PUBLIC POLICY AGENDA
2017-2018
MISSION
Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

CORE VALUES
Caring, Integrity, Diversity, Excellence

Dedicated to excellence and integrity in nursing education and practice and preparing the nursing workforce to meet the health care needs of our diverse populations, the National League for Nursing is the premier organization for nurse faculty and leaders in nursing education.

The NLN represents all types of nursing education programs – vocational/practical, diploma, associate degree, baccalaureate, master’s, and doctoral. With more than 1,200 nursing schools and health care agencies, 40,000 individual members comprising nurses, educators, administrators, public members, and 25 regional constituent leagues representing 30 states. The NLN is the powerful voice for public policy.

Implicit in the League’s core values is civic engagement in shaping public policies that affect our health, quality of care, and safety.

THE NLN’S 2017-2018 PUBLIC POLICY AGENDA:

Articulates priority issues addressed by the NLN

Informs members and colleague organizations, the public, government officials, and the media about the NLN’s public policy interests

Provides a framework for the NLN’s analysis and synthesis of developments that influence public policy

GOVERNMENT AFFAIRS AT THE NLN

The elected Board of Governors and the Public Policy Committee are responsible for oversight of the NLN’s public policy and advocacy activities. The League understands that this is a time of great opportunity and complexity in the global health care environment. Collaboration creates meaningful outcomes and NLN members seek partnerships with legislators and regulators who value health for all peoples. Keeping the nation’s health demands and the economic environment in mind, in 2017 and 2018, the NLN will focus on four interconnected priorities:
Transformation of nursing practice for our ever-changing and dynamic health system requires a fundamental reconceptualization of nursing education. We must forge new partnerships among nurse educators, practice colleagues, employers, and students to provide opportunities for a smooth transition to higher degree programs and lifelong learning. The design and implementation of seamless models that promote academic progression is vital to meet this national call for a 21st-century highly educated and competent nursing workforce (NLN 2011).

The changing landscape of patient care, driven by greater consumer engagement, practice-driven technologies, and virtual health care, provides a unique context for teaching and learning. Incorporating technology improves active teaching strategies and evaluation of learning outcomes. Teaching with and about emerging technology is the future of nursing education. Providing nursing care in a highly technological, connected work environment is the future of nursing practice (NLN 2015).

Nurse educators are the key resource in preparing a nursing workforce that will provide quality care to meet the health care needs of our population. They practice in academic and clinical settings, and they must be competent clinicians. However, while being a good clinician is essential, it is not sufficient for the educator role.

Regardless of the setting in which the nurse educator is employed, there is a core of knowledge and skills that is essential if one is to be effective and achieve excellence in the role. That core of knowledge and skills entails the ability to facilitate learning, advance the total development and professional socialization of the learner, design appropriate learning experiences, and evaluate learning outcomes.

Infrastructure development for all program levels is critical to advancing the science of nursing education. This will increase the pool of nurse investigators and nurse educators, expand programs to develop partnerships between research-intensive environments and smaller colleges and universities, and promote career development for nurse-researchers.

In 2017 and 2018, the NLN will:

Support policies that promote nursing education progression with the necessary faculty to educate the next generation of nurses who will care for patients, families, communities, and diverse populations.

Advocate for funding to expand nurse faculty education programs that enhance the development of faculty as educator-scholars, including leadership programs to build educational research capacity and create a more diverse faculty workforce.

Support funding of research initiatives that promote the scholarship of teaching and advance the science of nursing education.

Champion policies and programs that build and strengthen capacity for interprofessional education and practice.

Support policy initiatives to establish a seamless infrastructure that promotes lifelong learning and academic and professional progression of appropriately educated nurses – from practical and vocational to doctorally prepared.
ACCESS

Fundamental to the nursing profession and the NLN is the principle that all individuals have equitable access to comprehensive health and wellness care. This includes all medical care, behavioral health, and care for special populations such as veterans and their families.

Market-driven forces influence the changes in our integrated health care system. Value-based quality health care and safety depend on planning and funding for services including awareness of national strategies. Of primary importance is the need to contend with emergent issues while continuing to focus on wellness services, preparedness, access to quality workforce education, and education of the public.

Interprofessional team-based education and care are key features of market-driven health care delivery models and integral to the national strategy of creating a better health system. Well-functioning practice teams have been shown to improve access to care, increase quality of care and health outcomes for patients and caregivers, provide greater efficiencies, reduce costs, amend provider shortages, and increase professional satisfaction.

