# Caring for this nation by addressing the nursing shortage: Lessons learned from the regulatory impact on students of multicultural backgrounds in the U.S.

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## Introduction

The need for more nurses now and in the near future is great. While the current nursing shortage is attributed to many factors, an important area of focus is the lack of students and graduates from culturally diverse backgrounds (Martin-Holland, Bello-Jones, Shuman, Rutledge, & Sechrist, 2003). Findings consistently document nursing education's continuing challenge in assisting students from racially, ethnically, and linguistically diverse backgrounds achieve the academic success required to enter nursing practice. In this paper, issues of access, attrition, learning climate, and academic success in nursing schools will be addressed along with related regulatory practices. I will argue that regulatory practices, such as the current emphasis on outcomes and evidence-based research, along with a lack of funding for research in nursing education exacerbate rather than ameliorate present problems and discriminate against populations of students that this nation needs to bring into our health care professions.

Students from multicultural and multilingual backgrounds are needed to meet the health care challenges of today and tomorrow. Experts generally agree that nursing's capability to meet the country's health care needs is dependent on its capacity to embrace multicultural groups entering the profession (NLN Task Force, 2003; Tanner, 2003). However, the current growth rate of persons from such backgrounds in the health care workforce indicates that tomorrow's health care professionals will not be representative of the nation's changing population. It is well known that the number of persons from

racial and ethnic minority backgrounds is expected to steadily increase and by mid-century will constitute a new U.S. majority (Sullivan Commission 2004). By 2050, for example, the Hispanic population is expected to nearly triple from today's level of 36 million to 103 million; the Asian-American population will triple from 11 million to more than 33 million; and the African-American population is anticipated to almost double from 36 million to 61 million (U.S. Census, 2001).

Accordingly, the percentage of students of racial and ethnic minority backgrounds attending community colleges is expected to increase from 43% to 50% by 2011 (AACC, 2003). Even with increasing college attendance patterns and reports of slow progress in minority completion rates of undergraduate and terminal degrees, the gap between Hispanics and Whites, for example, remains enormous. As the nation becomes more racially and ethnically diverse, The American Council on Education's Center for Advancement of Racial and Ethnic Equity 2004 Report, reflecting on twenty years of minorities in higher education, concludes that this gap will significantly affect the country's future competitiveness.

Although the ever-growing, multifaceted diversity seen within community college student populations is often characterized by ethnic and racial groupings, these groupings are problematic and provide little information to educators. More important information is often yielded in descriptors of educational experience, preparation, and expectations, learning styles, fluency in English, native language use, immigration status, cultural affiliation, level of acculturation, age, socioeconomic status and family status. Many new community college students are immigrants who have varying degrees of social and cultural capital, or the set of characteristics, attitudes, values, behaviors, and norms that

impact educational success (Keller, 2001). For these new students earlier schooling may have either failed them or for older students is far in the past (Miller, 2003).

Furthermore, nearly one in five persons over the age of five is growing up in the U.S. speaking a language other than English, with this percentage climbing. English language acquisition and proficiency is universally agreed to be an important component of educational attainment (GCIR, 2001; Szelenyi & Chang, 2002). However, many current community college students demonstrate limited English skills. Hence, there exists good reason for concern about student achievement now and into the foreseeable future.

Improving learning environments for all students, and particularly for students from racially and ethnically diverse backgrounds, including those with limited English proficiency, is both timely and important. The nursing shortage is projected to worsen in the next fifteen years. Nursing education programs, diploma-based, associate degree-based, and baccalaureate degree-based, cannot keep pace with current market need, let alone increased demands. Since three-fifths, or 59%, of all new RN students continue to enter nursing programs via associate degree nursing programs in community colleges it is relevant to particularly attend to this sector (NLN, 2003).

