

Chapter Six

Summary of Recommendations and a Blueprint for Action

Nursing is a dynamic field of professional practice. People enter nursing through a variety of nursing educational programs. Graduates are employed in a complex variety of practice organizations and settings, and have many pathways through which their careers may unfold. Hence, it is difficult to draw conclusions about the present circumstances in which nursing is practiced, the future demand for numbers of nurses, the mix of their various educational levels or experiences, or about the intellectual or technological demands on those who practice in particular settings. Despite these uncertainties, the Task Force on the North Carolina Nursing Workforce attempted to formulate a set of recommendations to ensure an adequate supply of appropriately trained nurses for the state.

The Task Force met for 14 months to examine the need for nurses, their requisite skills and qualifications, the capacity of the state's educational institutions to produce adequate numbers of qualified nurses, barriers to career advancement, and the workplace environments within which nursing is practiced. On the basis of these deliberations, the Task Force has concluded that, without some intervention, North Carolina is likely to experience a severe shortage of nursing personnel (in addition to the current shortage of nursing assistants—especially in long-term care) in the coming decade due to the combination of an aging population and an aging nursing workforce. The long-range forecasts of a shortage of anywhere from 9,000 RNs in 2015 to almost 18,000 RNs by 2020 give reason for concern and add salience to the steps recommended in this report to offset the trends identified.¹

The Task Force's work focused on four primary areas: 1) nursing faculty recruitment and retention; 2) the capacity, quality, and accessibility of nursing education programs, 3) transitions from school-to-work, and 4) the work environments within which North Carolina nurses practice. While much of the Task Force's effort focused on workforce issues related to Registered Nurses (RNs), the Task Force also examined issues specific to Licensed Practical Nurses (LPNs), and Nursing Assistants. Additional attention was given to the special circumstances surrounding the practice of Advanced Practice Registered Nurses (APRNs).

Principal Findings and Observations

The Task Force made a number of key findings or observations about nursing education and practice. These findings formed the basis of the recommendations presented in the previous chapters of the report. Among the key findings are:

Nursing Faculty Recruitment and Retention

- The average age of faculty in all of North Carolina's nursing education programs is becoming older; a high proportion of faculty in all types of programs has retirement plans within the next 10 years.
- Faculty salaries in community college nursing education programs (both ADN and LPN) are low by national standards; the graduates of many of these programs in their first jobs make more than their full-time nursing school faculty.
- Faculty salaries in UNC System nursing education programs are comparable to national average salaries in nursing schools, but most UNC System nursing schools have experienced significant budget cuts in recent years which have led to losses of faculty positions (for both classroom and clinical faculty), and this has necessitated a reduction in nursing school class sizes in these UNC System programs.
- It has been hard to recruit MSN-level faculty in community college programs, especially in rural counties, although the proportion of faculty in these programs with MSN or other advanced degrees has risen from 50% to 78% since 1990.

Nursing Education Programs

- North Carolina has an abundance of nursing education programs (more than any Southern Regional Education Board state except Texas), yet some of these programs are very small (with fewer than 20 graduates sitting for the NCLEX-RN examination each year).
- Attrition (failure-to-complete) rates are about 50% in ADN and LPN programs operated by the state's Community College System, with considerable variation among individual campuses in this System.

- Only 12 of 45 ADN nursing education programs and no LPN programs are nationally accredited. All other nursing education programs in the state are nationally accredited.
- Task Force members agreed that all categories of nursing education programs need to produce more graduates, reduce attrition (especially ADN programs), and maintain current high pass rates on the NCLEX-RN and NCLEX-PN exams.
- At the same time, there is a need to increase the number of practicing nurses who hold the BSN, MSN and other advanced degrees. The Task Force embraces the idea of moving from the present ratio of 60:40 (ADN/diploma nurses-to-BSN) to a ratio of 40:60 through enabling more ADN and diploma graduates licensed as RNs to extend their educational credentials through RN-to-BSN programs, as well as through expansion of prelicensure BSN programs and accelerated BSN options.
- The overall goals for nursing education are therefore: (1) producing the numbers of nurses needed to meet the state's needs; (2) creating opportunities for every practicing nurse to advance her/his education credentials; thereby (3) elevating the overall level of education of the entire North Carolina nursing workforce.

