

Spring 2021

IN FOCUS

A PUBLICATION OF  NCSBN



NCSBN's CEO
David Benton
**Reflects on 2020
and Beyond**

Inside this Issue:

[Workforce Survey Reveals Noteworthy Trends](#)

[Next Generation NCLEX Update](#)

[Nurses and Students Volunteer in Vaccination Effort](#)

Managing Editor and Writer

Michael Grossenbacher | mgrossenbacher@ncsbn.org

Contributing Editor and Writer

Dawn Kappel | dkappel@ncsbn.org

Designer

Kalona Owens | kowens@ncsbn.org

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Copyright ©2021 National Council of State Boards of Nursing, Inc. (NCSBN) All rights reserved. This document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277. 312.525.3600 | www.ncsbn.org | infocus@ncsbn.org



IN FOCUS

A PUBLICATION OF  NCSBN

Spring 2021

In This Issue

A Portrait Emerges 4
NCSBN's 2020 National Nursing Workforce Survey Reveals Noteworthy Trends

Rounding the Corner 8
Nurses and Students Participate in Nationwide Vaccinator Effort

Next Generation NCLEX® Advances Toward Launch 12

NCSBN's CEO David Benton Reflects on 2020 and Beyond 14

Impact in Action: Nurses Share their NLC Stories 20
North to the Future: the NLC would Benefit Alaskan Nurses and their Patients

Reducing Barriers and Filling a Need: Nevada and the U.S. as a Whole would Benefit from the NLC

News & Notes 26
Speed Round 13



A PORTRAIT EMERGES

NCSBN's 2020 National Nursing Workforce Survey Reveals Noteworthy Trends

There was never a time when nurses were more in the spotlight than they were in 2020. The pandemic brought to the forefront what most in the health care system already knew, the value of nurses is almost immeasurable. Along with articles rightly lauding the contributions of nurses grew the recognition that the nursing workforce is aging and rapidly approaching retirement age, foreshadowing potential future shortages. Nurses were the backbone of the health care system in battling COVID-19, but the question arises — what could happen in a future crisis where there are even fewer nurses to call into the system?



NATIONAL NURSING WORKFORCE SURVEY

Since 2012, NCSBN and the National Forum of State Nursing Workforce Centers have conducted a biennial nursing workforce study.

For this reason alone, it is imperative that accurate, up-to-date data on the nursing workforce be available to predict potential shortages and assist in the allocation of resources, program development and recruitment efforts in the health care and education sectors. The need to know more about the characteristics of the nursing workforce is critical to understanding the supply of nurses in the country. Without knowing what the nursing workforce looks like now and uncovering emerging trends in demographics, the health care system could be brought to its knees in another pandemic if we don't prepare adequately now.

Since 2012, NCSBN and the National Forum of State Nursing Workforce Centers have conducted a biennial nursing workforce study. These surveys draw a nationally representative sample of more

than 5 million registered nurses (RNs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs) currently licensed in the U.S. The nurses are sent a survey which

asks questions about demographics, education, employment status, practice setting and licensure.

In the most recent survey, data were collected from 42,021 RN respondents and 39,765 LPN/LVN respondents between Feb. 19, 2020 and June 30, 2020.

One of the more alarming trends uncovered is that one-fifth of nurses surveyed plan to retire or leave the profession over the next five years. The survey found that the median age of RNs was 52 years. The median age of the workforce has remained approximately the same since 2013 but the age distribution of the workforce has changed

[continued on page 6](#)

substantially. Nurses who are aged 65 years or older account for 19% of the RN workforce and comprise the largest age category. The proportion of nurses aged 65 years or older increased by 5.1 percentage points from 2013 and by 4.4 percentage points from 2017.

This potential exodus of 20% of the nursing workforce has serious implications for the care of an aging population plagued by chronic diseases and comorbidities. Combined with nurse retirement, nurses leaving practice and an aging population is the fact that there are not enough new nurses entering the health care system to meet the demand. According to the [American Association of Colleges of Nursing \(AACN\)](#), a 2019 study found that there was 5.1% enrollment increase in entry-level baccalaureate programs in nursing, but this increase is insufficient to meet the demand. Additionally, AACN's report on *2019–2020 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, states, “U.S. nursing schools turned away 80,407 qualified applicants from baccalaureate and graduate nursing programs in 2019 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints.”

What is yet unknown is whether COVID-19 has or will cause more nurses to leave the profession. Even pre-pandemic, burnout and stress were cited as reasons why nurses left the workforce. A study published in *JAMA*, “[Prevalence of and Factors Associated With Nurse Burnout in the US](#),” measured the rate of nurse burnout and examined factors that caused nurses to leave or consider leaving employment. Among nurses who reported leaving their job due to burnout, “a high proportion reported a stressful work environment.” Anecdotal, during the height of the pandemic, numerous news articles highlighted stories of nurses who left the profession after being

traumatized by the workload and emotional turmoil brought on by caring for COVID-19 patients. It remains to be seen whether those nurses and others like them will return to bedside nursing, or to the profession in another capacity.

Departures due to retirement and burnout will have repercussions on the workforce and the health care system but it is unknown how detrimental these changes will be long term.

Although there have been some small changes in gender, race and ethnicity statistics, it is evident that the nursing workforce does not reflect the diversity of the U.S. population. Males account for 9.4% of the RN workforce, an increase of 0.3 percentage points since 2017. For LPNs/LVNs, males account for 8.1% of the population, an increase of 0.4 percentage points since 2017. For the first time in 2020, a third gender response option of “other” was added to the survey and was selected by 0.1% of respondents.

Most nurses in the survey reported being white (81% of RNs and 69.5% of LPNs/LVNs). For RNs, the next largest racial group was Asian, accounting for 7.2% of the workforce. Black/African American RNs increased from 6.0 % in 2013 to 6.7 % in 2020. The proportion of RNs reporting being Hispanic/Latinx was 5.6%, an increase of 0.3 percentage points compared to 2017.

The proportion of LPNs/LVNs who reported being Black/African American was 17.2%. Those who report being Hispanic/Latinx account for 10.0% of the workforce, an increase of 2.6 percentage points since 2017.

While what younger nurses report as their race reveals greater diversity as a group than their older counterparts, the youngest RNs in the survey (aged 19 to 29 years) are actually less diverse than RNs aged between 30 and 49 years. The number of nurses aged 19-29 years who identify as white (84.1%) is higher than the proportion of white

nurses in any other group younger than 60 years, and higher than the proportion of white nurses in the RN workforce as a whole (80.7%).

Results from the survey also show that the nursing workforce is becoming increasingly more educated with approximately 42% of nurses in 2020 reporting a baccalaureate nursing degree as their first U.S. nursing license, an increase of 5.8 percentage points from 2013. The most common highest level of nursing education achieved is a baccalaureate degree across all groups (65.2% of RNs), which increased by 7.8 percentage points between 2013 and 2020. The number of RNs who indicated that a doctorate of nursing practice (DNP) was their highest level of nursing education increased by a full percentage point from 0.4% in 2013 to 1.4% in 2020.


