



Education for Registered Professional Nurse Workforce in Illinois and Throughout the US - An Overview

Illinois requires more registered professional nurses (RNs) for the growing number of individuals needing nursing care for both acute and chronic health care problems. Nurses are the largest group of health care providers in Illinois, with over 205,000 RNs licensed by the state of Illinois through the Illinois Department of Financial and Professional Regulation (IDFPR) (Illinois Nursing Workforce Center [INWC], 2019a). There are approximately 4 million RNs in the United States (American Association of Colleges of Nursing [AACN], 2019c).

The landmark Institute of Medicine (IOM, 2011) study on the future of nursing addressed the need for change and improvement in nursing education:

Major changes in the U.S. health care system and practice environment will require equally profound changes in the education of nurses both before and after they receive their license. An improved education system is necessary ensure that the current and future generations of nurses can deliver, safe, quality, patient-centered care across all settings, especially in such areas as primary care and community and public health (p. 35).

The IOM report (2011) notes that a changing health care system requires nurses prepared to cover a broad continuum of care, “from health promotion, to disease prevention, to coordination of care, to cure—when possible—and to palliative care when cure is not possible” (p.33). Across the nation, including Illinois, the nursing workforce fails to be as diverse as the populations for whom it cares, especially related to race, ethnicity, and gender (IOM, 2011). Supporting needed change in

nursing education, change that will create a diverse nursing workforce to meet the demands of an evolving health care system requires adequate physical, fiscal, and human resources to prepare future nurses and support nurses currently in practice in the wide range of nursing roles.

Pre-licensure nursing education programs across the state and the country are familiar with the predicted need for more nurses with an aging population, longer life-spans for those with chronic illnesses, and an evolving health care system that is not currently meeting the needs of the nation. Nursing education programs are identifying and implementing creative ways to prepare registered nurses to be the caregivers and health care leaders that the residents of Illinois need, especially as the health care system continues to emphasize prevention and community-based care outside of the traditional hospital setting. Nursing education programs require fiscal, physical, and human resources to make this evolutionary process possible and continuous as science, technology, and the health care system continues to change.

To obtain a license as an RN in Illinois, a person must graduate from a State Board of Nursing approved pre-licensure nursing education program and pass the National Council Licensure Exam for Registered Nurses (NCLEX-RN[®]). Traditional pre-licensure nursing education programs for RNs in Illinois are the hospital diploma program (only one remains open in Illinois), associate degree in nursing (ADN) programs at community colleges or private colleges, including for-profit schools, a baccalaureate (bachelor’s) degree in nursing (BSN) obtained at a university or college, or a pre-licensure graduate degree earned at a university or college, awarding a master of science degree (MSN). Illinois also has non-traditional pre-licensure nursing education programs. Bachelor of Science in Nursing (BSN) accelerated programs admit students who already have obtained a bachelor's degree in another discipline; these students earn a BSN through an accelerated format, usually in 12 to 15 months; they must complete all science and



general education courses before admission to the accelerated program. The master's entry programs allow students who already hold a baccalaureate degree in another discipline to complete the required course work and clinical experiences required for them to take the NCLEX-RN® exam for licensure and obtain an MS generalist in nursing degree.

To enter professional nursing practice in the US, nursing students must not only successfully graduate from an approved nursing education program, but they must also pass the NCLEX-RN® to obtain a license to practice as a registered professional nurse. From 2011-2015 the first-time pass rate for Illinois students taking the NCLEX-RN® exam has met or exceeded the national total pass rate annually (INWC, 2016). The most recent pass rate data from the National Council of State Boards of Nursing (NCSBN) is from the report published in 2019 on 2018 pass rates. While the Illinois pass rate is slightly below the national average (NCSBN, 2019), it is not significantly lower. The NCSBN report is silent on the success of first-time test takers graduating from accelerated MSN programs. They may be subsumed with the BSN graduates.

