthen nurse education and training; enable nurses to practice to the full extent of their education and training; advance interprofessional collaboration across the health spectrum; expand leadership ranks to ensure that nurses have a voice on management teams, in boardrooms, and during policy debates; and improve healthcare workforce data collection.

RWJF and the AARP Center to Champion Nursing in America are rallying support across the healthcare spectrum and engaging consumer leaders and prominent officials and groups

from government, business, academia, and philanthropy. Thirty six states in the country are involved in action coalitions, a grass-roots strategy to spur implementation at the state level, and we anticipate all 50 states to be part of this campaign by the end of 2012. Though we are engaging diverse coalitions, we are depending on nurse leaders from academia and the service sector to guide implementation, get and keep other sectors involved, and develop evaluation measures for success. Academia is well represented in leadership, but we need more nurse leaders from the service sector to be involved.

This is nursing’s time, and our legacy must be nothing less than transforming our profession and improving patient care for all Americans.

## THE ROLE OF NURSING ORGANIZATIONS AND NURSE LEADERS

Each nursing organization and every nurse leader who oversees an organization must identify priorities for achieving the Campaign for Action goals and take responsibility for implementing its priorities. The American Organization of Nurse Executives (AONE), for example, has staked out education and leadership in its AONE Position Statement on the Education Preparation of Nurse Leaders.<sup>2</sup> The position states that nurses in leadership roles should be minimally prepared at the baccalaureate or master's level in nursing, and nurse leaders at the highest levels of executive leadership should be encouraged to seek educational preparation at the doctoral level. The position statement also supports lifelong learning. AONE's ambitious priorities should further the campaign's aims of strengthening nursing education and expanding nursing leadership ranks.

In addition, all nurse leaders need to educate senior leadership and their staffs about the IOM report and incorporate the recommendations into their organizations' strategic plans. Many nurse leaders already are. For example, Jerry Mansfield, the administrator for nursing quality and translational research at Ohio State University Medical Center, has incorporated the main principles of the IOM recommendations into his health system-wide planning initiatives for nursing education, quality/safety, and research. He and the executive management team at the medical center are developing specific tactics from the report into the organization's strategic planning for the next 5 years. In addition, he is educating senior executive staff about the report recommendations and the leadership role of nursing in accountable care.

Similarly, Joyce Batcheller, senior vice president and system chief nursing officer at the Seton Family of Hospitals in Texas, has presented the IOM report recommendations to senior executives, nursing leaders, and staff that participate in the system-wide shared governance model. All nurse leaders need to ensure that their team's senior management and their staffs are versed in the IOM recommendations and that their organizations' strategic plans reflect them.

Nurse leaders also should imbed specific IOM recommendations into the culture of their organizations and become actively involved in action coalitions. As inspiration for how you can get involved, here are some examples of how nurse leaders from the service sector are furthering the education, practice, and leadership recommendations.

### Strengthening Nursing Education and Training

Nurse leaders need to prioritize hiring nurses with bachelor of science in nursing (BSN) degrees or higher to meet the IOM recommendation of increasing the proportion of nurses with a baccalaureate degree to 80% by 2020. At the North Shore Long Island Jewish Health System, Chief Nursing Officer (CNO) and Senior Vice President Maureen White implemented a policy in September 2010 that required all new registered nurse (RN) hires to possess a BSN degree. In the event that new hires lack this degree, they must obtain one within 5 years from their date of hire. Since North Shore implemented this requirement, more than 80% of the 350

new RNs hired hold a BSN degree, compared with less than 50% of new hires before the requirement becoming effective.

Barbara Wadsworth, senior vice president of patient services and CNO at Abington Health in Pennsylvania, requires nurses to attain a BSN in 10 years or less, and all new nurses must attain a BSN within 5 years of their hire date. The American Nurses Credentialing Center also requires 75% of nurses managers to have at least a baccalaureate degree in nursing to qualify for Magnet<sup>®</sup> status, and by 2013, all nurses managers will be required to have a BSN degree.<sup>3</sup>

Nurse leaders also need to make the case for their organizations to support residency programs to meet the IOM recommendation of implementing transition-to-practice programs after nurses have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas. Under CNO Cathy Ricks' leadership, the Department of Veterans Affairs (VA) launched a residency program last summer. The VA first piloted a residency program for new nurse graduates at eight facilities of various complexities for 1 year starting in January 2009, with the curriculum focused on refining graduate nurse clinical competencies and developing professional nursing roles and leadership characteristics. The residency consisted of classroom education, precepted clinical experiences, monthly meetings, group clinical debriefings, one-on-one mentoring, personalized development, and an evidence-based practice project. The pilot resulted in a 100% RN retention rate.

In addition to promoting BSN degrees and residency programs, nurse leaders should foster a culture of continuous learning at their organizations to meet the IOM recommendation of ensuring that nurses engage in lifelong learning. As a first step, nurse leaders should make sure that their staffs are familiar with the IOM report and encouraged to support implementation.

### Enabling Nurses to Practice to the Full Extent of Their Education and Training

Nurse leaders should work within their organizations to promote institutional policies and a culture that ensures that all nurses can practice to the full extent of their education and training to meet the IOM recommendation of removing scope-of-practice barriers. The Geisinger Health System and Kaiser Permanente, for example, have elevated nurses' roles in primary care, chronic disease management, and hospital patient discharge. Both have seen the positive impact on patient care and cost savings.

But, as of May 2011, 32 states still had outdated laws and regulatory barriers that prevented nurses from practicing to their full scope (see *Figure 1*). Nurse leaders who live in these states should join action coalitions to seek changes in licensing and practice regulations for nurses.