While 81.5% of LPN/LVN respondents in 2020 reported a vocational/practical certificate for their first nursing license, the proportion of LPNs/LVNs with an associate or baccalaureate degree increased over the years, the number of those qualifying with a vocational/practical certificate and diploma has decreased. The highest level of nursing education achieved as reported by LPNs/LVNs were vocational/practical certificate (72%), diploma (12.2%), associate degree (12.7%), and baccalaureate degree (3.1%).

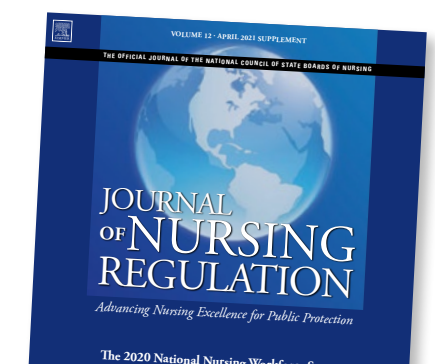
The majority of respondents, both RNs and LPN/LVNs, reported that they were actively involved in the practice of nursing either full or part time. For RNs, a hospital was the primary practice setting selected by 54.8% of respondents which is a decrease of 0.9 percentage points from 2017. Ambulatory care was the second most frequently selected response at 9.7%. For LPN/LVNs, 26.6% selected geriatric/gerontology as the employment specialty that most closely corresponded to their primary nursing practice position, down from 30.5% in 2017. Home health was the second most frequently selected employment specialty (8.4%)

followed by adult health (8.3%).

The use of telehealth by nurses has remained almost unchanged since 2017 with about 50% of RNs and LPNs/LVNs reporting that they have utilized telehealth technologies when providing nursing services. It is important to note that the period that this survey was conducted (February – June 2020) included the months just prior to the declaration of the global pandemic and during the early months of the crisis. It bears watching to see what the trend will be in nurse utilization of telehealth technologies due to the shift made by the health care system to deploy more telehealth services.

This study presents a portrait of the nursing workforce in 2020. The data collected including nurse demographics, educational attainment, employment, practice characteristics as well as emerging trends provides evidence-based research. This sound research is what policymakers and leaders in nursing education and health care practice can use when making decisions that will impact nursing and the health and the welfare of patients in the future.

This study “[The 2020 National Nursing Workforce Survey](#)” was published as a special supplement of the *Journal of Nursing Regulation* and can be accessed free of charge. 



At right: Lewis University nursing student Rachel Bingenheimer administers a vaccine to student Michael Babich.



Rounding the Corner

Nurses and Students Participate in Nationwide Vaccinator Effort

As the U.S. moved into the vaccine phase of the COVID-19 pandemic, it created an unprecedented and urgent need for qualified personnel across the country to safely administer the COVID-19 vaccines. Many medical professionals have stepped up to volunteer their skills and expertise.

Suit Up

“It’s a sigh of relief for them.”



That’s how Michael D. Jackson, MSN, RN, CEN, describes the way patients and members of his own family have responded to receiving the COVID-19 vaccine.

Jackson is a seasoned clinical nurse in the Department of Emergency Medicine at the University of California, San Diego (UCSD) Medical Center and immediate past president of the California Board of Registered Nursing. He and his wife Arlene, an intensive care unit nurse, have volunteered as vaccinators through a partnership between UCSD Medical Center and San Diego County.

“I’m going to tell you, going there is a good break from an emergency department or a critical care situation. It’s a feel-good feeling, doing your part, being a part of history and turning this virus around..”

— Michael D. Jackson, MSN, RN, CEN

Jackson is no stranger to service. Over the years, he has volunteered professionally and in his community. He also served his country in Desert Shield and Desert Storm as an active duty U.S. Marine. “The call was put out to employees to come in and assist with the vaccination effort because we had already been vaccinated,” he explains. “I live in a city that borders another country and we have a huge immigrant population. Some people are suspicious of getting the vaccine. I think it’s important for me to be out there so people can see that I’ve had this shot, I’ve studied the science, and it’s going to be safe for our community.”

[Read Michael D. Jackson’s full story here.](#)

Going Where They are Most Needed: Lewis University Nursing Students Volunteer as Vaccinators

Unknown to most, nursing students at Lewis University in Illinois have been busy with the COVID-19 vaccine administration effort since stepping up in December 2020. Due to the university’s ongoing relationship with the Will County Health Department, students and faculty completed Centers for Disease Control and Prevention COVID-19 Vaccine Training Modules and administered more than 500 doses in the last week of 2020. These experiences help to replace some of the clinical experiences that students lost out on due to COVID-19.

“Because of the pandemic, clinical rotations were sometimes not open to students and they were justifiably disappointed,” says Julia Koklys, DNP, APRN, FNP-BC, chair, Department of Nursing, Lewis University, College of Nursing and Health Science. “When we explained that many of the units were turned into ICUs and the nurses reassigned, understanding dawned in their eyes about what was really going on.”

“Long-term, I wonder whether this exposure will change their minds and lead them in a different direction than they could have imagined before they had this experience.”

— Julia Koklys, DNP, APRN, FNP-BC, chair, Department of Nursing, Lewis University, College of Nursing and Health Science

Lewis nursing students have administered the vaccine to school bus drivers, emergency medical services personnel and people on the autism spectrum. Generally, Lewis students administer from 200 to 1,000 vaccine doses per week. Soon, in partnership with major pharmacy chain in the Chicago metro area, the Lewis campus will serve as

vaccine administration site for adults with special needs and those who care for young children with special needs. Nursing students are planning this event with students in other disciplines such as occupational therapy, special education and speech therapy. Additionally, nursing students will be involved in helping to vaccinate those in underserved areas through local churches. [Read the full Lewis University story here.](#)

An Historic Moment for Nursing Students

The pandemic has presented many challenges to nursing education, particularly related to providing quality clinical experiences because many clinical facilities closed their doors to nursing students. However, it has presented many opportunities as well.



Karly Schmitz, prelicensure student at UIC College of Nursing, Springfield campus

Now that we have effective COVID-19 vaccines, nursing students have been participating in the massive, national public health vaccination effort.

The Western Kentucky University (WKU) School of Nursing has provided their nursing students with an unprecedented opportunity to administer vaccinations to the public during this pandemic. Their clinic vaccinates from 800–1,200 people daily, seven days a week, from 7:00 am to 7:00 pm.

In another part of the country, prelicensure nursing students at the Springfield campus of the University of Illinois, Chicago (UIC), gave some of the first COVID-19 vaccinations in the city at HSHS St. John’s Hospital. The UIC students vaccinated nearly 600 people on Jan. 28, 2021, including front-line workers at HSHS St. John’s Hospital and people from the community who were 65 or

continued on page 10

“ This has really pulled our community together, showing that we are all interconnected. I am so proud of our students, faculty and nurses at WKU!