To enter professional nursing practice in the US, nursing students must not only

Table 1. First Time NCLEX-RN® Test Takers in Illinois in Calendar Year 2018 (NCSBN, 2019)

Program Type	Number of First Time Test Takers	Pass Rate
Diploma	7	100%
ADN	2819	87.4%
BSN	4194	89.2%
National pass rate for 2018 first time test takers		88.8%

The 2017 Illinois Board of Nursing report noted changes in program capacity* between 2011 and 2015 for all pre-licensure nursing programs, including the licensed practical nurse and registered nurse programs:

Diploma	0%
LPN	-16.9%
ADN	11.2%
BSN (traditional)	39.2%
BSN (accelerated)	131.7%
MSN entry	9.9%

*Factors that influence program capacity include the number of faculty and clinical sites, classroom space, and clinical preceptors.

The Demand for a Well-Educated Nursing Workforce

Nursing is the largest health care profession, with between 2018 and 2028. The report compares this projected job growth to anticipated 5% growth of employment across all occupations during the same time frame. The BLS report bases its projections, in part, on an aging population and increasing rates of chronic health problems among the aging population and younger Americans, in view of current chronic health problem trends, and the growth of outpatient and other community-based health care services. The report assumes that the population of baby boomers (born 1946 through 1964) is expected to live longer, more active lives than prior generations, requiring health care over a more extended period.

Buerhaus, Skinner, Auerbach, and Staiger (2017) identify four challenges that will face the nursing workforce in the foreseeable future. The first challenge is the aging baby boomer generation, the largest generation of Americans in the history of the US. Baby boomers are those born between 1946 and 1964; the eldest is 73 years of age; the youngest is 55 years old. They grew up with more and better health care than their parents, members of "the greatest generation," represented by those who fought in World War II. Buerhaus and associates note that baby boomers lead more active lifestyles than the prior generation, are less likely to smoke, and are predicted to have longer lifespans. Another challenge is related to the aging population; the largest generation of RNs is composed of baby boomers. At least one million baby boomer RNs will retire by 2030, taking with them the nursing knowledge and experiences they have used in their practice. A third challenge is the shortage of primary care physicians and the uneven distribution of primary care and specialty physicians, thereby impacting access to health care for Americans (Buerhaus et al., 2017). Nurses, including RNs and advanced practice nurses, are prepared to assume the role of primary care providers (IOM, 2011). The fourth

nearly 4 million RNs in the US. The U.S. Department of Labor, Bureau of Labor Statistics (BLS, 2019) calls for a projected 12% increase in RN job growth

challenge focuses on health care reform. If the Affordable Care Act (ACA) remains the law of the land, more people will have access to affordable health care in the next decade. If the ACA is dismantled, fewer people of all ages will have access to health care they can afford. As a result, we could see an increase in the demand for nurses in the community to provide health care to those with limited access to care.

Nursing Education in Illinois: Now and into the Future

In Illinois, data from the Illinois Nursing Workforce Center (INWC, 2018) from 2016 to 2018, indicates an increase in enrollment in pre-licensure nursing programs: 4.5% for associate degree programs, 4.8% for BSN and accelerated BSN (programs for those students with a previous baccalaureate degree in another discipline), and 6.1% increase for master's degree programs that admit students with a previous baccalaureate degree in another discipline (one additional program opened in 2018 which may have influenced part of the increase in enrollment). The lone diploma program in the state had admissions that ranged from 8 in 2016 to 20 students in 2018. The number of students that graduated during that same time frame ranged from 25 in 2016 to 7 graduates in 2018 (INWC, 2018).

ANA-Illinois (ANA-Illinois, 2019) created and distributed a survey to deans and directors of pre-licensure nursing education programs across the state of Illinois. A letter of intent with a request for completion of the survey was sent to the deans and directors of all Illinois RN pre-licensure nursing education programs. As of November 2018, there were 84 RN pre-licensure nursing education programs in Illinois. ANA-Illinois received survey feedback from 48 or 57% of these programs. A summary of the findings of that survey (ANA-Illinois, 2019), IDFPR

Board of Nursing, Illinois Nursing Workforce Center, and relevant nursing research and position papers from scholars and professional organizations will be presented in this report. This report also reflects a discussion on how ANA-Illinois and our partner organizations (See Appendix A, p. 17) consider the future of nursing education in Illinois.

Faculty Shortages in Illinois Schools of Nursing

The ability of nursing schools to educate new nurses depends on the number of students who can be accepted into and enrolled in a nursing program. The issue of capacity is an identified problem for nursing programs across the country, with over 64,000 qualified applicants being turned away from nursing programs in 2016 because of insufficient faculty, clinical sites, classroom space, clinical preceptors, and budget constraints (AACN, 2019d, 2019e). These statistics were echoed in the Illinois survey results. On the other hand, factors that influence whether a student enrolls in a nursing program include meeting admission criteria, a student's personal preference (if accepted to more than one school), and financial needs.