Enrollments are generally up in nursing programs with a 48.9% increase in 2004 over 2003 in associate degree nursing programs; graduations also rose (NLN, 2004). Even though nursing student enrollments are down among “traditional” college students, “nontraditional” students are applying and entering programs in increasing numbers. These nursing students generally are older, have more family and financial obligations, come from racial, ethnic, and linguistic backgrounds different from the majority of

faculty, and may have continuing English language learning needs, among other characteristics.

For example, the estimate percentage of Black student admissions to all nursing programs in 2003 was 14.5%, up from 12.7% in 2002 and up from 11 % ten years earlier. In 2003, percentages of Hispanics, Asians, and American Indians were 6%, 5 %, and 1.2 % respectively. 2003 graduations from associate degree nursing programs totaled 42,922, a 7 % increase from 2002. However, the overall percentage of graduates remains 11.9% for Black students, and 5.6%, 3.9% and 1%, respectively, for the other graduate groupings (NLN, 2003). Given national demographic shifts, these numbers appear stagnant.

Moreover, even with current enrollment numbers increasing, many community colleges cannot accommodate eligible applicants; greater than 12% across all program types remain wait-listed due to a lack of skilled nursing faculty (AACC, 2003; Valiga, 2002). A record number of 125,000 applications were turned away in 2004 from nursing programs at all levels. Despite increases in overall admissions and graduations over the previous year, the supply of nurses will fall short of demand and the gap will increase unless the faculty shortage issue is addressed (NLN, 2004).

Faculty positions remain vacant, qualified applicants are turned away, current students leave, and society's demand for nurses remains unfulfilled. Society needs not only more nurses and more successful nursing students, but also more faculty, particularly from a diversity of backgrounds. The racial, ethnic, and linguistic backgrounds of who we are as a society are not reflected in nursing education or practice.

The Bureau of Health Professions Division of Nursing's findings of the 2000 National Sample Survey of Registered Nurses documented that out of a total of 2.7 million licensed RN's, 86.6% of the current registered nurse population reported White as their racial identity while only 12.3% nursing workforce reported other affiliations, demonstrating a glaring disparity in the representation of nurses from diverse racial and ethnic backgrounds (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000). Given that persons from racial and ethnic minority groups are rapidly approaching 33% of the total U.S. population, many organizations are urging health-care educators to take steps to increase minority enrollments to more closely reflect the populace (Nugent, Childs, Jones, Cook, & Ravenell, 2002; Sullivan Commission, 2004). The 2004 Sullivan Commission further recommends that new and nontraditional paths to careers in the health professions be explored and that "commitments must be at the highest levels of our government and in the private sector" (p.v.).

Little attention has been given to disparities in health care until recently (IOM, 2002; Smedley, Stith, and Nelson, 2002). According to recently published reports, providing quality care to the ever-increasing multicultural population in the U.S. can more readily be met by professionals from similar backgrounds. Care rendered by health professionals from diverse racial and ethnic backgrounds is associated with improvements in access to care, greater patient satisfaction, improved communication patterns between patient and provider, and better educational experiences for all health care students (Deville, 1999; National Academy of Sciences, 2003). The Sullivan Commission and the National Advisory Council on Nursing Education and Priorities, among other groups, has specifically called for increases in the number of nurses of color

to address these many concerns. Hence, it is relevant to explore why there continues to be so few nursing students, nurses, and faculty from racially, ethnically, and linguistically diverse backgrounds. With a focus on students, access issues will first be addressed followed by issues of attrition, learning environments and academic success, regulatory impact, and current directions in qualitative research.

Issues of access

Admission to nursing education programs is highly selective. Generally schools of nursing rely heavily on quantitative measures which deny access to those academically disadvantaged and least test-savvy. Students from educational systems that may have failed them or who have experienced inequalities in educational opportunities are more likely, if they enter college at all, to attend community colleges or specially designed and financially supported university programs. Students may successfully complete one to two years of prerequisite coursework in math, science, the humanities, social sciences, and English, apply to nursing programs, and still be turned away. Even with an estimated number of 125,000 qualified applications rejected in 2004, the question of defining "qualified" is not even raised. When nursing programs determine "qualified" means, for example, those who score in the 95$^{th}$ percentile or higher on standardized tests, large numbers of potential students, many from disadvantaged and underrepresented backgrounds, are denied the opportunity to even be categorized as "qualified", let alone be given access. Most programs continue to admit only this so-called top tier without considering other options, such as admitting cross sections of applicants.

