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NCNIP

THE NEW YORK STATE NURSES ASSOCIATION
REPORT ON NATIONAL COMMISSION ON NURSING IMPLEMENTATION PROJECT

PART I: SUMMARY OF INVITATIONAL CONFERENCE REPORTS I AND II

The project goal is "...to provide national leadership to implement key recommendations of the National Commission on Nursing."* The original Commission on Nursing recommendations appear in the appendix.

11/7/86 Invitational Conference

The objectives of the total project are:

- To outline the common body of knowledge and skills essential for basic nursing practice, the curriculum content that supports it and a credentialing process that reinforces it.
- To identify and disseminate models of nursing management in hospitals, various health care agencies and communities which lead to cost effective, quality nursing care.
- Through research, test, refine and advance the knowledge on which improved education and cost effective, quality nursing care rest.

Report I deals with the first two objectives. The third objective is handled in Report II along with continuing work on the first two objectives. Individuals were selected from Groups I and II (formed to work on objectives I and II) to form Group III to work on objective III in the second year of the project.

Group I defined the "characteristics of the professional nurse of the future" and the "characteristics of the technical nurse." These descriptions are consistent with NYSNA pronouncements on the same matter. The technical nurse is described as accountable to the professional nurse.

Group II described characteristics of cost effective, high quality nursing care delivery systems and suggested the characteristics be used to develop measurable criteria. The characteristics are organized within the framework of structure, process and outcome.

11/5/87 Invitational Conference

The report of the second invitational conference includes what appears to be final material on "Timeline for Transition into the Future Nursing Education System for Two Categories of Nurse" and "Characteristics of Professional and Technical Nurses of the Future and Their Educational Programs." These sections are worthy of NYSNA critique. For example, the latter specifies that technical nurses will use "protocols or standards developed by professional nurses" but does not specify their being accountable to professional nurses.

*National Commission on Nursing Implementation Project. Invitational Conference, 11/27/87. Milwaukee, WI: NCNIP, 1986, pl.

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Following these apparently final documents is a report on "differentiated practices." Three different ways of implementing a differentiated practice system are described: education based; assessment based; and all professional. Included here also are implementation guidelines and an implementation resource directory. This information will be useful to NYSNA in carrying out some of its Action Plan directives.

The sections devoted to nursing education, the results of Work Group I, provide information about schools of nursing that have made transitions from one type of program to another: diploma to BSN; diploma to ADN; LPN to ADN (LPN); and diploma and ADN to BSN. The information was obtained through direct survey of the programs. Included also are guidelines for making a transition and a directory of consultants on transition.

If the document is seriously accepted as a guide nationally, forms of basic nursing education will be reduced to technical ADN and professional BSN within a few years. However, the transition is proposed to include acceptance of hospital based degree granting programs. The latter is in conflict with ANA's 1965 position paper and NYSNA's 1965-66 blueprint as well as numerous subsequent NYSNA positions.

Work Group II, handling *management of practice*, developed 10 "features of high quality, nursing care delivery systems of the future." The 10 features are divided into 4 categories: policy related; marketing related (demand); delivery related; and evaluation related. Each feature is accompanied by a list of factors that could be used as criteria for judging whether the feature actually exists as part of a nursing care delivery system. This material will also be useful in NYSNA Action Plan implementation. It is directly supportive of the profession's efforts to win control over nursing practice.

The second conference was occasion for the first report of Work Group III whose assignment is to handle *nursing research and development*. The group identified selected nursing research funding sources and stressed the need for better information collection, analysis and dissemination. Specifically, the group pressed for ongoing tracking of the transition of nursing education into the ADN (technical)/BSN (professional) mode and the transition of nursing practice into true technical/professional differentiated systems. Since Group III is composed of members of Groups I and II who had worked on these transitions, the Group III recommendations are a flow naturally from the work of Groups I and II.

Group III also identified and stressed the need for the establishment of a nursing bibliographic data base system.

Conclusion

The reports of these two conferences will be very useful to NYSNA both in facilitating NYSNA activity and in identifying where NYSNA stands apart from NCNIP thinking. Critical analysis of relevant sections by NYSNA Councils is indicated along with appraisal of future NCNIP work and communication of NYSNA activity and views to ANA and NCNIP.