Faculty shortage

The first significant limitation to the number of enrolled students in a nursing program was found to be the number of nurse faculty available to teach within the program. Faculty shortages are likely to get worse in the next ten years as many current faculty begin to retire. Schools are unable to accept larger cohorts of students because they do not have enough faculty to teach and support those students (AACN, 2019e).

The BON 2016 report identified RN pre-licensure program faculty vacancy rates for 2015:

Diploma program:	0%
ADN programs:	2.6%
BSN programs:	5.4%
MSN direct-entry programs:	1.2%
All programs:	3.6%.

The BON report (2016, p. 39) noted that over 600 nursing faculty were age 61 or older in 2015. Their pending retirement over the next decade, plus some anticipated retirements among the cohort of approximately 550 nursing faculty ages 55-60 in 2015, will expand the vacancies in nursing education programs.



In the ANA-Illinois (2019) survey of RN pre-licensure programs in Illinois, of the 48 programs who responded to the survey: 15 reported having one to two faculty vacancies, nine reported having three to four faculty vacancies, and two reported having at least five faculty vacancies. Twenty-two programs reported having zero faculty vacancies. The four categories of pre-licensure programs for students who seek to become RNs reported an average faculty vacancy rate of 2.1%:

Diploma program	0%
AND programs	4.4%
BSN programs	5.4%
MSN direct-entry programs	1.2%

Overcoming faculty vacancies

Nursing education program administrators report that they use two primary approaches to fill these vacancies:

1. hiring more adjunct faculty (i.e., part-time, occasional faculty who may work primarily in clinical positions or who work part-time at more than one nursing education program); and
2. assigning "overload" work hours to regularly scheduled full or part-time faculty already teaching in the program (ANA-Illinois, 2019).

However, this is not always a viable option. Some ANA-Illinois survey respondents noted that hiring more instructors or paying overload hours is not feasible due to budget constraints. Other survey respondents' comments included:

"We have tried to recruit qualified nursing faculty through a variety of avenues but with only limited success."

"Our ability to expand is limited by the ability to recruit qualified nursing faculty, which has been a struggle."

"While we do not have official vacancies, if we were able to hire more faculty, we would be able to handle additional students."

"We are working overload to continue to accept the same number of students per semester."

Recruiting more faculty

In the ANA-Illinois survey (2019), program administrators stated that they would be able to recruit and retain more nursing faculty if they could pay them a higher salary. According to AACN (2019e), faculty salaries have long been noted to be lower than those of nurses with equivalent education and experience employed in clinical settings, to include nursing administration positions in clinical settings, and in the private sector (e.g., health care consulting, insurance companies). AACN (2019e) reported that the average 2017 salary for an assistant professor with a master's degree was \$78,575; a nurse practitioner with a master's degree, on average, earned \$105,903 in 2017.

The problem of faculty recruitment, as well as retention, is not unique to Illinois nursing education programs. DeCelle (2015), Harris and Burman (2015), Oermann, Lynn, and Agger (2015), and Romp et al. (2014) examined attracting nurses to teaching positions by helping them overcome barriers to seeking BSN and graduate degrees in nursing and by supporting potential future faculty identify their motivators

to advance their educations and then choose teaching roles.

These studies identified themes in the barriers faced by nurses seeking to advance their nursing education:

1. time constraints, including family demands;
2. employer discouragement, including inflexible work schedules;
3. financial limitations;
4. fear of returning to school, including applying for a program and selecting an appropriate educational program;
5. lack of financial rewards upon completion of the desired degree;
6. lack of confidence in using computers as learning devices;
7. family situations other than time demands, including single-parent status, caring for one's children or other dependents;
8. concerns about career satisfaction in nursing education; and
9. lack of support by peers and supervisors

Potential motivators that support nurses seeking to advance their nursing education include:

