Apprenticeships in Nursing: Back to the Future?

A recent report released by New America about apprenticeships in nursing sent shock waves through higher education communities concerning the direction of nursing education. The report detailed a program from Fairview Health Services in Minneapolis, Minnesota, in which an “apprenticeship” program was created to increase the proportion of bachelor-prepared nurses (Love & McCarthy, 2018).

An apprenticeship is a workplace-based training program that has the following characteristics (U.S. Department of Labor, 2018a):
- Participants are typically employed and earn a salary from employers during the program.
- The program meets national standards for registration with the U.S. Department of Labor (or federally recognized State Apprenticeship Agencies).
- The program provides on-the-job learning and job-related technical instruction.
- The program provides supervision of on-the-job learning by personnel employed by the organization.
- Training results in an industry-recognized credential.

The recent interest in apprenticeship programs across the United States was inspired by an executive order signed by President Donald J. Trump on June 17, 2017, that called for the expansion of apprenticeship programs due to the failures and expenses of the current education system in preparing the workforce for the future. The order created a task force of various industry representatives (not including nursing or health care, with the exception of a board member from Manpower, Inc.) that published its final report in May 2018. Within the 51-page report (Task Force, 2018), the only reference to nursing was:

Only about 43 percent of the current labor force are suitable for the 53 percent of job openings that are “middle skill,” requiring less than a 4-year degree but more than a high school education. These openings not only include blue-collar jobs such as carpenters, plumbers, and electricians, but also dental hygienists, paralegals, and nurses [emphasis added]. (p. 16)

Pursuant to the release of the report, a $150 million grant program was announced to spur the creation of 15 to 30 new apprenticeship programs (U.S. Department of Labor, 2018b).

So let’s return to the Fairview “apprenticeship” program that was funded by the Minnesota Apprenticeship Initiative through a federal initiative under the Obama administration. The fact that nursing education requires a balance between classroom learning and clinical experience, as well as the popularity of residency programs for new nurses, served as justification for the apprenticeship approach (Love & McCarthy, 2018):

A well-designed nursing apprenticeship could take many of the best elements of associate degree, bachelor’s degree, and nurse residency programs and combine them to create an affordable, high-quality RN-BSN program that allows working nurses to master new knowledge in an applied setting with the support of their peers and mentors. (p. 17)

Eligible participants were RNs with an associate degree who were already enrolled in a university-based (often online) RN-to-BSN program. The on-the-job training consisted of skills that were assessed during part of the regular performance review cycle. The report does not mention whether Fairview covered the cost of tuition for the RN-to-BSN program or whether the “apprentices” were provided with paid time to attend classes. In addition, these nurses were already “credentialed” as RNs. How does this model fit with classic apprenticeships? Does this use of language deride the professionalism of nursing?

Apprenticeships can be an important part of the health professions pipeline. They can facilitate development and training of certified nurse aides who then can move to community colleges or universities to pursue an associate degree or baccalaureate degree in nursing. However, we should not conflate the apprenticeship training model with the education required for professional nursing. Although I applaud efforts to “follow the money” to increase workforce supply or achieve national goals for BSN preparation, we must remain concerned about our patients—especially as it relates to quality of care and safety.

Clearly, as the demand for nurses increases, we must develop innovative strategies to attract students into accredited degree-granting programs. At the same time, we must be diligent in main-
taining professional standards and not allow erosion of the advances made during the past several decades. We owe it to our patients.

References


Amy J. Barton, PhD, RN, FAAN, ANEF

Editor

Amy.Barton@ucdenver.edu

The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/01484834-20190103-01