Dr. Cathy Taylor is often asked to describe the nursing students of today. As dean of the Belmont University College of Health Sciences and Nursing since 2012, she is in a unique position to answer that question.
“When I think about typical undergraduates, I must admit students are still students. They’re young adults, and they face the same issues we all faced at that age. Developmentally, they are maturing, exploring the world around them, and finding their place,” says Taylor.

Google and Social Media Have Always Been Part of Their World

Nursing students today are also very tech-savvy. “Think about it. Our students have never lived in a world without Google. They expect technology to work in ways we may not even have dreamed,” Taylor observes. “Their approach to technology is awe inspiring, and this challenges us as their teachers and mentors to do the same.”

Technology has also created issues. While social media is a great communication tool, its use in the healthcare environment can be a serious problem. “They are the social media generation. While that’s wonderful in many ways, we remind them there is a darker side of that connectivity that can threaten patient confidentiality. We reinforce this early and often,” she explains.

Nursing students expect the faculty to be just as connected as they are. Taylor describes students as having just-in-time expectations that the faculty will reach out to them through the immediacy of social media. Online connections can also hamper students’ communication skills by limiting their need for face-to-face conversations. “We teach them that intentional listening and processing and the ability to communicate in multiple ways is vital to safe, compassionate patient care,” Taylor notes.

High speed information technology has also nurtured students’ desire for instant gratification. “Our new nurses are very interested in career advancement, valuing even small early advances,” Taylor says, an insight for how employers can engage them. “They also demand transparency and authenticity, wanting honesty in all their relationships. If they feel a faculty member isn’t being honest with them, they will call her on it,” she comments.

Stressors: Burnout, Data, and Invisible Work

Core characteristics of new nurses are also changing compared to previous generations. Studies show new nurse turnover averages about 18% in year one and in some cases over 30% in year two. Burnout, levels of frustration, and even exhaustion are on the rise for physicians, for nurses, and for other clinicians.

Taylor explains the impact that changing demands have on healthcare workers, saying, “We have an older, more chronically ill, and culturally diverse patient population. With that comes increases in the number of ethical decisions surrounding end of life, genetics, and limited resources. On top of that, we frequently add tasks without taking anything away.”

Other stressors include mountains of data in different states of organization where the technology, old and new, doesn’t always work seamlessly. A recent University of Iowa study estimated that by 2020, medical knowledge will double in just 73 days. “There is no question knowledge is growing faster than any of us can assimilate and apply. That may be one of our greatest challenges ahead,” the dean predicts.

Another growing concern is the increase in invisible work. Taylor says, “Few things touch a patient that don’t touch or go through a nurse first. In a recent publication, Davinia Allan described this invisible work that all nurses do. We know nurses are master organizers of care, but in today’s complex system, just the work of organizing itself can hamper our ability to spend time delivering the care that patients need and deserve.” Taylor says some studies show as much as 70% of a nurse’s time is spent with the invisible work of organizing.

Given this challenge for even the most seasoned nurse, she believes expectations for new nurses must be a little more realistic. “Students now assign great value to life-balance and finding their own sense of purpose.”
We’re seeing more students who require a bit of additional attention and counseling, which tracks with national findings.”

In response, Belmont is teaching organizational skills that will help their students balance the demands of the workplace. The college is also working more closely with its clinical partners to make sure graduates’ expectations are as realistic possible.

The college recently completed a retreat based on a complete focus on well-being and care for the caregiver. “Compassionate self-care is going to become more important over time, not just for nurses but for the entire healthcare team. If you look at the feedback we get from our graduates, they have realistic expectations as they step into the workplace, but they still say it’s harder than they expected. The work is just harder,” reveals Taylor.

“Changing Curriculum to Meet Workforce Expectations
Since her arrival at Belmont in 2012, Taylor and the faculty have been exploring ways to better prepare nurses to enter the workforce. Taylor knew it would be important to bring the college’s healthcare partners into that process.

“We asked nurse leaders and hospital executives two simple questions. First, what gaps do you see in new graduate preparation? Second, what do you need to see?” recalls Taylor. Because of those conversations, several valuable themes emerged, but almost to a person these health leaders said, “We can teach them skills on the job, and they can learn our processes, but what we really need is…” followed by a list of capabilities of a very experienced nurse.