1. advancing one's education in nursing can lead to promotions or new career opportunities, to include teaching roles;
2. education expands one's nursing knowledge and clinical judgment;
3. advancing one's education increases, one's professional self-confidence and self-esteem;
4. financial support, to include tuition support from employers, scholarships, or grants can make advancing one's education less stressful;
5. an advanced degree increases one's professional credibility; and personal satisfaction and a sense of competency

Physical learning space

All Illinois pre-licensure nursing education programs require students to attend a physical place of learning, whether it is the classroom or the clinical site where students interact with patients. The Illinois Nurse Practice Act of 2017 specifies in Section 50-70 that nursing education must provide concurrent theory (classroom learning experiences) and clinical practice experiences. The rules for implementation of the Illinois Nurse Practice Act also address the requirement of concurrent classroom and clinical instruction. Nursing education accrediting bodies, such as the Commission on Collegiate Nursing Education, National League for Nursing Commission for Nursing Education Accreditation, and the Accreditation Commission for Education in Nursing, also require concurrent classroom and clinical instruction.

The limitations of the physical classroom space of a pre-licensure nursing education program were noted as a reason that five of the 48 nursing education programs were unable to enroll more students (ANA-Illinois, 2019). Limited access to clinical practice sites is also a significant constraint to enrolling more students within pre-licensure nursing education programs. In the ANA-Illinois survey (2019), 15 of 45 respondents indicated that their programs, both ADN and BSN programs, had problems with limited clinical sites, which include hospitals, health departments, clinics, and other outpatient services. But we also know this issue exists for other programs that were not captured in this survey.



Rural locations reported a lack of appropriate facilities in proximity to their campuses. Urban area programs, including programs in the city of Chicago, Cook County, and the collar counties and other population centers such as the Metro-East, Peoria, and Rockford noted competition from other nearby programs as a factor in limited clinical placement spaces. In the Metro-East, both BSN and ADN programs compete for the use of health care facilities with other programs in the region and in metropolitan St. Louis, MO area, where specialized health care facilities, such as Veterans Administration hospitals and pediatric hospitals, are available.

All pre-licensure students must be supervised on-site by a qualified faculty member; students cannot be assigned, for example, to a nurse in a hospital in an apprenticeship model of teaching clinical skills (exception immersion/capstone experiences). Thus, a faculty member must be in the health care facility for the duration of the clinical experience day, which can range from 4 to 12 hours, depending on the learning experience. One faculty member cannot cover multiple clinical sites concurrently. Some nursing

programs have agreements with clinical agencies that allow the nursing programs to use agency nursing staff with appropriate graduate or doctoral degrees to supervise pre-licensure students' clinical experiences. In some cases, the nursing program pays a part of the clinical agency nurse's wages/salary (AACN, 2019e; ANA-Illinois, 2019).

When considering clinical learning sites, the focus is often placed on the acute-care, hospital-based clinical sites, which are limited. However, the ability to find non-acute clinical learning sites that focus on home health, community health, and mental health care is even more difficult. Across the world, health care leaders, researchers, and health care planning organizations point to the need to promote healthy populations and provide for efficient health care. Organizations such as the World Health Organization (WHO), Healthy People 2020 (<https://www.healthypeople.gov/>), and the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) support the focus on population health. Focusing on population health requires all health care professions to shift care delivery toward health promotion and disease prevention. Nursing faculty must ensure pre-licensure RN nursing students are prepared for this future with experiences in non-acute or outpatient settings.

In an effort to make use of what is available to them, a few survey respondents stated that they had expanded their clinical time to include evenings and weekends (ANA-Illinois, 2019). Other programs noted that their students might drive over an hour to get to a clinical site because there are no clinical sites, there are not enough clinical sites within the community, or the clinical sites within the community are saturated with nursing students from other nursing education programs.

Simulation

Pre-licensure nursing education programs, as well as graduate programs for advanced practice registered nurses, use (clinical) simulation to teach and refine clinical practice skills. Simulated learning can be defined as "an activity, or event replacing clinical practice using scenarios, high-fidelity manikins, medium-fidelity manikins, standardized patients (actors), role-playing, skills stations, and computer-based critical thinking simulations" (Sofer, 2018). The use of simulation laboratories can be used to supplement clinical learning or to substitute for clinical practice experiences in hospitals or other health care agencies, especially when nursing programs have restricted access to clinical agencies, as noted above. Health care organizations also use simulation labs to teach new skills to employed nurses, to evaluate the clinical skills of employed nurses, and to assess newly hired nurses (Sofer, 2018).

