As recently as 2008, the pressing need for new entry-level nurses overshadowed and all but shut out the warning that a dire nurse educator shortage was approaching. Those of us in higher education struggled to get the message out locally that resources had to be put into our graduate programs in order to sustain the entire nursing education enterprise over the long term. Today, our new, inexperienced graduates are having difficulty landing that first nursing position while the nursing academy is aging out and retiring, as predicted. What a difference 4 years makes in the way we look at the nursing shortage and prepare for what lies ahead.

From our perspective, as gerontological nurses, this convergence of events around the recession and sluggish workforce demands is a blessing in disguise. Instead of the intense focus on the undergraduate, “new nurse” workforce, we have a little breathing room to shore up our faculty ranks, invest in faculty development, revamp the undergraduate curriculum to ensure adequacy of essential gerontological nursing content, and design ways for students preparing for advanced practice to develop breadth and depth in the care for older adults that includes chronic disease management and secondary prevention.

We have this window of opportunity that will probably only last another 3 to 5 years, at best, until massive numbers of nurses in all types of roles and responsibilities begin retiring around 2015 and we fall back into desperate workforce replacement measures. If we do nothing, the nursing discipline will survive, but in what form? What value will nursing be to the health care enterprise of the future if we are among the least knowledgeable, educated, and informed members of an organization caring for the Baby Boomers and beyond? What status and influence can we hope to achieve without nurses who hold advanced degrees as advanced practice nurses, managers, researchers, and educators who understand the needs of aging populations?

In the short term—meaning right now—we need to implement a major paradigm shift in the concept of nursing career trajectories. The generation of nurse educators who told us 30 to 40 years ago we had to have 2 to 5 years of on-the-job practical experience before we considered graduate school are no longer with us. We are the ones giving advice to our young students and colleagues in a totally changed employment climate. Isn’t it time, then, to question whether the traditional “on-the-job” training model is relevant in the 21st century?

The vast majority of baccalaureate nursing graduates at George Mason University (Mason), and probably many other baccalaureate nursing programs, express interest in graduate education. We think it is our responsibility to get them where they want to be as quickly as possible in a graduate program that will enable them to maximize their career success and lifelong contributions to the profession. For example, the Mason Doctor of Nursing Practice (DNP) program includes an executive-style format that enables students to work...
and go to school. Simultaneously, many acute care, ambulatory care, and long-term care agencies and organizations across the country are creating nurse residency programs to help new nurses transition from novice to skilled practitioner. When combined in partnership, these educational and clinical opportunities are just the sort of good news to graduates in a soft job market that creates changes in the ways nurses think about their career trajectories. Both undergraduate and master’s degree graduates become a ready and willing source of applicants for graduate programs.

While nurses have always worked and gone to school, the tracks we propose are fundamentally different in the ways these new graduates think about their education and careers. In the past, education was often secondary to everything else in a nurse’s life—behind work, family obligations, advancement, and promotion. With these partnership models, experience and education are coupled to create well-articulated career paths that will provide the much-needed advance practice nurses—the educators of the future. Career and education must go hand in hand.

Over the somewhat longer term, and while these new pipelines are being established, we must turn to faculty development for enhanced gerontological nursing expertise and curriculum updates for increased content on the nursing care of older adults. Despite outstanding leadership by the John A. Hartford Foundation, the American Association of Colleges of Nursing (AACN), and the Institute of Medicine, much work remains in developing faculty and curricula to educate nurses for the future of health care. Knowledge and experience in wellness and disease prevention/primary care, care coordination and management, and chronic disease management can either apply stress, strain, and overcrowding on traditional programs of study taught by faculty with strong generalist or acute care frames of reference, or these contemporary content areas can show the way to curriculum reform and opportunities for faculty development.

Developing faculty expertise in online learning will help programs address hard-to-reach rural areas and working nurses to help them obtain baccalaureate (BSN) and advanced practice nursing degrees. Mason has recently converted the RN-to-BSN program to an online program and partnered with a local community college to enable associate degree nursing graduates to complete their BSN with 1 additional year of education. Mason’s core master’s degree in nursing courses are all online, enabling nurses with job and family responsibilities to engage in graduate studies. Many other nursing schools are offering entire graduate programs online.

In 2010, with funding from the Health Resources and Services Administration, Mason created the Partners for Education in Gerontology program for nursing faculty who are interested in developing specialty expertise in gerontological nursing. In Year 1, an online seminar series and an onsite summer experience in various local health care agencies are used to foster content and skill mastery and provide classroom and clinical resources and innovative strategies for teaching gerontological nursing. In Year 2, the program includes online “How to Do It” support sessions to help faculty trainees infuse gerontological nursing content and experiences into the undergraduate nursing curriculum. The complete program is designed to prepare participants to sit for AACN gerontological nurse certification. Although nurse educators often find it difficult to obtain and maintain clinical hours needed for certification, schools that establish practice plans that include salary recovery can enable practice as part of the faculty role; in this way, educators can teach about the patients they encounter in everyday practice and do not have to rely on outdated case studies in 3-year-old textbooks.

Increasing faculty expertise should enable nursing schools to meet new accreditation guidelines and recommended competencies (AACN, 2008, 2010, 2011) designed to prepare students with the skills they will need to provide high-quality care to an aging population. We believe that exposure to this content, if done well, may also lead to greater interest in geriatric-focused advanced nursing degrees for those much-needed educators, administrators, clinicians, and researchers of the future. The clock is ticking…

REFERENCES

Robin E. Remsburg, PhD, GCNS, BC, FAAN
Director
School of Nursing
Associate Dean
College of Health and Human Services

Shirley S. Travis, PhD, RN, FAAN
Dean
College of Health and Human Services
George Mason University
Fairfax, Virginia

The authors disclose that George Mason University has received a Workforce Development grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

doi:10.3928/00989134-20120112-02