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Faculty must ensure students understand how to use AI technologies appropriately, as this is in the best interest of future nurses and their future patients.



## Incorporating Artificial Intelligence into Nursing Education: Challenges and Recommendations

*By Christine Riley, MSN, RN, Nursing Consultant for Practice, Texas Board of Nursing*

**M**any of us marvel at the advances of artificial intelligence (AI) in our everyday lives, but we have some reservations about how it should be used. If ChatGPT can help create an itinerary for your next vacation, what's to stop a nurse or nursing student from creating a care plan for a patient with diabetes and congestive heart failure using ChatGPT or other large language models (LLMs)? Furthermore, is it wrong for the nurse or student nurse to use such a tool in their practice setting?

Educators around the nation have expressed concerns about the growing use of LLMs and how to address this emerging trend in relation to the school's code of conduct, academic dishonesty and plagiarism (Pechacek & Austin, 2023). This article will discuss the different factors that come into play when incorporating AI, specifically LLMs, into nursing education along with challenges and recommendations for nurse educators.

### Key terms

AI can be broadly described as the power of a machine to copy intelligent human behavior (National Institutes of Health [NIH], 2018). The expansive term "AI" describes the numerous tools and techniques which are used to teach computers to mimic human-like cognitive functions, such as learning, reasoning, communicating and decision making (Robert, 2019; von Gerich et al., 2022).



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Machine learning (ML) is a subset of AI that refers to the use of computer algorithms to turn empirical data into usable models (Edgar & Manz, 2017). ML is a system's ability to acquire and integrate knowledge through large-scale observations (Woolf, 2009). As more data is integrated, the system improves and "self-learns" over time.

Deep learning (DL) is a subset of ML with profound learning capabilities from massive amounts of data, designed with multiple layers of artificial neural networks, a concept based on how the human brain processes data (Sarker, 2021). Along with speech-to-text translation and image recognition, DL is also incorporated into LLMs. An LLM such as ChatGPT is a language-based model trained on massive amounts of data to understand and generate natural human language text. This generated textual information is getting increasingly accurate at portraying human-like conversations and interactions.

### Lifelong learning

While these terms might be new or unfamiliar, hopefully they remind you of one of the most exciting parts of nursing: being a lifelong learner. It's important that this concept of ongoing learning is taught early on and throughout nursing education programs so that nurses learn how to seek the latest research on evidence-based practice and consider how they will apply that to their nursing practice.

Nursing faculty demonstrate their own commitment to lifelong learning not only by teaching the fundamentals of nursing, but also by incorporating evolving technologies, including AI, in the dynamic health care environments where their nursing students will soon be. Therefore, it's important to understand where LLMs come from, how they can be used, their strengths and limitations, and how to address such technology in academic policies and procedures.

The NCSBN Model Rules reiterate this philosophy of lifelong learning in nursing, as seen in the standards related to licensed practical/vocational nurse (LPN/VN), registered nurse (RN) and advanced practice registered nurse (APRN) professional accountability. One of these standards, which applies to all levels of nursing licensure, requires that the nurse

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While teaching students the clinical aspects of nursing and how to navigate new technology, it helps to emphasize the ethical principles of nursing that prevail throughout all nursing practice.

## Q & A



**Q:** I work at a university. How can AI be used to replace routine functions with more meaningful work?

**A:** That is a great question and here are just a few examples. St. Louis University has added AI-powered chatbots to its dorm rooms that free up staff to participate in more meaningful activities for students. The chatbots contain more than 600 programmed answers to commonly asked questions, like, "What time does the library close?" (Selingo, 2023). This allows commonplace questions to be answered quickly, so that staff are not encumbered with calls. Similarly, Clark (2023) describes how AI can relieve overwhelmed admissions officers of the burden of poring over applications. With less time devoted to the tedium of looking at *trees* (applications), officers can focus more on the *forest* (mission and goals of the university).

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Clark, R. (2023). The end of 'reading season': AI will free the admissions staff from the drudgery of poring over applications. In: C. Mooney (Ed.), *Big bot on campus: The perils and potential of Chat GPT and other AI*, The Chronicle of Higher Education, 15-16.

Selingo, J.J. (2023). AI will help control costs: Admissions and student services will be affected first. In: C. Mooney (Ed.), *Big bot on campus: The perils and potential of ChatGPT and other AI*, The Chronicle of Higher Education, 8-9. ♦

“maintains competence through ongoing learning and application of knowledge in nursing practice” (NCSBN, 2021). This approach to continuing education also enables future nurses to develop their own ideas on how to advance patient care and improve health outcomes.