Transitions from Nursing School-to-Work

- Many recent graduates from nursing schools report difficulties in assuming full-time clinical responsibilities upon graduation from nursing school. This view has been expressed by nursing employers and supervisors as well. There appears to be a need for some kind of supervised transitional work experience, much like a clinical internship, for newly graduated nurses.

Nursing Work Environments

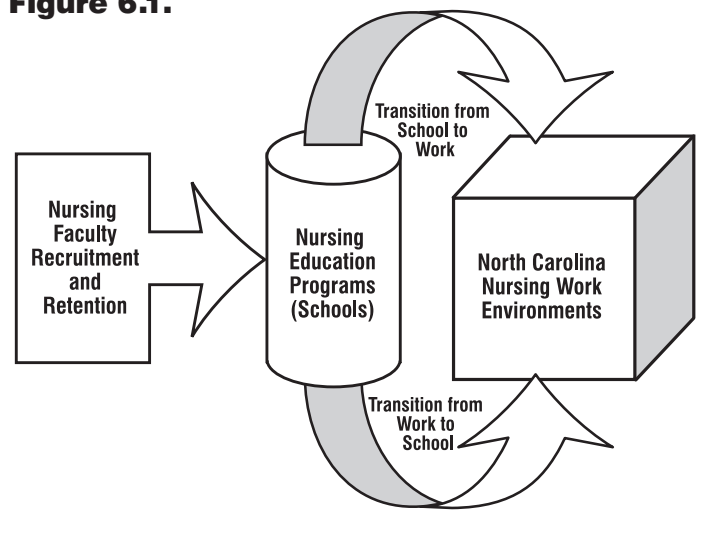
- Only about half of North Carolina nurses report being satisfied with their jobs. Turnover rates for nurses in North Carolina range from 15 to 57% for RNs, and from 15 to 41% for LPNs, and from 16 to 58% for nurse assistants. Some nursing homes report turnover rates greater than 100% for nursing assistants.
- Only 40% of RNs and 50% of LPNs would recommend nursing as a career to others.
- Those working in community settings report higher levels of satisfaction than those working in hospitals

and long-term care facilities. The stress and patterns of work in the latter types of facilities are major reasons many nurses give for either shortening their working careers, or for finding other nursing work situations outside of these types of facilities.

- Hospitals and other nursing employers report spending significant sums in the recruitment and training of new nursing staff.
- The racial and ethnic or gender-specific composition of North Carolina's nursing workforce does not reflect the diversity of the state's population. Only 6% of RNs and 5% of LPNs are males. Twelve percent of RNs and 26% of LPNs represent racial and ethnic minorities whereas 28% of the state's total population are from these minority groups.
- Factors that nurses report would encourage them to remain in the workforce are:
 - ◆ management support and skilled nurse managers;
 - ◆ an environment that promotes positive team relationships with coworkers;
 - ◆ orientation and mentoring programs;
 - ◆ competitive salaries and benefits (North Carolina offers slightly lower salaries than the national average for both RNs and LPNs);
 - ◆ reasonable staff loads (a factor found to correlate with patient care outcomes and patient safety; over 50% of North Carolina hospital nurses report short staffing affecting their ability to render patient care weekly or daily);
 - ◆ safe working environments;
 - ◆ career ladders and opportunities for advancement;
 - ◆ minimizing paperwork and administrative burdens; and
 - ◆ professionalism and process standards in all departments with accountability.

Recommendations for Action

The Task Force built upon these findings to formulate a series of recommendations to address the nursing workforce issues facing the state. Despite the observation that the state is not presently experiencing what might be called a "crisis" with regard to its nursing workforce, there are present shortages and evident trends that predict the likelihood of such shortages in the future. Therefore, Task Force members agreed that it was important to take action in the near term to avoid a future nursing workforce crisis.

Figure 6.1.