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PART II: CONTINUATION OF THE PROJECT

Continued funding has extended the project assuredly for another three (3) years. Action strategies have been developed for the Governing Board itself and for nursing leadership throughout the nursing community. These strategies are intended to assist with translating "...the work of NCNIP to regional, state and local levels."* The three strategies that the Governing Board will be focusing on in the next phase of the project are:

- 1) Secure funding to launch a public relations campaign to translate the work of the project. The message should be tailored for major audiences, like consumers, businesses, third-party payors, health care professionals and health care and educational administrators.
- 2) Establish a funding priority list that would advance the work of the project and communicate the recommended priorities to private foundations and government agencies that financially support health care demonstration projects and research.
- 3) Create a network of cooperation for the project by referring the project direction and specific Work Group strategies to Governing Board and other relevant organizations for review and possible incorporation into organizational priorities.*

The remaining strategies are divided into education, practice and research, having been developed by Groups I, II and III. These strategies are being suggested for the nursing community at large without specification as to appropriate agent responsibility.

On the whole, the underlying philosophy of the NCNIP work is consistent with the NYSNA Action Plan and Arden House Conference on Recruitment and Retention in Nursing. For example, while the NYSNA Action Plan prescribes methods to "Establish distinct scopes of practice for associate and professional nurses," NCNIP Work describes clinical settings where "differentiated practice" exists. These settings have used several different ways to distinguish between technical and professional practice. There is an emphasis on ways to improve nursing recruitment in the NCNIP Strategies -- the entire point of the NYSNA Arden House Conference. The NCNIP "Features of High Quality, Cost-Effective Nursing Care Delivery Systems" are very much in tune with Action Plan directives to "Undertake programs to consolidate and maintain nursing's position in its control of nursing practice."

Differences, as noted in Part I, also exist. In addition to a possible difference in specifying the accountability of the technical nurse to the professional nurse, the NYSNA Action Plan, on the whole, is more assertive in tone and also somewhat more focused on consumer needs. Further, there is a commitment in the NCNIP work to facilitating transition from a 4 program system of nursing education to a 2 program system by permitting free standing hospital degree granting programs. NYSNA, as noted in Part I, has a long history of opposing such programs.

*National Commission on Nursing Implementation Project. Strategies for Action. Unpublished, February, 1988.

**NCNIP STRATEGIES AND CORRESPONDING NYSNA ACTION PLAN AND
ARDEN HOUSE DIRECTIVES**

<u>NCNIP Strategies</u>	<u>NYSNA Parallels</u>	<u>Comments</u>
<p>GROUP I EDUCATION</p>		
<p>Provide visible and significant support for schools of nursing, faculty and students in transition toward the future educational programs.</p>		
<p>-- Establish a network or consultant service for educational programs in transition.</p>	<p>Action Plan: 3.f. Establish a comprehensive plan to support the:</p> <p>1) Phasing out of all basic nursing education programs not under the control of colleges or universities.</p>	<p>Inconsistent</p>
<p>-- Identify, as a resource group, nursing educators who demonstrate an ability to teach toward the Characteristics of Professional and Technical nurses of the future.</p>	<p>Action Plan: 3.b. Publicize appropriate levels of skills related to nursing research corresponding to different levels of nursing preparation.</p> <p>c. Adopt standards that include minimum practice competencies for graduates of associate, baccalaureate, and clinical master's degree programs.</p> <p>d. Identify settings where different scopes of practice for Associate and professional nurses are being investigated/ demonstrated and give them visibility.</p>	<p>Consistent</p>

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NCNIP Strategies

- Provide forums for Master Teachers that encourage development of experimental/innovative teaching strategies.
- Encourage innovation and experimentation in education that shows responsiveness to diverse learners.

- Highlight schools that have been successful in the transition process, particularly those that have achieved accreditation status.

- Publicize the education direction that nursing has agreed on and encourage federal funding agencies and foundations to support this future direction.

NYSNA Parallels

Action Plan:
3.g. Provide the stimuli needed to implement the comprehensive nursing education plan.

Action Plan:
3.c. Enhance recruitment and retention of educationally disadvantaged students, many of whom are members of minorities, in baccalaureate (generic and post-RN) and higher degree education and in the practice area.

Arden House: Goal 3.
Develop a comprehensive recruitment plan, especially targeting non-traditional students, minorities, and men.

Action Plan:
3.f. Establish a comprehensive plan to support the:
1) Phasing out of all basic nursing education programs not under the control of colleges or universities.

