

# LEADER LEADER

SPRING 2025



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## Shifting Faculty Perspectives: Encouraging the Use of More Inclusive Technical Standards in Nursing School Admissions

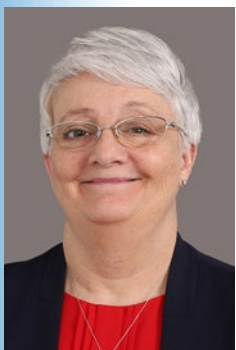
By: Allison P. Edwards, DrPH, MS, RN, CNE, CDDN, FAAN, Associate Professor, Undergraduate Studies, Joan and Stanford Alexander Fellowship in Intellectual and Developmental Disabilities program coordinator; and Sherri Green, Director of Communications, UTHealth Cizik School of Nursing

**T**here is a place for everyone in nursing and addressing the national nursing shortage requires fresh approaches to recruitment and retention. This includes removing barriers that might discourage people with disabilities from pursuing nursing as a career. A \$150,000, two-year grant from the Macy's Foundation will facilitate the development of a toolkit to help nursing schools adopt and implement inclusive technical standards that can open doors for potential students who might have otherwise been turned away, not applied to

a nursing program, or may have not even considered a vocation in nursing.

Ameliorating the national nursing shortage requires innovative approaches to recruitment and retention,<sup>1</sup> including improving recruitment and retention of people with disabilities (PWD).<sup>2-5</sup> Although the Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability, potential nursing students with disabilities are systematically excluded from nursing education and, therefore, the nursing

*continued*



Sherri Green

  
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Despite the universality of disability, it has been excluded from initiatives to expand the diversity of the health care workforce to reflect the nation's population, emulating a pervasive ableism in health care and nursing education.<sup>13</sup>

workforce.<sup>6-11</sup> In 2020, inclusive technical standards for nursing were published.<sup>11</sup> However, adoption of these technical standards has been limited due to nursing faculty and clinical partner resistance related to concerns about safety and the ability to meet program accreditation standards, learning objectives, and clinical requirements.<sup>12</sup> Technical standards are non-academic criteria, such as essential psychomotor or cognitive functions, that students must be able to perform as practicing nurses.

Despite the universality of disability, it has been excluded from initiatives to expand the diversity of the health care workforce to reflect the nation's population, emulating a pervasive ableism in health care and nursing education.<sup>13</sup> This ableism is structuralized in the technical standards, or the requirements for admission put in place by schools of nursing, that commonly include physical and sensorimotor capabilities that exclude many PWD from the nursing profession.<sup>11</sup> Despite continued advocacy and the fact that these capabilities are not included in conceptualizations of the essence and competencies of nursing, inclusive technical standards for nursing education programs published more than 10 years ago are not widely implemented. Minimal progress in nursing schools' adoption of such standards has been made.<sup>11,14</sup> Faculty and administrative resistance is a primary barrier; with concerns related to completing clinical rotations, being prepared to function as a generalist nurse in any setting post-graduation, and nurse and patient safety.<sup>11</sup>

Our research revealed that only two nursing schools have revised technical standards to be more inclusive of PWD. Gonzalez and Hsiao (2020) reported the successful adoption of inclusive technical standards for undergraduate students in a nursing program in the southeastern United States.<sup>15</sup> The revised standards are an improvement from the previous standards, but still include psychomotor demands that would exclude many people with physical disabilities from nursing education—for example, administering cardiopulmonary resuscitation or transferring a patient from bed to chair (p. 55).<sup>15</sup>

A structured literature review and environmental scan found no empirical research studies, nor resources available to guide faculty action toward the adoption of inclusive technical standards in nursing education. Studies related to nursing students with disabilities primarily focused on faculty perceptions of nursing students with physical or learning disabilities and the provision of reasonable accommodations.<sup>7,12,16-24</sup> A smaller number of studies explored the perspectives of nursing students with disabilities, their fellow nursing students, and clinical nurses regarding their perspectives of nursing students or nurses with disabilities.<sup>25-27</sup> We found no studies that included PWD who were denied admission to nursing school based on disability, or any studies that systematically explored faculty beliefs about the benefits and barriers to the adoption of inclusive technical standards and admission of students with disabilities into nursing education programs. Furthermore, we identified no available resources to raise awareness of the importance of disability representation in nursing or toolkits to facilitate the integration of inclusive technical standards.

