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Nursing in the United States of America

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Introduction

Nursing in the United States of America (USA) has a number of similarities, yet some distinct differences from nursing in Japan. In order to understand nursing in America a comparison needs to be made between Japan and the USA in regards to land mass, population and population density. These geographic differences have a great deal of influence on how nursing is practiced within America.

Japan consists of 372,723 square kilometers of land mass and has a population of approximately 127 million people. If the entire land mass of Japan were inhabited, an *average* of 339 people could reside per square kilometer. However, due to the massive mountain ranges within Japan, only about 10% of the country is used for housing. Given this factor, an *average* of 3405 people reside per square kilometer. In comparison, the USA consists of 9,629,000 square kilometers and has approximately 285 million people who reside throughout most of the country. If one were able to compress all of the many islands that constitute Japan, the entire landmass of Japan would fit within the single state of Montana. As a result of

the USA's massive size, an *average* of 29 people reside per square kilometer. Many Americans live in very small rural communities that are somewhat isolated from large towns and cities. This factor has and continues to create, for these isolated Americans, a problem of access to health care services and facilities.

When comparing the number of nurses per population, Japan and the USA differ. Japan has approximately 1 nurse for every 118 individuals, where the USA has 1 nurse for approximately every 153 individuals. The USA currently is facing a serious nursing shortage, especially in such specialty areas as intensive care, pediatrics, surgical care, and acute medical/surgical care.

A difference in the number of physicians also exists between Japan and the USA. Japan has approximately 1 physician for every 508 members of the population, while the USA has 1 physician for every 373 persons. This physician difference is mainly due to the large number of specialty practice physicians within the USA, such as neurosurgeons, cardiac surgeons, pediatric neurologists, neonatologists, cardiologists, oncologists and oncology surgeons. A major movement with the American medical schools, within the last 5 years, has occurred and graduates are being highly encouraged to do their

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residencies in family practice (which has a primary care approach) instead of a specialty practice, such as surgery or cardiology.

Nursing Specialties and Practice Sites

Nursing practice areas in the USA are diverse and consist of, but are not limited to: home health, private practice, public health, hospitals, corporations, industry, schools, hospices, wellness centers, colleges/universities, extended care facilities, government offices, nursing homes and clinics. To meet the health care challenges of these diverse practice areas, nurses in the USA tend to specialize in a specific area of practice. These areas include, but are not limited to: ambulatory care, emergency care, geriatrics, home care, intensive care, telemetry, burn care, pediatrics, community health, surgical care, post-surgical care, rehabilitation, orthopedics, research, education, renal care, psychiatric/mental health care, oncology care, mother/baby care, neurological care, cardiac care, diabetic care, and wellness care.

Nursing Education Programs

To meet the health care needs of the American population, nursing education consists of three types of programs. The primary focus of basic nursing education is to prepare a *beginning* practitioner in nursing. The preferred educational mode for basic nursing education is the four-year college program that grants the graduate a Bachelors of Science Degree in Nursing (BSN). This program prepares the *professional* nurse. The second type of program is the two-year college program that grants the graduate an Associate Degree in Nursing (ADN). This program prepares the *technical* nurse. The third and final program, which is being eliminated, is the three-year hospital program that grants the graduate a diploma. This program also prepares

the *technical* nurse.

The difference between the professional nurse (baccalaureate degree) and the technical nurse (associate degree and hospital diploma) is the level and depth of the educational courses, the intensity of nursing skills, and the ability to engage in problem solving and critical reasoning. The professional nurse acquires nursing knowledge, skills and judgment abilities that are more sophisticated and comprehensive than the technical nurse. In the USA there are currently 695 baccalaureate programs in nursing, 885 associate degree programs in nursing and 86 hospital diploma nursing programs.

The faculty within each school controls the curriculum within their respective school of nursing. The American government does not centrally control curriculum or standards for nursing education. However, in order to maintain quality and some degree of consistency among the hundreds of nursing schools, accreditation and quality standards are administered at the national level by the American Association of Colleges of Nursing (BSN and Master Programs), the National League of Nursing (AD and diploma programs), the National Council of State Boards of Nursing and each of the 50 State Boards of Nursing.

So that an understanding exists about the differences in the level of preparation among the graduates of each type of program, a basic overview of curriculum within the three types of programs will be presented. The BSN Program (four year) requires courses in English, literature, history or philosophy, a foreign language or computer science, ethics, statistics, chemistry, microbiology, social sciences, anatomy, physiology, patho-physiology, pharmacology, physical assessment, nursing research, professional nursing issues, nursing theory, health systems, adult nursing (acute & chronic), child health nursing, maternal health nursing, community health nursing, and leadership in nursing. In addition to these required courses, students in the BSN

Program may take elective courses in a nursing clinical specialty area, such as cultural aspects of nursing, international nursing, rural nursing, or forensic nursing. The types of electives that are available vary among schools of nursing and depend upon the faculty's interest and expertise.