The reliance on standardized exams and grade point average for determining program entrance is rarely questioned or studied. What if racial, ethnic, and linguistic

diversity was a compelling factor in admission to nursing programs as well, particularly given reports that the patients' health improves when cared for by providers of similar racial and ethnic backgrounds? What if multicultural life experiences were a factor in admission? We all know these questions will unlikely be explored in today's regulatory climate. However, exploring how the life experiences of newly admitted students from various backgrounds enrich the educational experiences for students and faculty alike is worthy of investigation and would likely add to the research base of the science of nursing education.

Issues of attrition

For students who do get admitted to programs, particularly within the community college sector, students' academic developmental needs, such as mathematical or English language proficiency, are often inadequately addressed. Students with continuing English proficiency needs often are less likely to succeed in the first semester. However, bilingual course offerings or designing nursing courses to address socioacademic and linguistic, along with cognitive, gain are rarely discussed. Rather, those without highly developed academic skills are told to seek additional help outside of the disciplinary program and often experience frustration in the early semesters.

To illuminate why students falter and leave, qualitative inquiry is shedding light on nursing student and faculty experiences. Research illustrates that a disconnect presently exists among students, faculty, and how teaching and learning take place. When given the opportunity, oftentimes students from minority backgrounds offer perspectives that differ from those of dominant group members on campus. Students from racially, ethnically, and linguistically diverse backgrounds strive for educational equity only to be

thwarted in environments that minimize or ignore their heritage and abilities. Beyond unmet financial need, many students report unwelcome and unhealthy learning environments as barriers to success.

What do students have to say about current nursing education environments? Qualitative studies illustrate student perspectives. In attending to student voice about learning and academic success, the following insights have emerged as key findings: an awareness of universal struggle in nursing education, the pervasive and negative impact of racial prejudice on students' experiences, the conflict between nursing education's values and norms or typical behaviors of nurse educators, the positive impact of welcoming behaviors and negative impact of unwelcoming behaviors, and the key role of faculty on influencing minority student success (Kossman, 2003). Implications include acknowledging the powerful effect welcoming and unwelcoming behaviors by faculty and administrators have on minority students. Welcoming behaviors include personal support, having an open door policy for student input, establishing support programs, and articulating clear and consistent policies.

Recommendations include an increased awareness by faculty of prejudice and unconscious privilege for greater sensitivity in valuing differences and perspectives of nursing students from culturally diverse backgrounds. Researchers advocate for faculty to actively reach out to culturally diverse students and develop ways to breakdown the power hierarchy that contributes to students' struggles (Kossman, 2003; Rendón,1996). Developing programs for entering students, to make explicit nursing education values and expectations, was also suggested. Overall, students articulate barriers to achievement, naming nursing education programs, faculty, friends, family, and themselves. These same

groups are also often expressed as bridges to success. Respecting students, particularly those who had previously been labeled "at risk", as colleagues in learning leads to their full and successful participation (Maloney, 2003). Also, students report greater success in the presence of faculty from similar ethnic and racial backgrounds (Martin-Holland, Bello-Jones, Shuman, Rutledge, Sechrist; 2003; Wisnewski, 2003). It behooves all of us to study our own programs, listen to our own students, and determine whether we come out on the barrier or the bridge side.

Learning Environments

Nurse researchers are also qualitatively studying instructional processes. Across higher education, traditional pedagogy is shown to make invisible the strengths students bring to the classroom. Large class size silences students' voices, limits opportunities for shared meaning-making, and thwarts their identity development which is critically important, particularly for students from multicultural backgrounds. Even though most nursing learning environments remain conventional and monocultural, small group seminars and clinical group conferences provide some opportunities for these patterns to be broken. Recommentations suggested in the literature include utilizing interpretive and critical pedagogies to help majority faculty teach and students learn new knowledge, skill, and values which address today's complexity and diversity in health care.