In organizing this summary of the recommendations, we have grouped recommendations under four principal rubrics, depicted in Figure 6.1, which may be thought of as major segments in the approach to understanding the current nursing workforce situation in North Carolina. Action steps recommended in regard to one of these four broad segments of the overall nursing workforce situation has important implications for actions taken with regard to the other three. Visualizing the flow of these segments, from left-to-right in the diagram, and in the way the recommendations are presented in the following table, is intended to make their overall impact easier to follow.

In recognition of the complexities of budgetary, organizational and political decision making that might be associated with so broad a set of recommendations, the Task Force chose to segment this summary in a format that would allow readers to identify those priority recommendations that need more immediate action separate from those that may take longer to implement. The highest priority recommendations are shaded in the grid below. We also identified those recommendations that require legislative action separately

from those that can be addressed through educational institutions, employers, foundations, the Board of Nursing or other organizations. Recommendations are identified by chapter number so that the corresponding text for each can be located in the body of the report. We hope that segmenting the Task Force recommendations in this way will facilitate the more systematic response to the findings and recommended actions discussed throughout this report.

	ACTION TO BE TAKEN BY ORGANIZATION, INSTITUTION OR GROUP						
RECOMMENDATIONS	Legislature	Educational Institutions or AHEC	Employers	Nursing Community	Foundations	Board of Nursing	Other
Nursing Faculty Recruitment/Retention							
Priority Recommendation:							
The Faculty Fellows Program (as proposed in House Bill 808 in last session of NC General Assembly) be enacted and funded to support the effort of BSN nurses who wish to pursue MSN degrees in preparation for nursing faculty careers. (Rec. # 3.25)	✓				✓		
Other Recommendations:							
The NC General Assembly should increase funding to the NC AHEC to offer off-campus RN-to-BSN and MSN nursing programs using a competitive grant approach which is available to both public and private institutions statewide. (Rec. # 3.20)	✓	✓			✓		
Nursing doctoral programs should be expanded. (Rec. # 3.21)	✓	✓			✓		

	ACTION TO BE TAKEN BY ORGANIZATION, INSTITUTION OR GROUP						
RECOMMENDATIONS	Legislature	Educational Institutions or AHEC	Employers	Nursing Community	Foundations	Board of Nursing	Other
RN Education Programs							
Priority Recommendations:							
Production of prelicensure RNs should be increased by 25% from the 2002-2003 graduation levels by 2007-08. The NC Community College System (NCCCS), UNC System, private colleges and universities, and hospital-based programs affected by these goals should develop a plan for how they will meet this increased production need and report to the NC General Assembly in the 2005 session. Greater priority should be placed on increasing production of BSN-educated nurses in order to achieve the overall Task Force goal of developing a nursing workforce with a ratio of 60% BSN: 40% ADN/hospital diploma graduates. (Rec. # 3.1a-c)	✓	✓				✓	
Nursing education programs in the community colleges should be reclassified as “high cost” (therefore increasing per capita funding of these programs). (Rec. # 3.6)	✓						
The NC General Assembly and/or private philanthropies should invest funds to enable NC community colleges to employ student support counselors specifically for nursing students and to provide emergency funds to reduce the risk of attrition for students in ADN and PNE programs. (Rec. # 3.8)	✓				✓		
The NC General Assembly should restore and increase appropriations to enable UNC System institutions to expand enrollments in their prelicensure BSN programs above current levels. These funds should be earmarked for nursing program support and funneled to university programs through the Office of the President of the UNC System. Funds should be allocated on the basis of performance standards related to graduation rates, faculty resources, and NCLEX-RN exam pass rates. (Rec. # 3.15)	✓						
The NC General Assembly and private foundations are encouraged to explore new scholarship support for nursing students in NC’s schools of nursing. (Rec. # 3.19)	✓				✓		
Nurse Scholars Program should be expanded, per-student loans increased and new categories of eligible students added (as specified in Chapter 3). (Rec. # 3.24a-f)	✓						
Private institutions offering the BSN degree should be encouraged to expand their enrollments. (Rec. # 3.17)		✓		✓			
NC residents with a baccalaureate degree who enroll in an accelerated BSN or MSN program at a NC private college of nursing should be eligible for state tuition support equivalent to students in these institutions pursuing the initial undergraduate degree. (Rec. # 3.18)	✓						
The Comprehensive Articulation Agreement between community colleges and UNC System campuses should be further refined and implemented fully. a. Associate Degree nursing curricula should include non-nursing courses that are part of the Comprehensive Articulation Agreement (CAA) between the NCCCS and the UNC System. b. The UNC System and Independent Colleges and Universities offering the BSN degree should establish (and accept for admission purposes, UNC System-wide) General Education and Nursing Education Core Requirements for the RN-to-BSN students who completed their nursing education in a NC community college or hospital-based program after 1999. (Rec. # 3.28a-b)		✓					