Currently, the Illinois Board of Nursing allows up to 25% of clinical hours to be completed via simulation. The use of simulation means that a course can use technology to enhance learning and to meet clinical hour requirements. Some of the ANA-Illinois survey (2019) respondents



believe that increasing the amount of simulation time for pre-licensure RN nursing students to 50% would benefit their programs as they have such a difficult time finding quality clinical site locations. In contrast to the Illinois State Board, the National Council of State Boards of Nursing (2015) guidelines on simulation learning



experiences allows up to 50% of clinical experience hours to be completed in a simulation lab with appropriate simulation equipment and qualified faculty who are skilled in developing high-quality simulations experiences, supervising the simulations experiences, and evaluating student performance in simulated learning experiences.

While simulation learning is an accepted method for teaching clinical skills and providing an alternative to clinical experiences in health care agencies, it is an expensive option that some schools cannot afford. A single high-fidelity adult manikin can run from around \$30,000 to over \$60,000, depending on accessories and computer programs that are purchased to simulate a range of health conditions/problems. High-fidelity female manikins can use accessories and software to allow the simulated birth of a baby. High-fidelity manikins are available to simulate learning experiences in the care of children and newborns. Supplying a lab for pre-licensure students can cost hundreds of thousands of dollars and requires significant space to accommodate hospital beds, manikins and supplies, and computers to control the high-fidelity manikins. Schools may depend on grants to help fund simulation learning labs (Health Leaders Media Staff, 2009). (See Appendix B, p.18, for definitions of high-fidelity and medium-fidelity manikins). Additionally, trained simulation educators are needed to create, implement, and properly debrief student simulation experiences.



Increasing Diversity in Nursing: Clinicians and Faculty

Increasing the diversity of the nursing workforce will strengthen nursing practice, improve patient outcomes for minority populations, and increase health care access for minority populations (Campaign for Action, 2019; IOM, 2015; Perez, Mertz, & Brassard, 2019). The Agency for Healthcare Research and Quality (AHRQ, 2014) noted that quality health care is elusive for some minority populations because such individuals do not receive culturally sensitive care from clinicians, including nurses. Sensitivity to the culture, values, and beliefs of minority populations and an understanding of social

determinants of health will help health care providers improve health outcomes, reducing health disparities, and achieve health equity.

Cultural and gender diversity among nursing faculty members is a significant factor in recruiting and retaining a diverse student population, including ethnic and gender diversity. According to an AACN (2019a), the government projects that minority populations will outnumber white/caucasian populations by 2043.

The National Council of State Boards of Nursing (NCSBN, 2018) 2017 survey reported that men in nursing represented 9.1% of the RN population with expectations that the male workforce in nursing will continue to grow. Between 2015 and 2017, the percentage of men in nursing grew by

1.1%. The NCSBN noted that men would continue to enter nursing in increasing numbers. Men currently represent 41% of certified registered nurse anesthetists.

The NCSBN also reported that, while minorities accounted for 39.3% of the US population in 2017, only 19.3% of those surveyed reported belonging to racial/ethnic minorities. This NCSBN survey identified 80.8% of RNs as White/Caucasian; 6.2% were African-American; 7.5% were Asian; 5.3% were Hispanic/Latino; Native Americans accounted for 0.5% of RNs, 1.7% represented two or more races, and 2.9% represented "other." The NCSBN reports that minority nurses are more likely to pursue BSNs and higher degrees in nursing. This data highlights the need for more men and minorities within the ranks nursing faculty. Unfortunately,

Increasing Enrollment



Enrollment statistics

For the 2015 academic year, the most recent data available from the Illinois State Board of Nursing (BON, 2016), pre-licensure registered nursing programs across Illinois formally admitted a total of 20,656 students, an increase of nearly 20% over 2011 admissions. This number may include applicants who decided not to attend a program to which they were admitted and some applicants who were accepted into more than one program.

Flexibility

Most schools included in the ANN-Illinois survey (2019) note creative attempts to increase student enrollment while also minding budgetary and faculty limits. Some schools attempt to recruit students was by implementing flexible start dates, meaning students are able to enroll in a

faculty salaries in higher education are lower than salaries in clinical and administrative positions in health care organizations, especially executive nurse positions and advanced practice nursing positions, as noted elsewhere in this paper.