Newer pedagogies, such as narrative pedagogy, the subject of another panel, rely on shared storytelling, beginning with experiences of students and instructors to make new meaning in the spaces opened by dialogue, and to allow differing worldviews and new ideas safe expression. Narrative pedagogy de-centers the faculty member and brings out the expert in all participants, fostering the communication and identity building skills

learning collaborative, team-building, and leadership skills. In a learning environment practicing narrative pedagogy, the concept of engendered community is expanded, or "learning how to be more inclusive, fair, and respectful, knowing that attending to shared and common concerns can be sustaining" (Diekelmann, 2003, p. 243.)

Narrative pedagogy, a new pedagogy in nursing education, finds support within the multicultural education field. Educators look not only at what they teach, but how they teach, the questions they ask, the methods they use, and "their ability to shift perspectives, seeking different ways of viewing truth and educational equity" (Garcia & Smith, 1996, p. 274). Also, evidence suggests that students need support in developing their own cultural identities. Otherwise, most researchers predict they will continue to struggle. Building an inclusive curriculum as the first step toward educating new majorities and minorities is warranted.

The majority of nursing programs have yet to concentrate on locally restructuring learning environments by themselves, or in cooperation with students, although a few are moving in that direction. Some researchers are calling for increased opportunities for student participation on departmental advisory committees and more opportunities for faculty to reflect with students on how they may be involved as co-creators of portions of nursing courses (McGregor,1996; Yurkovich, 2001). From a study correlating cultural inclusion, self-esteem, and academic self-concept to academic performance, academic self-concept was found to be a statistically significant predictor of academic performance; one recommendation was for faculty to include input from students when developing culturally-relevant curricula (Thomas, 1996). Initiatives in curricular and program co-creation, with an emphasis placed on all students building communities as

teacher-student collaborative efforts are beginning to take hold. Once built, do such environments improve outcomes as well as enhance learning processes? Educators are focusing on creating fairer learning environments but have yet to tackle the issues of alternative methods of testing. Funding for this type of investigation is needed.

Although multiple ways of knowing are gaining respect in the classroom, in this era of measurement alternative means of assessment to address competency in knowledge, skills, and values remain in the future. Neither consideration nor consensus on multiple ways of measuring success and competency levels has been reached. Many faculty and programs will find little incentive to alter pedagogy until "success" is re-conceptualized. Until such time, when academic success in the classroom and on the national licensure exam is no longer solely defined by acceptable multiple choice exam scores, educational researchers may need to convincingly demonstrate how re-creating learning environments and using newer pedagogies can lead to improved retention, graduation rates, and licensure pass rates.

Academic success

A few researchers are making connections between altering learning environments and academic success. For example, Fitzsimons and Kelley (1996) recommend programmatic changes for improving retention. These researchers quantitatively and qualitatively measured transcultural nursing retention efforts following programmatic changes in a collegiate nursing program with a significant population of racially and ethnically diverse students. A steady and progressive improvement in the retention, mobility, and graduation of minority students was achieved through a combination of various modalities (Kelley and Fitzsimons, 2000). Recommendations,

based partially on student input, include attending to learning and motivational styles, reasoning development, and error analysis early in the nursing program, identifying friendship and academic networks as priorities even in the presence of time constraints. Connections and support groups are described as essential. Organizing study groups and using tutoring resources, identifying a role model/mentor among faculty or senior students, developing realistic goals, keeping career goals high, and furthering formal education in baccalaureate and graduate nursing programs were additionally advised.