### The values and ethics of nursing

While teaching students the clinical aspects of nursing and how to navigate new technology, it helps to emphasize the ethical principles of nursing that prevail throughout all nursing practice. One of these ethical principles is autonomy, or the freedom to choose, and corresponds with being a patient advocate. Provision 3 of the Code of Ethics for Nurses states that the nurse promotes, advocates for and protects the rights, health and safety of the patient (ANA, 2015).

Another ethical principle is nonmaleficence, or “do no harm.” AI should not be harmful but should support the principle of beneficence or “doing good.” Patient safety is predominant in nursing care, and nurses play a fundamental role in upholding this essential principle through the planning, implementation and delivery of safe nursing care.

While providing quality, patient-centered care, nurses often make difficult decisions and must account for numerous patient-specific factors. Along with assessing values and professional ethics, these complex decisions can be broken down with objective tools, such as the *Scope of Practice Decision-Making Framework* (NCSBN, 2016). While originally intended to help determine if a particular activity is within a nurse’s scope of practice, this tool can also assist the nurse in objective decision making. Not only does the framework prompt the nurse to consider if the activity or intervention is allowed in all applicable rules and regulations, but subsequent questions remind nurses to consider health care literature, evidence-based practice standards, accreditation standards, and policies and procedures of the practice setting. In relation to AI, the nurse should be familiar with the existing standards in their practice area and how the use of any technology or tool abides by those standards.

### Challenges of incorporating LLMs into nursing education

While there is limited research on AI as it relates to nursing education, some of the challenges on the use of AI as it relates to other health care education programs, such as medical school, can also be applied to nursing education programs. One of the challenges that has been brought up is academic dishonesty, as LLMs can generate text like that of a student and answer test questions with incredible accuracy (Abd-alrazaq et al., 2023).

Another challenge is the overall lack of human interaction and emotions (Abd-alrazaq et al., 2023; Pechacek & Austin, 2023). Without that human interaction, experts are concerned about an overreliance or dependency on technology (Abd-alrazaq et al., 2023; Pechacek & Austin, 2023). For these reasons, it’s necessary to develop other skills such as critical thinking and problem solving, along with communication reflection, and interpersonal skills.

It’s also important for students and instructors to be aware of misinformation and incorrect information generated from LLMs. These systems are not perfect and may lack consistent, timely and accurate information (Abd-alrazaq et al., 2023). Ethical challenges such as biases, privacy concerns, inequity in access and costs also present challenges in the implementation and ongoing utilization of LLMs and other AI technologies (Abd-alrazaq et al., 2023; Pechacek & Austin, 2023).

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Along with assessing values and professional ethics, these complex decisions can be broken down with objective tools, such as the *Scope of Practice Decision-Making Framework* (NCSBN, 2016).



## Recommendations:

While these challenges may make some instructors not want to use LLMs at all, it's important to address them with thoughtful discussion, collaboration and openness, as LLMs and other AI technologies are already becoming more ubiquitous and readily available. Faculty must ensure students understand how to use an LLM and other AI technologies appropriately, as this is in the best interest of future nurses and their future patients. These are some recommendations to help address LLMs and AI in academic policies and procedures, as well as to incorporate into the curriculum.

- ◆ **Keep curricula up to date.** Ensure it equips future nurses to handle emerging technologies, and safely integrate those technologies to support patient-centered, compassionate care in practice settings (Buchanan et al., 2021).
- ◆ **Teach our existing and future nursing workforce to be competent in informatics, digital and data literacy, systems thinking, critical thinking and data analysis** (Buchanan et al., 2021; Risling, 2024).
- ◆ **Develop meaningful assignments with LLMs** (Pechacek & Austin, 2023). For example, have a student write a care plan in their own words, use prompts to submit to an LLM, and then compare the student's written plan to the LLM version. One nursing school has every incoming student complete an "Orientation to Artificial Intelligence" module. They also review syllabus language with students as to where the use of AI such as a LLM is prohibited, limited with faculty permission or free to use (Pechacek & Austin, 2023).
- ◆ **Emphasize the core tenets of nursing, such as patient-centered care and lifelong learning.** These tenets also incorporate the ethical principles of nursing, including nonmaleficence and patient autonomy.
- ◆ **Teach about bias, ethical implications of AI, equity and social justice** (Risling, 2024). Nurses who are using new technologies must be prepared to address the nuanced ethical implications tied to these topics (De Gagne, 2023).
- ◆ **Teach students to assess and clarify their own values as they encounter new technologies.** Values clarification can empower students to critically evaluate the

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ethical implications of new technologies, and ensure their use is aligned with patient-centered care (De Gagne, 2023).