Nursing organizations and schools/colleges of nursing in Illinois continue to work to increase enrollment among students from underrepresented groups in nursing into pre-licensure associate degree and traditional BSN/accelerated programs, BSN completion programs, and master's entry programs. Evidence-based programs to increase underrepresented groups in nursing are also offered by nursing organizations like the AACN and reported in the nursing research literature.

program at various times throughout the year instead of only at the beginning of the fall and spring semester/quarter. By offering more start-dates, schools find that they can enroll and retain more students, but this is only possible for programs that have enough faculty to accommodate the growth. Most programs continue to use more traditional modes of increasing enrollment, including word of mouth marketing, alumni support, and academic partnerships.

37% ...did not intend to pursue and advanced degree cited cost as the most significant barrier

Financial assistance

Another way that survey respondents attempt to get more students is by offering additional financial assistance (ANA-Illinois, 2019). According to the 2018 Registered Nurse Workforce Survey Report by the Illinois Nursing Workforce Center (2019), 37% of respondents who indicated they did not intend to pursue an advanced degree cited cost as the most significant barrier, with family obligations the next most noted barrier (15%).

Depending on the school, private donors contribute a large number of dollars that are awarded to students each year. Although many students also qualify for a MAP grant (Monetary Award Program) through the state of Illinois, the funding for this program in recent years has made it an unreliable source of funds for many students. About 1/3 of the respondents believed that increased federal/state funding, grants, scholarships, and tuition reimbursement would benefit both the pre-licensure and graduate students and all levels of nursing education programs (ANA-Illinois, 2019).

Academic Partnerships and Agreements

Improved patient outcomes

An abundance of health care research shows that acute care patients achieve better outcomes when baccalaureate-prepared nurses provide their care as compared to associate-prepared nurses. A landmark 2003 study by Dr. Linda Aiken and colleagues was the first large scale study of the impact of nurse education on patient outcomes. Continuing research reinforces these findings (AACN, 2019c). The IOM study on the future of nursing (2010) built on this body of research with the recommendation that hospitals set a goal of employing a nursing workforce that is 80% BSN-prepared by 2020. Employers and schools have taken note of these statistics and are trying to bolster the nursing profession with more baccalaureate-prepared nurses.

An academic partnership is a general term used to describe any sort of agreement or collaboration between academic facilities to increase the number of baccalaureate-prepared nurses.

Benefits of academic partnership

An academic partnership is a general term used to describe any sort of agreement or collaboration between academic facilities to increase the number of baccalaureate-prepared nurses. These types of partnerships depend on the need of the programs entering into the agreement, the geographic location of facilities, and the market for such programs in a particular geographic area. Of the 47 schools that answered the questions related to academic partnerships, 36 (or 77%) confirmed that they have at least one current academic partnership (ANA-Illinois, 2019). Some health care agencies also partner with colleges and universities to support their RN staff in earning the BSN or graduate degrees in nursing (Minda, 2019).

Dual Enrollment

One example of an academic partnership that several schools use is called “dual enrollment.” With this style of partnership, a student is enrolled in an associate degree program at one school (usually a community college) AND a baccalaureate degree program at another college/university. The partnership allows the student to complete courses that satisfy nursing licensure requirements while also taking classes to obtain the eventual baccalaureate degree (ANA-Illinois, 2019).

Dual admission

Another similar type of partnership is called “dual admission.” This program is designed to provide a seamless transition from one school (usually a community college) to another school where a baccalaureate degree can be obtained. A student enrolled in this type of program has been admitted into two different schools to take pre-requisite courses at one school and easily transfer those credits to

the partnered baccalaureate program for which they've already been admitted (ANA-Illinois, 2019).

Both *dual enrollment* and *dual admission* programs require working relationships between both schools in the agreement. In the ANA-Illinois (2019) survey, 36 of the 47 respondents reported participation in some form of academic partnerships. Some reported multiple partnerships, especially BSN programs that partnered with ADN programs.