### Expanding Leadership Ranks to Ensure That Nurses Have a Voice on Management Teams, in Boardrooms, and During Policy Debates

Nurse leaders need to support and help nurses take the lead in developing and adopting innovative, patient- and family-

centered care models, including quality improvement efforts, to meet the IOM recommendation of expanding opportunities for nurses to lead. Transforming Care at the Bedside (TCAB), an initiative between RWJF and the Institute for Healthcare Improvement, is an example of a program that has empowered nurses and other frontline staff to redesign work processes on hospital floors to decrease adverse events and unanticipated deaths, reduce harm from falls, and improve the reliable provision of evidence-based care. Reports on TCAB show that it generates improved outcomes, greater patient and family satisfaction, and reduces nursing turnover.<sup>4</sup>

Similarly, nurse leaders should engage frontline staff to work with developers and manufacturers in the design, development, purchase, implementation, and evaluation of medical and health devices and health information technology products. Ellen Barrington, who serves as a nurse manager at Ocean Medical Center in New Jersey, worked with Teri Wurmser, the director of the Ann May Center for Nursing at Meridian Health, to enable the nurses on her floor to redesign the space from a general medical surgical unit to an acute care of the elderly unit. The nurses reviewed evidence-based designs and incorporated their own experiences of caring for older patients to transform the space into a well-designed unit for older adults. Their input resulted in the architect incorporating single-bed rooms, low-to-the-floor beds, mattresses that prevent pressure ulcers, a brightly lit day room, and large lettering for the room numbers into the redesign plans.

Nurses at all levels need to be prepared for leadership to meet the IOM recommendation of enabling nurses to lead change to advance health. To that end, nurse leaders should make available leadership development and mentoring programs throughout their organizations. More experienced nurses must take the time to show those who are less experienced the most effective ways of being an exceptional nurse at the bedside, in the boardroom and everywhere in between. CNOs should also promote leadership activities among their staff, encouraging them to secure important decision-making positions on committees and boards, both internal and external to the organization.

In addition, nurse leaders should strive to serve on the boards of healthcare organizations and enter policy-making debates. A 2010 survey of over 1,000 hospital boards conducted by the American Hospital Association found that just 6% of board members are nurses, whereas 20% are physicians.<sup>5</sup> Boards increasingly discuss healthcare delivery, quality, and responsiveness to the public in addition to business and finance matters, and nurses can bring their expertise in these areas to the table. In fact, if decisions are taking place about patient care and a nurse is not at the decision-making table, important perspectives will be missed.

The AARP Center to Champion Nursing in America directs a state-level pilot program in Virginia and Rhode Island to place qualified nurse leaders on community and state boards and to groom future nurse leaders for board appointments. New Jersey and Colorado were scheduled to join the pilot by the end of 2011. They also run a national

program called Nurse Leaders in the Boardroom to facilitate relationships between healthcare organizations and nurses and to train future nurse leaders. Nurse leaders should develop their skill sets and ask to be nominated to serve on boards.

Finally, nurse leaders should take leading roles in the Campaign for Action to build on the blueprint laid out in the IOM report. More than any time in recent history, the United States has the chance to transform its system and culture of healthcare, but only if nurses are better prepared and able to practice and lead to the full extent of their education and training. Nurse leaders need to join their counterparts in academia to help lead the action coalitions and promote the IOM recommendations within their organizations to ensure that the Campaign for Action succeeds. For more information on how to get involved, go to [www.thefutureofnursing.org](http://www.thefutureofnursing.org).

## THE CAMPAIGN FOR ACTION: A LEGACY FOR NURSING

If we succeed in achieving the goals of the Campaign for Action, we will help to ensure that all Americans have access to high-quality, patient- and family-centered care in a healthcare system that values integrated, equitable and cost-effective services. The nursing workforce will be prepared to provide chronic care management and care coordination, as well as to offer prevention and wellness to patients. We will truly transform the nursing profession into one that is capable of leading change to advance the nation's health. Given many health professionals' increasingly interdependent roles, confronting some of nursing's key challenges will have broad benefits for every member of the healthcare team. In transforming our profession, we will leave behind a legacy of improved care for all Americans. **NL**

### References

1. Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press; 2010. <http://www.nap.edu/catalog/12956.html>. Accessed September 8, 2011.
2. American Organization of Nurse Executives. Position Statement on the Educational Preparation of Nurse Leaders, December 2010. [http://www.aone.org/resources/leadership%20tools/PDFs/EducationPreparationofNurseLeaders\\_FINAL.pdf](http://www.aone.org/resources/leadership%20tools/PDFs/EducationPreparationofNurseLeaders_FINAL.pdf). Accessed September 8, 2011.
3. American Nurses Credentialing Center. Organization Eligibility Requirements. <http://www.nursecredentialing.org/Journey-OrgEligibilityRequirements.aspx>. Accessed May 10, 2011.
4. Hassmiller SB, Burnes Bolton L, eds. A Special Supplement to the American Journal of Nursing on Transforming Care at the Bedside: Paving the Way for Change. [http://journals.lww.com/ajnonline/fulltext/2009/11001/the\\_development\\_of\\_tcab.2.aspx](http://journals.lww.com/ajnonline/fulltext/2009/11001/the_development_of_tcab.2.aspx). Accessed October 31, 2011.
5. American Hospital Association. AHA Hospital Statistics. Chicago, IL: The American Hospital Association; 2011.

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