RECOMMENDATIONS	ACTION TO BE TAKEN BY ORGANIZATION, INSTITUTION OR GROUP						
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<i>Other recommendations:</i>							
Approval for (and funding to support) enrollment growth should be limited to those nursing education programs where attrition (failure to complete) rates are lower than the three-year average attrition rate for that category of education program (BSN, ADN, or PNE) and the pass rates on the NCLEX-RN or NCLEX-PN examination exceed 80%.) (Rec. # 3.2)		✓			✓	✓	
NC BON-approved "slots" should be realigned with current enrollment in NC nursing education programs by 2006. (Rec. # 3.3)		✓				✓	
Clinical facilities, in collaboration with local/regional nursing education programs, should identify and make available more clinical training sites for nursing education. (Rec. # 3.4)		✓	✓				
Nursing education programs and clinical agencies should work together to develop creative partnerships to enhance/expand nursing education programs and help ensure the availability and accessibility of sufficient clinical sites: a. AHEC should convene regional meetings of nursing educational programs and clinical agencies to develop creative educational opportunities for <i>clinical</i> nursing experiences. b. Nursing education programs of all types at every level should work together to develop creative educational collaborations with clinical facilities and programs that promote educational quality, efficiency and effectiveness. (Rec. # 3.5)		✓	✓				
An alternative method of financing the expansion of community college-based nursing programs should be considered by the NC General Assembly (instead of the dependence on external resources for such expansions). (Rec. # 3.7)	✓						
Funding should be made available to enable every nursing education program to apply for and attain national accreditation by 2015. (Rec. # 3.9)	✓	✓					
The Community College System should include in the comprehensive data and information system being developed data on nursing student applications, admissions, retention and graduation. (Rec. # 3.10)	✓	✓					
A consistent definition of "retention" (or "attrition") should be developed by the Community College System and used in every community college. (Rec. # 3.11)		✓				✓	
A consistent standard should be developed and used within the Community College System for the evaluation of retention-specific performance criteria for each nursing education program. (Rec. # 3.12)		✓				✓	
The NC General Assembly or private philanthropies should fund the Community College System to undertake a systematic study of the relationship between competitive, merit-based admission policies and graduation/attrition rates. (Rec. # 3.13)	✓	✓					
Admission criteria in community college nursing programs should be coupled with competitive, merit-based admission procedures in all community college-based nursing education programs. (Rec. # 3.14)		✓					
The UNC Office of the President, utilizing data provided by the NC Board of Nursing, should examine the percentage of first-time takers of the NCLEX-RN exam who are BSN, ADN and hospital-based school of nursing graduates. If necessary, the UNC Office of the President should convene the UNC System deans/directors of nursing for baccalaureate and higher degree programs to plan for increases in funding to support enrollment that will assure, at a minimum, a 40% or greater ratio of BSN prelicensure graduates (in relation to		✓					