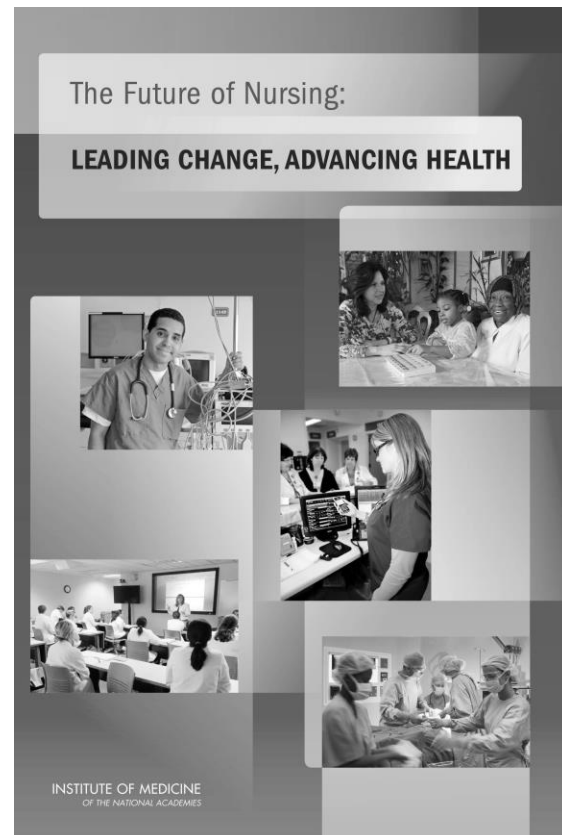
The Future of Nursing and Nursing Education

The IOM report on the future of nursing (2010) was an interdisciplinary effort that highlights the need for collaboration by policymakers, legislators, other health care professions and organizations, and consumer organizations with the nursing profession and its representative professional organizations. The IOM report served as the stimulus to launch a major initiative, the Campaign for Action, by the Robert Wood Johnson Foundation, AARP, and the AARP Foundation (n.d.). The Campaign for Action seeks to:

- improve access to care
- foster interprofessional collaboration
- promote nursing leadership
- transform nursing education
- increase diversity in nursing
- collect workforce data

In Illinois, the Illinois Healthcare Action Coalition (IHAC) is the Illinois constituent of the Campaign. For more information on IHAC, go to <https://campaignforaction.org/state/illinois/>.

Auerbach, Chattapadhyay, Zangaro, Staiger, and Buerhaus (2017) conducted a study on improving nursing workforce forecasts, which notes that the nursing shortage is not just problematic for nurses who have to work without enough help. The stakeholders within the health care system are all affected: patients, providers, executives, and community members. Patient outcomes are negatively affected by a nursing shortage. Hospitalizations are more prolonged, and costs for care are higher. Working as a nurse in a shortage area has particular threats: nurses suffer



burnout, make patient care errors, job-hop, and may leave the nursing profession permanently.

To better combat this growing problem, registered nursing programs across the state of Illinois are motivated and willing to help fill the need for more nurses. However, they are limited by various factors; two significant factors are faculty vacancies, which involve funding for nursing education, especially for state universities and community colleges, and limited clinical site availability (ANA-Illinois, 2019).

As noted earlier in the paper, recruiting more nursing faculty to fill these vacancies, is complicated. Nurses must be motivated and value earning advanced degrees in nursing. Many nurses need financial support to fund their advanced educations. Compensation for nursing

faculty positions is often viewed by potential faculty as inadequate, with better compensation available in acute care nursing positions, advanced practice nursing roles (e.g., nurse practitioners and nurse anesthetists), and nursing and health care administration (AACN, 2019b, 2019e).

The Organization for Associate Degree Nursing (OADN) advocates for seamless academic progression for ADN nursing graduates into BSN or ADN to MSN programs. OADN notes that national enrollment growth in ADN programs has been limited because of three primary factors: classroom space limitations, clinical agency space limitations, and a nursing faculty shortage (2019).

These points have been noted earlier in this paper as common barriers to increasing enrollment.

When considering clinical site availability, nursing programs may need help in dispersing the sites and available times in an equitable manner, so all programs within a geographic area have access to health care facilities within an area. Nursing programs should also be encouraged to use simulation to supplement the clinical time and, with action by the Illinois State Board of Nursing, allowing programs to increase the simulation hours if clinical site availability is limited, as discussed earlier in the paper.

