The Future of Nursing Begins Now

Those are powerful words. Think about them. They relate to a profession we love and the public admires. The presence of the word “future” conveys hope and opportunity to me. And “begins now” suggests we cannot do what we often have in the past—ignore, minimize, or argue.

If you have taken the time to scan or begin a review of the report “The Future of Nursing: Leading Change, Advancing Health” (Institute of Medicine [IOM], 2010), you know that much is expected of us. You also may know, if you are a history buff, that this is one in a long series of reports calling for change in nursing. Most of the reports have focused on nursing education, and that is a major focus of this report. However, in my view, this report is broader in scope.

From the Goldmark Report (The Committee for the Study of Nursing Education, 1923) to the Brown report (1948) to the American Nurses Association’s position on educational preparation (1965) to the National Commission work in the 1970s (Lysaught, 1970) and numerous others, nurse leaders and the public have identified increased education and expanded roles for the profession of nursing as critical to society. If we reviewed the core message of each, we would see what nursing must do.

What happened as a result of those reports? In addition to a lot of talk, a few pockets of action (sometimes at the local level and sometimes at the state or regional level) whipped into action. But mostly, some nurses read the reports, a few acted, and most either ignored the reports or did not know they existed. If we do now what we have done in the past, the impact of this new IOM report will be lost and we will lose future opportunities. How many times will a foundation or the government help us to help ourselves if we do not do the latter (the help ourselves part)?

This is a call to action because almost every aspect of nursing is addressed in this report. Examples related to research, education, and practice and suggestions for professional organizations, governmental entities, schools, and practice settings are included. Many of the recommendations depend on continuing education/professional development. Without lifelong learning, we cannot keep pace with what is needed. Without the commitment to continuous learning, we cannot know what we need for safe, quality care and how to educate for it, research it, or deliver it.

This report is the vanguard of things to come. This forefront of action sets ideas in place. Our accountability as professionals is to act and that action needs to begin now. We cannot afford to place one more report on the shelf of nursing history and do little or nothing.

I invite thoughts and comments from all of our readers, preferably about the action being taken. We must act, not just read.

REFERENCES

Patricia S. Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAAN
Editor-in-Chief
psywjen@aol.com

The author discloses that she has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
doi:10.3928/00220124-20101122-02