— Tracy Jenkins, DNP, RN, CNE, faculty, Western Kentucky University School of Nursing

older. Their clinical instructor, Jennie Van Schyndel, PhD, RN, said, “Students were able to see how much effort it is for a health care organization to organize and efficiently carry out mass vaccination clinics. They saw how hospital managers volunteered their time to be there and support the efforts. They interacted with senior citizens who came on a cold and icy day — many who thought they had won the lottery by being able to get their first dose.” Van Schyndel also noted that students gained valuable clinical experience in the vaccination clinic, interacting with older adults, educating them on the vaccine, making appointments, assessing them post-vaccination, and listening to their health histories and medications.

[Read the full version of this story here.](#)

Nurses at NCSBN are also helping with the vaccination effort!

“As a volunteer nurse vaccinator, I am grateful for the opportunity to help my community and neighbors. Let’s stop this virus by all of us getting vaccinated!”

— Nadja James, PhD, MSN, MHA, senior content associate, Nursing Regulation, NCSBN



“I feel so honored to participate in the COVID-19 vaccination administration process. People are grateful for the vaccine, and surprised that it doesn’t hurt much!”

— Kathleen Russell, JD, MN, RN, associate director, Nursing Regulation, NCSBN

NCSBN has issued a [policy brief](#) that recommends what personnel should administer the vaccine in order to protect the public. The brief specifically states, “COVID-19 vaccines can be safely administered by licensed practical nurses/vocational nurses (LPNs/VNs), registered nurses (RNs) and advanced practice registered nurses (APRNs), in addition to other licensed health care providers such as physicians, physician assistants and pharmacists.”

Nursing regulatory bodies are assuring that there is a supply of licensed nurses who are safe and competent to administer these vaccines. Additionally, the formation of partnerships with nursing education programs where the services of student nurses can be employed to administer the vaccines under the supervision of faculty or other qualified, licensed personnel, is also vital.



Questions about Nurse Licensure?

NCSBN’s new Nurse Licensure Guidance tool provides resources and direction on becoming a licensed nurse in the U.S.

There are several steps in the process of obtaining registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) licensure in the U.S. Our Nurse Licensure Guidance tool helps international nurses and domestic nurses learn more about state-specific licensure requirements based on their selections of where they want to live and practice in the U.S.

[Try out the Nurse Licensure Guidance tool today!](#)



Register FOR THE
2021 Virtual
NCLEX[®]
Conference
Thursday, Sept. 30, 2021



This one-day, educational conference provides educators with Next Generation NCLEX (NGN) NCSBN Clinical Judgment Measurement Model (NCJMM) updates and techniques for applying the NCJMM in the classroom. Live question and answer sessions will be available after each session. The conference will also feature a variety of video resources about the NCLEX.

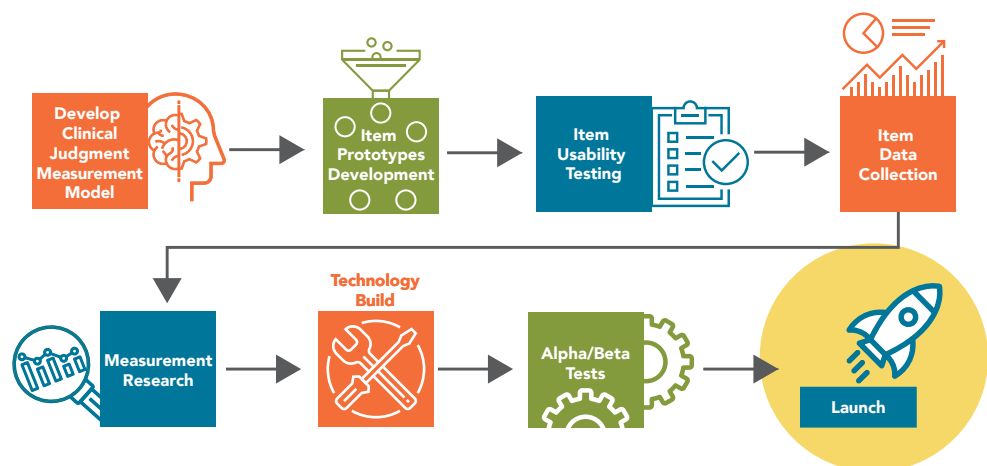
[Register Today](#)

Next Generation NCLEX®

Advances Toward Launch

Just over a year ago, NCSBN temporarily halted NCLEX® testing in response to the rapid spread of COVID-19 across the U.S., Canada, and other countries where Pearson VUE maintains testing sites. When we were able to resume testing, though limited and with a lengthy list of expanded health and safety protocols, the exam itself had changed as well. To reduce overall testing time, which minimized risk to candidates, we removed our Next Generation NCLEX (NGN) Special Research Section as well as our standard experimental (or “pretest”) items. At the time the decision was made, the duration of the changes (as with all things pandemic-related) was uncertain.

However, we did know that prolonged suspension of the Special Research Section would present challenges to an on-time launch of the NGN. Just over six months later, with our highest volume testing months behind us and a multitude of safety and capacity mitigations in place, we reinstated the NCLEX Special Research Section on Oct. 1, 2020. This milestone not only marked the continuation of the NCLEX-RN Special Research Section, but included its debut on the NCLEX-PN exam. Though the research sections have always been optional, we are pleased to see that a large percentage of candidates are completing the items, providing NCSBN with the data required to keep the launch of the new exam on schedule.

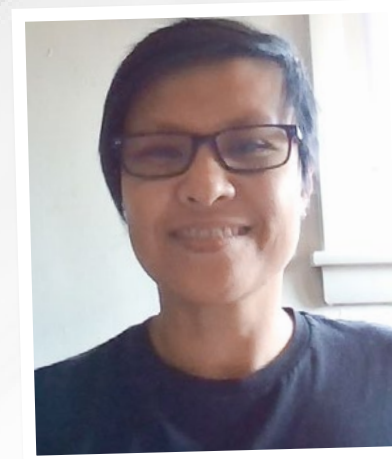


The NGN consists of several phases of research, which are delineated in the model above. If the evidence during any individual step indicates that potential innovations will not support the rigor and quality of the NCLEX, the project will be reexamined at all levels.

Beyond the collection of data, which initially was an important check on the efficacy of new item types and now provides useful information on individual items and case studies, there is still a significant amount of work to do prior to the launch of the NGN.

With the “Measurement/Research” phase ongoing, we are now working with Pearson VUE to ensure that all technology systems can support the new NGN item types, scoring methods and data structures. This includes significant software development as well as numerous levels of validation subsumed under the “alpha testing” and “beta testing” headings. Importantly, NCSBN is also providing timely and accurate information about the NGN to stakeholders through webinars, research papers, quarterly newsletters and other information resources.

Testing candidates safely during the pandemic while keeping the NGN launch on track was by no means easy or a given this past year. However, we are pleased to report that all systems indeed point to “go” for a successful launch as we turn the corner into the final 24 months of the project. There is still substantial work to do, but it appears the most significant hurdles, expected and unexpected, have now been cleared, perhaps not only with the exam but with the pandemic itself. Stay safe, stay healthy and get ready for NGN! 🚀



Speed Round
Get to know NCSBN staff:
Josephine H. Silvestre, MSN, RN
Senior Associate, Regulatory Innovations

What do you do?