Action Plan:
1.b. Implement the plan (for enactment of Entry) utilizing activities such as:

- coordinated constituency based lobbying efforts
- networking with other organized nursing groups
- networking with consumer groups

Comments

Consistent

Consistent

Inconsistent

Consistent

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NCNIP Strategies

NYSNA Parallels

Comments

- education efforts targeted at nurses, parents, high school students, guidance counselors, colleges and university officials
- target people for submission of articles and other informational notices to lay press (e.g., relevant events such as meetings, speeches, elections)

Arden House: Goal 1.
Implement entry into practice legislation.

Goal 5.

Seek funding mechanisms to assist in the implementation of the recommendations.

Action Plan:

3.f. Establish a comprehensive plan to support the:

1. Phasing out of all basic nursing education programs not under the control of colleges or universities.
2. Establishing pre-nursing programs in SUNY Agricultural and Technical Colleges and in independent junior colleges; accommodate graduates of these programs in SUNY and CUNY generic baccalaureate programs.

Consistent

-- Encourage funding groups to support innovative and experimental nursing programs that assess critical thinking and application of theory.

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NCHIP Strategies

NYSNA Parallels

Comments

3. Support
 - Strengthening and appropriate expansion of existing baccalaureate programs
 - Maintenance of baccalaureate programs designed exclusively for RNs
 - Establishment of additional generic baccalaureate programs within SUNY and CUNY, especially in Northern and Northeastern planning regions.
4. Establishment of public supported master's degree programs especially to service the Northern and Northeastern higher education planning regions.
5. Establishment of additional doctoral education opportunities especially in the public sector in upstate New York.

Arden House: Goal 5.
Seek funding mechanisms to assist in the implementation of the recommendations.

Action Plan:

3. Strengthen statewide planning nursing education to assure sufficient numbers of nursing personnel prepared at the associate, baccalaureate, master's and doctoral levels.

Consistent

-- Provide opportunities for teachers to demonstrate effective teaching strategies for adult learners.

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NCHIP Strategies

- Provide a central clearinghouse of resources, (materials, people and money sources) that will assist nursing faculty and administrators to manage change.

GROUP I (Continued)

NURSING DEMAND

Give a clear message to the consumer and health care community that the creation of a rational educational system for nursing is the answer, not the cause of the nursing shortage.

- Develop a common response from organized nursing that addresses the nursing supply problem as it relates to the types of nurses needed for the present and future.

- Develop a coordinated publicity effort that supports a common theme related to supply and demand for nurses, their availability and their cost effectiveness (e.g. AD Council)

NYSNA Parallels

Action Plan:

- 3. Strengthen statewide planning nursing education to assure sufficient numbers of nursing personnel prepared at the associate, baccalaureate, master's and doctoral levels.

Action Plan:

- 3. Same as above.

Arden House: Goal 1.

Implement entry into practice legislation.

Action Plan:

- 8. Promote nursing as a professional service providing competent cost-effective client health care.
 - a. Seek public recognition of the economic value of professional nursing services and cost benefit to the public.

Comments

Consistent

Consistent

Consistent

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 NCHIP

NCHIP Strategies

NYSNA Parallels

Comments

-- Create a demand for two categories of nurses by informing the consumer community about what nurses do and what services consumers can expect.

Action Plan:
8. As above

Consistent

-- Publicize in consumer literature the relationship of reduction in funds for nursing education and the shortage of nurses.

Action Plan:
8. As above.

Consistent

-- Develop a system of tracking and providing accurate data regarding the supply/demand of nurses.

Action Plan:
3.a. Adopt ranges as guides for minimum and maximum numbers of graduates needed to be prepared at each level, annually.

Consistent

b. Monitor validity of guiding ranges and current status annually; follow with appropriate action.

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NCNIP Strategies

NYSNA Parallels

Comments

GROUP I (Continued)

POLICY DEVELOPMENT

Identify major policy incentives that are supported by organized nursing at the national, state and local levels.

- Increase federal and state support for nursing education. (schools in transition, faculty support for curricular development, student scholarships and fellowships)

- Increase salary for nurses and salary incentives for education.

- Increase support for self care, health promotion and illness prevention nursing services.

Action Plan:

6.s. Review, correlate and disseminate information about health problems, health needs, and distribution of nursing services. Update this information annually.