- ◆ **Identify evidence-based best practices to guide the safe implementation of AI technology across the care continuum in a way that augments compassionate nursing care, but does not replace it** (Risling, 2024).
- ◆ **Implement new and revised professional code of ethics, standards of practice and codes of conduct that articulate nurses' responsibilities and accountabilities in relation to the use of AI technology** (Risling, 2024). Ensure these policies and procedures leave some room for the appropriate use of AI technology, such as LLMs.



While it isn't wrong for a nurse to use an LLM to improve their care plan, it may become problematic if the nurse becomes overly reliant on that tool or doesn't catch where information generated from the LLM could be incorrect. All nurses must exercise caution, beware of inappropriate use and misinformation, and ask questions along the way. Nurse educators are encouraged to follow trends for AI and teach students to be humane stewards of this powerful technology that can impact the present and future needs of patients and families (Pechacek & Austin, 2023; Risling, 2024).

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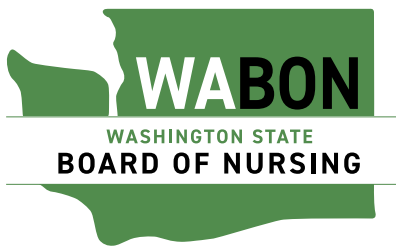
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# Washington State Student Nurse Preceptorship Grant Program

By Victoria Hayward, MSN, RN, CNOR, Nursing Education Consultant, Washington State Board of Nursing; and Gerianne Babbo, EdD, MN, RN, Director of Education, Washington State Board of Nursing



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## Initial Development

In 2022, the Washington state legislature passed Substitute Senate Bill 5693 to create a grant program for nurses who precept nursing students. The Washington state legislature provided three million dollars for the Washington State Board of Nursing (WABON) to manage a grant program to incentivize nurses to precept nursing students in health care settings. The intention is to provide yearly funds for the preceptor grant program. The preceptor stipends have ranged from \$750 to \$1,000 and are currently \$850. A preceptor can receive reimbursement for up to two precepting experiences per term. Each precepting experience needs to be at least 80 hours to qualify for reimbursement. The goals of the preceptorship grant program are to reduce a shortage of health care settings for students to complete their clinical experience hours and to bring more nursing graduates into the Washington state workforce.

The first priority was to determine the eligibility requirements for the grant. The nursing education Washington Administrative Code (WAC) 246-840-533 for preceptor requirements was a guide used for policy development and eligibility requirements. The policy needed to be congruent with the requirements for precepting nursing students in Washington state. The grant program launched in October 2022.

Eligible participants were practical nurse, associate, baccalaureate and advanced practice registered nurse (APRN) students. RN-BSN programs, refresher programs and out-of-state nursing programs were not eligible to participate. At the beginning of the grant program, payment was offered for the last clinical preceptorship course in the prelicensure nursing programs and the first clinical course for APRNs. Potential submissions were estimated by reviewing data for the current numbers of nursing students in all nursing educational programs in Washington. The information assisted in estimating potential numbers of grants reimbursements that may be submitted.

Collaboration with the accounting department was a critical component in developing systems to reimburse preceptors accurately and efficiently. The nursing preceptor obtains a personal statewide vendor number through the Office of Financial Management. The preceptor team provides the accounting department documentation of grant number, preceptorships dates and vendor number for payment processing. The preceptor is paid with a warrant or a direct deposit for the grant amount within eight to 10 weeks.

The goals of the preceptorship grant program are to reduce a shortage of health care settings for students to complete their clinical experience hours and to bring more nursing graduates into the Washington state workforce.

## Communication Plan

A web page (Student Nurse Preceptor | Washington State Board of Nursing) was developed with an overview of the program and the policy. Key components included:

- ◆ Overview of the program and policy;
- ◆ Eligibility and precepting requirements;
- ◆ Reimbursement process and deadlines;

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- ◆ Links to apply for a statewide vendor number on the Office of Fiscal Management website; and
- ◆ Resources for preceptors, such as how to complete the forms videos and training materials.