I assist on multiple projects related to nursing education, including the following: 1) the Safe Student Reports study designed to collect nursing student error and near miss data from participating nursing programs; 2) the Prelicensure RN Cohort study designed to assess the impact of COVID-19 on nursing education programs; and 3) the annual reports project, which is assisting boards of nursing to collect core nursing education program data.

What are the best and most challenging aspects of your job?

I have many opportunities to work with various research-related projects. When I joined NCSBN, I was hired to manage the daily activities of a two-part, multisite study of transition to practice in hospital and nonhospital settings. Since then, I’ve had the opportunity and pleasure to work on several studies. I enjoy working with teams that contribute new knowledge and provide the foundation to inform future research and nursing program policy. The primary challenge of my job is navigating the sometimes competing priorities and deadlines of the various studies and projects.

If you weren’t working at NCSBN, what would your dream job be?

My dream job would be to volunteer full time for a nonprofit that provides health and social services to marginalized populations. Since my early 20s, I volunteered for multiple organizations in various programs (such as Howard Brown Health Center, Lesbian Community Cancer Project, Center on Halsted HIV Resources) assisting the LGBT+ population in various capacities. I would love to continue this important work addressing disparities in health and social services in the LGBT+ community. 🌈



NCSBN's CEO David Benton Reflects on 2020 and Beyond

“ ————— ”
It’s like the air that we breathe ... regulation protects us in ways that most people don’t even think about.
————— ”
— David Benton

“ ————— ”
One who gains strength by overcoming obstacles possesses the only strength which can overcome adversity.
————— ”
— Albert Schweitzer

In the midst of a crisis, it can be difficult to see the path forward. Those with perseverance and ingenuity can conceive the end of the journey and take steps to overcome the obstacles. NCSBN embarked on a journey, along with the rest of the world, when the World Health Organization declared COVID-19 a global pandemic on March 11, 2020. The organization was braced for what might happen and had the forethought to imagine what contingencies might come into play, but NCSBN still had to deal with “curve balls” that no one saw coming. Its ability to perform with flexibility, adaptability and creativity — coupled with previously conducted evidence-based research — allowed it to weather the pandemic with inventive solutions to seemingly insurmountable problems.

We are now more than one year into the pandemic. *In Focus* interviewed NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, to discuss the lessons learned, how NCSBN dealt with the challenges that arose and how the organization will use the innovations that resulted from the crisis as a springboard for future transformation.

“There have been a lot of regulatory lessons learned,” Benton notes. “The first one, which we should be proud of, is that we have been able to change systems at a pace which, for the regulatory community, is unprecedented. As problems arose, we worked with our members to get fresh ideas, convened small groups to work on them, and came up with solutions, which were both borne from necessity but also addressed the critical elements that we needed to concentrate on to move forward.”



VIDEO: David Benton on the importance of nursing regulation: “We do need to strengthen our communication with the public so that they inform us about the things that are really important to them.”

One of the biggest hurdles NCSBN faced came when the Pearson VUE Testing Centers were closed on March 16, 2020. NCSBN immediately took action to ensure that NCLEX® testing could resume as soon as possible. The steps NCSBN took to resume testing by March 25, 2020, as well as the other challenges to testing throughout the year, are detailed in the [Summer 2020 issue of *In Focus*](#). “We identified that getting nurses into the system was essential. We petitioned the state governors to make sure that that was recognized,” comments Benton.

When asked about the qualities that enabled NCSBN to pivot in the dramatic way it did, Benton remarks, “On a staff basis, I actually think we were well-prepared. The fact that we had already made a commitment as an organization to change our culture — from one which was functionally based and project-

focused to one which was about a single organization with multiple contributions — put us in a very strong position for moving forward during the pandemic. We recognized before the pandemic that different parts of the organization were not connected in the way that they should be, or they didn’t come into the equation early enough on in the process. That can be problematic because you miss an opportunity to produce an even better product.”

Benton acknowledges that technology had a role to play. “We were, by good luck, renovating our office. And as a result of that, we had equipped staff with the technology to work off-site. So when the decision was taken to move to remote working, it wasn’t really a change. It was already in play. And therefore, we didn’t have the problems that other organizations experienced.”

Benton knows that open lines of communications were, and remain, essential. He remembers sending an email to NCSBN staff on a Saturday evening because he wanted them to have the message in their inbox first thing Monday morning, “I wanted to communicate the fact that I knew that things were going to be tough, that we weren’t going to be working business as normal, and that, at times, I might be placing demands on staff that I wouldn’t normally ask. I would be reaching out to them on the weekend or in the evening,” Benton recalls.

It was also crucial to have ongoing, open dialogues with NCSBN members, nursing regulatory bodies (NRBs) in the U.S., Canada and across the world, that were also enduring this crisis with their own challenges. What each NRB had to contend with varied widely dependent on how much they were impacted by the pandemic at a given time. To assist them, NCSBN set in place a system in which they could immediately connect with staff and the NRB executive officers.

NCSBN’s Board of Directors (BOD) had confidence that leadership and staff were well equipped to handle the crisis. Benton notes that this empowered them to be nimble and adaptable, and to do what was necessary to function at peak efficiency. “Knowing that people trust you to get on with what it is truly important is a very liberating thing that really helps us do the job.”

When asked about the greatest challenge the organization faced, Benton says it is difficult to identify one single greatest challenge. “We were multitasking a lot of the time. I was always conscious of the fact

that I was asking people to do things they wouldn’t perhaps normally be asked to do, and worried I was overloading individuals. It was the combined effect of all of the issues that was perhaps the biggest challenge. We could not do this in a nice, linear fashion. We actually had to embrace multiple things all at once. Sorting out access to the exam sectors, coming up with new metrics, managing media communication, getting an understanding from our members of what was keeping them up at night, and then responding to it in real-time. We’re a high-performing organization. We can deal with this. But doing multiple tasks all at once in a compressed time scale, that was the biggest challenge!”

The COVID-19 pandemic was a worldwide cataclysmic event that impacted every single segment of society. Although it is sometimes hard to find a silver lining in what was experienced, opportunities arose in its obstacles and adversity for increased communications and partnerships between countries, allied health professions and associations, and regulation and government. Reaching the one-year anniversary of the pandemic gives rise to asking how NCSBN overcame the difficulties it faced? What was learned during that process that could propel it forward as an organization? What positives can be taken away from this crisis?

Benton relates that during his conversations with the NCSBN BOD, the NCSBN leadership team and counterparts at other organizations, they recognized the need to understand the enormity of the things that were accomplished in a compressed time scale and to use that as an opportunity for future lessons. He notes, “I think one of the

things that regulators are often criticized for is that they move at a pace which is insufficient for the rate of change within the environment. When you look at the history of this organization, it does make big and bold steps in a way that prepares a pathway to the future. The decision NCSBN's founders made to create the organization in the first place was very much dealing with the issues of the day more than 40 years ago, but it was also about the vision for the future. Making sure that we are not solving yesterday's problems or even today's, but positioning ourselves for the future is an important lens that we need to look through as we do move forward "

Some of the changes made during the pandemic uncovered gaps in the public safety arena that will need to be addressed. There were also adjustments and alternations made to policies and procedures that merit being made permanent. On a national level the work done toward advancing the Nurse Licensure Compact is an example of a potential solution that benefits both nurses and patients with increased access to care, greater mobility and developing modes of service delivery like telenursing. NCSBN is also working with the [International Nurse Regulator Collaborative](#) to see how to facilitate public safety across not just state boundaries but national borders.