To ensure an adequate supply of registered professional nurses to meet the health care needs of the Illinois population, nursing requires the collaboration and support of legislators and other policymakers to implement the following recommendations:

1. Appropriate state funds to:

- Align academic salaries with those of nurses in practice settings with comparable education, experience.
- Provide additional funding to support the work of the Illinois Nursing Workforce Center to ensure timely reports on the status of nursing in Illinois, including strengthening the database available through the Illinois Nursing Workforce Center to identify faculty candidates and vacant faculty positions.
- Establish additional nurse scholarships for both pre-licensure and graduate degrees.
- Provide incentives to hospitals that offer clinical placement sites and provide hospital employees to serve as masters-prepared instructors.
- Establish grants or pilot programs to access to technologies for nursing programs such as simulation centers and electronic portals for clinical placement and faculty hiring, along with training faculty in their use.
- Reinstate appropriations for nurse educator grants given by the Illinois State Board of Education. Grant programs can be used to support and better prepare nurses in their new educator role.

- Offer financial incentive programs to offer scholarships, loan repayment or loan forgiveness, or income tax credits in exchange for a teaching commitment.
 - Support improving broadband speed and access throughout the State to increase access for students who prefer an online program format.
 - Establish funding for innovation grants that increase retention & diversity in faculty.
 - Establish financial and academic support needed to increase and graduate nursing students from underrepresented groups in nursing
2. Continue to partner with nursing organizations to create a long-term, unified strategy between nursing education and workforce planning to assure a nursing workforce that is sufficient in numbers and educational mix to meet our statewide health care needs.
 3. Encourage public and private universities in the state to have formal agreements in place with ADN programs for seamless academic progression of students that include articulation agreements, formal pathways, roadmaps, or collaborative education models supporting seamless progression providing dedicated options to the BSN degree. Support initiatives to assure all ADN programs have agreements in place that provide for academic progression with one or more RN-to-BSN programs with both public and private universities.
 4. Support amending the Illinois Nurse Practice Act to:
 - Allow more MSN, BSN-to-DNP students to teach as nursing faculty interns with mentoring by qualified faculty. (Currently, the Act permits only a 1- year waiver for an MSN student who will be graduating within that year under a faculty variance).
 - Increase the use of simulation to fulfill a portion of clinical hours (currently, the Act allows for 25%, but the National Council State Boards of Nursing (2015) recommends up to 50%).

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Appendix A

Partner Organizations in ANA-Illinois (2019) Survey

Aurora University, School of Nursing	McKendree University
Benedictine University	Menonite College of Nursing Illinois State University
Black Hawk College	Methodist College
Chicago State University	Millikin University
College of DuPage	Morton College
College of Lake County	New Lake College
Danville Area Community College.	North Park University
Dominican University	North Shore College
Elgin Community College	Northern Illinois University
Elmhurst College	Northwestern College
Governors State University	Olivet Nazarene University
Highland Community College	Parkland College
IECC-Olney Central College	Prairie State College
Illinois Association Colleges of Nursing	Rend Lake College
Illinois College	Resurrection University
Illinois College of Nursing	Rockford University
Illinois Department of Financial and Professional Regulation	Rock Valley College
Illinois Organizations of Association Degree Nursing Programs	Saint Anthony College of Nursing
Kankakee Community College	Saint Francis Medical Center College of Nursing
Lewis and Clark Community College	Southern Illinois University, Edwardsville
Lewis University	St. John's College
Loyola University Chicago, Marcella Niehoff School of Nursing	Trinity Christian College
	University of St Francis
	Western Illinois University
	William Rainey Harper College

Appendix B

High-Fidelity and Medium Fidelity Simulation Defined

High fidelity simulation: Used to build *performance and action*. These simulations are the most realistic and maximum interaction of learners in an environment that closely resembles reality. These are full-body computerized manikins that replicate the anatomy and physiology of a real patient. Many of these manikins have the ability to talk, which allows students to develop communication and problem-solving skills. High fidelity manikins also have the capability to run pre-programmed scenarios.

Mid fidelity simulation: Used to build *competence*. These simulations are more realistic and allow more opportunities for learning. Examples would be full-body manikins that mimic patients by having breath sounds, bowel sounds, and heart sounds, and enable students to perform procedures such as IV insertions, Injections, NG tube insertion, tracheostomy suctioning and Foley catheter insertions.

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