



Adventist Nursing

Preparing nurses to staff Adventist health-care institutions is essential to fulfilling the health ministry of the Seventh-day Adventist Church. Very early in the history of the denomination, Ellen White spoke of the need for nurses prepared to do mission work.¹ Adventists have engaged in nursing education since the St. Helena Sanitarium Nurses Training School opened a program in 1878, followed soon after by Battle Creek Sanitarium (1883).² For more than 125 years, women and men from many countries have studied in Adventist schools of nursing and dedicated their lives to the healing ministry of the church. Some have become nurse educators and devoted themselves to preparing new generations of caring and competent health professionals.

In the late 19th century, medical leaders from Battle Creek Sanitarium observed the Nightingale system of nursing education at Bellevue Hospital in New York and decided to open a similar program at their institution.³ Nightingale schools, operated by hospitals, provided sound training. At Battle Creek, the program also prepared medical missionaries with a strong commitment to compassionate, wholistic care. Adventist nurses thus became known for their knowledge and expertise in whole-person care, attending to their patients' spiritual health as well as their physical and emotional well-being. Around the

world, Adventist schools of nursing were highly reputed for their standards of excellence.

Adventist nursing schools have also been on the forefront in pioneering higher levels of education for the profession. When, in the first half of the 20th century, social scientists recommended moving nursing education from hospitals into institutions of higher learning, Adventist schools of nursing were among the earliest to take that step. Church-related liberal-arts colleges and health-care institutions partnered to blend quality clinical experience with a sound educational foundation to produce knowledgeable and competent nursing professionals. Integrating rich practice opportunities with tertiary-level education proved to be a formula for success in nursing education.

Nursing Shortage

Over the past 50 years, the worldwide need for nurses has fluctuated greatly from one decade to another in a somewhat cyclical pattern influenced by the employment needs of health-care institutions. In the past two decades, the demand for nurses in the more economically developed countries has markedly exceeded the supply for a number of complex reasons.⁴ With more career opportunities open to women, fewer are choosing nursing as a career. Instead, they are going into medicine, dentistry, or non-medical professions such as engineering or law.

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Education ■ Mission or Market?

At the same time, nurses are seeking less stressful environments than acute care. Concomitantly, most hospital patients are sicker than in the past, requiring a higher nurse-to-patient ratio and increasing the demand for more caregivers. As a result, an acute nursing shortage has developed in the United States, the United Kingdom, and other countries, including some in the Middle East. In the U.S., the Health Resources and Services Administration projects that by 2020, the supply of nurses will fall 36 percent below the number needed.⁵

Recruiters work unrelentingly to entice both new and experienced nurses to migrate to developed countries, offering salaries 20 to 30 times higher than those available in developing nations. U.S. hospitals prefer nurses with bachelor's degrees, although the primary requirement for foreign nurses to practice is passing the NCLEX-RN licensing examination and obtaining a visa. Therefore, in many countries, having a B.S. degree in nursing is equivalent to a ticket abroad, with the prospect of providing a level of support for families back home that would otherwise be impossible.

Shortage of Nursing Faculty

Less publicized is the impending shortage of nursing faculty. In 2003, in the United States, an AACN survey predicted that between 2004 and 2012, 200 to 300 nursing faculty with doc-

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torates would be eligible for retirement each year.⁶ In addition to attrition, the most significant influence on faculty availability has been the clinical arena's increased demand for nurses with advanced education. This demand, combined with substantially higher salaries in the clinical setting, means there are fewer nurses with advanced education to fill teaching positions. Another barrier to academic ca-

reers for women is the need for continued graduate study and research while trying to manage a home and family. All these factors contribute to the growing shortage of faculty and further jeopardize the supply of nurses.

Threats to Adventist Nursing Education Today

Besides the shortage of nursing faculty, other factors threaten Adventist nursing schools' long-standing reputation for excellence, as their numbers continue to grow (approaching 70 in 2008). In many countries, during much of the 20th century, nurses educated in Adventist schools were better prepared than those from the public system. That, however, has changed. Standards of nursing education are being raised around the world, challenging Adventist tertiary institutions to meet new higher regulations. The lack of adequate clinical facilities for student practice also presents a significant challenge. In 2007, national nursing accreditation agencies placed sanctions on two



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Adventist programs outside of North America in which either the faculty qualifications or clinical practice standards were not being met.

An additional concern unique to Adventist nursing education is the teaching of whole-person care, which includes helping students learn to talk with patients about their spiritual needs. For students to incorporate whole-person care, this component of Adventist nursing should not only be integrated into the curriculum but also demonstrated by clinical instructors and role models in the clinical setting. This aspect of nursing education may be deficient or absent altogether in situations where there is limited access to Christian hospitals for student experience and few Christian teachers to supervise their practice.

The global shortage of nurses has captured the attention of church administrators and the boards of Adventist colleges and universities on almost every continent. However, in some instances, the primary motive for establishing new nursing programs appears to be financial rather than mission driven. The potential for high enrollment tempts administrators to launch nursing programs even if they lack qualified faculty or even the prospect of finding them. In some cases, new programs have allowed nursing students to take the first year of science cognates and general courses, with an assumption of acquiring nursing faculty for the second year of the program, only to find themselves in crisis when a miracle does not occur. When national accrediting bodies threaten to withhold or withdraw approval to operate these programs, the schools issue urgent pleas for international nurse educator volunteers. Given the shortage of nursing faculty described earlier, these requests are extremely hard to fill.

Admittedly, tuition income from a cohort of nursing students is a great asset to a struggling liberal-arts college or university. However, these funds are not always used to provide adequate qualified nursing faculty. Use of temporary faculty and heavy workloads are counterproductive to quality nursing education. These factors may, in fact, negatively affect the reputation of all Adventist higher education within a country.