Another positive arising out the pandemic is increased partnership across borders, Benton explains, "On the international stage, whether you are a regulator in downtown Chicago or in rural America or in a conflict-torn country in Africa or the Middle East, many of the challenges we've faced have been the same. Viruses do not respect jurisdictional

boundaries. I believe that the pandemic has actually set us on a trajectory for much closer collaboration across jurisdictions."

The pandemic necessitated modifications in the way that health care was delivered in nonemergent circumstances. Telehealth expanded exponentially, but its use brings a new set of regulatory challenges as care is often being delegated to practitioners across the country and around the world. Regulatory frameworks need to be in place that do not inhibit new modes of health care delivery but still safeguard the patient. Additionally, because technology is moving so quickly, if regulators are not part of the discussion surrounding the proliferation of these modes of health care delivery, they are going to be in the unfortunate position of trying to retrofit solutions to problems that they were unaware would even occur.

When queried about the role that nursing regulation played in the pandemic and how he would like the public to view it, Benton states, "Regulation is a bit like the air that we breathe. It's all around us, and it sustains us in a way that most people don't even think about. Without regulation, health care delivery cannot be held to account. The public needs to know that we're there and that we're there for them. We also need to strengthen our communication with the public so that they inform us about the things that are important to them."

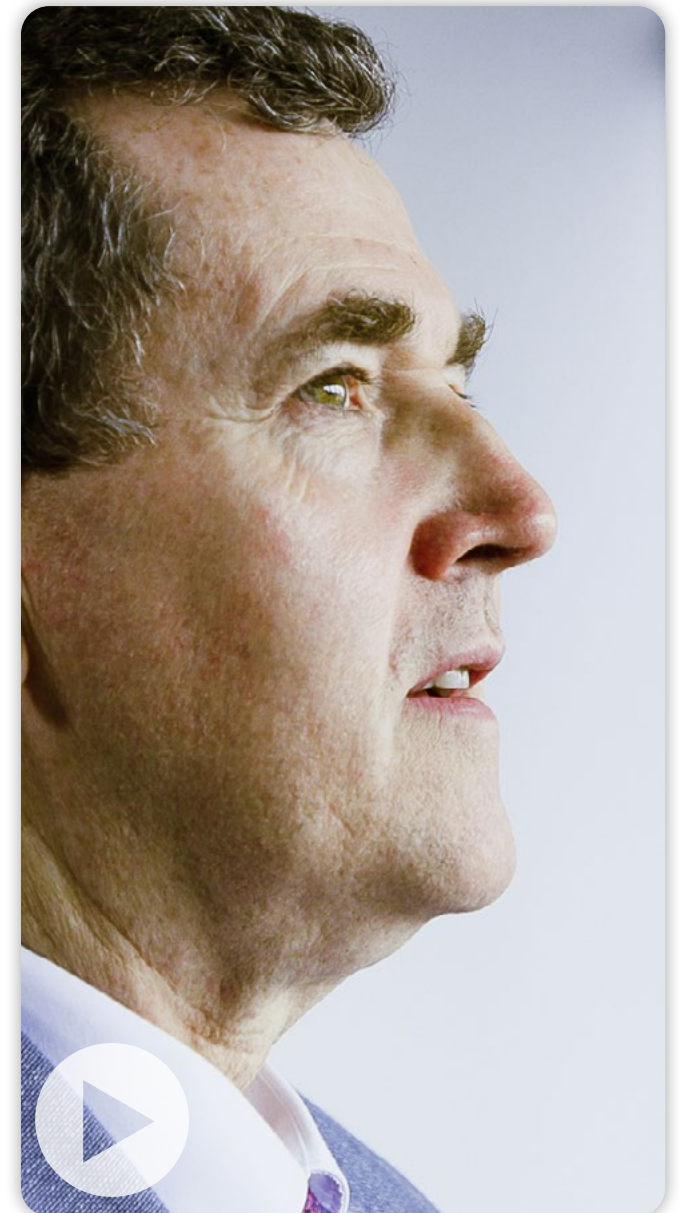
Further articulating on the role of regulation in society, Benton evokes President John F. Kennedy in his inaugural address, *Ask not what your country can do for you – ask what you can do for your country.* "It's not what

government can do for regulators. It's what regulators can do for society. If we embrace that concept, it lives up to our vision of leading regulatory excellence worldwide, because staying still is going back. We have to move forward."

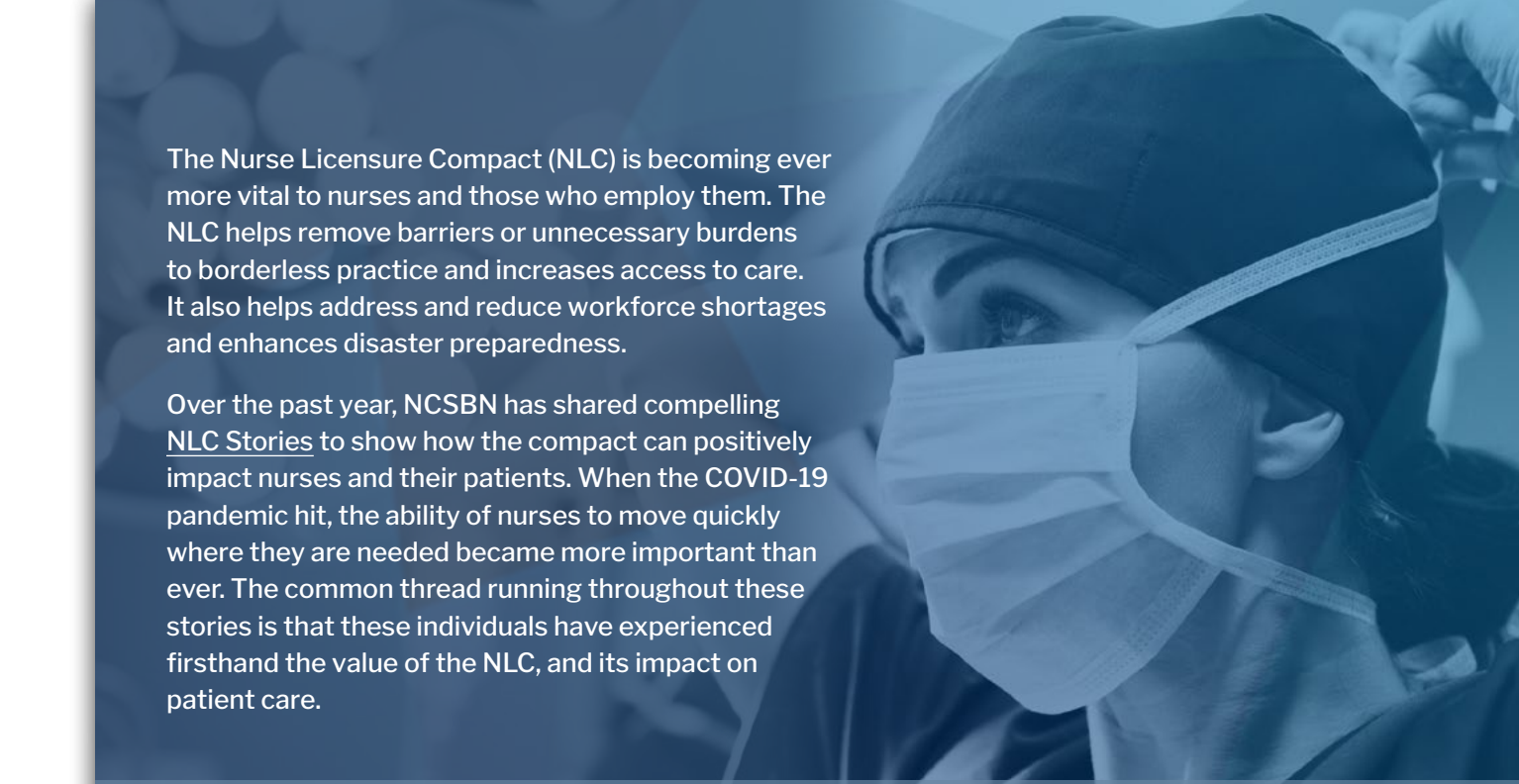
Benton also asserts that NCSBN had a unique role in the pandemic by providing up-to-the-minute data that no one else had, as well as a public safety perspective that examined how legislative changes could negatively impact real-world situations. "We were able to not talk in abstract terms but talk actual numbers and give information on where people were and how we might tap into their expertise. Having discussions with the White House and the U.S. Department of Health and Human Services (HHS) and being able to give real-time data are invaluable assets that we were able to bring to the table that no one else could," adds Benton.