Of import is the emphasis placed on the need for programmatic and faculty change in instruction and support, rather than solely emphasizing the students' need for improvement via additional academic enrichment. The combination of this study's recommendations is noteworthy. In addition to suggesting intensive learning strategies be included early in nursing programs, the project researchers encouraged friendship relationships, minority mentor role models from among senior students and faculty, scheduling courses to accommodate heavy family and work responsibilities, and raising career goals related to ongoing formal education.

Activities conducted throughout the program also included concentrated faculty development on "educational biculturalism". Programmatic goals required a de-centering, placing the responsibility on faculty and administrators to adapt to meeting the needs of an ever-increasing population of students from ethnically and racially diverse backgrounds with complex life challenges, rather than the dominant perspective of expecting students to be the only ones needing improvement. "The data gives testimony to the efforts of a faculty who are willing to explore new instructional methods and curricula and illustrates that they can effect impressive increases in the pool of diverse,

well-educated nurse leaders" (Kelley & Fitzsimons, 2000, p. 5). Funding for more multi-site, multi-method projects, such as this one are sorely needed. Research in new pedagogies and program improvements requires commitment and financial support by college and university administrations, state, and federal agencies.

In sum, the need for faculty to develop self-awareness and cultural competence, attend to prejudice reduction and racism education, shift from monocultural to bicultural and multicultural practices to promote negotiated identities and border knowledge, and link pedagogical practice to larger social struggles is explicitly articulated in qualitative research findings. However, as long as regulators continue to rely on the multiple-choice style national licensure exam, in this "evidence of quality by numbers" climate and dismiss looking at efforts to retain greater numbers of students from underrepresented and disadvantaged backgrounds, faculty and programs have little incentive to change grading practices, and by extension, pedagogical practices.

Regulation

Since nursing regulators continue to define academic success by a singular quantifiable measure, programs respond accordingly. Accrediting bodies, state and federal regulators and state funding formulas require that colleges set nursing programs standards, for example, "graduates will achieve 80% pass rate on the licensure exam on first try." In many states, state funding of programs in public colleges and universities is closely linked to these indicators. No one questions why standards for nursing licensure are stricter than other professional schools. Regulatory agencies at state and national levels prefer to focus on what is easy to measure rather than what may be more meaningful. Since 1990, accrediting bodies have concentrated on narrowly defining

program and educational outcomes. This shift has taken faculty focus away from student learning to collecting, organizing, and presenting outcome statistics for systematic program evaluation. Regulating agencies shy away from complexity, such as studying outcomes based on peer groups for program-level comparison or considering the impact of financial resources on school performance.

Nursing regulators rely solely on quantitative indicators of "success" and measurements of "nursing knowledge of safe practice" as exemplified by graduation and licensure pass rates, respectively. Indeed, the federal government's definition of "good scholarship and science" does not include studying student success or the effect of access and attrition issues on the nursing shortage. In other words, the science of nursing education is not even included in the definition of "good scholarship". Federal funding remains earmarked exclusively for clinical nursing and health care research. Funding for studying bias, for example, in nursing texts, nursing course exam, and licensure exams, receives minimal to no attention. Inquiry into whether the national licensure exam, in its current form as a multiple choice examination, is the best indicator of the knowledge, skills, values, attitudes, and behaviors required by nurses entering practice in the complex world of today's health care, remains unexplored.

Furthermore, definitions of success go unchallenged. Nursing students most likely to be successful are typical of other successful students, or those with adequate financial supports, those who come from strong academic backgrounds and develop strong social systems, those who attend colleges that provide continuous assessment, affording students constant practice and needed academic enrichment. Many programs enroll students with the expectation that students will pay for numerous tests, requiring certain

levels of achievement before progressing in a course, in a program, or to graduation. Test taking can be perfected; test-savviness requires time, attention, and financial support.