Action Plan:

3.d. Promote adequate financial assistance for students in baccalaureate, master's, and doctoral programs through:

- state and independent scholarship support
- improved SUNY and CUNY support
- improved private foundation support

Action Plan:

5.d. Promote legislative action to broaden reimbursement specifically for nursing services.

Action Plan:

5.d. Same as above.

Consistent

Consistent

Consistent

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NCHIP Strategies

NYSNA Parallels

Comments

Action Plans

5.c. Work for allocation of a greater percentage of health care dollars to health maintenance and illness prevention through nursing services:

- maintain public funding levels for nursing in all areas of current allocation
- shift allocations to independently controlled nursing services from non-nursing allocations
- increase allocations for School Nurse-Teacher positions in primary and secondary schools
- increase allocations of funds for community health nursing positions
- increase allocations for community health nursing education
- seek private funding for community nursing services

-- Promote change in the education mix of nurses.

Action Plans

3.a. Adopt ranges as guides for minimum and maximum numbers of graduates needed to be prepared at each level, annually.

b. Monitor validity of guiding ranges and current status annually; follow with appropriate action.

Consistent

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NCNIP Strategies

NYSNA Parallels

Comments

GROUP II

MANAGEMENT OF PRACTICE

1. Produce and disseminate a variety of reports communicating the results of Work Group II's second year of work.

Action Plans

5. Undertake programs to consolidate and maintain nursing's position in its control of nursing practice.
 - a. Establish nursing as an independent competitor in the provision of health care services through alternate health care delivery.
 - b. Design organizational models and support the establishment of independent nursing services with special provisions for the underserved (e.g., community nursing centers).
 - f. Promote the adoption of a professional model for nursing department autonomy and promote practice privileges for nurses.
 - g. Promote nurses' direct accountability to clients through peer review, using validated outcome criteria based on ANA Standards of Nursing Practice where possible.

Arden House: Goal 4.
Develop mechanism for control of nursing practice in all health care settings by professional nurses.

Group II's second year of work identified and discussed "Features of High Quality, Cost-Effective Nursing Care Delivery Systems." It is consistent with the NYSNA Action Plan and should be very helpful to NYSNA organizational units.

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NCNIP Strategies

2. Conduct educational conferences and workshops to facilitate the implementation of the Features of High Quality, Cost-effective Nursing Care Delivery Systems of the Future and the recommended strategies for implementation.
3. Intensify the power broker liaisons to secure understanding, commitment and advocacy for the features and feature-related strategies developed by Work Group II.
4. Urge professional groups and health care associations to form policies directed toward the implementation of the features and feature-related strategies developed by Work Group II.

NYSNA Parallels

Action Plan:

5. Same as in Number 1.

Action Plan:

5. Same as in Number 1.

Action Plan:

- 5.k. Increase public awareness of nursing's responsibility for health promotion and illness prevention through:
 - nurse participation in community projects and organization (e.g., as consultants, referral resources, educators)
 - attainment of leadership positions on community agency boards and community service boards

Action Plan:

8. Promote nursing as a professional service providing competent cost-effective client health care.
 - a. Seek public recognition of the economic value of professional nursing services and cost benefit to the public.

Comments

Consistent with the spirit. The recommended strategies for implementation may be very helpful as in above.

Consistent with the spirit of Action Plan No. 5.

Consistent

Consistent

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NCNIP Strategies

4. Continued

5. Secure funding for demonstration projects to implement the Features.

6. Intensify efforts to translate nursing contributions and issues to consumers and reduce the proportion of internal discussion in nursing.

GROUP III - RESEARCH AND DEVELOPMENT

TRANSLATING NURSING RESEARCH

1. Develop information channels to translate selected nursing research findings for users of health care services, like business and the American Association of Retired Persons. Use these information channels to:

NYSNA Parallels

Action Plan:

- 8.b. Assist nurses to recognize opportunities for nursing involvement in community activities.
- c. Facilitate, encourage and actively support nurse appointments and elections to positions of influence.
- d. Encourage and assist individual nurses to contribute to popular media - radio, TV, newspapers, magazines.
- e. Provide speakers about nursing to community groups.

Action Plan:

5. Undertake programs to consolidate and maintain nursing's position in its control of nursing practice.

Action Plan:

- 5.k. Same as in Number 4.
- 8. Same as in Number 4.

Comments

Consistent spirit.