Benton concludes, "I think part of what we were able to demonstrate is that if we have resources that are fit for the moment, then we should have the courage to apply those resources in a way that benefit the wider stakeholder group. The work that we did with the [Tri-Council for Nursing](#) was an important lesson for all of us because we were able to take the very best strengths of each organization and apply them in a way that perhaps we wouldn't have done normally, because we all knew the pandemic was the largest threat facing humanity in over 100 years. We all had to play our part. And as such, we fulfilled what is the essence of our profession, the profession of nursing: doing the right thing for the right person at the right point in time. Taking those bold steps is important." 🌐

VIDEO: David Benton on borderless health care: "I believe that the pandemic has actually set us on a trajectory for much closer collaboration across jurisdictions."



“ Viruses do not respect jurisdictional boundaries. ”
— David Benton



The Nurse Licensure Compact (NLC) is becoming ever more vital to nurses and those who employ them. The NLC helps remove barriers or unnecessary burdens to borderless practice and increases access to care. It also helps address and reduce workforce shortages and enhances disaster preparedness.

Over the past year, NCSBN has shared compelling [NLC Stories](#) to show how the compact can positively impact nurses and their patients. When the COVID-19 pandemic hit, the ability of nurses to move quickly where they are needed became more important than ever. The common thread running throughout these stories is that these individuals have experienced firsthand the value of the NLC, and its impact on patient care.

IMPACT IN ACTION: Nurses Share their NLC Stories

North to the Future: the Nurse Licensure Compact would Benefit Alaskan Nurses and their Patients

Alaska's motto of "North to the Future," adopted in 1967 for the Alaska Purchase Centennial, suggested a land of promise. This optimistic statement could also apply to efforts by lawmakers and nurses in the state to enact the Nurse Licensure Compact (NLC). A [December 2019 survey](#) of Alaska-licensed nurses, conducted by the Alaska Board of Nursing and NCSBN, revealed that 92% of Alaska's licensed nurses are in favor of the state joining the NLC.

One nurse leader who supports enacting the NLC in Alaska is Elizabeth Paxton, MSN, RN, NE-BC, chief nursing officer, [Providence Health & Services Alaska](#). Paxton is responsible for all nursing practice for the Providence Alaska Region.

"The NLC would create one standard that ensures that we're all practicing at the highest level of care

for our patients," says Paxton. "This in turn protects the community and our patients, as well as our caregivers, to ensure that we're all practicing at the highest standards."

While Alaska is the largest U.S. state geographically, its population is less than 800,000, about one resident per square mile. Nearly a quarter of the population live in areas that are only accessible by plane or boat. Many residents live in communities of fewer than 1,000 people. Health care is Alaska's largest private-sector employer. Providence Health & Services, Paxton's employer, operates the largest medical center in the state, and three critical access hospitals in rural communities.

"We have a bit of a recruiting problem here in Alaska, because of our remoteness and people not

wanting to stay due to the weather or being so far away from family for long periods of time," says Paxton. "Being part of the NLC would allow people to come to the state, start practicing and stay as long as they can."

Paxton has experienced the delays of obtaining licensure firsthand. Before joining Providence Alaska in November 2020, she served as chief nursing officer at Providence Saint Joseph Medical Center in Burbank, California. Previously, she worked as a Newborn Intensive Care Unit staff nurse at Children's Hospital of Alabama before moving to Indiana.

