

Issue Brief

Task Force on the North Carolina Nursing Workforce Report May 2004

The Task Force: Its Background and Purpose

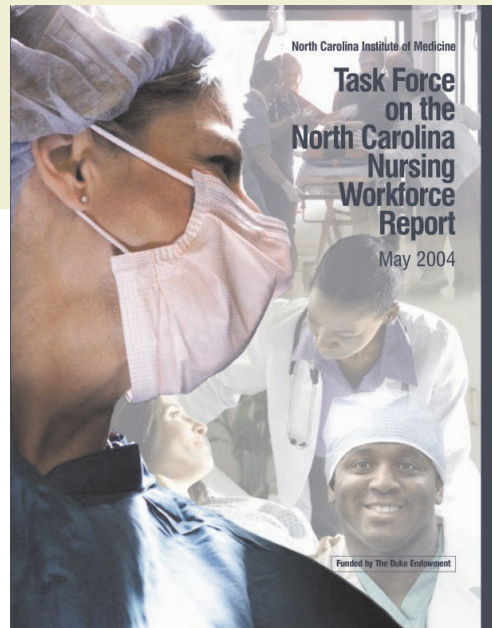
Although North Carolina has yet to experience the extreme shortages of nursing personnel reported in other states, there is little question that without some steps taken in the near term, our state is likely to experience a severe nursing shortage in the next decade. The combination of an aging population, increased demands for nursing care, and an aging nursing workforce portends an impending nursing workforce crisis. Long-range forecasts of RN supply and demand in North Carolina predict a shortage of anywhere from 9,000 nurses in 2015 to almost 18,000 by 2020.

Rather than wait until North Carolina was in the midst of a full-blown nursing crisis, the North Carolina Institute of Medicine (NC IOM), in partnership with and at the request of the NC Nurses Association, the NC Center for Nursing, the NC Area Health Education Centers Program, the NC Board of Nursing, and the North Carolina Hospital Association, decided to act proactively to prevent a future nursing shortage. In the fall of 2002 the NC IOM created the Task Force on the North Carolina Nursing Workforce to undertake a major study of issues surrounding the present and future supply of and demand for nursing personnel in this state.

The Task Force focused on four areas of greatest need: nursing faculty recruitment and retention, nursing education programs, transitions from school-to-work, and the nursing work environment. Absent new faculty, the state may be unable to expand the production of new nurses, and absent the production of new nurses, North Carolina may have insufficient nurses to meet the demands of the nurse workforce environment. In addition, efforts need to be made to smooth the transition from school-to-work, so that nurses are better prepared to assume clinical responsibilities. Finally, the Task Force recognized that North Carolina needs to address workforce issues in order to retain nurses in their jobs and the profession.

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 nursing faculty across all levels 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 make more in their first jobs than



their full-time nursing school faculty. Currently nursing programs are considered "low-cost" community college programs; therefore it is difficult for schools to enhance faculty salaries to be more competitive.

- Faculty salaries in UNC System nursing education programs are comparable to the national average of salaries in nursing schools, but most UNC System nursing schools have experienced significant budget cuts in recent years. These cuts have led to losses of faculty positions (for both classroom and clinical faculty), and this has necessitated a reduction in BSN nursing school class sizes.
- It has been hard to recruit MSN-level faculty in some community college programs, especially in rural counties.

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 less 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. Student support and counseling services have been eliminated in recent years, and there is a continuing need for additional scholarship support for students in these programs.
- 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.
- Nursing students in NC's private colleges and accelerated BSN programs have been excluded from the NC Nurse Scholars Program in the past. They should be included in the future.
- Some graduates of community college nursing programs have experienced difficulty moving from ADN to BSN programs due to variable "general college" transfer credits, suggesting that the Comprehensive Articulation Agreement between these two systems needs to be reviewed.
- 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 more 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 aides. Some nursing homes report turnover rates greater than 100% for nursing aides.
- 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.

- Many NC nurses report being asked/required to work more than 12 hours/day, or 60 hours/week.
- 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.

Racial Composition of Licensed RNs and LPNs In NC Workforce (2001)

Race	RNs	LPNs
White	87.8%	73.3%
African American	8.7%	23.2%
American Indian	0.6%	1.2%
Asian or Pacific Islander	1.6%	0.4%
Hispanic	0.5%	0.7%
Other	0.5%	0.6%
Unknown	0.3%	0.3%

Lacey, LM. and Shaver, K. NC Trends in Nursing: 1982-2001 RN and LPN Workforce Demographics. March, 2003.

Highest Priority Recommendations

Nursing Faculty Recruitment and Retention

- The Faculty Fellows Program (as proposed in House Bill 808 in the 2003 session of NC General Assembly) should be enacted and funded to support the effort of BSN nurses who wish to pursue MSN degrees in preparation for nursing faculty careers.

RN Education Programs

- 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.
- Nursing education programs in the community colleges should be reclassified as “high-cost” (therefore increasing per capita funding of these programs).
- 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.
- 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.
- The NC General Assembly and private foundations are encouraged to explore new scholarship support for nursing students in NC’s schools of nursing.

- The Nurse Scholars Program should be expanded, per-student loans increased, and new categories of eligible students added.
- Private institutions offering the BSN degree should be encouraged to expand their enrollments.
- 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.
- 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.

PN Education Programs

- 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 PN education programs should provide a status report to the 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 immigration, retention or overall changes in demand for nurses in NC.

Transitions from Nursing School-to-Practice

- The NC Board of Nursing (BON) should convene a group to study options to improve school-to-work transitions, including:
 - 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.

Nursing Work Environments

- Employers should take steps to create “positive work environments” (meeting several defining criteria).
- 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.
- The NC BON and the NC Division of Facility Services should implement regulations to prohibit nurses from providing direct patient care for more than 12 hours in a 24 hour time period, or 60 hours in a 7 day time period.

Recruiting Diverse Populations into the Profession

- 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.

Summary

North Carolina is indeed fortunate to have avoided many of the extreme nursing shortages reported in other states. Yet, even as this is noted, there are important developments on the horizon that have the potential to cause such shortages even here.

To ensure that North Carolina does not experience a severe nursing shortage in the near future, the Task Force recommends:

- 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),
- programs and initiatives to enable recent nursing school graduates to enter nursing better prepared to render the professional services for which they were employed, and
- concrete improvements in nursing work environments.

Nursing, especially nursing at the bedside in hospitals and in long-term care, requires increasingly sophisticated technical skills and continues to demand intellectual, physical and emotional energy beyond what would be required in many other professions and occupations. As a result, the recruitment and retention of well-prepared and motivated nurses remains a challenge. However, steps can be taken—many of which have been laid out by the Task Force report—to reduce these challenges. By implementing the Task Force recommendations, North Carolina can create an environment that is attractive to both students and practicing nurses as they continue nursing and seek to enhance their careers.

**The Task Force on the North Carolina
Nursing Workforce Report is available at:**
www.nciom.org

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