Community colleges admit many students with educational disadvantages and often have less means to provide all of the needed supports. For programs which admit students with greater academic challenges, with more financial concerns and life demands, and less money to spend for test preparation, it's no wonder they also succumb to regulatory pressure and selectively admit, as do the majority of nursing programs in colleges and universities, only the very top, attempting to attain higher graduation rates to demonstrate "how well the program is performing". In other words, colleges routinely boast about their students' and program's success in terms of their pass rates on licensure exams. Accrediting bodies and state and federal regulating and funding agencies reward these outcomes and ignore disparities. Unequal access and opportunities for minority students in nursing education mirror disparities in education and health care for all minority populations.

Recently, the Sullivan Commission Report has brought the issue of health care inequality to the national limelight. Research has demonstrated that part of the equation in reducing disparities and improving health care rests with providing competent practitioners who come from racial and ethnic backgrounds similar to their patients. Health care professions education is fundamentally interrelated to patient-centered care and quality of care issues. Students and faculty, as well as practitioners, need to reflect the population served for quality improvement.

For example, what is gleaned from quantitative study of factors predicting success in nursing programs is that students who exhibit high levels of English proficiency are

more likely to graduate. A high level of English is expected from graduate nurses to care for English-speaking patients. Yet, we don't expect a high level of Spanish proficiency from our graduates to safely care for the Latino population, nor do we expect faculty to provide ongoing English language development for students within programs with limited English proficiency or offer texts, classes, or exams in Spanish. The need to develop cultural competence is discussed within programs, but expecting faculty or graduates to become multilingual is not under consideration.

Nevertheless, the Sullivan Commission Report has spurned action. For example, the recently released draft of the Health Resources and Service Administration's Bureau of Health Professions newly proposed performance measures offer some encouragement. Expectation are being set for funded health professions programs to demonstrate increased percentages in underrepresented and disadvantaged students matriculating and graduating as a means to address increasing diversity in the workforce (HRSA, 2005). Whether qualitative studies of educational practices will be acceptable components of new program proposals is unknown.

Qualitative research

What is evident is that current regulatory practices impede nursing education's response to these equity issues. Scholars focusing on teaching and learning needs of nursing students find themselves caught in the quantitative versus qualitative and clinical nursing versus nursing education research quagmire. Before speaking directly to the dilemma, it is relevant to consider its context and place in history. Qualitative health and nursing research, twenty years ago, is described by Hutchinson (2001, p. 506) as "relegated to a footnote, dismissed as journalism or art, but definitely not science." The

empirical scientific method prevailed with everything quantified. Those who studied then are now department heads and deans so it is understandable that this dominant paradigm still abounds. Programs may lack robust qualitative courses. Qualitative researchers as mentors remain in small numbers; the handful of nurse scholars who were schooled in qualitative programs are today's advocates and speak out in strong, but few, voices. Supporters of the scientific method often present their research and way of knowing as the highest form of knowledge attainment. Hence, many continue to fall victim to such polarization.

Researchers report that it is hard to find doctoral programs accepting of qualitative study in health care in general and nursing education in particular; tenure is denied to deserving faculty as program administrators display anxiety over the amount of funding the faculty member will generate. Funding remains sparse and journals reject manuscripts at higher rates. Faculty with such research interests find themselves compelled to follow the clinical study path. However due to the persistence of a few, nursing journals, such as *Nursing Research, Advances in Nursing Science, Image,* and *Qualitative Health Research,* among others, are more inclusive. Qualitative research textbooks are more abundant, but qualitative nursing researchers, particularly in nursing education, still find most tenured positions and federal funding not forthcoming. The pressure in academia to acquire funding leads nurse scholars to abandon valuable projects or, as Hutchinson (2001) describes, to sell out or disguise qualitative research as quantitative to get funded, published, and accepted. Qualitative researchers agree that the complexities of the philosophical and method issues continue to be trivialized (Hutchinson, 2001). Regrettably, the value of qualitative work has yet to be affirmed.

Funding for nursing research

The National Institute for Health's (NIH) nursing funding arm, The National Institute of Nursing Research (NINR), has as its primary focus basic clinical and outcomes-oriented research. The NINR funds quantitative intervention and outcome studies almost entirely; research using standardized instruments and measurable variables prevail. Occasionally, a qualitative component may serve as an accompanying accessory to a funded study. Currently, qualitative meta-syntheses are a lone example of research receiving funding as are projects targeting minority health issues.