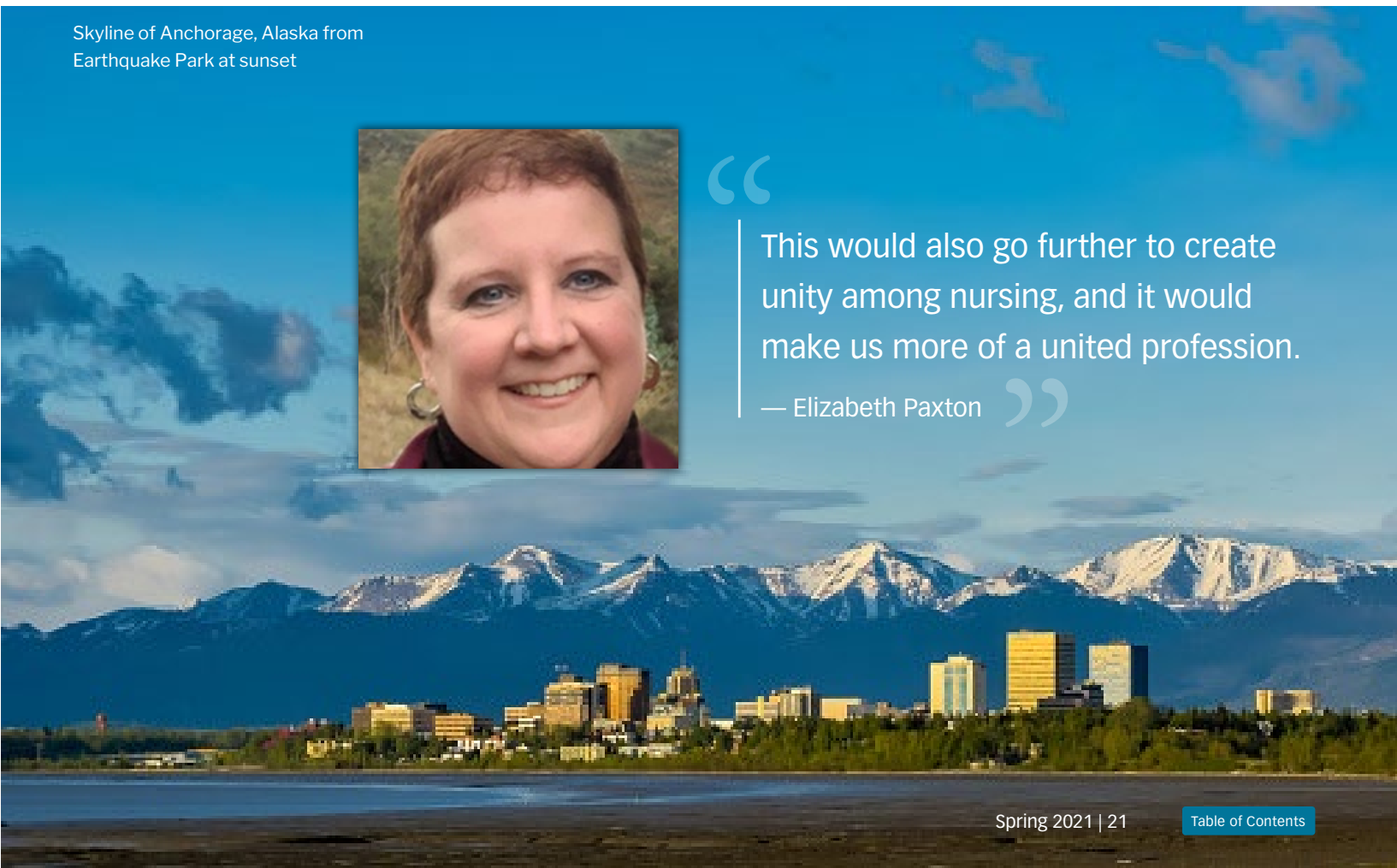
"Indiana is a compact state, and California and Alaska are not," says Paxton. "When I moved from Indiana to California, it took four months to get my California license. I had to pay for fingerprinting and licensing fees which delayed my start with Providence by about two months. When I moved from California to Alaska, I had to apply for my license, go through all the fingerprinting again and present my CEUs. This happened during COVID.

Because Alaska is a very small community, the board was very busy hiring travelers into the state. I was delayed almost two months in getting my Alaska nursing license."

COVID-19 has been the greatest public health emergency in generations. If every state was in the NLC, costs to health care facilities, providers and state government could have been reduced, and treatment could have been provided more quickly to areas where it is needed most. Nearly every state – Alaska included -- issued emergency declarations and lifted state licensure regulations in 2020.

"Because we are small and very remote, getting people in as quickly as we can is imperative during a disaster like a pandemic," says Paxton. "If we had not had that emergency declaration, I don't know that we would have received the help we needed. I think being part of the NLC could certainly help. Again, it creates one standard -- if you're a nurse and you're licensed in one state, you're licensed in any state."

[continued on page 22](#)



Skyline of Anchorage, Alaska from Earthquake Park at sunset



This would also go further to create unity among nursing, and it would make us more of a united profession.

— Elizabeth Paxton

Paxton feels the NLC would help health care employers recruit because people like to come to the state seasonally. “I’ve heard from travelers. If they don’t start early enough, they miss the season because they haven’t gotten their license,” she explains. “They have to do a lot of proactive planning ahead if they want to come to Alaska. But if you are a traveler in the Midwest for instance, you can go from state to state without any break between contracts because you’re already licensed in those states; the bulk of the compact states are in the middle of the country. If Alaska was in the compact, it would make them more mobile when they start up with the travel company.”

As the NLC has evolved, some states are still reluctant to join. One concern, related to the safety of patients, is due to a misunderstanding about the licensure standards to be an NLC member state. On this subject, Paxton says, “from a safety perspective, there are nursing school standards across the board. And when you graduate, you take

Reducing Barriers and Filling a Need: Nevada and the U.S. as a Whole would Benefit from the NLC

What would it look like if every U.S. state was a member of the NLC? While advocates for the NLC have faced strong opposition in a number of states, we are also living in an unprecedented time. The COVID-19 pandemic has shown that during a crisis or disaster, nurses must be able to move quickly and fluidly to where they are needed most.

There are currently 34 states and one U.S. territory that have enacted the NLC, and legislation to enact the NLC is now pending in 12 states and one U.S. territory.

“If every state were an NLC state, it would open up avenues that are currently hard for us to imagine,” says Carla Adams, MSN, RN, chief nursing officer, Northern Nevada Medical Center (NNMC). “The barriers would be reduced, and I think it would help

the NCLEX. Every state also requires background checks. I don’t know that people are asking for different things, but creating the compact can ensure that everyone’s standards are the same, so that we are providing the safest care that we can to our patients.”

The Gallup poll that has ranked nursing as the most trusted profession for 19 years in a row is a nationwide poll, from respondents of every state. In a time where technology’s reach and power are quickly removing boundaries and opening up avenues to care, nurses need to be able to go quickly and fluidly to where they are needed most. For Paxton, the future is now. Joining the NLC would benefit Alaskans and the nurses who care for them.

“This would also go further to create unity among nursing, and it would make us more of a united profession, if you will, because we are all ensuring that we’re practicing at the same level and responding to things the same way.”

our neighboring California hospitals. It could allow more nurses to practice physically in Nevada. But as we move more electronic, nurses from other states would also be able to help us locally via telehealth.”

For now, Adams is focused on how Nevada and the entire U.S. would benefit from the NLC. “Between the growing nursing shortage and the baby boomer generation’s retirement, the new needs are astronomical,” she says. “From a recruitment standpoint, employers would win with faster hiring. Nurses would win because they wouldn’t have to wait to start their employment, and application and license renewal costs would be reduced. Collaboration with the other compact states would make a statement about Nevada — we would be

seen as a more welcoming state to nurses. Travel nurses often bypass us because we’re not in the compact. Being in the NLC would also reduce the onboarding process time of checking with each individual state.”

A nurse with primary residency in an NLC state has the authority to practice in person or via telehealth in all compact states. In the event of a crisis, nurses from multiple states can quickly and easily respond. The compact can reduce complexity, decrease cost and provide an equal or even higher level of protection to the public. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are

“ Collaboration with the other compact states would make a statement about Nevada — we would be seen as a more welcoming state to nurses. — Carla Adams ”

required to meet the same standards, including submission to federal and state fingerprint-based criminal background checks.