“Project DNA: A blueprint and reference guide inspiring **DIVERSITY** in **NURSING** education toward **ADOPTING** inclusive technical standards” will systematically explore the barriers and facilitators to nursing schools' adoption of inclusive technical standards and develop a publicly available resource to aid nursing schools in facilitating implementation of more inclusive technical standards. Our diverse team is representative of both the east and west coast and includes faculty from the University of Massachusetts-Dartmouth and California State University-East Bay.

*continued*



Nurses who experience the world differently can bring invaluable perspectives to patient care and health care systems, even if they may not be well suited to some clinical settings.

Specifically, our team includes the following individuals, three of whom have documented disabilities:

#### Principal Investigator:

**Allison Edwards, DrPH, MS, RN**, UTHealth Houston-Cizik School of Nursing

#### Co-Investigators include:

**Melissa L. Desroches, PhD, RN, CNE**, Assistant Professor, Community Nursing, University of Massachusetts, Dartmouth

**Alina Engelman, DrPH, MPH**, Associate Professor of Public Health, California State University, East Bay Department of Public Health

**Elda Ramirez, PhD, RN, FNP-BC**, Dorothy T. Nicholson Distinguished Professor, Associate Dean, Strategic Initiatives and Community Engagement, Track Coordinator, Emergency/Trauma Care, Co-Director, Center for Interprofessional Collaboration, UT Health-Cizik School of Nursing

**Heather Wallace, PhD(c), RN, NPD-BC**, CommonSpirit Texas Division Director of Nurse Residency

Also included in our team are consultants Claire Valderama-Wallace, PhD, MPH, RN, and Sahar Nouredini, PhD, RN, California State University, East Bay Department of Nursing. We have also proudly partnered with two not-for-profit organizations: The [National Organization of Nurses with Disabilities \(NOND\)](#) and the [Alliance for Disability in Health Care Education \(ADHCE\)](#).

NOND is a key partner in this project and will help create a survey that will be sent to its members, nursing schools and other stakeholder groups. NOND will also help assemble an advisory panel of expert nurses and nursing students with a variety of disabilities to help evaluate the tools developed. Our clinical partner is the Institute for Rehabilitation and Research (TIRR) Memorial Hermann.

Nurses who experience the world differently can bring invaluable perspectives to patient care and health care systems, even if they may not be well suited to some clinical settings. The goal of Project DNA is to develop and evaluate a Digital Blueprint and Resource Guide (DBRG) for nursing programs to positively influence their intent to adopt inclusive technical standards. An advisory panel of 10 nurses and nursing students with disabilities will co-lead the project to ensure that it is grounded in the lived experiences of and acceptable to nurses and nursing students with disabilities. Barriers and facilitators to nursing programs' adoption of inclusive technical standards will be identified by surveys, interviews, and focus groups with nursing faculty, administration, clinical partners, and nurses and nursing students with disabilities. Our goal through this grant is to develop and broadly publicize tools to help nursing schools match all students to roles where they can contribute and thrive while also supporting patient safety. ♦

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## Q & A

**Q:** I know that NCSBN has established evidence-based quality indicators for nursing education programs. What are they?