Development of a comprehensive communication plan was an essential element in the development of the preceptor grant program. The communication plan focused on outreach to all interested parties including nursing education programs and potential preceptors. The preceptor team conducted numerous online informational meetings to reach urban and rural areas and specialty groups. The preceptor team created a comprehensive website with eligibility requirements, videos, helpful links for applying and preceptor resources. In addition, the preceptor team set up an informational table in person at a WABON sponsored conference with more than 350 nurse participants.

A Preceptor Advisory Committee (PAC) was formed that had representation from all areas of Washington state. Members were from educational institutions and health care facilities, including nursing faculty, clinical placement coordinators, nursing providers and students. The PAC meets twice during the academic year. The goals of the PAC are to:

- ◆ Share perspectives/insights into the preceptor program;
- ◆ Promote continuous quality improvement;
- ◆ Preceptorship data analysis dissemination;
- ◆ Receive suggestions as the program evolves; and
- ◆ Promote the program in the community.

A data plan was developed in collaboration with the WABON research unit. The legislature mandated metrics to be compiled for a 2025 report on the effectiveness of the grant program. The preceptor team collects data on how many preceptors and students participated in each reimbursement cycle, the number of clinical sites utilized and how many clinical hours are precepted. The legislature requests strategies used to incentivize preceptor pay and future recommendations to scale up participation in shortage areas be included in the final report.

Overall preceptors have been thrilled with the incentive reimbursement and have expressed feeling valued, in addition to meeting professional obligations by precepting nursing students.

### Lessons Learned and Continuous Quality Improvement

The preceptor team streamlined the application process after the first year. The nursing educational programs and the preceptors submit the required documentation electronically, independent of each other, which has facilitated efficiency and accuracy. Even with having a comprehensive communication plan and a robust website, many nurses were not

Quarter Fiscal Year 2022–2023	Submission	Quarter Fiscal Year 2023–2024	Submission
		Summer 2023	296
Fall 2022	240	Fall 2023	480
Winter 2023	317	Winter 2024 (In Progress)	506
Spring 2023	712	Spring 2024 (In Process)	74
<b>Total:</b>	<b>1269</b>	<b>Total:</b>	<b>1356</b>

aware of the grant program. To increase awareness, the preceptor team offers monthly informational sessions for interested parties to promote the grant program and active communication remains a priority for the preceptorship grant team. The collection and analysis of preceptor data has helped in forecasting numbers of preceptors. During the first year the grant was extended to all clinical rotations for preceptors of students enrolled in in-state APRN programs. Overall preceptors have been thrilled with the incentive reimbursement and have expressed feeling valued, in addition to meeting professional

obligations by precepting nursing students. The Washington legislature recently passed Engrossed Substitute Senate Bill 6286 to develop a grant program for certified registered nurse anesthetists (CRNAs) to precept student nurse anesthesia students. The preceptor team will launch the new grant program starting summer, 2024. Please contact [WABON-EducationUnit@doh.wa.gov](mailto:WABON-EducationUnit@doh.wa.gov) for further information. ◆



# Beyond Nurse Residency Programs: What More Can We Do?

By Carrie McDermott, PhD, RN, APRN, ACNS-BC, Corporate Director, Nursing Professional Practice, Emory Healthcare



Carrie McDermott, PhD, RN, APRN, ACNS-BC

At the department level, nurses are oriented to their role by an experienced preceptor and their progress is assessed using a competency-based approach.

**P**ractice-ready new graduate nurses (NGN) have been described as novices who transition into the nursing role smoothly and quickly (Mizra, 2019). But often, the transition is neither smooth nor swift. Orientation to the department is guided by an experienced preceptor paired with an NGN. The preceptor oversees the development of the NGN's competencies necessary to provide safe care in the specific practice setting. Ideally, the orientation and support of a preceptor will prepare the NGN for the real-world expectations of the nurse. All too often this support is not enough, and the NGN leaves their first job as a professional nurse disappointed and disillusioned. To address the many challenges faced by NGNs, developing transition to practice nurse residency programs (NRP) has been recommended for more than two decades (FON, 2011).