Located in Reno in Northwest Nevada, Northern Nevada Medical Center is just 20 miles from the California border and just a two-hour drive from its capital in Sacramento. Adams’s colleague Teresa Whitfield, MS, RN, is director of medical/telemetry at NNMC. Whitfield recently relocated from California, where she lived 40 miles from Paradise, a town destroyed by wildfires in 2018.

“The fires that came through Paradise took out their hospital and destroyed the homes of their hospital staff,” says Whitfield. “If we all were compact states, nurses who work for the health system in Paradise – who knew their system -- could have come in to help. In that sense, I see a benefit in compact states allowing nurses within the same health system to cross borders to help their work colleagues, no matter what state they’re in. If there are hurricanes for example, nurses in the same system could travel south to help. It would be more seamless, and you would have help faster in times of disaster.”

continued on page 24

Pictured left to right: Adams, Pistone, Whitfield
Reno, Nev.



The unprecedented number of patients affected by COVID-19 and the overwhelming effect it had on health care providers resulted in all states, territories and the District of Columbia issuing emergency declarations and lifting state licensure regulations in 2020. In some cases, emergency license waivers were issued to allow nurses licensed in other states to accelerate their ability to practice and assist with disaster relief.

“I found that having that red tape removed was incredibly helpful,” says Lisa Pistone, MBA, RN, CNML, director of the Medical Surgical unit at NMCC. “Our state board was good about moving forward with temporary licenses. But when you’re looking for a nurse, whether for a posted position or a traveler, you’re looking for a need now so that you’re not putting strain on your team. That process can normally take a solid month. When the restrictions were lifted, that process sped up significantly. As soon as a traveler was ready, they were able to walk through the door.”

If the NLC was expanded to all 50 states, all nurses would meet uniform licensure requirements,

ensuring that agreed upon standards were met. Each state would have enforcement authority when a nurse from another NLC state practiced in its jurisdiction, and expiration of executive orders and nurses’ authority to practice would be nonissues.

One argument that groups opposed to the NLC often suggest is that the safety of patients could be compromised when an influx of nurses trained and educated in other states come to practice. Whitfield says this claim doesn’t square with her experience. “The unit I direct brings in new graduates and new graduate-nurses,” she explains. “No matter what state a new graduate-nurse has trained in, when they start it’s their work ethic, personality and drive that determines patient safety. I can teach a new graduate anything they need to know if they have a willing, open attitude. There are nurses who practice the utmost of patient safety in their practice every day across the U.S., and there are some who do not. I don’t think it’s dependent on whether they are from a compact state or not.”

Whitfield also thinks that removing barriers to interstate practice is appealing to young people starting their nursing careers. “They work to live,” she says. “I think they would love it because they live more in the moment. They have a desire to experience as much as they can; there’s a little more wanderlust. The opportunity to travel and experience different cultures across the U.S. is very appealing to them. And they’re excellent nurses. They’ve grown up with technology. They’re very adaptable and they’re all very bright.”

On Feb. 16, 2021, Assembly Bill 142 was introduced in the Nevada legislature. While this legislation was defeated, these nurse leaders in Nevada are hopeful that compact licensure will eventually prevail. “I see it as having much more synergy among nurses,” explains Adams. “We’re already a well-loved group of professions. Why not have us unite more?”

For more information about the Nurse Licensure Compact, contact nursecompact@ncsbn.org or visit www.nlc.gov.

The NLC allows a nurse to practice in person or via telehealth in all compact states. This fosters greater nurse mobility and public protection. In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond.

Make your voice heard. Tell your legislators you support the NLC and improving access to care.



Save the Date 2021 NCSBN Annual Meeting

Virtual | Aug. 18–19, 2021

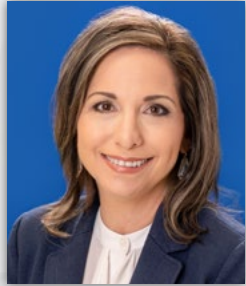


Featuring keynote speaker
Doris Kearns-Goodwin,
world-renowned presidential
historian and Pulitzer
Prize-winning author



More information will be shared
in the coming months.

News & Notes



Disque Honored with Women of Distinction Award

Laura Disque, MSN, CGRN, assistant chief nursing officer, HCA Rio Grande Regional Hospital (RGRH), will be honored June 9 with the Women of Distinction 2021 Award in the Health category by the Rio Grande Valley Hispanic Chamber of Commerce. Disque, a Texas Board of Nursing board member, is a certified GI nurse and has served her community as a registered nurse for more than 25 years. She worked as a bedside nurse for the first 10 years of her career, and in multiple leadership roles the last 15 years, including transplant administrator in 2016 at Doctors Hospital at Renaissance where she was instrumental in opening the only adult kidney transplant center in the Rio Grande Valley (RGV). In December 2019, Disque transitioned to RGRH as assistant chief nursing officer, where she was awarded a Commitment to Excellence in Organ Donation in the RGV by the Texas Organ Sharing Alliance, for her transplant and organ donation work throughout the years. Disque is currently pursuing her doctorate of nursing practice at The University of Texas in Arlington.



Baker Begins New Role at the Bureau of Health Care Practitioner Regulation with Florida Department of Health

Florida Board of Nursing Executive Officer Joe Baker, Jr., is also now serving as Acting Chief of General Operations for the Bureau of Health Care Practitioner Regulation within the Florida Department of Health. In this role, Baker supervises the management of six other regulatory board offices which are responsible for 22 boards, four councils, and 10 department-regulated professions/facilities. The bureau has oversight of more than 1.3 million licensed health care practitioners in Florida.



Glymph Selected for Induction in the 2021 Fellows of the American Academy of Nurse Anesthetists (FAANA)

The Fellows of the American Association of Nurse Anesthetists (AANA) Selection Committee has selected Derrick C. Glymph, DNAP, CRNA, APRN, RN, as a candidate for induction in the Inaugural 2021 Fellows of the AANA. Glymph is enrollment and global initiatives coordinator and a clinical associate professor in the Graduate Nursing Department at the Nicole Wertheim College of Nursing and Health Science. He is an RN member of the Florida Board of Nursing. He will be inducted in August 2021, during the AANA Annual Congress in Austin, Texas. He joins a group of leaders whose achievements and forward-thinking contributions have had meaningful impact on the nurse anesthesia profession and the role of CRNAs.



Pictured from left to right: Kindall, Moffatt and Wiggins

Kindall, Moffatt and Wiggins Elected as New Officers at Louisiana State Board of Nursing

The Louisiana State Board of Nursing has elected new officers for the 2021-2022 biennium. The president of the board is Tavell Kindall, PhD, DNP, APRN, FNP, family nurse practitioner and APRN representative; the vice president of the board is Tracey Moffatt, MHA, RN, system chief nursing officer (CNO) and vice president for quality at Ochsner Health System and nursing service administrator representative; and the alternate officer is Jamie Wiggins, MBA, RN, FACHE, senior vice president and CNO for Children's Hospital in New Orleans and nursing service administrator representative.



News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.

Have news to share?
Send your *News & Notes* submissions via [email](#).



“
Nursing is a progressive art such
that to stand still is to go backwards.
”
— Florence Nightingale

Thank you to all our health care heroes.