**A:** NCSBN has categorized them into Key Quality Indicators and Other Quality Indicators. The indicators were established by an expert panel of researchers, educators, regulators and attorneys who reviewed national data from a Delphi and quantitative and qualitative studies, as well as an integrative literature review (Spector et al., 2020) ♦

KEY QUALITY INDICATORS	OTHER QUALITY INDICATORS
Accreditation	Disability support
Nursing regulatory body approval status	Services for students with low socioeconomic support
NCLEX trends	Services for non-native English-speaking students
Support of parent organization	Remediation for students with low academics
Director turnover (three or fewer in five years)	Remediation/policies for students making errors in clinical experiences
Less than 50% direct patient care in clinical courses	Simulation faculty: SSH certified or completed INACSL's 12-course program
Less than 35% full-time faculty	Accredited (SSH) or endorsed (INACSL) simulation lab
Less than 70% on-time graduation	
Program in operation for fewer than seven years	
LPN/VN faculty with BSN degree; RN faculty with graduate degree	
LPN/VN director with graduate degree; RN director with doctorate	

Spector, N., Silvestre, J., Alexander, M., Martin, B., Hooper, J.I., Squires, A., & Ojemeni, M. (2020). NCSBN regulatory guidelines and evidence-based quality indicators for nursing education programs. *Journal of Nursing Regulation*, 11(2 Supplement), S1-S64.

# 2024 Nursing Workforce Survey Findings

By Brendan Martin, PhD, Director, Research, NCSBN

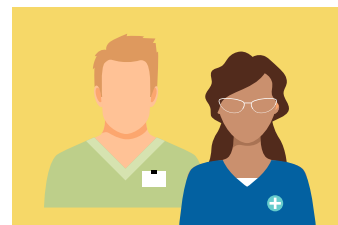


Brendan Martin, PhD

Every two years, NCSBN partners with the National Forum of State Nursing Workforce Centers (Forum) to conduct the largest and most comprehensive national survey of the nursing workforce in the U.S. The survey generates data on the supply of registered nurses (RNs), including representative proportions of advanced practice registered nurses (APRNs), and licensed practical/vocational nurses (LPNs/LVNs). The findings provide accurate and reliable data on the demographic and practice characteristics of the nursing workforce and inform both state and federal policy to support sustainable nursing workforce planning.

Amid the emergency phase of the COVID-19 pandemic, the nursing workforce underwent a dramatic shift characterized by heightened workplace burnout, increased workloads, and the loss of hundreds of thousands of experienced RNs and LPNs/LVNs. In the ensuing two-year period, the workforce has exhibited greater stability than during the emergency phase of the COVID-19 pandemic, marked by a return to a more typical age distribution. This shift is largely driven by a rebound among more experienced nurses who re-entered the workforce since 2022. Nearly 9 in 10 (88%) nurses who maintain licensure are now employed in nursing, with just under three-quarters working full-time. Hospitals and nursing homes/extended care facilities continue to be the primary practice settings for RNs and LPNs/LVNs, respectively.

**88%**  
of nurses who maintain licensure are actively involved in nursing, an increase since 2022.  
A sign employment levels have rebounded slightly.



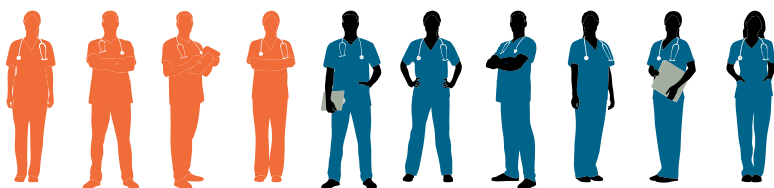
**7.2%**  
of nurses are Latino/Hispanic, double the percent in 2015.

Trends further confirm continued progress in diversifying and increasing the educational attainment of the nursing workforce. Over the past decade, the proportions of male and Hispanic/Latino nurses have grown. However, on the whole, people of color and men are still underrepresented relative to the nation's population. Furthermore, nearly three in four (73%) RNs now report holding a baccalaureate degree or higher. This increased educational attainment, in addition to inflation and increased

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**73%**  
of RNs now report holding a baccalaureate degree or higher.





demand for nursing services, have likely contributed to notable salary growth over the same period.

