

## North Carolina Center for Nursing and the Nursing Workforce

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The NC General Assembly created the NC Center for Nursing in 1991 "...to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse resources. The mission of the Center for Nursing is to assure that the State of North Carolina has the nursing resources necessary to meet the healthcare needs of its citizens." Legislatively mandated goals include:

1. To develop a strategic statewide nursing workforce plan for North Carolina, addressing issues of supply and demand.
2. To convene various groups that include representatives from nursing, other healthcare professions, the business community, consumers, legislators, and educators to review the policy implications of the Center's work.
3. To enhance and promote recognition, reward and renewal activities for nurses in North Carolina, through a comprehensive statewide recruitment and retention program.

Since its inception, the NC Center for Nursing (NCCN) has become a model for the nation, as more states take a long-range strategic view of nursing workforce issues. We have amassed a comprehensive database on state-level nursing supply and demand. We developed winning recruitment and retention materials and initiatives that are being adapted throughout the country. In addition to a primarily politically appointed Board of Directors, we have an Advisory Council of over 50 stakeholders in nursing and healthcare who inform the work of the Center. In recent years, we received a grant from The Robert Wood Johnson Foundation to partner with the NC Area Health Education Center Program on workforce planning activities and a related grant from the Helene Fuld Trust to

support articulation among North Carolina's nursing education programs and enhance educational mobility for North Carolina nurses.

While the NC Center for Nursing has the most comprehensive state-level database on nursing supply and demand, this information becomes more powerful when it is used not only to guide workforce planning efforts, but also to directly influence policy. Having served as a member of the NC Institute of Medicine (NC IOM) since 1996, I have come to admire and appreciate the effective process of the Institute in studying relevant issues and making thoughtful health policy recommendations. I was very enthused when early planning efforts developed to pursue a partnership with the NC IOM and other key stakeholders to address nursing workforce issues. Other NCCN staff and members of our Board of Directors quickly became engaged in this important evolution of our work.

Immediately preceding the early discussions of convening a statewide Task Force on the nursing workforce, NCCN convened forums in conjunction with the NC Nurses Association (NCNA) and the NC Board of Nursing (NC BON) in every Area Health Education Center (AHEC) region of the state. The purpose of these nine forums was to allow local stakeholders to weigh in on strategies to strengthen the state's future nursing workforce.

I will use the major themes emanating from the regional forums as a framework to tie in emerging priorities with the recommendations of the Task Force on the NC Nursing Workforce in order to note the progress we are making, as well as to identify some challenges that lie ahead.

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## **Greater Collaboration between Nursing Education and Practice**

Nursing is an applied science and discipline. However, at times it seems that there are separate “silos” of nursing education systems and nursing care delivery systems. Through a collaborative effort of NCCN and AHEC funded by the Robert Wood Johnson Foundation, regional and state planning alliances of leaders in all types of nursing education programs and major nursing practice settings were formed. In discussions of how to disseminate and implement Task Force recommendations, Task Force members recognized the need for these relationships to be sustained. Leaders in nursing service should be more integrally involved in curriculum development and nursing educators should be grounded in the practice arena through joint appointments and other arrangements. Clinical preceptor models will become increasingly important, owing to faculty shortages.

## **Better Preparation of New Nursing Graduates in Critical Thinking, Time Management, Accountability, Interpersonal Skills, and Leadership Abilities as well as Hands-on Clinical Skills**

Strengthening meaningful collaboration between nursing education and service also relates to this priority. The Task Force on the NC Nursing Workforce took painstaking efforts to examine nursing education issues in terms of both quality and quantity, as reflected in several Task Force recommendations. The NC BON is facilitating significant work in this area with their recent focus on the congruence between education and practice.

## **The Need for a Formal Transition from School to Work**

The Task Force addressed this looming issue in a free-standing recommendation, acknowledging that it was a challenge that belonged to both nursing education and the nursing service sector. In my Robert Wood Johnson Executive Nurse Fellowship project, I am focusing on ways to increase the number of master's prepared nurses in direct patient care who can provide clinical leadership to nurses with varying levels of preparation in order to improve patient outcomes and cost-effectiveness; who can help patients and families navigate the complexities of today's healthcare system; and who can mentor new graduates, thereby reducing healthcare errors and decreasing nurse turnover. Key staff from NCCN are collaborating with key staff at the NC BON and the NC BON Foundation to develop a proposal for a more standardized internship/residency for every North Carolina nursing graduate. We will seek external funding to pilot proposed models.