Taylor’s response was, “We are unlikely to be able to produce an experienced nurse.” She and her faculty could, however, educate students to address many of the things they were hearing and to fill the gaps the leaders saw between a new graduate and an experienced nurse.

Taylor went back to the leaders, saying “We hear you, and we hear you need our graduates to be more flexible and to have better teamwork skills, to be better communicators and better critical thinkers. We hear that you want them to be able to make ethical decisions and that you want them to be more resilient and to come to you with at least some basic leadership skills. While we can’t deliver an experienced nurse, we can help our graduates better understand what the workplace is like and how to make the connections better and faster.” With that, her group went to work.

“Concept-Based Teaching
For two years they worked on designing a new concept-based curriculum to address the gaps. Concept-based learning stimulates deep thinking, where students learn big ideas and how to organize information into categories. This contrasts with traditional models where students learn facts and then they work to apply them in a clinical setting. In concept-based teaching, students build on previous learning and actively work to integrate knowledge from other disciplines.

“Our aim is to hardwire their flexibility to think on their feet.”
While we are very aware concepts don’t take the place of content, we are teaching them to think and to link concepts to solve problems,” Taylor elaborates. The concepts include teamwork and collaboration, inquiry and the importance of curiosity, and being able to ask the big questions. Leadership, realism, and professional identity formation also top the list.

The college also took steps to add more deliberative practice opportunities with time in simulation labs. The labs offer high-tech interactive manikins that can be programmed with custom scenarios to simulate vital signs and health conditions. Four labs allow students to experience the demands of acute, adult, maternal-child, and pediatric care. There is also an embedded apartment where students observe home activities and evaluate if a home is safe, especially for seniors.
Pilot: The Dedicated Education Unit

Recently the college concluded a pilot with Vanderbilt University using a dedicated education unit at the hospital. Students work entire shifts, one-on-one with staff nurse-preceptors. “For their part, the university and the hospital committed to training the preceptors, and we spent a full day clarifying their roles and competencies,” Taylor adds. “Our goal was to prepare the preceptors and other clinical staff to work with students.”

The preceptors in the pilot gave great feedback about how prepared they felt. “They told us this was a completely different experience compared to their previous experiences working with student nurses,” says Taylor. “The students identified almost immediately with the staff nurses they were paired with, and they spoke in loving, glowing terms about ‘my nurse.’ To a person, they described having more and richer experiences through the one-on-one coaching. They felt part of the team on the unit,” she explained. “Ultimately, they all walked out with realistic expectations.”

Looking to the Future of Nursing

When asked what excites her most about the new curriculum, Taylor points to a new goal. “We’ve got to make the work a little easier for nurses to accomplish. Maybe we can contribute in some small way by creating more efficient workplace processes and procedures. I’m hopeful that improved information management and transfer systems will ease the workload of the nurse of today and tomorrow and promote patient safety.”

To those who worry about the future of the nursing profession, she says, “If you need a bolus dose of optimism and energy, sit in on one of our classes. You would be amazed at the intellect and the talent and just the spirit of the next generation of nurses,” asserts Taylor.

Despite, or perhaps because of, all the changes and challenges, Taylor concludes: “Nursing is a career choice that can take you down the street, or around the world. It’s probably the hardest job you will ever love. There is a reason we are the most trusted profession.”

Cathy R. Taylor is dean and professor at the Gordon E. Inman College of Health Sciences and Nursing at Belmont University in Nashville, Tennessee. She previously served as Assistant Commissioner for the Tennessee Department of Health’s Bureau of Health Services Administration.

Prior to that, Taylor was on faculty at Vanderbilt University School of Nursing, served as Director of the Meharry-Vanderbilt Alliance Disease Management Program, and held administrative and clinical positions at Alvin C. York VAMC, Fentress County Hospital, Middle Tennessee Medical Center and Hendersonville Hospital.

Taylor holds a doctor of public health degree from the University of Alabama at Birmingham and completed a post-doctoral fellowship in health outcomes at Vanderbilt University. She earned a master’s degree in public health nursing from the University of Tennessee, Memphis, and a bachelor’s degree in nursing from the University of Alabama, Huntsville. She is an alumna of Leadership Nashville and the Nashville Healthcare Council Fellows program, spearheaded by Sen. Bill Frist. She currently serves on the Board of The Next Door and is President-elect for the Tennessee Public Health Association.

To hear Cathy Taylor’s full discussion, link to her podcast at www.healthstream.com/second-opinions-podcast.