Challenges

Faculty and department chairs in academic nursing programs face multiple interlocking challenges. Academic administrators often do not understand the differences in workload for nursing faculty, and question why the cost of instruction per academic unit of nursing instruction is higher than in other departments.

Ratio of teachers to students. Due to the necessary mentoring involved in developing clinically competent health-care practitioners, the ratio of teachers to students for clinical courses is much higher than in other academic programs. State and national boards of nursing have the authority to set clinical student/faculty ratios; schools of nursing must comply with these requirements to remain in operation. Furthermore, hospitals frequently limit the number of students permitted on a patient unit to even fewer than the state allows. Accreditation standards mandate that schools of nursing show evidence that state or national and hospital requirements are being met by the institution. These factors converge to make the cost of the nursing academic unit higher than that of most other departments.

Institutional administrators see increased tuition income from nursing students as a solution to the school's financial problems. Therefore, instead of using the tuition and fees from nursing students to staff the nursing department, they divert it to the general fund to keep the institution viable. There is, of course, a financial payoff to colleges because nursing students enroll not only in discipline-specific courses, but also in the science, religion, and general education courses, and fill the dor-



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mitories and cafeterias as well. Some institutions charge higher tuition and fees to students enrolled in nursing than in other programs of study because of the extra costs associated with their education. However, when college and university administrators anticipate increased enrollments and income by adding a nursing program, they need to also plan to provide adequate qualified faculty, learning resources, and clinical practice experiences for these students.

Admissions/Limiting Enrollment. In some countries, admission is handled outside of the nursing department. Consequently, when the goal is to maximize enrollment, more students are allowed to take the first-year prerequisites than can be accepted into the clinical portion of the program. This produces valid discontent and complaints from students who are unable to progress smoothly and efficiently through the program. When faculty and department chairs try to limit enrollment based on number of faculty and access to clinical sites, academic administrators do not always understand or cooperate.

Developing graduate programs. As more Seventh-day Adventist colleges obtain university status, there is an expectation of adding graduate programs—with or without adequately prepared faculty. Given the growing demand for qualified nursing teachers at the baccalaureate level, there is a need for graduate programs. But too often institutional administrators insist on developing and offering such programs before the faculty have adequate preparation to teach at that level. Department chairs are expected to launch programs they are not competent to deliver or that lack adequate teaching-learning resources. Administrators may be so eager to start new programs that they bypass the process of applying to the International Board of Education, which could facilitate consultation and linkages necessary to develop a sound graduate program.

Access to online learning resources. Another area of concern is

adequate learning resources. In some countries, all that is available are multiple copies of textbooks, often outdated, which students use year after year. In today's world of Internet resources, a minimal library can be supplemented by full-text journals and

books online with appropriate access. Some sites require only a subscription to log onto the databases, along with Internet access. The Health Ministries Department of the General Conference subscribes to selected databases for practicing professionals, faculty, and students in the health professions outside of North America. However, faculty and students report being unable to access these materials because of lack of computers and Internet access at their institution. Instead, they have to use Internet cafes with long lines, limited access time, and high fees.

Failure to invest in upgrading faculty. In spite of the urgent need for qualified nursing faculty in Adventist institutions around the world, development of faculty is seriously underfunded. Investing in the education of women is considered a financial risk. Administrators are often slow to invest in the upgrading of nursing faculty, giving priority to other disciplines.

In 2005, the Loma Linda University School of Nursing launched a project to help sister institutions around the world prepare qualified nurse educators. With funding from the Chan Shun Foundation and other visionary friends of the university, an off-campus Master of Science program in nursing was offered on two sites outside of North America and in two languages, English and Spanish. Because it was privately funded, cost to the institutions was minimal. A number of institutions chose to partner with LLU in the development of nursing faculty, and in 2008, 42 nurses from 24 countries in four continents completed a Master of Science degree in nursing from Loma Linda University. Five completed the degree in Spanish. In some cases, names of potential students were sug-



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gested by the institutions, but the individuals were expected to pay all of the expenses themselves. This removed any connection between the graduate and the institution following completion of the degree, and therefore did not meet one of the project criteria for admission.

Recommendations for the Future

To maintain the tradition of excellence in Adventist nursing education and to prepare nurses who can support the mission of Adventist health care, the issues presented in this article need to be addressed. We believe the following steps will help:

1. Begin with a strong mission focus rather than a financial motive in developing new nursing programs.
2. Be informed about national and international standards in nursing education and establish steps for meeting them.
3. Consult with national and denominational bodies early in program development, and network with established programs to form linkages that will enhance and enrich new programs.
4. Ensure that there are enough Adventist nursing faculty and program leaders with graduate degrees in nursing before launching new programs.
5. Contract with sufficient clinical sites before enrolling students.

6. Employ enough people to comply with appropriate faculty-student ratios and prevent teacher overload.
7. Provide access to library and online learning resources.
8. Commit to maintaining a standard of excellence, whatever the cost.

Conclusion

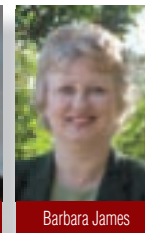
If Adventist health-care institutions are to continue to fulfill their mission in society, Adventist nurses educated in the tradition and practice of whole-person care are still vital to the success of this mission. Adventist institutions of higher education need to partner with church health-care institutions in the preparation and upgrading of such nurses. In order for this partnership to succeed, and standards of excellence to be maintained, a large cadre of qualified Adventist nursing faculty and other leaders is essential. Focusing on the mission, rather than on increasing market share, will ensure success, just as it has in the past. ✍



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