The ADN Program (two year) requires courses in history, math, English, literature, anatomy, physiology, microbiology, chemistry, adult nursing, child health nursing, maternal health nursing, mental health nursing, and professional nursing issues. Since the program is only two years in length, the depth and breadth of the content covered in the nursing courses is very limited.

The hospital diploma program (three year) is offered within a hospital, not a college or university, and the graduate is not awarded a college degree. This type of program began to be phased out in the USA in the early 1960's. A number of states in America no longer have hospital diploma programs. In the hospital diploma program, some college credit courses are taken during the first year of study. The college courses are likely to include chemistry, anatomy, physiology, history, English and math. The nursing courses include adult nursing, child health nursing, maternal health nursing and mental health nursing. Much of the education is considered, by USA standards, to be "on the job training" rather than well developed classroom and clinical learning experiences that are always guided by nursing faculty.

Graduate programs in nursing consist of the masters degree programs and the doctoral degree programs. The masters degree offered can be either a Master of Science in Nursing (MSN), a Master of Nursing (MN), or Master of Science (MS) with a specialty in nursing. The type of degree offered is dependent upon each college or university. However, the programs of study are fairly similar in their requirements for graduation. Most masters programs in nursing are at least 2 years in length (with the exception of nursing

anesthesia programs, which are 3 years in length) after completion of a 4-year college program in nursing.

The primary focus of a Masters Program in Nursing is to prepare the student for the *advanced practice clinical role*. The specialty areas offered in the various schools of nursing across the United States include, but are not limited to, programs for a) nurse midwifery, b) nursing anesthesia, c) administration, d) education, e) nurse practitioner (with a focus in either family, adult, pediatrics or gerontology), and f) clinical nurse specialist (with a focus in either adult nursing, psychiatric/mental health nursing, maternal nursing, pediatric nursing, community nursing, or gerontology nursing). Currently there are 358 master's degree programs in nursing.

Doctoral education in nursing is offered in a limited number of schools of nursing (n=75) in the USA. Since the primary focus of doctoral education is to prepare students as researchers, the nursing faculty working with doctoral students must have an established program of research. The degrees offered at the doctoral level consist of the DNSc (Doctor of Nursing Science), the DSN (Doctor of Science in Nursing), and the PhD (Doctor of Philosophy in Nursing). The type of degree offered depends upon the specific university. However, the academic rigors of any doctoral program are fairly consistent among the Schools of Nursing that offer such a program. The focus of the program depends upon the student's area of interest and the faculty member who serves as the student's major advisor. Most doctoral programs in nursing require students to take courses in: philosophy of science, professional nursing issues, health systems, statistics, qualitative research design, quantitative research design, nursing and social science theories, in addition to all of the courses required to assist each specific student to be prepared for his/her area of research. Doctoral programs in the USA take 4-5 years of full time

study beyond completion of the master's degree in nursing.

Nursing Faculty

All faculty of nursing in the USA are required to hold the *minimum of a master's degree in nursing* regardless of the type of program in which they teach. However, it is preferred that nursing faculty members have a doctoral degree (in nursing or some related field). In order to teach doctoral students a faculty member must hold a doctoral degree and have an established program of research. Non-masters prepared nurses generally do not teach in schools of nursing (especially baccalaureate and associate degree programs). Schools of Nursing in the USA do not hire physicians, allied health professionals, dentists or any other type of non-nurse health care provider to teach nursing students. However, professionals from medicine, allied health, and dentistry may serve as guest lecturers or serve on doctoral students' dissertation committees if their field of study is relevant to the students' area of research. Any school of nursing, that has non-masters degree in nursing faculty teaching nursing courses, puts its national accreditation in jeopardy.

Facts About USA Nursing

Nurses constitute the largest segment of health care workers in the USA. Approximately 2.3 million nurses are licensed, however only about 1.9 million are actively employed. Ninety-six percent of nurses in America are women who have an average age of 43 years. Ninety percent are Caucasian and 72% are married. Over 30% of the nurses entered nursing as a second career.