In 2017 and 2018, the NLN will:

P romote access to holistic health care of patients and caregivers through the enhancement of services by local community health centers, neighborhood clinics, and nurse managed clinics.

A dvocate for policies that promote health and education of the public to meet the challenges of a diverse and ever changing market driven health care environment.

S upport maximizing education funding for health care professionals who commit to practice in underserved areas.

P romote policies that allow all nurses to practice to the full extent of their education, license, and experience.
DIVERSITY

Diversity and quality health care are inseparable. Diversity signifies that each individual is unique and recognizes individual differences – race, ethnicity, gender, sexual orientation and gender identity, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other attributes. It encourages self-awareness and respect for all persons, embracing and celebrating the richness of each individual. It also encompasses organizational, institutional, and system-wide behaviors in nursing, nursing education, and health care (NLN 2016).

There is a great need for diversity in the nurse workforce, student population, and faculty in order for nursing to achieve excellent care for all. Diversity in nursing is essential to a market-driven health care system that understands and addresses cultural challenges and social determinants of health in our rapidly changing population.

Our nation is enriched by cultural complexity – 37 percent of our population identify as racial and ethnic minorities. Yet diversity eludes the nursing student and nurse educator populations. Minorities only constitute 28 percent of the student population and males only 15 percent of pre-licensure RN students (NLN 2014).

Workforce diversity is especially needed where research indicates that factors such as societal biases and stereotyping, communication barriers, limited cultural sensitivity and competence, and system and organizational determinants contribute to health care inequities.

In 2017-2018, the NLN will:

P romote greater diversity representation among nurses and nurse educators.
A dvocate for policies that enrich and sustain culturally competent nursing education that leads to equitable, interprofessional, evidence-based health care delivery.
WORKFORCE

Health inequities, inflated costs, and poor health care outcomes are intensifying because of today’s shortfall of appropriately prepared licensed vocational/practical nurses (LVNs/LPNs), registered nurses (RNs), advanced practice registered nurses (APRNs), and nurse faculty. A high quality nursing workforce equals high quality care for the nation. With 4.8 million active, licensed RNs/LVNs/LPNs, nurses are the primary professionals delivering quality health care in the nation (NCSBN 2016).

According to the Bureau of Labor Statistics (BLS), the RN workforce is projected to grow by 16 percent from 2014 to 2024, resulting in 1,088,400 job openings due to growth and replacement needs. The BLS also estimates the LVN/LPN workforce will grow by 16.3 percent resulting in 322,200 job openings and the APRN workforce will grow by 31 percent with 93,600 job openings during the same time frame.

This increase is fueled by an expanded demand for health care services for our aging population; for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity; and for staffing facilities that provide long-term rehabilitation for stroke and head injury patients and those that treat people with Alzheimer’s. In addition, because many older people prefer to be treated at home or in residential care facilities, nurses will be in demand in those settings.

The situation is further affected by the needed replacement of some 439,300 jobs vacated by RNs, 117,300 vacated by LPNs/LVNs, and 53,400 vacated by APRNs who will leave the profession and/or retire by 2024. The BLS projects a need of 19 percent more faculty members to meet the expected increase in demand. In addition, with 12,200 current faculty members expected to retire, 25,400 new nursing instructors will be needed by 2024 (BLS 2015).

The nursing shortage continues to outpace the level of resources allocated by various levels of government to help alleviate it. Funding for nursing education is inconsistent with the health care reality facing our nation today. A strong nursing workforce is essential to a health policy that provides high-value care for every dollar invested in capacity building.

Insufficient investment in the nursing workforce is shortsighted and further jeopardizes access to and the quality of the nation’s market-driven health care delivery system. Policies must be implemented, to develop accurate and replicable models for projecting workforce capacity, to ensure consistent regulations across state lines, and to evaluate education, preparation, and workforce activities to increase retention in the nursing profession.

In 2017 and 2018, the NLN will:

Support funding for nursing programs at all levels of government that improves the nursing and nurse educator workforce.

Promote research and the use of evidence-based policy strategies for safe, high quality, and cost-effective health care capacity-building.

Support policy initiatives that promote data collection and analysis for timely and evidence-based nurse workforce planning.

Support policies that recognize and reimburse nursing care in a manner consistent with other health professions.

Advocate nursing care that is dynamic and fluid across state boundaries to increase access to care while maintaining public protection.
REFERENCES


