

Chapter One

Background and Purpose of the Task Force

Nursing personnel represent one of the most essential components of the healthcare system. Any time there is a likelihood of a shortage of this critical workforce, such a condition is considered a “crisis” and a situation demanding the highest level of administrative and policy analysis. The report summarized here came about because a number of prominent stakeholders related to the field of nursing in North Carolina were concerned that a “shortage” of professional nurses and nurse aides was on the horizon. These stakeholders urged the North Carolina Institute of Medicine, in partnership with a number of other key organizations, to undertake a careful study of the broad set of circumstances which had led to this situation with the hope of identifying a number of concrete steps that might be taken to avoid a healthcare workforce crisis in our state.

Over the period from 2000-2003, many states, including North Carolina, began to receive reports of increasing difficulties filling nursing positions, especially in hospitals and particularly in small rural communities. But these recruitment problems were not solely reported in smaller hospitals and rural areas. By 2002, there was a widening concern that the nation as a whole was entering a period of serious nursing workforce shortages. The level of concern was higher with regard to this shortage than in seemingly temporary shortages of the past for several reasons. Berliner and Ginzberg (2002) have agreed that “...this shortage is different (than previous shortages) and the emerging challenge will be much greater.” Berliner and Ginzberg comment in their conclusion that:

Nursing shortages occur relatively frequently and have, in the past, been solved largely through increasing wages and benefits... The nursing shortage the United States faces today... will become substantially worse in 2010 and beyond (and) is not likely to respond solely to economic solutions. Market solutions (e.g. wage increases) may help moderate the problem in the short term, but will not resolve the fundamental imbalances that plague nursing... declining nurses entering the profession, retention in hospital jobs, and early retirement.¹

National perspectives on the current nursing workforce shortage situation further underscored the necessity of states (and the federal government) taking immediate steps to offset the projected increases in demand for additional nursing personnel which current education systems were unlikely to be able to meet.²

A Statewide Task Force on the North Carolina Nursing Workforce

It was in this context that several organizations in North Carolina began discussions in the spring and summer of 2002 considering the possibility of a concerted effort to analyze the state’s nursing workforce situation and to recommend concrete steps that might be taken to deal with these issues. These discussions grew out of a series of meetings organized by the North Carolina Area Health Education Centers Program and the North Carolina Center for Nursing and led to the request that the North Carolina Institute of Medicine (NC IOM), a state health policy development agency created in 1983 by the North Carolina General Assembly, undertake to plan such a statewide study. Subsequently, the NC IOM sought to partner with the North Carolina Nurses Association, the North Carolina Center for Nursing, the North Carolina Area Health Education Centers Program, the North Carolina Board of Nursing, and the North Carolina Hospital Association to develop a plan for a statewide task force on the nursing workforce.

Discussions with The Duke Endowment in Charlotte led to a proposal from the NC IOM, with the partner organizations listed above, for funding to support a one-year task force effort. In December of 2002 this proposal was approved by The Duke Endowment and the work of the Task Force on the North Carolina Nursing Workforce officially began in January 2003.

Organization of the Task Force

The NC IOM approached two outstanding individuals to serve as Co-Chairs of the Task Force. They were Cynthia M. Freund, RN, PhD, FAAN, Dean Emerita of the School of Nursing at the University of North Carolina at Chapel Hill, and Joseph D. Crocker, Senior

Vice President, Wachovia and Manager of Community Affairs of The Carolinas Bank in Winston-Salem, NC. Dr. Freund has had extensive experience in all aspects of nursing education and is herself a nurse practitioner who has practiced in North Carolina. Mr. Crocker is an experienced hospital trustee, member of the North Carolina Medical Care Commission, and Chair of the Board of Trustees of Western Carolina University and very familiar with the workforce issues in the field of nursing.

Members of the Task Force represented a number of key stakeholder perspectives and included representatives of all levels of licensed nursing personnel (RN, LPN) as well as those state agencies responsible for the registration of nursing aides (I and II), the NC Board of Nursing, professional nursing associations, the NC Center for Nursing, the University of North Carolina System, the NC Community College System, the NC Independent Colleges and Universities, the NC Hospital Association, the NC Healthcare Facilities Association, home health and assisted living services providers, the NC Area Health Education Centers Program, school health nurses, and mental health nurses.

The Task Force was guided by a smaller Steering Committee composed of representatives of the several co-sponsoring organizations responsible for launching the Task Force effort: the North Carolina Nurses Association, the North Carolina Center for Nursing, the North Carolina Hospital Association, the North Carolina Area Health Education Centers Program, the North Carolina Community College System, the University of North Carolina System, the North Carolina Board of Nursing, and the North Carolina Institute of Medicine, the latter acting as convener of both the Task Force and the Steering Committee. We were very pleased that representatives of The Duke Endowment were present at all meetings of the Task Force and at most meetings of the Steering Committee throughout the life of the project.