Consistent

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NCNIP Strategies

NYSNA Parallels

Comments

1. Continued

- Create brief but comprehensive statements of select nursing research findings
- Create opportunities for nurse researchers to present their findings
- Influence specialty nursing organizations, like the Oncology Nursing Society or the American Association of Critical Care Nurses, to accept responsibility for translating research related for their area of practice

Action Plan:

- 7.a. Influence the nursing community to:
 - establish departments of nursing research within health care and educational institutions
 - utilize nursing research findings in clinical practice
 - publicize research findings in public meetings, public media and inter-disciplinary publications
 - undertake replication and validation research studies
 - undertake collaborative research
 - publicize research among nurses through formal and informal presentations and discussions.

Consistent

- 2. Publish a bulletin for opinion makers that describes current and relevant nursing research findings.

Action Plan:

- 7.a. Same as above.

Consistent

CREATING RESEARCH NETWORKS WITH OTHERS

- 3. Explore potential for users of health care services and nurse researchers to collaborate in identifying and conducting research of mutual interest.

Action Plan:

- 6.d. Promote interaction between nurses and consumers to improve identification of consumers' needs.
- f. Promote nursing practice and service efforts to fulfill identified consumer's needs.

Consistent

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NCNIP Strategies

4. Find mechanisms to promote joint research with nurse researchers at a national level. Translate and promote these mechanisms for replication of joint research at regional, state, and local levels.

**DISSEMINATING NURSING RESEARCH FINDINGS
WITHIN THE NURSING COMMUNITY**

5. Influence nursing editorial boards and specialty nursing organizations to develop a division of labor in which nursing research journals focus on research findings and the implications for practice, education and consumer benefit.

**TRACKING TRANSITION IN NURSING EDUCATION AND
PRACTICE**

6. Determine the universal data to collect from nursing education and practice that reflects transition in nursing education and practice as related to desired outcomes.

NYSNA Parallels

Action Plan:

- 7.a. Same as Number 1.

No Real Parallel

Action Plan:

3. Strengthen statewide planning for nursing education to assure sufficient numbers of nursing personnel prepared at the associate, baccalaureate, master's and doctoral levels.
 - a. Adopt ranges as guides for minimum numbers of graduates needed to be prepared at each level, annually.
 - b. Monitor validity of guiding ranges and current status annually; follow with appropriate action.

Comments

Consistent

No Inconsistency

Mutually Supportive

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NCMIP Strategies

NYSNA Parallels

Comments

6. Continued

Action Plan:

6. Institute statewide planning mechanisms for nursing practice and services.
 - a. Review, correlate and disseminate information about health problems, health needs, and distribution of nursing services. Update this information annually.
 - b. Establish priorities for nursing in relation to the need-distribution analysis. Update this annually.

7. Coordinate, summarize and regularly disseminate facts related to the transition of nursing education and practice.

Action Plan:

- 3.a.;b. Same as above
- 6.a.;b. Same as above

Mutually Supportive

8. Explore the feasibility of costing the educational transitions for professional and technical nursing of the future from current BSM and ADN education.

No real parallel

No inconsistency

9. In tracking the transitions of practice, develop a balance between the direct provision of nursing care and the organization for providing nursing services, as related to patient/client outcomes.

Action Plan:

- 3.d. Identify settings where different scopes of practice for Associate and professional nurses are being investigated/demonstrated and give them visibility.

Probable Relationship

No Conflict

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NCNIP Strategies

10. Conduct research to study the relationship between patient/client outcomes and education-based differentiated practice as compared to patient/client outcomes and traditional practice roles.

BUILDING A NURSING INFORMATION SYSTEM

11. Determine the priority for a national nursing information system.

NYSNA Parallels

Action Plan:

3.d. Same as Number 9

Arden House: Goal 3.

Define and differentiate the roles for two careers in nursing.

No real parallel

Comments

Mutually Supportive

No inconsistency

JF/jm
3/1/88

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PART III: RECOMMENDATIONS

Request NYSNA organizational units to become familiar with the identified "Features of High Quality, Cost Effective Nursing" and their associated strategies with the aim of using some of the strategies.

Request NYSNA organizational units to become familiar with NCNIP nursing education transition projections and concepts with the aim of using these ideas (modified or as they are) for NYSNA work where possible.