The purpose of an NRP is to support NGN transition into practice by providing sustained support and continued nurse competency development in the professional role. Since established, NRPs have demonstrated powerful results enhancing NGN confidence, competence, organization and prioritization skills, job satisfaction and enjoyment of work. NRPs are also reported to positively impact NGN retention, with some programs reporting increases in 12-month retention by as much as 20% (Goode et al., 2013; Spector et al., 2015). With the cost of RN turnover estimated to be \$88,000 for each RN (Bae, 2022), improving NGN retention directly impacts an organization's financial health. As the COVID-19 pandemic unfolded, hospitals saw elevated rates of nurse burnout (Moll et al., 2022) and nurse turnover (NSI, 2024). These changes and others in health care have escalated the need for NGNs and increased the need for supportive programs to assure success of the NGN transition to practice.

The 12-month transition to practice NRP at Emory Healthcare is accredited by the Commission on Collegiate Nursing Education and supports 450–500 NGNs annually. In the NRP, nurses attend a four-hour seminar each month with a wide range of topics. The program educators employ active learning strategies for optimal engagement and reflective practice for continued professional growth. The NRP is offered in tandem with departmental orientation where nurses hired into specialty areas like critical care, emergency department and oncology attend specialty residency programs contemporaneously with the 12-month NRP. At the department level, nurses are oriented to their role by an experienced preceptor and their progress is assessed using a competency-based approach.

The typical preceptor model matches one orientee with one experienced nurse who is a qualified preceptor. In 2022 the increased turnover of experienced nurses caused by the COVID-19 pandemic left our organization with an amplified demand for NGNs and fewer experienced preceptors to prepare them. An innovative model for group orientation was

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The preceptor leads clinical conferences and skill labs, provides competency assessments and performs bi-weekly performance evaluations. For hands-on patient care experiences, the preceptor collaborates with direct care nurses to facilitate learning.

proposed to accelerate the onboarding of NGNs and enhance preceptor support. The Emory Nursing Group Orientation to Accelerate and Guide Excellence (ENGAGE) program enables a small group of NGNs to be oriented by one preceptor. This model allows one preceptor to support more than one NGN at a time, with two to four orientees in each group (McDermott, 2023).

The ENGAGE model hinges on the preceptor being free from a patient assignment so they can fully focus on teaching a group of orientees to accelerate clinical learning. With support from the ENGAGE program coordinator, each unit piloting the new model develops a curriculum for the orientation plan. The preceptor leads clinical conferences and skill labs, provides competency assessments and performs biweekly performance evaluations. For hands-on patient care experiences, the preceptor collaborates with direct care nurses to facilitate learning. The ENGAGE preceptor applies the principles for competency-based education (AACN, 2023) to progress the NGN from foundational skills to total patient management.

This promising, innovative solution has been implemented on 14 units across three hospitals. The pilot departments include medical surgical units, critical care, emergency department, and women's health, with a total of 48 preceptors and 166 NGN participants. Nursing units employing the new preceptor model have seen preceptor satisfaction increase by 23% while orientee satisfaction with preceptors has also increased. Contract labor costs have decreased on ENGAGE units as clinical RN turnover has slowed and several departments have reported a decrease in the length of orientation following the implementation of ENGAGE.

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Innovation in the preceptor role has shown some promise for better support of newly licensed nurses.

In the context of the current nursing workforce challenges, NRPs are needed now more than ever. One could argue that NRPs are not enough to support NGNs, and health care systems must go further and invest even more in support of the transition to practice. Innovation in the preceptor role has shown some promise for better support of newly licensed nurses. More evidence is needed to determine if group orientation models like ENGAGE can increase NGN retention, but early results suggest the model may be a useful approach to accelerate onboarding, enhance satisfaction and decrease costs.