Complex issues require complex responses that can be investigated from both quantitative and qualitative perspectives. Qualitative issues addressing access, quality of services provided, and patient and health care provider experiences warrant investigational support. The National Institute of Nursing Research has recently established funding to increase the number of minority nursing students and nurses interested in careers as clinical nurse researchers; however, without increases in minority students and graduates this goal will be difficult to realize. The NIH states that their primary criterion for funding is health need: disease burden, prevention and health promotion, and now highlight the shortages of practitioners from underrepresented backgrounds. Yet we fail to study the shortage from the perspective of underrepresented and disadvantaged students, considering that their access to nursing programs may have been denied or learning from their experiences in college, along with their reasons for success or failure.

Moreover, funding for nursing research lags seriously behind other health professions even though the impact of nursing research in improving quality patient care is well established. While the NINR budget is over $90 million, medicine's budget is substantially much higher. When the NINR was established the legislation specified that no funding could be used for funding nursing education. The federal government's commitment to improving nursing education is barely existent. Put into a larger context, international nurse scholars point out that these amounts are significant by world standards and suggest that funding for nursing research about global health concerns is even more worthy of funding.

NINR is interested in projects that clearly demonstrate their immediate utility and integration into practice. Information technology provides challenges for qualitative researchers; the inability to locate all studies in a search relevant to current work can pose threats to validity (Barroso, Gollop, Sandelowski, Meynell, Pearce, & Collins, 2003; Sandelowski & Barroso, 2003). Yet, some express hope in this, claiming the question at hand is moving away from the quantitative versus qualitative issue per se to the degree of rigor of qualitative analysis and usefulness for practice (Clark, 2004).

However, funded projects are the exception. Morse (2005) reminds us that much effort, with little to show for, has been placed on finessing qualitative inquiry within the "evidence-based health care" research agenda mode. Morse recounts that the assumptions underlying such investigations are "a poor fit with the assumptions of qualitative inquiry. Furthermore, we have contrary research agendas: Whereas the epidemiological and experimental designs for clinical drug trials seek to decontextualize, qualitative research

asks them to consider the context" (p. 3). Qualitative findings reveal the complexities of human responses to health and illness.

Although debates continue, the prevailing view is clear: the majority wielding power demand that nursing and health care demonstrate evidence-based practice. Evidence-based practice, as defined by a group from McMaster University, the Evidence-Based Medicine Group, is the collection, interpretation, and integration of valid, important, and applicable patient-reported, clinical observed, and research-derived evidence (Tanner, 1999). The goal is to reduce wide variation in practice, eliminating the worst and promoting best practices, reducing cost, enhancing quality, and clinical judgments. Although this view supports varying types of evidence, those who decide what is "acceptable" evidence remains at issue.

Large scale research efforts are driven by what vision is currently acceptable and projects are fashioned accordingly. Scholars are dissuaded from researching nursing education issues since education is not considered a research focus of NINR's newly created Centers for Nursing Research. Such centers spotlight a particular clinical priority issue, thereby research and doctoral study is focused around this theme bringing renewed funding and prestige to the school and university. Schools of nursing over the past two decades have rightfully emphasized building a knowledge base for the profession by conducting valuable research. Nursing faculty are no exception to the entanglement in finding their time spent focused on particular clinical research endeavors rather than on instruction and service. Creating a space for building the science of nursing education within nursing research centers is deserving of equal recognition.