Preparation for the Work of the Task Force

Prior to the initiation of the work of the Task Force, The Duke Endowment asked the NC Institute of Medicine to organize a national conference on the nursing workforce issues as a set of “terrain mapping” discussions serving as background for the proposed state-focused task force effort. This conference took

place in Charlotte, North Carolina on December 4, 5 and 6th, 2002 (during one of the worst ice storms on record) but was attended by an outstanding group of some 60 individuals from North Carolina and the nation who were experts in various aspects of the nursing workforce. Proceedings of the Charlotte meeting have been summarized in a single issue of *The Tarheel Nurse*, the official journal of the North Carolina Nurses Association.³ The Charlotte conference brought together national experts with some of North Carolina’s leading nursing educators, employers, regulators, researchers and policy makers to consider four broad dimensions of the current nursing workforce situation in the state and nation. These were:

1. How many? How few? Where? When? Documenting the extent of the current workforce shortage
2. Levels of practice and the diversification of nursing roles
3. Jobs vs. Careers: Recruiting and retaining skilled and dependable nursing personnel at all levels in hospitals and long-term care
4. The educational preparation of nursing personnel, now and in the future

Most of the participants in the Charlotte conference were invited to become members of the NC IOM Task Force, which held its first meeting in February of 2003 (due to cancellation of its first meeting in late January because of inclement weather). Since that time, the Task Force has met for full-day meetings once each month (every month except August 2003). During the months since April 2003, meetings of the Task Force have generally been organized as workgroup sessions. Two principal workgroups were initially constituted to address broad sets of issues related to (1) nursing education programs, and (2) the work environments for nursing personnel. These initial workgroups were chaired, respectively, by Gordon H. DeFrieze, PhD, President and CEO, North Carolina Institute of Medicine; and Pam C. Silberman, JD, DrPH, Vice President, North Carolina Institute of Medicine. After five, day-long meetings of each of these workgroups, they were reconstituted in order to give attention to the separate, but related, issues of (1) nursing faculty recruitment and retention, and (2) transitions from nursing school to work. The two reconstituted workgroups were also chaired, respectively, by Drs. DeFrieze and Silberman. The final

meetings of the Task Force were devoted entirely to plenary session discussions of the entire Task Force membership. During these final sessions a half-day was devoted to Advanced Practice Nursing issues (December 2003), to Licensed Practical Nursing (January 2004), and to the detailed consideration of formal recommendations from each of the workgroups.

The Terms of Reference (Charge) to the Task Force

This task force undertook to carefully analyze the current and projected future demand for nursing professional and paraprofessional personnel in all segments of the NC healthcare industry, then estimate the degree to which current and developing educational and in-service educational programs are meeting (and are likely to meet) these demands. The proposed task force set out to engage a wide variety of policy shapers and policy makers in focused discussion of key issues such as: whether current levels of productivity among existing nursing education programs are adequate to meet the demand; whether appropriate and meaningful incentives are in place to attract the best and most capable individuals for such training and potential job opportunities in healthcare settings; whether employers of nursing professional and paraprofessional personnel have taken appropriate and feasible steps to ensure that the positions they offer are able to recruit and retain qualified personnel; whether there are credentialing issues that might provide meaningful career ladders for personnel in a variety of nursing roles, while also making recruitment and retention more likely to succeed; and whether there are infrastructure supports that are missing in existing nursing education programs.

The overarching concern of the Task Force was a focus on assuring an adequate supply of nursing personnel to meet the healthcare needs of North

Carolina's growing (and changing) population, as well as the efforts of the state's healthcare industry to recruit and retain these personnel once trained. Yet, beyond these important goals, there were additional concerns having to do with the effort to attract highly competent individuals to this profession and to the opportunities of nursing practice in North Carolina, as well as the enhancement of the overall quality and appropriateness of nursing education as the principal means of preparing the nursing workforce of the future.

The Report and Its Content

This document represents a summary of the deliberations of the Task Force compiled over more than 14 months of concentrated activity. The report begins with an overview of the nursing workforce situation nationally and within North Carolina, and is followed by chapters which provide detailed explanations of nursing education programs and efforts to address concerns about the work environments of nursing personnel in a variety of healthcare settings in our state. Each of these chapters ends with a listing of important recommendations for action that the Task Force urges in order to deal with the problems and issues raised.

These chapters are followed by a chapter describing the situation faced in North Carolina at the moment by nurses who are engaged in one of several categories of "advanced practice" nursing. The situation faced by each of these categories of nurses is somewhat different and there are issues related to the type of practice of each which deserve attention through either administrative or legislative measures.

The final chapter of the report summarizes in succinct detail the full range of recommendations from the work of the Task Force and suggests a timetable through which these should be addressed by identifying selected recommendations as highest priority.

REFERENCES

- ¹ Berliner, HS and E Ginzberg. Why This Hospital Nursing Shortage Is Different. *Journal of the American Medical Association*, Vol. 288(21). December 4, 2002.
- ² Kimball B and O'Neil EO. *Health Care and Human Crisis: The American Nursing Shortage*. Princeton, NJ: Robert Wood Johnson Foundation, 2002.
- ³ National Conference on the Nursing Workforce. *The Tar Heel Nurse*. January-February 2003. Pgs. 12-14.