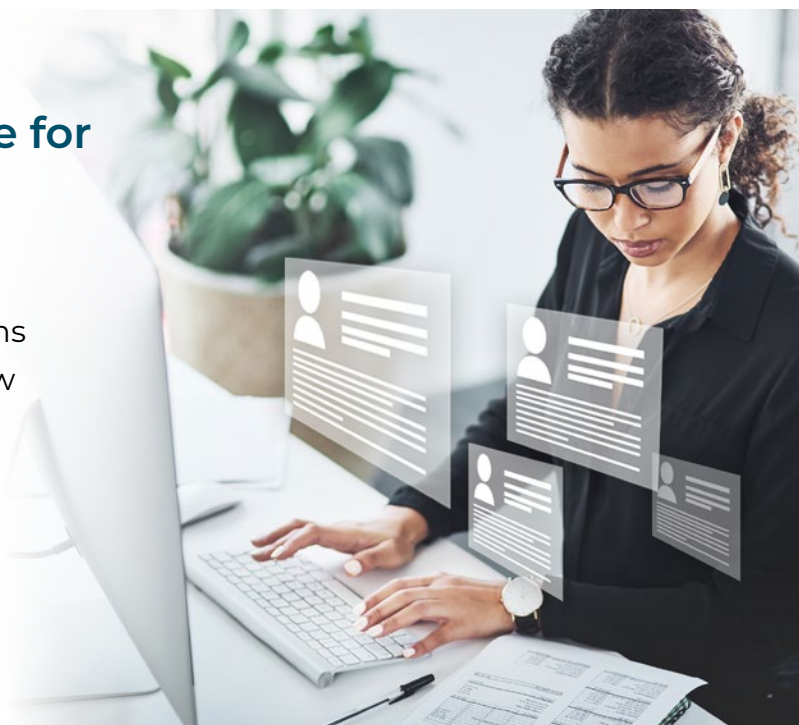
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# Annual Report Program Update: Benchmarks for Nursing Education Programs


Nursing programs can use the aggregate report to benchmark their programs' quality indicators.

**B**ecause of their missions of public protection, boards of nursing (BONs) approve their nursing education programs, meaning that the programs must meet minimal state standards established by the BON in order to operate (Spector et al., 2018). As a part of this approval process, most BONs require an annual report of all their programs. In 2020, NCSBN established the Annual Report Program for BONs where NCSBN collects these data for participating BONs; currently, 33 BONs are participating. The survey consists of 50 questions which are either demographic in nature or measure evidence-based quality indicators of the nursing program.

The quality indicators were determined after an expert panel reviewed data from the literature and three national NCSBN studies (Spector et al., 2020). It is important for faculty to know that first-time NCLEX® pass rates are lagging indicators, in that other standards have not been met before the pass rates decrease. Therefore, if we can identify program weaknesses *before* outcomes (NCLEX pass rates, etc.) plummet, the programs can make improvements and prevent a fall in outcomes and approval status.

**How can programs best identify these weaknesses?** NCSBN's staff analyzes the data from all the programs in the Annual Report Program, creating an aggregate report. Nursing programs can use the aggregate report to benchmark their programs' quality indicators. The 2021-2022 aggregate report was recently completed and is available for all programs to review. If there is a need for more resources or faculty, they could present the report to their administrators as evidence of where they compare nationally to other programs. As an example, three programs were able to increase their faculty full-time employees by presenting the aggregate report to their administration. In one state, enrollment numbers were used to support legislation for student grants. We strongly encourage faculty to download these aggregate reports, as these data are very valuable for evaluating program weaknesses and needs. ♦




  
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## National Nursing Education Database: 2021-2022 Aggregate Data

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### Introduction

In the fall of 2020 NCSBN launched the Annual Report Program, which is the first national program to collect annual education data from all nursing programs in participating U.S. nursing regulatory bodies (NRBs). This program is based on NCSBN's studies of quality indicators of nursing programs (Spector et al., 2020), where NCSBN's Annual Report team collects demographic data and evidence-based quality indicators of nursing programs. Most NRBs require nursing education annual data as part of their approval process of nursing programs.


Each nursing program in participating states/jurisdictions receives a report of their metrics and each participating NRB receives a report of all their programs' metrics, including how their programs are meeting the quality indicators. Annually NCSBN will disseminate a report of the aggregate data so that programs and NRBs can benchmark the program metrics. The NRBs and nursing programs can then work together to identify needed improvements - before NCLEX® Exam pass rates and other outcomes fall. It is important to remember that NCLEX pass rates are lagging indicators, meaning that they don't begin to fall until other key quality indicators have not been met (Spector et al., 2020).

### Participating NRBs

While 20 U.S. NRBs participated in NCSBN's Annual Report Program in 2020-21 (NCSBN, 2023), 23 NRBs participated in 2021-2022. Table 1 illustrates how the participating jurisdictions in 2020-2021 compared to those in 2021-2022. A goal of the Annual Report Program is that all NRBs will participate, thus providing us with the first national nursing education database of all U.S. nursing programs.