The type of basic nursing education held by the USA nurses is divided among the three types of programs, with 34% being diploma graduates, 28% being associate degree graduates, and 27% being

baccalaureate degree graduates. Keep in mind that these statistics only reflect the *basic* nursing education that nurses received, it does not account for further education or degrees that these nurses may hold. For example, if a nurse received his/her basic nursing education from a hospital program, he/she would be counted in this category for basic nursing education even if the nurse held baccalaureate, master's, and doctoral degrees in nursing. As the three-year hospital diploma programs are phased out, the percentage of graduates from these programs will decline.

Over 21% of American nurses return to school for further education after completing their basic nursing educational programs. Sixty percent of the nurses who return to school are Associate Degree and hospital diploma graduates enrolled in a baccalaureate program. Regarding advanced degrees, 7.5% of American nurses have a master's degree in nursing and 0.5% are doctorally prepared. Of the nurses who hold a doctoral degree, 36.8% concentrate on education and 33.5% concentrate on research. The individual nurse pays for over 72% of his/her nursing education from personal financial resources. The remaining 28% is funded by way of scholarships, federal grants, private grants, and special student funding. The fact that nurses tend to pay for their own educational programs in the USA speaks to the strong desire of these individuals to be an integral and important part of the health care team.

American nurses work in a variety of health care settings. However, the largest percentage of them (66.3%) work in hospitals. Of the remaining 33.7%, 10% work in community or public health settings, 8% in ambulatory care, 7% in nursing homes, 3% in miscellaneous sites (such as private practice, prisons and state licensing agencies), 2.7% in student health clinics, 2% in education, and 1% in occupational health clinics.

While nurses in America may have many different work responsibilities, 69% of them spend

at least 50% of their time in direct patient care activities. Nurses with hospital diploma and associate degree preparation spend 67% of their time in direct patient care.

The type of educational program(s) attended and the amount of experience determines the positions and titles that American nurses hold. The largest percentage of nurses in the USA (66%) is staff nurses, who have a diploma, an associate degree or a baccalaureate degree. Of the 7.5% of nurses who are master's prepared, 3.1% are clinical nurse specialists, 2.6% are nurse practitioners, 1.4% are nurse anesthetist, and 0.4% are nurse midwives. Among all of these nurses, the staff nurse earns the lowest salary (yearly average of \$36,212) and the nurse anesthetist earns the highest salary (yearly average of \$76,053).

In order to practice as an advanced clinical practice nurse, in most states in the USA, a nurse must have a master's degree and have passed a national certification examination within his/her respective specialty area. Of all clinical nurse specialists, 13.6% hold national certification. Among nurse practitioners, 58% are nationally certified while 99% of the nurse anesthetists have national certification. Sixty-seven percent of all nurse midwives are nationally certified. As more states implement stricter regulations for advanced clinical practice nurses, an increase in the percentage of nurses who are national certified will increase.

Nurses within the USA are located throughout the country. However, their distribution generally reflects the population spread of the country. For example, the least populated region within the USA is the Mountain Region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming). Only 5% of all working nurses are located within this region. By comparison, the Mid-Atlantic Region (New Jersey, New York and Pennsylvania) and the East North Central Region (Illinois, Indiana, Michigan, Ohio and Wisconsin),

each have 18% of the nurses employed within the USA. Among the remaining regions, 7% of all nurses are employed within the New England Region (Maine, Connecticut, Massachusetts, New Hampshire, Rhode Island and Vermont), 8% within the West North Central Region (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota and South Dakota), 17% within the South Atlantic Region (Delaware, Washington DC, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia), 5.5% within the East South Central Region (Alabama, Kentucky, Mississippi and Tennessee), 8% within the West South Central Region (Arkansas, Louisiana, Oklahoma and Texas), and 13% within the Pacific Region (Alaska, California, Oregon and Washington).

Nurses' salaries across the USA are based not only upon educational preparation, but also tend to be reflective of the cost of living within the respective region. For example, the lowest cost of living occurs in the East South Central Region, while the highest cost of living is within the Pacific Region. As a result, the average annual salary of all nurses within these two regions is \$32,227 and \$41,315 respectively.

Conclusions

Nursing within the USA is diverse. There are several levels of educational preparation; the practice sites are varied; the number of practicing nurses within a specific region is dependent upon the general population of that region; and the salaries are determined by educational preparation, experience and geographical location. Nursing within the USA is an exciting and challenging career that offers numerous opportunities for advancement.

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SUMMARY

Nursing in the United States of America is a diverse and challenging profession. A number of educational programs exist that allow the nurse to obtain not only a basic education in nursing, but also advanced degrees in nursing at both the master's and doctoral level of preparation. Practice sites for nurses are numerous and varied, as are the areas of specialization. The annual salary a nurse earns is determined by the nurse's level of educational preparation, job title and responsibilities, professional experience and geographic location.