## **Support for Better Articulation and Access in Nursing Education**

There are four Task Force recommendations related to enhancing educational mobility options that are so important in a profession that offers multiple pathways to initial licensure as a Registered Nurse (RN). Associate degree curricula that include transferable courses, articulation agreements, a common core of course requirements at the baccalaureate level, as well as a statewide RN-to-BSN Consortium are all recommendations that are derived from the work of the Statewide Steering Committee on Articulation in Nursing Education, convened by the Center for Nursing. These actions will not only reduce barriers and duplication for nurses pursuing additional education, but also offer promise in terms of sharing faculty and other resources across nursing education programs. Resource sharing will become more critical than ever in ensuing years, with tight budgets and faculty shortages. We will also need to continue to look at better career pathways for qualified Licensed Practical Nurses (LPNs) and Nurse Aides (NAs) as the demand for RNs skyrockets. Finally, as reflected in the Task Force report, we need to reach more men as well as racial and ethnic minorities, with the aim of doubling their numbers entering the RN workforce by 2010.

## **Address Capacity of Nursing Education, with Emphasis on Faculty Resources**

The Task Force recommendations regarding nursing education address funding of nursing programs, financial aid for nursing students, and other means of strengthening the quantitative and qualitative dimensions of the capacity of our nursing education programs. Pass rates on licensure exams among NC nursing graduates are higher than national averages. However, of special concern to NCCN, in light of our mission, is the number of students we lose prior to graduation through attrition, a factor limiting our educational capacity that was illuminated in the NC Center for Nursing's survey of nursing education programs in North Carolina. The California Community College System has developed a research-based model for predicting success of applicants to nursing education programs. This work may be relevant for our own community colleges as they study the relationship between admission policies and graduation/attrition rates as recommended by the Task Force. The recommendation on enhancing support services is also very important as success in nursing school nearly always involves an interaction of multiple variables and not simply academic attributes. Funding for the Faculty Fellows Program will be a significant step in addressing an evolving faculty shortage. But we must also look further at non-traditional methodologies for delivering nursing education, as represented in the recommendation for expansion of distance learning and on-line formats, as well as in prior discussion in this commentary regarding sharing resources.

## Healthier Workplaces: Magnet Principles and Other Healthy Workplace Models

The Task Force on the NC Nursing Workforce built on the previous work of the Professional Practice Coalition convened by the NC Nurses Association as well as joint efforts of NCNA and the NC Hospital Association in empowering nurses and creating healthier workplaces. As an appraiser for the American Nurses Credentialing Center Magnet Recognition Program, I have witnessed the synergy that occurs with strong nursing leadership and governance, nurse satisfaction and retention, and the ability to enhance patient outcomes and satisfaction.

## Innovative, Cost-effective Strategies to Reduce Nurse Workload and Paperwork

A survey of staff nurses conducted by NCCN in 2001 revealed an increasing paperwork burden. This paper work burden was perceived by nurses to be up an average of six percent from the previous year. Just as we need to enhance the use of technology in education, we need to streamline patient care with point of care data entry systems and other innovations that improve safety and accuracy while saving time and energy. The NCNA House of Delegates has resolved to look at these issues further.

## Better Understanding and Management of the Effects of Staffing, both in Terms of Numbers and Credentials, on Patient Outcomes

Dr. Sean Clarke of the University of Pennsylvania described the work of a team of researchers led by Dr. Linda Aiken to the Task Force. The research he described, which needs further replication, used large sets of patient data to look at the impact of staff mix (RNs, LPNs, NAs) as well as the educational preparation of the RNs in the staff mix on surgical mortality and failure to rescue. Findings reveal that having a higher ratio of the RNs in the staff mix and more RNs with baccalaureate and higher degrees lowers mortality and failure to rescue rates. These kinds of findings and the increasing complexities of healthcare support movement toward a more educated workforce.

Nursing workforce issues are complicated issues and many challenges lie ahead. Fortunately, this great state brings multiple strengths to the table. Our more than 100-year professional nursing history, since the very first nursing license in the country was issued here in 1903, is a story of courage, fortitude, and innovation. We have not suffered from the recent much more dramatic shortages that have plagued other states. This reflects a track record of the willingness of multiple stakeholders to work strategically together and to take the long view toward a healthier future for all North Carolinians. **NCMJ**

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The North Carolina Center for Nursing provides seed grants to assist hospitals, health departments, schools of nursing and other healthcare related agencies in creating innovative programs to recruit and/or retain people in the nursing profession. To learn more about the Center's Recruitment and Retention Grant Program, visit [www.nursenc.org](http://www.nursenc.org).