The Case for Distance Education in Nursing

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Abstract

This paper presents the case for increased distance education course offerings in nursing education as a way of addressing the United States shortage of nurses and to meet the call from the National League for Nursing to increase informatics content in the nursing curriculum.

Keywords: Distance education, nursing, nursing shortage, distance education in nursing, online learning

Introduction

Distance education involves learning that takes place when the teacher and the student are in two different settings, learning and teaching at two different times, perhaps even in two different countries and certainly with different aspirations in mind. In the more traditional approach to higher education, students travel to a campus to learn in the presence of an instructor and other students. Though this practice prevails, distance education has become a viable alternative for those unable or unwilling to travel to campus or who cannot afford to do so, yet still want to learn in a familiar setting (Keegan, 2002; Rudestam, 2004; Darabi et al, 2006). Distance learning is one of the fastest growing educational endeavors of the last decade. Its low price, high quality and lack of necessity for absence from the workplace or home makes it very attractive for those who want to raise their education level, yet, cannot access traditional education. In light of the changing demographics of nursing students, the national shortage of both nurses and nursing faculty, and the call for increased curricular content in informatics in the nursing curriculum, distance learning provides a viable alternative to conventional classrooms for programs in nursing.

Currently, neither the American Association of Colleges of Nursing (AACN) nor the National League for Nursing (NLN) maintain statistics on the number of nursing programs that offer all or part of their program content using a distance education format. However, Holly, et al (2008) reported a search using the Peterson’s (n.d.) search engine that search yielded 63 colleges/universities that offered registered nurse training in an asynchronous distance format.

With these considerations in mind, the purpose of this paper is to present distance education as a model that can meet real-world demands. While not a panacea, distance education can serve to place nurse educators in a position to develop curricula that addresses healthcare information technology (IT) uses that will prepare the nurse to meet the Institute of Medicine’s core competencies, the National League for Nursing’s call for an increase in informatics content in curricula and The Joint Commission’s national patient safety goals. As well, distance education modalities can begin to address the recommendations of the Spelling Commission to provide affordable, accessible education.

The Changing Demographic of the Nursing Student

Older adult students of nursing have begun to outnumber the traditional college age students. These older students tend to be busy, working adults with families and other responsibilities, and as such, the
A traditional classroom is not convenient for them to continue their studies or pursue a new profession (Carr, 1999). As Stark (as cited in Work, 2008) has stated: “A nursing program is difficult, especially for students who are still learning English or who need to work at a job or tend to a family while completing the program.” (para 6). These difficulties may be contributing to the nursing shortage.

Current trends suggest that students who are enrolled in nursing programs are more likely to be older, live off campus, and be a member of a racially/ethnically diverse group. As adults, these students are looking for a learning environment that is respectful and responsive to their learning styles and needs. Effective distance education for these adult learners needs to focus on recipients as active, self-directed, and whose knowledge, background, interests and educational gaps vary widely. (Jairath & Mills, 2006). These nontraditional students are required to meet the challenges of a rigorous nursing program while simultaneously managing the many facets of family and work responsibilities (Wells, 2003). Data on nursing students’ reasons for leaving school were obtained through an exit-interview in a study conducted by Glossop (2002). Academic difficulties and wrong career choice were among the most commonly reported leaving reasons; however, family and financial difficulties emerged as equally important categories.

In addition to the need to provide more accessible education at more convenient times to these new students, there has been a call from the National League for Nursing (NLN) to transform nursing education to include more curricular content in informatics (NLN, 2008). This call for transformation is based on the NLN’s assertion that technology is the basis for an evidence-based nursing curriculum.

**Distance Education and the Nurse Shortage**

Nursing is experiencing a critical shortage of both nurses to care for patients and nurse faculty to teach them to do so. Current projections are for a nurse shortage in the US of 12% by 2010, increasing to 20% by 2015 and 29% by 2020 (Department of Health and Human Services, 2002). Considering the attendance-graduate gap reported by the Spelling Commission (2006), less than anticipated graduation rates in schools of nursing may be influencing this under-representation and shortage. Stark (as cited in Work, 2008) reported at the annual meeting of the Southern Regional Education Board’s Council on Collegiate Education for Nursing that her nursing program graduation rates were about 67 percent, with the majority of schools in the region reporting lower rates some as low as three (3) percent. She stated: “A nursing program is difficult, especially for students who are still learning English or who need to work at a job or tend to a family while completing the program.”