While reported levels of burnout and workloads have moderated over the past two years, large proportions of the RN (40%) and LPN/LVN (41%) workforces still report plans to leave the profession in the next five years.

**40%**

indicate an intent to leave the workforce by 2029.

That's potentially 1.6 million total nurses.

These parallel findings may be indicative of two factors that could influence the composition of the nursing workforce in the years to come. First, while hospitals continue to prioritize investments in mental health and other support services for nurses since the pandemic, structural issues such as short staffing and the accompanying high workloads that pre-dated the pandemic remain. These external forces could pose a potential long-term threat to the stability of the non-retirement age workforce. Second, the re-entry of experienced nurses to the workforce may represent a more temporary phenomenon depending on their revised retirement timelines.

Elevated intent to leave remains a primary concern moving forward, as retirements coupled with experiences of stress and burnout were consistently reported as core reasons for nurses who left the workforce in the previous four years. Efforts to address longstanding factors associated with nurses' premature intent to leave, such as burnout, staffing, and high workloads, are necessary to ensure a sustainable workforce. ♦

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## SCHOOL SPOTLIGHT:

# Integrating Technology, Student-Centered Spaces and Student Success in Our Newly Renovated Building

By Jill L. Guttormson, MSN, PhD, RN, Dean and Professor,  
Marquette University College of Nursing, Milwaukee



Jill L. Guttormson,  
MSN, PhD, RN

**W**hen considering the new home for Marquette University's College of Nursing, our building design team focused on some key principles to guide decisions. How can the space help build community and support student success and well-being? Can we design spaces not only for the current state of nursing education but also create flexible and versatile spaces for a future that we cannot yet fully envision?

The renovated David A. Straz, Jr., Hall is designed to serve more students' needs than ever before. This 103,000 square foot facility doubles the size of its predecessor and comes with expanded space for simulation and skills labs. This building allows us to grow our incoming classes to help meet the desperate need for nurses, both in Wisconsin and across the country.

It was incredibly important that we not sacrifice the sense of belonging, community and connection we've built in the college while pursuing greater scale. We envisioned and built an academic building that isn't solely for attending classes but one that holistically supports students with study and gathering areas throughout the building, lockers for commuter students and respite rooms allowing students to recenter.

Our Helene Fuld Center for Nursing Student Success is located in the middle of the first floor and serves as the hub of our tutoring and advising efforts. The second-floor student lounge contains seating laid out specifically for studying, collaboration and connection. We want students to feel the building is their space on campus both within and between classes.

Also reflected in Straz Hall's design is the integration of technology. Our classrooms are high-flex spaces that can accommodate both in-person and remote learning.

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Photos courtesy of Marquette University



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### How is your program working to meet the needs of today's nursing students?

Leader To Leader welcomes stories that spotlight nursing schools' innovations so that programs can learn from each other. [Contact us](#) to contribute to the conversation.

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We are proud to partner with health records software leader Epic Systems to incorporate their industry-standard charting system into our classrooms and simulation spaces. The incorporation of technology and expanded simulation capacity serves to augment or expand clinical experiences for our students.



The more comfortable students can become with health care technology, the more they can focus on the vitally important foundations of nursing: communication, advocacy, teaching, and holistic care of patients and families.

All of this is essential if we are to educate committed, caring health care practitioners who make a positive impact in the workforce. The challenges that nurses face are great, and burnout rates are a continuous problem. Solving that problem requires nurses who care for themselves while caring for others. The greatest service that we can do for our students is to cultivate a community that is both challenging and supportive, one that allows them to become the best version of themselves. This building renovation process has highlighted for our college community how the physical environment can play an integral role in preparing the next generation of nurses. ♦

## COMING SOON: Dashboard on NCSBN's Annual Report Program



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This is the beginning of the first-ever nursing education database!

