

The Story of the State Board of Nursing

The State Board of Nursing protects the public from unqualified practitioners of nursing by licensure of nurses, accrediting nursing education programs, and disciplining errant practitioners. It also plays an active role in assuring there is an adequate supply of qualified nurses available to meet Kansans' health care needs.

PAST: 1913 - 1999

The first nurse licensure law, creating the Board of Nurse Registration and Nursing Education, was passed in 1913. It authorized the Board to set minimum standards for professional nurses. Approximately 600 nurses were licensed that first year.

Since 1913, the nursing profession has grown from traditional bedside care to include specialty and advanced practice roles, necessitating many changes in both laws and regulations. Some of the most significant changes were:

- 1933 – Annual renewal required to insure licensed nurses maintain a minimum level of efficiency. This added significant workload to the office.
- 1949 – Position of executive administrator established to provide staff leadership to carry out the Board's policies and regulations.
- 1975 – Continuing education requirements mandated. While this represented a significant step toward maintaining high quality it added yet another burden to office staff.
- 1977 – 82 – Significant changes in the law and regulations established the legal framework for regulating nurses in advanced practice roles. Kansas was a national leader in these changes.

Over the years the Board not only kept up with change, it often set national trends. But the growing number of nurses, the complexity of the profession, annual licensure and continuing education requirements added work levels that began to exceed staff capacity. By 1999, the Board was struggling to keep up with its licensure workload.

Closely related to licensure is discipline. The Board's early approach to discipline focused on administrating penalties. However, in recent years, a more balanced philosophy has been developed, embracing punishment when appropriate, but also including systems improvement, training, and prevention of recurrences.

Historically, the Board has been an advocate for improvements in the quality and quantity of the nursing workforce. It has encouraged educational programs to improve faculties and encouraged nurses to seek higher levels of professional education. In 1933, the Board began compiling critical nursing workforce data for the first time. Collecting county-based statistics on active nurses by type of practice; level of education, and key demographic information has been critical in identifying shortage areas, monitoring trends, and developing and evaluating health manpower, policies, and programs.

PRESENT (1999 – 2002)

Because staff size did not keep pace, the ever-expanding complexity of the Board's responsibilities produced some very undesirable conditions. Customer service suffered as did support services to the Board. This, in turn contributed to Board burnout. Some Board members became overwhelmed by the amount of reading necessary to prepare for three-day meetings. There was a lack of clarity in the roles of staff and Board members and board members often engaged in what would traditionally be staff work. Board members historically served two 4-year terms but in recent years the trend has been to leave after one term even though many feel it takes 2 to 3 years to become a fully contributing member. Ultimately the image and reputation of the agency suffered.

Significant steps to deal with these issues began in 1999 and continue into the present. Among the most significant actions are:

1. Hiring a new, energized, executive administrator;
2. Creating seven new staff positions;
3. Using of technology to;
 - A. Improve access to information on the Board's homepage;
 - B. Allow establishment of an on-line renewal option;
4. Reducing Board meetings to two days;
5. Reducing the number of Board committees has from 11 to 5.

These and other changes are currently resolving many of the problems that developed during the previous period. Staff and Board share a sense of optimism about the future and the quality of services has been significantly improved

FUTURE

The current direction of the licensure, accreditation, and disciplinary activities will continue. Board/staff roles and responsibilities will be further clarified. Policies and procedures will be established describing roles and responsibilities for Board members and staff in the conduct of committee business. A formal orientation program will be developed for new Board members. Emphasis will continue to be placed on using technology to improve customer access to information and services. The philosophical principles of the discipline program and processes associated with a more balanced approach will be further clarified and developed.

The one area for significant change will be workforce development. Data from it's own system indicate a trend towards a nursing shortage in Kansas. Based on it's statutory role in manpower development the Board feels the obligation to take the lead in helping other key stakeholders develop a strategy to deal with the impending shortage. Examples of some actions the Board itself can take in this strategy include:

1. Refresher course curriculum for nurses with lapsed licenses;
2. Education program to promote nursing as a profession;
3. Education program for the public and policy makers;
4. Stronger ties with professional organizations.

The future is bright for the Board of Nursing as it completes recently initiated reforms and develops new strategies to face new challenges.