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ADN and hospital graduates) and, where possible, a gradual increase in the BSN ratio over the next decade. These ratio increases should take into consideration increases in prelicensure BSN program enrollment, as well as ADN-to-BSN and accelerated BSN program productivity. (Rec. # 3.16)							
Hospitals and other nursing employers are encouraged to consider tuition remission programs to encourage their nursing employees to pursue LPN-RN, RN-BSN, MSN or PhD degrees. (Rec. # 3.27)			✓				
An RN-to-BSN statewide consortium should be established to promote accessibility, cost-effectiveness and consistency for these programs. (Rec. # 3.29)		✓					
PN Education Programs							
Priority recommendation:							
Production of prelicensure LPNs should be increased by 8% from the 2002-2003 graduation levels by 2007-08. NCCCS and private institutions affected by this goal should develop a plan for how they will meet these increases. NCCCS should convene this planning group, including representatives of private institutions offering these nursing programs, and a plan should be reported to the NC General Assembly in the 2005 session. Each year thereafter, the PNE programs should provide a status report to the NC General Assembly showing the extent to which they are meeting these goals; and whether production needs should be modified based on job availability for new graduates, changes in in-migration, retention or overall changes in demand for nurses in NC. (Rec. # 3.1d-e)	✓	✓				✓	
Other recommendations:		✓					
All NC BSN and ADN nursing education programs should explore creative LPN-to-ADN and LPN-to-BSN pathways to facilitate career advancement and avoid unnecessary duplication of content in these curricula. (Rec. # 3.30)	✓	✓				✓	
The State Board of Education and the NCCCS should promote dual enrollment programs for PNE programs in high schools. (Rec. # 3.31)	✓	✓					
All PNE programs in NC should seek and attain national accreditation by 2015 with adequate funding provided for faculty resources, student support services, and NLN accreditation application fees. (Rec. # 3.32)							
Nursing Assistant (Nurse Aide) Education Programs							
NC DHHS should develop special designation for licensed healthcare organizations providing LTC services that choose to meet enhanced workplace environmental and quality assurance standards. (Rec. # 4.5)			✓				✓ NC DHHS
The NC General Assembly should appropriate funds to be used as a wage pass-through to enhance the salaries of nursing assistants, especially within LTC facilities that have chosen to enhance workplace and quality assurance standards. (Rec. # 4.9)	✓		✓				
Efforts of NC DHHS, NC BON and NCCCS to create "medication aide" and "geriatric aide" classifications should be encouraged and supported. (Rec. # 3.33)				✓			✓ NC DHHS
NC Division of Facility Services in conjunction with the NC BON should develop a standardized Nurse Aide I competency evaluation program, to include a standardized exam and skills demonstration process. (Rec. # 3.34)		✓					✓ NC DHHS

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RECOMMENDATIONS	Legislature	Educational Institutions or AHEC	Employers	Nursing Community	Foundations	Board of Nursing	Other
Transitions from Nursing School to Nursing Practice							
<i>Priority recommendation:</i>							
NC BON should convene a group to study options to improve school-to-work transitions, including: <ul style="list-style-type: none"> ■ intensive clinical experience in direct patient care during the final semester of study for nursing students, and ■ a supervised/mentored clinical internship experience either pre- or post-licensure. (Rec. # 4.3) 		✓	✓	✓		✓	✓
Nursing Work Environments							
<i>Priority recommendations:</i>							
Employers should take steps to create "positive work environments" (meeting several defining criteria). (Rec. # 4.1)			✓		✓		
AHEC and the professional nursing schools should offer educational opportunities for leadership development, conflict resolution and communication skills training, interdisciplinary team building, and preceptor training. (Rec. # 4.2)		✓	✓				
NC BON and Division of Facility Services should implement regulations to prohibit nurses from providing direct patient care more than 12 hours in a 24 hour time period, or 60 hours in a 7 day time period. (Rec. # 4.10)						✓	✓ NC DHHS
<i>Other recommendations:</i>							
NC nursing organization leaders and healthcare trade associations should develop model programs and best practices (e.g., Magnet Hospital principles) for statewide dissemination. (Rec. # 4.4)			✓	✓	✓		✓
Trade associations, AHEC and private philanthropies should take the lead in disseminating best practices that help create a positive workplace culture for nursing personnel. (Rec. # 4.6)		✓	✓		✓		✓
NC Nurses Association should promote consumer advocacy efforts toward a well-educated, adequately staffed healthcare system in the interest of higher quality of care. (Rec. # 4.7)				✓			✓
Philanthropic organizations should support the provision of technical assistance to healthcare organizations as they attempt to make the changes necessary to improve the nursing workforce environment and enhance the quality of patient care. Financial assistance should be targeted to those facilities that would be unable to make these changes without financial assistance. (Rec. # 4.8)					✓		
Advanced Practice Registered Nurses							
The NC IOM should convene a workgroup to study issues specific to the practice of APRNs. (Rec. # 5.1)				✓		✓	✓ NC IOM
Trade and professional associations in NC should initiate an aggressive statewide effort to effect changes in federal and state legislation and regulations that affect Medicare, Medicaid and commercial managed care reimbursement in order to promote the full utilization of APRNs in long-term care and in other health care arenas. (Rec. # 5.2)			✓	✓			✓