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**C**urrently 35 states and territories are participating in NCSBN's Annual Report Program, and more states are interested in joining. In this program, all prelicensure nursing schools (LPN/VN, ADN, diploma, BSN, accelerated BSN and Master's entry) in the 35 participating states provide [data](#) to their nursing regulatory body (NRB) related to their demographics and their evidence-based quality indicators. Each survey question must be answered before the nursing program can advance to the next question to ensure comprehensive data. The [aggregate data](#) are reported annually on NCSBN's website so programs can benchmark their data with national data. This is the beginning of the first-ever nursing education database!

In order to disseminate the results of this Annual Report Program further, NCSBN is establishing a dashboard that provides an in-depth look at how different characteristics impact the performance of U.S. prelicensure nursing programs. This is an interactive dashboard, where users can compare demographics or quality indicators across program types, program ownership, location (rural, suburban or urban) and program size. This dashboard will be launched and made available publicly on our website ([www.ncsbn.org](http://www.ncsbn.org)) soon. **Watch for it!** ♦



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# The Art of Asking Better Questions

By Jason Schwartz, MS, Director, Member Outreach, Member Engagement, NCSBN



Jason Schwartz, MS

**E**ducators know better than most the value of asking the right questions. Whether leading classroom discussion or selecting questions for an exam, the information that comes back in return depends critically on not only what was asked but how it was asked.

Not surprisingly, the NCSBN Examinations team has a whole set of guidelines and conventions it follows to ensure that NCLEX® items are worded as clearly and concisely as possible, an example being the avoidance of negative constructions such as “The nurse should not do any of the following except—” or “Which of these client statements does not indicate an incorrect understanding of the teaching?”

What may surprise educators, however, is that nearly the same principles are employed by the NCSBN Research team in assembling the biannual and highly acclaimed [National Nursing Workforce Survey](#). In a recent webinar to NCSBN members, the study’s principal investigator,

Richard A. Smiley, MS, MA, Senior Statistician, Research, NCSBN, offered five pointers (see below) general enough to apply to anyone designing their own survey.

Smiley encouraged anyone engaged in survey design, whether their end goal is journal publication or simply useful information that supports better teaching (e.g., formative assessments, course evaluations), to add *informal* peer review to the process. Our questions always make sense to us, but it is when we add a second set of eyes that we really learn the various unintended ways our questions may be understood... or misunderstood!

While Smiley’s recent webinar covering these topics was offered as NCSBN members-only, the good news for educators is that his [eight-week course](#) on Questionnaire Design is open to all educators through the NCSBN International Center for Regulatory Scholarship (ICRS). Cost is \$50 for nonmembers, and the number of contact hours provided is 20.4. Be sure to check the ICRS home page for more details as well as information about other NCSBN educational offerings. ♦



Richard A. Smiley,  
MS, MA

## Better Answers Start with Better Questions

1. **What do you really want to know?** Be as specific as possible and be sure that’s what you’re really asking. For example, if you want to learn what challenges students encountered in their clinical session, ask “What were three challenges you encountered during your clinical session?” rather than “How did the clinical session go?”
2. **Ask one question at a time.** A “double-barreled” question such as “Did you study at the library and were the prep materials helpful?” will provide much less information than the pair of questions: “Did you study at the library?” and “Were the prep materials helpful?”
3. **Employ open-ended questions, or add a comment section for further explanation, where a broad range of responses, including unexpected ones, are of interest.** For example, imagine that 68% of students select “Other” to a question asking which of various improvements to your course would best help them learn more. How much more useful it would have been to see their ideas!
4. **Use simple and familiar language.** “What course material did you find most challenging?” is always preferable to “Indicate the components of the curriculum that imparted the most duress.”
5. **Make sure yes means yes and no means no!** Avoid double negatives and other constructions requiring undue mental gymnastics. “Was this class enjoyable?” will work better than “Was this course not a lot of fun?” ♦





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