Use NCNIP work where possible for NYSNA political advantage (e.g., strong, coordinated national movement toward two categories of nursing education).

Communicate NYSNA efforts to use NCNIP strategies and NCNIP work to NCNIP.

Work cooperatively with NCNIP where this is advisable.

Clearly identify where NYSNA policies differ from NCNIP concepts; plan to handle such differences constructively.

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APPENDIX

ORIGINAL NATIONAL COMMISSION ON NURSING *

RECOMMENDATIONS

1. In hospitals, trustees, administrators, physicians, and nurses have an obligation to establish a suitable environment for nursing practice. Nursing should be involved in policy development and decision making throughout the organization.
2. Nurses and physicians are essential to the care of patients; therefore, nurses and physicians should know and recognize the particular contribution made by those having the special knowledge and skills of both professions in decisions that determine care for patients that is of the highest possible quality.
3. Nursing should be recognized as a clinical practice discipline that needs to have authority over its management process. Nurse executives and nurse managers should be responsible for identifying and managing those resources necessary to assure high-quality nursing care.
4. Nurse executives and nurse managers of patient care units should be qualified by education and experience to promote, develop, and maintain an organizational climate conducive to quality nursing practice and effective management of the nursing resources.
5. Effective nursing practice is found where conditions of nurse employment foster professional growth and development. Approaches such as flexible scheduling, appropriate staffing patterns, career advancement programs like a career ladder, and recognition for achievement should be explored and developed.
6. Salaries and benefits for nurses should be commensurate with their level of responsibility, preparation, experience, and performance.
7. The presence and quality of supporting services to the patient care unit is a major determinant in the effectiveness of the delivery system and the satisfaction of the professionals working in the system. To assure a high quality of support services, nursing, as part of the management team, should actively participate in establishing standards for and evaluating the quality of support services for patient care.
8. The diverse nursing constituencies must join in formulating and supporting common policies in education, credentialing and standards for practice.
9. High priority should be given to nursing research and to preparation of nurse researchers. Through research, nurses can test, refine, and advance the knowledge base on which improved education and practice must rest.

* National Commission on Nursing. Summary Report and Recommendations: Chicago: The Hospital Research and Educational Trust, 1963.

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10. Current trends in nursing toward pursuit of the baccalaureate degree as an achievable goal for nursing practice and toward advanced degrees for clinical specialization, administration, teaching, and research should be facilitated.
11. To assist these trends toward baccalaureate and higher degree preparation, the profession must outline the common body of knowledge and skills essential for nursing practice, the curriculum content that supports it, and a credentialing process that reinforces it. Concomitantly, the profession must specify the competency, education, and credentialing requirements for clinical specialization and executive management.
12. All types of nursing education programs, which continue to be needed, increasingly operating within the mainstream of higher education and in accordance with local circumstances and statewide planning, should hasten progress toward availability of baccalaureate and higher degrees for those desirous and capable of achieving them. Educational mobility and reentry opportunities should be promoted within the educational system. Accreditation processes should respond to these needs and trends.
13. In recognition of these trends toward higher education for general and specialty practice, and in anticipation of further changes in the practice field, the nursing profession must periodically assess and project the need for assisting personnel in nursing and specify the competency, accountability, education, and credentialing requirements of such personnel.
14. Existing private and public funds supporting nursing education should be maintained and expanded. Funds should be designated to areas where demonstrated shortages exist and development needs to take place, and special attention should be given to preparation of nurses with higher degrees for clinical specialty, administration, management, education, and research.
15. To provide adequate clinical education for nursing students, strong affiliations between academic institutions and practice settings should be developed. Faculty in academic institutions should maintain clinical expertise and share a common knowledge base for the development of nursing education, practice, and research.
16. Colleges and universities, practice settings, and individual nurses share the responsibility for continuing education. Joint ventures between colleges and universities and practice settings should be explored to develop a professional quality of continuing education useful to patient care, the professional development of individual nurses, and employing institutions.
17. Nurses, in larger numbers, should participate in community activities and local, state, and national public policy forums about health care. Such efforts should be encouraged by educators and supported by employers of nurses.

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18. It is the leadership responsibility of nursing organizations, employers, and educators to implement a comprehensive recruitment program that promotes nursing as a challenging and rewarding career. Nursing should enlist the support of health care organizations and academic institutions to support and disseminate to the public accurate and current information about nursing careers.

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12/22/87