	2020-2021	2021-2022
Participating NRBs	20	23
Number of Programs	843	972
Enrolled Students	112,147	124,912
Full-time Faculty	8,263	9,653
Part-time Faculty	3,104	4,402
Clinical Adjunct Faculty - Employed by Program	7,296	8,822
Clinical Adjunct Faculty - Not Employed by Program	472	837

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## REFERENCES:

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# U.S. Nurses Encouraged to Contribute to 2024 Workforce Study

Nurses' input in the 2022 National Nursing Workforce Survey raised a new level of awareness of issues essential to nursing, and nurses' concerns reached more than 200 million people via prominent media outlets.

**O**n the heels of its groundbreaking 2022 research, NCSBN launched the [2024 National Nursing Workforce Survey](#) in April. The survey will run through September 2024. Participation is critical! If you are randomly selected to participate, it is vitally important for you to respond since you are representing your colleagues.

"It is imperative that we continue this essential research," says NCSBN Research Director Brendan Martin, PhD. "Ascertaining if nurses perceive that the health care ecosystem has improved, stayed the same or worsened in the last two years, is critical to inform ongoing retention strategies and support sustainable workforce planning."

## About the 2024 Survey

- ◆ **When:** April 15 - Sept. 2, 2024.
- ◆ **Who:** A nationally representative sample of licensed registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) from across the U.S.
- ◆ **How:** Surveys will be sent via email and U.S. mail, and responses returned via mail or survey website.
- ◆ **Results:** Aggregated responses will comprise the national nursing workforce dataset. Responses will be analyzed by NCSBN and the National Forum of State Nursing Workforce Centers and will be published in the Journal of Nursing Regulation.
- ◆ **Every two years, NCSBN partners with the National Forum to conduct this only national-level survey specifically focused on the U.S. nursing workforce.** The National Nursing Workforce Survey provides data to researchers, policymakers, regulators, educators and hospital administrators to evaluate workforce needs, forecast future challenges and plan for the safe delivery of care.

## Your Voice Matters



Nurses' input in the [2022 National Nursing Workforce Survey](#) raised a new level of awareness of issues essential to nursing, and nurses' concerns reached more than 200 million people via prominent media outlets. In the largest, most comprehensive and rigorous evaluation of the entire nursing workforce, the 2022 survey found that almost 1 million nurses indicated an intent to leave the profession by 2027.

The study found that a quarter to half of nurses reported feeling emotionally drained (50.8%), used up (56.4%), fatigued (49.7%), burned out (45.1%) or at the end of the rope (29.4%) "a few times a week" or "every day." These issues are most prevalent amongst nurses with 10 or fewer years of experience. The exodus of this population of nurses would have a devastating impact on patient care and safety in the years ahead.

"The loss of any nurse who chooses to leave the profession has an impact, but when a nurse who is essentially just beginning their career does so, the health care system loses decades of practice," says NCSBN Chief Officer of Nursing Regulation Maryann Alexander, PhD, RN, FAAN. "We lose not only their service but their potential leadership and mentorship of those who follow them."

Of additional concern is the fact that disruptions in prelicensure nursing programs have affected the supply and clinical preparedness of new nurse graduates. NCSBN also

*[continued](#)*

Recognizing that the data from these studies indicate that the future of nursing is at risk, NCSBN convened an esteemed panel of experts to review the results of this startling new research.

published [Assessing the Impact of the COVID-19 Pandemic on Nursing Education: A National Study of Prelicensure RN Programs](#), a mixed-methods longitudinal study focused on prelicensure registered nurse (RN) students entering the core of their didactic and clinical nursing coursework during the pandemic. Early career data for new entrants into the profession suggest decreased practice and assessment proficiency.

Recognizing that the data from these studies indicate that the future of nursing is at risk, NCSBN convened an esteemed panel of experts to review the results of this startling new research. The group gathered in Washington, D.C. in April 2023 to not only discuss these studies but also explore solutions that will transform nursing, retain nurses in the workforce and attract a more diverse group of individuals into the profession.

One of the key points that emerged from the 2022 survey was although nurses indicated an intention to leave, the situation remains dynamic, and the decisions made by health care leaders now have the potential to change the trajectory of the projected outcome.

Alexander says, "Health care systems, policymakers, regulators and academic leaders are uniquely positioned to work together to enact solutions that will spur positive systemic change to take on these challenges and maximize patient protection in care into the future. That's why it is critical to continually provide them with the data they need to inform this crucial work."

**For more information about the 2024 National Nursing Workforce Survey visit [ncsbn.org/workforce](https://ncsbn.org/workforce).** ♦



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▶ Submission Deadlines **Oct. 4, 2024** and **April 4, 2025**

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