It follows then that the shortage of nurses requires that nursing schools supply more graduates. The American Association of Colleges of Nursing (2000) reported that distance education could counter the nation’s nursing shortage by providing nursing education to people who would not have access to the traditional campus because of work, family, or economic issues. The Association further stated that the use of distance education may enhance the nursing profession’s ability to educate bedside nurses, prepare future nurse educators, and advance nursing science in an era when the number of professional nurses, qualified nursing faculty, and nurse researchers is well below the national need. Simonson, Smaldion, Albright, and Zvacek (2000) reported that nursing students are increasingly demanding to be allowed to learn at a distance, because of convenience and personal issues. Distance-learning options specifically address the needs of underserved students, including many who are either rural or site bound or those who have family or other responsibilities that preclude attendance at a specific geographic site during predetermined class time hours. In addition, increased requirements for career advancement, such as a bachelor’s or a master's degree, or the need for updates for continuing education or certification, can also be accommodated by distance education (Carr & Farley, 2003).

**Distance Education and the Faculty Shortage**

As well as a shortage in clinically based nurses, nursing is also experiencing a shortage of prepared nursing faculty at all levels. There is a projected 2010 vacancy rate of 390,000 registered nurses with baccalaureate or master’s nursing degrees, which equates to a need for many well-prepared nursing faculty to teach entering nursing students. Compounding the overall nursing shortage is the increasing deficit of full-time master’s and doctorally prepared nursing faculty (American Association of Colleges of Nursing, 2003).
For instance, a national survey indicates that 33,000 qualified applications to nursing programs were turned down, and 76.1 percent of the surveyed schools indicated that shortage of faculty was the main factor limiting admissions (AACN, 2003); however lack of adequate classroom space was also cited as a factor. Programs have also been developed to expedite the entry of nurses with clinical training at the master’s level into faculty roles by providing them with education in additional aspects of the faculty role. Part-time academic training, assisted by distance learning programs while maintaining a clinical role, can be used to address this issue (AACN, 2003). The importance of distance learning for preparation as a faculty member means that the student does not have to abandon an existing career to pursue a lengthy education, often in a different location from one’s residence. These programs allow the individual to go to school, continue to work and reduce disruption to personal and family life.

The Case for Distance Education

Given that distance education is capable of providing increased flexibility, access and cost-effectiveness in nursing education, there is potential for this type of learning to meet the mandate of the Spelling Commission (2006), which reported that there is a persistent gap between the college attendance and graduation rates of the nation’s growing population of racial and ethnic minorities. While about one-third of whites have obtained bachelor’s degrees by age 25–29, just 18 percent of blacks and ten percent of Latinos in the same age cohort have earned degrees by that time (Spelling Commission, 2006). This situation is compounded in the nursing profession by the fact that only two percent of all nurses are Latino, the fastest growing ethnic group in the nation. In California, for example, the state with the highest percentage of Latino nurses, Latinas, who account for 28 percent of working-age adults represent only 5 percent of that state’s RNs (Coffman, Rosenoff & Grumbach, 2008). The commission also noted that increases in college costs, which have outpaced inflation for the past two decades, have made affordability an ever-growing worry for students and families. Too many students either are discouraged from attending college by rising costs, or take on large debt to do so. To improve affordability and address the attendance-graduation gap, the Commission recommended the increased use of technology in higher education.

As well, distance education allows nurse educators to meet the National League for Nursing’s call for an increase in informatics content. Many nurse educators and nursing students currently use technologies such as videoconferencing, handheld devices, and online learning strategies to augment traditional approaches to teaching and learning. However, there is a need for nurses who are comfortable in using rapidly emerging new technologies; a nurse with a foundation in technology who is better prepared to interact with clinical information systems and clinical decision support systems. Distance education can support this goal and has the potential to provide the new nurse with critical thinking skill and the writing and problem solving skills needed in today’s complex clinical workplaces.

Although the number of faculty using technology in the classroom has grown in recent years, many faculty members continue to have limited background in the high-end technologies and instructional design expertise typically needed to develop more technologically sophisticated course projects that support critical thinking and clinical judgment skills. Unfortunately, the trickle down from this faculty lack of knowledge and expertise is the affect on nursing students’ attitudes toward technology, which can influence successful adoption of information competencies, willingness to learn computer systems, and ultimately, the use of technology to improve patient care in the clinical area (Detmer, 2005). Researchers have reported that an individual’s attitude is an integral part in the successful use of computer systems and technology, and computer-based instruction (Gunawardena & Duphorne, 2000; Joo, Bong & Choi, 2000; Dillon, Blankenship & Crews, 2005). Tanner et al (2004) found that nurses’ literacy in information technology plays a critical role in the implementation of evidence-based practice in different healthcare settings, and distance education modalities can support this implementation.

Conclusion

Distance education is capable of providing increased flexibility, access and cost-effectiveness in nursing education all at the same time. As a result, e-learning is increasingly viewed as an economical way of expanding educational activities, widening opportunities for students in all sectors of the nation, and making effective use of these new technologies while providing students with an education that meets real-world demands. There is potential for this type of learning to meet the mandate of the Spelling Commission (2006) who reported that there is a persistent gap between the college attendance and graduation rates of the nation’s growing population of racial and ethnic minorities.
References


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