A Historian’s Perspective on the Future of Nursing

As the American Nurses Association/American Academy of Nursing/American Nurses Foundation Nurse Scholar in Residence at the Institute of Medicine (IOM) in 2009, I served as staff to the Robert Wood Johnson Initiative on the Future of Nursing. I was well positioned to see the committee in action and to learn about health policy and how the nursing profession needed to transform itself to provide high-quality, more easily accessible care to the public across multiple settings. Anticipating the health reform legislation that was then percolating in Congress, the IOM charged the committee to develop a bold set of recommendations to serve as a blueprint for action to improve patient care in a reformed health care arena. The eight recommendations developed by the committee targeted a wide array of players, from the nursing profession and nurses themselves to state and national legislative and policy-making bodies, and directly addressed the broad committee charge (IOM, 2011). Everything in the report is evidence based and action oriented.

I also learned that each IOM report has a particular structure and language, as does any other institution. For example, the recommendations are written from the perspective of what particular individuals “should” do rather than what they “must” do. This language is appropriate for the IOM, which is a research institution and policy-informing, rather than a policy-making, body.

The Future of Nursing: Leading Change, Advancing Health (IOM, 2011) does address psychiatric-mental health nurses. The report notes that nurses with expertise in psychiatric-mental health and illness are among the greatest workforce needs, particularly as we think about the kinds of health concerns experienced most by the U.S. public. In addition, the need for nurses who have mental health competencies included in their education program is one of the most obvious reasons for increasing the numbers of baccalaureate-prepared nurses: More nurses with these competencies are needed in the pipeline to gain the skills and knowledge needed for general and advanced nursing practice, to teach students, and to conduct the research needed to improve the care of patients with mental illnesses and facing mental health issues. But as Smoyak (2011) notes, there are no particular case studies on mental health or mental illness in the report, and she makes a salient point that such a focus would have been incredibly important to substantiate the public’s need for psychiatric nurses. Smoyak’s article is therefore an important document that details the critical need for psychiatric nurses, extending the findings of the IOM (2011) report, and is a call to action for the future of the psychiatric nursing specialty.

The report does not claim to cover the universe, but it has created a broad platform for dialogue (and Smoyak’s [2011] article is just one example) and action. For example, two more states—North Dakota and Vermont—have removed restrictive agreements from their practice acts since the report was issued (removing scope of practice barriers was the first recommendation of the IOM [2011] report), and in 18 states advanced practice RNs of all specialties can now practice without collaborative agreements or supervision (Center to Champion Nursing in America, 2011). In Pennsylvania, a state with one of the highest proportions of diploma nurses (Pennsylvania Department of Health, 2010), educators across all program types are talking to each other in a way that will result in better opportunities for nurses to gain higher education. Nurses and other stakeholders have come together in 15 states to form long-term alliances (Regional Action Coalitions) to move forward specific, targeted recommendations. It is clear that nurses alone cannot take on this task of transforming the profession, and many new stakeholders, including funders, data agencies, and insurers, have signed on to form new partnerships that will provide critical support.

And yes, as Smoyak (2011) notes, there is something familiar between the National Commission for the Study of Nursing and Nursing Education’s (1970) report, the National Joint Practice Commission statements, and the 2011 IOM report. You could add the 1983 IOM report into that group, which at first glance seems to lay out some of the same issues as the Future of Nursing (IOM, 2011). As a historian, I know that each report, no matter the funder or supporting agency, is shaped by the
context of the time period, and as my colleague Safiyyah Okoye and I noted in our recent article in the *Journal of Nursing Education*, reports are shaped by the politics (from power at the local level to national politics) of the time period and a particular place (Fairman & Okoye, 2011). Similarities begin and end when the reports are placed in their own political contexts. For example, the nursing shortage in 1983 was not the same shortage projected for 2020.

Smoyak’s (2011) critique of the *Future of Nursing* report (IOM, 2011) will help stimulate other discussions. No matter how one believes the report speaks to the particular issues of the psychiatric-mental health nursing specialty and patients, the future of nursing will be shaped by the actions of each specialty group. The IOM (2011) report and the Campaign for Action (Robert Wood Johnson Foundation, 2010) provide a place of opportunity for psychiatric-mental health nurses to transform patient care by improving nursing education (including educating more nurses who have the psychiatric-mental health competencies patients need), providing the public with the health care practitioners who have the right skills and knowledge at the right places, and stepping up to lead across all levels of decision-making settings.

**REFERENCES**


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**Julie A. Fairman, PhD, RN, FAAN**
Professor of Nursing and Director
Barbara Bates Center for the Study of the History of Nursing
University of Pennsylvania School of Nursing
Philadelphia, Pennsylvania

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