

Distance Education: One Solution to the Nursing Shortage?

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More than 126,000 nursing positions are vacant in the United States, and the shortage is forecasted to increase to more than 500,000 positions by 2025 (Buerhaus, Potter, Staiger, & Auerbach, 2008; Clarke & Cheung, 2008; Gorgos, 2003). The projections are updated frequently, and with each update, the forecast becomes even more dismal. Severe nursing shortages exist in most of the 50 states, and the national nursing shortage is a reflection of the aggregate shortage at the state level (Lin, Juraschek, Xu, Jones, & Turek, 2008). Although many national nursing organizations are addressing the shortage, nurses and nurse managers have not yet seen a change. The shortages come at a time when strong data suggest an association of higher concentrations of nurses and positive patient outcomes regarding fewer nosocomial complications, decreased lengths of stay, lower mortality, fewer cardiac arrests, and fewer other adverse effects (Dall, Chen, Seifert, Maddox, & Hoogan, 2009; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007).

The current critical nursing shortage is a result of multiple factors. One factor is the aging nursing workforce. Currently, more than a third of working nurses are aged 50 years or older, and the average age of the working nurse is 44 (Clarke & Cheung, 2008; Heinrich, 2001). Within the next decade, 55% of nurses are anticipated to retire, worsening the nursing shortage (American Association of Colleges of Nursing [AACN], 2009). In 1980, 48% of the nursing workforce was younger than 40; in 2000, less than 31% was younger than 40. An even more significant drop occurred in nurses younger than age 30. In 1980, 25% of nurses were younger than 30 compared to only 9%

in 2000. In addition, the average age of nursing faculty is 49, which raises concerns about the expected retirements of nurse educators in the next several years, directly affecting the ability of nursing schools to admit additional nursing students (Allan & Aldebron, 2008; Berlin & Bednash, 2002). Despite an increase in enrollment in nursing schools, many qualified students are turned away because of the faculty shortage (AACN). Prospective nursing students are already feeling the impact—the competition to enter nursing school increases yearly, with some institutions reporting a five-year wait list. As a result of these factors, a projected shortfall of more than one million new nurses by the year 2010 remains (Rosseter, 2005).

Using technology to provide distance education has been identified as an opportunity to partially address the education gap (Allan & Aldebron, 2008). Distance education is defined as “institutionally based formal education where the learning group is separated and where telecommunications technologies are used to unite the learning group” (Simonson, Smaldino, Albright, & Zvacek, 2006, p. 169). The programs may be offered synchronously, when students are in class at the same time, or asynchronously, when students interact at

different times. Some distance programs are hybrids, with on-campus interactions (e.g., a week or weekend on campus) during a term. Distance education provides various degrees of interactivity, including class discussions and virtual media. Virtual classrooms provide a mechanism for

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Online education offers students time flexibility because e-classroom access generally is 24 hours a day, seven days a week; this is beneficial to students who work or have other responsibilities while attending school. Online courses also offer geographic flexibility, eliminating the need to commute to and from school, and may provide a wider array of course offerings. Furthermore, online learning may provide a less intimidating environment, particularly for students who are shy or reluctant to participate in classroom discussions (Rockler-Gladen, 2006). Distance education also encourages self-discipline. Most of the learning

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