Studying how best to develop student abilities for considering multiple points of view is relevant in this complex world yet runs counter to prevailing thought and the notion of the "expert opinion". Practicing within the health care professions requires working with large amounts of information, and taking into account multiple perspectives from differing value systems. Many issues and concerns lend themselves to qualitative investigational approaches. A predominance of quantifiable inquiries makes little sense for the discipline of nursing as narratives predominate, people's experiences, perceptions, interactions, attitudes, stories of what has or is happening, subjective worlds of patients, caregivers, students, and faculty. The understanding and interpreting of the multiple meanings of students and nurses' lives with patients, in health care settings, and in nursing education programs provide valuable contributions to the creation of new knowledge. The object and subject is not neatly separated out in qualitative research. Qualitative inquiry helps to change how issues are framed; assumptions about students, nursing, health and illness can be challenged. The waiting game for valuing and funding qualitative research and the science of nursing education appears to be the state of today's affairs.

On the federal level, investment in nursing education is less than one-tenth of 1 percent of the total federal budget. Title VIII Nurse Workforce Development Programs are the only direct sources of funding for nursing education; in 2004 the amount totaled only $150,674,000 (NLN, 2005). Nurse researchers who conduct nursing education studies must turn to private foundations or compete within education programs. A cadre of nursing leaders is calling for a percentage of our educators and researchers within the nursing academic community to be concerned about developing the science of nursing

education. This is unlikely to occur without sustained financial support at the federal level.

A 2002 Position Statement by the National League for Nursing (NLN) articulated the current need to fund nursing education research, build the science of nursing education, address questions related to student learning, new pedagogies, graduate competencies, program outcomes, innovative clinical teaching models, effective student advisement strategies, recruitment and retention strategies, along with other elements of quality nursing education. The proposal called for multi-site and multi-methodological investigations by scholars with access to funding at federal, state, regional, local, institutional, and organizational levels. Just as health care is rapidly changing, so too is nursing education, with student populations increasingly diverse, technology advancing, greater complexity required of graduates in practice, and more accountability demanded by public spending. Advocating for advancing nursing education research, both by quantitative and qualitative study, the NLN also interacts with other sectors politically and legislatively to garner support. Presently, funding for building the science of nursing education is barely existent. The National League for Nursing has an established small grants program which has doubled in size each year since 2000, but the amounts distributed annually are less than $50,000. With such limited funding, Diekelmann (2005) points out that studies are rarely replicable or generalizable.

The science of nursing education

Without the science of nursing education and discovery of important knowledge related to best practices in teaching, learning and education, “the efficacy of various approaches and the meaning of these approaches to students and teachers remain

unexplicated and anecdotal at best" (Diekelmann & Ironside, 2002, p. 379). Advocates call for inclusiveness in nursing education scholarship, expanding beyond empiric-analytic studies to those that reflect critical, feminist, phenomenologic, and postmodern discourses. Given the current economic environment many agree that very little public money will likely be invested in nursing education research and its desire to find long-term solutions to nursing workforce issues (Tanner, 2004). Beyond the outcomes-oriented research climate, today's administrators in colleges of nursing must defend program costs as states grapple with declining tax revenues (Tanner, 2004). A 2004 study on perspectives of schools of nursing on nursing regulation reported too much regulation in the area of nursing program approval (Crawford, 2004). Yet, no research has been reported that examines essential regulatory practices possessing major economic implications; there is a dearth of evidence about such issues as strict faculty-student ratios and required numbers of clinical hours, for example.

What is needed today are complementary, integrated, multi-site, multi-method studies that demonstrate evidence-based nursing education essential to developing nursing students and graduates who can meet the complex health care needs of the future. Investigations conducted within the science of nursing education may hopefully lead to less discriminatory nursing regulatory practices and progress in recruiting, retaining, and graduating greater numbers of nursing students from diverse backgrounds, along with preparing skilled practitioners, educators, and researchers for improving health care to all. By attending to admission and progression criteria and nursing pedagogical practices, researchers can assist programs address the nursing shortage by enhancing student success. Support is needed for innovative scholars to address these issues through all

types of inquiry. Since students from multicultural populations represent the fastest growing sector of college students, a moral imperative exists not only for scholars to address these intertwining issues but also for those who regulate practice and control the research dollars to support such inquiries.

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