

# A Bevy of Black Swan Events: Existential Threats to the Future of Nursing

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**T**he summer reprieve from COVID-19 was shorter than anticipated, and the upswing in cases and symptomatic illness has stretched the boundaries of our healthcare system once again. There are qualitative and quantitative differences this time. In many areas, the number of inpatients and their length of stay represent a pinnacle of the pandemic. Although the data sources are not generalizable, there are multiple reports of RNs leaving the traditional workforce. Some nurses have left for higher pay in traveling arrangements and others to escape the current conditions to contemplate different roles in nursing or other careers altogether. The healthcare environment is fundamentally changed, yet our academic and nursing administration structures continue mostly as before. Schools and universities are in session, and focus on the future of nursing is quieted by the demands of the present. To date, most solutions for the current crisis in nursing have focused on maximizing the individual-level resilience of nurses while minimizing the responsibilities of the current systems to provide safe, predictable, and morally tolerable work spaces for nurses.

An early draft of my second editorial in 2020 described the COVID-19 outbreak as a potential “black swan” event (Antipova, 2021; Taleb, 2007). I put it aside, with input from a trusted editorial colleague, because it sounded alarmist. I was in the early learning phase of journal editorship and did not want to sound particularly pessimistic. Yet, I argue now that there have been multiple black swan events that challenge the future of nursing across multiple nursing roles, including direct patient care, academia, education, and research. Black swan events are large-scale shocks that can severely challenge economic activity, social cohesion, and, in worst cases, political stability. The risk can cascade and spread across global systems, with implications for multiple aspects of societal stability.

There are three major characteristics of black swan events: First, black swan events are outside the realm of regular expectations; second, the events have an extreme impact; and third, despite their outlier status, explanations for the occurrence after the fact create a “story,” making the event seem explainable and predictable. In my opinion, from the vantage point of fall 2021, the COVID-19 pandemic was one of several seminal events during the past 18 months: the killings of George Floyd and other Black individuals, the turmoil of a disputed presidential election, and, now, the polarization of the COVID-19 virus, with hostility toward nurses and other healthcare providers from individuals and groups who do not accept the validity of the pandemic. The intersection of these events and ongoing political machinations form

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a bevy of black swan events, which have created a different landscape for nurses and others who are part of the newly politically charged sector of providers of health care in the United States.

A key principle of black swan events is destabilization that leads to explanations. Typically, black swan events have an “accepted” explanation that is shared across individuals and communities so that it becomes a shared “truth.” Yet, this time, political and social enmity have prevented a shared explanation, further prolonging the current unease and decreasing the likelihood of future resolution. Together, they form an existential threat to the future of the nursing workforce.

Within the usual auspices of examining the nursing workforce, it is well accepted that major societal events, most notably the 2008 recession, have altered the behaviors of individual nurses to remain in the workforce longer than originally projected. Retrospectively, during the Great Recession, hospitals added almost 250,000 nursing full-time equivalents, even in economically depressed areas (Buerhaus & Auerbach, 2011). In 2021, signs (although as of yet lacking in large-scale studies) point to rapid and uncharacteristic changes in nurse behavior, including an increase in travel nursing, resignation without other employment, and other movement out of the traditional nursing workforce (Jacobs, 2021). A 2021 McKinsey Future of Work in Nursing Survey of 400 frontline nurses across settings found that 22% of nurses may leave their current positions; of these, 60% said they had been more likely to leave since the start of the pandemic because of factors like staffing, workload, and emotional toll (Berlin et al., 2021). Another 2021 study of more than 1,000 nurses revealed that nearly half are now less committed to the profession because of the pandemic, and many are considering leaving the workforce. This finding was particularly evident among nurses aged younger than 40 years (Staffing Industry Analysts, 2021).

Although the recent turmoil in healthcare systems is leading to attrition, conversely, entry pools of applicants to BSN and graduate programs have increased. Student enrollment in baccalaureate, master’s, and doctoral nursing programs increased in 2020. In baccalaureate RN programs in particular, enrollment increased by almost 6%, with 251,145 students enrolled in such programs across the United States (American Association of Colleges of Nursing, 2021). How do we come together across individual academic institutions, healthcare systems, and the organizations that represent nurses to address current working conditions and to redesign nursing career paths for the future? This critical issue is larger than focusing on our subdisciplinary perspectives:

Without addressing these existential threats now, it is likely that solutions will be generated for others, outside of nursing and without the perspectives that are foundational for our discipline. What brought us to this point in our disciplinary development is not going to get us to the next step. We are fundamentally challenged to redesign our profession for the future.

In this issue, please consider the provocative and future-oriented focus that Jones et al. (2021) share on developing a diverse and sustainable oncology nursing workforce, including nurse scientists of the future. In recreating the nursing workforce for today’s needs and the potentialities of the future, we must also consider the importance of leadership development channels that support the career pathways of future leaders in oncology nursing and for the nursing workforce, both in the United States and globally. It is time for new paradigms.



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