	ACTION TO BE TAKEN BY ORGANIZATION, INSTITUTION OR GROUP						
RECOMMENDATIONS	Legislature	Educational Institutions or AHEC	Employers	Nursing Community	Foundations	Board of Nursing	Other
Building an Interest in Nursing as a Career							
<i>Priority recommendation:</i>							
Existing programs via AHEC, the health science programs in community colleges, universities and colleges, the NC Center for Nursing, and employers that target a diverse mix of middle and high school students to encourage them to consider health careers and prepare them for entry into programs of higher learning need to be strengthened and expanded. (Rec. # 3.22a-d)	✓	✓	✓	✓	✓		
<i>Other recommendation:</i>							
High school and college-level guidance counselors should receive additional training in the requirements of NC's nursing education programs, with counselors designated to provide nursing-specific advice to interested students. (Rec. # 3.23)		✓					
Additional Cross-Cutting Recommendations							
Employers of nurses (RN and LPN) who hold licenses in compact states other than NC should be required to report annually the names, states in which licensed, and period of employment of these nurses working in their facilities and programs. (Rec. # 2.1)	✓		✓				✓
Any NC resident enrolled in a public or private nursing education program should receive a state income tax credit to offset their nursing education expenses. (Rec. # 3.26)	✓						

Summary

As the work of the Task Force unfolded, it became clear that North Carolina is indeed fortunate to have avoided many of the extreme shortages of nurses reported in other states. Yet, even as this was noted, there were important developments on the horizon which had the potential to cause such shortages even here.

The Task Force brought together a large and diverse group of stakeholders, all with strong commitments to their respective interests in the state's nursing workforce. Each voiced strongly held points of view with regard to aspects of nursing and nursing practice that needed attention if the Task Force was to adequately address the many issues of relevance to the future of nursing in North Carolina. The fact that there are so many pathways into this field and throughout an individual nurse's career made it necessary to organize our deliberations in a way that enabled the Task Force to deal with the special (often unique) situations faced by one form of nursing education, or one venue of nursing practice, then to synthesize these findings and recommendations in a format

that offered a potential framework for future policy decisions affecting the profession of nursing as a whole. It is a tribute to both the process and the participants that the way these discussions unfolded may have identified ways in which seemingly disjointed elements of North Carolina nursing might begin to see opportunities for collaboration, coordination, and ultimately greater levels of accomplishment in relation to the broad goals of this effort as a whole.

In this report, as one would expect, there are identifiable needs for additional financial support for nursing education (through support to our public and private institutions and their faculties offering different types of nursing credentials, as well as for the scholarship support of those who choose to enter this field), for programs and initiatives to enable recent nursing school graduates to enter the field of practice better able to render the professional services for which they were employed, and needs for concrete improvements in the work environments within which nurses practice. The fact that nursing, especially nursing at the bedside in hospitals and in long-term care, requires increasingly sophisticated technical skills and continues

to demand both intellectual, physical and emotional energy beyond what would be required in many other professions and occupations, the recruitment and retention of well-prepared and motivated nurses remains a challenge now and in the future. But, as these discussions and the interactions with Task Force members have demonstrated over and over again, nursing is both a dynamic and exciting field of professional practice. And North Carolina is considered by

most to be one of the very best states within which to be a nurse.

It is hoped that the recommendations offered here will serve as a template for a deliberate policy agenda through which the nursing workforce for North Carolina can continue to be the vibrant example of the highest standards of practice for which its reputation has been well-earned.



REFERENCES

- ¹ Lacey, L.M. and Shaver, K. North Carolina Trends in Nursing: 1982 - 2001 RN and LPN Supply Trends. March, 2003. Available at: <http://www.nursenc.org/research/Trends2001/supply.pdf>